



2022 BUSINESS NEW CONSTRUCTION PROJECT INFORMATION FORM

MEMBER QUALIFICATION

Applicant must be constructing a new building, addition or a major renovation which will be a non-residential member of an electric co-op participating in Wabash Valley Power Alliance's POWER MOVES® Business New Construction Program. For a complete list of participating co-ops visit PowerMoves.com.

HOW TO APPLY

- To enroll in the Business New Construction (BNC) Program please complete this application and submit it to the program office via fax, email or mail. Anyone on the design team may complete this form. This information is used to understand the project and connect you to the right resources.
- Make sure the building square footage and estimated design and construction schedule is provided. Estimates are acceptable; information can be changed as schedules are finalized.
- Submit the completed project information form in one of three ways:
 - Fax to (317) 228-9104
 - Email to apply@powermoves.com
 - Mail to POWER MOVES Program, 6702 Intech Blvd, Indianapolis, IN 46278
- Upon receipt of your completed application, an energy engineer will contact you to schedule an introductory meeting and initial plan review.
- We will work with you to provide the best rebate package for your project, whether it is all prescriptive measures, all custom measures, or a mix of both.

Submitting this form does not guarantee a rebate will be approved.

SECTION 1: CUSTOMER (BUILDING OWNER/MEMBER) INFORMATION			
Company Name		Contact Name	
Mailing Address		City	State ZIP
Phone		Email	
Business Classification (check one): <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> LLC <input type="checkbox"/> Other			
Ownership Structure (Will more than one entity own or occupy the building? What are the leasing arrangements?)			
Is project financing or funding complete? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Additional Details:			
Will this project create any additional jobs for your company? <input type="checkbox"/> Yes: How Many? _____ <input type="checkbox"/> No			
Electric Cooperative/REMC Name for New Facility		Natural Gas Provider for New Facility	

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SECTION 2: PROJECT INFORMATION

Project Name		Main Project Contact Name/Title	
Project Street Address (physical location)		Main Project Contact Telephone	
City	State	ZIP	Main Project Contact Email
NAICS Code			
What is the predominant use of the building space (select all that apply)?			
<input type="checkbox"/> Data Center	<input type="checkbox"/> Logistics	<input type="checkbox"/> Agribusiness	<input type="checkbox"/> K-12 School
<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Warehouse/Distribution Center	<input type="checkbox"/> Hogs <input type="checkbox"/> Poultry <input type="checkbox"/> Eggs <input type="checkbox"/> Dairy	<input type="checkbox"/> Retail
<input type="checkbox"/> Biomedical	<input type="checkbox"/> Other _____	<input type="checkbox"/> Cattle <input type="checkbox"/> Other _____	<input type="checkbox"/> Lodging/Hotel
Project Type (check one): <input type="checkbox"/> New Facility <input type="checkbox"/> Addition to Existing Facility <input type="checkbox"/> Major Renovation (major rehab, change in use)			
Size (square feet)	Estimated Project Budget	LEED™ Certification Planned? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Undecided	
		ENERGY STAR® Certification Planned? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Undecided	
Description of Project (additional details on building type, # of floors, etc.)		Project Energy Code	Number of Occupants

Hours of Operation	MON	TUES	WED	THURS	FRI	SAT	SUN
Time Open (AM)							
Time Close (PM)							

SECTION 3: SCOPE OVERVIEW

Building Systems to be Considered	YES	MAYBE	NO		YES	MAYBE	NO
Orientation/Building Layout	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HVAC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Glazing Type and Percentage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Building Envelope	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Building Controls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lighting/Daylighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other Items _____			
Energy-Efficiency Goals for the Project							

SECTION 4: PROJECT SCHEDULE

Planned Construction Bid Date	Planned Construction Start Date	Planned Construction Completion Date
Construction Delivery Method <input type="checkbox"/> Design Build <input type="checkbox"/> Design Bid Build	Current Architectural Phase <input type="checkbox"/> Prelim <input type="checkbox"/> Final Design <input type="checkbox"/> Production	Current Mechanical Electrical & Plumbing Phase <input type="checkbox"/> Prelim <input type="checkbox"/> Final Design <input type="checkbox"/> Production

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SECTION 5: PROJECT TEAM INFORMATION

Architect or Design Team Leader

Company Name	Primary Contact Person		Title
Street Address	City	State	ZIP
Phone	Email		

Mechanical Designer/Design Build Contractor

Company Name	Primary Contact Person		Title
Street Address	City	State	ZIP
Phone	Email		

Electrical Designer/Design Build Contractor

Company Name	Primary Contact Person		Title
Street Address	City	State	ZIP
Phone	Email		

General Contractor

Company Name	Primary Contact Person		Title
Street Address	City	State	ZIP
Phone	Email		

SECTION 6: BACKGROUND QUESTIONS

1. What are the main barriers to incorporating energy efficiency into your project?

<input type="checkbox"/> Maintain construction budget	<input type="checkbox"/> Lack of ability to market the energy efficient upgrades	<input type="checkbox"/> Lack of time to research new technologies
<input type="checkbox"/> Project schedule	<input type="checkbox"/> Competing interests (finishes vs. energy efficiency)	<input type="checkbox"/> Risk of new technology
<input type="checkbox"/> Unknown technology or process		<input type="checkbox"/> Other _____
<input type="checkbox"/> Lack of financing/funding		

2. What help do you need from POWER MOVES[®]?

<input type="checkbox"/> Technical assistance	<input type="checkbox"/> Estimated energy savings	<input type="checkbox"/> Financing commitment
<input type="checkbox"/> Financial assistance	<input type="checkbox"/> Specific recommendations to qualify for rebates	<input type="checkbox"/> Other _____