

WESTMOUNT HEALTH FACILITY

A SKILLED NURSING HOME operated by Warren County

42 GURNEY LANE - QUEENSBURY, NY 12804
Phone: (518) 761-6540 Fax: (518) 761-6590

Barbara B. Taggart
Administrator

HEALTH SERVICE COMMITTEE AGENDA

1. Committee meeting called to order by chairman.
2. Motion to approve minutes of prior committee meeting.

Action Agenda

1. Request resolution for "client Acceptance of Annual Guaranteed Savings Report" regarding Siemens Building Technologies, Inc. Energy Performance Contract. Purpose of request: Year 6 Performance Assurance Report Acceptance Affidavit. William Casey (Performance Assurance Engineer) to provide year 6 Performance Assurance Report results. **Pages 1&2**
2. Request resolution to authorize payment to Siemens Industry, Inc. for emergency repair of switch gear located in electrical room of co-generation plant. Cost of repair \$2,153.97. Details: authorize payment to Siemens Industry, Inc. for emergency repair to switch gear located in electrical room caused when building was struck by lightning. **Pages 3,4,5**
3. Request resolution to increase daily room rate. Purpose of request, include details: Daily room rate increase from \$271.70 per day plus applicable six percent (6%) NYS Assessment Tax to \$284.52 per day plus applicable seven and two tenths percent (7.2%) NYS Assessment Tax for a total of \$305.00 per day effective January 1, 2012. **Page 6**
4. Request resolution to transfer funds out of code. Reasons for transfer requested.
 1. Interest expense for the Revenue Anticipation Note payment.
 2. Nursing Agency Services.
 3. Unbudgeted Sick Leave Incentive Funds.
 4. Various budget transfers. **Pages 7,8&9**

5. Request resolution for supplemental nurse agency contracts.

- a. Favorite Healthcare Staffing, Inc.
Charges for supplemental nursing.
Pages 10 & 11
- b. The Nurse Connection Staffing, Inc.
Charges for the supplemental nursing home
staffing.
Pages 12 & 13

These two nurse supplemental staffing agencies would provide nursing staff positions to Westmount in the event of an emergency or the policy and procedure for emergency staffing cannot meet nursing coverage needs. Yearly contract service charges will be at no cost to Westmount. The charges billed to Westmount pertain only to providing hourly agency staff coverage of RNs, LPNs and CNAs.

6. Request resolution for a new contract with Hudson Headwaters Health Network to provide the following agreements commencing 1/1/2012 to 12/31/2013 for all clinical services.

- 1. Hudson Headwater Health Network (Medical Director) 12 hours a month plus coverage when medical Director is away or ill.

2011	2012	2013
Combined Medical	\$6,600.00	\$6,742.00
Director Services		
Part time Physician		
service amount not		
to exceed \$28,000.		

- 2. Hudson Headwaters Health Network.
Part-time physician coverage(14 hours every other week)

2011	2012	2013
Combined Medical	\$27,227.00	\$28,644.00
Director Services		
Part-time Physician		
Services. Amount not		
To exceed \$28,000		

RESOLUTION REQUEST FORM NO. 20

MISCELLANEOUS

****Please List All Other Requests Not Covered by Previous Resolution Request Forms Here.
Please attach any backup information available and be as detailed as possible.***

DEPARTMENT NAME: WESTMOUNT HEALTH FACILTY

DATE: October 28, 2011

- (a) Purpose of Request: Year 6 Performance Assurance Report Acceptance Affidavit.

- (b) Details: Signature of document titled, "Client Acceptance of Annual Guaranteed Savings Report" regarding Siemens Building Technologies, Inc. energy performance contract.

- (c) Previous Resolution Number: Resolution No. 644 of 2010

**Client Acceptance of Annual Guaranteed Savings Report
Westmount Health Facility**

Relative to the energy performance contract Performance Assurance Update for Year 6 sent by Siemens Industry, Inc. on 7/29/2011, I acknowledge that I am an authorized representative of the Westmount Health Facility, and find that the Realized Annual Savings results for Performance Year 6 are acceptable as presented at \$257,952.

I understand that if the Westmount Health Facility disagrees with the results as presented, it must confirm this by detailing those concerns in writing to the assigned Siemens Performance Assurance Engineer within 45 days. In the event that the Westmount Health Facility does not respond to this correspondence by 9/13/2011, the Realized Annual Savings results will be deemed accepted as presented.

Authorized Client Signature

Authorized Individual's Name (Printed)

Title

Westmount Health Facility

Client Name

This affidavit was executed on the ____ day of _____, 2011

at _____, New York.

Sworn to before me this _____ day of _____, 2011

NOTARY PUBLIC

RESOLUTION REQUEST FORM NO. 20

MISCELLANEOUS

****Please List All Other Requests Not Covered by Previous Resolution Request Forms Here.
Please attach any backup information available and be as detailed as possible.***

DEPARTMENT NAME: WESTMOUNT HEALTH FACILITY

DATE: October 28, 2011

- (a) Purpose of Request: Authorize payment to Siemens Industry, Inc for emergency repair of switchgear located in electrical room of cogeneration plant. \$2,153.97

- (b) Details: Authorize payment to Siemens Industry, Inc. for emergency repair to switchgear located in Electrical Room caused when building was struck by lightning. \$ 2,153.97 EF.82200.6101.413 Westmount, Plant & Operations Maintenance, Repair & Maintain PS DA Bldg/Property.

- (c) Previous Resolution Number:

SIEMENS

Invoice

Cust PO No
5001542271

Cust PO Date

Quotation No

Invoice No
5442165698

Date
09/27/2011

Sales Order No
3800613282

Sales Ord Date
09/26/2011

Lock Box No
2134

Customer No
30101486

Page 1 of 3

Bill To:

COUNTY OF WARREN
42 GURNEY LN
QUEENSBURY NY 12804-8250

Sold To:

COUNTY OF WARREN
42 GURNEY LN
QUEENSBURY NY 12804-8250

Ship To:

COUNTY OF WARREN
42 GURNEY LN
QUEENSBURY NY 12804-8250

Remit check payments to:

SIEMENS INDUSTRY, INC.
C/O Citibank (Bldg Tech)
PO Box 2134
Carol Stream IL 60132-2134

Remit Incoming Wires To:

Citibank New York
111 Wall Street
New York, NY 10043 USA
ABA# 021000089 SWIFT Code: CITIUS33
Account# 30824211
Credit Siemens Industry Inc - Building Tech.
Bank Code 4433
Payment for Invoice # 5442165698

Remit Incoming ACH's To:

Citibank New York
111 Wall Street
New York, NY 10043 USA
ABA# 021000089
Account# 30824211
Credit Siemens Industry Inc - Building Tech.
Bank Code 4433
Payment for Invoice #5442165698

Delivery#:

Ship Date:

INCO Terms: Prepaid and Add
PLANT

Carrier/Route: Best Way

Line Item	Material Number/Description	U/M	Invoice Qty	Unit Price	Total Price
	Service Order Number: 5001542271				
100	A7F55000007 SPECIALIST LABOR ECCN: EAR99 Customer PO item #: 000100	HR	1.0	134.00	134.00
200	A7F55000008 SPECIALIST LABOR - OVERTIME ECCN: EAR99 Customer PO item #: 000200	HR	4.0	173.00	692.00
300	A7F55000055 VEHICLE CHARGE ECCN: EAR99 Customer PO item #: 000300	HR	5.0	5.00	25.00
400	A7F55000050 MATERIALS ECCN: EAR99 Customer PO item #: 000400	PC	1	1,302.97	1,302.97
	<p>Notes:</p> <p>CAUSE OF FAILURE: PLC FAULT IN switchgear</p>				

4

SIEMENS

Invoice

Cust PO No
5001542271

Cust PO Date

Quotation No

Invoice No
5442165698

Date
09/27/2011

Sales Order No
3800613282

Sales Ord Date
09/26/2011

Lock Box No
2134

Customer No
30101486

Page 2 of 3

Contact: Customer Service
Siemens Industry, Inc.
Syracuse Sales Office
6075 E. Molloy Rd.
Suite 4 Rodax Comm Park
Syracuse NY 13211
Phone: (315)437-2726
Fax: (315)437-9049

State Taxes

0.00

Total Wt.: 0 KG

Currency: USD

Invoice Total:

2,153.97

"We accept Visa, MasterCard, and American Express. Please contact your local office for details."

Payment Terms: Net Due 30 Days

Net Due By: 10/27/2011

"If this invoice, delivery note, or packing list represents an export transaction, then these commodities, technology or software (items) were exported from the United States in accordance with the Export Administration Regulations. In all cases, diversion contrary to U.S. law is prohibited. These items are not to be used, directly or indirectly, in prohibited nuclear, chemical/biological or missile weapons activities. This is to certify that the information on this invoice, delivery note, ASN or packing list is true and correct and that the contents of this shipment are as stated thereon."

"We hereby certify that these goods were produced in compliance with all the applicable requirements of Section 6, 7, and 12 of the Fair Labor Standards Act, as amended, and regulations and orders of the United States Department of Labor issued under Section 14, thereof."

For shipment to California, Displays exceeding 4" include the e-Waste recycle fee up to \$10 per item.

5

RESOLUTION REQUEST FORM NO. 20

MISCELLANEOUS

****Please List All Other Requests Not Covered by Previous Resolution Request Forms Here.
Please attach any backup information available and be as detailed as possible.***

DEPARTMENT NAME: WESTMOUNT HEALTH FACILITY

DATE: OCTOBER 28, 2011

- (a) Purpose of Request: Daily Room Rate Increase

- (b) Details: Daily room rate increase from 271.70 per day plus applicable six percent (6%) NYS Assessment Tax to 284.52 per day plus applicable seven and two tenths percent (7.2%) NYS Assessment Tax for a total of \$305.00 per day effective January 1, 2012, in addition, a daily room rate increase from 284.52 per day plus applicable seven and two tenths percent (7.2%) NYS Assessment Tax to 285.05 per day plus applicable seven (7%) NYS Assessment Tax for a total of \$305.00 per day effective April 1st, 2012, followed by a daily room rate increase from 285.05 per day plus applicable seven (7%) NYS Assessment Tax to 285.58 per day plus applicable six and eight tenths percent (6.8%) NYS Assessment Tax for a total of \$305.00 per day effective November 1st, 2012.

- (c) Previous Resolution Number: 645 of 2010

6

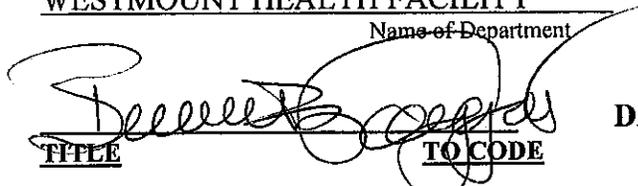
RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

TO: JOAN SADY, CLERK, WARREN COUNTY BOARD OF SUPERVISORS

FROM: WESTMOUNT HEALTH FACILITY

Name of Department

SIGNED: 

DATE: **October 28, 2011**

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
EF.60100.600 140	Westmount, Nursing Admin, Clerical & Other Admin Wages Salaries – Sick Leave Incentive	EF.60100.100 140	Westmount, Nursing Admin Management & Supervision, Salaries – Sick Leave Incentive	400.00
EF.82200.7500 414	Westmount, Plant & Operation Maintenance, Gasoline Gas – Natural	EF.60200.500 140	Westmount, Nursing-Nurses' Station, Aides, Orderlies, Assist Salaries – Sick Leave Incentive	400.00
EF.82100.700 140	Westmount, Dietary Services, FSH HK LL Maintenance Salaries – Sick Leave Incentive	EF.82100.200 140	Westmount, Dietary Services, Cooks & Social Worker Salaries – Sick Leave Incentive	800.00
EF.82200.7500 414	Westmount, Plant & Operation Maintenance, Gasoline Gas – Natural	EF.82400.100 140	Westmount, Housekeeping Services, Management and Supervision Salaries – Sick Leave Incentive	400.00
EF.82200.7500 414	Westmount, Plant & Operation Maintenance, Gasoline Gas – Natural	EF.82400.700 140	Westmount, Housekeeping Services, FSH HK LL Maintenance Salaries – Sick Leave Incentive	400.00
EF.82500.700 410	Westmount, Laundry & Linen Services, FSH HK LL Salaries – Sick Leave Incentive	EF.83110.600 140	Westmount, Fiscal Services Office, Clerical & Other Admin Wages Salaries – Sick Leave Incentive	200.00
EF.82200.7500 414	Westmount, Plant & Operation Maintenance, Gasoline Gas – Natural	EF.83110.600 140	Westmount, Fiscal Services Office, Clerical & Other Admin Wages Salaries – Sick Leave Incentive	600.00
EF.82200.7500 414	Westmount, Plant & Operation Maintenance, Gasoline Gas – Natural	EF.83500.100 140	Westmount, Administrative Services, Management & Supervision, Salaries - Sick Leave Incentive	400.00

Please state reason for transfers requested: **Unbudgeted Sick Leave Incentive funds**

7

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

TO: JOAN SADY, CLERK, WARREN COUNTY BOARD OF SUPERVISORS

FROM: WESTMOUNT HEALTH FACILITY
Name of Department

SIGNED: _____

DATE: October 28, 2011

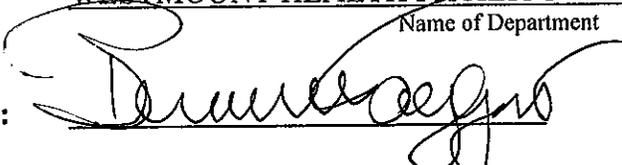
<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
EF.72600.2700 435	Westmount, Activities Program, Physician Fee, Medical Fees	EF.60200.5803 260	Westmount, Nursing-Nurses' Station Other Equipment	35.00
EF.73300.5906 410	Westmount, Physical Therapy, Supplies	EF.73300.5803 260	Westmount, Physical Therapy, Other Equipment	100.00
EF.82500.5906 410	Westmount, Laundry & Linen Services, Supplies	EF.82400.5906 410	Westmount, Housekeeping Services, Supplies	1,286.00
EF.82500.6300 422	Westmount, Laundry & Linen Services, Repair & Maintain Equipment	EF.82400.5906 410	Westmount, Housekeeping Services Supplies	908.00
EF.60100.9101 436	Westmount, Nursing Administration Other Direct Costs, Advertising	EF.73800.2900 437	Westmount, Social Services, Consulting Services, Consulting fees	300.00
EF.60100.9101 436	Westmount, Nursing Administration Other Direct Costs, Advertising	EF.73800.8500 444	Westmount, Social Services, Consulting Services, Consulting fees	500.00
EF.60100.8800 444	Westmount, Nursing Administration Travel, Education, Conference	EF.72000.3700 439	Westmount, Nursing-Central Medical Supply, Other Fees/Criminal Bkgnd ck	459.00
EF.82200.6822 470	Westmount, Plant Operations, Maint Contracted Services	EF.60200.3810 469	Westmount, Nursing-Nurses' Station Other Payments Disposal Linens,	3,000.00
EF.72700.4500 435	Westmount, Pharmacy, Medicine Cabinet Drugs, Medical Fees	EF.60200.3810 469	Westmount, Nursing-Nurses' Station Other Payments Disposal Linens,	6,000.00
EF.82200.7500 414	Westmount, Plant Operations, Maint Gasoline, Natural Gas	EF.73300.6802 470	Westmount, Physical Therapy, Contracted Services	8,374.00
EF.82200.7500 414	Westmount, Plant Operations, Maint Gasoline, Natural Gas	EF.73400.6802 470	Westmount, Occupational Therapy, Contracted Services	7,200.00
EF.82200.7500 414	Westmount, Plant Operations, Maint Gasoline, Natural Gas	EF.73500.6802 470	Westmount, Speech Therapy, Contracted Services	1,284.00
EF.83500.6822 470	Westmount, Administrative Services, Contracted Services	EF.60200.5906 410	Westmount, Nursing-Nurses' Station, Supplies	2,500.00
EF.83500.6822 470	Westmount, Administrative Services, Contracted Services	EF.82100.5906 410	Westmount, Dietary Service, Supplies	2,500.00

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

TO: JOAN SADY, CLERK, WARREN COUNTY BOARD OF SUPERVISORS

FROM: WESTMOUNT HEALTH FACILITY
Name of Department

SIGNED: 

DATE: October 28, 2011

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
EF.60100.600 110	Westmount, Nursing Admin-Clerical & Other Admin Wages, Salaries - Regular	EF.60100.600 130	Westmount, Nursing Admin-Clerical & Other Admin Wages, Salaries - Part-time	4,000.00
EF.60200.500 110	Westmount, Nursing-Nurses' Station, Aides, Salaries- Regular	EF.60200.100 130	Westmount, Nursing-Nurses' Station Mgmt & Supervision, Salaries - PT	10,000.00
EF.60200.500 110	Westmount, Nursing-Nurses' Station, Aides, Salaries- Regular	EF.82100.200 120	Westmount, Dietary Services, Cooks, Salaries - Overtime	1,000.00
EF.60200.500 110	Westmount, Nursing-Nurses' Station, Aides, Salaries- Regular	EF.60200.6801 470	Westmount, Nursing-Nurses' Station Contracted	2,000.00
EF.60200.400 110	Westmount, Nursing-Nurses' Station, LPN, Salaries- Regular	EF.60200.6801 470	Westmount, Nursing-Nurses' Station Contracted	20,000.00
EF.60200.300 110	Westmount, Nursing-Nurses' Station, RN, Salaries- Regular	EF.60200.6801 470	Westmount, Nursing-Nurses' Station Contracted	18,000.00
EF.83100.8302 469	Westmount, Fiscal Services Payment & Contribution-Other Pymt & Contributions	EF.83500.8200 710	Westmount, Admin Services Interest Expense	13,600.00
EF.60200.400 850	Westmount, Nursing-Nurses' Station LPN, Unemployment Insurance	EF.73300.500 860	Westmount, Physical Therapy, Aides, Hospitalization	4,000.00
EF.60200.400 850	Westmount, Nursing-Nurses' Station LPN, Unemployment Insurance	EF.73800.200 860	Westmount, Social Services, Social Worker, Hospitalization	2,700.00
EF.60200.400 850	Westmount, Nursing-Nurses' Station LPN, Unemployment Insurance	EF.82100.700 860	Westmount, Dietary Service, FSH, Hospitalization	6,000.00
EF.60200.400 850	Westmount, Nursing-Nurses' Station LPN, Unemployment Insurance	EF.82200.700 860	Westmount, Plant & Operations, Maintenance, Hospitalization	4,000.00
EF.74100.2700 470	Westmount, Medical Staff Service, Physican Fees, Contract	EF.82100.5000 445	Westmount, Dietary Service, Food	10,987.00
EF.83500.9105 469	Westmount, Administrative Services, Other Payments/Contributions	EF.82100.5000 445	Westmount, Dietary Service, Food	25,000.00

Please state reason for transfers requested: Interest expense for RAN payment, Nursing Agency Fees, Hospitalizations.

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Westmount Health Facility

DATE: October 28, 2011

- (a) Is this a Result of a Bid or Request for Proposal? No

- (b) Purpose of Contract: Nursing Coverage in event of emergency

- (c) Name of Contractor: Favorite Healthcare Staffing, Inc.

- (d) Address of Contractor: 21 Aviation Road, Albany, NY 12205

- (e) Contractor's Contact Person and Telephone Number: Jennifer Palermo, BA, BS,
518 435-9270

- (f) Has or will the Contract be provided, if so, please attach: Yes

- (g) Commencement Date of Contract: Authorization of Contract

- (h) Termination Date of Contract: Upon 30 days notice

- (i) Payment Provisions:
 - i) lump sum amount
 - ii) hourly rate amount Per Fee Schedule
 - iii) total amount not to exceed
 - iv) how will payments be made (i.e. monthly, quarterly,
upon completion of the project, etc.

- (j) Where are the Funds for this Contract? List Budget Code, (with title), Object
Code (with title), and Amount: **OR** Capital Project **OR** Capital Reserve Project
Number, and Title, and Amount: EF.60200.6801 470 Westmount, Nursing-
Nurses' Station, Contracted Services. \$1,000.00



10/27/2011

EXHIBIT B – PER DIEM - FOR SUPPLEMENTAL STAFFING AGREEMENT DATED 10/27/2011

Westmount Health Facility
 Barbara Taggart, Administrator
 42 Gurney Lane
 Queensbury, NY 12804

Effective 10/29/2011 the following hourly billing rates will take effect for Westmount Health Facility. Rates are subject to change with a written notice.

Classification	Area	Weekday			Weekend		
		7-3	3-11	11-7	7-3	3-11	11-7
RN	Med/Surg	44.00	44.00	45.00	46.00	46.00	46.00
RN	Med/Surg Charge	49.00	49.00	50.00	51.00	51.00	51.00
LPN	Med/Surg	36.00	37.00	38.00	40.00	40.00	40.00
CNA	Med/Surg	24.00	25.00	26.00	26.00	26.00	26.00

Work week begins Monday at 7:00 AM

Please note that the weekend rates will begin Friday at 3:00 PM and end Monday at 6:59 AM.

The following holidays will be charged at 1.5 times regular rate:

HOLIDAY	SHIFTS
New Year's Day; Martin Luther King Day; Washington's Birthday Day; Memorial Day; July 4th; Labor Day; Columbus Day; Veteran's Day; Thanksgiving Day; Christmas Day	7-3, 3-11, 11-7

The above rates include all payroll expenses, taxes, liability insurance, worker's compensation and bonding.

Minimum billing rate once supplemental personnel have started to work is 4 hours.

Overtime rates will apply as indicated by local labor statute.

Overtime		
Over _____ Hours	Day/Week/Bi-Weekly	Bill at _____ of the Regular Hourly Rate
40.00	Week	1.50

Favorite will provide up to 8 hours of orientation per THP at no cost to Client.

Please review our Standard Terms and Conditions of Service and Standard Hiring Practices at www.favoritestaffing.com as they may change from time to time.

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Westmount Health Facility

DATE: October 28, 2011

- (a) Is this a Result of a Bid or Request for Proposal? No
- (b) Purpose of Contract: Nursing Coverage in event of emergency
- (c) Name of Contractor: Nurse Connection Staffing, Inc.
- (d) Address of Contractor: 11 Computer Drive West, Albany, NY 12205
- (e) Contractor's Contact Person and Telephone Number: Armon Benny, 518 459-6612
- (f) Has or will the Contract be provided, if so, please attach: Yes
- (g) Commencement Date of Contract: Authorization of Contract
- (h) Termination Date of Contract: Upon 30 days notice
- (i) Payment Provisions: i) lump sum amount
ii) hourly rate amount Per Fee Schedule
iii) total amount not to exceed
iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc.
- (j) Where are the Funds for this Contract? List Budget Code, (with title), Object Code (with title), and Amount: OR Capital Project OR Capital Reserve Project Number, and Title, and Amount: EF.60200.6801 470 Westmount, Nursing-Nurses' Station, Contracted Services. \$1,000.00

HOURLY RATE SCHEDULE

		<u>WEEKDAY</u>	<u>WEEKEND</u>
Registered Nurse (RN)			
-	7:00 a.m. – 3:00 p.m.	\$44.00	\$48.00
-	3:00 p.m. – 11:00 p.m.	\$44.00	\$48.00
-	11:00 p.m. – 7:00 a.m.	\$44.00	\$48.00
RN Supervisor	all shifts	\$48.00	\$52.00
Licensed Practical Nurse (LPN)			
-	7:00 a.m. - 3:00 p.m.	\$37.50	\$41.50
-	3:00 p.m. – 11:00 p.m.	\$37.50	\$41.50
-	11:00 p.m. - 7:00 a.m.	\$37.50	\$41.50
Certified Nurse Aide (CNA)			
-	7:00 a.m. - 3:00 p.m.	\$24.00	\$26.00
-	3:00 p.m. – 11:00 p.m.	\$24.00	\$26.00
-	11:00 p.m. – 7:00 a.m.	\$24.00	\$26.00

Time and one half will be charged for the following holidays: New Year's Day, Easter, Memorial Day, July 4th, Labor Day, Thanksgiving Day, Christmas Eve, Christmas Day, New York's Eve.

Holiday rate begins 11-7 the night before through and including 3-11 the day of. Exceptions are Christmas and New Year's Day; 3-11 on the eve through and including 3-11 the day of.

Rates are subject to change.

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: WESTMOUNT HEALTH FACILITY

DATE: October 28, 2011

- (a) Is this a Result of a Bid or Request for Proposal? No

- (b) Purpose of Contract: To provide Part-time Physician Coverage (14 hours every week) 2012-\$27,227.00 2013-\$28,044.00, Medical Directorship (12 hours a month & coverage) 2012-\$6,620.00 2013-6,742.00, By-Weekly Clinician coverage 2012&2013-\$30.00 hour, New Employee Physicals 2012/2013 \$95.00.

- (c) Name of Contractor: Hudson Headwaters Health Network

- (d) Address of Contractor: PO Box 357, One Broad Street, Glens Falls, NY 12801

- (e) Contractor's Contact Person and Telephone Number: Dr. Daniel C. Larson
518 761-0300

- (f) Has or will the Contract be provided, if so, please attach: Yes

- (g) Commencement Date of Contract: January 1, 2012

- (h) Termination Date of Contract: December 31, 2013.

- (i) Payment Provisions:
 - i) lump sum amount
 - ii) hourly rate amount
 - iii) total amount not to exceed
 - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc. monthly

- (j) Where are the Funds for this Contract? List Budget Code, (with title), Object Code (with title), and Amount: OR Capital Project OR Capital Reserve Project Number, and Title, and Amount: EF.60200.2700 470 Nursing- Nurses' Station, Physician Fee's, Contracted Service \$46,000.00 EF.60200.4900 470 Nursing-Nurses' Station, Medical Fees, Contracted \$8,000.00.

WARREN COUNTY TWO YEAR BUDGET COMPARISON
REVENUE AND EXPENDITURES FOR 2011 AS OF 10/26/2011 3:46:49 PM

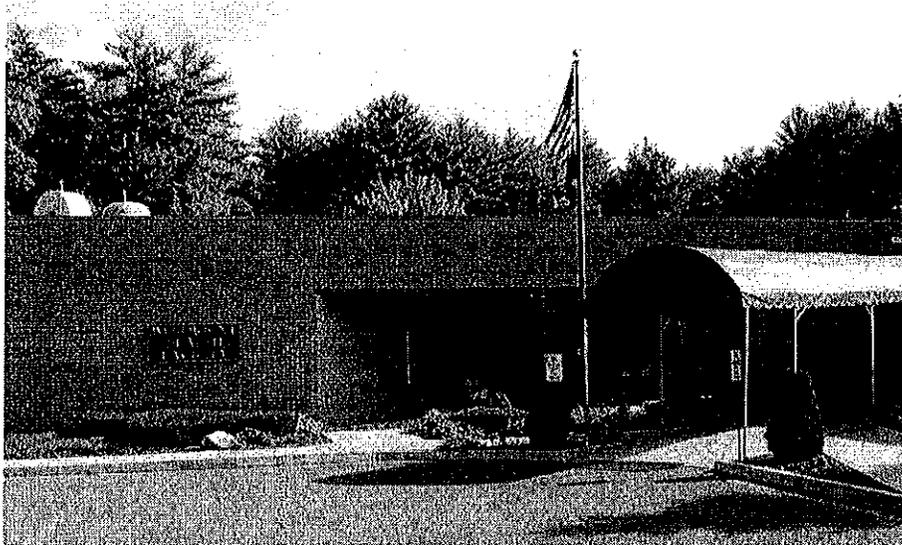
EXPENSES	YTD ACTUAL	YTD ACTUAL	YTD 11/10	% CHANGE	ANNUALIZED	2011 AMENDED	2010 AMENDED
	THRU October 2011	THRU October 2010			2011 EXPENSE	BUDGET	BUDGET
Salaries - Regular	\$2,184,713.67	\$2,316,593.64	(\$131,879.97)	-6.04%	\$2,840,127.77	\$3,069,882.92	\$3,036,948.52
Salaries - Overtime	\$228,494.61	\$188,950.91	\$39,543.70	17.31%	\$297,042.99	\$302,719.12	\$264,733.62
Salaries - Part Time	\$397,449.20	\$357,696.20	\$39,753.00	10.00%	\$516,683.96	\$506,497.42	\$512,044.32
	\$2,810,657.48	\$2,863,240.75	(\$52,583.27)	-1.87%	\$3,653,854.72	\$3,879,099.46	\$3,813,726.46

15

SIEMENS

ENERGY PERFORMANCE CONTRACT PERFORMANCE ASSURANCE REPORT

**Westmount Health Facility
Queensbury, New York**



**Report Period:
Performance Year 6: June 2010 - May 2011**

Siemens Industry Inc.

Latham, NY

PERFORMANCE SOLUTIONS AGREEMENT OVERVIEW

Client:	Westmount Health Facility
Contacts:	Barbara Taggart, Administrator Betsy Henkel, Controller Skip Bessaw, Maintenance Supervisor
Contract Date:	July 7, 2004
Performance Period:	June 2005 – May 2020
Contract Term Length:	15 Years
Contract Base Year:	January 2003 – December 2003
Performance Assurance Engineer:	William P. Casey
Service Specialist:	Bob St. John

Table of Contents

1. Executive Summary	4
2. Performance Assurance Overview	5
2.1. Measurement and Verification Methods	5
2.2. Guaranteed Savings	5
2.3. Baseline Data	6
2.4. Utility Rate Structures and Escalation Rates	6
3. Performance Assurance Results.....	7
3.1. Summary of Guaranteed and Verified Energy Savings	8
3.2. Option B Savings.....	8
3.3. Option D Savings	11
4. Appendices	13
4.1. Historical Performance Year Details	13

1. Executive Summary

Your energy performance contract with Siemens guaranteed \$205,283 in annual savings for performance year six. Verified savings for the year were \$257,952, consisting of \$136,593 in energy savings and \$121,360 in stipulated operational savings. These annual verified savings exceeded the guaranteed savings by \$52,670. Through the end of the sixth annual period, work completed as part of this agreement provided Westmount Health Facility with an accumulated total verified savings of \$1,353,188. This accumulated verified savings exceeds the total guaranteed savings of \$1,158,991 by \$194,197.

Table 1. Summary of guaranteed and realized savings for each performance period and for all completed performance periods combined.

Contract Year	Total Guaranteed Savings	CHP				CHP Operating Cost (\$)	Total CHP Savings (\$)	Stipulated Savings	Total Verified Savings	Excess/Shortfall Savings
		Electric Production (\$)	CHP Heat Recovery (\$)	Thermal Adjustment						
1	\$181,440	\$215,674	\$47,275	(\$8,628)	(\$157,439)	\$96,882	\$100,666	\$197,548	\$16,108	
2	\$185,976	\$218,938	\$46,379	(\$8,843)	(\$168,994)	\$87,480	\$122,079	\$209,558	\$23,582	
3	\$190,625	\$225,707	\$55,753	(\$9,064)	(\$171,185)	\$101,210	\$124,715	\$225,925	\$35,299	
4	\$195,391	\$228,544	\$53,969	(\$9,291)	(\$172,738)	\$100,484	\$112,813	\$213,297	\$17,806	
5	\$200,276	\$230,335	\$61,853	(\$9,523)	(\$143,630)	\$139,034	\$109,873	\$248,907	\$48,631	
6	\$205,283	\$232,630	\$36,008	(\$9,761)	(\$122,284)	\$136,593	\$121,360	\$257,952	\$52,670	
Total	\$1,158,991	\$1,351,828	\$301,237	(\$55,111)	(\$936,271)	\$661,683	\$691,505	\$1,353,188	\$194,197	

2. Performance Assurance Overview

2.1. Measurement and Verification Methods

Realized savings were calculated using the methodology described in Exhibit C of the energy performance contract between Warren County Municipal Center and Siemens. There are four guarantee options to measure and verify savings: Option A - Measured Capacity, Option B - Measured Consumption, Option C - Main Meter Comparison, and Option D - Stipulated.

Option A - Measured Capacity. This approach is intended for Facility Improvement Measures where a one-time measurement for specific equipment or systems instantaneous baseline energy use, and a one-time measurement for specific equipment or systems instantaneous post-implementation (Post) energy use can be measured. Baseline and Post energy consumption is calculated by multiplying the measured end use instantaneous capacity (i.e. – kW, Gal/hr, BTU/hr) by stipulated hours of operation for each mode of operation (i.e. – hours, week, month). The calculations for energy consumption will be defined in the Measurement and Verification article of this Exhibit C. The work sequence required for data collection, evaluation, and reporting will be defined in the Measurement and Verification article of this Exhibit A.

Option B - Measured Consumption. This approach is intended for Facility Improvement Measures where continuous periodic measurements for specific equipment or systems baseline energy use, and continuous periodic measurements for that equipment or systems post-implementation (Post) energy use can be measured. The calculations for energy consumption will be defined in the Measurement and Verification article of this Exhibit C. Periodic inspections and consumption measurements of the equipment or systems will be necessary to verify the on-going efficient operation of the equipment and saving attainment. The predetermined schedule for data collection, evaluation, and reporting will be defined in the Performance Assurance Technical Support Program article of this Exhibit A.

Option C - Main Meter Comparison. This approach is intended for measurements of the whole-facility or specific meter baseline energy use, and measurements of whole-facility or specific meter post-implementation (Post) energy use can be measured. The methodology to establish baseline and Post parameter identification, modeling approach and baseline or model adjustments will be defined in the Measurement and Verification article of this Exhibit C. Periodic inspections of baseline energy usage, operating practices, and facility and equipment, and meter measurements of the will be necessary to verify the on-going efficient operation of the equipment, systems, practices and facility, and saving attainment. The predetermined schedule for data collection, evaluation, and reporting will be defined in the Performance Assurance Technical Support Program article of this Exhibit A.

Option D - Stipulated. This approach is intended for Facility Improvement Measures where the end use capacity or operational efficiency; demand, energy consumption or power level; or manufacturer's measurements, industry standard efficiencies or operating hours are known in advance, and used in a calculation or analysis method that will stipulate the outcome. Both CLIENT and SIEMENS agree to the stipulated inputs and outcome(s) of the analysis methodology. Based on the established analytical methodology the savings stipulated will be achieved upon completion of the Facility Improvement Measures Work and that no further measurements or calculations will need to be performed. The methodology and calculations to establish savings value will be defined in the Measurement and Verification article of this Exhibit C.

2.2. Guaranteed Savings

Table 2. Total Guaranteed Energy Savings (Units)

	Electric Energy Saved (kWh)	Electric Power Saved (kW)	Natural Gas Saved (Therms)
Annual Quantity	1,626,420	4,093	-165,987

Table 3. Year 1 Total Guaranteed Energy Savings (Dollars).

	Energy/Utility Savings	Laundry Operational Savings	Total
Annual Quantity	\$139,859	\$41,581	\$181,440

Table 4. – Energy and Operational Savings Details by Guarantee Type

FIM	Energy or Utility Saving \$					Operational Savings \$		
	Guarantee Type Options					Guarantee Types		
	A Measured Capacity	B Measured Consumption	C Main Meter Comparison	D Stipulated	Total	B Measured	D Stipulated	Total
1 - Cogen		\$104,612			\$104,612			
2 - Chiller				\$ 10,145	\$ 10,145			
3 - Laundry							\$ 41,581	\$ 41,581
4 - Controls				\$ 23,167	\$ 23,167			
5 - Kitchen				\$ 1,935	\$ 1,935			
Total	\$ 0	\$104,612		\$ 35,247	\$139,859		\$ 41,581	\$ 41,581

2.3. Baseline Data

Table 5.1 – Baseline Utility Consumption

	Units	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Electric	kWh	113,660	146,400	130,660	112,620	117,940	173,820	162,360	175,480	87,800	115,020	136,460	154,020
Electric	kW	311	329	294	270	328	399	396	430	359	321	313	344
N. Gas	Therm	8,899	9,932	6,309	6,349	3,614	1,373	554	1,143	1,169	4,863	8,957	12,425

Natural Gas for Health Facility Only

2.4. Utility Rate Structures and Escalation Rates

Table 5 identifies the electric rate structure in effect during the baseline period and the natural gas and electric per-unit costs used to determine the savings for this contract. Table 5 also identifies the escalation factor applied to the baseline period energy costs.

The electric costs used for energy (kWh) and power (kW) savings calculations will be based on these costs and shall be adjusted annually by the corresponding contract year effective escalation factor noted in Table 6.

The natural gas utility costs used for savings calculations will be based on the utility rate in effect for the predominant bill or the cost per-unit identified in Table 5 whichever is less. The baseline period costs shall be adjusted annually by the corresponding contract year effective escalation rate noted in Table 6.

Table 5.

Utility	Utility Base Contract Rates	
kWh Rate:	\$ 0.0853	\$ Per kWh
kW Rate:	\$ 14.97	\$ Per kW
Natural Gas Rate:	\$ 0.65	\$ Per Therm
Energy Escalation Factor:	2.5	% Per Annual Period
Operational Escalation Factor:	2.5	% Per Annual Period

Table 6.

Contract Year	Effective Energy Escalation Factor	Effective Operational Escalation Factor
1	1.025	1.025
2	1.051	1.051
3	1.077	1.077
4	1.104	1.104
5	1.131	1.131
6	1.160	1.160
7	1.189	1.189
8	1.218	1.218
9	1.249	1.249
10	1.280	1.280
11	1.312	1.312
12	1.345	1.345
13	1.379	1.379
14	1.413	1.413
15	1.448	1.448

3. Performance Assurance Results

3.1. Summary of Guaranteed and Verified Energy Savings

Table 7. Savings summary for current performance year.

Energy	1,633,303	\$	0.099	\$	161,569
Demand	4,093	\$	17.36	\$	71,060
Thermal	52,798		0.682	\$	36,008
Thermal Adjustment:					(\$9,761)
Cogen Operating Cost			0.682	\$	(122,284)
				Subtotal	\$ 136,593
Operational Savings:				Laundry	\$ 48,221
				Avoided Laundry Costs	\$ 32,263
Stipulated Savings:				Chiller	\$ 11,765
				Controls	\$ 26,867
				Kitchen	\$ 2,244
				Subtotal	\$ 121,360
TOTAL CONTRACT SAVINGS					\$ 257,952
GUARANTEED SAVINGS					\$205,283
EXCESS SAVINGS					\$ 52,670

3.2. Option B Savings

Off-Grid Electric Cogeneration

Off-grid cogeneration equipment was installed to satisfy the current electric energy requirements for the Westmount Health Facility and the Social Services Annex. The equipment shall be fueled with natural gas provided by the local utility company. Monthly and annual totals for electricity production and natural gas usage for the current performance year are shown in Table 8.

As per contract, actual electric consumption and demand were adjusted to reflect baseline consumption levels established in the the performance contract because consumption dropped significantly as a result of the County's demolition of the Social Services (Annex) Building beginning in June 2010. These adjusted consumption levels were used to calculate contractual savings in Table 8; however, based on a request from Warren County, Siemens has determined the amount of benefit that has been lost as a result of this demolition is 503,000 kWh and 1,650 kW annually.

Heat Recovery to Offset Domestic Water & Space Heating Requirements

The installation of the cogeneration equipment enables capture of waste energy that is utilized for domestic water and space heating purposes at the nursing home facility. Dollar savings are derived from a reduction in natural gas consumption. Baseline non-cogeneration gas usage, post-construction non-cogeneration gas usage, and avoided natural gas usage (calculated heat recovery therms) are shown in Table 8.

Westmount Health Facility, Warren County, NY
Performance Assurance Report, Year 6

Table 8. Summary of electric and heat recovery savings associated with natural gas powered cogeneration.

Max: 430	399	396	430	321	313	344	311	329	294	270	328	Totals
Baseline kW	173,820	162,360	175,480	87,800	115,020	154,020	113,660	146,400	130,660	112,620	117,940	4,093
Baseline kWh												1,626,240
Max: 277	277	264	230	201	171	178	167	164	172	168	213	Totals
Peak 15-min kW	101,996	114,150	104,234	92,435	84,295	87,630	88,850	77,451	86,741	84,859	88,191	1,093,795
Health Facility kWh:	97%	96%	96%	97%	97%	96%	98%	98%	98%	99%	99%	97%
Other Buildings kWh:	3,619	4,667	3,967	2,429	1,859	3,224	1,848	3,224	1,848	886	676	29,445
	3%	4%	4%	3%	3%	4%	4%	2%	1%	1%	1%	3%
TOTAL Actual kWh Generated	105,615	118,817	108,201	94,863	84,818	90,829	92,074	79,299	87,827	85,535	88,867	1,123,241
	399	396	430	321	313	344	311	329	294	270	328	Totals
kW	173,820	162,360	175,480	87,800	115,020	154,020	113,660	146,400	130,660	112,620	117,940	4,093
kWh												1,633,303
Delta kW	-122	-132	-200	-120	-142	-166	-143	-165	-122	-102	-115	-1,650
Delta kWh	-68,205	-43,543	-67,279	-7,063	-30,202	-49,865	-63,091	-67,101	-43,033	-27,083	-29,073	-909,000
Baseline Non-Cogeneration Therms	1,373	554	1,143	1,169	4,863	12,425	8,899	9,932	6,309	6,349	3,614	65,587
Actual Non-Cogeneration Therms	809	841	770	798	1,253	4,654	5,104	3,724	1,801	871	747	23,181
Calculated Heat Recovery Therms	3,872	2,574	2,148	3,124	5,364	4,965	5,407	5,131	5,946	5,035	3,597	52,798
Baseline Power Therms	19,168	17,904	19,351	9,682	12,684	15,048	16,984	12,534	14,408	12,419	13,006	179,333
Actual Power Therms	18,128	20,073	19,508	17,055	15,231	12,325	13,456	13,064	11,648	12,315	13,796	179,302
Delta	1,040	-2,169	-157	-7,373	-2,547	2,723	3,528	-530	4,496	1,645	-730	-31
Baseline Power Therms Cost	\$ 13,073	\$ 12,211	\$ 13,197	\$ 6,603	\$ 8,650	\$ 10,263	\$ 11,593	\$ 8,548	\$ 11,010	\$ 9,827	\$ 8,470	\$ 122,305
Contract Power Therms Cost	\$ 12,363	\$ 13,680	\$ 13,304	\$ 11,652	\$ 10,388	\$ 8,406	\$ 9,177	\$ 8,910	\$ 7,944	\$ 8,704	\$ 8,369	\$ 122,284
Delta	\$ 709	\$ (1,479)	\$ (107)	\$ (5,028)	\$ (1,737)	\$ 1,857	\$ 2,406	\$ (362)	\$ 3,066	\$ 1,122	\$ 71	\$ 21
Baseline \$ / kWh	\$ 0.075	\$ 0.075	\$ 0.075	\$ 0.075	\$ 0.075	\$ 0.075	\$ 0.075	\$ 0.075	\$ 0.075	\$ 0.075	\$ 0.075	\$ 0.075
Actual \$ / kWh	\$ 0.117	\$ 0.115	\$ 0.123	\$ 0.123	\$ 0.122	\$ 0.097	\$ 0.101	\$ 0.097	\$ 0.100	\$ 0.095	\$ 0.098	\$ 0.105

3.3. Option D Savings

Stipulated savings were derived from the installation of a new chiller with improved part-load capability; an upgrade of the energy management system to improve equipment scheduling and control; the installation of more energy efficient kitchen equipment; and operational savings by avoiding the cost of outsourcing laundry via the construction of an onsite laundry facility. A summary of stipulated savings for the current performance year are shown below in Table 9.

Table 9. Contract stipulated savings for the current performance period.

Facility Improvement Measure	Energy Savings
New Chiller	\$11,478
Energy Management Controls	\$26,211
Kitchen Equipment	\$2,189
Subtotal	\$38,906
Laundry Facility Operational Savings	\$69,994
TOTAL STIPULATED SAVINGS	\$109,873

New Chiller

An engineering analysis of the existing electric chiller as compared to a new electric chiller with greater part-load capabilities was completed for this project. This analysis included the installation of a new closed-loop cooling tower and was based on standard engineering calculations, manufacturer's data, modeling profiles, utility data, and normalized weather data.

Energy Management Controls

Selected existing pneumatic controls were replaced with direct digital controls (DDC) for selected equipment. The existing boilers, pumps, chiller, cooling tower, and air-handlers were converted to DDC. All DDC controlled equipment was tied into a network controller accessed through a computer front-end.

Kitchen Equipment Upgrade

The existing electric domestic hot water booster heater was replaced with a natural gas domestic hot water heater. Prior to the retrofit, the dishwasher booster heater electric usage was analyzed to determine energy consumption and electrical power demanded. The resulting data was compiled and entered into the booster heater analysis presented in the detailed energy audit.

Operational Savings from Avoided Laundry Costs

The baseline for estimating avoided laundry costs is Westmount Health Facility's historic five-year average cleaned and dried weight and cost of outsourced laundry. Annual avoided laundry costs were adjusted based on the actual annual increase in cleaned and dried pounds of laundry processed by the facility relative to this historic baseline. Adjusted avoided laundry costs were calculated for each performance period based on this annual increase in processed laundry as an input to the original engineering model.

Table 10. Adjusted avoided laundry costs by performance period.

Contract Year	Westmount Laundry (dry-weight lbs)	Countryside Laundry (dry-weight lbs)	Total (dry-weight lbs)	Total Outsource Cost (\$)	Total In-House Cost (\$)	Total In-House Laundry Savings (\$)
Baseline	179,002		179,002	\$75,539		
1	228,607	24,992	253,599	\$109,663	\$55,405	\$54,258
2	265,824	68,338	334,162	\$148,113	\$63,065	\$85,048
3	248,642	82,350	330,992	\$150,376	\$63,618	\$86,758
4	228,407	60,200	288,607	\$134,397	\$60,490	\$73,907
5	223,846	35,976	259,821	\$124,017	\$54,023	\$69,994
6	230,426	35,581	266,007	\$130,144	\$49,660	\$80,484

4. Appendices

4.1. Historical Performance Year Details

Warren County - Westmount Health Facility Revised Year 1 Analysis

Summary of electric and heat recovery savings associated with natural gas powered cogeneration.

	399	396	430	321	313	344	311	329	294	270	Totals
Max: 430											
Baseline kW	399	396	430	321	313	344	311	329	294	270	328
Baseline kWh	173,820	162,360	175,480	87,800	115,020	136,460	154,020	145,400	130,660	112,620	1,626,240
Max: 372											
Peak 15-min kW	364	345	326	321	271	345	372	337	295	255	238
Health Facility kWh	126,058	105,057	106,552	80,271	87,582	88,110	88,750	84,344	83,348	90,374	91,637
Annex kWh	38,377	48,463	38,586	35,551	34,955	53,237	56,518	50,675	49,146	30,589	32,148
TOTAL Actual kWh Generated	164,435	153,530	145,238	117,101	122,536	141,347	145,268	135,018	142,493	120,963	1,649,331
Max: 430											
Baseline kW	399	396	430	321	313	345	372	337	295	270	328
Baseline kWh	173,820	162,360	175,480	87,800	115,020	136,460	154,020	145,400	130,660	112,620	1,626,240
Delta kW	-35	-51	-104	-38	-42	1	61	8	1	-15	-30
Delta kWh	-9,830	-30,242	-49,876	2,081	-13,924	-12,673	31,608	-11,382	8,283	5,846	23,081
Baseline Non-Cogeneration Therms	1,373	554	1,143	4,853	8,957	12,425	8,959	9,932	6,349	3,614	65,587
Actual Non-Cogeneration Therms	484	595	569	513	740	839	958	927	855	950	653
Calculated Heat Recovery Therms											
Baseline Power Therms	19,168	17,904	19,351	9,682	15,048	16,884	16,144	14,408	12,419	13,006	179,333
Actual Power Therms	20,051	21,705	20,967	16,773	13,752	18,388	21,871	20,289	21,538	19,161	19,260
Delta	-913	-3,801	-1,616	-7,091	-3,340	-4,987	-9,847	-4,145	-7,150	-6,742	-56,973
Baseline Power Therms Cost \$	12,771	11,929	12,893	6,451	10,025	11,316	8,351	10,756	9,600	8,274	8,665
Contract Power Therms Cost \$	13,379	14,461	13,989	11,175	12,251	14,638	14,911	13,518	14,363	12,766	12,845
Delta \$	(608)	(2,532)	(1,077)	(4,724)	(2,225)	(3,322)	(6,561)	(2,761)	(4,763)	(4,492)	(4,180)
Baseline \$ / kWh	0.073	0.073	0.073	0.073	0.073	0.073	0.073	0.073	0.073	0.073	0.073
Actual \$ / kWh	0.081	0.094	0.096	0.081	0.100	0.104	0.103	0.100	0.101	0.108	0.104

Savings Summary

Energy	1,735,767	\$ 0.067	\$ 151,762
Demand	4,165	\$ 16.34	\$ 68,012
Thermal	70,956	\$ 0.67	\$ 47,275
Thermal Adjustment:			(88,628)
Cogen Operating Cost		\$ 0.67	(157,439)
Operational Savings:			Subtotal \$ 96,862
Baseline Laundry			\$ 42,621
Avoided Laundry Costs			\$ 11,637
Stipulated Savings:			Chiller \$ 20,389
			Controls \$ 23,746
			Kitchen \$ 1,953
			Subtotal \$ 90,586
			Construction Savings \$ 10,280
			TOTAL CONTRACT SAVINGS \$ 197,548
			GUARANTEED SAVINGS \$ 181,440
			EXCESS SAVINGS \$ 16,108

Warren County - Westmount Health Facility
Revised Year 2 Analysis

Summary of electric and heat recovery savings associated with natural gas powered cogeneration.

	399	430	359	321	313	344	311	294	270	Totals
Max: 430	399	430	359	321	313	344	311	294	270	328
Baseline kW	173,820	162,360	87,800	115,020	136,460	154,020	113,660	130,660	112,620	1,626,240
Peak 15-min kW	319	355	300	248	249	283	316	307	277	306
Health Facility kWh:	96,520	98,318	85,951	87,692	80,667	91,508	98,702	83,964	91,391	92,139
Annex kWh:	35,465	40,885	28,899	29,426	31,951	41,833	52,725	44,645	34,462	32,766
TOTAL Actual kWh Generated	133,985	155,478	114,850	117,118	112,618	133,341	151,427	137,518	125,853	1,579,866
Baseline Non-Cogeneration Therms	1,373	554	1,169	4,863	8,957	12,425	8,899	9,932	6,349	65,587
Actual Non-Cogeneration Therms	651	411	580	808	967	893	930	1,401	880	9,784
Calculated Heat Recovery Therms	-80	-75	-59	-73	-64	-61	5	-12	13	-22
Delta kW	-80	-75	-59	-73	-64	-61	5	-12	13	-22
Delta kWh	-39,835	-6,882	-38,524	2,098	-23,842	-20,679	37,767	-10,603	6,858	13,233
Baseline Power Therms	19,168	17,904	19,351	12,684	15,048	16,984	12,534	16,144	14,408	124,925
Actual Power Therms	20,755	23,735	18,351	19,093	17,782	21,469	22,706	20,997	19,871	179,333
Delta	-1,587	-5,831	-8,669	-6,409	-2,734	-4,475	-10,172	-4,453	-7,381	-46,374
Baseline Power Therms Cost \$	13,090	12,227	6,612	8,662	10,276	11,589	8,559	9,840	8,481	8,882
Contract Power Therms Cost \$	14,174	16,209	12,532	13,039	12,143	14,654	15,506	14,860	13,570	13,749
Delta	(1,084)	(3,982)	(5,920)	(4,377)	(1,867)	(3,066)	(6,947)	(5,040)	(5,089)	(4,867)
Baseline \$ / kWh	0.075	0.075	0.075	0.075	0.075	0.075	0.075	0.075	0.075	0.075
Actual \$ / kWh	0.106	0.104	0.106	0.111	0.108	0.110	0.102	0.104	0.108	0.110

Savings Summary

Energy	1,720,231	\$ 0.090	\$ 154,164
Demand	4,118	\$ 16.73	\$ 64,774
Thermal	57,914	\$ 0.68	\$ 46,379
Thermal Adjustment:			(\$8,843)
Cogen Operating Cost	\$ 0.35		(\$168,994)
Operational Savings:			Subtotal \$ 87,480
Stipulated Savings:			Laundry \$ 43,686
			Avoided Laundry Costs \$ 41,361
			Chiller \$ 10,659
			Controls \$ 24,340
			Kitchen \$ 2,063
			Subtotal \$ 122,079
			TOTAL CONTRACT SAVINGS \$ 209,558
			GUARANTEED SAVINGS \$185,976
			EXCESS SAVINGS \$ 23,582

