

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

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

Agency of Administration

SRMRF Project #	
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		
Please provide additional documentation to verify methodology and calculations.	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 ₂ e)
Total:	N/A	

III. FUNDING & ACCOUNTING	
A. PROJECT FINANCES	
Total Project Cost	
Incentive or Rebate Amount	
Sub-total	
Administrative Fee (0.5%)	
Total Loan Amount	
Annual Loan Payment	

C. FINANCIAL METRICS	
Simple Payback Period	
Return on Investment	
Internal Rate of Return	
Net Present Value	
Lifetime Savings	
Expected Life of Project	Years
B. PROJECT SCHEDULE	
Start Date	Completion Date

IV. APPROVAL**1. Project Manager**

Signature: _____ Date: _____

Name / Title: _____

2. Requesting Agency or Department Head

Signature: _____ Date: _____

Name / Title: _____

3. State Energy Program Manager

Signature: _____ Date: _____

4. Commissioner, Department of Buildings and General Services

Signature: _____ Date: _____