

**Department of Buildings & General Services**  
2 Governor Aiken Ave.  
Montpelier, VT 05633

[phone] 802-828-3519  
[fax] 802-828-3533

*Agency of Administration*

SERF Project #	
Customer ID	
Date Received	

**I. General Information**

State Agency or Department	Project Title (Target Infrastructure – Conservation Measure)
Project Manager (Responsible Individual)	Building Name and Physical Address (if applicable)

**II. Project Information****A. DESCRIPTION**

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**B. IMPLEMENTATION PLAN**

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C. ESTIMATED ANNUAL SAVINGS		
<b>Please provide additional documentation to verify methodology and calculations.</b>	Estimated Annual Savings (Units)	Estimated Financial Savings (\$)
Electrical Savings – Associated annual electrical usage reduction (kWh) and avoided cost at current rates.		
Heating Fuel Savings – Associated annual heating fuel (oil, natural gas, wood, etc.) usage reduction and avoided cost at current rates.		
Water Conservation – Associated annual water usage reduction (gallons) and avoided cost at current rates.		
Waste Reduction – Associated waste reduced, reused or recycled and the avoided costs at current rates.		
Other Types of Benefits – For example: avoided maintenance costs.		
Emissions Reduction – The equivalent amount of greenhouse gas reductions this project will achieve. (This information is not required. If left blank, BGS will calculate this for you).		(MTCO <sub>2</sub> E)
<b>Total:</b>	<b>N/A</b>	

III. FUNDING & ACCOUNTING	
A. PROJECT FINANCES	
<b>Total Project Cost</b>	
<b>Incentive or Rebate Amount</b>	
<b>Sub-total</b>	
<b>Administrative Fee (2%)</b>	
<b>Total Interest (2%)</b>	
<b>Loan Amount</b>	
<b>Annual Loan Payment</b>	

C. FINANCIAL METRICS	
<b>Simple Payback Period</b>	
<b>Lifetime Return on Investment</b>	
<b>Internal Rate of Return</b>	
<b>Net Present Value</b>	
<b>Lifetime Savings</b>	
<b>Expected Life of Project</b>	

B. PROJECT SCHEDULE	
Start Date	Completion Date

**IV. APPROVAL****1. BGS Project Manager**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name / Title: \_\_\_\_\_

**2. State Energy Program Manager**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**3. Requesting Agency or Department Head**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name / Title: \_\_\_\_\_

**4. Commissioner, Department of Buildings and General Services**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**5. Commissioner, Department of Finance and Management**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**6. State Treasurer**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_