MN

EFFICIENCY CONTROLS PROJECT WORKSHEET

Xcel Energy®

Xcel Energy use only

Project # _____

Today's Date _____ / _____ / _____

Efficiency Controls from Xcel Energy offers rebates for qualifying building and lighting controls. To help us accurately determine your rebate amount, please fill out this worksheet in addition to your Efficiency Controls rebate application. Some projects may require further documentation prior to analysis. Use the Efficiency Controls rebate application to learn about qualifying control system standards and to obtain preapproval for purchasing and installing eligible building or lighting controls.

This form must be filled out fully and submitted with a completed application to:
Xcel Energy, Conservation, Marketing Approval, 414 Nicollet Mall, Minneapolis, MN 55401, FAX 612-330-2914.

Program Guidelines:
The Efficiency Controls program is designed to encourage peak period energy savings while rewarding off-peak energy conservation. To be eligible for a rebate all projects must be preapproved to determine whether the project qualifies and what incentive will be awarded. The program requires that all projects pass payback, Societal and Participant Test requirements.

The form below is designed to help gather pertinent information, which will be required for us to analyze the savings potential of the project.
Please complete it to the best of your ability, as this will expedite the preapproval process.

Part 1 Customer Information

Company name _____

Xcel Energy electric premise No. ☐☐-☐☐☐☐☐☐☐-☐ Xcel Energy natural gas premise No. ☐☐-☐☐☐☐☐☐☐-☐

Part 2 Project Information

Project description (Please also provide a copy of the vendor proposal.) _____

_____

_____

_____

_____

Yes	No	(Please answer each question)
○	○	Is this system replacing an existing pneumatic control system?
○	○	Is this system replacing an existing DDC system that is functioning but obsolete? What is the original installation date? _____ /_____ /_____
○	○	Is this project adding functionality to an existing system?
○	○	Is this project repairing, re-programming or enhancing an existing EMS? If yes, then our Recommissioning program may be applicable.
○	○	Is this project controlling manufacturing or industrial processes or refrigeration equipment?

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Part 3 Building Information

Sq. Ft. _____ Year Constructed (approx.)_____ Peak kW _____ Annual kWh _____ Customer Rate _____

Gas consumption: Annual CCF _____ (And/or attach bills if not Xcel Energy natural gas customer)

Type of facility: ◯ School/Higher Education ◯ Data Center ◯ Grocery ◯ Office ◯ Retail ◯ Warehouse ◯ Hospital ◯ Other _____

Describe the building HVAC system: _____

_____

Part 4 Temperature Controls

Building Temperature Set Points		Existing System		Proposed System	
		Summer	Winter	Summer	Winter
(Space set points)	Occupied	ºF	ºF	ºF	ºF
	Unoccupied	ºF	ºF	ºF	ºF

Part 5 Lighting Controls (Complete this section if the proposed system will reduce operating hours in the facility's interior lighting equipment.)

Weekly Operating Hours		Existing System Operating Hours/wk		Proposed System Operating Hours/wk	
Area	Controlled Watts	Mon. – Fri.	Sat. – Sun.	Mon. – Fri.	Sat. – Sun.

Note: If additional space is required to fully describe this project please attach additional sheets with the information as formatted above.

Part 6 HVAC Equipment (Complete this section if the proposed system will reduce operating hours of the facility's HVAC equipment, fans, pumps, chiller, etc.) *

Weekly Operating Hours		Existing System Operating Hours/wk		Proposed System Operating Hours/wk	
Equipment	HP, tons, kW	Mon. – Fri.	Sat. – Sun.	Mon. – Fri.	Sat. – Sun.

Note: If additional space is required to fully describe this project, please attach additional sheets with the information as formatted above.

***See last page for list of mechanical schedule information requirements.**

Part 7 Other Electrical and Natural Gas Equipment (Air compressors, pumps, water heaters, etc.)

Weekly Operating Hours		Existing System Operating Hours/wk		Proposed System Operating Hours/wk	
Equipment	HP, tons, kW	Mon. – Fri.	Sat. – Sun.	Mon. – Fri.	Sat. – Sun.

Note: If additional space is required to fully describe this project, please attach additional sheets with the information as formatted above.

Part 8 Demand Limiting

kW Reduction _____

Equipment controlled (please list): _____

_____

_____

Part 9 Project Costs

Item	Cost
Engineering Services	
Equipment	
Software/Computers	
Optional Devices (Web Interface, etc.)	
Installation	
Total	

In additional to the proposal, please provide an attachment with the information requested below for each of the following types of systems, equipment or strategies.

Air Handling Systems

- Fan hp for supply, return fans, condenser fans
- Direct expansion compressor hp or kW input
- Natural gas input for heating
- Electric heating coil kW/kWh
- Automatic control valve flow rates — GPM or PPH
- Variable or constant volume?
- Area served and square footage

Chillers (Please supply information for each chiller.)

- Compressor size in tons or kW
- Pumps associated with chilled water and condenser water (Please list GPM, ft. head, motor hp.)
- Cooling tower fan(s) hp
- Condenser fan hp total

EMS Strategies

- Resets
- Outside air optimization
- Prevention of simultaneous heating and cooling
- Economizer control
- Scheduling hours changing from _____ to _____

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