

industrial accelerator™

• Please read Program Rules before completing this application.

PROJECT INCENTIVE APPLICATION

For OPA Use only

Identification #:	
KAM:	

CORPORATE INFORMATION

Name of Company:		
Participant's name (if different):		
Corporate relationship between the two:		
Please indicate whether the Company owns or leases the Property:	<input type="checkbox"/> Owns <input type="checkbox"/> Leases	
If there has been any change to corporate status since the first application to the Program please identify it here:		

PARTICIPANT INFORMATION

Participant Information:	Contact Information:
Legal Name of Participant:	Primary Contact Name:
	Title:
Additional Party for Credit Purposes, if applicable:	Phone:
Canadian Corporate Head Office	Email:
Address (Street):	Fax:
	Secondary Contact Name:
City:	Title:
Postal Code:	Phone:
GST/HST #:	Email:
	Fax:

Type of Application:

Micro-Project

Project

If Project :

Performance Security

Incentive Security

FACILITY INFORMATION

Industry Sector:	NAICS Number (six digits):
Facility Name:	Overview of Facility Processes:
Facility Address:	
Street:	
City:	
Postal Code:	
Proposed Project Incentive Start date:	Proposed Project Incentive Completion date:
Total annual electricity consumption of the Systems studied (in MWh):	Total annual electricity consumption of the entire facility (in MWh):

NOTE: If you did not receive funding for a Preliminary Engineering Study, Detailed Engineering Study, or both, but have a completed a study for the project applied for in this application, the completed report(s) **MUST** be attached.

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Assumed Electricity Rate (\$/MWh):

SUMMARY OF ENERGY EFFICIENCY MEASURES

List of energy-efficient technologies or measures as described in the Detailed Engineering Study that you wish to apply for: (Attach and submit additional pages if necessary)

Measure #	Summary of Scope of Work for each Energy Efficiency Measure	Hours of Operation of the System [hours/year]	Annual Consumption of the System [MWh/year]	Estimated Electricity Savings [MWh/year]	Estimated Electricity Bill Savings (BS) [\$ /year]	Estimated Other Benefits (OB) [\$ /year]	Estimated Project Benefits (BS+OB) [\$ /year]	Estimated Eligible Costs [\$ /year]	Proposed Installed Costs [\$ /year]
1									
2									
3									
4									
5									
6									
7									
TOTAL									

THIRD PARTY CONTRIBUTIONS

Have you applied, or will you be applying for any other third party funding for the Project referred to in this application?	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	No
Have you received any third party contributions or commitments for contributions? (Including contributions in kind)	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	No
Amount of third party contributions or commitments:		
Source of third party contributions or commitments:		

PROJECT OR MICROPROJECT SUMMARY

List of Projects that you wish to apply for in the portfolio: (Attach and submit additional pages if necessary)

Project #	Annualized Electricity Savings [MWh]	Project Incentive (Annualized Electricity Savings x \$230/MWh) [\$]	Project Incentive based on 70% of total Eligible Costs [\$]	Project Incentive based on a min. 1 year Project Payback [\$]	Project Incentive (Minimum of B, C, D) [\$]	Actual Project Incentive [\$ /MWh]	Estimated Project Benefits [\$ /Year]	Estimated Eligible Costs [\$]	Third Party Contributions [\$]	Project Payback [Years]
	A	B = A*230	C = H*70%	D = H-I-G	E = MIN(B,C,D)	F = E/A	G	H	I	J = (H-I-E)/G
1										

SUPPORTING INFORMATION (LIST)

Please indicate below the list of attached supporting documents:

1	
2	
3	
4	
5	

CONFIDENTIALITY

Confidentiality is governed by the Program Rules.

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PROJECT ELIGIBILITY

I, the Participant, am submitting this application and confirm that this Project is an Eligible Project in accordance with Sections 2.3, 2.4, and in the case of a Portfolio Section 2.6 (c)(v) of the Program Rules.

PARTICIPANT'S DECLARATION

I, the undersigned, declare that:

- I am making this application to the OPA for funding pursuant to and in accordance with the Program Rules.
- the information in this application is accurate and complete in all material respects.
- prior to submitting a Project Incentive Application, I have not entered into an agreement with a contractor or consultant, or ordered or purchased any equipment for use in relation to this Project without the prior written consent of the OPA.

Authorized Signature:	Title:
Name: I have the authority to bind the corporation	Date:
Mailing Address (Street):	Phone:
City	Fax:
Postal Code:	Email:

Note: If this application is accepted, Participants must enter into a Project Incentive Contract in order to receive any Incentive.

To submit this application, please deliver an electronic and a signed pdf version to your OPA Key Account Manager