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Public Service Commission

May 7, 2010

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COMMISSION
CLERK

Doc Horton
Messer, Caparello & Self, P.A.
P.O. Box 1876
Tallahassee, FL 32302-1876

STAFF'S FIRST DATA REQUEST

Re: Docket No. 100158-EG - Petition of approval of demand-side management plan of Florida Public Utilities Company.

Dear Mr. Horton:

By this letter, the Commission staff requests that Florida Public Utilities (FPUC or Company) provide responses to the following data requests.

1. Please provide, on an individual program basis, the following tables and forms included in the Company's petition. Please provide an electronic copy in Excel (.xls file format).
 - a. Program Participation Values
 - b. Program & Individual Measure Savings @ the Meter
 - c. Program & Individual Measure Savings @ the Generator
 - d. PSC Form CE 1.1 (Financial Assumptions)
 - e. PSC Form CE 2.3 (Total Resource Cost Test)
 - f. PSC Form CE 2.4 (Participant Costs and Benefits)
 - g. PSC Form CE 2.5 (Rate Impact Measure Test)

For the following questions (2-5), please provide the name of each program, indicate the customer category of the program, and whether it represents an energy efficiency, demand response, or renewable program. Please include all programs on a single table, adding columns as necessary.

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2. Please provide, on an individual program basis, the cumulative projected savings over the period 2010 through 2019. As part of this response, please also provide the percentage of the Commission's Authorized Goals and the Company's proposed demand and energy savings met by the program. Please complete the table below and provide an electronic copy in Excel (.xls file format) with the hard copy response.

Program Information - Savings		
Program Name	-	
Customer Category	(Res/Com/Ind)	
Program Type	(EE / DR / RE)	
Program Estimate		
Summer Demand	(MW)	
Winter Demand	(MW)	
Annual Energy	(GWh)	
% of Commission Authorized Goal		
Summer Demand	(%)	
Winter Demand	(%)	
Annual Energy	(%)	

3. Please provide, on an individual program basis, the cumulative net present value of expenditures required over the period 2010 through 2019. Please indicate the type of expenditure, separating them into categories including administrative, marketing, equipment, operations & maintenance, and incentives/rebates to customers. As part of this response, please also provide the percentage that each category represents of the total program expenditures. Indicate the first year rate impact of these expenditures, percentage of the total Energy Conservation Cost Recovery Clause for the first year of these expenditures, and any lost revenues associated with the program. Please complete the table below and provide an electronic copy in Excel (.xls file format) with the hard copy response.

Program Information - Total Cost		
Program Name	-	
Customer Category	(Res/Com/Ind)	
Program Type	(EE / DR / RE)	
Program Cost (Cumulative NPV)		
Administrative	(\$)	
Education, Surveys, Marketing	(\$)	
Equipment, Installation, O&M	(\$)	
Incentives / Rebates	(\$)	
Total Cost	(\$)	
Program Cost (% of Program)		
Administrative	(%)	
Education, Surveys, Marketing	(%)	
Equipment, Installation, O&M	(%)	
Incentives / Rebates	(%)	
Program Rate Impact		
Residential Rate Impact	(\$/mo)	
Percentage of Total ECCR Rate	(%)	
Lost Revenues	(\$)	

4. Please provide, on an individual program basis, the results of the E-TRC, E-RIM, and Participants Tests. Include the cumulative net present values of all benefits and costs. As part of this response, please provide the payback period for each program. Please complete the table below and provide an electronic copy in Excel (.xls file format) with the hard copy response.

Program Information - Cost Effectiveness		
Program Name	-	
Customer Category	(Res/Com/Ind)	
Program Type	(EE / DR / RE)	
E-TRC Test Results		
Total Benefits	(\$)	
Total Costs	(\$)	
Ratio	-	
E-RIM Test Results		
Total Benefits	(\$)	
Total Costs	(\$)	
Ratio	-	
Participants Test Results		
Total Benefits	(\$)	
Total Costs	(\$)	
Ratio	-	
Payback Period		
E-TRC Test	(Yrs)	
E-RIM Test	(Yrs)	
Participants Test	(Yrs)	

5. Please provide, for each program, a list of measures associated with that program. For programs with varying incentives by device or installation, please represent each as a separate 'measure' within the program. For Audit Programs, assume that any equipment provided or installed (such as Compact Fluorescent Light Bulbs) are a separate 'measure.'

For the following questions (6-9), only consider those programs which feature multiple measures. Please provide the name of each measure, and indicate with which program it is associated. Include all measures on a single table, adding columns as necessary.

6. Please provide, for each measure identified by the criteria above, the cumulative projected savings over the period 2010 through 2019. As part of this response, please also provide the percentage of the Commission's Authorized Goals and the Company's proposed demand and energy savings met by the measure. Please complete the table below and provide an electronic copy in Excel (.xls file format) with the hard copy response.

Measure Information - Savings		
Component Measure Name	-	
Program Name with Measure	-	
Savings Associated with Measure		
Summer Demand	(MW)	
Winter Demand	(MW)	
Annual Energy	(GWh)	
% of Program		
Summer Demand	(%)	
Winter Demand	(%)	
Annual Energy	(%)	
% of Commission Authorized Goal		
Summer Demand	(%)	
Winter Demand	(%)	
Annual Energy	(%)	

7. Please provide, for each measure identified by the criteria above, the cumulative net present value of expenditures required over the period 2010 through 2019. Please indicate the type of expenditure, separating them into categories including administrative, marketing, equipment, operations & maintenance, and incentives/rebates to customers. As part of this response, please also provide the percentage that each category represents of the total measure expenditures. Indicate the first year rate impact of these expenditures, percentage of the total Energy Conservation Cost Recovery Clause for the first year of these expenditures, and the lost revenues associated with the measure. Please complete the table below and provide an electronic copy in Excel (.xls file format) with the hard copy response.

Measure Information - Total Costs		
Component Measure Name	-	
Program Name with Measure	-	
Measure Cost (Cumulative NPV)		
Administrative	(\$)	
Education, Surveys, Marketing	(\$)	
Equipment, Installation, O&M	(\$)	
Incentives / Rebates	(\$)	
Total Cost	(\$)	
Measure Cost (% of Measure)		
Administrative	(%)	
Education, Surveys, Marketing	(%)	
Equipment, Installation, O&M	(%)	
Incentives / Rebates	(%)	
Measure Rate Impact		
Residential Rate Impact	(\$/mo)	
Percentage of Total ECCR Rate	(%)	
Lost Revenues	(\$)	

8. Please provide, for each measure identified by the criteria above, the results of the E-TRC, E-RIM, and Participants Tests. Include the cumulative net present values of all benefits and costs. As part of this response, please also provide the payback period for each measure. Please complete the table below and provide an electronic copy in Excel (.xls file format) with the hard copy response.

Measure Information - Cost Effectiveness		
Component Measure Name	-	
Program Name with Measure	-	
E-TRC Test Results		
Total Benefits	(\$)	
Total Costs	(\$)	
Ratio	-	
E-RIM Test Results		
Total Benefits	(\$)	
Total Costs	(\$)	
Ratio	-	
Participants Test Results		
Total Benefits	(\$)	
Total Costs	(\$)	
Ratio	-	
Payback Period		
E-TRC Test	(Yrs)	
E-RIM Test	(Yrs)	
Participants Test	(Yrs)	

9. Please provide, for each measure identified by the criteria above, the incentive rate provided and the estimated customer equipment cost. Indicate the amount of non-recurring expenses by category, including administrative, equipment, and incentives/rebates to customers. As part of this response, please also provide the rate for recurring expenses by category. Please complete the table below and provide an electronic copy in Excel (.xls file format) with the hard copy response.

Measure Information - Per Customer Costs		
Component Measure Name	-	
Program Name with Measure	-	
Measure Incentives & Duration		
Incentive / Rebate Rate		
Customer Equipment Cost	(\$)	
Estimated Life of Measure	(Years)	
Non-Recurring Measure Expenses		
Administrative	(\$/Customer)	
Equipment	(\$/Customer)	
Incentive / Rebate (Typical)	(\$/Customer)	
Recurring Measure Expenses		
Administrative	(\$/Customer/Year)	
Equipment	(\$/Customer/Year)	
O&M	(\$/Customer/Year)	
Incentive / Rebate (Typical)	(\$/Customer/Year)	

10. Please complete the following table regarding the Company's Avoided Unit selected for purposes of program development and cost-effectiveness testing. Include the unit's seasonal capacity, technology type, primary fuel, and commercial in-service date. Please also provide financial data sufficient to calculate the avoided cost of the unit, including its capital and operations & maintenance cost. In addition, please indicate the avoided energy rate utilized for energy savings in programs. Please complete the table below and provide an electronic copy in Excel (.xls file format) with the hard copy response.

Avoided Unit Information		
Plant Name	-	
Unit #	-	
Technical Information		
Capacity	Summer	(MW)
	Winter	(MW)
Technology Type	-	
Primary Fuel	-	
Commercial In-service Date	-	
Performance Data		
Capacity Factor	(%)	
Heat Rate	(BTU/kWh)	
Financial Data		
Book Life	(Years)	
Total Installed Cost	(\$/kW)	
Fixed O&M Cost	(\$/kW-year)	
Variable O&M	(\$/MWh)	
Avoided Fuel		
Avoided Energy Rate	(\$/MWh)	

11. Please complete the following table regarding the Company's projected customer rates for non-fuel energy rates and demand, that are utilized in the Company's cost-effectiveness tests. Please complete the table below and provide an electronic copy in Excel (.xls file format) with the hard copy response.

Projected Rate Information		
Residential		
Non-Fuel Energy Rate	(cents/kWh)	
Escalation Rate	(%)	
Commercial		
Non-Fuel Energy Rate	(cents/kWh)	
Escalation Rate	(%)	
Demand Rate	(\$/kW-mo)	
Escalation Rate	(%)	

12. Please complete the following table regarding the Company's estimations of line loss utilized in the estimation of generator savings. As part of this response, please indicate the values used for residential and commercial customers separately. Please complete the table below and provide an electronic copy in Excel (.xls file format) with the hard copy response.

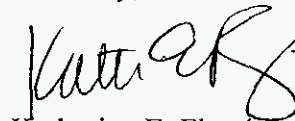
Line Loss Values		
Residential		
Energy Percentage	(%)	
Demand Percentage	(%)	
Commercial		
Energy Percentage	(%)	
Demand Percentage	(%)	

13. Please describe how costs associated with CO₂ Emissions are included in the Company's cost-effectiveness tests. As part of this response, please provide the annual cost assumed per ton of carbon dioxide equivalent, and the projected emission rate per megawatt-hour. Please indicate if there is any difference between these values and the values provided in the Commission's review of numeric conservation goals dockets.
14. Please describe how the savings from conducting energy audits are calculated. As part of this response, please provide the percentage difference between savings associated with any equipment provided or installed (such as Compact Fluorescent Light Bulbs), and other sources.
15. Please explain or describe any tax rebates that may be available to customers during the 2010 through 2019 period for installation of any measures discussed in response to questions 6-9 above, including energy efficiency and customer-owned renewable generation. As part of this response, please include the associated program name, specific measure, and expiration dates as appropriate for each tax rebate, and whether the rebate was included in cost-effectiveness tests.

16. Regarding photovoltaic panels for schools, please explain or describe the difference in ownership of the solar facility between this program and other customer-side renewable energy installations. Please indicate when ownership would be transferred to the school. Also, please discuss anticipated maintenance costs over the life of the photovoltaic panels.
17. Please explain or describe the impact of other state or local programs that provide renewable generation to emergency shelters or other facilities that may offset, reduce the cost, or be an alternate source of funding for photovoltaic systems for schools designated as an emergency shelter.
18. For each program for which modifications have been proposed in 2010, please describe the specific modification(s) made to the program and the reason for each modification. As part of this response, please provide the savings estimates associated with the program prior to the proposed modifications.

Please file the original and five copies of the requested information by June 4, 2010, with Ms. Ann Cole, Commission Clerk, Office of Commission Clerk, 2540 Shumard Oak Boulevard, Tallahassee, Florida, 32399-0850. Please feel free to call me at (850) 413-6218 if you have any questions.

Sincerely,



Katherine E. Fleming
Senior Attorney
Office of the General Counsel

KEF/sh

cc: Office of Commission Clerk
George Cavros
Suzanne Brownless