ALLIANT ENERGY

COMMERCIAL NEW CONSTRUCTION SCREENING

PRINT FORM
SAVE FORM
RESET FORM

1. Complete this form with as much information as possible. At minimum, complete fields denoted by an asterisk (*).
2. Upon completion, email to commercialnewconstruction@alliantenergy.com, fax to (319) 786-4043 Attn: Commercial New Construction Program, or mail to Alliant Energy, Commercial New Construction Program, CR GO-8, 200 First Street SE, P.O. Box 351, Cedar Rapids, IA 52406-0351.
3. This form is also available at *alliantenergy.com/cnc.*
4. For more information, call 1-866-ALLIANT or visit *alliantenergy.com/cnc.*

*** Fields noted with an asterisk must be completed.**

FORM COMPLETED BY

Name*	Project Role*	Phone No.*
	☐ Owner ☐ Design Team ☐ Other	( )

PROJECT INFORMATION

Company Name*	Primary Contact		
Email Address	Phone No. ( )		
Project Name*	Building Type*		
Project Location - Address	City*	State	ZIP

Construction Type* ☐ New ☐ Addition ☐ Retrofit/Renovation

Project Square Footage*

Project **Electric** Service Provided By:* ☐ Alliant Energy ☐ Other (specify) _____

Project **Gas** Service Provided By:* ☐ Alliant Energy ☐ Other (specify) _____

Alliant Energy key account manager *(if known):*

DESIGN TEAM INFORMATION

Firm Name*	Contact Name*	Email	Phone No.*
Architectural Firm			
			( )
Mechanical Engineering Firm			
			( )
Electrical Engineering Firm			
			( )
Owner's Representative			
			( )
Design/Build Firm			
			( )

PROJECT SCHEDULE

(If past design development, please consider Custom Rebates)

	Schematic Design*	Design Development*	Construction Documents*	Construction*
Start Date (mm/yy)				
Finish Date (mm/yy)				

DESIGN CONSIDERATION OPTIONS

(Willingness to consider energy-saving alternatives)

	Very	Somewhat	Not at all		Very	Somewhat	Not at all
Orientation/building layout	☐	☐	☐	Daylighting	☐	☐	☐
Glazing type and window layout	☐	☐	☐	Envelope alternatives	☐	☐	☐
Lighting controls	☐	☐	☐	Lighting design	☐	☐	☐
HVAC efficiency	☐	☐	☐	Type of HVAC system	_____		
Outside air control systems	☐	☐	☐	Other items under consideration	_____		

Signature of Person Completing the Form	Date Signed

Note: If you participate in this program, measures included in your project will be ineligible for other Alliant Energy energy efficiency programs.