## University Campus LED Retrofit Proposal Form

## **Project Information**

Project Title
Campus/Building Name
Project Location
Date of Submission
Contact Information
Contact Name
Title/Position
Email
Phone
Evicting Lighting Summary
Existing Lighting Summary
Current Fixture Type(s)
Estimated Quantity
Average Operating Hours/Day
Proposed LED Retrofit
Proposed LED Fixture Type(s)

Estimated Quantity	
Estimated Cost (\$)	
Estimated Energy Savings (%)	
Additional Comments/Notes	