



**MISSISSIPPI INDUSTRIAL
ENERGY EFFICIENCY PROGRAM
(MIEEP)**

**GRANT APPLICATION
FALL 2021**

**MISSISSIPPI DEVELOPMENT AUTHORITY
ENERGY & NATURAL RESOURCES DIVISION
P.O. Box 849 Jackson, MS
39205-0849
www.mississippi.org**

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**MISSISSIPPI DEVELOPMENT AUTHORITY - ENERGY & NATURAL RESOURCES
MISSISSIPPI INDUSTRIAL ENERGY EFFICIENCY PROGRAM**

NOTICE OF INTENT TO APPLY FOR MIEEP FUNDING

(Must be received no later than *5 p.m. CDT on Friday, October 29, 2021*)

Please detach, complete, sign and submit this form:

| |
|---|
| By mail: |
| Mississippi Development Authority Energy & Natural Resources Division Attn: Lisa Campbell MIEEP 2021 P.O. Box 849 Jackson, MS 39205-0849 |

OR

| |
|--|
| By email: |
| To: energysmartms@mississippi.org |
| With the subject line: "MIEEP Notice of Intent" |

| APPLICANT INFORMATION | | | |
|---|--|---------------|--|
| Legal Name: | | | |
| DBA, if applicable: | | | |
| Principal Address: | | | |
| City: | | State: | |
| County: | | ZIP+4: | |
| Website address: | | | |
| PROJECT SITE (if different from Applicant) | | | |
| Physical Address: | | | |
| City: | | State: | |
| County: | | ZIP+4: | |
| COMPANY CONTACT (Please list a local primary contact for the project) | | | |
| Name: | | Title: | |
| Mailing Address: | | | |
| Telephone: | | | |
| Email address: | | | |

I hereby certify that I am the individual authorized to submit this Notice of Intent

| | |
|-------------------|--|
| Signature: | |
| Date: | |

| MDA USE ONLY |
|--------------|
| |

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2021 GRANT APPLICATION

The Mississippi Development Authority – Energy & Natural Resources Division (MDA-ENRD) developed the Mississippi Industrial Energy Efficiency Program (MIEEP) to assist Mississippi companies with energy-efficient upgrades to their facilities that reduce both energy consumption and energy costs. Eligible energy retrofits and upgrades include the purchase and installation of energy-efficient equipment and system upgrades that result in reductions in energy consumption and operating costs. MDA-ENRD will issue awards on a competitive basis according to criteria listed in the Funding Opportunity Announcement (FOA).

This is a competitive grant program, and not all applicants will receive funding. Therefore, it is incumbent upon the Applicant to provide as much detail as possible about the project and expected benefits. Attach additional sheets if more space is needed. Failure to fully complete the application or include required attachments may lead to the disqualification of the application.

APPLICATION SUBMISSION INSTRUCTIONS

Unless otherwise provided, two paper copies and one electronic copy saved on a physical storage device (USB flash drive, CD-ROM, etc.) of the application and all attachments should be signed and submitted in a sealed envelope or package to:

MAILING ADDRESS:

Mississippi Development Authority
Energy & Natural Resources Division
Attn: Lisa Campbell
MIEEP 2021
P.O. Box 849
Jackson, MS 39205-0849

-OR-

PHYSICAL ADDRESS:

Mississippi Development Authority
Energy & Natural Resources Division
Attn: Lisa Campbell
MIEEP 2021
501 North West Street
Suite 1500
Jackson, MS 39201

The envelope or package shall be marked “Sealed Application: MIEEP 2021” in the lower left-hand corner. Each page of the application and all attachments should be identified with the name of the Applicant. **The application and all required attachments should be submitted by the application deadline of *Friday, December 3, 2021, at 5 p.m. CDT.***

APPLICATION PACKAGE CONTENTS

1. **Transmittal Letter**

The transmittal letter should highlight any special features of the application and include the name, address, phone number and email for a point of contact within the Applicant's organization. The transmittal letter should be signed by a representative of the Applicant's organization who has the authority to bind the Applicant.

2. **MIEEP Grant Program Application**

The application must be completed in full. Failure to answer all questions fully and to the satisfaction of MDA-ENRD may result in disqualification.

3. **Energy Audit Analysis (Send only *one* paper copy, plus electronic copy)**

Provide an ASHRAE Level II energy audit performed by an appropriately licensed individual. The audit should detail and verify the proposed energy-efficiency measures, consumption savings (kWh/therms/gallons/BTUs/etc.), cost savings, scope of work and implementation costs, as well as an assessment of all building systems impacted by the proposed project. For more detail, refer to **Attachment A: ASHRAE Energy Audit Template** at the end of this document.

4. **Budget Justification**

Explain how the cost estimates in the application were developed and why they are reasonable and justified. Provide vendor quotes, engineering assessments or other documentation supporting the costs and reasonableness of the proposed energy-efficiency measures.

Explain how the applicant proposes to provide the minimum required 50% match (e.g.: a contribution from the Applicant in cash, a bank loan, or third-party contributions). Include funding commitment letters from all other project funding sources, if applicable. Letters should include the term, rate and collateral conditions and must be signed and dated.

5. **Audited Company Financial Statements (Electronic copy only)**

Provide audited company balance sheets, income statements and statements of cash flow for the previous two fiscal years or two years of audited tax returns. Public companies may submit copies of their two most recent Form 10-K submissions in lieu of fully audited financial records. If the Applicant has been in business less than three years, provide the required financial data listed above since inception.

6. **Utility Bills (Electronic copy only)**

Provide all pages of the previous 12 months electric and natural gas utility bills for the project site. Failure to provide complete utility bills from the past 12 months may result in the disqualification of the application.

7. **Financial and Administrative Capabilities**

Attach copies of the Applicant's financial control policies and procedures. Administrative and financial capabilities can be demonstrated by written policies and procedures that follow Generally Accepted Accounting Principles (GAAP), Certified Statements by Independent Auditors that the

company complies with GAAP or any other documents that the Applicant may normally submit to the Federal Government certifying their compliance with GAAP.

8. Landlord Authorization (if applicable)

If the structure is leased, provide documentation of the landlord's authorization of the application.

9. Flood Insurance (if applicable)

If the structure is in a wetland or special flood hazard area designated by the Federal Emergency Management Agency, attach proof of adequate flood insurance.

10. MIEEP Application Certification (*Exhibit A*)

11. SEP Certification Form (*Exhibit B*)

12. Measurement & Verification Certification Form (*Exhibit C*)

13. Audit Reimbursement Form (*Exhibit D*)

GRANT PROGRAM TIMELINE

Applications must be received no later than 5 p.m. Central Standard Time, Friday, December 3, 2021. Timely submission of the application is the responsibility of the Applicant. Offers received after the specified time shall be rejected and returned to the Applicant unopened.

| Task | Timeline |
|--|--|
| Release of Funding Opportunity Announcement (FOA) | Wednesday, October 6, 2021 |
| Deadline for submission of written questions to MDA-ENRD | Monday, October 18, 2021; 5:00 P.M. CDT |
| Deadline for MDA-ENRD to respond to written questions | Wednesday, October 20, 2021 |
| Notice of Intent due to MDA-ENRD | Friday, October 29, 2021, 5:00 P.M. CDT |
| Application deadline | Friday, December 3, 2021; 5:00 P.M. CDT |
| Awardees notified | By December 17, 2021 |
| Grant awards executed (Projects initiated) | January 2022 |
| Projects concluded | June 15, 2022 |
| Final project reports due | June 30, 2022 |

SECTION 1: APPLICANT INFORMATION

1. Applicant Information:

| | | | | | |
|----------------------------|--------------------------|---------------------|--------------------------|-----------------------|--------------------------|
| Legal Name: | | | | | |
| DBA, if applicable: | | | | | |
| Principal Address: | | | | | |
| City: | | State: | | | |
| County: | | ZIP+4: | | | |
| Federal Tax ID No.: | | | | | |
| DUNS No.: | | | | | |
| Website address: | | | | | |
| Minority-Owned: | <input type="checkbox"/> | Women-Owned: | <input type="checkbox"/> | Veteran-Owned: | <input type="checkbox"/> |

2. Chief Executive Officer/President:

| | |
|---------------------------------|--|
| Name: | |
| Title: | |
| Mailing Address: | |
| Telephone number (work): | |
| Email Address: | |

3. Company Contact: *Applicant must identify a local primary contact*

| | |
|---------------------------------|--|
| Name: | |
| Title: | |
| Mailing Address: | |
| Telephone number (work): | |
| Telephone number (cell): | |
| Fax number: | |
| Email address: | |

4. On approximately what date did the company begin operations in Mississippi?

5. Is the company engaged in an industrial and/or manufacturing process, such as those listed under North American Industrial Classification System (NAICS) codes 31, 32 or 33?

Yes No

6. Which of the following best describes the legal status of the company? (Check only one)

- Corporation If a corporation, is it: Public Private
 Partnership
 LLC
 Sole Proprietorship
 Other (specify) _____

7. State of incorporation, if applicable:

8. If a public corporation, on which exchange is it listed?

9. Provide the following information regarding principal stockholders, partners or entities having 20% or more interest in the company:

| NAME | HOME ADDRESS | PERCENTAGE OF OWNERSHIP |
|------|--------------|-------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

10. Please furnish details in a separate attachment if YES is checked for any of items below:

a. Have any of the persons listed in Question 8 ever been charged with or convicted of any criminal offense other than a minor motor vehicle violation?

Yes No

b. Is Company or management of Company now a plaintiff or defendant in any civil or criminal litigation?

Yes No

c. Have any of the persons listed in Question 8 been subject to any disciplinary action, past or pending, by any administrative, government or regulatory body?

Yes No

d. Has the Company or any business concern with which any person(s) listed in Question 8 been connected to ever been in receivership or adjudicated a bankruptcy?

Yes No

e. Has the Company or any person listed in Question 8 been denied a business-related license or had a license suspended or revoked by any administrative, government or regulatory agency?

Yes No

f. Has the Company or any person listed in Question 8 been debarred, suspended or disqualified from contracting with any federal, state or municipal agency?

Yes No

11. What is the Company's fiscal year? Start Month _____ End Month _____

12. Provide below the following information on any affiliated (through ownership or management control) or subsidiary businesses:

| NAME | ADDRESS | PERCENTAGE OF OWNERSHIP |
|------|---------|-------------------------|
| | | |
| | | |
| | | |
| | | |

**Add additional sheets if necessary.*

- 13. Describe the nature of the business and principal manufactured products or services provided by the Company. Please be as descriptive as possible. Include pictures of facilities, equipment, industrial processes or products as attachments, if relevant.**



SECTION 2: PROJECT SITE

14. Project Site Details:

| | | | | |
|--------------------------------|---------------------------------------|--|---------------------------------------|--|
| Physical Address: | | | | |
| City: | | State: | | |
| County: | | ZIP +4: | | |
| Congressional District: | <input type="checkbox"/> First | <input type="checkbox"/> Second | <input type="checkbox"/> Third | <input type="checkbox"/> Fourth |
| State House District: | | State Senate District: | | |

15. On approximately what date did the Company begin manufacturing operations at this site?

| |
|--|
| |
|--|

16. If the Company owns the property where the Project site is located, how is the title vested?

| |
|--|
| |
|--|

17. Is the building leased? Yes No

If leased, provide the name, address and telephone number of the landlord below and attach an authorization from landlord to apply for this grant:

| | |
|--------------------------|--|
| Landlord Name: | |
| Mailing Address: | |
| Telephone number: | |
| Email address: | |

18. In what year was the building constructed? _____

19. If the building is located in a National Register and/or local historic district, name the district, if applicable:

| |
|--|
| |
|--|

20. **Has the project been previously submitted for a cultural resource assessment? If YES, attach a copy of State Historic Preservation Officer's comments, if available.**

Yes No

21. **Is the building located in a wetland or special flood hazard area as designated by the Federal Emergency Management Agency (FEMA)? If YES, attach proof of adequate flood insurance.**

Yes No

22. **Is the project site encumbered by a real estate transaction or purchase option, any type of lien calling into question ownership of the property, condemned or scheduled for demolition?**

Yes No


If YES, please provide additional information below. Attach additional pages if necessary.

23. **What is the square footage of the building?**

If the project includes multiple buildings on the same site, list each building's square footage separately in the space below.

SECTION 3: PROJECT DESCRIPTION

24. Provide a concise description of the project. Describe the process/equipment currently in use and any new equipment to be purchased or installed. If necessary, provide pictures, equipment specifications, engineering assessments or other detailed descriptions as attachments to this application.



25. Which of the following best describes the proposed project? See the FOA for more detailed descriptions of these categories (select all that apply).

- Lighting and Daylighting
- Heating, Ventilation & Air Conditioning (HVAC)
- Building Envelope
- Water Heating
- Industrial Systems (boilers, water chillers, etc.)
- Energy Management Systems
- Other (please specify):

26. List each energy-conservation measure (ECM) to be installed or implemented separately, along with its associated cost and estimated energy and cost savings. Include all new equipment to be installed or purchased or systems to be upgraded. These estimates should be verified by the attached Level II ASHRAE energy audit analysis performed by an appropriately licensed individual.

| PROPOSED ENERGY CONSERVATION MEASURE (List Separately) | TOTAL ESTIMATE DCOST (TEC) | ANNUAL ESTIMATED COST SAVINGS (AECS) | SIMPLE PAYBACK (TEC÷AECS) Years | Estimated Energy Savings (kWh; Btu; Ccf; Mcf, etc.) |
|--|----------------------------|--------------------------------------|---------------------------------|---|
| <i>1. Example:</i> Replace weather sealing on 6 loading docks | \$ 12,000 | \$ 1,500 | 8.0 years | 7,000 kWh/yr. |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |
| 7. | | | | |
| 8. | | | | |
| 9. | | | | |
| 10. | | | | |
| 11. | | | | |

**Add additional sheets if necessary.*

27. **SEP funds are not allowed for construction. Does the project include any modifications or repairs to existing buildings or structures?**
 Yes No

If yes, please explain.

28. **Estimate the simple payback period for the total proposed project. MDA will not fund projects with a payback period of greater than 10 years. The payback should be verifiable from an ASHRAE Level II audit energy analysis.**

The Simple Payback Period is the time it takes for the cost savings resulting from the project to cover the total project cost and can be calculated as follows:

$$\text{Simple Payback Period} = \frac{\text{Total Project Cost}}{\text{Estimated Annual Energy Cost Savings}}$$

Estimated Simple Payback Period for the total proposed project:

$$\underline{\hspace{2cm}} = \underline{\hspace{2cm}} / \underline{\hspace{2cm}}$$

PROJECT IMPACT

29. **Provide the company's current employment in the State of Mississippi:**
 _____ as of _____ (Date)

30. **Provide the company's current employment at the project site:**
 _____ as of _____ (Date)

31. **If applicable, provide a description of any potential improvements to employee safety and/or well-being as a result of the proposed project. (Please attach additional sheets if necessary.)**

32. **What are the Company's total annual operating expenses (from the most recent audited financial statement)?**
 \$ _____

33. Please list the Company's total annual energy expenditures (list all that apply).

| | |
|-------------------------------|----------|
| Electricity | \$ _____ |
| Natural Gas | \$ _____ |
| Propane | \$ _____ |
| Transportation Fuel | \$ _____ |
| Other (please specify): _____ | \$ _____ |
| <hr/> | |
| <i>Total:</i> | \$ _____ |

PROJECT TIMELINE

34. When can this project begin? *Please include equipment purchase and delivery lead time, if possible.* _____

35. How long will it take to complete the proposed project? _____

SECTION 4: ENERGY AUDIT ANALYSIS

36. **Attach a copy of an ASHRAE Level II audit performed by an appropriately licensed individual (see the FOA for more information). The audit should detail and verify the proposed energy conservation measures, consumption savings (kWh/therms/ gallons/Btu/etc.), cost savings, scope of work and implementation costs, as well as an assessment of all building systems impacted by the proposed project. Please reference the ASHRAE Level II Energy Audit Template (see Attachment A).**

| | | | |
|---|--|-----------------------|--|
| Name of Auditor: | | | |
| Company: | | | |
| Telephone number: | | Email address: | |
| Date performed: | | | |
| Number of pages attached: | | | |
| Will you be requesting repayment for this audit from MDA-ENRD? (If YES, please complete and return <i>Exhibit D</i>) | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

SECTION 5: FUNDING REQUEST

35. Amount of MDA-ENRD MIEEP funds requested: \$ _____

36. The maximum grant amount allowed under this program is 50% of the total proposed project cost, up to a maximum of \$50,000. The minimum grant request is \$15,000. List the proposed energy conservation measures (same as those from the table above) and how each item will be funded from the MIEEP grant, as well as the Applicant’s non-federal match contribution (e.g.: a contribution from the Applicant in cash or bank loan). The columns should add up to the total cost of each proposed energy-efficient item. See the FOA more information on the 50% match requirement.

| ENERGY CONSERVATION MEASURE | MIEEP GRANT AMOUNT | APPLICANT CASH MATCH CONTRIBUTION | BANK LOAN <i>If applicable</i> | Third-party Contribution <i>If applicable</i> | TOTAL |
|---|--------------------|-----------------------------------|-----------------------------------|--|-------------------|
| <i>Example:</i> <i>Three 50-ton 20 SEER HVAC units</i> | <i>\$ xx,000</i> | <i>\$ yy,000</i> | | | <i>\$ zzz,000</i> |
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |
| 6. | | | | | |
| 7. | | | | | |
| 8. | | | | | |
| 9. | | | | | |
| 10. | | | | | |
| TOTALS | | | | | |

NOTE: Applicants must include a Budget Justification as an attachment to this Application. Please see page two for information on what should be included in this attachment.

ATTACHMENTS

Please ensure that all required documentation listed on page two is attached to this application.

Exhibits A, B, C and D (optional) follow.

EXHIBIT A

APPLICATION CERTIFICATION

**MISSISSIPPI INDUSTRIAL ENERGY EFFICIENCY PROGRAM
GRANT PROGRAM**

I _____, hereby certify that I am the Responsible Company Officer designated by the Applicant to request funding. Further, as the Responsible Company Officer, I certify that the information and documentation provided to MDA by the Applicant for purposes of the Application are true and accurate and contain no misrepresentations, falsifications, omissions, or concealment of material facts. I further agree to advise MDA of any changes in such information and documentation and will answer any further questions regarding same.

Signature, Responsible Officer

Print Name and Title

Company Name

Date

EXHIBIT B: SEP Certification

To the best of my knowledge and belief, all data contained in this application are true and correct. By signing this document, I certify that all requirements of this Funding Opportunity Announcement, Application Procedures and Requirement for the State Energy Program Grantees are and will be followed. This certifies that I possess legal authority to sign and apply for the grant. This certifies that if this application is chosen for funding that I understand that the program requirements may/will change as federal and state guidelines come forth, and that I will follow all guidelines including reporting, financial management and tracking requirements to the degree necessary to carry out the intended use of these funds. I certify that should I receive funds through this grant program, I will carry out all of the following requirements and restrictions: Mississippi Department of Finance and Administration rules and regulations; U.S. Department of Energy rules and regulations; Certified Lobbying, Debarment, Suspensions and other Responsibility Matters; and National Environmental Policy Act.

I certify that I understand that this is only an application and in no way does this constitute a contract with the Mississippi Development Authority. If funded, I, the recipient, will remain fully obligated under the provisions of this award until such time that the project has been completed and fully closed out to the satisfaction of MDA. I further certify that if projections of energy savings specified in this application are not met, I may be required to pay back the grant amount, subject to the provisions of the Grant Agreement.

Signature, Responsible Officer

Print Name and Title

Company Name

Date

EXHIBIT C

MEASUREMENT & VERIFICATION CERTIFICATION

**MISSISSIPPI INDUSTRIAL ENERGY EFFICIENCY PROGRAM
GRANT PROGRAM**

I _____, hereby certify that I am the Responsible Company Officer designated by the Applicant to request funding. Further, as the Responsible Company Officer, I certify that, if funded, the Company will establish an Energy Star® Portfolio Manager® account or demonstrate access to an energy management software system approved by MDA-ENRD. An Energy Performance Report based on 12 months of previous utility consumption and cost data (by fuel type and meter) will be submitted prior to the completion of the project. Once the project is completed, the Company will submit utility consumption and cost data for the subsequent 12 months. The Company will provide MDA-ENRD with access to view the Company's account in Portfolio Manager or other energy management software system, but MDA-ENRD will not have the authority to alter any data contained therein.

Signature, Responsible Officer

Print Name and Title

Company Name

Date

**Exhibit D (Optional)
Audit Reimbursement Form / MIEEP**

MDA-ENRD will reimburse the cost of a new ASHRAE Level II energy audit up to 50% of the total cost, not to exceed \$1,500. The audit must meet the eligibility requirements of the Mississippi Industrial Energy Efficiency Program (MIEEP), and any applicant that fails to meet all the eligibility requirements will not be reimbursed. MDA-ENRD reserves the right to reject an energy audit it deems inadequate and not meeting ASHRAE standards.

This form is submitted to the Mississippi Development Authority to request reimbursement for energy audit services completed as an application requirement for MIEEP.

INSTRUCTIONS

Complete the following information and include all receipts, along with proof of payment (canceled check, credit card or bill pay statement, etc.) as supporting documentation for this request.

| | |
|-------------------------------|-----------------------|
| Name of Firm/Auditor: | |
| Invoice Date: | Total Invoice Amount: |
| Reimbursement Request Amount: | |

Applicant Information

| | | |
|---------------------------|--------|------|
| Legal Business Name: | | |
| Primary Business Address: | | |
| Address Line 2: | | |
| City: | State: | Zip: |
| Tax ID: | | |
| Primary Contact: | | |
| Title: | | |
| Email: | | |
| Phone: | | |

MDA USE ONLY

I hereby certify that I am the individual authorized to request funds, and all costs incurred are in accordance with the guidelines of the MIEEP Funding Opportunity Announcement.

| | |
|------------|--|
| Signature: | |
| Date: | |

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ASHRAE LEVEL II ENERGY AUDIT FINDINGS
(Sample Template)

COMPANY NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

DATE: _____

AUDIT PERFORMED BY:

INDIVIDUAL NAME: _____

TITLE: _____

COMPANY NAME: _____

COMPANY ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE NUMBER: _____

**MISSISSIPPI DEVELOPMENT AUTHORITY
ENERGY & NATURAL RESOURCES DIVISION
MISSISSIPPI INDUSTRIAL ENERGY EFFICIENCY PROGRAM (MIEEP)**

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- VI. HEATING, VENTILATING, AND AIR CONDITIONING SYSTEM DATA
- VII. UNOCCUPIED SETBACK
- VIII. COMPONENTS OF ANNUAL ENERGY USE
- IX. ENERGY CONSERVATION MEASURES
- X. CERTIFICATION

MANDATORY APPENDICES

The following information must be included with this worksheet.

A. IMPLEMENTATION PLAN

Include detailed descriptions, associated work activities, and equipment to be purchased and timelines for activity durations (as much as can be determined) for recommended EEMs. Include any additional pertinent findings not covered in this report.

B. PHOTOS AND FLOORPLAN OF FACILITY

C. WORKSHEET CALCULATIONS

D. UTILITY RATE SCHEDULE

E. UTILITY BILL ANALYSIS

Include a pie chart with a brief description of the energy components comprising the applicant's current annual energy use (see Section VIII for list of components).

I. EXECUTIVE SUMMARY

This report is part of the Mississippi Development Authority – Energy & Natural Resources Division (MDA-ENRD) Mississippi Industrial Energy Efficiency Program (MIEEP) grant. The purpose of this audit is to document energy consumption savings, energy cost savings and implementation costs for the Energy Efficiency Measures (EEMs) being considered. For purposes of MIEEP, the scope of the audit should be limited to the information necessary to support the EEMs identified in the company’s grant application.

The overall project funds may differ from the original application amount. The auditor should take this into consideration prior to beginning the audit. Some items may need to be prioritized based on available funds.

Please provide an overview of results in this section. Attach a separate sheet, if necessary.

II. BUILDING CHARACTERISTICS

A. GENERAL INFORMATION

Company Name: _____ Date of Audit: _____

City: _____ County: _____

Gross Floor Area, ¹ _____ ft² Total Conditioned Area ¹ _____ ft²

Conditioned Area, ¹heated only _____ ft² Conditioned Area, ¹cooled only _____ ft²

Conditioned Area, ¹ heated and cooled _____ ft²

Number of conditioned floors: _____ Above grade: _____ Below grade: _____

Year of Construction²: _____

B. PRIMARY BUILDING TYPE³

| | Building Type | Description |
|--------------------------|-------------------|-------------|
| <input type="checkbox"/> | Commercial | |
| <input type="checkbox"/> | Industrial | |
| <input type="checkbox"/> | Other | |

1. GROSS FLOOR AREA is all floor area contained within the outside finished surface of permanent outer building walls including basements, mechanical equipment floors, and penthouses (ANSI Standard z65.1-1996, Construction Area). No exclusions are made for shafts, stairs, or atria. CONDITIONED AREA is that area provided with heating or cooling to maintain temperature between 50°F and 86°F (ANSI/ASHRAE Standard 105-1984).
2. THE MEDIAN YEAR for construction of at least 51% of the conditioned space.
3. BUILDING TYPE as characterized by at least 51% of the conditioned space.

C. ENVELOPE CHARACTERISTICS

| Construction Code | R-Value | Glass Shading Coefficient | Area (ft ²) |
|-------------------|---------|---------------------------|-------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Construction Type Codes

Walls

- W0 = Other _____
- W1 = Wood
- W2 = Masonry
- W3 = Concrete, Above Grade
- W4 = Concrete, Below Grade
- W5 = Metal
- W6 = Stone
- W7 = Glass
- W8 = Adjacent Building

Doors

- D0 = Other _____
- D1 = Solid Wood
- D2 = Hollow Wood
- D3 = Uninsulated Metal
- D4 = Metal, Insulated Core
- D5 = Glass (<85%)

Roofs

- R0 = Other _____
- R1 = Concrete Deck
- R2 = Wood Deck
- R3 = Metal Deck

Windows

Sash Type

- G0 = Other _____

Fixed, Wood Sash:

- G11 = Single Glaze G21 = Double Glaze

Operable, Wood Sash:

- G12 = Single Glaze G22 = Double Glaze

Fixed, Metal Sash:

- G13 = Single Glaze G23 = Double Glaze

Operable, Metal Sash:

- G14 = Single Glaze G 24 = Double Glaze

III. PRELIMINARY BUILDING USE¹

A. BRIEF BUILDING DESCRIPTION

B. GENERAL INFORMATION

Average Hours/Week: _____ Average Weeks/Year: _____

Average Number of Occupants During Normal Occupied Period: _____

After Hours Cleaning (Y/N): _____

C. OVERALL BUILDING SCHEDULE

Schedule during months of: _____

| Days | M | T | W | Th | F | Sat | Sun | Hol. |
|---------------------------------------|---|---|---|----|---|-----|-----|------|
| Hours open | | | | | | | | |
| Hours closed | | | | | | | | |
| Peak number of occupants | | | | | | | | |
| Average number of occupants when open | | | | | | | | |

¹ Use for at least 51% of the conditioned space.

IV. LIGHTING SYSTEM CHARACTERISTICS

Describe in detail. Address each of the following criteria (if applicable) in the space provided. Attach a separate sheet, if necessary.

- Typical W/ft²
- Design of controls
- Typical W/ft² installed, by type of light source
- Light levels, foot-candles, 3 feet above floor, without daylight
- % of lamps not functioning
- Operating schedules
- Operating and maintenance problems

Lighting System Characteristics

V. DOMESTIC HOT WATER SYSTEM CHARACTERISTICS

Describe in detail. Address each of the following criteria (if applicable) in the space provided. Attach a separate sheet, if necessary.

- Fuel Source
- Storage
- Hours Operated
- Distribution
- Set Points
- Hours Required
- Circulating Pump

Domestic Hot Water System Characteristics

VI. HEATING VENTILATING AND AIR-CONDITIONING SYSTEM DATA

A. GENERAL INFORMATION

Check all that apply in a significant way (affect >5% of floor area or energy consumption)

Primary Cooling

- Centrifugal Chiller
- Reciprocating Chiller
- Screw Chiller
- Absorption Chiller
- Package DX
- Split DX
- Air-Cooled Heat Rejection
- Water-Cooled Heat Rejection

Primary Heating

- Hot Water Boiler
- Steam Boiler
- Furnace
- Ground-Source Heat Pump
- Air-Source Heat Pump
- Recirculating Water Source Heat Pump

AHU/Terminal Systems

- Single Zone
- Multi Zone
- Dual Duct
- Variable Air Volume
- Reheat
- Fan Coil Units
- Unit Ventilators
- Packaged Terminal Air Conditioners
- Steam/Hot Water Radiators/Convectors
- Above System(s) w/Economizer

Other

- Cogeneration
- Energy Monitoring and Control Systems
- On-Site Generation
- Active Solar Equipment
- Energy Recovery
- Thermal Storage
- Humidifiers/Dehumidifiers
- Desiccant System
- Evaporative Cooling
- Other

Define: _____

Exhaust Systems

- Fume Hoods, Constant Volume
- Fume Hoods, VAV
- Kitchen Hoods
- Toilet
- Locker
- General

B. HVAC SYSTEM CHARACTERISTICS

Describe in detail. Address each of the following criteria (if applicable) in the space provided. Attach a separate sheet, if necessary.

- Fuel Source
- Fuel Conversion Equipment
- Distribution Method
- Terminal Type
- Equipment Capacity
- Control Description and Setting
- Operating Periods
- Space Temperature Setting and Setback
- Operating and Maintenance Problems

| | |
|--------------------------|--|
| Heating System | |
| Cooling System | |
| Exhaust System(s) | |

VII. UNOCCUPIED SETBACK

(Check all that apply)

Shutdown of:

- AHUs by Time Schedule
- Exhaust Fans by Time Schedule

Chillers:

- By Time Schedule
- By Outside Air Temperature

Boilers:

- By Time Schedule
- By Outside Air Temperature

VIII. COMPONENTS OF CURRENT ANNUAL ENERGY USE

| | Electricity | | Fuel | | Natural Gas | | Other | Total | % of Total | Total | % of Total |
|-----------------------------------|-------------|-------|---------|------|-------------|------|-------|-------|------------|-------|------------|
| | MWh | kBtu* | Gallons | kBtu | mmcf | kBtu | | kBtu | Use | Cost | Cost |
| Heating | | | | | | | | | | | |
| Cooling | | | | | | | | | | | |
| Fans | | | | | | | | | | | |
| Pumps | | | | | | | | | | | |
| Domestic Hot Water | | | | | | | | | | | |
| Interior Lighting | | | | | | | | | | | |
| Exterior Lighting | | | | | | | | | | | |
| Laundry Equipment | | | | | | | | | | | |
| Misc. Equip./Plug Loads | | | | | | | | | | | |
| Central Computer | | | | | | | | | | | |
| Other Electric (including refig.) | | | | | | | | | | | |
| Unaccounted | | | | | | | | | | | |
| Total | | | | | | | | | 100% | | 100% |
| *kBtu = 1,000 Btu | | | | | | | | | | | |

Other (above):

IX. ENERGY EFFICIENCY MEASURES

A. GENERAL INFORMATION

Describe each Energy Efficiency Measure (EEM) considered. Attach separate sheets, if necessary.

| Energy Conservation Measure | Description |
|------------------------------------|--------------------|
| EEM #1 | |
| EEM #2 | |
| EEM #3 | |
| EEM #4 | |
| EEM #5 | |
| EEM #6 | |
| EEM #7 | |
| EEM #8 | |
| EEM #9 | |
| EEM #10 | |

B. ENERGY/COST SAVINGS DATA

Complete the table below for each Energy Efficiency Measure listed in the previous table.

| MEASURE | Units Saved (mmcf/ MWh/gal, etc.) | CO₂ Reduction (Tons) | EEM Total Cost | \$/Year Saved | Source BTUs Saved/ \$1000 Total Cost | Simple Payback (Years) |
|----------------|--|--|-------------------------------|--------------------------|---|---------------------------------------|
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| TOTAL | | | | | | |

X. CERTIFICATION

I certify that I possess the qualifications to perform an ASHRAE Level II audit. I certify that the above information is true and correct, to the best of my knowledge.

Furthermore, I certify that the measures contained herein were included in the grant application to the Mississippi Development Authority - Energy & Natural Resources Division under the Mississippi Industrial Energy Efficiency Program (MIEEP).

Printed Name

Signature

Title

Date