



# AgriPower

INCORPORATED

## PROJECT QUESTIONNAIRE

The basic information provided by you in this questionnaire is intended to permit AgriPower to make an initial recommendation to you about whether or not our Systems are suitable for your project and enable us to promptly assist you to the maximum extent possible. Please provide us with the information that you believe will help us in understanding and evaluating your project and making this recommendation. **All information provided will remain confidential. Please try to answer all questions as fully as possible (and please attach additional sheets as necessary).** If you require assistance or additional information, please contact us at the telephone numbers and e-mail address below. Please return this form via scanned e-mail or fax as set forth below. We will respond to you within two business days of receipt. Thank you.

| #                   | OUR QUESTIONS  | YOUR ANSWERS |
|---------------------|--|--------------|
| <b>YOUR PROJECT</b> |  |              |
| 1                   | Is your project On-Grid or Off-Grid?   |              |
| 2                   | Please briefly describe your project and let us know of any specific problem(s) you would like to try and solve.       |              |
| <b>YOUR FUEL</b>    |  |              |
| 3                   | Please specify the exact material(s) you have available that can be used as fuel?                                      |              |
| 4                   | How many tons of this material are available as fuel on a monthly basis?   |              |
| 5                   | Do you generate or have free access to this material or do you have to buy it?   |              |
| 6                   | If you generate this material, how is it currently disposed of?  |              |
| 7                   | If you dispose of it, how much is the disposal cost per ton?   |              |
| 8                   | If you have to buy it, how much will it cost per ton delivered to your site?   |              |
| 9                   | Will you be paid to accept this material and if so, how much per ton?  |              |
| 10                  | What is the moisture content of this material?   |              |
| 11                  | What is the BTU content per pound of this material?  |              |
| 12                  | Does this material contain any known hazardous substances or other pollutants?   |              |
| 13                  | If you use diesel fuel oil to produce power, how many gallons do you purchase every month and at what cost per gallon? |              |

| <b>YOUR ELECTRICAL REQUIREMENTS</b>  |   |
|--------------------------------------|---|
| 14                                   | How many total kWh do you require each month?   |
| 15                                   | What is the maximum and minimum number of kW you require hourly?  |
| 16                                   | What do you currently pay per kWh (including delivery costs and all taxes)?   |
| <b>YOUR HEAT ENERGY REQUIREMENTS</b> |   |
| 17                                   | Can you use Heat Energy in your project (for heating or drying purposes, or for hot water, steam, air conditioning, refrigeration or water desalination or purification)? |
| 18                                   | How much heat do you require per 24 hours (MMBTU/hr)?   |
| 19                                   | What is the maximum and minimum number of MMBTU you require hourly?   |
| 20                                   | What do you currently pay per MMBTU/hr (including delivery costs and all taxes)?  |
| <b>MISCELLANEOUS</b>                 |   |
| 21                                   | Is there any additional information about your project we should know about?  |
| 22                                   | Is this your project or are you acting on behalf of a client and if so what type of client?   |

**YOUR COMPANY INFORMATION**

Company Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Country, Postal Code: \_\_\_\_\_

Main Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ Website: \_\_\_\_\_

Company's Primary Business: \_\_\_\_\_ Year Established: \_\_\_\_\_ Geographic Area(s) Active In: \_\_\_\_\_

**PLEASE INDICATE IF YOUR NEED IS IMMEDIATE AND IF YOU WOULD LIKE US TO CONTACT YOU IMMEDIATELY: [ ] Yes [ ] No**

Name and Title of Person Completing this Project Questionnaire: \_\_\_\_\_

Date: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_ Bus. Telephone: (\_\_\_\_) \_\_\_\_\_ Mob. Telephone: (\_\_\_\_) \_\_\_\_\_

**FOR ASSISTANCE OR FURTHER INFORMATION, PLEASE CONTACT (AND PLEASE RETURN THIS FORM TO):**

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