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STATE OF FLORIDA

COMMISSIONERS: ART GRAHAM, CHAIRMAN LISA POLAK EDGAR RONALD A. BRISÉ JULIE I. BROWN JIMMY PATRONIS



GENERAL COUNSEL CHARLIE BECK (850) 413-6199

Hublic Service Commission

April 6, 2015

Mrs. Beth Keating

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Gunster Law Firm

215 South Monroe Street

Suite 601

Tallahassee, FL 32301-1839

STAFF'S FIRST DATA REQUEST

RE: Docket No. 150089-EG- Petition for approval of demand-side management plan by Florida Public Utilities Company.

Dear Mrs. Keating,

By this letter, the Commission staff requests that Florida Public Utilities Company (utility) provide responses to the following data requests.

1. Please provide the estimated costs of each program's incentives, administrative & equipment costs, and total costs for the ten-year goals period (nominal and net present value). Also, please provide the percentage of total costs that are used for incentives by program. As part of this response, please provide an electronic version of the table below in Excel format with your response.

Program Costs (Nominal)										
Program Name	Incentives	Administrative & Equipment	Total	Percent Incentives						
[Residential]										
Residential Subtotal										
[Comm/Industrial]										
Comm/Ind. Subtotal										
Common Expenses										
Total										

PSC Website: http://www.floridapsc.com

Pro	Program Costs (NPV)											
Program Name	Incentives	Administrative & Equipment	Total	Percent Incentives								
[Residential]												
Residential Subtotal												
[Comm/Industrial]												
Comm/Ind. Subtotal												
Common Expenses												
Total												

2. Please provide the estimated costs of each program's administrative & equipment costs, costs for the ten-year goals period (nominal and net present value), broken into the categories detailed in the table below. As part of this response, please provide an electronic version of the table below in Excel format with your response.

	Program Administrative & Equipment Costs (Nominal)											
Program Name	Depreciation & Return	Payroll & Benefits	Materials & Supplies	Outside Services	Advertising	Vehicles & Travel	Other	Revenues (if any)	Total			
[Residential]												
Residential Total												
[Comm/Ind.]												
Comm/Ind. Total												
Common Expenses												
Total												

	Program Administrative & Equipment Costs (NPV)											
Program Name	Depreciation & Return	Payroll & Benefits	Materials & Supplies	Outside Services	Advertising	Vehicles & Travel	Other	Revenues (if any)	Total			
[Residential]												
Residential Total												
[Comm/Ind.]												
Comm/Ind. Total												
Common Expenses												
Total												

- 3. For each program that includes "Outside Services" costs in the Data Request No.2, please detail what those outside services include.
- 4. For each program that includes Other costs in the data request above, please detail what those Other costs include.

5. Please provide the estimated costs of each program's incentive costs, costs for the tenyear goals period (nominal and net present value), broken into the categories detailed in the table below. As part of this response, please provide an electronic version of the table below in Excel format with your response.

Program Incentives (Nominal)										
Program Name	Incentives (Non-Recurring)	Incentives (Recurring)	Total							
[Residential]										
Residential Subtotal										
[Comm/Industrial]										
Comm/Ind. Subtotal										
Common Expenses										
Total										

Program Incentives (NPV)										
Program Name	Incentives (Non-Recurring)	Incentives (Recurring)	Total							
[Residential]										
Residential Subtotal										
[Comm/Industrial]										
Comm/Ind. Subtotal										
Common Expenses										
Total										

6. Please provide for each program with demand and energy savings the net present value of the benefits and costs described in the Rate Impact Measure Test and detailed in the table below. As part of this response, please provide an electronic version of the table below in Excel format with your response.

	Benefits				Costs					Net	
Program Name	Gen	T&D	Fuel	Other	Total	Utility	Incentives	Lost Revenues	Other	Total	Benefit
[Residential]											
Residential Subtotal											
[Comm/Industrial]											
Comm/Ind. Subtotal											
Total											

7. Please provide for each program with demand and energy savings the net present value of the benefits and costs described in the Total Resource Cost Test and detailed in the table below. As part of this response, please provide an electronic version of the table below in Excel format with your response.

		Benefits					Costs			
Program Name	Gen	T&D	Fuel	Other	Total	Utility	Participant	Other	Total	Net Benefit
[Residential]										
Residential Subtotal										
[Comm/Industrial]										
Comm/Ind. Subtotal										
Total										

8. Please provide for each program with demand and energy savings the net present value of the benefits and costs described in the Participants Test and detailed in the table below.
As part of this response, please provide an electronic version of the table below in Excel format with your response.

	Benefits					Costs				Net
Program Name	Bill Savings	Tax Credits	Incentive	Other	Total	Equipment	O&M	Other	Total	Benefit
[Residential]										
Residential Subtotal										
[Comm/Industrial]										
Comm/Ind. Subtotal										
Total										

9. Please provide the actual and projected Energy Conservation Cost Recovery (ECCR) annual funds in nominal dollars for the period 2010 through 2024. As part of this response, please provide an electronic version of the table below in Excel format with your response.

Year	ECCR Expenditures
2010	
2011	
2012	
2013	
2014	
2015	
2016	
2017	
2018	
2019	
2020	
2021	
2022	
2023	
2024	

10. Please provide the actual and projected monthly customer bill associated with the ECCR for a residential and commercial/industrial customer with the usage described in the table below, in nominal dollars. Please also provide the actual and projected total monthly customer bill. As part of this response, please provide an electronic version of the table below in Excel format with your response.

Year	Residential 1,200 k		Commercial/Industrial Customer 400,000 kWh/mo & 1,000 kW Peak				
	ECCR Portion (\$)	Total Bill (\$)	ECCR Portion (\$)	Total Bill (\$)			
2010							
2011							
2012							
2013							
2014							
2015							
2016							
2017							
2018							
2019							
2020							
2021							
2022							
2023		·		·			
2024							

11. For the company's audit programs, please provide a list of measures used to determine energy and demand savings. Please identify each measure and specify whether it is equipment provided by the company and installed by the auditor, equipment provided but installed by the home or business owner, or a behavioral measure savings. As part of this response, please provide an electronic version of the table below in Excel format with your response.

	[Measure Name]										
		Audit N	Measure Savings	(Savings @ Ger	nerator)						
Year		Per Customer		Total Annual							
1 cai	kWh	Winter kW	Summer kW	kWh	Winter kW	Summer kW					
	Reduction	Reduction	Reduction	Reduction	Reduction	Reduction					
2015											
2016											
2017											
2018											
2019											
2020											
2021											
2022											
2023	·										
2024	<u> </u>										

- 12. If the company's audit programs include behavioral savings, please describe the empirical basis for asserting such savings (i.e. double blind experiments, transfer of findings from other utilities, engineering guesses) and how they are monitored and verified.
- 13. Do any of the programs in the company's DSM Plan include savings associated with Compact Fluorescent Lightbulbs? If so, what baseline used?
- 14. Please identify each program in the company's DSM Plan that include measures with an estimated 2 year or less payback period, and which measures are included by program.

15. For each program that includes measures with an estimated 2 year or less payback period, please provide the amount of savings (kWh, Win kW, and Sum kW) associated with these measures for each program and for the entire DSM Plan. As part of this response, please provide an electronic version of the table below in Excel format with your response.

	[Program Name or DSM Plan Combined]							
	Program Savings from 2-Year Payback Measures (Savings @ Generator)							
Year	Per Customer			Total Annual				
	kWh	Winter kW	Summer kW	kWh	Winter kW	Summer kW		
	Reduction	Reduction	Reduction	Reduction	Reduction	Reduction		
2015								
2016								
2017								
2018								
2019								
2020								
2021								
2022				-				
2023				-				
2024	_							

16. Please describe the avoided unit used in the company's cost-effectiveness evaluations of the programs in its DSM Plan.

17. Please provide the annual avoided cost savings associated with each of the following four scenarios for a measure that reduces energy or demand by: 1000 kWh, 1 kW Summer Demand, 1 kW Winter Demand, or 1 kW Summer and Winter Demand. Please provide the savings through the longest time period used to evaluate the programs in your DSM Plan. As part of this response, please provide an electronic version of the table below in Excel format with your response.

	Savings by Measure Type							
Year	1000 kWh		1 kW Summer		1 kW Winter		1 kW Sum & Win	
	Nominal	Real	Nominal	Real	Nominal	Real	Nominal	Real
2015								
2016								
2017								
2018								
2019								
2020								
2021								
2022								
2023								
2024								

- 18. Please discuss the methodology used to estimate expected participation for each program proposed by the company.
- 19. Please compare the projected participation rates of continuing programs with the actual participation rates for the previous ten years (or less, depending upon the start date of the program).
- 20. Please discuss what measures the company has considered or implemented to reduce the level or growth of administrative costs of its demand-side management programs.

- 21. Please provide the following information regarding the Company's current and proposed Conservation Demonstration and Development program:
 - a. Provide any information/documentation regarding any planned areas of research under the proposed program.
 - b. Provide any information/documentation regarding how the Company plans to implement any proposed or future projects.
- 22. What projects are currently being evaluated under the Company's Conservation

 Demonstration and Development program? As part of your response, please provide the
 following: name and description of the project, initial startup date of the project, and
 year-to-date dollars spent on each project. Additionally, please provide whether or not the
 company believes said project(s) could result in a potential conservation program. If the
 company perceives a program(s) is imminent, please provide expected startup date.

Conservation Demonstration and Development				
Project Name	Description	Implementation Date	Expenditures	

- 23. What current programs has the company offered to its customers as a result of the Conservation Demonstration and Development program? In addition to the name of the program, please provide the description, startup date and year-to-date expenditures for each program.
- 24. Please provide the amount spent on Conservation Demonstration and Development programs for each of the past five years. Please provide the corresponding project name, implementation date, and dollar amount for each project.

25. Please complete the following chart using Excel format to illustrate the Company's expected projects in the Conservation Demonstration and Development.

Conservation Demonstration and Development – Project Name						
Year	Project Name	Description	Expected Expenditures			
2015						
2016						
2017						
2018						
2019						
2020						
2021						
2022						
2023						
2024						

26. The company's DSM Plan's summary tables do not include savings associated with the Solar Pilot Programs. Please provide an estimate of what those demand and energy savings would be for 2015.

Please file the original and five copies of the requested information by Monday, April 27, 2015, with Carlotta Stauffer, Commission Clerk, Office of Commission Clerk, 2540 Shumard Oak Boulevard, Tallahassee, Florida, 32399-0850. Please feel free to call me at (850) 413-6187 if you have any questions.

Sincerely,

s/ Leslie Ames
Leslie Ames
Attorney

LAA/dml

cc: Office of Commission Clerk