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ELECTRICITIES of NORTH CAROLINA, INC.

2025 System Betterment Project Reimbursement Form

Projects should be submitted by December 1st

City/Town Name: City of Lincolnton

Project Name: Cost of Service Study with UFS

Short Description of the Project:

Perform Cost of Service and Rate Design

Power Agency:

NCEMPA	
NCMPA1	X

Type of Project:

Distribution Improvement	
Distribution Audit	
Smart Grid	
Load Management	
IT Project	
Cyber Security Project	
Rate Study	
Cost of Service Study	X
Billing/Financial System	
Billing System Audit	
Economic Benefit Study	
Strategic Planning	
Organization Check Up	
Power Audits	
Energy Efficiency Project	
Other	

Expected Project Start Date: 10/15/2025

Expected Project End Date Six months from start date above

Payment Date Desired: When Invoice Due

Amount of Reimbursement: $5,000

Contact Name: N/A (SBF will be deducted before invoice the Member)

Contact Phone:

Bank Name:

ABA Number:

Accont Number:

Remittance email:

I certify that the above funds ($5,000) will be spent calendar year 2025 and on the project described in this reimbursement form. The project in this form was started and/or worked on during 2025.

Signature: _____ **Date:** _____