

Prequalification Questionnaire - Fax to 972.421.1790

(Please attach additional pages if necessary)

General Information

- 1a. Building name: _____
1b. Building address: _____
1c. City State Zip Code: _____
1d. Facility engineering contact: _____ 1e. Position/Title: _____
1f. Phone: _____ 1g. Fax: _____ 1h. Email: _____
1i. Conditioned gross square feet: _____ 1j. Total square feet, (bldg, garage, etc): _____
Building type (select one): 1k. ___ Education 1l. ___ Food sales 1m. ___ Industrial/manufacturing
1n. ___ Office 1o. ___ Lodging 1p. ___ Food service 1q. ___ Enclosed shopping 1r. ___ Religious worship
1s. ___ Center/mall 1t. ___ Health care 1u. ___ Retail, mercantile, and service 1v. ___ Warehouse and storage
1w. Hours of operations, M-F: _____ 1x. Hours of operations, S-S: _____
1y. Age of building: _____

What equipment/system do you think are candidates for replacement or upgrade:

- ___ 1z. HVAC equipment ___ 1aa. Air distribution system ___ 1ab. Lighting (building, garage outside, etc.)
___ 1ac. Building automation controls ___ 1ad. Envelope (windows, roof, doors, etc.) ___ 1ae. Solar or other renewable
___ 1af. Building equipment (pumps, motors, elevators, laundry, etc.) 1ag. Other _____

- 1ah. What is the roof type _____ Is the roof insulated? 1ai. ___ Yes 1aj. ___ No
Are the walls insulated? 1ak. ___ Yes 1al. ___ No
1am. What energy or operations and maintenance (O&M) upgrades have been completed in the last five years? _____

Utility Information

- Type of fuel(s) (select all that apply): ___ 2a. Electricity ___ 2b. Fuel oil ___ 2c. Natural gas ___ 2d. Coal
If your state is deregulated, are you buying power through an Aggregator?
2e. ___ N/A 2f. ___ Yes 2g. ___ No

Please check the preferred method you will provide UEALLC with your historical utility data:

- 2h. ___ I will furnish copies of the last 12 consecutive months of data for all of the above accounts (Bills or spreadsheet).
2i. ___ I will provide a Letter of Authorization (LOA) to Ultimate Energy Advisors, LLC (UEALLC), which permits UEALLC to contact your utility company for consumption information.
2j. Please provide utility representative Point of Contact information. _____
2k. What are the terms of your current utility contract? _____
2l. What is your contract rate structure for electricity? _____
2m. What is your contract rate structure for natural gas? _____
2n. What is the Power Factor of the facility? _____

- Has Power Factor correction equipment been installed? 2o. ___ Yes 2p. ___ No
Is there a Power Factor penalty charge within the electricity tariffs? 2q. ___ Yes 2r. ___ No

O&M Information

- Do you have an active preventive maintenance program? 3a. ___ Yes 3b. ___ No
Do you have an active refrigerant recycling program? 3c. ___ Yes 3d. ___ No
Do you have an active lighting maintenance program? 3e. ___ Yes 3f. ___ No

HVAC Information

- What is the cooling system? (select one) 4a. ___ Chiller(s) 4b. ___ Outdoor condenser units
4c. ___ Roof top package units 4d. ___ DX Split systems or heat pumps
4e. What is the average age of the cooling units? _____
What is the primary type of heating (select one)? 4f. ___ Boiler(s) 4g. ___ Gas unit heaters or infrared heaters
4h. ___ Electric heaters 4i. ___ DX Split systems or heat pumps 4j. What is the average age of the heating units? _____

BAS/EMCS Information

If there is an energy management control system (EMCS), do you think it is programmed and working properly? 5a. ___N/A 5b. ___Unsure 5c. ___Yes 5d. ___No
What type is the EMCS? 5e. ___None 5f. ___Low voltage 5g. ___Unknown 5h. ___Pneumatic
5i. ___Direct digital control (DDC)
5j. How old is the EMCS _____ 5k. What brand is the EMCS? _____

Lighting Information

Have your fluorescent lamps been upgraded to T8 fluorescent lamps?
6a. ___N/A 6b. ___Partially 6c. ___Yes 6d. ___No
Have your magnetic ballasts been upgraded to electronic ballasts?
6e. ___N/A 6f. ___Partially 6g. ___Yes 6h. ___No
Have your incandescent lights been upgraded to compact fluorescent lamps?
6i. ___N/A 6j. ___Partially 6k. ___Yes 6l. ___No
What are the approximate quantities, primary types and wattages of lights?
Flourescents 6m. Watts: _____ 6n. Inside ___ 6o. Outside ___ 6p. App. quantity _____
Incadescents 6q. Watts: _____ 6r. Inside ___ 6s. Outside ___ 6t. App. quantity _____
Metal Halide 6u. Watts: _____ 6v. Inside ___ 6w. Outside ___ 6x App. quantity _____
Mercury Vapor 6y. Watts: _____ 6z. Inside ___ 6aa. Outside ___ 6ab. App. quantity _____
High Pressure Sodium 6ac. Watts: _____ 6ad. Inside ___ 6ae. Outside ___ 6af. App. quantity _____
Low Pressure Sodium 6ag. Watts: _____ 6ah. Inside ___ 6ai. Outside ___ 6aj. App. quantity _____
In general are light levels adequate? 6ak. ___Yes 6al. ___No
If occupancy sensors installed are most of them working properly? 6am. ___N/A 6an. ___Yes 6ao. ___No
Are the lights frequently left on when nobody is in the space(s)? 6ap. ___Yes 6aq. ___No

Metering Information

Is any utility being metered? 7a. ___Yes 7b. ___No, If so, by whom? 7c. _____
7d. Where is the electric meter located? _____
7e. What is the peak kW (kVA) during the past year? _____
7f. What is the maximum ampere load of the main building electrical feed(s)? _____
Is the existing electric meter an electronic Interval Demand Meter (IDR)? 7g. ___Yes 7h. ___No

Accounting Information

To be filled out by the comptroller/accounting:
8a. What is the Cap Rate you use for Real Estate Purchases? _____
8b. What is the Current Value of the Property? _____
8c. What is the Current Net Cash Flow of the Property? _____
What method do you used to evaluate capital projects?
Payback 8d. ___Yes 8e. ___No. If yes what is the standard payback period you look for? 8f. _____
Internal Rate of Return 8g. ___Yes 8h. ___No, If yes what rate of return do you look for? 8i. _____
Cap Rate 8j. ___Yes 8k. ___No. If yes, what Cap Rate do you look for? 8l. _____
8m. ___Other – Please explain: 8n1. _____
8n2. _____

Specific Use Information

9a. What type of manufacturing, processing, refrigeration (if applicable) equipment do you use in your facilities along with energy consumption and or ratings, e.g., kW/ton, COP, SEER, ammonia or fluorocarbon (Freon) equipment, etc. _____
9b. Are there special federal, state, or municipal codes for compliance on how they must operate or how these codes would affect retrofitting of them? _____
What are the - square feet? 9c. _____, acreage? 9d. _____, 9e. plat of all land surrounding the facilities that is owned or operated by the facility that may act as flex space for on-site power generation or other Energy Conservation Measures? _____
9f. If applicable, what is the existing land used for? _____

9g. Do you have an interest in a particular energy technology such as co-generation, solar, ground water source heat pumps (geothermal), etc.? _____

Is there are steam processes? 9h. Yes 9i. No. If yes, what is the operating pressure? 9j. _____

9k. boiler size? _____. Are there pneumatics used for operations and processes? 9l. Yes 9m. No.

If yes, is there a pneumatic preventive maintenance in place to repair leaks? 9n. Yes 9o. No

9p. What is the size of the pneumatic equipment? _____

Are there daily wash downs in the plant, e.g., food processing plants? 9q. Yes 9r. No

Do the equipment and processes have to adhere to FDA cleanliness requirements? 9s. Yes 9t. No

Is refrigeration equipment air cooled? 9u. Yes 9v. No, evaporative cooled? 9w. Yes 9x. No

9y. What is water cost? _____ 9z. What is building water usage? _____

Is there potential for using building water supply to improve efficiency of HVAC equipment?
9aa. Yes 9ab. No.

Is the cooling tower water consumption being metered? 9ac. Yes 9ad. No

Are chemicals being used for the cooling towers? 9ae. Yes 9af. No

Is there a neighbor facility that has a high water usage? 9ag. Yes 9ah. No

9ai. How many dock doors are there? _____ 9aj. What is the orientation of the doors? _____

9ak. If there are dock doors, what is the type of seal? _____

9al. What is the condition of the seals? _____

What is the percent of time of day and night the dock doors are used?
9am. Day _____ 9an. Night _____

Is there a humidity problem within the facility? 9ao. Yes 9ap. No

9aq. If there is an anteroom to a freezer, what are the specifications? _____

9ar. What is the ventilation load in the anteroom? _____

9as. What is the product through put in lbs/day? _____

Is refrigeration equipment inside facility? 9at. Yes 9au. No. On rooftop? 9av. Yes 9aw. No

Are air handler fans on 24/7? 9ax. Yes 9ay. No On schedule? 9az. Yes 9ba. No

Are air handler fans on VFDs? 9bb. Yes 9bc. No

Are you able to shift or stop operations/processes during summer afternoons with the intent of averting a new higher peak demand. 9bd. Yes 9be. No

LEED Existing Buildings O&M Basic Criteria - v 2009

Before committing a property to LEED, the following criteria should be met:

Must Meet Basic LEED-EBOM Requirements

- 10a. Buildings must be fully occupied for at least 12 months preceding application. Vacant tenant space of up to 25% is allowed when time-averaged over the previous 12 months.
- 10b. 100% of the building's total floor area must be included, with the following exception: up to 10% can be excluded if operations are under separate management control.
- 10c. Buildings must be in compliance with all Federal, state and local environmental laws, including those addressing asbestos, PCBs, water discharge and waste management.

Meet or Plan to Meet LEED-EBOM Prerequisites

Prerequisites are the mandatory elements of any LEED Rating System that establish minimum policies, practices and levels of performance in areas vital to the achievement of overall sustainability.

- 11a. Existing HVAC&R systems contain no CFC-based refrigerants.
- 11b. Planned 11c. Date of scheduled completion: _____
- 11d. Existing The building has an ENERGY STAR performance rating of 71 OR If the building is not one of the 12 space types eligible for an ENERGY STAR score, then the building must be 21% above the national median for typical buildings of similar type.
- 11e. Planned 11f. Date of scheduled completion: _____
- The following have been conducted or are planned on the building:
- 11g. Existing 11h. An ASHRAE Level I Energy Audit. 11i. Date of Report: _____

- 11j. ___ Planned 11k. ___ An ASHRAE Level II Energy Audit. 11l. Date of Report: _____
 11m. ___ Last Commissioning. 11n. Date of Report: _____
 11o. Name of Commissioning Agent: _____
- 11p. ___ Existing Plumbing fixtures in the building meet the following flush and flow rates:
 11q. ___ Planned 11r. ___ Water Closets: 1.6 or less gallons per flush (gpf)
 11s. ___ Lavatory Faucets: 0.5 gallons per minute (gpm)
 11t. ___ Urinals: 1.0 or less gpf 11u. Date of scheduled completion: _____
- 11v. ___ Existing The building meets the minimum requirements of the voluntary consensus standard ASHRAE 62.1-2007, Ventilation for Acceptable Indoor Air Quality
 11w. ___ Planned Mechanical ventilation systems shall perform according to the Ventilation Rate Procedure.
 11x. Date of scheduled completion: _____
- 11y. ___ Existing Smoking is prohibited in the Building and within 25 feet of ALL entries, outdoor
 11z. ___ Planned Air intakes and operable windows.
- or**
- Building permits smoking; however, smoking is prohibited in:
 11aa. ___ portions of tenant spaces not designated as a smoking space
 11ab. ___ all other building areas served by the same HVAC system
 11ac. ___ common areas used by tenant occupants
- and**
- 11ad. ___ there is no migration of environmental tobacco smoke by either mechanical or natural ventilation from other areas of the building

Additional Information:

- ENERGY STAR Labeled 12a. ___ Yes 12b. ___ No
 12c. Date Statement of Energy Performance Stamped by Professional Engineer: _____
 12d. Current ENERGY STAR Rating: _____ 12e. Date Rating Achieved: _____

Who is responsible for loading ENERGY STAR data in Portfolio Manager?

- 13a. Name: _____ 13b. Number: _____ 13c. Email: _____

Please describe who manages the property and their relationship to the owner. Who (name of company or in-house) handles the following services at the property:

- 14a. Pest Control: _____
 14b. Janitorial: _____
 14b. Janitorial Supply: _____
 14d. Landscape Services: _____
 14e. Waste: _____
 14f. Recycling: _____
 14g. Construction: _____

The building has a recycling program covering the following (check item):

- 15a. ___ Ongoing Consumables: paper, toner cartridges, glass, plastics, cardboard, old corrugated cardboard, food waste and metal.
 15b. ___ Durable Goods: electronics, appliances and furniture.
 15c. ___ Construction Waste: wall studs, insulation, doors, drywall, ceiling tiles, carpet and other flooring materials.
 15d. ___ All mercury-containing lamps
 15e. ___ All portable dry-cell types of batteries