



FACILITY DATA FORM

Complete one Facility Data Form for **each building** that you would like to have audited.

APPLYING AGENCY: _____

- This Entity owns the facility described below or has provided documentation to show that the applicant pays the utility bills and has permission from building owner to perform audit and install energy efficient equipment.

This building is served by (check all that apply):

<input type="checkbox"/>	Atlantic City Electric
<input type="checkbox"/>	Jersey Central Power & Light
<input type="checkbox"/>	New Jersey Natural Gas
<input type="checkbox"/>	Elizabethtown Gas
<input type="checkbox"/>	Public Service Electric and Gas
<input type="checkbox"/>	Rockland Electric Company
<input type="checkbox"/>	South Jersey Gas
<input type="checkbox"/>	A non-regulated energy company (oil, propane, municipal, cooperative, etc.*): _____

**Note: buildings that are NOT served by at least one regulated utility will be eligible to receive incentives on a limited basis, depending on Energy Efficiency and Conservation Block Grant funding availability. Applicant must check off the appropriate box above for buildings in this situation.*

FACILITY INFORMATION

Please complete the information below for this specific facility that is seeking enrollment in the Program.

Facility Name			
Street Address		County	
City		State	Zip
Facility's Description			
Total Sq Ft	Year Built	Hours/Week Occupied	Number of Employees



Building Type (Check only one of the following):

<input type="checkbox"/>	Emergency Services	<input type="checkbox"/>	Garage
<input type="checkbox"/>	Center/Meeting Hall/Library	<input type="checkbox"/>	Offices
<input type="checkbox"/>	Recreation/Entertainment/Parks	<input type="checkbox"/>	Religious
<input type="checkbox"/>	School	<input type="checkbox"/>	School: College or University
<input type="checkbox"/>	Water Treatment/Pumping	<input type="checkbox"/>	Other: _____

ENERGY DATA

Please complete the energy information below for the most recent 12 month period available. In order to gain a complete picture of the facility's energy use, be sure to include all types of energy used by the facility. Do not include vehicle fuel.

The Data Below is for the 12 Month Period: ____/____/____ to ____/____/____

ELECTRICITY

Electric Utility Name & Account Number(s)	
Annual kWh Use	Annual Electricity Cost
Max Summer kW	Max Winter kW

NATURAL GAS

Natural Gas Utility Name & Account Number(s)	
Annual Use in Therms	Annual Natural Gas Cost

FUEL OIL

Fuel Oil Utility Name & Account Number(s)	
Annual Use in Gallons	Annual Fuel Oil Cost



PROPANE

Propane Utility Name & Account Number(s)	
Annual Use in Gallons	Annual Propane Cost

OTHER

In this section please indicate any other fuel type that the facility uses, such as: solar energy, wind energy, bio-fuel, cogeneration, fuel cells.

Other Fuel Type:	
Annual Energy Use (indicate units)	Annual Energy Cost

Please mail, fax, or email your completed application to:
New Jersey's Clean Energy Program
 c/o TRC Energy Services
 900 Route 9 North, Suite 104
 Woodbridge, NJ 07095
 Fax: 732-855-0422
 Email: LGEA@trcsolutions.com

For further questions, please call 866-657-6278 x4 or visit our website at
www.NJCleanEnergy.com/LGEA

STAFF USE ONLY

Date Received: _____	Project No.: _____
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