

STATE OF FLORIDA



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## Public Service Commission

April 8, 2015

Mr. Bradley Kushner  
[Kushnerb@bv.com](mailto:Kushnerb@bv.com)  
Black & Veatch  
11401 Lamar Avenue  
Overland Park, KS 66211

### STAFF'S FIRST DATA REQUEST

RE: Docket No. 150088-EG- Petition for approval of modifications to demand-side management plan by Orlando Utilities Commission.

Dear Mr. Kushner,

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

1. Please refer to Tables 1-1 and 1-2. The values presented therein do not appear to be a direct sum of the total annual demand and energy reductions of the respective measures contained in the residential or commercial/industrial portfolios. Please explain the variation.
2. In the company's DSM plan, on page 1-1, it states commercial winter peak demand falls short due to winter peak demand reductions associated with its commercial/industrial Customer Incentive, Indoor Lighting Rebate, and Indoor Lighting Billed Solution programs. It further states that these plans would increase the winter peak demand reductions; however, the demand and energy reductions associated with these programs

have not been quantified due to uncertainty about the proportion of demand and energy reductions that may be associated with current lighting standards.

- a. Please identify what OUC is using as a baseline for lighting.
  - b. If using the current standard, please identify what the savings would be from these programs.
  - c. With these additional savings, please explain whether OUC meets its winter demand goal for commercial/industrial.
3. 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				
<b>Total</b>				

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

4. 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									
<b>Total</b>									

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									
<b>Total</b>									

5. For each program that includes “Outside Services” costs in the Data Request No.4, please detail what those outside services include.
  
6. For each program that includes other costs in the data request above, please detail what those other costs include.
  
7. Please provide the estimated costs of each program’s incentive 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 Incentives (Nominal)			
Program Name	Incentives (Non-Recurring)	Incentives (Recurring)	Total
[Residential]			
Residential Subtotal			
[Comm/Industrial]			
Comm/Ind. Subtotal			
Common Expenses			
<b>Total</b>			

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

8. 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.

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

9. 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.

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

10. 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.

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

11. Please provide the actual and projected DSM Plan 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	DSM Plan Expenditures
2010	
2011	
2012	
2013	
2014	
2015	
2016	
2017	
2018	
2019	
2020	
2021	
2022	
2023	
2024	

12. Please provide the actual and projected monthly customer bill associated with the DSM Plan 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, in nominal dollars. As part of this response, please provide an electronic version of the table below in Excel format with your response.

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

13. 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]						
Year	Audit Measure Savings (Savings @ Generator)					
	Per Customer			Total Annual		
	kWh Reduction	Winter kW Reduction	Summer kW Reduction	kWh Reduction	Winter kW Reduction	Summer kW Reduction
2015						
2016						
2017						
2018						
2019						
2020						
2021						
2022						
2023						
2024						

14. 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.
  
15. Do any of the programs in the company’s DSM Plan include savings associated with Compact Fluorescent Lightbulbs? If so, please identify the baseline used.
  
16. 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.
  
17. 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.





Mr. Kushner

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20. Please discuss the methodology used to estimate expected participation for each program proposed by your company.
21. 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).
22. Please describe any energy saving measures or products given to customers by OUC through the Residential Energy Survey Program.
  - a. How did OUC estimate the energy savings for this program, as shown in the tables on pages 2-3 through 2-11? Please discuss each table separately.
23. How did OUC estimate the expected energy savings for its Commercial Energy Survey Program? Please discuss each table separately.
24. Please describe any efforts OUC currently undertakes or plans in the future to educate and assist low-income families with energy conservation.

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