

Department Project Evaluation

Date_____

Project Name:_____

Department:_____Contact Name:_____

Telephone:_____Email:_____

Cost of Total Project:_____Amount Requesting:_____

Estimated Time of Project Construction:_____

Brief Description of Project:_____

Check all that apply:

Fuel Source: Natl Gas ☐ Elec ☐ Wind ☐ Solar ☐ PV ☐ Oil ☐ Gasoline ☐

Project Type: Retrofit ☐ Replacement ☐ New ☐ Awareness/Education ☐

Sector Impact: Residential ☐ Commercial ☐ Industrial ☐ Transportation ☐ Utility ☐

Score the Project

	No		Possibly		Yes
Payback is within 10 years	1	2	3	4	5
Will Increase Profits	1	2	3	4	5
Reduce Building Costs	1	2	3	4	5
Improve Energy Efficiency	1	2	3	4	5
Reduce Energy Consumption	1	2	3	4	5
Facilitate Public Awareness	1	2	3	4	5
Increase Customer or Employee Satisfaction	1	2	3	4	5
Require Training for Maintenance	1	2	3	4	5
Co-Funding	1	2	3	4	5
Environmental Budget	1	2	3	4	5
Continuing Support Mechanism	1	2	3	4	5
Life Cycle Cost Evaluation	1	2	3	4	5

TOTAL SCORE _____

Is a detailed calculation of energy savings provided Yes_____ No_____