

Energy Management Systems (EMS) Program Application

The Retrofit Program is designed for Commercial and Industrial (C&I) customers to offset the cost of providing EMS technology or the expansion of an existing system to improve energy efficiency. This type of prescriptive application provides an incentive based on the number of new EMS control points being provided that will directly save electricity and/or natural gas. It is the goal of this program to improve the return on investment of the project, as well as the comfort, indoor air quality and productivity of the facility.

Program Details:

- This program covers applications created on or after January 1, 2019. Details of this program, including incentive levels, are subject to change without prior notice. The prescriptive application and all required documents must be provided as a complete package in one email to your NG Representative, otherwise it will be placed on hold and delay the application.

Eligibility:

- This application is NOT designed for the replacement of existing operating equipment or software.
- Pneumatic systems that are inoperable and have hardware that can no longer be obtained, may be eligible for replacement at the discretion of National Grid.
- When mechanical equipment is replaced, EMS points are not eligible when 1.) the controls point from the replaced equipment can be reused or 2.) the new equipment is equipped with EMS control points as standard equipment.
- Must be an Upstate New York National Grid Commercial Electric Account holder and pay into the System Benefits Charge (SBC).
- EMS points associated with gas end uses where National Grid is not the customer's utility for natural gas delivery are not eligible for a gas incentive from National Grid. Those customers should contact their natural gas utility to explore their options for obtaining incentives for the points associated with gas end uses and eligible new equipment.
- IRS recognized farms and religious organizations may also be eligible if they pay into the SBC.

NOTE: Projects started without a pre-inspection by a representative of National Grid are ineligible. **Before purchasing and installing the equipment, ensure the project is eligible for an incentive.**

List of Requirements:

- Provide a copy of recent utility bill for verification of SBC payment.
- Complete this application in its entirety and submit all documents online or to your account representative.
- Provide proposed equipment manufacturer's technical specification sheets ("cut sheets") with the application.
- Provide controls drawings indicating existing and proposed equipment and sequence of operations.
- Provide capacity, and type of central heating, and cooling equipment (e.g. 420 MBH condensing boiler; 300 ton centrifugal chiller).
- Complete Table 1. Points List & Equipment is accurate for each control strategy.

Installation and Payment Steps:

- Once a completed application is reviewed and meets the minimum energy savings requirements, an incentive is calculated and offer letter is provided to the customer and/or installation contractor for review and signature.
- The customer and/or installation contractor must:
 - a. Purchase and install equipment within 180 days upon receipt of the pre-approval letter.
 - b. Verify installation by providing a signed signature page from the customer report ("Certification of Installation").
 - c. Provide a copy of a paid invoice on company letterhead indicating type, size, make, model and quantity of equipment and include burdened project labor costs.
 - d. Return all require information to National Grid within 30 days of the installation.

NOTE: Although this is a prescriptive program that pays a fixed incentive amount per EMS control point, the project must still provide a benefit-to-cost-ratio greater than 1.0 over an effective useful life of 15yrs with proper maintenance. Therefore, the incentive amount is not a guarantee.

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ALL FIELDS ON THIS PAGE ARE REQUIRED.

CUSTOMER/ACCOUNT HOLDER INFORMATION (Customer must submit a W-9 Form)

Customer Facility Name	Contact Person	Application Date	
Phone	Fax	Customer Federal Tax ID Number	
Install Site	Email Address	Square Feet (Covered by this application)	
Street Address	City	State	Zip
Mailing Address (If different)	City	State	Zip
Company Type <input type="checkbox"/> Incorporated <input type="checkbox"/> Exempt <input type="checkbox"/> Not Incorporated	Classification Type ≥2MW <input type="checkbox"/> (Large) <2MW <input type="checkbox"/> (Mid-size) <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial *≥2MW Large Commercial use the <2MW Classification		
Customer of Record: Billing Account Number (Required)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Building Type (Select one) <input type="checkbox"/> Assembly <input type="checkbox"/> Fast Food <input type="checkbox"/> Hospital <input type="checkbox"/> Multifamily High-rise <input type="checkbox"/> Single Family Residence <input type="checkbox"/> Auto Repair <input type="checkbox"/> Food & Beverage <input type="checkbox"/> Hotel <input type="checkbox"/> Multifamily Low-rise <input type="checkbox"/> Small Office <input type="checkbox"/> Big Box <input type="checkbox"/> Full Service Restaurant <input type="checkbox"/> Large Office <input type="checkbox"/> Refrigerated Warehouse <input type="checkbox"/> Small Retail <input type="checkbox"/> Community College <input type="checkbox"/> Grocery <input type="checkbox"/> Large Retail <input type="checkbox"/> Pharmaceutical <input type="checkbox"/> University <input type="checkbox"/> College Dormitory <input type="checkbox"/> Heavy Industrial <input type="checkbox"/> Light Industrial <input type="checkbox"/> Primary Metals <input type="checkbox"/> Warehouse <input type="checkbox"/> Elementary School <input type="checkbox"/> High School <input type="checkbox"/> Motel <input type="checkbox"/> Religious <input type="checkbox"/> Other _____			

INCENTIVE PAYMENT

<input type="checkbox"/> Customer Address Above <input type="checkbox"/> Installation Contractor / Equipment Vendor/ Project Expediter <input type="checkbox"/> Other (Fill out below)			
Business Name	Contact Person		
Street Address	City	State	Zip
Phone	Email Address		
Company Type	Federal Tax ID Number (Required if receiving incentive)		

INSTALLATION CONTRACTOR INFORMATION

Installation Company	Project Expediter	Contact Person	
Street Address	City	State	Zip
Phone	Email Address		
Company Type	Federal Tax ID Number (Required if receiving incentive)		

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EQUIPMENT VENDOR INFORMATION			
Equipment Vendor Company	Contact Person		
Street Address	City	State	Zip
Phone	Email Address		
Company Type	Federal Tax ID Number <i>(Required if receiving incentive)</i>		

ADDITIONAL APPLICATION INFORMATION		
Expected Completion Date of Project		
Project Cost Estimate <i>(Eligible point only)</i>	Material \$	Labor \$

CUSTOMER ACCEPTANCE OF TERMS				
<input type="checkbox"/> I certify that all statements made in this application are correct to the best of my knowledge and that I have read and agree to the terms and conditions of National Grid's Retrofit Program.				
By (Authorized Signature)	Printed Name	Title	Company	Date

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1. EMS Requirements

An EMS shall include:

- A central operator’s station including a central processing unit.
- A PC (local or remote), and monitor.
- The operator’s station should be capable of monitoring all sensors and field devices in real time.
- Communication should be via modem, communications bus, wireless device or internet connection to other microprocessor-based field device.

2. EMS Incentives

Incentives are based on control points that are directly attributed to energy savings. Control points used for equipment status such as flow switches, temperature alarm, filter status, are not eligible for incentives. Additionally, control points for redundant or backup equipment such as hot water and/or chilled water pumps that are not used for normal operation are not eligible for incentives.

This program will allow up to one (1) control point per 1,000 square feet of space served by that HVAC system for spaces from 5,000 SF to 500,000 SF per utility account or meter. Those points will be provided an incentive of \$225 per point, \$25/point, which will be paid directly to the trade ally after the project is installed and the incentive has been paid to the customer.

Complete the Point List information below or provide a separate Excel spreadsheet.

Table 1 – Point List & Equipment Data

EQUIP. ID	LOCATION	AREA SERVED	SIZE HP/TON/MBH	POINT NAME	SCHEDULE	PROPOSED CONTROL STRATEGY
EX. HWP-1	Boiler Rm 104	20,000 SF	5 HP	HWP-1 S/S	10/15 – 5/15	OAT BELOW 55 °F

Add rows as necessary.

NOTE: Identify common areas served by multiple control strategies. Only include square footage one time.

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Heating System: Condensing Non-condensing Steam RTU Other _____

QTY	OUTPUT (MBH)	FUEL (Electric, gas)	% REDUNDANCY	AREA SERVED (SF)

Cooling System: Water-Cooled Centrifugal Screw Reciprocating Split RTU Other _____
Check all that apply.

QTY	CAPACITY (TONS)	% REDUNDANCY	AREA SERVED (SF)

PROJECT CHECKLIST	
<input type="checkbox"/>	Is the application complete?
<input type="checkbox"/>	Have I included contact information?
<input type="checkbox"/>	Is the account number included on form?
<input type="checkbox"/>	Is a copy of the utility bill included?
<input type="checkbox"/>	Is there a name, phone number and email for the customer/account holder?
<input type="checkbox"/>	Is the rebate assigned so we know who gets rebate check? Make sure name provided in Customer/Account Holder is the person who should receive rebate. Also submit W-9 Form.
<input type="checkbox"/>	Are all controlled equipment and the control points included in Table 1?
<input type="checkbox"/>	Is information on heating and cooling system provided?
<input type="checkbox"/>	Are all cut sheets provided?
<input type="checkbox"/>	Are the controls drawings with sequence of operations included?
<input type="checkbox"/>	Is price quote with labor and material included?