

CenterPoint Energy Data Center Energy Efficiency Program (DCEEP)

Application Form

CUSTOMER INFORMATION

Company Name _____

Contact Name	Job Title		
Telephone	Email		
Mailing Address	City	State	Zip Code

FACILITY INFORMATION

Facility Address	City	State	Zip Code
ESID _____			
Size of IT space (sq. ft.)	IT load (kW)	PUE, if known	
If new construction, expansion or gut rehab, size of new IT space (sq. ft.) _____			

Facility type (check ONE):

Colocation	Office	College / University	School / K-12
Healthcare	Retail	Light Industry	Miscellaneous _____

PROJECT INFORMATION

The project will be (please check one):

Equipment installation, retrofit or commissioning
 New construction or gut rehab

Wish List: *(Please check the appropriate area(s) in which you may be interested)*

- | | |
|---|--|
| We may be interested in a comprehensive energy audit for the data center
We may be interested in new energy-efficient lighting
We may be interested in developing an energy efficiency reduction plan or a master plan
We may be interested in implementing in-rack cooling
We may be interested in implementing free cooling/economizer
We have aging chillers/CRAC/CRAH units
We may be interested in BMS or a system that allows monitoring and control of data center energy use of individual components (i.e., servers, CRAC units, etc.) | We may be interested in new high-efficiency operation IT equipment
We may be interested in benchmarking our data center
We may be interested in reconfigure data center to use hot-aisle/cold-aisle configuration
We think there may be inactive server
We may be interested in adding VFDs to our cooling systems
We need more capacity (computing/storage)
We may be interested in metering data center energy consumption
Other: _____ |
|---|--|

CUSTOMER SIGNATURE ► (REQUIRED) ◀

The above information is submitted for the sole purpose of applying to participate in the CenterPoint Energy Data Center Energy Efficiency (DCEEP) Program. I hereby certify this information to be true, and indicate my interest and willingness to participate in the program.

Customer authorized signature _____

Print (or type) name	Date
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Letter of Authorization for the Request of Historical Usage Information Form

Reference: Section 7.5.1, Overview of the Letter of Authorization for Historical Usage

Date	Expiration Date / Unlimited
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SELECT TRANSMISSION AND/OR DISTRIBUTION SERVICE PROVIDER (TDSP) ▶ (REQUIRED: SELECT THE TDSP THE REQUEST APPLIES TO) ◀

Oncor	CenterPoint Energy	Sharyland
AEP	TNMP	Nueces

AUTHORIZATION

Please accept this letter as a formal request and authorization for the above referenced TDSP to release energy usage data, including kWh, kVA or kW, and interval data (if applicable) at the following location(s) to **Willdan Energy Solutions**. This information request shall be limited to no more than the most recent 12-month period of service. If the Electric Service Identifiers (ESI ID(s)) are metered using an Interval Data Recorder (IDR), please indicate whether summary level and/or interval data is required.

Summary Billing Data Only

Interval Data Only

Both Summary and Interval Data

Please forward usage and Load information in electronic (Microsoft Excel) format using Retail Market Guide Section 9, Appendices, Appendix B4, Transmission and/or Distribution Service Provider Response to Request for Historical Usage, to: jshao@willdan.com

SERVICE ADDRESS

If an attachment is used, please use a separate attachment per TDSP with the ESI IDs that are specific to a TDSP. The TDSP will reject submitted ESI IDs that are not located within the TDSP's territory.

Address	City	State	ESID
Address	City	State	ESID
Address	City	State	ESID
Address	City	State	ESID
Address	City	State	ESID

CUSTOMER SIGNATURE ▶ (REQUIRED) ◀

I affirm that I have the authority to make and sign this request on behalf of my company for all ESI IDs that are associated with this request.

Signature	Company
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By checking this box, (requesting party) _____ affirms that they have authorization from the Customer identified below to obtain Customer's historical usage information and holds the TDSP harmless for providing the historical data to requested party as identified on this form.

Print (or type) name	Title	Telephone	
Billing Street Address	City	State	Zip