This form provides the Energy Commission with basic information about the applicant and the project. Each applicant must complete and sign this form. Each form may address only one Project Group. If an applicant submits multiple applications that address the same project group, each application must be for a distinct project (i.e., no overlap with respect to the tasks described in the Scope of Work, Attachment).

**Applicant’s Identification Information**

| Legal Name: |  |  |
| --- | --- | --- |
| **Business:** | Private Company  Non-profit  California State Agency *(includes the University of California and California State University)* | Government Entity *(e.g., city, county, federal government, air/water/school district, joint power authority, out-of-state university)* |
| **Federal Tax ID #** | XX**-**XXXXXXX |  |
| **Project Manager** | Name |  |
|  | Street Address |  |
|  | City, State, and Zip Code |  |
| (serves as the point of contact for all communications) | Phone/Fax Numbers | Phone: ( ) –  Fax: ( ) - |
|  | E-Mail Address |  |

| Project Title |
| --- |
|  |

**Proposed Term** *(must fall within the dates specified in the “Key Activities Schedule” in Part I of the solicitation.)*

**Start Date: / /**

**End Date: / /**

**Project Groups** *(Place a check in the box applicable to the proposed project. Select only one group per application. See the Part I of the solicitation for an explanation of each project group.)*

**Group 1:** Valuation of Investments in Electricity Sector Resilience

**Project Location**

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

City: ­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_

***Pilot Testing/Demonstration/Deployment Projects Only:*** Specify the location of the pilot test, demonstration, or deployment site(s) below, if different from above. Identify the location of the site (street address, parcel number, tract map, plot map, etc.) Expand this chart if necessary.

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

City: ­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_

**IOU Service Territory** Pacific Gas and Electric Co.  Southern California Edison Co.

San Diego Gas and Electric Co.

| Project Description *(brief paragraph)* |
| --- |
|  |

| Funding | *(See the “Funding” section in Part I of the solicitation)* |
| --- | --- |
| Project Group *(select only* ***one****)* | **Group 1:** Valuation of Investments in Electricity Sector Resilience |
| Amount Requested  **Group 1:** $1,000,000 to $1,200,000 | **$** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Match Funding | **$** |
| *(The amount must be consistent with the amount or dollar value described in any match funding commitment letters.)* | Cashin hand  Equipment  Materials  Information technology services  Travel  Subcontractor costs  Contractor/ project partner in-kind labor costs  Advanced practice costs |

**California Environmental Quality Act** (CEQA) Compliance *(for an explanation of CEQA requirements, see CEQA Compliance Form Attachment or http://www.resources.ca.gov/ceqa/*. *Complete Attachment regardless of whether the answers to the questions below are “yes” or “no.”)*

**1. Are the proposed activities considered a “project” under CEQA (i.e., do they have the potential to cause a direct or a reasonably foreseeable indirect physical change in the environment)?** *See California Public Resources Code Section 21065 and 14 California Code of Regulations Section 15378 for a definition of “project.”*

Yes: skip to question 2.

No: complete the sentence below.

*The activities funded by the agreement will not cause a direct physical change in the environment or a reasonably foreseeable indirect physical change in the environment because* … *[complete the sentence]*.

**2. If the proposed activities are considered a “project” under CEQA and are not exempt, has the required environmental review been completed?**

Yes (provide the documentation required in CEQA Compliance Form Attachment)

No (explain why no documentation has been prepared where indicated on Attachment)

| Subcontractors *(If subcontractors will perform work for the project, insert the legal name of*  *each subcontractor below.)* |
| --- |
|  |
|  |
|  |
|  |

**Past Agreements** *(Complete the table below if the applicant and/or its subcontractors have any active or past (within the last ten years) agreements with the Energy Commission, any other California state agency, California utilities, and/or the U.S. Department of Energy. If the number of agreements for the applicant or subcontractor exceeds ten, list at least ten of the applicant or subcontractor’s most recent agreements, in order of date and relevance to the proposed project.)*

| Name of Applicant or Subcontractor | Name of Entity that Issued the Agreement, Contact Name, and Phone Number | Description of Project and Status |
| --- | --- | --- |
| *Agreement 1* |  |  |
| *Agreement 2* |  |  |

Certifications

1. I am authorized to complete and sign this form on behalf of the applicant.
2. I authorize the California Energy Commission to make any inquiries necessary to verify the information presented in this application.
3. I authorize the California Energy Commission to obtain business credit reports and make any inquiries necessary to verify and evaluate the financial condition of the applicant.
4. I have read and understand the terms and conditions contained in this solicitation. I accept the terms and conditions contained in this solicitation on behalf of the applicant, and the applicant is willing to enter into an agreement with the Energy Commission to conduct the proposed project according to the terms and conditions without negotiation.
5. To the best of my knowledge, and under penalty of perjury, the information contained in this application is correct and complete.

Signature of Authorized Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Printed Name of Authorized Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_