

**STATEMENT OF BENEFITS
ECONOMIC DEVELOPMENT RIDER**
Crawfordsville Electric Light & Power

DATE _____

FORM SB-1 / EDR

This statement is being completed for a customer that qualifies for an "Economic Development Rider."

INSTRUCTIONS:

1. This statement must be submitted to Crawfordsville Electric Light & Power at the time application is made for the Economic Development Rider. Please carefully fill out all fields.
2. In order to remain eligible for the Economic Development Rider, this statement must be submitted annually, at least 30 days in advance of each anniversary of the Project Start Date. Failure to submit the updated SB-1 will result in termination of the Economic development Rider.

SECTION 1 CUSTOMER INFORMATION					
Name of Customer					
Address of Customer (number and street, city, state, and ZIP code)					
Name of Contact Person			Telephone number ()		E-mail address
SECTION 2 LOCATION AND DESCRIPTION OF INCREASED LOAD					
Location of Property			Estimated Start Date (month, day, year)		Est. Date Placed-in-Use (mo, day, year)
Description of Increased load. Please describe specific economic reasons why this EDR is required for the new load. Please also include Milestones, Timeline, and Expected Outcome. (You may attach additional pages as necessary.)					
SECTION 3 ESTIMATE OF EMPLOYEES AND SALARIES AS A RESULT OF PROPOSED PROJECT					
Current Number FTE		Number Retained FTE		Number Additional FTE	
SECTION 4 ESTIMATE OF ADDITIONAL ELECTRIC LOAD					
Current Peak Demand	Current Energy	New Energy	Increase in Peak Demand	New Peak Demand	New Load Factor
SECTION 5 STATEMENT OF COMPLIANCE					
Total Harmonic Distortion, (<V%, <I%):		THD V% shall be less than % at Utility demark		THD I% shall be less than % at Utility demark	
Load Factor (LF > 70%):		Load Factor shall be greater than %			
Power Factor (PF > 98%):		Power Factor shall be greater than %			
Complies with all applicable standards (Yes, No)		Full or partial (circle one)		Describe:	
Business Type (SIC or NAICS code):		SIC or NAICS code:		Describe:	
SECTION 6 CUSTOMER CERTIFICATION					
I hereby certify that the representations in this statement are true.					
Signature of authorized representative		Title		Date signed (month, day, year)	
FOR OFFICE USE ONLY					
The applicant meets the general standards in accordance with the Economic development Rider. EDR Discount Limited to 5 years as outlined below: Year 1: 15% Year 2: 10% Year 3: 10% Year 4: 10% Year 5: 5%					
Approved (Authorized signature and title)			Telephone number ()		Date signed (month, day, year)
Printed name			Crawfordsville Electric Light & Power 808 Lafayette Rd. Crawfordsville, Indiana 47933		