

Project Information Form



This form is to be completed on behalf of client by a Verde Solutions Agent and can be completed by a client.

Today's Date:

Verde Solutions Agent Name

Email:

Phone:

Client Information:

Company Type:

Federal Tax ID (FEIN):

Private Corp (LLC/S/C)

Non-Profit (tax exempt)

Public Corp

REIT

Partnership

Sole Proprietor

Client Company/Organization Name:

Client/Company/Organization Name:

Contact Information

Name	Title	Email	Phone	Decision Maker/Role	Present*
Main POC				Y <input type="radio"/> N <input type="radio"/> Role:	<input type="checkbox"/>
Facility POC**				Role:	<input type="checkbox"/>
Financial POC**				Role:	<input type="checkbox"/>
Other POC**				Role:	<input type="checkbox"/>

*Select if will be present at site visit for facility audit

** Please name person who will be responsible for meeting a Verde Rep onsite to coordinate facility walkthrough if different from Main POC

Billing Address

Address	City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Installation Address

Address	City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Audit Schedule

An audit is typically scheduled within two weeks from submission of this form.

Please select your preferred days, times and time zone. A scheduler will be in contact with you to confirm the audit.

Preferred Days	<input type="checkbox"/> Mon	<input type="checkbox"/> Tue	<input type="checkbox"/> Wed	<input type="checkbox"/> Thu	<input type="checkbox"/> Fri
Confirm Time Zone	<input type="checkbox"/> EST	<input type="checkbox"/> CST	<input type="checkbox"/> MST	<input type="checkbox"/> PST	
Preferred Times	AM: <input type="checkbox"/> 7-9	<input type="checkbox"/> 9-11	<input type="checkbox"/> 11-1		
	PM: <input type="checkbox"/> 1-3	<input type="checkbox"/> 3-5	<input type="checkbox"/> 5-7		

Please provide any notes about the audit date/time preferences:

Scope of Opportunity and Facility Needs:

Square Footage of Facility/Area

Project/Facility Type **Commercial**

Facility Hours of Operation:

	From	To	24 hrs
Monday			<input type="checkbox"/>
Tuesday			<input type="checkbox"/>
Wednesday			<input type="checkbox"/>
Thursday			<input type="checkbox"/>
Friday			<input type="checkbox"/>
Saturday			<input type="checkbox"/>
Sunday			<input type="checkbox"/>

-Outdoor Lighting Weekly Hours of Operation*
**most are 10 hours a day/70 hour per week*

-Can the main client contact authorize and execute the purchase order with Verde Solutions? Y N

If not briefly explain the decision making process for this project:

-Will this project need multiple quotations or go to RFP?

Y N

-Are there any benchmarks or requirements that must be met to approve the proposal, if yes please explain (minimum payback periods, budget limits, installation schedule, etc.)?

Y N

-Are there any specific issues or areas of concern in the current lighting plan?

Y N

-What is the projected budget for this project?

-Is this facility Owned Leased (check 1)

If leased when does the lease end?

-Is this project a full or partial upgrade? If partial, please describe scope of lighting upgrade.

Full Partial

-Are there any technical requirements for this project such as photometric analysis or foot-candle requirements, if yes please explain?

Y N

-What is your motivation for this project?

Blank

-Project Timeline

Technology

Please check the technologies of interest. Those indicated with * please fill out additional section. (Note additional technologies may require supporting data from client. Verde Solutions internal teams will reach out for data requests as needed).

- | | | |
|--|---|---|
| <input type="checkbox"/> Energy Procurement* | <input type="checkbox"/> Cogeneration (CHP/CCHP)* | <input type="checkbox"/> Energy Management Software |
| <input type="checkbox"/> LED Lighting & Controls | <input type="checkbox"/> HVAC* | <input type="checkbox"/> Building Automation |
| <input type="checkbox"/> Commercial Solar* | <input type="checkbox"/> Demand Response | <input type="checkbox"/> Variable Speed Motors |

Additional Project Description

I authorize that the information provided is correct and I or another representative from the company is available to meet with a Verde Solutions representative for a full walkthrough of the property.

Signature _____ Position _____ Date _____ Printed Name _____

- Copy of client's most recent Electric Bill (required) Copy of client's most recent Gas Bill (recommended) Competitor Estimates (if available)
 Pictures of indoor and outdoor fixtures (optional) Audit Worksheet (lighting count/optional) Simple Floor plans/drawings (if available)

Installation Services

- Does the client wish for Verde Solutions to manage the installation process? Y N - Does the client require union labor? Y N

- Does the client have any specific insurance or bonding requirements for the installation contractor? *If yes please explain.*

Y N

- Is there a project deadline or completion date requested? *If yes please list date and provide any details.*

Y N

-Are there specific hours that the project must be installed? Y N

If yes please note (remember night and weekend installation could require additional labor fees)

-Year of construction or last major renovation?

Rebate Services

- Would the client like Verde Solutions to apply for utility incentives/rebates on their behalf if available? Y N

- Would the client prefer the rebates be paid to Verde as a discount of the upfront cost of project or paid to client directly after the project is completed?

Rebates to Verde (preference) Rebates paid to Client

Finance Services

-Is the client interested in financing options?

If yes, please provide a completed Verde Solutions Credit Application.

Y N

- What is the desired finance term length?

-When you have financed projects like this in the past what is your preferred method?

Send completed forms to leads@verdesolutions.com or fax to 888.699.9036



PRICE REQUEST FORM

Client/Company/Organization Name:

Opportunity Type: (Electric or Natural Gas)	
Utility:	
Start Date:	
Plan Type:	
Estimated Annual Usage:	
Customer Description:	

Account Number	Service Address

Check either "All Suppliers" or "Specific Suppliers". If you check "Specific Suppliers", please list the supplier(s) you want quotes from. Please note that price may take up to 5-7 business days to turnaround.

All Suppliers
 Specific Suppliers

Electrical

Utility If other please specify

Est Average (kW)	<input type="text"/>
Base Load (kW)	<input type="text"/>
Peak Load (kW)	<input type="text"/>
Avg Mo. Usage (kWh)	<input type="text"/>

Does Building Have Multiple Meters?

Yes No

Service Size (Amps) A

Service Voltage 480V 3 Phase 3 Wire Delta

Does Facility Have Use for Standby Power in the event of a utility failure? NO

If Yes, what is the approximate load to be served by the Turbine(s) in a utility failure?

Existing Genset? NO If yes, What size?

Thermal Load - Heating

Length of Average Heating Season (months)

Is there Natural Gas to the Site? NO What Fuel is Available?

Please list heating sources separately:

Type	Fuel/Energy Source	Size	Use	Eff %
Steam Boiler-Onsite	Natural Gas	<input type="text"/>	Domestic Hot Water	<input type="text"/>
Steam Boiler-Onsite	Natural Gas	<input type="text"/>	Domestic Hot Water	<input type="text"/>
Steam Boiler-Onsite	Natural Gas	<input type="text"/>	Domestic Hot Water	<input type="text"/>
Steam Boiler-Onsite	Natural Gas	<input type="text"/>	Domestic Hot Water	<input type="text"/>
Steam Boiler-Onsite	Natural Gas	<input type="text"/>	Domestic Hot Water	<input type="text"/>
Steam Boiler-Onsite	Natural Gas	<input type="text"/>	Domestic Hot Water	<input type="text"/>

Are you Using Re-Heat Coils? NO

If you selected Steam as your primary heating method, please complete the following section:

Primary Steam System	Average	Minimum
Steam Production (lbs/hour)		
Pressure of Steam (psig)		
Temp of Steam or Enthalpy		
City Makeup (gal/hour)		
City Makeup Temp (F)		
Condensate RT (lbs/hrs)		
Condensate RT Temp (F)		
Condensate RT Percent (%)	0	0

Please use additional sheet for multiple systems/boilers

Does City Makeup enter directly into DA tank? NO

How is the DA tank heated? Boiler Blow D

Thermal Load - Cooling

Length of Average Cooling Season (months)

Is there an existing chilled water loop? NO

Does facility have a 2 pipe or 4 pipe system?

Please list cooling sources separately:

Type	Rejection Type	Size	Use	COP
Rooftop DX	Air Cooled	<input type="text"/>	Climate Control	<input type="text"/>
Rooftop DX	Air Cooled	<input type="text"/>	Climate Control	<input type="text"/>
Rooftop DX	Air Cooled	<input type="text"/>	Climate Control	<input type="text"/>
Rooftop DX	Air Cooled	<input type="text"/>	Climate Control	<input type="text"/>
Rooftop DX	Air Cooled	<input type="text"/>	Climate Control	<input type="text"/>
Rooftop DX	Air Cooled	<input type="text"/>	Climate Control	<input type="text"/>

Estimated Average Cooling Load

Notes:

ELECTRIC BILL		FACILITY INFORMATION	
Account Number: _____ Supply Rate: _____ Under Supply Contract: <input type="radio"/> YES <input type="radio"/> NO Expiration Date of Contract: _____		Hours of operation <input type="checkbox"/> Monday to Friday: <input type="checkbox"/> Saturday: <input type="checkbox"/> Sunday:	
12-month usage in kWh <input type="radio"/> Average monthly kWh <input type="radio"/>		Service Type <input type="radio"/> Single Phase 240 Volt <input type="radio"/> <input type="radio"/> Three Phase 480 Volt <input type="radio"/>	
12-month usage in dollars?	Rate per KWH:	Mount type <input type="checkbox"/> Ballasted Flat Roof <input type="checkbox"/> <input type="checkbox"/> Pitched Penetrating Roof <input type="checkbox"/> <input type="checkbox"/> Ground Mount <input type="checkbox"/> <input type="checkbox"/> Carport <input type="checkbox"/>	
Utility:	12 month Demand Peak:		
Rate Code:			
Peak demand charges <input type="radio"/> YES <input type="radio"/> NO If YES, Time of the Day: Seasonal: Rate for Peak Demand:		Internal Data: <input type="radio"/> YES <input type="radio"/> NO If possible, please provide:	
		Tax liability <input type="radio"/> Client has tax liability <input type="radio"/> <input type="radio"/> Client is non-profit interested in PPA. <input type="radio"/> (3-year fiscal statements received)	

PROJECT DETAILS	
Transformer Size (Kva):	PHOTOS <input type="checkbox"/> Roof or Ground Location <input type="checkbox"/> <input type="checkbox"/> Main Distribution Panel <input type="checkbox"/> <input type="checkbox"/> Google earth image <input type="checkbox"/>

ROOF MOUNT SYSTEM			
FLAT ROOF		PITCHED ROOF MOUNT (Penetrating Racking)	
Type of Roof <input type="radio"/> TPO <input type="radio"/> <input type="radio"/> Asphalt <input type="radio"/> <input type="radio"/> Bituminous (Tar) <input type="radio"/> <input type="radio"/> Other: _____		Type of Roof <input type="radio"/> Asphalt Shingle <input type="radio"/> <input type="radio"/> Metal (Metal or Wood substructure) <input type="radio"/> <input type="radio"/> Other	
		Degree of Pitch:	Non-Penetrating Option <input type="radio"/> Yes or No <input type="radio"/>
Age of roof:	Roof Height:	Does client have original blueprints of roof showing structural load factor? If yes, what is structural load capacity?	
Obstructions on roof (size by HxWxL):			

GROUND MOUNT		
TYPE OF TERRAIN o Straight <input type="radio"/> o Uneven <input type="radio"/>	SURFACE TYPE o Concrete/Asphalt <input type="radio"/> o Grass/Field <input type="radio"/> o Wooded (needs clearing) <input type="radio"/>	SIZE OF ARRAY (Physical Dimensions):

ADDITIONAL NOTES

Schedule

Office Schedule:

Monday-Friday: _____
 Saturday: _____

Plant Schedule:

Monday-Friday:	# of Shifts _____	#1 Hours: _____	#2 Hours _____	#3Hours: _____
Saturday:	# of Shifts _____	#1 Hours: _____	#2 Hours _____	#3Hours: _____
Sunday:	# of Shifts _____	#1 Hours: _____	#2 Hours _____	#3Hours: _____

Operational HoursPer Year: _____

Facility Data:

No. of Buildings _____

Building No. 1: # of Stories _____, Basement: _____, Year of Construction: _____
 Size: _____ sq.ft., Office: _____ sq.ft., Warehouse: _____
 Usage: _____ Occupancy: _____ Office: _____ Plant: _____

1. Is any of the site H.V.A.C equipment older than 15 years? YES NO
2. If site has boilers, are they less than 80% efficient? YES NO
3. Does the site have a building H.V.A.C. automation system? YES NO
4. Is there a data room on-site? YES NO
5. Does the site have pneumatic controls? YES NO
6. Is there a multi-zone air handler? YES NO
7. Is the H.V.A.C equipment all electric (No Gas Heating)? YES NO
8. Does the building have B.A.S system? YES NO

Utility:

Electric (Account No. or Meters): _____ Annual Consumption _____ kWh
 Natural Gas (Account No. or Meters): _____ Annual Consumption _____ MMBTU
 Water: _____, Sewer: _____



Roof Top Units

Qty	Model	Age	Type	Area Served

Hot Water Heating: _____

Boilers

Qty	Model	BTU	Age	Gas or Electric

Steam Heating: _____

Boilers

Qty	Model	BTU	Age	Gas or Electric

Circulating Pumps: _____

Model	Horse Power (H.P.)	Area Served	VFD (Yes or No)

Chilled Water: _____

Chillers

Model	Tons	Type (Water or Air Cooled)	Age



Cooling Towers: _____

Model	Tons	Age

DX Split Systems: _____

Model	Ton	Age	Area Served	Type (Water or Air Cooled)

Air Handlers: _____

Model	Type	Age	CFM/BTU	Area Served

V.A.V Boxes: _____

Qty	Type	Size	Control Type