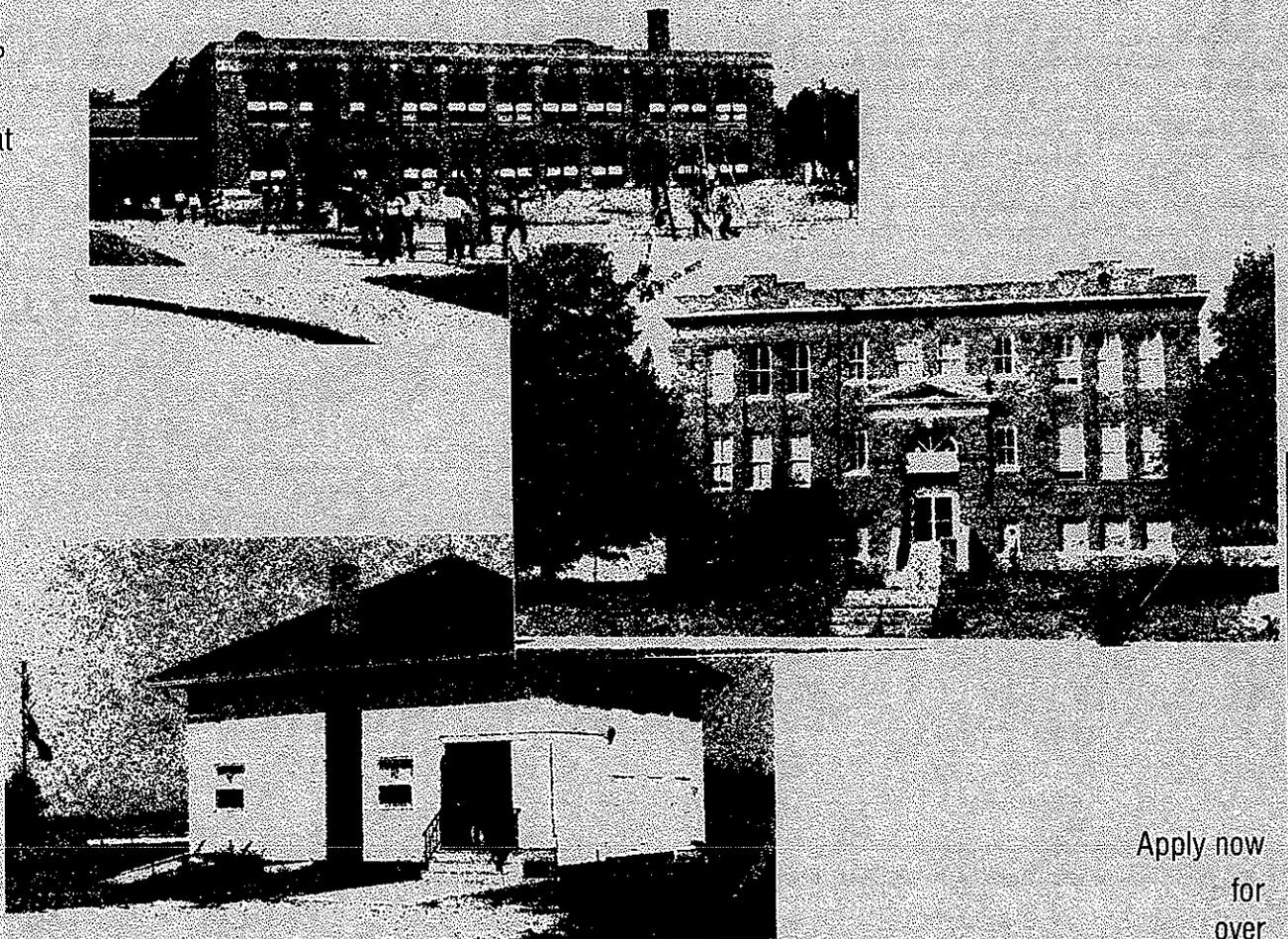


Nebraska School Weatherization Program

Since the program began, 80% of the schools that have applied for grants received funds



Apply now
for
over
\$4 Million
in School
Weatherization
Funds

**STATE
OF
NEBRASKA**

**NEBRASKA ENERGY OFFICE
BOX 95085, LINCOLN, NEBRASKA 68509
PHONE (402) 471-2867**

Building Energy Evaluation

1. List the energy conservation measures (if any) that have been implemented in the building and approximate completion dates.

2. Energy Consumption History. (Complete the energy consumption history, using the most recent 12 month period.)

Type of Primary Fuel				Type of Alternative Fuel							
PRIMARY FUEL				ALTERNATIVE FUEL				ELECTRICITY			
Mo.	Yr.	Units	Dollars	Mo.	Yr.	Units	Dollars	Mo.	Yr.	Units	Dollars
			\$				\$				\$
TOTALS			\$	TOTALS			\$	TOTALS			\$

Primary Fuel Supplier _____ Phone _____

Alternative Fuel Supplier _____ Phone _____

Electricity Supplier _____ Phone _____

(complete reverse side.)

Building Outline

Sketch the general shape of the building. Indicate the original structure and any additions or surrounding buildings owned by the school district.

The page contains a large grid of graph paper for sketching a building outline. The grid is composed of small squares and is intended for drawing the general shape of a building, including any original structures, additions, or surrounding buildings owned by the school district.

Weatherization Project Description

Project name _____

1. Describe the existing condition and/or problem that the proposed weatherization will correct.

2. List what the grant funding will be spent on and what area of the building will be weatherized.

3. Weatherization Start Date _____

Weatherization Completion Date _____

4. List the estimated annual savings resulting from the proposed weatherization. (Adequate documentation to support these savings must be included in this application.)

_____ Million BTUs

\$ _____ Dollars

NEO USE ONLY

Project Code No. _____

SAVINGS

_____ mbtus.

\$ _____ annually

5. Estimated Project Cost: \$ _____

\$ _____ project cost

On reverse side, list all costs to be incurred in completing this project. Current Construction costs and wages must be reflected. In-kind services must be listed in appropriate area and included in the total project cost.

Budget Summary

LIST ESTIMATED COSTS FOR FOLLOWING ITEMS.

EQUIPMENT	QUANTITY	COST PER QUANTITY	TOTAL
MATERIAL	QUANTITY	COST PER QUANTITY	TOTAL
LABOR	HOURS/SQ. FT.	COST PER HOUR/SQ. FT.	TOTAL
MISCELLANEOUS			TOTAL
DESIGN			TOTAL
IN-KIND SERVICES POSITION	WAGE RATE	NO. OF HOURS	TOTAL
Specify type of work to be performed. _____	TOTAL COST: \$		OF ALL ITEMS

Source Used to Derive Costs: (check one)

- Local Contractor Estimates
- Engineering Cost Means Book (specify) _____
- Other: _____

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