



## Appendix B: POST-PROJECT SUBMISSION FORM

### INSTRUCTIONS:

Please complete ALL fields below. For Head Office Applications, complete a Post-Project Submission Form for each facility.

Check each box to confirm the required documentation is submitted to the LDC for each facility as part of your Application **following completion**

#### of your Project(s):

- Invoices or other documents demonstrating proof of payment
- Copies of architectural, mechanical and electrical specifications and drawings showing the Eligible Measures installed and implemented
- Manufacturer's equipment specification sheets (cut sheets) or detailed manufacturer's data for actual measures
- Proof of occupancy

#### For Custom Projects:

- Copies of mechanical zoning diagrams
- Documentation of control sequences for building equipment
- Documented fraction of outside air on air return systems
- Manufacturer's specifications for any plant equipment including the boiler system hot water, chiller, cooling tower, air handling and rooftop units
- Completed Custom Worksheet including actual Eligible Costs
- Simulation Summary Report including Appendices
- Complete set of as-built drawings and specifications

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### 1. The Project described herein is to be completed in the service area of the Lead LDC (required):

- YES  NO

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### 2. Modelling Incentive Election (optional)

The Applicant has submitted a Custom Project and has applied for a Modelling Incentive:  YES  NO

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### 3. Design Decision Maker Incentive Election (optional)

The Applicant has submitted a Custom Project and has identified the Design Decision-Maker Incentive in the Custom Worksheet:

- YES  NO
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**4. Building where Eligible Measures were installed:**

BUILDING NAME (if applicable)

ADDRESS

CITY

PROVINCE

POSTAL CODE

[LDC] is [Lead LDC/Satellite LDC]

**5. Which type of project(s) is included in this Application?**

PRESCRIPTIVE PROJECT

ENGINEERED PROJECT

CUSTOM PROJECT

**6. Actual Project Costs:** (as indicated in the Custom Worksheet):

ACTUAL CUSTOM PROJECT INCREMENTAL COST: \$

**7. Incentive Application (subject to Final Project Measurement & Verification):**

TOTAL PRESCRIPTIVE INCENTIVE BEING APPLIED FOR: \$

TOTAL ENGINEERED INCENTIVE BEING APPLIED FOR: \$

TOTAL CUSTOM INCENTIVE BEING APPLIED FOR: \$

TOTAL MODELLING INCENTIVES BEING APPLIED FOR (IF APPLICABLE): \$

TOTAL DESIGN DECISION MAKER INCENTIVES BEING APPLIES FOR (IF APPLICABLE): \$



**8. Actual Project Timeline:**

ACTUAL PROJECT START DATE

ACTUAL PROJECT COMPLETION DATE

(DD/MM/YYYY):

(DD/MM/YYYY):

**9. Other Comments** (for example, special site requirements or conditions which Project Evaluators should be aware of)

**10. Certification Statement**

By signing below, I certify that the information provided in this **Appendix B** is true, accurate and complete.

\*NAME:

\*TITLE:

\*APPLICANT/LEGAL COMPANY NAME:

AUTHORIZED SIGNATURE:

DATE  
(DD/MM/YYYY):

\*NAME:

\*TITLE:

\*APPLICANT/LEGAL COMPANY NAME:

AUTHORIZED SIGNATURE:

DATE  
(DD/MM/YYYY):

\* please print and send an original copy with signatures to **[the LDC/Lead LDC/Satellite LDC]**



**11. Project Management (FOR LDC USE ONLY)**

PROJECT APPLICATION NUMBER:
FINAL PRESCRIPTIVE INCENTIVE AMOUNT: \$
FINAL ENGINEERED INCENTIVE AMOUNT: \$
FINAL CUSTOM INCENTIVE AMOUNT: \$
FINAL DESIGN DECISION MAKER INCENTIVE AMOUNT (IF APPLICABLE): \$
FINAL MODELLING INCENTIVE AMOUNT (IF APPLICABLE): \$
DATE (MM/DD/YYYY):
FINAL PROJECT EVALUATION REQUIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO
DATE OF PROJECT EVALUATION (MM/DD/YYYY):
COMMENTS:

NAME: TITLE:

LDC AUTHORIZED SIGNATURE: DATE (DD/MM/YYYY):

NAME: TITLE:

LDC AUTHORIZED SIGNATURE: DATE (DD/MM/YYYY):