

**Date:**
**Project Information**

Project Name

Project Address

**Contact Information (provide name)**

Owner:

Engineer:

General Contractor: NA

Other:

**Main Contact**

 Contact Address  
 (if different from project  
 address)

**Phone Numbers**

Office:

Email:

Fax:

**Project Timeline (if known)**

Due Date:

Questions Due

Award Date:

Completion Date:

**Project Type**

 Modular Utility Plant 

 Central Utility Plant 

 District Cooling 

 TIAC 
**Scope (check all that apply)**

 Engineering 

 Equipment/Supply 

 Turnkey Installation 

 Commissioning 

 Services 

 Supervision/Installation 
**Field Labor**

 Union Labor 

 Open Shop Labor 
**Scope Summary**

### System Information

Ambient Dry Bulb Temperature	
Ambient Wet Bulb	
Standard Pressure or Elevation	
System Seismic Zone	
Inlet Air Temperature	
System Chiller Target (kW per ton)	
System Water Supply/Return Temperature	
Chilled Water Flow (gpm)	
Condenser Water Supply/Return Temperature	
Condenser Water Quality	
Working Fluid	
Guarantees	

### Chiller Information

Chiller Type	Centrifugal <input type="checkbox"/>	Absorption <input type="checkbox"/>	Screw <input checked="" type="checkbox"/>	Steam Turbine Driven Mechanical <input type="checkbox"/>	Other <input type="checkbox"/>
Redundancy	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N+ <input type="checkbox"/>		
Motor Type / Voltage	ODP <input type="checkbox"/> ___V	TEFC <input type="checkbox"/> ___V	TEWAC <input type="checkbox"/> ___V	Other <input type="checkbox"/> ___V	
Factory Performance Test	Yes <input type="checkbox"/>		No <input type="checkbox"/>		
Evaporator Tube Thickness Not Specified	0.025" <input type="checkbox"/>	0.028" <input type="checkbox"/>	Other		
Evaporator Tube Type	Copper <input type="checkbox"/>		Other		
Condenser Tube Thickness	0.025" <input type="checkbox"/>	0.028" <input type="checkbox"/>	Other		
Condenser Tube Type	Copper <input type="checkbox"/>		Other		

### Cooling Tower Information

Cooling Tower Preference	BAC <input type="checkbox"/>	Evapco <input type="checkbox"/>	Marley <input type="checkbox"/>	Other <input type="checkbox"/>
Basin Material	Galvanized <input type="checkbox"/>	Stainless Steel <input type="checkbox"/>	Tri-Armor Coating <input type="checkbox"/>	Other <input type="checkbox"/>

Motor	Gear Driven <input type="checkbox"/>	Belt Driven <input type="checkbox"/>	VFD <input type="checkbox"/>
-------	--------------------------------------	--------------------------------------	------------------------------

**PUMPS**

System Pumping Configuration	Primary <input type="checkbox"/>		Secondary <input type="checkbox"/>
ChW Redundancy:	Cond Wtr Red:		
Pump External Piping Head:	Primary Chiller Water Pumps _____ Secondary Chilled Water Pumps _____ Condenser Water Pumps _____		

**Options**

Expansion Tank: Yes <input type="checkbox"/> No <input type="checkbox"/>	Air Separator: Yes <input type="checkbox"/> No <input type="checkbox"/>	Water Treatment: Yes <input type="checkbox"/> No <input type="checkbox"/>
Fire Detection/Suppression: Yes <input type="checkbox"/> No <input type="checkbox"/>	De-Aerator required? Yes <input type="checkbox"/> No <input type="checkbox"/> Size: _____	
Heating Loads	Steam <input type="checkbox"/>	Water <input type="checkbox"/>
Hot Water Recirculating Pump Head		

**PLEASE COMPLETE BELOW INFORMATION FOR TIAC RFP'S**

<b>Turbines</b>	Quantity:	Manufacturer:	Type:	Mass Flow @ Design IAT:
<b>Filterhouse</b>	Type:	Manufacturer:	Coils? Yes <input type="checkbox"/> No <input type="checkbox"/>	FH Kit? Yes <input type="checkbox"/> No <input type="checkbox"/>

**Additional Project Requirements**

Hazardous Classification Requirements: Applicable Specifications: Applicable Codes:
---