



Case No.: 14-1495-EL-EEC

Mercantile Customer: West Chester Hospital

Electric Utility: Duke Energy

**Program Title or
Description: Water Cooled Chiller Tune Up 2014**

Rule 4901:1-39-05(F), Ohio Administrative Code (O.A.C.), permits a mercantile customer to file, either individually or jointly with an electric utility, an application to commit the customer's existing demand reduction, demand response, and energy efficiency programs for integration with the electric utility's programs. The following application form is to be used by mercantile customers, either individually or jointly with their electric utility, to apply for commitment of such programs in accordance with the Commission's pilot program established in Case No. [10-834-EL-POR](#)

Completed applications requesting the cash rebate reasonable arrangement option (Option 1) in lieu of an exemption from the electric utility's energy efficiency and demand reduction (EEDR) rider will be automatically approved on the sixty-first calendar day after filing, unless the Commission, or an attorney examiner, suspends or denies the application prior to that time. Completed applications requesting the exemption from the EEDR rider (Option 2) will also qualify for the 60-day automatic approval so long as the exemption period does not exceed 24 months. Rider exemptions for periods of more than 24 months will be reviewed by the Commission Staff and are only approved up the issuance of a Commission order.

Complete a separate application for each customer program. Projects undertaken by a customer as a single program at a single location or at various locations within the same service territory should be submitted together as a single program filing, when possible. Check all boxes that are applicable to your program. For each box checked, be sure to complete all subparts of the question, and provide all requested additional information. Submittal of incomplete applications may result in a suspension of the automatic approval process or denial of the application.

Any confidential or trade secret information may be submitted to Staff on disc or via email at ee-pdr@puc.state.oh.us.

Section 1: Mercantile Customer Information

Name: **West Chester Hospital**

Principal address: **7700 University Drive
West Chester, OH 45069**

Address of facility for which this energy efficiency program applies:

**7700 University Drive
West Chester, OH 45069**

Name and telephone number for responses to questions:

Megan Fox, (513)287-3367

Electricity use by the customer (check the box(es) that apply):

- ☒ The customer uses more than seven hundred thousand kilowatt hours per year at the above facility. (Please attach documentation.)
- ☐ The customer is part of a national account involving multiple facilities in one or more states. (Please attach documentation.)

Section 2: Application Information

A) The customer is filing this application (choose which applies):

- ☐ Individually, without electric utility participation.
- ☒ **Jointly with the electric utility.**

B) The electric utility is: **Duke Energy**

C) The customer is offering to commit (check any that apply):

- ☐ Energy savings from the customer's energy efficiency program. (Complete Sections 3, 5, 6, and 7.)
- ☐ Capacity savings from the customer's demand response/demand reduction program. (Complete Sections 4, 5, 6, and 7.)
- ☒ **Both the energy savings and the capacity savings from the customer's energy efficiency program. (Complete all sections of the Application.)**

Section 3: Energy Efficiency Programs

A) The customer's energy efficiency program involves (check those that apply):

- ☐ Early replacement of fully functioning equipment with new equipment. (Provide the date on which the customer replaced fully functioning equipment, and the date on which the customer would have replaced such equipment if it had not been replaced early. Please include a brief explanation for how the customer determined this future replacement date (or, if not known, please explain why this is not known)).
- ☐ Installation of new equipment to replace equipment that needed to be replaced. The customer installed new equipment on the following date(s):
Month and Year
- ☐ Installation of new equipment for new construction or facility expansion. The customer installed new equipment on the following date(s):
_____.
- ☒ Behavioral or operational improvement.

Chiller tune up in January 2014

B) Energy savings achieved/to be achieved by the energy efficiency program:

- 1) If you checked the box indicating that the project involves the early replacement of fully functioning equipment replaced with new equipment, then calculate the annual savings [(kWh used by the original equipment) - (kWh used by new equipment) = (kWh per year saved)]. Please attach your calculations and record the results below:

Annual savings: _____kWh

- 2) If you checked the box indicating that the customer installed new equipment to replace equipment that needed to be replaced, then calculate the annual savings [(kWh used by less efficient new equipment) - (kWh used by the higher efficiency new equipment) = (kWh per year saved)]. Please attach your calculations and record the results below:

Annual savings: _____kWh

Please describe any less efficient new equipment that was rejected in favor of the more efficient new equipment.

- 3) If you checked the box indicating that the project involves equipment for new construction or facility expansion, then calculate the annual savings [(kWh used by less efficient new equipment) - (kWh used by higher efficiency new equipment) = (kWh per year saved)]. Please attach your calculations and record the results below:

Annual savings: **XXXXX kWh (See Attachment 1 - Appendix 2)**

Please describe the less efficient new equipment that was rejected in favor of the more efficient new equipment.

- 4) If you checked the box indicating that the project involves behavioral or operational improvements, provide a description of how the annual savings were determined.

Annual savings: **76, 926 kWh (See Attachment 1 - Appendix 2)**

Section 4: Demand Reduction/Demand Response Programs

A) The customer's program involves (check the one that applies):

- ✓ **Coincident peak-demand savings from the customer's energy efficiency program.**
- ☐ Actual peak-demand reduction. (Attach a description and documentation of the peak-demand reduction.)
- ☐ Potential peak-demand reduction (check the one that applies):
 - ☐ The customer's peak-demand reduction program meets the requirements to be counted as a capacity resource under a tariff of a regional transmission organization (RTO) approved by the Federal Energy Regulatory Commission.
 - ☐ The customer's peak-demand reduction program meets the requirements to be counted as a capacity resource under a program that is equivalent to an RTO program, which has been approved by the Public Utilities Commission of Ohio.

B) On what date did the customer initiate its demand reduction program?

Month(s) and Year(s)

C) What is the peak demand reduction achieved or capable of being achieved (show calculations through which this was determined):

42 KW (See Attachment 1 - Appendix 2)

Section 5: Request for Cash Rebate Reasonable Arrangement (Option 1) or Exemption from Rider (Option 2)

Under this section, check the box that applies and fill in all blanks relating to that choice.

Note: If Option 2 is selected, the application will not qualify for the 60-day automatic approval. All applications, however, will be considered on a timely basis by the Commission.

A) The customer is applying for:

☒ **Option 1: A cash rebate reasonable arrangement.**

OR

☐ Option 2: An exemption from the energy efficiency cost recovery mechanism implemented by the electric utility.

OR

☐ Commitment payment

B) The value of the option that the customer is seeking is:

Option 1: A cash rebate reasonable arrangement, which is the lesser of (show both amounts):

☒ A cash rebate of **\$3,600 (See Attachment 1 - Appendix 3).**

Option 2: An exemption from payment of the electric utility's energy efficiency/peak demand reduction rider.

☐ An exemption from payment of the electric utility's energy efficiency/peak demand reduction rider for ____ months (not to exceed 24 months). (Attach calculations showing how this time period was determined.)

OR

☐ A commitment payment valued at no more than \$_____. (Attach documentation and calculations showing how this payment amount was determined.)

OR

- ☐ Ongoing exemption from payment of the electric utility's energy efficiency/peak demand reduction rider for an initial period of 24 months because this program is part of the customer's ongoing efficiency program. (Attach documentation that establishes the ongoing nature of the program.) In order to continue the exemption beyond the initial 24 month period, the customer will need to provide a future application establishing additional energy savings and the continuance of the organization's energy efficiency program.)

Section 6: Cost Effectiveness

The program is cost effective because it has a benefit/cost ratio greater than 1 using the (choose which applies):

- ☐ Total Resource Cost (TRC) Test. The calculated TRC value is: _____
(Continue to Subsection 1, then skip Subsection 2)
- ✓ Utility Cost Test (UCT). The calculated UCT value is X.XX (**See Attachment 1 - Appendix 4**)

Subsection 1: TRC Test Used (please fill in all blanks).

The TRC value of the program is calculated by dividing the value of our avoided supply costs (generation capacity, energy, and any transmission or distribution) by the sum of our program overhead and installation costs and any incremental measure costs paid by either the customer or the electric utility.

The electric utility's avoided supply costs were _____.

Our program costs were _____.

The incremental measure costs were _____.

Subsection 2: UCT Used (please fill in all blanks).

We calculated the UCT value of our program by dividing the value of our avoided supply costs (capacity and energy) by the costs to our electric utility (including administrative costs and incentives paid or rider exemption costs) to obtain our commitment.

Our avoided supply costs were **\$5,785 (See Attachment 1 - Appendix 5).**

The utility's program costs were **\$2,580 (See Attachment 1 - Appendix 6).**

The utility's incentive costs/rebate costs were **\$3,600 (See Attachment 1 - Appendix 3).**

Section 7: Additional Information

Please attach the following supporting documentation to this application:

Narrative description of the program including, but not limited to, make, model, and year of any installed and replaced equipment.

A copy of the formal declaration or agreement that commits the program or measure to the electric utility, including:

- 1) any confidentiality requirements associated with the agreement;
- 2) a description of any consequences of noncompliance with the terms of the commitment;
- 3) a description of coordination requirements between the customer and the electric utility with regard to peak demand reduction;
- 4) permission by the customer to the electric utility and Commission staff and consultants to measure and verify energy savings and/or peak-demand reductions resulting from your program; and,
- 5) a commitment by the customer to provide an annual report on your energy savings and electric utility peak-demand reductions achieved.

Refer to Offer Letter following this application

A description of all methodologies, protocols, and practices used or proposed to be used in measuring and verifying program results. Additionally, identify and explain all deviations from any program measurement and verification guidelines that may be published by the Commission.

Attachment 1 – West Chester Hospital

Appendix 1 – Electric History

86503677 01			
Bulked Electric Meter - 108000944 & 108000945			
WEST CHESTER MEDICAL CENTER			
7700 UNIVERSITY DR			
WEST CHESTER, OH 45069			
Date	Days	Actual KWH	Bill KWH
7/15/2014	32	1,312,063	1,292,382
6/13/2014	30	1,087,711	1,071,395
5/14/2014	30	1,003,795	988,738
4/14/2014	31	917,940	904,171
3/14/2014	29	822,437	810,100
2/13/2014	29	826,462	814,065
1/15/2014	34	951,991	937,711
12/12/2013	30	851,474	838,702
11/12/2013	32	941,424	927,303
10/11/2013	29	1,017,005	1,001,750
9/12/2013	30	1,202,688	1,184,648
8/13/2013	29	1,166,038	1,148,547
7/15/2013	32	1,284,542	1,265,274
6/13/2013	30	1,112,748	1,096,057
5/14/2013	29	935,738	921,702
4/15/2013	32	915,941	902,202
3/14/2013	29	805,361	793,281
2/13/2013	29	807,996	795,876
1/15/2013	34	942,307	928,172
12/12/2012	33	939,770	925,673
11/9/2012	29	843,228	830,580
10/11/2012	29	920,117	906,315
9/12/2012	30	1,122,415	1,105,579

Appendix 2 – Annual kWh and kW savings

Measure	Measure Amount	Unit of Measure	Annual kWh Gross with losses (per unit)	TOTAL Annual kWh Gross with losses	Saved Summer coincident kW with losses Per Unit	Total KW Gross with losses
SelfDirect Water Cooled Chiller Tune Up per ton	1800	per ton	43	76,926	0.02	42.07

Existing Energy kWh (Per Unit)	New Energy kWh (Per Unit)	kWh Savings (Per Unit)	Total kWh Savings	Existing Demand- kW (Per Unit)	New Demand (Per Unit)	kW Savings (Per Unit)	Total kW Savings
600.00	540.00	60.00	108000	0.60	0.55	0.05	86.4

Appendix 3 – Cash Rebate

Measure	Amount
SelfDirect Water Cooled Chiller Tune Up per ton	\$3,600.00

Appendix 4 – Utility Cost Test

Measure	UCT
SelfDirect Water Cooled Chiller Tune Up per ton	0.85

Appendix 5 – Avoided Supply Costs

Measure	T&D	Production	Capacity	Quantity	Total Avoided Costs
SelfDirect Water Cooled Chiller Tune Up per ton	\$0.00	\$3.21	\$0.00	1800	\$5,785

Appendix 6 – Utility Program Costs

Measure	Qty	Admin Costs	Total Costs
SelfDirect Water Cooled Chiller Tune Up per ton	1800	\$1.43	\$2,580

Ohio Mercantile Self Direct Program

Application Guide & Cover Sheet

Questions? Call 1-866-380-9580 or visit www.duke-energy.com.

Email this form along with completed Mercantile Self Direct Prescriptive or Custom applications, proof of payment, energy savings calculations and spec sheets to SelfDirect@Duke-Energy.com. You may also fax to 1-513-629-5572.

Mercantile customers, defined as using at least 700,000 kWh annually or having an account in multiple locations are eligible for the Mercantile Self Direct program. Indicate which applies:

- ☒ a single Duke Energy Ohio account with 700,000 kWh annual usage
☐ an account with multiple locations

Please list Duke Energy account numbers below (attach listing of multiple accounts and/or billing history for other utilities as required):

Account Number	Annual Usage	Account Number	Annual Usage
8650-3667-01-8	11,892,404		

Self Direct rebates are available for completed Custom projects that have not previously received a Duke Energy Smart Saver® Custom Incentive. Self Direct rebates are applicable to Prescriptive measures that were installed more than 90 days prior to submission to Duke Energy and have not previously received a Duke Energy Prescriptive rebate.

Self Direct Program rules allow for, though do not require, certain projects that are Prescriptive in nature under the Smart Saver program to be evaluated using the Custom process in the Self Direct program. Use the list on page two as a guide to determine which Self Direct program best fits your project(s). Apply for Self Direct projects using the appropriate application forms in conjunction with this cover sheet.

Self Direct Program rules also allow for behaviorally based and/or no cost and low cost projects to receive rebates.

Please check each box to indicate completion/inclusion of the following program requirements:

<input checked="" type="checkbox"/> All sections of appropriate application(s) are completed	<input checked="" type="checkbox"/> Proof of payment.*	<input checked="" type="checkbox"/> Manufacturer's Spec sheets	<input checked="" type="checkbox"/> Energy model/calculations and detailed inputs for Custom applications
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*If a single payment record is intended to demonstrate the costs of both Prescriptive & Custom projects, please include an additional document with an estimated breakout of costs for each Prescriptive and Custom energy conservation measure.

**Behavioral energy efficiency and demand reduction projects must be both measurable and verifiable. Provide justification with your application. Rebates for such projects may be small in magnitude.

Application Type	Prescriptive Measures with Optional Custom Processing
Heating & Cooling and Window Films, Programmable Thermostats, & Guest Room Energy Management Systems	<input type="checkbox"/> Energy Star Window/Sleeve/Room AC <input type="checkbox"/> Air Source Heat Pump Water Heater <input type="checkbox"/> Central Air Unit
	<input type="checkbox"/> Setback/Programmable Thermostat <input type="checkbox"/> Window Film <input type="checkbox"/> Guestroom Energy Management Control
Chillers & Thermal Storage	<input type="checkbox"/> Air Cooled Chiller <input type="checkbox"/> Water Cooled Chiller
Motors, Pumps and Variable Frequency Drives (VFDs)	<input type="checkbox"/> VFD – Applied to Process Pump <input type="checkbox"/> VFD – applied to HVAC Fan <input type="checkbox"/> VFD – Applied to HVAC Pump
Food Service	<input type="checkbox"/> ENERGY STAR Hot Food Holding Cabinet <input type="checkbox"/> Anti-Sweat Heater Control <input type="checkbox"/> Night Covers for Display <input type="checkbox"/> Cooking Equipment <input type="checkbox"/> ECM Cooler, Freezer, and Display Case Motors <input type="checkbox"/> ENERGY STAR ICE MACHINE <input type="checkbox"/> ENERGY STAR Solid or Glass Door Reach-in Freezer or Refrigerator
Process Equipment	<input type="checkbox"/> Engineered Nozzle – COMPRESSED AIR <input type="checkbox"/> Pellet Dryer Duct Insulation <input type="checkbox"/> Air compressor equipped with VFD
Chiller Tune-ups	<input type="checkbox"/> Air cooled chiller tune-up <input checked="" type="checkbox"/> Water cooled chiller tune-up

Please indicate above any Prescriptive energy conservation measures to be evaluated through the Custom process. Only Prescriptive measures listed above are eligible for this option. To receive a Self Direct Custom rebate, a detailed analysis of pre-project and post-project energy usage and project costs must be included in the application.

Although some Self Direct Prescriptive measures are eligible for evaluation through Custom processes, such an approach may not be most effective for certain measures.

MERCANTILE SELF DIRECT Ohio Chiller Tune-up Service Application

Questions? Call 1-866-380-9580 or visit www.duke-energy.com.

Email the complete, signed application with all required documents to SelfDirect@duke-energy.com or fax to 513-629-5572.

Is this application: ☐ **NEW** (original) or ☐ **REVISED** (changes made to original application)

Building Type – Required (check one)		
<input type="checkbox"/> Data Centers	<input type="checkbox"/> Full Service Restaurant	<input type="checkbox"/> Office
<input type="checkbox"/> Education/K-12	<input checked="" type="checkbox"/> Healthcare	<input type="checkbox"/> Public Assembly
<input type="checkbox"/> Education Other	<input type="checkbox"/> Industrial	<input type="checkbox"/> Public Order/Safety
<input type="checkbox"/> Elder Care/Nursing Home	<input type="checkbox"/> Lodging	<input type="checkbox"/> Religious Worship/Church
<input type="checkbox"/> Food Sales/Grocery	<input type="checkbox"/> Retail (Small Box)	<input type="checkbox"/> Service
<input type="checkbox"/> Fast Food Restaurant	<input type="checkbox"/> Retail (Big Box)	<input type="checkbox"/> Warehouse
<input type="checkbox"/> Other:		
How did you hear about the program? (check one)		
<input checked="" type="checkbox"/> Duke Energy Representative	<input type="checkbox"/> Web Site	<input type="checkbox"/> Radio
<input type="checkbox"/> Contractor / Vendor	<input type="checkbox"/> Other _____	

Please check each box to indicate completion of the following program requirements:

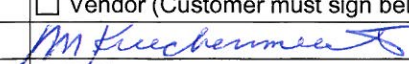
<input type="checkbox"/> All sections of application	<input type="checkbox"/> Invoice with make, model number, quantity and equipment manufacturer	<input type="checkbox"/> Tax ID number for payee <input type="checkbox"/> W-9 for payee	<input type="checkbox"/> Customer/vendor agree to Terms and Conditions
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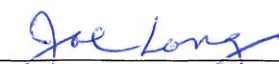
Customer Information					
Customer/Business	West Chester Hospital		Contact	Mike Kuechenmeister	
Phone	513-29807915		Account Number	8650-3667-01-8	
Street Address (Where rebate should be mailed)			7700 University Drive		
City	West Chester	State	Ohio	Zip Code	45069
Installation Street Address			7700 University Drive		
City	West Chester	State	Ohio	Zip Code	45069
E-mail Address	michael.kuechenmeister@uchealth.com				

**Failure to provide the account number associated with the location where the installation took place will result in rejection of the application.*

Vendor Information					
Vendor	Johnson Control		Contact	Joe Long	
Phone	937-604-5320		Fax	513-489-7516	
Street Address			7863 Palace Drive		
City	Cincinnati	State	Ohio	Zip Code	45249
E-mail Address	beryl.long@jci.com				

If Duke Energy has questions about this application, who should we contact? ☒ Customer ☐ Vendor

Payment Information		
Who should receive rebate payment?	<input checked="" type="checkbox"/> Customer <input type="checkbox"/> Vendor (Customer must sign below)	
I hereby authorize payment of rebate directly to the vendor:	Customer Signature (written signature)	
	Date	7-17-14
Provide Tax ID Number for Payee	Customer Tax ID #	31-1435820 See Attached W-9
	Vendor Tax ID #	

Terms and Conditions			
I have read and hereby agree to the Terms & Conditions and Program Requirements.			
Customer Signature (written signature)		Vendor Signature (written signature)	
Date	7/23/14	Date	7-23-14
Title	Director Plant Operations	Title	

Rebates are subject to change and may be discontinued at the sole discretion of Duke Energy. Equipment must be installed and operable to be eligible for rebates. As Federal Energy Policy Law changes, equipment efficiency requirements are subject to change.

Air Cooled and Water Cooled Chiller Tune-ups

Manufacturer and Model #	# of Units	Tons Per unit*	Total Project Cost	Current Service Date	Previous Service Date	Total Rebate
York	3	600	\$10,867.00			
YKFKFKP8-CSF				1/21/14	1/16/13	
YKFKFKP8-CSF				1/21/14	1/16/13	
YKFKFKP8-CSF				1/21/14	1/16/14	

*Provide manufacturer's spec sheet documenting the size of the unit

To Calculate your tune-up rebate*:

A. Add up equipment capacity of all units serviced (in tons) and multiply by \$2/ton =	\$3,600.00
B. Cost of service = x 50% of total service cost =	5,933.50
Total Rebate (lesser amount of row A or row B)=	\$3,600.00

*Rebates cannot exceed 50% of total service invoice (external labor and equipment).

Service Requirements:

1. This rebate is available only once per unit in a 12 month period.
2. An individual chiller is considered one unit.
3. Copy of paid invoice must be included with this application
4. Self serviced (internal) labor should not be included as part of the total service cost. Only external labor will be considered as part of the total service invoice.
5. Cooling service must include the following normal maintenance items (please check if completed):

<input type="checkbox"/> Air cooled condenser coil cleaning	<input checked="" type="checkbox"/> Compressor amp draw	<input checked="" type="checkbox"/> Low Pressure controls
<input checked="" type="checkbox"/> System Pressure check and adjust	<input type="checkbox"/> Supply motor amp draw	<input checked="" type="checkbox"/> High Pressure controls
<input type="checkbox"/> Filter inspect or replace	<input type="checkbox"/> Condenser fan(s) amp draw	<input checked="" type="checkbox"/> Crankcase heater operation
<input type="checkbox"/> Belt inspect or replace	<input checked="" type="checkbox"/> Liquid line temperature	<input checked="" type="checkbox"/> Water cooled chiller condenser tube cleaning
<input type="checkbox"/> Contactors condition	<input checked="" type="checkbox"/> Suction pressure & temperature	<input type="checkbox"/> Water cooled chiller evaporator tube cleaning
<input checked="" type="checkbox"/> Evaporator condition	<input checked="" type="checkbox"/> Oil level & pressure	

Rebate Eligibility

- Rebates are only available to customers on Duke Energy Ohio non-residential rate.
- Duke Energy Customers who purchase electric generation from an alternative supplier are eligible to participate.
- Rebate will not be paid until eligible equipment has been installed, is available to operate, and verification has been completed by Duke Energy staff as noted in the Term & Conditions stated below.
- Duke Energy reserves the right to revise rebate levels and/or qualifying efficiency levels at anytime.
- Customer may assign the rebate to the vendor who installed/supplied the equipment. The customer's signature is required in the appropriate places on this form to assign the rebate to the vendor. Customer agrees that such an action constitutes an irrevocable assignment of the rebate. This assigned rebate must reduce the purchase price paid for the equipment by an equivalent amount.
- Any equipment which, either separately or as part of a project, has or will receive a rebate from any other Duke Energy program
- In no case will Duke Energy pay a rebate above the actual cost of the service.
- Rebate recipient assumes all responsibilities for any tax consequences resulting from Duke Energy rebate payment.
- To qualify for Duke Energy rebates, applicants who provide their social security number as their federal tax identification number for tax purposes must sign and return the "Customer consent to release personal information" form ("Consent Form") along with the application. Rebate applications are processed by a 3rd party vendor. The 3rd party vendor is responsible for mailing the 1099 form at the end of the calendar year for tax filing. Duke Energy and the 3rd party vendor have signed a confidentiality agreement to protect your personal information. If your social security number is your federal tax ID number and you elect not to sign the Consent Form, please do not send Duke Energy the application, as you will not be qualified to participate in the rebate program.

Terms and Conditions

I certify that this premise is served by Duke Energy (or an affiliate of Duke Energy), that the information provided herein is accurate and complete, and that I have purchased and installed the high efficiency equipment (indicated herein) for the business facility listed herein and not for resale. Attached is an itemized invoice for the indicated installed equipment. I understand that the proposed rebate payment from Duke Energy is subject to change based on verification and Duke Energy approval. I agree to Duke Energy verification of both the sales transaction and equipment installation which may include a site inspection from a Duke Energy representative or Duke Energy agent. I understand that I am not allowed to receive more than one rebate from Duke Energy on any piece of equipment. I also understand that my participation in the program may be taxable and that my company is solely responsible for paying all such taxes. I hereby agree to indemnify, hold harmless and release Duke Energy and its affiliates from any actions or claims in regards to the installation, operation and disposal of equipment (and related materials) covered herein including liability from an incidental or consequential damages. Duke Energy does not endorse any particular manufacturer, product or system design within these programs; does not expressly or implicitly warrant the performance of installed equipment (Contact your contractor for details regarding equipment warranties), and is not liable for any damage caused by the installation of the equipment or for any damage caused by the malfunction of the installed equipment.

Rebate Application Instructions

IMPORTANT NOTICE

Delays in processing rebate payments will occur if required documentation is not included with completed application(s).

1. Contact Duke Energy toll free at 866-380-9580 to confirm customer eligibility. Applications are available for download at www.duke-energy.com.
2. Review program and equipment requirements on the rebate application.
3. Purchase and install eligible energy-efficient equipment.
4. **The following items must be included to verify projects. If they are not included, it will delay payment of rebate.**
 - A. Itemized invoice for all equipment installed to include:
 - a. Equipment cost
 - b. Quantity per equipment type installed
 - c. Model # for each equipment type
 - d. Manufacturer's data sheet for each equipment model #.
 - B. **Make sure the account number provided on the cover page (customer information section) is associated with the location where the equipment was installed. If the account # does not match the address where the equipment was installed, the application will be rejected as ineligible.**
 - C. Provide required tax ID# and W-9 for payee.
 - D. Customer must sign and date the application after reviewing the Terms and Conditions. If customer wishes to **assign payment of the rebate directly to the vendor**, the customer should circle the appropriate payee in the Payment Information section of the application and sign their name to authorize payment.
5. Duke Energy may require site verification of projects that have been self-installed, prior to payment of rebate.
6. Email the complete, signed application with all required documents to SelfDirect@duke-energy.com or fax to 513-629-5572.
7. A percentage of equipment installations will be site verified for quality assurance purposes. Once selected, a Duke Energy representative will contact the customer to arrange for the inspection. All rebate payments related to the project will be withheld until site verification is complete. There is no charge to the customer for these inspections.

Mercantile Self Direct Rebate Program Requirements for Vendor Participation

Program Overview

- Duke Energy offers its eligible non-residential customers the opportunity to increase profitability through energy cost savings and contribute to a cleaner environment by participating in our Mercantile Self Direct Rebate Program.
- Under the Duke Energy Mercantile Self Direct Rebate Program, Vendor is defined as any third party who:
 - Promotes the sale and installation of the high efficiency equipment for the customer. The Vendor will ensure that the eligible equipment is installed and operating before submitting the application or assisting the customer in completing the application.
 - Is responsible for the product sale only and is not required to ensure installation of the eligible equipment.
- All license requirements, if any, are solely the Vendor's responsibility. Participating Vendors include equipment contractors, equipment Vendors, equipment manufacturers and distributors, energy service companies, etc. The typical Vendor role is to contact/solicit eligible customers building new or retrofitting existing facilities and encourage the installation of the energy-efficient equipment offered in Duke Energy's program.
- Rebates are paid directly to customers unless the customer assigns the rebate to the Vendor. The assigned rebate must reduce the purchase price paid for the equipment by an equivalent amount. Rebates are taxable to the entity who receives the rebate check. Rebates greater than \$600 will be reported to the IRS unless documentation of tax exempt status is provided.
- Vendors can sign up to be on Duke Energy's Web site as a participating Vendor and be added to Duke Energy's e-mail distribution by emailing the Vendor Participation Agreement (VPA) to SelfDirect@duke-energy.com or faxing to 513-629-5572.
- Vendors may not represent to customers that Duke Energy endorses their specific products or services. Duke Energy does not endorse specific products, services, or companies – only energy-efficient technologies.
- Vendors may advise customers of their option to have Duke Energy make their rebate check(s) payable to the Vendor if the customer's rebate amount is being deducted from the total sale price in advance. The customer must complete and sign the Payment Release Authorization section of the Mercantile Self Direct Rebate Program Application.
- Vendors may use the words "Duke Energy's Mercantile Self Direct Rebate Program" in promotional materials or advertisements. Vendors may use the name Duke Energy in a text format to describe the Mercantile Self Direct Rebate Program, but are not permitted to use Duke Energy's logos.
- For Vendors who properly install the qualifying equipment, the equipment shall be installed and operating prior to an application being submitted. A percentage of each Vendor's installations will be subject to inspection by Duke Energy for verifying that the equipment is installed and operating. Vendors demonstrating high failure rates (based on a statistically significant sample) will have 100% of subsequent jobs inspected or may have their participation in the Mercantile Self Direct Rebate Program revoked by Duke Energy in its sole discretion.
- Vendors shall provide customers with applicable equipment warranty information for all measures installed. Vendors shall provide the required documentation for customers to apply for the rebate (invoices with model numbers and quantities, specification sheets for installed equipment, etc.) and assist customers in filling out the application.
- Vendors shall comply with all applicable local, state, and federal laws and codes when performing installation and related functions.
- Duke Energy reserves the right to revoke a Vendor's participation in Mercantile Self Direct Rebate Program if, in Duke Energy's sole judgment, the Vendor fails to comply with the program's guidelines and requirements.
- Mercantile Self Direct Rebate Program offerings may be modified or terminated without prior notice. Check Duke Energy's Web site for current program status.

Guidelines for Vendor Activities

- Vendors shall sign and return the attached VPA to Duke Energy prior to soliciting customer participation or when submitting an application. Rebate payments will not be released to a Vendor unless a signed VPA is on file.
- Vendors shall not misrepresent the nature of their role in the program. In particular, Vendors shall not state or imply to customers, or any persons, that the Vendor is employed by or working on Duke Energy's behalf.

For more information, call 1-866.380.9580 or visit www.duke-energy.com.

Mercantile Self Direct Rebate Program

Technology	Responsible for sales and not installs*	Responsible for sales and Installation*	Technology	Responsible for sales and not installs*	Responsible for sales and Installation*
Lighting	<input type="checkbox"/>	<input type="checkbox"/>	Thermal Storage	<input type="checkbox"/>	<input type="checkbox"/>
Heating Ventilation & Cooling	<input type="checkbox"/>	<input type="checkbox"/>	Pumps/Motors/VFD's	<input type="checkbox"/>	<input type="checkbox"/>
Food Service	<input type="checkbox"/>	<input type="checkbox"/>	Chillers	<input type="checkbox"/>	<input type="checkbox"/>
Water Heating	<input type="checkbox"/>	<input type="checkbox"/>	Refrigeration	<input type="checkbox"/>	<input type="checkbox"/>
Process Equipment (air compressors, injection molding, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	Window Film	<input type="checkbox"/>	<input type="checkbox"/>

* Check all that apply

Vendors who wish to be listed as a Mercantile Self Direct Rebate Program participating Vendor shall complete this form. A signed copy of this form must be on file at Duke Energy in order for the Vendor to receive rebate payments. Fax form to **513-629-5572** or email to SelfDirect@duke-energy.com.

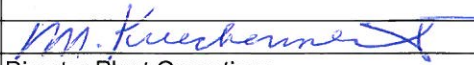
I have read and understand the Mercantile Self Direct Rebate Program Requirements for Vendor Participation, and I agree to comply with all requirements set forth therein. By signing this agreement, I agree to provide my customers with information and documentation that is true and accurate to the best of my knowledge. I hereby represent and warrant that the Tax ID and Vendor Tax Status provided below are true and accurate. I agree that any confidential information concerning my customer, including but not limited to Duke Energy service account information, will be used for the sole purpose of facilitating the customer's participation in the Mercantile Self Direct Rebate Program. Further, I understand that I am responsible for making sure everyone working for me understands the requirements prior to soliciting customer participation.

Vendor Federal Tax ID Number	31-1435820
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To qualify for Duke Energy rebates, applicants who provide their social security number as their federal tax identification number for tax purposes must sign and return the "Customer consent to release personal information" form ("Consent Form") along with the application. Rebate applications are processed by a third-party vendor. The third-party vendor is responsible for mailing the 1099 form at the end of the calendar year for tax filing. Duke Energy and the third-party vendor have signed confidentiality agreement to protect your personal information. If your social security number is your federal tax ID number and you elect not to sign the Consent Form, please do not send Duke Energy the application, As you will not be qualified to participate in the rebate program.

Vendor Tax Status	<input type="checkbox"/> Corporation	<input type="checkbox"/> Individual/Sole Proprietor	<input type="checkbox"/> Partnership	<input type="checkbox"/> Other
-------------------	--------------------------------------	---	--------------------------------------	--------------------------------

Contact me via	<input checked="" type="checkbox"/> Phone	<input checked="" type="checkbox"/> E-Mail	<input type="checkbox"/> Mail
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Company Name	UC Health
Mailing Address	3200 Burnet Ave
City, State, Zip	Cincinnati, Ohio 45229
Phone/Fax	513-298-7915
Primary E-mail Address	michael.kuechenmeister@uchealth.com
Secondary E-mail Address	
Vendor Signature	
Title	Director Plant Operations
Print Name	
Date	7-23-14

For more information, call 1-866-380-9580 or visit www.duke-energy.com.

**Request for Taxpayer
Identification Number and Certification**

Give form to the
requester. Do not
send to the IRS.

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return)

UC Health

Business name, if different from above

Check appropriate box: ☐ Individual/Sole proprietor ☒ Corporation ☐ Partnership

☐ Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶

☐ Other (see instructions) ▶

☐ Exempt
payee

Address (number, street, and apt. or suite no.)

3200 Burnet Avenue

City, state, and ZIP code

Cincinnati, Ohio 45229

List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I Instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number

or

Employer identification number

31 : 1435820

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification Instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

Sign
Here

Signature of
U.S. person ▶

Christy M. Fennin

Date ▶ *October 25, 2010*

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,



Johnson Controls
Building Efficiency
Federal ID 39-0380010

ORIGINAL INVOICE

Invoice #: 1-9240166824 Invoice Date: 03/02/2014
PO #/Auth: 7879258 Your Agreement: West Chester Hospital Chiller PSA 2014
Yr 4 of 5
Customer Acct: 1033418 Agreement Number: 1-8695344978
Customer WO#: Service Request:
Branch: Cincinnati Service - 0364

Bill To:
HEALTH ALLIANCE OF GREATER CINN
3 RIDGEWAY
3208 BURNET AVE
CINCINNATI OH 45229

Service Site:
WEST CHESTER HOSPITAL
7633 COX LN
WEST CHESTER OH
45069-6546

Planned Service Agreement Services Performed: For Annual Maintenance and Inspection of 600 Ton Chillers.

Sub Total		\$10,867.00
Taxes		\$0.00
Total Amount Due	USD	\$10,867.00

Direct Billing Inquiries: (866) 236-1941

Terms: If any invoice is not paid in full upon receipt, the Customer hereby agrees to pay interest at a rate of 1.5% per month (18% annually) upon the unpaid portion of the invoice. If action or suit is brought by Johnson Controls to collect any amount due or owing under this bill, Customer agrees to pay all costs of collection including attorney's fees.

All invoice payments greater than \$25,000 must be made via wire transfer, check or money order. Seller will not accept payment in the form of a credit card, debit card or other similar payment device on amounts greater than \$25,000.

We hereby certify that these goods are produced in compliance with all applicable requirements of sections 6, 7 and 12 of the Fair Labor Standards Act of 1938, as amended, and of regulations and orders of the Administrator of the Wage and Hour Division issued under section 14 thereof.

Please reference our Invoice Number and amount with your payment and send ONLY to the address on this invoice.

Payment Terms: Net Cash-Due Upon Receipt
Direct Billing Inquiries
To Service Department: (866) 236-1941

To Remit Via Credit Card:
Call the phone number listed above.

INVOICE #: 1-9240166824

AMOUNT DUE: \$10,867.00

Remit Payment To:
JOHNSON CONTROLS
PO BOX 905240
CHARLOTTE, NC, 28290-5240

To Remit Via ACH Wire Transfers:
JP Morgan Chase
One Chase Manhattan Plaza
New York, NY 10005
Credit to: Johnson Controls Inc.
ABA# 071-000013 Depositor Acct #55-14347
Type of Account: Checking

Form View appdata - the application database.fp5

Home Help

Viewing 1 of 1

LTC Application

Notes:

1. Some units currently missing from late 2010, 2011 in normal process.
2. Absorption Units to be entered in 2008-2009
3. Does not include OH Systems
4. Last revision/data upload - 05/20/2011

Caution! If details of any SPECIALS furnished on the unit are required please contact technical support for the product in question.

Contract No. 07132516 Job Name WEST CHESTER MED. CIR.
Model Y26R-KPA-USF Ship to City WEST CHESTER Ship to State OH
Serial SATN791190 Sold to KELLY, INC.
Capacity 600 Ship Date 20080121
Service Dist # 32 Retiro R-134A Gear Code RH HP 443 KW 350
Service Dept # 1602 Volts 460 FLA 490 Oil Pump Voltage 460
Equip to Country Code Phase 3 LRA 3150
Location WEST CHESTER, OH Freq 60 IRA 506
cns_mfg_site SAT Starter Type VARIABLE SPEED DRIVE

Evap_EWT 54
Evap_LWT 42
Evap_Flow 1200
Evap_PD 16
Evap_PD_Unh
Evap_Fluid_Type WATER
Evap_Num_Passes 2
Evap_FF 0.0001
Evap_DWPE 150
Evap_Nozzle_In 7
Evap_Nozzle_Out 8

Cond_EWT 85
Cond_LWT 95
Cond_Flow 1671
Cond_PD 23.8
Cond_PD_Unh
Cond_Fluid WATER
Cond_Num_Passes 2
Cond_FF 0.00025
Cond_DWPE 150
Cond_Nozzle_In 12
Cond_Nozzle_Out 13

Hot Gas Option NOT LISTED
Orifice P/N
Unit Part P/N 37550029001
Evap Tube P/N 37560801028
Cond Tube P/N 37546430018
Motor P/N 02426514414
Cooler Nozzle Arrgmt 37549699222
Acoustic Bink P/N
Oil Sep P/N
Control Panel P/N 37104118111
System Piping P/N
System Wiring P/N 37576034003
Compressor P/N 36481056202
Cond Nozzle Arrgmt 37549701215

As Shipped - Overview and PLC Info

Software Version
Ctrl Panel Serial Number KPR-140
PLC Logic File
PLC Ladder Rev Date
PLC Firmware Rev
PLC HMI File Name
PLC HMI Rev Date
PLC HMI Firmware

Absorber Specific

HW_awt 0
HW_lwt 0
HW_flow 0
HW_pd 0
HW_fluid
HW #passes 0
HW_if 0
HW_DWPE 0
HW_nozzle



DUKE ENERGY
Mercantile Self Direct Program
139 East Fourth Street
Cincinnati, OH 45202
513 629 5572 fax

August 8th, 2014

Mike Kuechenmeister
West Chester Hospital
7700 University Drive
West Chester, OH 45069

Subject: Your Application for a Duke Energy Mercantile Self-Direct Rebate

Dear Mr. Kuechenmeister:

Thank you for your Duke Energy Mercantile Self Direct rebate application. As noted in the Energy Conservation Measure (ECM) chart on page two, a total rebate of \$3,600 has been proposed for your Water Cooled Chiller Tune Up projects completed in the 2013 and 2014 calendar years. **All Self Direct Rebates are contingent upon approval by the Public Utilities Commission of Ohio (PUCO).**

At your earliest convenience, please indicate if you accept this rebate by

- providing your signature on page two
- completing the PUCO-required affidavit on page three.

Please return the documents to my attention via fax at 513-629-5572 or e-mail to SelfDirect@Duke-Energy.com. Upon receipt, Duke Energy will submit the necessary documentation to PUCO. Following PUCO's approval, Duke Energy will remit payment.

At Duke Energy, we value your business and look forward to working with you on this and future energy efficiency projects. We hope you will consider our Smart Saver® incentives, when applicable. Please contact me if you have any questions.

Sincerely,

A handwritten signature in cursive script that reads 'Megan Fox'.

Megan Fox
Product Manager
Mercantile Self Direct Rebates

cc: Michael Heath

Please indicate your response to this rebate offer within 30 days of receipt.

☒ Rebate is accepted.

☐ Rebate is declined.

By accepting this rebate, West Chester Hospital affirms its intention to commit and integrate the energy efficiency projects listed on the following pages into Duke Energy's peak demand reduction, demand response and/or energy efficiency programs.

Additionally, West Chester Hospital also agrees to serve as joint applicant in any future filings necessary to secure approval of this arrangement as required by PUCO and to comply with any information and reporting requirements imposed by rule or as part of that approval.

Finally, West Chester Hospital affirms that all application information submitted to Duke Energy pursuant to this rebate offer is true and accurate. Information in question would include, but not be limited to, project scope, equipment specifications, equipment operational details, project costs, project completion dates, and the quantity of energy conservation measures installed.

If rebate is accepted, will you use the monies to fund future energy efficiency and/or demand reduction projects?

☒ YES

☐ NO

If rebate is declined, please indicate reason (optional):

M. Kuechenmeister MIKE KUECHENMEISTER 8-8-14

Customer Signature

Printed Name

Date

Proposed Rebate Amounts

Measure ID	Energy Conservation Measure (ECM)	Proposed Rebate Amount
ECM-1	Water Cooled Chiller Tune Ups (Qty: 1800 tons)	\$3,600
Total		\$3,600



Public Utilities Commission

Application to Commit
Energy Efficiency/Peak
Demand Reduction
Programs
(Mercantile Customers
Only)

Case No.: ____ - ____ -EL-EEC

14-1495-EL-EEC

State of Ohio :

MICHAEL KUECHENMEISTER, Affiant, being duly sworn according to law, deposes and says that:

1. I am the duly authorized representative of:

WESTCHESTER HOSPITAL
[insert customer or EDU company name and any applicable name(s) doing business as]

2. I have personally examined all the information contained in the foregoing application, including any exhibits and attachments. Based upon my examination and inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete.
3. I am aware of fines and penalties which may be imposed under Ohio Revised Code Sections 2921.11, 2921.31, 4903.02, 4903.03, and 4903.99 for submitting false information.

Michael Kuchenmeister
Signature of Affiant & Title

Sworn and subscribed before me this 8th day of August,
2014 Month/Year

C. Charae Conn
Signature of official administering oath

C. CHARAE CONN
Notary Public, State of Ohio
My Commission Expires 12-28-2014
Print Name and Title

My commission expires on 12-28-14





DUKE ENERGY
Mercantile Self Direct Program
139 East Fourth Street
Cincinnati, OH 45202
513 629 5572 fax

August 8th, 2014

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West Chester Hospital
7700 University Drive
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Sincerely,

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Megan Fox
Product Manager
Mercantile Self Direct Rebates

cc: Michael Heath

Please indicate your response to this rebate offer within 30 days of receipt.

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If rebate is accepted, will you use the monies to fund future energy efficiency and/or demand reduction projects?

☐ YES

☐ NO

If rebate is declined, please indicate reason (optional):

Customer Signature

Printed Name

Date

Proposed Rebate Amounts

Measure ID	Energy Conservation Measure (ECM)	Proposed Rebate Amount
ECM-1	Water Cooled Chiller Tune Ups (Qty: 1800 tons)	\$3,600
Total		\$3,600



Public Utilities Commission

Application to Commit Energy Efficiency/Peak Demand Reduction Programs (Mercantile Customers Only)

Case No.: ____-____-EL-EEC

State of _____ :

_____, Affiant, being duly sworn according to law, deposes and says that:

1. I am the duly authorized representative of:

[insert customer or EDU company name and any applicable name(s) doing business as]

2. I have personally examined all the information contained in the foregoing application, including any exhibits and attachments. Based upon my examination and inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete.
3. I am aware of fines and penalties which may be imposed under Ohio Revised Code Sections 2921.11, 2921.31, 4903.02, 4903.03, and 4903.99 for submitting false information.

Signature of Affiant & Title

Sworn and subscribed before me this _____ day of _____,
_____Month/Year

Signature of official administering oath

Print Name and Title

My commission expires on _____