

Attachment A



Agricultural Fair Assistance Program  
Lighting Retrofit Project Application  
AFAP-FON-2023



Applicant's Information

Applicant {Name of Fair}

Install Address:

Street

City/Town

Zip

Applicants Point of Contact:

Name

Email

Phone

Applicant's Project Contact:

Name

Email

Phone

Check if Same as Above

Authorized Signature

I, the undersigned, am authorized to commit the Applicant to this project application.

Signature

\_\_\_\_\_ Date

Project's Lead Installer Information

Projects Lead Installer

Name

Email

Phone

Check if Qualified Partner

Company Name:

Authorized Signature

I, the undersigned, am authorized to commit the resource to this project application to complete the proposed scope of work. I further agree that I have the necessary credentials to perform the approved scope of work in accordance with local, state, and federal codes and laws.

Signature

\_\_\_\_\_ Date

Attachment A

**Agricultural Fair Assistance Program**

*Lighting Retrofit Project Application*

AFAP-FON-2023

Location				Baseline (Existing)			Proposed (New)			
#	Building Name	Space Name	Hours of use (Annually)	Existing Fixture Description	QTY	Fixture Wattage	Proposed Fixture Description	Qty	Fixture Wattage	Cost per Fixture
Sample	Livestock Barn	Horse Arena	50	Metal Halide	10	150	LED High/Low Bay <100w	10	75	\$ 100
Sample	Administrative Building	Finance Office	700	T12-2 Lamp 4ft	5		LED 2X4 Recessed Fixture <50W	5	35	\$ 60
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