



Case No.: 13-0601-EL-EEC

Mercantile Customer: **Destination Maternity Store #1152**

Electric Utility: **Duke Energy**

**Program Title or
Description:** **Lighting**

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: **Destination Maternity**

Principal address: **456 North 5th Street, Philadelphia, PA 19123**

Address of facility for which this energy efficiency program applies:

7875 Montgomery Road Cincinnati, Ohio 45236

Name and telephone number for responses to questions:

Grady Reid Jr 513-287-1038

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.
- The customer is part of a national account involving multiple facilities in one or more states. (**Refer to Appendix A for 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)).

Customer completed retrofit in November 2012 using energy efficient lighting

- Installation of new equipment to replace equipment that needed to be replaced. The customer installed new equipment on the following date(s):
_____.
- Installation of new equipment for new construction or facility expansion. The customer installed new equipment on the following date(s):
_____.
- Behavioral or operational improvement.

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: 30,759 kWh
Refer to Appendix B for calculations and supporting document

- 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: _____kWh

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.
-

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?

The new equipment was installed in November 2012

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

7.9 kW

Refer to Appendix B for calculations and supporting documentation.

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:

- A commitment payment valued at no more than **\$780.00** Refer to Appendix C for 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 **20.26**
Refer to Appendix D for calculations and supporting documents.

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 **\$26,818**.

The utility's program costs were **\$544**.

The utility's incentive costs/rebate costs were **\$780**.

Refer to Appendix D for calculations and supporting documents.

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.



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

February 5, 2013

Marcello Crestani
Destination Maternity Store #1152
7875 Montgomery Road
Cincinnati, Ohio 45236

Subject: Your Application for a Duke Energy Mercantile Self-Direct Rebate (**REVISED**)

Dear Mr. Crestani:

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 \$780.00 has been proposed for your lighting project completed in the 2012 calendar year. **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 \$aver® incentives, when applicable. Please contact me if you have any questions.

Sincerely,

A handwritten signature in black ink that reads 'Grady Reid, Jr.' in a cursive style.

Grady Reid, Jr
Product Manager
Mercantile Self Direct Rebates

cc: Rob Jung - Ecova

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

Rebate is accepted.

Rebate is declined.

By accepting this rebate, Destination Maternity 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, Destination Maternity 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.

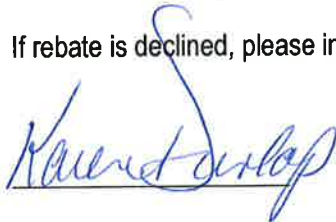
Finally, Destination Maternity affirms that all application information submitted to Duke Energy pursuant to this rebate offer is true and accurate. Information in question would include, but not be limited to, project scope, equipment specifications, equipment operational details, project costs, project 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):



Karen Dunlap

2-6-13

Customer Signature

Printed Name

Date

Proposed Rebate Amounts

Measure ID	Energy Conservation Measure (ECM)	Proposed Rebate Amount
ECM-1	Philips LED Lighting (Qty - 156)	\$780.00
Total		\$780.00



**Public Utilities
Commission**

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

Case No.: ____ - ____ -EL-EEC

State of Ohio _____ :

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

1. I am the duly authorized representative of:

Destination Maternity Corporation
[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.

Karen Dunlap Senior Maintenance Manager
Signature of Affiant & Title

Sworn and subscribed before me this 5th day of March,
2013 Month/Year

[Signature]
Signature of official administering oath

Geraldine DePalma
Print Name and Title

My commission expires on 6/25/16



95100770 28			68400802 21			51002534 06		
electric meter 93711674	Rate DS01		electric meter 106922985	Rate DM01		electric meter 105002422	Rate LLF	
MOTHERSWORK INC			MOTHERSWORK INC			MOTHER WORKS INC		
7875 MONTGOMERY RDSUITE: 75			11700 PRINCETON RDSTORE: F2			789 US HIGHWAY 31 NSUITE: F		
CINCINNATI, OH 45236			CINCINNATI, OH 45246			GREENWOOD, IN 46142		
Date	Days	Actual KWH	Date	Days	Actual KWH	Date	Days	Actual KWH
11/20/2012	29	2,760	11/26/2012	33	3,582	11/30/2012	31	4,045
10/22/2012	31	6,840	10/24/2012	29	3,239	10/30/2012	29	3,968
9/21/2012	30	8,460	9/25/2012	32	3,477	10/1/2012	32	4,920
8/22/2012	29	9,960	8/24/2012	29	3,183	8/30/2012	29	5,301
7/24/2012	32	12,660	7/26/2012	30	3,327	8/1/2012	30	6,203
6/22/2012	30	8,580	6/26/2012	32	3,530	7/2/2012	28	5,347
5/23/2012	29	6,960	5/25/2012	29	3,267	6/4/2012	32	5,452
4/24/2012	32	6,660	4/26/2012	30	3,179	5/3/2012	31	4,141
3/23/2012	29	6,180	3/27/2012	29	3,184	4/2/2012	31	4,115
2/23/2012	29	5,100	2/27/2012	31	3,243	3/2/2012	29	3,279
1/25/2012	34	6,000	1/27/2012	30	3,178	2/2/2012	29	3,249
12/22/2011	30	6,060	12/28/2011	30	3,245	1/4/2012	33	3,649
Total		86,220	Total		39,634	Total		53,669

58802701 01			58303193 01			62803287 01		
electric meter 104833988	Rate LLF		meters 104124463 & 104124465	Rate LLF		electric meter 106959566	Rate LLF	
MOTHERHOOD MATRN INC			MOTHERHOOD MATERNITY			MOTHERS WORK LLC1843		
2685 MAIN ST ESUITE: 108			2415 SAGAMORE PKWY SSUITE: A13			2007 GREYHOUND PASS ESUITE: 3		
PLAINFIELD, IN 46168			LAFAYETTE, IN 47905			CARMEL, IN 46033		
Date	Days	Actual KWH	Date	Days	Actual KWH	Date	Days	Actual KWH
11/5/2012	31	4,086	11/6/2012	29	5,617	11/21/2012	30	3,749
10/5/2012	29	4,604	10/8/2012	31	6,491	10/22/2012	28	4,178
9/6/2012	30	5,589	9/7/2012	30	7,660	9/24/2012	32	5,891
8/7/2012	29	5,890	8/8/2012	29	7,857	8/23/2012	29	5,752
7/9/2012	32	7,093	7/10/2012	32	8,431	7/25/2012	30	7,470
6/7/2012	30	5,666	6/8/2012	30	6,646	6/25/2012	32	6,459
5/8/2012	29	4,582	5/9/2012	29	6,215	5/24/2012	29	5,163
4/9/2012	32	4,961	4/10/2012	32	6,511	4/25/2012	30	4,577
3/8/2012	28	3,585	3/9/2012	29	13,261	3/26/2012	31	4,753
2/9/2012	30	4,003	2/9/2012	29	7,582	2/24/2012	29	3,786
1/10/2012	33	4,416	1/11/2012	33	6,798	1/26/2012	30	3,885
12/8/2011	33	5,109	12/9/2011	32	6,561	12/27/2011	34	4,346
Total		59,584	Total		89,630	Total		60,009

LIGHTING CALCULATIONS

Aug 2012 V1.1

Salesforce Opportunity Name	Destination Maternity - 1152 Lighting
Project Name	Destination Maternity - 1152 Lighting
ECM	1

Application # 12-751 MSD

Rev.	0
State	OH

Note: all data from Part 2 of the application, except as otherwise noted.

3,744	hr/yr operation - before implementation
3,744	hr/yr operation - after implementation

Site ID	Existing						Proposed						Savings		Other Annual Savings	Incremental Implementation Costs
	Fixture	Qty	Watts per fixture	kw per fixture	total kw	kw-hr/yr	Fixture	Qty	Watts per fixture	kw per fixture	total kw	kw-hr/yr	kw	kw-hr/yr		
1	Halogen	156	67	0.067	10.5	39,132	Philips LED	156	18	0.018	2.8	10,513	7.6	28,619	\$ -	\$ 33.40
				0.000	0.0	0	18-PAR38-END, 420521			0.000	0.0	0	0.0	0		
				0.000	0.0	0				0.000	0.0	0	0.0	0		
				0.000	0.0	0				0.000	0.0	0	0.0	0		
Totals		156			10.5	39,132		156			2.8	10,513	7.6	28,619	\$ -	\$ 33.40

DETAILED CALCULATIONS

Aug 2012 V1.1

Salesforce Opportunity Name
 Project Name
 ECM

Application # Rev.
 State

ENERGY STAR Qualified Lamps Product List

ENERGY STAR Partner	Brand	Model Number	Retail Product Number(s)	Bulb Type	Base Type	Technology	Special Features	Light Output (lumens)	Wattage (watts)	Three Way Wattage (watts)	Bulb Life (hours)	Color Temperature (kelvin)	Power Factor	Warranty (years)	Date Qualified
Philips Lighting Company	EnduraLED	9290002237	18PAR38/END/F25 3000-950 DIM SM (420521)	Parabolic Aluminum Reflector	E26/24 (Medium)	LED	Dimmable	1061	17.0	N/A	25000	3000	0.7	3	6/26/2012

Appendix C -Cash Rebate Calculation

Destination Maternity Lighting

Measure	Quantity	Cash Rebate Rate	Rebate	Cash Rebate
67W Halogen Lighting to 18W LED PAR 38 Lamps	156	50% of incentive that would be offered by the Smart \$aver Custom program	\$5.00	\$780.00
				\$780.00

Appendix D -UCT Value

Destination Maternity

Measure	Total Avoided Cost	Program Cost	Incentive	Quantity	Measure UCT
Installed 18W LED PAR 38 Lamps	\$26,818	\$544	\$780	156	20.26
Totals	\$26,818	\$544	\$780	156	

Total Avoided Supply Costs	\$26,818	<i>Aggregate Application UCT</i>	20.26
Total Program Costs	\$544		
Total Incentive	\$780		

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 are eligible for the Mercantile Self Direct program. Please indicate mercantile qualification:

- a single Duke Energy Ohio account
 multiple accounts in Ohio (energy usage with other utilities may be counted toward the total)

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
9510-0770-28-9		5830-3193-01-2	
6840-0802-21-5		6280-3287-01-0	
5100-2534-06-5			
5880-2701-01-0			

Self Direct rebates are available for completed Custom projects that have not previously received a Duke Energy Smart Saver® Custom Incentive. Self Direct incentives 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 requirements dictate that certain projects that may be Prescriptive in nature under the Smart Saver program must be evaluated using the Custom process. Use the table on page two as a guide to determine which Self Direct program fits your project(s). Apply for Self Direct projects using the appropriate application forms in conjunction with this cover sheet. Where Mercantile Self Direct Prescriptive applications are listed, please refer to the measure list on that application. If your measure is not listed, you may be eligible for a Self Direct Custom rebate. Self Direct Custom applications, like Smart Saver Custom applications, should include detailed analysis of pre-project and post-project energy usage and project costs. Please indicate which type of rebate applications are included in the table provided on page two.

Please check each box to indicate completion 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
--	--	--	---

* 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.

Application Type	Replaced equipment at end of lifetime or because equipment failed**	Replaced fully operational equipment to improve efficiency***	New Construction
Lighting	MSD Custom Part 1 <input type="checkbox"/> Custom Lighting Worksheet <input type="checkbox"/>	MSD Prescriptive Lighting <input type="checkbox"/>	MSD Prescriptive Lighting <input type="checkbox"/>
		MSD Custom Part 1 <input checked="" type="checkbox"/> Custom Lighting Worksheet <input checked="" type="checkbox"/>	MSD Custom Part 1 <input type="checkbox"/> Custom Lighting Worksheet <input type="checkbox"/>
Heating & Cooling	MSD Custom Part 1 <input type="checkbox"/> MSD Custom General Worksheet <input type="checkbox"/>	MSD Custom Part 1 <input type="checkbox"/> MSD Custom General Worksheet <input type="checkbox"/>	MSD Prescriptive Heating & Cooling <input type="checkbox"/>
			MSD Custom Part 1 <input type="checkbox"/> MSD Custom General Worksheet <input type="checkbox"/>
Window Films, Programmable Thermostats, & Guest Room Energy Management Systems	MSD Custom Part 1 <input type="checkbox"/> MSD Custom General and/or EMS Worksheet(s) <input type="checkbox"/>	MSD Prescriptive Heating & Cooling <input type="checkbox"/>	MSD Custom Part 1 <input type="checkbox"/> MSD Custom General and/or EMS Worksheet(s) <input type="checkbox"/>
Chillers & Thermal Storage	MSD Custom Part 1 <input type="checkbox"/> MSD Custom General Worksheet <input type="checkbox"/>	MSD Custom Part 1 <input type="checkbox"/> MSD Custom General Worksheet <input type="checkbox"/>	MSD Prescriptive Chillers & Thermal Storage <input type="checkbox"/>
			MSD Custom Part 1 <input type="checkbox"/> MSD Custom General Worksheet <input type="checkbox"/>
Motors & Pumps	MSD Custom Part 1 <input type="checkbox"/> MSD Custom General Worksheet <input type="checkbox"/>	MSD Custom Part 1 <input type="checkbox"/> MSD Custom General Worksheet <input type="checkbox"/>	MSD Prescriptive Motors, Pumps & Drives <input type="checkbox"/>
			MSD Custom Part 1 <input type="checkbox"/> MSD Custom General Worksheet <input type="checkbox"/>
VFDs	Not Applicable	MSD Prescriptive Motors, Pumps & Drives <input type="checkbox"/>	MSD Custom Part 1 <input type="checkbox"/> MSD Custom VFD Worksheet <input type="checkbox"/>
		MSD Custom Part 1 <input type="checkbox"/> MSD Custom VFD Worksheet <input type="checkbox"/>	
Food Service	MSD Custom Part 1 <input type="checkbox"/> MSD Custom General Worksheet <input type="checkbox"/>	MSD Custom Part 1 <input type="checkbox"/> MSD Custom General Worksheet <input type="checkbox"/>	MSD Prescriptive Food Service <input type="checkbox"/>
			MSD Custom Part 1 <input type="checkbox"/> MSD Custom General Worksheet <input type="checkbox"/>
Air Compressors	MSD Custom Part 1 <input type="checkbox"/> MSD Custom Compressed Air Worksheet <input type="checkbox"/>	MSD Custom Part 1 <input type="checkbox"/> MSD Custom Compressed Air Worksheet <input type="checkbox"/>	MSD Prescriptive Process <input type="checkbox"/>
			MSD Custom Part 1 <input type="checkbox"/> MSD Custom Compressed Air Worksheet <input type="checkbox"/>
Process	MSD Custom Part 1 <input type="checkbox"/> MSD Custom General Worksheet <input type="checkbox"/>	MSD Prescriptive Process <input type="checkbox"/>	MSD Custom Part 1 <input type="checkbox"/> MSD Custom General Worksheet <input type="checkbox"/>
		MSD Custom Part 1 <input type="checkbox"/> MSD Custom General Worksheet <input type="checkbox"/>	
Energy Management Systems	MSD Custom Part 1 <input type="checkbox"/> MSD Custom EMS Worksheet <input type="checkbox"/>	MSD Custom Part 1 <input type="checkbox"/> MSD Custom EMS Worksheet <input type="checkbox"/>	MSD Custom Part 1 <input type="checkbox"/> MSD Custom EMS Worksheet <input type="checkbox"/>
Chiller Tune-ups	MSD Prescriptive Chiller Tune-ups <input type="checkbox"/>		
Behavioral*** & No/Low Cost	MSD Custom Part 1 <input type="checkbox"/> MSD Custom General Worksheet <input type="checkbox"/>		

** Under the Self Direct program, failed equipment and equipment at the end of its useful life are evaluated differently than early replacement of fully functioning equipment. **All equipment replacements due to failure or old age will be evaluated via the Custom program.**

*** Please ensure that you include the age of the replaced equipment for measures classified as "Early Replacement" in your application as well as the estimated date that you would have otherwise replaced the existing equipment if you had not chosen a more energy efficient option.

**** Behavioral energy efficiency and demand reduction projects must be both measurable and verifiable. Provide justification with your application.

Mercantile Self Direct Nonresidential Custom Rebate Application PART 1



Proposed energy efficiency measures may be eligible for Self-Direct Custom rebates if they clearly reduce electrical consumption and/or demand as compared to the appropriate baseline.

Before you complete this application, please note the following important criteria:

- Submitting this application does not guarantee a rebate will be approved.
- Rebates are based on electricity conservation only.
- Electric demand and/or energy reductions must be well documented with auditable calculations.
- Incomplete applications cannot be reviewed; all fields are required.

Refer to the complete list of Instructions and Disclaimers, beginning on page 6.

Notes on the Application Process

If you have any questions concerning how to complete any portion of the application or what supplementary information is required, please contact your Duke Energy Ohio, Inc account manager or the Duke Energy Smart \$aver® team at 1-866-380-9580.

Every application must include calculations of the baseline electrical usage and the electrical usage of the proposed high-efficiency equipment/system. Monthly calculations are best. You, the Duke Energy Ohio customer, or your equipment vendor / engineer should perform these calculations and submit them to Duke Energy for review. *We strongly encourage the use of modeling software (such as eQuest or comparable) for complex projects.*

Upon receipt of your application, an acknowledgement email will be sent to you with an estimated response time based on an initial assessment of your application. The application review may include some communication to resolve any questions about the project or to request additional information. Applications that are received complete without missing information have a faster review time.

There are two ways to submit your completed application.

Email your scanned form to: SelfDirect@duke-energy.com

Or, fax your form to 513-629-5572

**Mercantile Self Direct
Nonresidential Custom Rebate Application
PART 1**



1. Contact Information (Required)

Duke Energy Customer Contact Information					
Company Name	Destination Maternity				
Address	7875 Montgomery Road (Store #1152)				
Project Contact	Marcello Crestani				
City	Cincinnati	State	OH	Zip Code	45236
Title	Project Manager				
Office Phone	2157324480x234	Mobile Phone		Fax	2157320477
E-mail Address	mcrestani@realwinwin.com				

Equipment Vendor / Contractor / Architect / Engineer Contact Information					
Company Name					
Address					
City		State		Zip Code	
Project Contact					
Title					
Office Phone		Mobile Phone		Fax	
E-mail Address					
Describe Role					

Payment Information					
Payee Legal Company Name (as shown on Federal income tax return):	Destination Maternity Corporation				
Mailing Address	PO Box 15787 (Dept #113634)				
City	Philadelphia	State	PA	Zip Code	19103
Type of organization (check one) <input type="checkbox"/> Individual/Sole Proprietor <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Unit of Government <input type="checkbox"/> Non-Profit (non-corporation)					
Payee Federal Tax ID # of Legal Company Name Above:	13-3045573				
Who should receive incentive payment? (select one) <input checked="" type="checkbox"/> Customer <input type="checkbox"/> Vendor (Customer must sign below)					
If the vendor is to receive payment, please sign below: I hereby authorize payment of incentive directly to vendor:					
Customer Signature _____ Date ____/____/____ (mm/dd/yyyy)					

**Mercantile Self Direct
Nonresidential Custom Rebate Application
PART 1**



2. Project Information (Required)

A. Please indicate project type:

- New Construction
- Expansion at an existing facility
- Replacing equipment due to equipment failure
- Replacing equipment that is estimated to have remaining useful life of 2 years or less
- Replacing equipment that is estimated to have remaining useful life of more than 2 years
- Behavioral, operational and/or procedural programs/projects

B. Please describe your project, or attach a detailed project description that describes the project.

Lighting retrofit, replacing 67W Halogen lamps in track and recessed fixtures with 18W LED Par38 lamps

C. When did you start and complete implementation?

Start date / (mm/yyyy) End date / (mm/yyyy)
10/2012 11/2012

D. Are you also applying for Self-Direct Prescriptive incentives and, if so, which one(s)¹?

n/a

E. Please indicate which worksheet(s) you are submitting for this application (check all that apply):

- Lighting
- Variable Frequency Drive (VFD)
- Compressed Air
- Energy Management System (EMS)
- General (for projects not easily submitted using one of the above worksheets)

F. Please tell us if there is anything about your electrical energy projections (either for the baseline or the proposed project) that you are either unsure about or for which you have made significant assumptions. Attach additional sheets as needed.

n/a

Required: Attach a supplier or contractor invoice or other equivalent information documenting the Implementation Cost for each project listed in your application. (Note: self-install costs cannot be included in the Implementation Cost)

¹ If your project involves some equipment that is eligible for prescriptive incentives and some equipment that is likely eligible for custom incentives, and if it is feasible to separate the equipment for the energy analysis, then the equipment will be evaluated separately. If it is not feasible to separate the equipment for analysis, then the equipment will be evaluated together in the custom application.

**Mercantile Self Direct
Nonresidential Custom Rebate Application
PART 1**



3. Signature (Required – must be signed by Duke Energy customer)

Customer Consent to Release of Personal Information

I, (insert name) Marcello Crestani, do hereby consent to Duke Energy disclosing my Duke Energy Ohio, Inc Account Number and Federal Tax ID Number to its subcontractors solely for the purpose of administering Duke Energy Ohio's Mercantile Self-Direct Program. I understand that such subcontractors are contractually bound to otherwise maintain my Duke Energy Ohio, Inc Account Number and Federal Tax ID Number in the strictest of confidence.

I realize that under the rules and regulations of the public utilities commission, I may refuse to allow Duke Energy Ohio, Inc to release the information set forth above. By my signature, I freely give Duke Energy Ohio, Inc permission to release the information designated above.

Application Signature

I certify that I meet the eligibility requirements of the Duke Energy Ohio, Inc Mercantile Self Direct Custom Incentives Program and that all information provided within this application is correct to the best of my knowledge. I agree to the terms and conditions set forth for this program. I certify that the numbers, energy savings, and responses shown on this form are correct. Further, I certify that the taxpayer identification number is current and correct. I am not subject to backup withholding because: (a) I am exempt from backup withholding; or (b) I have not been notified by the 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. I am a U.S. citizen (includes a U.S. resident alien).



Duke Energy Ohio, Inc Customer Signature

Print Name Marcello Crestani

Date 11/21/2012

**Mercantile Self Direct
Nonresidential Custom Rebate Application
PART 1**



Checklist for completing the Application

INCOMPLETE APPLICATIONS WILL RESULT IN DELAYS IN DUKE ENERGY PROCESSING YOUR APPLICATION AND NOTIFYING YOU CONCERNING ANY REBATES. Before submitting the application and the required supplementary information, use the following checklist to ensure that your application is complete and the information in the application is accurate. (Note: this checklist is for your use only – do not submit this checklist with your application)

Section No. & Title	Have You:
1. Contact Information	<input checked="" type="checkbox"/> Completed the contact information for the Duke Energy customer? <input type="checkbox"/> Completed the contact information for the equipment vendor / project engineer that can answer questions about the technical aspects of the project, if that is a different person than above?
2. Project Information	<input checked="" type="checkbox"/> Answered the questions A-E, including providing a description of your project. <input checked="" type="checkbox"/> Completed and attached the lighting, compressed air, VFD, EMS and/or General worksheet(s)?
3. Signature	<input checked="" type="checkbox"/> Signed your name? <input checked="" type="checkbox"/> Printed your name? <input checked="" type="checkbox"/> Entered the date?
Supplementary information (Required)	<input checked="" type="checkbox"/> Attached a supplier or contractor's invoice or other equivalent information documenting the Implementation Cost for projects listed in your application? (Note: self-install costs cannot be included in the Implementation Cost) <input type="checkbox"/> (If submitting the General Worksheet) attached calculations documenting the energy usage and energy savings for each project listed in your application?

If you have any questions concerning how to complete any portion of the application or what supplementary information is required, please contact:

- your Duke Energy account manager
- or,
- the Duke Energy Smart \$aver® team at 1-866-380-9580.

Mercantile Self Direct Nonresidential Custom Rebate Application PART 1



Instructions/Terms/Conditions

Note: Please keep for your records- do not submit with the application

1. Energy service companies or contractors may assist in preparing the application, but an authorized representative of the customer must sign this application to be eligible to participate in the Mercantile Self Direct Program. Completion of this application does not guarantee the approval of a Self Direct Custom Rebate.
2. Once all documentation requested in this application is received by *Duke Energy Ohio, Inc*, and any follow-up information requested by *Duke Energy* is received, the rebate amount for each Energy Conservation Measure (ECM) will be communicated to the customer. The rebate amount will be based on ECM energy savings and ECM incremental installation cost.
3. All rebates require approval by the Public Utilities Commission of Ohio. *Duke Energy Ohio, Inc* will submit an application for rebate on the customer's behalf upon customer attestation to program terms, conditions and requirements as outlined in the rebate offer letter and upon customer completion of attestation documents required by the Public Utilities Commission of Ohio.
4. *Duke Energy Ohio, Inc* will issue a Self Direct Custom Rebate check, based on the approved rebate amount for each ECM, upon receiving approval from the Public Utilities Commission of Ohio. *Duke Energy Ohio, Inc* does not guarantee PUCO approval.
5. With the application, the customer must provide a list of all sites where the ECMs were installed. *Duke Energy Ohio, Inc* requests that sites of similar size, hours of operation and energy consuming characteristics be grouped together in one application for the determination of the rebate amount. The application should identify the site where each unique ECM was installed.
6. Based on the information submitted with the application and the information gathered both before and after the initial installation of the ECM, *Duke Energy Ohio, Inc* will calculate the rebate amount for each ECM.
7. *Duke Energy Ohio, Inc* may conduct random site inspections of a sample of the locations where the ECMs are installed to verify installation and operability of the ECMs and to obtain information needed to calculate the Approved Incentive Amount.
8. Customers are encouraged to retain copies of all forms, invoices and supporting documentation for their records.
9. Approved rebates are valid for 6 months from the date communicated to the customer by *Duke Energy Ohio, Inc*, subject to the expiration of measure eligibility based on project completion dates and application submission deadlines as defined by PUCO. Customers are encouraged to execute their rebate offer contracts and PUCO-required affidavits promptly to ensure eligibility is not forfeited.

**Mercantile Self Direct
Nonresidential Custom Rebate Application
PART 1**



10. *Duke Energy Ohio, Inc* reserves the right to recover all unrecoverable costs associated with the project approval if the customer decides not to execute the rebate contract, after the project is approved by *Duke Energy Ohio, Inc*.
11. Projects financially supported by other funding sources will be evaluated on a case-by-case basis for potential partial funding from *Duke Energy Ohio, Inc*.
12. Participants must be *Duke Energy Ohio, Inc* nonresidential, mercantile customers with the project sites in the *Duke Energy Ohio, Inc* service territory.
13. Customers or trade allies may not use any *Duke Energy* logo without prior written permission.
14. Only trade allies registered with *Duke Energy* are eligible to participate.
15. All equipment must be new. Used or rebuilt equipment is not eligible for incentives. All old existing equipment must be removed on retrofit projects.
16. Disclaimers: *Duke Energy Ohio, Inc*
 - a. does not endorse any particular manufacturer, product or system design within the program;
 - b. will not be responsible for any tax liability imposed on the customer as a result of the payment of incentives;
 - c. does not expressly or implicitly warrant the performance of installed equipment. (Contact your contractor for details regarding equipment warranties.);
 - d. is not responsible for the proper disposal/recycling of any waste generated or obsolete or old equipment as a result of this project;
 - e. is not liable for any damage caused by the installation of the equipment nor for any damage caused by the malfunction of the installed equipment; and
 - f. reserves the right to change or discontinue this program at any time. The acceptance of program applications is determined solely by *Duke Energy Ohio, Inc*.



The Lighting Worksheet is part 2 of the application. Do not submit this file without submitting a completed Part1 Custom Application document file, which can be found at www.duke-energy.com.

Before you complete this application, please note the following important criteria:

- Incentive approval is required PRIOR to equipment purchase, or any other activity which would indicate that the Duke Energy customer has already decided to proceed.
- Submitting this application does not guarantee an incentive will be approved.
- Incentives are based on electricity conservation only.
- Electric demand and/or energy reductions must be well documented with auditable calculations.
- Simple payback without incentive must be greater than 1 year.
- Incomplete applications will not be reviewed; all fields are required.

Refer to the complete list of Instructions and Disclaimers, found in the Custom Application Part 1 document.

**Please enter your information and data into the cells that are shaded.
Cells in white are locked and cannot be written over.**

Duke Energy Customer Contact Information (Match the information in Application Part 1):

Name	Marcello Crestani
Company	Destination Maternity (Store #1152)

Equipment Vendor / Project Engineer Contact Information

Name	
Company	

Before proceeding with the custom application, please verify that your project is not on the prescriptive incentive application.

The prescriptive incentive applications can be found at:

[Kentucky Smart \\$aver Program](#)

[Ohio Smart \\$aver Program](#)

[North Carolina Smart \\$aver Program](#)

[South Carolina Smart \\$aver Program](#)

[Indiana Smart \\$aver Program](#)

Prescriptive incentives are already pre-approved and the application is submitted after project implementation.

Take note of the equipment eligibility on the prescriptive application before planning to utilize the prescriptive application.



Please enter your information and data into the cells that are shaded.
 Cells in white are locked and cannot be written over.

List of Sites (Required)

Project/ Site (see note 1)	Site Name	Electric Account Number(s) (see note 2)	Site Address	Area (sq ft)	Location within Facility	Location Type	Indoor or Outdoor?
<i>Example</i>	<i>Distribution Center</i>	<i>12345678 01</i>	<i>Example: 123 Main Street, Anywhere USA 12345</i>	<i>1000</i>	<i>Warehouse</i>	<i>Industrial</i>	<i>Indoor</i>
1	Destination Maternity #1	95100770289	7875 Montgomery Road, Cincinnati, OH 45236	3000	Sales	Small Commercial	Indoor
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

If your application involves more than 20 lighting projects, please check here and use multiple worksheets.

1 Project/Site

You can write over the default project/site number with a store #, building identifier, or other reference that distinguishes one project/location from another.

2 Electric Account Number(s)

If there are multiple meters at a site, only include the Duke Energy account numbers that pertain to the project.

Currently active account number(s) are required for an existing facility. For new construction, write in "new construction."



Project/ Site	Hours of Use (see note 3)								Controls (see note 5)				
	24 x 7	Weekday		Saturday		Sunday		Weeks of Use in Year (see note 4)	Total Annual Hours of Use	Existing		Proposed	Description
		Start Hour	End Hour	Start Hour	End Hour	Start Hour	End Hour			Type of Control	Hours Reduction	Type of Control	
<i>Example</i>	No	8:00 AM	7:00 PM	10:00 AM	6:00 PM	1:00 PM	6:00 PM	52	3,536	None	0%	Occupancy	Applying for Prescriptive Incentive
1	No	#####	9:00:00 PM	#####	9:00:00 PM	12:00:00 PM	6:00:00 PM	52	3,744	None	0%	None	N/A
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20													

3 Hours of Use

For unoccupied times, leave applicable cells blank.

4 Weeks of Use in Year

If the lighting fixtures are not in use 52 weeks during the year (for example, during holiday or summer break), provide an explanation of when they are not expected to be in use and why:

5 Controls

Please attach more description of existing and/or proposed controls if more space is needed. If sufficient description is not provided, then controls portion of project will not be evaluated. Attach assumptions and calculations to support estimated reduction in hours that result from the controls.

New occupancy sensors should be applied for through the prescriptive application unless ineligible for prescriptive.

New or upgraded EMS/building controls require a separate application part 2. Without the separate application, EMS portion of the project will not be evaluated for an incentive.



Project/ Site	Existing Fixture(s)								
	Existing Fixture Installation Year (see note 6)	Fixture Type	Fixture Manufacturer (see note 6)	Fixture Model Number (see note 6)	Lamps per Fixture	Fixture Size	Fixture Input Power (watts) (see note 7)	Quantity of Fixtures	Total Demand (kW)
<i>Example</i>	1995	High Pressure Sodium	Manufacturer	Model #	1		190	175	33
1	1999	Other (enter by typing	Type: Halogen	n/a	1		67	156	10
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
Application Total								156	10

6 Information on Existing Fixture(s)

Optional - please provide as much information as you can.

For new construction projects, provide information on the light fixture(s) that would meet the building code in your location.

7 Fixture Input Power (watts)

Provide actual input power (in watts), not nominal power rating. For example, a 400 watt (nominal) metal halide fixture has a typical input power of approximately 459 watts.



Project/ Site	Proposed Fixture(s)										Projected Savings			Incremental Project Cost \$ (see note 11)
	Fixture Type	Fixture Manufacturer (see note 8)	Fixture Model Number (see note 8)	Warranty of Proposed Fixtures (years)	Lamps per Fixture	Fixture Input Power (watts) (see note 9)	Quantity of Fixtures	Total Demand (kW)	Lumen Output per Fixture	Lumen/ Sq Ft	Demand (kW)	Annual Energy (kWh)	Other Annual Savings \$ (see note 10)	
<i>Example</i>	<i>T8 Fluorescent</i>	<i>Manufacturer</i>	<i>Model #</i>	<i>5.0</i>	<i>1.0</i>	<i>78</i>	<i>225</i>	<i>18</i>		<i>0</i>		<i>55,515</i>	<i>\$1,265</i>	<i>\$29,215</i>
1	LED	Philips	18/PAR38/EN	12.0	1.0	18	156	3	950	49	8	28,619	\$0	\$6,694
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
13														
14														
15														
16														
17														
18														
19														
20														

Application Total 156 3
 Average Electric Rate \$/kWh \$0.10 Project Simple Electric Payback (see note 12) 2.3 years 8 28,619 \$0 \$6,694

8 Fixture Manufacturer and Model Number

Attach a scanned copy of a spec sheet for each fixture that includes the input power (watts), lumen output and other relevant information. For eligible LED fixtures, refer to the FAQs for Custom Incentives found at www.duke-energy.com and attach required documents if necessary.

9 Fixture Input Power (watts)

Provide actual input power (in watts), not nominal power rating. For example, a 400 watt (nominal) metal halide fixture has a typical input power of approximately 459 watts.

10 Other Annual Savings \$

Optional. Estimate other annual savings in addition to electric (for example operations/maintenance savings).

11 Incremental Project Cost \$

Attach a copy of a formal proposal with the projected project costs. For new construction projects, a formal proposal is also required with the projected costs for the light fixture(s) that would meet the building code in your location.

12 Project Simple Electric Payback

If the simple payback on the project is less than 1 year, then the project is not eligible for a custom incentive. Please check that the electric rate is accurate based on history.



Invoice

LOEB ELECTRIC CO.
915 WILLIAMS AVENUE
COLUMBUS OH 43212
614-294-6351 Fax 614-291-4129

ORDER DATE	ORDER NUMBER
10/01/12	S100872332.001
REMIT TO: LOEB ELECTRIC CO. 915 WILLIAMS AVENUE COLUMBUS OH 43212	PAGE NO 1 of 1

BILL TO:
 DESTINATION MATERNITY LAMPS
 2001 KITTY HAWK DR
 PHILADELPHIA, PA 19112
 Cust# 10105

SHIP TO: 14:08:28 01 NOV 2012
 DESTINATION MATERNITY 1152
 KENWOOD TOWNE CENTER
 7875 MONTGOMERY
 CINCINNATI, OH 45236
 Cust# 43879 Phone# (513) 891-14

Shipped From: NATL

ORDERED BY	CUSTOMER ORDER NUMBER	RELEASE NUMBER	SALESPERSON		
PAULA KURTZ THRU jwidne	1152-LEDRELAMP	R0000060547	DHAMRI		
WRITER	SHIP VIA	TERMS	TAX JUR		
Rightlight	UPS GROUND	Net 25th Prox	10/01/12 FRANK 0025		
LINE	DESCRIPTION	ORDER QTY	SHIP QTY	Net Prc	Ext Prc
1	PHIL 420521 18PAR38/END/F25 3000 DIM SM 6/CASE ITEM #: 42052 000001 Tracking Numbers: CARRIER... UPS Ground TRACKING # 1Z47E8A00300037054 WEIGHT... 29.00 CARRIER... UPS Ground TRACKING # 1Z47E8A00300037063 WEIGHT... 29.00 CARRIER... UPS Ground TRACKING # 1Z47E8A00300037072 WEIGHT... 29.00 CARRIER... UPS Ground TRACKING # 1Z47E8A00300037081 WEIGHT... 29.00 CARRIER... UPS Ground TRACKING # 1Z47E8A00300037090 WEIGHT... 29.00 CARRIER... UPS Ground TRACKING # 1Z47E8A00300037107 WEIGHT... 29.00 CARRIER... UPS Ground TRACKING # 1Z47E8A00300037116 WEIGHT... 29.00 CARRIER... UPS Ground TRACKING # 1Z47E8A00300037125 WEIGHT... 29.00	192	192	30.300/ea	5817.60

Invoice is due by 11/25/12.

All claims for shortage or errors must be made at once. Returns require written authorization and are subject to handling charges. Special orders are non-returnable. Past due invoices may be subject to 1.50% late charge.

Subtotal	5817.60
S&H	0.00
Sales Tax	392.69
Amount Due	6210.29

National Maintenance Services, Inc.

1951 10th Avenue North
Suite A-4
Lake Worth, FL 33461

Invoice

Date	Invoice #
11/2/2012	12-64412

Bill To
Destination Maternity Corporation Naval Yard Building 990 2001 Kitty Hawk Avenue Philadelphia, PA 19112

Ship To
Destination Maternity #1152 7875 Montgomery Rd. Cincinnati, OH 45236

P.O. Number	Terms	Due Date
LED Project	Net 30	12/2/2012

Quantity	Item Code	Description	Price Each	Amount
156	Labor	Removed existing Par 38 bulbs, installed new LED Par 38 bulbs and dispose of existing bulbs offsite	3.10	483.60

All work is complete!	Total	\$483.60
-----------------------	--------------	----------

Phone #	Fax #
561-253-2410	561-253-2418

**DESTINATION MATERNITY
LED LAMP REPLACEMENT
CHECKLIST**

STORE # 1152

STORE NAME Destination Maternity

CITY & ST Cincinnati OH

OF CURRENTLY INSTALLED PAR 38 LIGHT BULBS 156

OF LED PAR 38 LIGHT BULBS INSTALLED 156

OF CURRENTLY INSTALLED PAR 30 LIGHT BULBS 0

OF LED PAR 30 LIGHT BULBS INSTALLED 0

****EXTRA LED PAR 30 & PAR 38 LIGHT BULBS TO BE LEFT AT STORE****

PLEASE DISPOSE OF ALL REMOVED LIGHT BULBS OFF SITE.

*****CHECKLIST TO BE LEFT AT STORE WITH STORE MANAGER*****

STORE MANAGER –

UPON COMPLETION OF INSTALL, PLEASE CONTACT PAULA KURTZ @ THE HOME OFFICE EXT 42273 TO PROVIDE COUNT INFORMATION.



PAR38 LED with AirFlux Technology

18PAR38/END/F25 3000-950 DIM SM 6/1

Philips PAR38 Dimmable LED Lamps with AirFlux Technology provide optimal thermal efficiency in a sleek, lightweight design.

Product data

• General Characteristics

Cap-Base	E26
Bulb	PAR38 [PAR38 mm]
Rated Avg. Life (Hours)	45000 hr

• Light Technical Characteristics

Color Code	WH
Color Designation	White
Beam Angle	25 D
Beam Description	25D [Medium beam]
Correlated Color Temperature	3000 K
Approximate Lumens	950 Lm
Approx. MBCP	4100 cd
CRI	80
Color Temp. (Kelvin)	3000 K [CCT 3000K]

• Electrical Characteristics

Wattage	18 W
Wattage Technical	18 W
Voltage	120 V
Line Frequency	50-60 Hz

Power Factor	0.73 -
Lamp Current mA	204 mA
Dimmable	Yes
Starting Time	0.5 (max) s

• Product Dimensions

Diameter D	121.3 mm
Overall Length C	128.7 mm
Overall Length C [inch]	5.07 (max) in

• Product Data

Product number	420521
Full product name	18PAR38/END/F25 3000-950 DIM SM 6/1
Short product name	18PAR38/END/F25 3000 DIM AF 6/1
Pieces per Sku	1
eop_pck_cfg	6
Skus/Case	6
Bar code on pack	46677420529
Bar code on case	50046677420524
Logistics code(s)	929000223704
eop_net_weight_pp	0.370 kg



PHILIPS

sense and simplicity