

BUSINESS NEW CONSTRUCTION PROJECT INFORMATION FORM

MEMBER QUALIFICATION

Applicant must be constructing a new building, addition or a major renovation which will be a non-residential member of an electric co-op participating in Wabash Valley Power Association's POWER MOVES Business New Construction Program. For a complete list of participating co-ops go to www.PowerMoves.com

HOW TO APPLY

1. Please submit this form to enroll into the Business New Construction (BNC) Program. Anyone on the design team can fill out the form. This information is used to understand the project and connect you to the right resources.
2. Make sure the building square footage and estimated design and construction schedule is filled in. Please estimate these values if the schedule is not set yet. We can revise the information if it changes later.
3. Submit the completed project information form in one of three ways:
 - Fax to (317) 228-9104
 - Email to apply@powermoves.com
 - Mail to POWER MOVES Program, 8902 Vincennes Circle, Suite G, Indianapolis, IN 46268
4. An Energy Engineer will call you within seven days to schedule an introductory meeting and initial plan review.
5. We will work with you to provide the best incentive package for your project, whether it is all prescriptive measures, all custom measures, or a mix of both.

Submitting this form does not guarantee an incentive will be approved

SECTION 1: CUSTOMER (BUILDING OWNER/MEMBER) INFORMATION

Company Name

Mailing Address

City

State

ZIP

Business Classification (check one): Corporation Partnership Sole Proprietor LLC Other

Ownership Structure (Will more than one entity own or occupy the building? What are the leasing arrangements?)

Is project financing or funding complete? Yes No

Additional Details:

Will this project create any additional jobs for your company? Yes No How many?

Electric Provider for New Facility

Natural Gas Provider for New Facility

The more you save, the more you save.

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SECTION 2: PROJECT INFORMATION

Project Name			Main Project Contact Name/Title				
Project Street Address (physical location)			Main Project Contact Telephone				
City	State	ZIP	Main Project Contact Email				
What is the predominant use of the building space (select all that apply)?							
<input type="checkbox"/> Office	<input type="checkbox"/> Restaurant	<input type="checkbox"/> Warehouse	<input type="checkbox"/> Nursing Home	<input type="checkbox"/> Place of Worship			
<input type="checkbox"/> Retail	<input type="checkbox"/> Grocery	<input type="checkbox"/> K-12 School	<input type="checkbox"/> Hospital	<input type="checkbox"/> Bank			
<input type="checkbox"/> Hotel	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> University	<input type="checkbox"/> Clinic	<input type="checkbox"/> Municipal/Government			
<input type="checkbox"/> Other _____							
Project Type (check one): <input type="checkbox"/> New Facility <input type="checkbox"/> Addition to Existing Facility <input type="checkbox"/> Major Renovation (major rehab, change in use)							
Size (square feet)	Estimated Project Budget		LEED™ Certification Planned? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Undecided				
			ENERGY STAR Certification Planned? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Undecided				
Description of Project (additional details on building type, # of floors, etc.)			Project Energy Code		Number of Occupants		
Hours of Operation							
	MON	TUES	WED	THURS	FRI	SAT	SUN
Time Open (AM)							
Time Close (PM)							

SECTION 3: SCOPE OVERVIEW

Building Systems to be Considered							
	YES	MAYBE	NO		YES	MAYBE	NO
Orientation/Building Layout	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HVAC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Glazing Type and Percentage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Building Envelope	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Building Controls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lighting/Daylighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other items: _____			
Energy-Efficiency Goals for the Project							

SECTION 4: PROJECT SCHEDULE

Planned Construction Bid Date	Planned Construction Start Date	Planned Construction Completion Date
Construction Delivery Method <input type="checkbox"/> Design Build <input type="checkbox"/> Design Bid Build	Current Architectural Phase <input type="checkbox"/> Prelim <input type="checkbox"/> Final Design <input type="checkbox"/> Production	Current Mechanical Electrical & Plumbing Phase <input type="checkbox"/> Prelim <input type="checkbox"/> Final Design <input type="checkbox"/> Production

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SECTION 5: PROJECT TEAM INFORMATION

Architect or Design Team Leader			
Company Name		Primary Contact Person	Title
Street Address	City	State	ZIP
Phone		Email	
Mechanical Designer/Design Build Contractor			
Company Name		Primary Contact Person	Title
Street Address	City	State	ZIP
Phone		Email	
Electrical Designer/Design Build Contractor			
Company Name		Primary Contact Person	Title
Street Address	City	State	ZIP
Phone		Email	
General Contractor			
Company Name		Primary Contact Person	Title
Street Address	City	State	ZIP
Phone		Email	

SECTION 6: BACKGROUND QUESTIONS

1. What are your barriers to incorporating energy-efficiency into your project?

- | | | |
|--|--|---|
| <input type="checkbox"/> Maintain construction budget | <input type="checkbox"/> Lack of financing/funding | <input type="checkbox"/> Competing interests (finishes vs. energy-efficiency) |
| <input type="checkbox"/> Project schedule | <input type="checkbox"/> Lack of ability to market the energy-efficient upgrades | <input type="checkbox"/> Lack of time to research new technologies |
| <input type="checkbox"/> Unknown technology or process | | <input type="checkbox"/> Risk of new technology |
| | | <input type="checkbox"/> Other _____ |

2. What help do you need from POWER MOVES?

- | | | |
|---|---|---|
| <input type="checkbox"/> Technical assistance | <input type="checkbox"/> Estimated energy savings | <input type="checkbox"/> Financing commitment |
| <input type="checkbox"/> Financial assistance | <input type="checkbox"/> Specific recommendations to qualify for incentives | <input type="checkbox"/> Other _____ |

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