

National Grid Gas Efficiency Program
300 Erie Boulevard, West, C-3
Syracuse, NY 13202
Phone: 1-855-236-7052

nationalgrid

October 19, 2021

| Project Information | | Site Information |
|-----------------------|---------------|--|
| Gas Billing Account # | 8,179,937,107 | Shaker Place Rehab & Nursing Center 780 ALBANY-SHAKER RD ALBANY NY 12211 |
| App Reference # | | |
| Initiated Date: | 10/19/2021 | |
| Application # | 13099802 | |

Andy Lucarelli
Shaker Place Rehab & Nursing C
780 ALBANY-SHAKER RD
ALBANY NY 12211

RE: Incentive Offer - National Grid Commercial and Industrial Natural Gas Efficiency Program

Dear Andy Lucarelli:

We are pleased to offer an incentive for the proposed energy saving measure(s) at the site referenced above. The total incentive and related scope of work are summarized on page two.

To take advantage of this offer, please follow these steps:

1) Accept

To accept this offer and reserve funding, please complete and sign the attached Acceptance Form and Minimum Requirements Document. Both forms must be returned to National Grid within 90 days of the date of this letter.

The signed Acceptance Form serves as your acknowledgement of this offer letter, and confirms your intention to proceed with some or all of the project(s) outlined on page 2. The Minimum Requirements Document summarizes the equipment and operational specifications required to qualify for the incentive. All terms and conditions outlined in this letter apply.

2) Install

Installation may begin as soon as the Acceptance Form and Minimum Requirements Document are returned to National Grid.

Please notify National Grid if construction cannot be completed within the timeframe identified or the project is revised or terminated. Any revised projects will be re-evaluated. An extension will be granted, if warranted; and the incentive offer will be adjusted accordingly.

3) Post Inspect and Document

Prior to issuing the incentive, National Grid will inspect the completed project as per the Minimum Requirements Document. Please call your National Grid Representative when the energy efficiency measures are installed and ready for post inspection.

National Grid reserves the right to photograph and/or document the installation for purposes of general public awareness, to conduct limited prearranged site visits, and to access non-proprietary data regarding the actual energy performance of

Thank you for participating in the National Grid Gas Efficiency Program. We look forward to working with you.

Sincerely,

Daniel Merrill

National Grid Representative

National Grid Gas Efficiency Program
300 Erie Boulevard, West, C-3
Syracuse, NY 13202
Phone: 1-855-236-7052

nationalgrid

October 19, 2021

Acceptance Form Form must be completed in its entirety.

Facility Name : Shaker Place Rehab & Nursing Center National Grid Gas Application 13099802

Installation Address : 780 ALBANY-SHAKER RD

City: ALBANY State: NY Zip : 12211

Gas Billing Account # 8,179,937,107 Reference #

Contact Name : Andy Lucarelli Business Phone # 518-869-2231

Email : _____

* Federal Tax ID # _____ Check One ☐ Incorporated ☐ Not Incorporated ☐ Exempt

* Please provide a copy of IRS Form W-9 that coincides with Federal Tax ID # listed above

| Description of Measure | 1st Year Therms Savings | Quantity | Rate per Unit | Incentive Offer |
|------------------------|-------------------------|----------|---------------|-----------------|
| Custom Hydronic Boiler | 31,264 | | | \$37,516.00 |
| Total | 31,264 | | | \$37,516.00 |

Payee Information (Incentive Check will be mailed to this address.)

Payee Name : _____

Mailing Address : _____

City : _____ State : _____ Zip Code : _____ Phone # _____

Installation Contractor Information

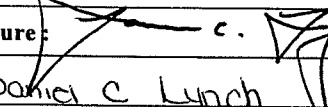
Contractor Name : _____

Street : _____

City : _____ State : _____ Zip Code : _____

Phone : _____ Email : _____

By signing this Acceptance Form, I am acknowledging receipt of the offer letter and confirm my intention to proceed with some or all of the project(s) outlined above. I am aware of and agree to the Terms & Conditions and Minimum Requirements Document(s). This offer is valid through the end of the project completion date provided below, or until program funds are depleted.

| | |
|--|---|
| Customer Signature :  | Job Title and Company : Deputy County Executive |
| Printed Name : Daniel C Lynch | Date : 10/21/2021 |

Estimated Project Start Date : _____

Estimated Project Completion Date : _____

Return signed document to :

Your National Grid Representative

Or

National Grid Gas Efficiency Program

300 Erie Boulevard, West, C-3

Syracuse, NY 13202

1-855-236-7052

October 19, 2021

TERMS AND CONDITIONS for NY Commercial/Industrial Energy Efficiency Measures (EEMs)

Subject to these terms and conditions ("Terms and Conditions"), under the Commercial & Industrial Gas Efficiency Program ("Program") Niagara Mohawk Power Corporation d/b/a National Grid (the "Company" or "National Grid") will pay incentives to eligible customers for the installation of Energy Efficiency Measures ("EEMs") described in the Program Materials (as defined below).

1. INCENTIVES

The Company will only pay incentives for the specific EEMs listed on the front of this Application (as defined below). There will be no incentive payments for substitute EEMs. All EEM installations must be installed in compliance with state and local code requirements and by qualified, properly licensed contractors.

2. CUSTOMER ELIGIBILITY

National Grid gas customers are eligible if they are firm tariff gas customers on a qualifying commercial rate code that pays the System Benefits Charge (SBC), and they are directly responsible for the payment of the Company's energy bills for the facility in which they conduct business (hereinafter the "Customer"). Issuance of incentives for completed Applications is contingent upon program funding availability and will be paid only for qualifying EEM installations completed between 01/01/2021 and 12/31/2021. Applications must be post marked by 12/31/2021. Equipment must be installed at the installation address listed on this application. Customers may not receive multiple incentives for the same EEM from other System Benefits Charge ("SBC") funded New York State Utilities or NYSEDA.

3. INCENTIVE APPLICATION

The Customer is responsible for completing all required Customer, equipment/EEM and contractor information on the Custom Incentive Application (the "Application"). Applications will not be processed if they are not properly completed.

4. INCENTIVE AMOUNTS

The Company will provide incentives for approved EEM(s), equal to the incentive amount indicated in the Program Materials and within this Application. The Company will not provide incentives more than 50% of the cost of the EEM(s) and will limit the incentive amounts at \$100,000 per project per account.

5. POST-INSTALLATION WORK VERIFICATION

The Company reserves the right to perform a verification of the installation of EEM(s). If the Company determines that the EEM(s) was/were not installed in a manner that is consistent with Program guidelines and applicable state and local code requirements, the Company will not pay the incentive and may require that the installation be modified before making any incentive payments. The cost of such modifications shall be the responsibility of the Customer.

6. PROOF OF COST OF INSTALLATION

The Customer shall submit, with its Application, copies of all itemized invoices documenting the installation (including all materials, labor and equipment invoices) which reflect the actual cost of purchasing and installing the EEM(s). In addition, the Company or its contractual Vendor (the "Vendor") may request any other reasonable documentation or verification of the date of installation or the cost to the Customer of purchasing and installing the EEM(s). The Application and documentation shall be provided to the equipment inspector prior to the time of verification of the installation of EEM(s).

7. PAYMENT

The Company shall make incentive payments to its Customers within approximately 45 days of satisfactory installation verification.

8. PROGRAM MATERIALS

The Customer must comply with the instructions in the Program Material in order to obtain National Grid incentives on approved EEMs. "Program Materials" means the information provided by National Grid, including, without limitation, Program guidelines and requirements, application forms, terms and conditions, and other literature regarding the Program ("Program Materials").

9. INSTALLATION SERVICE COSTS

The Company, through its Vendor, will recognize material and installation actual costs reasonably incurred by the Customer.

10. INDEMNIFICATION/RELEASE

(a) The Customer shall indemnify, defend and hold harmless the Company, its affiliates and the Company's and its affiliates' respective contractors (including the Vendor), officers, directors, employees, agents, and representatives (collectively, the "Indemnified Parties") from and against any and all claims, damages, losses and expenses (including reasonable attorneys' fees and costs incurred to enforce this indemnity) arising out of or in connection with the Program except to the extent caused by the negligence or willful misconduct of the Indemnified Parties. (b) To the fullest extent allowed by law and as part of the consideration for participation in the Program, the Customer waives and releases the Indemnified Parties from all obligations and for any and all liability or claims associated with the this Program, the equipment/EEM(s), and the work or services of the Customer's contractor, the performance of the equipment/EEM(s), and these Terms and Conditions except to the extent such claims result from the negligence or willful misconduct of the Indemnified Parties.

11. WARRANTY DISCLAIMER/LIABILITY

(a) The Company and the Vendor do not endorse, guarantee or warrant any particular contractor, manufacturer, product or other item in connection with the Program (including third party warranties); (b) The Company and the Vendor do not make any representation of any kind regarding the results to be achieved by the equipment/EEM(s) or the adequacy or safety of such equipment/EEM(s); (c) In no event shall the Company be liable to the Customer for any special, indirect, incidental, penal, punitive

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October 19, 2021

or consequential damages of any nature in connection with the use of this website or participation in this Program; and (d) The Company is not responsible for any tax liability which may be imposed as a result of receipt of the incentives by the Customer.

12. LIMITED SCOPE REVIEW

The scope of review by the Company and the Vendor and their equipment installation inspector is limited solely to determining whether incentives are payable. It does not include any kind of safety review and should not be relied upon as one.

13. MODIFICATION and TERMINATION

National Grid shall, in its sole discretion, limit participation by any Customer, and deny or terminate, in its sole discretion, at any time, participation by any Customer. National Grid may, in its sole discretion, at any time and without notice, terminate these Terms and Conditions and/or the Customer's participation in the Program. Program expenditures, requirements and eligibility, and these Terms and Conditions, may be terminated, canceled or modified by National Grid at any time without notice.

14. CONTRACTOR INSURANCE

The Company and the Vendor are not responsible for any damage that may be caused by or arise out of the installation of any equipment/EEM(s). It is the Customer's responsibility to select contractors with adequate insurance coverage.

15. CONFIDENTIALITY

The Customer hereby authorizes the Company to release their energy use information under the Program to Company's and SBC program administrators and/or designees, and understands that customer information will be kept confidential and used only for the purpose of determining program eligibility and energy savings.

16. ENERGY CREDITS AND ATTRIBUTES

Other than the energy cost savings realized by Customer, the Company is entitled to 100% of the benefits and rights associated with the EEMs and the Program under any regional initiative or federal, state or local law, program or regulation, and Customer waives, and agrees not to seek, any right to the same. When all other program terms and conditions are met, National Grid reserves the right to claim and report any gas energy savings associated with this application with or without incentive payments to the customer or their designated payee.

17. GENERAL PROVISIONS

These Terms and Conditions shall be interpreted and enforced according to the laws of the State of New York. In the event of any conflict or inconsistency between these Terms and Conditions and any Program Materials, these Terms and Conditions shall be controlling. There shall be no amendment to these Terms and Conditions or any Program Materials unless such is made by National Grid.

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Syracuse, NY 13202
Phone: 1-855-236-7052

nationalgrid

October 20, 2021

| Project Information | | Site Information |
|-----------------------|---------------|---|
| Gas Billing Account # | 8,179,937,107 | ALBANY CO NURSING HOME-8179937107 Exterior Doors 780 ALBANY-SHAKER RD ALBANY NY 12211 |
| App Reference # | | |
| Initiated Date: | 10/20/2021 | |
| Application # | 13099816 | |

Andy Lucarelli
ALBANY CO NURSING HOM
780 ALBANY-SHAKER RD
ALBANY NY 12211

RE: Incentive Offer - National Grid Commercial and Industrial Natural Gas Efficiency Program

Dear Andy Lucarelli:

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2) Install

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3) Post Inspect and Document

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National Grid reserves the right to photograph and/or document the installation for purposes of general public awareness, to conduct limited prearranged site visits, and to access non-proprietary data regarding the actual energy performance of

Thank you for participating in the National Grid Gas Efficiency Program. We look forward to working with you.

Sincerely,

Daniel Merrill

National Grid Representative

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Syracuse, NY 13202
Phone: 1-855-236-7052

nationalgrid

October 20, 2021

Acceptance Form Form must be completed in its entirety.

Facility Name : ALBANY CO NURSING HOME-81799 National Grid Gas Application 13099816

Installation Address : 780 ALBANY-SHAKER RD

City: ALBANY State: NY Zip : 12211

Gas Billing Account # 8,179,937,107 Reference #

Contact Name : Andy Lucarelli Business Phone # 518-869-2231

Email : _____

* Federal Tax ID # _____ Check One ☐ Incorporated ☐ Not Incorporated ☐ Exempt

* Please provide a copy of IRS Form W-9 that coincides with Federal Tax ID # listed above

| Description of Measure | 1st Year Therms Savings | Quantity | Rate per Unit | Incentive Offer |
|------------------------|-------------------------|----------|---------------|-----------------|
| Window-Other | 108 | | | \$129.00 |
| Total | 108 | | | \$129.00 |

Payee Information (Incentive Check will be mailed to this address.)

Payee Name : _____

Mailing Address : _____

City : _____ State : _____ Zip Code : _____ Phone # _____

Installation Contractor Information

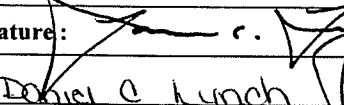
Contractor Name : _____

Street : _____

City : _____ State : _____ Zip Code : _____

Phone : _____ Email : _____

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| | |
|---|--|
| Customer Signature:  | Job Title and Company: Deputy County Executive |
| Printed Name: Daniel C. Lynch | Date: 10/21/2021 |

Estimated Project Start Date : _____

Estimated Project Completion Date : _____

Return signed document to :

Your National Grid Representative

Or

National Grid Gas Efficiency Program

300 Erie Boulevard, West, C-3

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1-855-236-7052

October 20, 2021

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5. POST-INSTALLATION WORK VERIFICATION

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7. PAYMENT

The Company shall make incentive payments to its Customers within approximately 45 days of satisfactory installation verification.

8. PROGRAM MATERIALS

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9. INSTALLATION SERVICE COSTS

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10. INDEMNIFICATION/RELEASE

(a) The Customer shall indemnify, defend and hold harmless the Company, its affiliates and the Company's and its affiliates' respective contractors (including the Vendor), officers, directors, employees, agents, and representatives (collectively, the "Indemnified Parties") from and against any and all claims, damages, losses and expenses (including reasonable attorneys' fees and costs incurred to enforce this indemnity) arising out of or in connection with the Program except to the extent caused by the negligence or willful misconduct of the Indemnified Parties. (b) To the fullest extent allowed by law and as part of the consideration for participation in the Program, the Customer waives and releases the Indemnified Parties from all obligations and for any and all liability or claims associated with the this Program, the equipment/EEM(s), and the work or services of the Customer's contractor, the performance of the equipment/EEM(s), and these Terms and Conditions except to the extent such claims result from the negligence or willful misconduct of the Indemnified Parties.

11. WARRANTY DISCLAIMER/LIABILITY

(a) The Company and the Vendor do not endorse, guarantee or warrant any particular contractor, manufacturer, product or other item in connection with the Program (including third party warranties); (b) The Company and the Vendor do not make any representation of any kind regarding the results to be achieved by the equipment/EEM(s) or the adequacy or safety of such equipment/EEM(s); (c) In no event shall the Company be liable to the Customer for any special, indirect, incidental, penal, punitive

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October 20, 2021

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Phone: 1-855-236-7052

nationalgrid

October 19, 2021

| Project Information | | Site Information |
|-----------------------|---------------|--|
| Gas Billing Account # | 8,179,937,107 | Shaker Place Rehab & Nursing Center 780 ALBANY-SHAKER RD ALBANY NY 12211 |
| App Reference # | | |
| Initiated Date: | 10/19/2021 | |
| Application # | 13099804 | |

Andy Lucarelli
Shaker Place Rehab & Nursing C
780 ALBANY-SHAKER RD
ALBANY NY 12211

RE: Incentive Offer - National Grid Commercial and Industrial Natural Gas Efficiency Program

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Sincerely,

Daniel Merrill

National Grid Representative

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nationalgrid

October 19, 2021

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Facility Name : Shaker Place Rehab & Nursing Center National Grid Gas Application 13099804

Installation Address : 780 ALBANY-SHAKER RD

City: ALBANY State: NY Zip : 12211

Gas Billing Account # 8,179,937,107 Reference #

Contact Name : Andy Lucarelli Business Phone # 518-869-2231

Email : _____

* Federal Tax ID # _____ Check One ☐ Incorporated ☐ Not Incorporated ☐ Exempt

* Please provide a copy of IRS Form W-9 that coincides with Federal Tax ID # listed above

| Description of Measure | 1st Year Therms Savings | Quantity | Rate per Unit | Incentive Offer |
|------------------------|-------------------------|----------|---------------|-----------------|
| Ventilation-Other | 18,842 | | | \$22,610.00 |
| Total | 18,842 | | | \$22,610.00 |

Payee Information (Incentive Check will be mailed to this address.)

Payee Name : _____

Mailing Address : _____

City : _____ State : _____ Zip Code : _____ Phone # _____

Installation Contractor Information

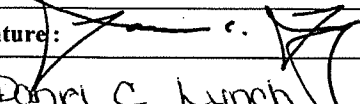
Contractor Name : _____

Street : _____

City : _____ State : _____ Zip Code : _____

Phone : _____ Email : _____

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| | |
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| Customer Signature:  | Job Title and Company: Deputy County Executive |
| Printed Name: Daniel C. Lynch | Date: 10/21/2021 |

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The Company, through its Vendor, will recognize material and installation actual costs reasonably incurred by the Customer.

10. INDEMNIFICATION/RELEASE

(a) The Customer shall indemnify, defend and hold harmless the Company, its affiliates and the Company's and its affiliates' respective contractors (including the Vendor), officers, directors, employees, agents, and representatives (collectively, the "Indemnified Parties") from and against any and all claims, damages, losses and expenses (including reasonable attorneys' fees and costs incurred to enforce this indemnity) arising out of or in connection with the Program except to the extent caused by the negligence or willful misconduct of the Indemnified Parties. (b) To the fullest extent allowed by law and as part of the consideration for participation in the Program, the Customer waives and releases the Indemnified Parties from all obligations and for any and all liability or claims associated with the this Program, the equipment/EEM(s), and the work or services of the Customer's contractor, the performance of the equipment/EEM(s), and these Terms and Conditions except to the extent such claims result from the negligence or willful misconduct of the Indemnified Parties.

11. WARRANTY DISCLAIMER/LIABILITY

(a) The Company and the Vendor do not endorse, guarantee or warrant any particular contractor, manufacturer, product or other item in connection with the Program (including third party warranties); (b) The Company and the Vendor do not make any representation of any kind regarding the results to be achieved by the equipment/EEM(s) or the adequacy or safety of such equipment/EEM(s); (c) In no event shall the Company be liable to the Customer for any special, indirect, incidental, penal, punitive

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October 19, 2021

or consequential damages of any nature in connection with the use of this website or participation in this Program; and (d) The Company is not responsible for any tax liability which may be imposed as a result of receipt of the incentives by the Customer.

12. LIMITED SCOPE REVIEW

The scope of review by the Company and the Vendor and their equipment installation inspector is limited solely to determining whether incentives are payable. It does not include any kind of safety review and should not be relied upon as one.

13. MODIFICATION and TERMINATION

National Grid shall, in its sole discretion, limit participation by any Customer, and deny or terminate, in its sole discretion, at any time, participation by any Customer. National Grid may, in its sole discretion, at any time and without notice, terminate these Terms and Conditions and/or the Customer's participation in the Program. Program expenditures, requirements and eligibility, and these Terms and Conditions, may be terminated, canceled or modified by National Grid at any time without notice.

14. CONTRACTOR INSURANCE

The Company and the Vendor are not responsible for any damage that may be caused by or arise out of the installation of any equipment/EEM(s). It is the Customer's responsibility to select contractors with adequate insurance coverage.

15. CONFIDENTIALITY

The Customer hereby authorizes the Company to release their energy use information under the Program to Company's and SBC program administrators and/or designees, and understands that customer information will be kept confidential and used only for the purpose of determining program eligibility and energy savings.

16. ENERGY CREDITS AND ATTRIBUTES

Other than the energy cost savings realized by Customer, the Company is entitled to 100% of the benefits and rights associated with the EEMs and the Program under any regional initiative or federal, state or local law, program or regulation, and Customer waives, and agrees not to seek, any right to the same. When all other program terms and conditions are met, National Grid reserves the right to claim and report any gas energy savings associated with this application with or without incentive payments to the customer or their designated payee.

17. GENERAL PROVISIONS

These Terms and Conditions shall be interpreted and enforced according to the laws of the State of New York. In the event of any conflict or inconsistency between these Terms and Conditions and any Program Materials, these Terms and Conditions shall be controlling. There shall be no amendment to these Terms and Conditions or any Program Materials unless such is made by National Grid.

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October 19, 2021

| Project Information | | Site Information |
|-----------------------|---------------|--|
| Gas Billing Account # | 8,179,937,107 | Shaker Place Rehab & Nursing Center 780 ALBANY-SHAKER RD ALBANY NY 12211 |
| App Reference # | | |
| Initiated Date: | 10/19/2021 | |
| Application # | 13099803 | |

Andy Lucarelli
Shaker Place Rehab & Nursing C
780 ALBANY-SHAKER RD
ALBANY NY 12211

RE: Incentive Offer - National Grid Commercial and Industrial Natural Gas Efficiency Program

Dear Andy Lucarelli:

We are pleased to offer an incentive for the proposed energy saving measure(s) at the site referenced above. The total incentive and related scope of work are summarized on page two.

To take advantage of this offer, please follow these steps:

1) Accept

To accept this offer and reserve funding, please complete and sign the attached Acceptance Form and Minimum Requirements Document. Both forms must be returned to National Grid within 90 days of the date of this letter.

The signed Acceptance Form serves as your acknowledgement of this offer letter, and confirms your intention to proceed with some or all of the project(s) outlined on page 2. The Minimum Requirements Document summarizes the equipment and operational specifications required to qualify for the incentive. All terms and conditions outlined in this letter apply.

2) Install

Installation may begin as soon as the Acceptance Form and Minimum Requirements Document are returned to National Grid.

Please notify National Grid if construction cannot be completed within the timeframe identified or the project is revised or terminated. Any revised projects will be re-evaluated. An extension will be granted, if warranted; and the incentive offer will be adjusted accordingly.

3) Post Inspect and Document

Prior to issuing the incentive, National Grid will inspect the completed project as per the Minimum Requirements Document. Please call your National Grid Representative when the energy efficiency measures are installed and ready for post inspection.

National Grid reserves the right to photograph and/or document the installation for purposes of general public awareness, to conduct limited prearranged site visits, and to access non-proprietary data regarding the actual energy performance of

Thank you for participating in the National Grid Gas Efficiency Program. We look forward to working with you.

Sincerely,

Daniel Merrill

National Grid Representative

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Acceptance Form Form must be completed in its entirety.

Facility Name : Shaker Place Rehab & Nursing Center National Grid Gas Application 13099803

Installation Address : 780 ALBANY-SHAKER RD

City: ALBANY State: NY Zip : 12211

Gas Billing Account # 8,179,937,107 Reference #

Contact Name : Andy Lucarelli Business Phone # 518-869-2231

Email : _____

* Federal Tax ID # _____ Check One ☐ Incorporated ☐ Not Incorporated ☐ Exempt

* Please provide a copy of IRS Form W-9 that coincides with Federal Tax ID # listed above

| Description of Measure | 1st Year Therms Savings | Quantity | Rate per Unit | Incentive Offer |
|------------------------|-------------------------|----------|---------------|-----------------|
| Other | 6,091 | | | \$7,309.00 |
| Total | 6,091 | | | \$7,309.00 |

Payee Information (Incentive Check will be mailed to this address.)

Payee Name : _____

Mailing Address : _____

City : _____ State : _____ Zip Code : _____ Phone # _____

Installation Contractor Information

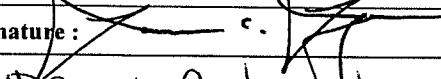
Contractor Name : _____

Street : _____

City : _____ State : _____ Zip Code : _____

Phone : _____ Email : _____

By signing this Acceptance Form, I am acknowledging receipt of the offer letter and confirm my intention to proceed with some or all of the project(s) outlined above. I am aware of and agree to the Terms & Conditions and Minimum Requirements Document(s). This offer is valid through the end of the project completion date provided below, or until program funds are depleted.

| | |
|--|---|
| Customer Signature :  | Job Title and Company : Deputy County Executive |
| Printed Name : Daniel C Lynch | Date : 10/21/2021 |

Estimated Project Start Date : _____

Estimated Project Completion Date : _____

Return signed document to :

Your National Grid Representative

Or

National Grid Gas Efficiency Program

300 Erie Boulevard, West, C-3

Syracuse, NY 13202

1-855-236-7052

October 19, 2021

TERMS AND CONDITIONS for NY Commercial/Industrial Energy Efficiency Measures (EEMs)

Subject to these terms and conditions ("Terms and Conditions"), under the Commercial & Industrial Gas Efficiency Program ("Program") Niagara Mohawk Power Corporation d/b/a National Grid (the "Company" or "National Grid") will pay incentives to eligible customers for the installation of Energy Efficiency Measures ("EEMs") described in the Program Materials (as defined below).

1. INCENTIVES

The Company will only pay incentives for the specific EEMs listed on the front of this Application (as defined below). There will be no incentive payments for substitute EEMs. All EEM installations must be installed in compliance with state and local code requirements and by qualified, properly licensed contractors.

2. CUSTOMER ELIGIBILITY

National Grid gas customers are eligible if they are firm tariff gas customers on a qualifying commercial rate code that pays the System Benefits Charge (SBC), and they are directly responsible for the payment of the Company's energy bills for the facility in which they conduct business (hereinafter the "Customer"). Issuance of incentives for completed Applications is contingent upon program funding availability and will be paid only for qualifying EEM installations completed between 01/01/2021 and 12/31/2021. Applications must be post marked by 12/31/2021. Equipment must be installed at the installation address listed on this application. Customers may not receive multiple incentives for the same EEM from other System Benefits Charge ("SBC") funded New York State Utilities or NYSEDA.

3. INCENTIVE APPLICATION

The Customer is responsible for completing all required Customer, equipment/EEM and contractor information on the Custom Incentive Application (the "Application"). Applications will not be processed if they are not properly completed.

4. INCENTIVE AMOUNTS

The Company will provide incentives for approved EEM(s), equal to the incentive amount indicated in the Program Materials and within this Application. The Company will not provide incentives more than 50% of the cost of the EEM(s) and will limit the incentive amounts at \$100,000 per project per account.

5. POST-INSTALLATION WORK VERIFICATION

The Company reserves the right to perform a verification of the installation of EEM(s). If the Company determines that the EEM(s) was/were not installed in a manner that is consistent with Program guidelines and applicable state and local code requirements, the Company will not pay the incentive and may require that the installation be modified before making any incentive payments. The cost of such modifications shall be the responsibility of the Customer.

6. PROOF OF COST OF INSTALLATION

The Customer shall submit, with its Application, copies of all itemized invoices documenting the installation (including all materials, labor and equipment invoices) which reflect the actual cost of purchasing and installing the EEM(s). In addition, the Company or its contractual Vendor (the "Vendor") may request any other reasonable documentation or verification of the date of installation or the cost to the Customer of purchasing and installing the EEM(s). The Application and documentation shall be provided to the equipment inspector prior to the time of verification of the installation of EEM(s).

7. PAYMENT

The Company shall make incentive payments to its Customers within approximately 45 days of satisfactory installation verification.

8. PROGRAM MATERIALS

The Customer must comply with the instructions in the Program Material in order to obtain National Grid incentives on approved EEMs. "Program Materials" means the information provided by National Grid, including, without limitation, Program guidelines and requirements, application forms, terms and conditions, and other literature regarding the Program ("Program Materials").

9. INSTALLATION SERVICE COSTS

The Company, through its Vendor, will recognize material and installation actual costs reasonably incurred by the Customer.

10. INDEMNIFICATION/RELEASE

(a) The Customer shall indemnify, defend and hold harmless the Company, its affiliates and the Company's and its affiliates' respective contractors (including the Vendor), officers, directors, employees, agents, and representatives (collectively, the "Indemnified Parties") from and against any and all claims, damages, losses and expenses (including reasonable attorneys' fees and costs incurred to enforce this indemnity) arising out of or in connection with the Program except to the extent caused by the negligence or willful misconduct of the Indemnified Parties. (b) To the fullest extent allowed by law and as part of the consideration for participation in the Program, the Customer waives and releases the Indemnified Parties from all obligations and for any and all liability or claims associated with the this Program, the equipment/EEM(s), and the work or services of the Customer's contractor, the performance of the equipment/EEM(s), and these Terms and Conditions except to the extent such claims result from the negligence or willful misconduct of the Indemnified Parties.

11. WARRANTY DISCLAIMER/LIABILITY

(a) The Company and the Vendor do not endorse, guarantee or warrant any particular contractor, manufacturer, product or other item in connection with the Program (including third party warranties); (b) The Company and the Vendor do not make any representation of any kind regarding the results to be achieved by the equipment/EEM(s) or the adequacy or safety of such equipment/EEM(s); (c) In no event shall the Company be liable to the Customer for any special, indirect, incidental, penal, punitive

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17. GENERAL PROVISIONS


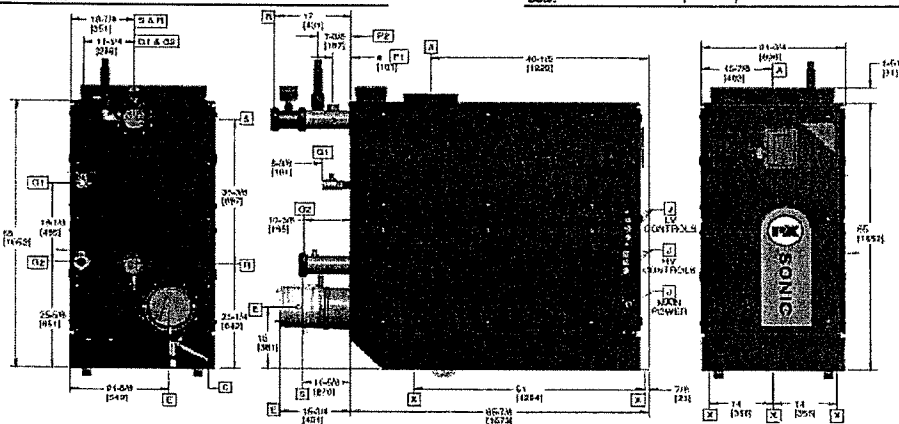
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New York Electric and Gas Commercial and Industrial Program Minimum Requirements Document

nationalgrid

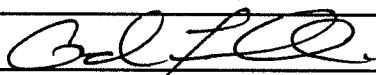
| | | | |
|---------------|---|------------------------|----------|
| Customer Name | Albany County Nursing Home | El or D2 | D2 |
| Location | 100 Heritage Lane, Albany, New York 12211 | Gas Application # | 13099802 |
| EEM | Boilers | Electric Application # | N/A |

This document is to be completed by a National Grid Technical Sales and Support Energy Engineer or designated Technical Assistance Contractor to specify herein minimum equipment specifications and operational requirements of the proposed system. These requirements shall address the criteria necessary to achieve the demand and energy savings calculated in the engineering analysis for this project. Testing and submittals may be required as further verification of system compliance (use additional sheets if necessary). These requirements must be met before the Company's incentives are paid.

| Post Inspection | <p>EQUIPMENT DESCRIPTION: Provide a list of equipment or materials installed as part of this project. Include mfr, model, HP, kW, efficiency ratings, etc.</p> <p>Verify installation of (6) P-K Sonic SC-4000 high efficiency natural gas fired hot water heaters, each with 3,840 mbh output rating and 96% efficiency rating.</p> <div style="text-align: center;">  <p>P-K SONIC® Boiler Models SC-3000 & SC-4000 Natural Gas, Liquid Propane, or Dual Fuel with NURO® Control</p> <p>PATTERSON-KELLEY</p> </div> <p>Rep Name: _____ Email: _____ Phone Number: _____ Date: ____/____/____</p>  <p>Primary dimensions are in inches. The secondary dimensions, [] in brackets, are in millimeters.</p> <p>This SONIC boiler requires Category IV venting (condensing positive pressure) or Category II venting¹ (condensing negative pressure as defined in ANSI Z223.1/NFPA 54/CSA-B.149 latest edition). Category I venting must include the optional combustion air damper.</p> <table border="1"> <thead> <tr> <th colspan="2">BOILER CONNECTIONS</th> </tr> </thead> <tbody> <tr> <td>A</td><td>Combustion Air Inlet 12" dia. 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|---|---|--------------------|-----------------|------------------|------------------------------------|---|----------------------------|---|------------------|----|--------------------------|----|----------------------|---|--------------------------------------|----|--|----|--|---|--|---|--|---|--|-----------------|--|---------|---|--------------|---|------------------------|---------------------|------------------------|----------|--------------------|---------------------|---------------------|---------------------|-----------|------------|--------------------|-----------------|----------------|---------|--|---------------------|----------------------|------------|---------------------|-----------------------------|--------------|--|-------------------|-------------|--------------------------------------|------------|--|--|---|--|---------------------------------|--|--|--------------|----------|----------|--------------|-----------|-----------|---------------------------|-------|-------|---------------------------|-------|-------|---------------------------------|---------|---------|----------------------------------|---------|---------|--------------------|-----------|---------|--|--------|---------|--|--|--|--|--|-------------|------------|-----------|-----------------|------------------|
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| C | Condensate Drain 3/4" hose | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| E | Exhaust Vent 10" | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Q1 | Propane Gas 1-1/2" NPT-F | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Q2 | Natural Gas 2" NPT-F | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| J | Wiring Junction Boxes Inside cabinet | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| P1 | Pressure Relief Valve one list for options | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| P2 | Pressure Relief Valve one list for options | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| R | Boiler Return, Victaulic® clamp 4" pipe, grooved | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| S | Boiler Supply, Victaulic® clamp 4" pipe, grooved | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Z | Anchor Bolt Locations (6) 5/16" Bolt Holes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MODEL SELECTION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Boilers | <div> SC-3000 <input type="checkbox"/> DUAL FUEL <input type="checkbox"/> NG <input type="checkbox"/> LP </div> <div> SC-4000 <input type="checkbox"/> DUAL FUEL <input type="checkbox"/> NG <input type="checkbox"/> LP </div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fuel Options | <div> <input type="checkbox"/> NG <input type="checkbox"/> LP </div> <div> <input type="checkbox"/> NG <input type="checkbox"/> LP </div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Min Inlet Gas Pressure | 3.5" w.c. 7.0" w.c. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Max Inlet Gas Pressure | 14" w.c. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Max Input (BTU/hr) | 3,000,000 4,000,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Max Output (BTU/hr) | 2,507,000 3,840,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Boiler HP | 84.9 114.7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Min Input (BTU/hr) | 581,400 768,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Turndown Ratio | 6:1 6:1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Estimated Operating/Shipping Weight ¹ | 2045 lbs. 2095 lbs. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Boiler Water Content | 35 gallons | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Shipping Dimensions | 36" x 24" x 20" (L x W x H) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Power Supply | <input type="checkbox"/> 208/240V 3ph 60 Hz <input type="checkbox"/> 440/480V 3ph 60 Hz | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Operating Current | ~20 Amperes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Recommended Minimum Circuit Capacity | 20 Amperes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PRESSURE RELIEF VALVE-PRESSURE-TEMPERATURE GAUGE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 30 PSIG 1-1/2" x 2" <input type="checkbox"/> 50 PSIG 1-1/4" x 1-1/4" <input type="checkbox"/> 60 PSIG 1-1/4" x 1-1/4" <input type="checkbox"/> 75 PSIG 1-1/4" x 1-1/4" <input type="checkbox"/> 80 PSIG 1-1/4" x 1-1/4" <input type="checkbox"/> 100 PSIG 1 1/4" x 1-1/4" <input type="checkbox"/> 125 PSIG 1 1/4" x 1" <input type="checkbox"/> 150 PSIG 1 1/4" x 1" | <input type="checkbox"/> 1-100 psi/30-240°F <input type="checkbox"/> 0-100 psi/30-240°F <input type="checkbox"/> 0-100 psi/30-240°F <input type="checkbox"/> 0-240 psi/30-240°F <input type="checkbox"/> 0-240 psi/30-240°F <input type="checkbox"/> 0-240 psi/30-240°F <input type="checkbox"/> 0-240 psi/30-240°F <input type="checkbox"/> 0-340 psi/30-240°F | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TABLE SECTION IV DESIGN DATA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Max Pressure | 160 PSIG | 160 PSIG | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Min Pressure | 14.5 PSIG | 14.5 PSIG | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Max Allowable Temperature | 210°F | 210°F | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Max Operating Temperature | 200°F | 200°F | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Heated Surface Area, Section IV | 105 ft² | 105 ft² | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Heated Surface Area, Section VII | 840 ft² | 840 ft² | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Flow Rate @ 20°FΔT | 250.7 GPM | 384 GPM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Min Flow Rate @ All Firing Rates (Flow Switch Setting) | 93 GPM | 125 GPM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RECOMMENDED CLEARANCE FOR SERVICE ACCESS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Front - 32" | Rear - 12" | Top - 12" | Left Side - 12" | Right Side - 12" | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| Post Inspection | SEQUENCE OF OPERATION: Provide a description of equipment operating sequences, setpoints, operating schedules, balancing requirements (flow, velocity, head, etc) or any other required operating parameters. |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | Boilers shall operate during wintertime, between the months of October and May when the outside air temperature is less than 55°F. |
| Post Inspection | DOCUMENTATION: List written documentation required to train, verify, operate, or maintain the equipment being installed or controlled. This may include specification sheets, test reports, construction drawings, etc. |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | Vendor shall provide O&M manuals and specification sheets of installed equipment, necessary warranty paperwork, and all related incentive paperwork to the client. |
| Post Inspection | POST INSTALLATION M&V or COMMISSIONING: Provide a list of trending requirements to verify proper system operation. Trends should document operational sequences, setpoints and scheduling of equipment as described in the TA or TR study. For projects with M&V required, National Grid will adjust the incentive to reflect the final M&V data, which can increase or decrease the incentive amount. National Grid will report savings consistent with final M&V report. |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | Not applicable. |
| Post Inspection | OTHER REQUIRMENTS: Describe any requirements for demolition, removal, etc. of existing equipment. Inspection by National Grid is required in order to receive the Company's incentive. Please ensure safe access to our personnel performing the inspection. We appreciate your cooperation. |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | Where applicable, existing equipment should be removed from service and scrapped in an environmentally safe manner. |

The pre-approved incentive is subject to National Grid's post installation inspection of final specifications, drawings and operation of the proposed equipment. In the event the proposed system is altered from the above description, notify the Company of the change prior to the equipment purchase and installation, as the change in design and operation may impact the available incentive.

| | | | |
|---|------------------|--|------------|
| James Marchione <small>Digitally signed by James Marchione Date: 2021.10.15 09:25:04 -04'00'</small> | October 15, 2021 |  | 10/25/2021 |
| National Grid Technical Sales and Support Energy Engineer | Date | Customer Signature – Acceptance of Terms | Date |

----- POST INSPECTION ACKNOWLEDGEMENT -----

| | | | |
|------------------------------|------|--------------------------------------|------|
| | | | |
| National Grid Representative | Date | Customer Signature – Post Inspection | Date |

New York Electric and Gas Commercial and Industrial Program Minimum Requirements Document



| | | | |
|---------------|---|------------------------|----------|
| Customer Name | Albany County Nursing Home | El or D2 | D2 |
| Location | 100 Heritage Lane, Albany, New York 12211 | Gas Application # | 13099803 |
| EEM | Building Envelope Insulation | Electric Application # | N/A |

This document is to be completed by a National Grid Technical Sales and Support Energy Engineer or designated Technical Assistance Contractor to specify herein minimum equipment specifications and operational requirements of the proposed system. These requirements shall address the criteria necessary to achieve the demand and energy savings calculated in the engineering analysis for this project. Testing and submittals may be required as further verification of system compliance (use additional sheets if necessary). These requirements must be met before the Company's incentives are paid.

| | |
|--|---|
| Post Inspection | EQUIPMENT DESCRIPTION: Provide a list of equipment or materials installed as part of this project. Include mfr, model, HP, kW, efficiency ratings, etc. |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | Verify installation of roof insulation (U-0.026) including fastening/taper/etc. as necessary, for a total of 75,436 sqft. (See A-003 drawing provided by the design team). Verify installation of wall insulation (U-0.022) including new sheetrock, paint, patch, etc as necessary, for a total of 75,436 sqft. (See A-003 drawing provided by the design team). |
| Post Inspection | SEQUENCE OF OPERATION: Provide a description of equipment operating sequences, setpoints, operating schedules, balancing requirements (flow, velocity, head, etc) or any other required operating parameters. |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | Not applicable. |
| Post Inspection | DOCUMENTATION: List written documentation required to train, verify, operate, or maintain the equipment being installed or controlled. This may include specification sheets, test reports, construction drawings, etc. |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | Vendor shall provide O&M manuals and specification sheets of installed equipment, necessary warranty paperwork, and all related incentive paperwork to the client. |
| Post Inspection | POST INSTALLATION M&V or COMMISSIONING: Provide a list of trending requirements to verify proper system operation. Trends should document operational sequences, setpoints and scheduling of equipment as described in the TA or TR study. For projects with M&V required, National Grid will adjust the incentive to reflect the final M&V data, which can increase or decrease the incentive amount. National Grid will report savings consistent with final M&V report. |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | Not applicable. |
| Post Inspection | OTHER REQUIREMENTS: Describe any requirements for demolition, removal, etc. of existing equipment. Inspection by National Grid is required in order to receive the Company's incentive. Please ensure safe access to our personnel performing the inspection. We appreciate your cooperation. |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | Where applicable, existing equipment should be removed from service and scrapped in an environmentally safe manner. |

The pre-approved incentive is subject to National Grid's post installation inspection of final specifications, drawings and operation of the proposed equipment. In the event the proposed system is altered from the above description, notify the Company of the change prior to the equipment purchase and installation, as the change in design and operation may impact the available incentive.

| | | | |
|---|------------------|--|------------|
| James Marchione <small>Digitally signed by James Marchione Date: 2021.10.15 09:30:08 -04'00'</small> | October 15, 2021 | | 10/25/2021 |
| National Grid Technical Sales and Support Energy Engineer | Date | Customer Signature – Acceptance of Terms | Date |

POST INSPECTION ACKNOWLEDGEMENT

| | | | |
|------------------------------|------|--------------------------------------|------|
| | | | |
| National Grid Representative | Date | Customer Signature – Post Inspection | Date |

New York Electric and Gas Commercial and Industrial Program Minimum Requirements Document



| | | | |
|---------------|---|------------------------|----------|
| Customer Name | Albany County Nursing Home | El or D2 | D2 |
| Location | 100 Heritage Lane, Albany, New York 12211 | Gas Application # | 13099804 |
| EEM | ERVs | Electric Application # | N/A |

This document is to be completed by a National Grid Technical Sales and Support Energy Engineer or designated Technical Assistance Contractor to specify herein minimum equipment specifications and operational requirements of the proposed system. These requirements shall address the criteria necessary to achieve the demand and energy savings calculated in the engineering analysis for this project. Testing and submittals may be required as further verification of system compliance (use additional sheets if necessary). These requirements must be met before the Company's incentives are paid.

| | |
|--|---|
| Post Inspection | EQUIPMENT DESCRIPTION: Provide a list of equipment or materials installed as part of this project. Include mfr, model, HP, kW, efficiency ratings, etc. |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | Verify installation of following energy recovery units: (2) Renewaire HE2XRT ERVs - 1,130 max CFM each (4) Renewaire HE3XRT ERVs - 1,350 max CFM each (2) Renewaire HE3XRT ERVs - 2,580 max CFM each (4) Renewaire HE4XRT ERVs - 3,600 max CFM each (2) Daikin OAH034 or Equal ERUs - 15,500 max CFM each |
| Post Inspection | SEQUENCE OF OPERATION: Provide a description of equipment operating sequences, setpoints, operating schedules, balancing requirements (flow, velocity, head, etc) or any other required operating parameters. |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | Units shall operate all year and utilize heat recovery for both heating and air conditioning seasons. |
| Post Inspection | DOCUMENTATION: List written documentation required to train, verify, operate, or maintain the equipment being installed or controlled. This may include specification sheets, test reports, construction drawings, etc. |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | Vendor shall provide O&M manuals and specification sheets of installed equipment, necessary warranty paperwork, and all related incentive paperwork to the client. |
| Post Inspection | POST INSTALLATION M&V or COMMISSIONING: Provide a list of trending requirements to verify proper system operation. Trends should document operational sequences, setpoints and scheduling of equipment as described in the TA or TR study. For projects with M&V required, National Grid will adjust the incentive to reflect the final M&V data, which can increase or decrease the incentive amount. National Grid will report savings consistent with final M&V report. |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | Not applicable. |
| Post Inspection | OTHER REQUIREMENTS: Describe any requirements for demolition, removal, etc. of existing equipment. Inspection by National Grid is required in order to receive the Company's incentive. Please ensure safe access to our personnel performing the inspection. We appreciate your cooperation. |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | Where applicable, existing equipment should be removed from service and scrapped in an environmentally safe manner. |

The pre-approved incentive is subject to National Grid's post installation inspection of final specifications, drawings and operation of the proposed equipment. In the event the proposed system is altered from the above description, notify the Company of the change prior to the equipment purchase and installation, as the change in design and operation may impact the available incentive.

| | | | |
|---|------------------|--|------------|
| James Marchione <small>Digitally signed by James Marchione Date: 2021.10.15 09:33:46 -04'00'</small> | October 15, 2021 | | 10/25/2021 |
| National Grid Technical Sales and Support Energy Engineer | Date | Customer Signature – Acceptance of Terms | Date |

POST INSPECTION ACKNOWLEDGEMENT

| | | | |
|------------------------------|------|--------------------------------------|------|
| | | | |
| National Grid Representative | Date | Customer Signature – Post Inspection | Date |

New York Electric and Gas Commercial and Industrial Program Minimum Requirements Document



| | | | |
|---------------|---|------------------------|----------|
| Customer Name | Albany County Nursing Home | El or D2 | D2 |
| Location | 100 Heritage Lane, Albany, New York 12211 | Gas Application # | 13099816 |
| EEM | Exterior Doors | Electric Application # | N/A |

This document is to be completed by a National Grid Technical Sales and Support Energy Engineer or designated Technical Assistance Contractor to specify herein minimum equipment specifications and operational requirements of the proposed system. These requirements shall address the criteria necessary to achieve the demand and energy savings calculated in the engineering analysis for this project. Testing and submittals may be required as further verification of system compliance (use additional sheets if necessary). These requirements must be met before the Company's incentives are paid.

| | |
|--|---|
| Post Inspection | EQUIPMENT DESCRIPTION: Provide a list of equipment or materials installed as part of this project. Include mfr, model, HP, kW, efficiency ratings, etc. |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | Verify installation (9) new insulated exterior doors consisting of (8) single doors (3.5'x7.0') and (1) double door (7.0'x7.0'). Proposed U-value of U-0.57 (See A-003 drawing provided by the design team). |
| Post Inspection | SEQUENCE OF OPERATION: Provide a description of equipment operating sequences, setpoints, operating schedules, balancing requirements (flow, velocity, head, etc) or any other required operating parameters. |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | Units shall operate all year and utilize heat recovery for both heating and air conditioning seasons. |
| Post Inspection | DOCUMENTATION: List written documentation required to train, verify, operate, or maintain the equipment being installed or controlled. This may include specification sheets, test reports, construction drawings, etc. |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | Vendor shall provide O&M manuals and specification sheets of installed equipment, necessary warranty paperwork, and all related incentive paperwork to the client. |
| Post Inspection | POST INSTALLATION M&V or COMMISSIONING: Provide a list of trending requirements to verify proper system operation. Trends should document operational sequences, setpoints and scheduling of equipment as described in the TA or TR study. For projects with M&V required, National Grid will adjust the incentive to reflect the final M&V data, which can increase or decrease the incentive amount. National Grid will report savings consistent with final M&V report. |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | Not applicable. |
| Post Inspection | OTHER REQUIREMENTS: Describe any requirements for demolition, removal, etc. of existing equipment. Inspection by National Grid is required in order to receive the Company's incentive. Please ensure safe access to our personnel performing the inspection. We appreciate your cooperation. |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | Where applicable, existing equipment should be removed from service and scrapped in an environmentally safe manner. |

The pre-approved incentive is subject to National Grid's post installation inspection of final specifications, drawings and operation of the proposed equipment. In the event the proposed system is altered from the above description, notify the Company of the change prior to the equipment purchase and installation, as the change in design and operation may impact the available incentive.

| | | | |
|--|------------------|--|------------|
| Digitally signed by James Marchione Date: 2021.10.15 09:37:29 -04'00' | October 15, 2021 | | 10/25/2021 |
| National Grid Technical Sales and Support Energy Engineer | Date | Customer Signature – Acceptance of Terms | Date |

----- POST INSPECTION ACKNOWLEDGEMENT -----

| | | | |
|------------------------------|------|--------------------------------------|------|
| | | | |
| National Grid Representative | Date | Customer Signature – Post Inspection | Date |