

# ECONOMIC ANALYSIS



Date: \_\_\_\_\_

Area Identification: \_\_\_\_\_

Company Name: \_\_\_\_\_

Contact Name

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

## ***EXISTING CONDITIONS:***

Fixture Type (Fluorescent, High Bay, Low Bay, etc): \_\_\_\_\_

Fixture Quantity: \_\_\_\_\_

Lamp Type (HPS, MH, PS/MH): \_\_\_\_\_

Wattage: \_\_\_\_\_

Light Level: \_\_\_\_\_

FC

Hours of Operation: \_\_\_\_\_

KWH Rate: \_\_\_\_\_

## ***PROPOSED DESIGN:***

Fixture Catalog #: \_\_\_\_\_

Fixture Quantity: \_\_\_\_\_

Fixture Type & Model: \_\_\_\_\_

Wattage: \_\_\_\_\_

Light Levels: \_\_\_\_\_

FC

Desired End User Fixture Price (not distributor price): \_\_\_\_\_

## ***CONTROLS (check all that apply):***

\_\_\_\_ Occupancy Sensors

\_\_\_\_ Low Mode % of Operation

\_\_\_\_ Daylight Sensors

\_\_\_\_ Timers

\_\_\_\_ Dimmers

\_\_\_\_ Manual Switching

\_\_\_\_ Automated Building System

***Give Brief Description of Control Operation:*** \_\_\_\_\_

## ***OTHER:***

Desired ROI (Return on Investment): \_\_\_\_\_

Utility Rebates: \_\_\_\_\_

Per \_\_\_\_\_

Estimated Installation Costs per Fixture: \_\_\_\_\_

***Give Brief description of Project Overview & Desired Objective:*** \_\_\_\_\_

Please fax completed form to 972-239-2911.