



FORM OF ADVANCED EVALUATION AND INCENTIVE REPORT

Participation Agreement N Date (MM/DD/YYYY):		_						
Projected Date of Implementation Phase Completion (MM/DD/YYYY):								
1. PARTICIPANT IN	IFORMATION:							
Legal Name of Participant	:- 		_					
Address:								
City:	Province:	Postal Code:	_					
Contact Name and Title: _								
2. FACILITY INFORMATI	ON							
2. FACILITI INFORMATI	ON.							
Facility Name: (optional) _			=					
Address								
Address:								
City:	Province: ON	Postal code:						
Unit/Floor/Suite #: (option	a/\							
Office #. (Option	ui/	<u> </u>						





EXISTING BUILDING COMMISSIONING

3. MEASURES EVALUATION

Major/Minor Measure	Incentive	Bas	se Case	Energy E	fficient Case	Estimated Savings as calculated pursuant to sections k(i) and (ii) of Exhibit C2		
	Metric (kW / kWh)	Baseline Peak Demand (kW)	Baseline Electricity Consumption (kWh)	Electricity Demand (kW)	Annual Consumption (kWh)	Investigation Phase Demand Savings (kW)	Investigation Phase Energy Savings (kWh)	
Gro	ss Totals:							
Eligible Totals according the M&V Pi if ap	(adjusted rocedures oplicable):							
Attached Documents: _				-				
Project Evaluator's Cor	mmonts:							

Conservation First Framework – Existing Building Commissioning Program, G-1 Form of Advanced Evaluation & Incentive Report v1.1





EXISTING BUILDING COMMISSIONING

Project Evaluator:

Project Evaluator Name (Company/Firm Name):

We	have	completed	this	Advanced	Evaluation	and	Incentive	Report i	in	accordance	with	the	terms	of	the	EXISTING
BU	ILDING	COMMIS	SION	IING require	ements.											

	Project Evaluator (Individual) Name:				
	Project Evaluator's Signature:				
Dautiaiu	santia Daglaratian				
-	oant's Declaration:				⊏lt't
	eviewed the Measures Evaluation				
	ve to determine the reasonablene	_		avings and investigation	Phase Energy
Savings	reported in the Investigation Phas	e Commissioning	g Report.		
PARTI	CIPANT NAME (NAME OF LEGA	_ ENTITY):	AUTHORIZED SIGNATURE:		DATE:
			NAME:	TITLE:	
			I/We have authority to	bind the Participant.	
			AUTHORIZED SIGNATURF:		DATE:
			NAME:	TITLE:	
			I/We have authority to	o bind the Participant.	