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## Technical Facility Profile(s)

Any capitalized terms not defined in this Technical Facility Profile shall have the same meaning as those terms have in the Contract.

This Technical Facility Profile form is a standard template. As such, the sections in this form seeking information are addressed to the Department that is completing the form. This form is intended to provide to QESPs a technical description of the Department's potential Project Site(s). The Department will include a completed form for each separate project facility in their communication to QESPs soliciting Letters of Interest.

### **SECTION I: GENERAL FACILITY DATA**

*Please complete separate forms for each building to be considered.*

1. Name of Building \_\_\_\_\_
2. Address of Building \_\_\_\_\_
3. Primary Use \_\_\_\_\_
4. Year Constructed \_\_\_\_\_  
Years of any major modifications, additions, renovations (briefly describe) \_\_\_\_\_
5. Facility Manager \_\_\_\_\_ Phone \_\_\_\_\_

### **SECTION II: OPERATING DATA**

1. Please describe the typical hours of operation for your facility.

Please describe the manufacturer(s), age, type and condition of the HVAC control system(s) used in the building(s). If you have an operating Energy Management System (EMS) controlling your building, please list the manufacturer, year installed and operating conditions.

### **SECTION III: PHYSICAL DATA**

Give the total square footage of conditioned space. If the total areas which are heated and cooled differ in size, please describe their respective sizes.

### **SECTION IV: ENERGY SYSTEMS DATA**

*Please provide as much of the following information as is available.*

Briefly describe the major type(s) of HVAC system(s) serving your building (i.e.; terminal reheat, multi-zone, variable air volume, etc.) Indicate the main fuels used to operate the heating and cooling systems.

Estimate the percentage of total area lighted by fluorescent ballasts and bulbs, and incandescent bulbs. Estimate the approximate annual hours of operation for each type of lighting. If you have a significant amount of HID lighting, please describe it in similar terms. Indicate the percentage of fluorescent lighting, if any, which has been upgraded to electronic ballasts and T-8 lamps.

**SECTION V: IMPROVEMENT OPPORTUNITIES**

1. Briefly describe any serious equipment, operating, or comfort problems in your building(s). Identify any major mechanical, control or electrical systems scheduled for replacement during the next five years.

Briefly list any major energy savings options identified by a previous analysis of your building.

**SECTION VI: ENERGY AND WATER CONSUMPTION DATA**

Please summarize utility consumption and costs for all fuel types, including water, over the last three (3) years for each project site using the forms that follow. If you are buying contract gas, provide your monthly price history, if available, on a separate sheet. Please attach to this form copies of all utility rate schedules that apply to your building.

**ELECTRIC CONSUMPTION**

Name of Facility: \_\_\_\_\_ Location: \_\_\_\_\_  
 \_\_\_\_\_

Name of Utility: \_\_\_\_\_

Billing Month/Yr.	# Days	Demand KW	# of KWH	Total Cost
Jan.				
Feb.				
Mar.				
Apr.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
<b>TOTALS</b>				

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**NATURAL GAS CONSUMPTION**

Name of Facility: \_\_\_\_\_

Location:

\_\_\_\_\_

Name of Utility: \_\_\_\_\_

Billing Month/Yr.	# Days	# of Therms	# of CCF	Total Cost
Jan.				
Feb.				
Mar.				
Apr.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
<b>TOTALS</b>				

**WATER CONSUMPTION**

Name of Facility: \_\_\_\_\_

Location:

\_\_\_\_\_

Name of Utility: \_\_\_\_\_

Billing Month/Yr.	# Days	# Gallons	Sewage Charges	Total Cost
Jan.				
Feb.				
Mar.				
Apr.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
<b>TOTALS</b>				

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CONSUMPTION OF OTHER FUELS

Name of Facility: \_\_\_\_\_

Location:

\_\_\_\_\_

Type of Fuel: \_\_\_\_\_

Name of Utility:

\_\_\_\_\_

Billing Month/Yr.	# Days	# of Units (Specify)	Other charges (if applicable)	Total Cost
Jan.				
Feb.				
Mar.				
Apr.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
<b>TOTALS</b>				