This document provides the Energy Commission with basic information about the Applicant and its subcontractors. Each Applicant must complete, sign and include this attachment in its Application.

The CEC may have waived the requirement for a signature on application materials for this solicitation for submissions. If a notice, regarding CEC’s waiver of the signature requirement appears here: <https://www.energy.ca.gov/funding-opportunities/solicitations>, the waiver applies to this solicitation. In the event of a conflict between the notice and any language in this solicitation regarding signatures, the notice will govern.

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| **Applicant’s Legal Name** | **Federal ID Number** |
|       |   -      |

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| **Proposed Term (YYYY/MM/DD)** |
| **Start Date** | **Production Start Date** | **End Date** |
|       /    /    |       /    /    |       /    /    |

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| **Funding** |
| **Amount of Funds Requested** | $       |
| **Cash Match Funding** | $       | **In-Kind Match Funding** | **$**      |
| **Total Project Match Secured** | $       |
| **Total Project Cost** | $       |

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| **Title of Project** |
|       |
| **Project Type** | Fuel Production [ ]  | Fuel Blending [ ]  |

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| **Project Location** | **Disadvantaged Community** |
|       | [ ]  Yes [ ]  No**CalEnviroscreen 3.0 Percentile Range**:      %[[1]](#footnote-1) |
| **Does applicant or project partner currently own the project site?** [ ]  Yes [ ]  No |
| **Is applicant or project partner currently leasing the project site?** [ ]  Yes [ ]  No |

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| **Project Description (brief paragraph, see instructions in Application Manual)**  |
|       |

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| **California Environmental Quality Act (CEQA) Compliance** |
| 1. **Provide the name and contact information for the lead agency responsible for certifying your CEQA compliance:**
2. **Has your Lead Agency determined if your proposed project will be considered a “Project” as defined under CEQA (PRC 21065 and 14 CCR 15378)?**

 [ ]  Yes: skip to question 3 [ ]  No: Explain why proposed project is not considered a  “Project” and complete the following:  **Proposed project will not cause direct physical change in the environment or a reasonably foreseeable**  **indirect physical change in the environment because:**1. **If proposed project is considered a “Project” under CEQA, has environmental review been completed?**[ ]  Yes (if so, provide documentation in this application)[ ]  No

 **If yes, what is the determination or indication of the expected compliance pathway given for your project by the Lead Agency? (e.g., Categorical exemption, Negative Declaration, Mitigated Neg Dec)**1. **If not complete, provide the expected compliance pathway and date your Lead Agency expects the review to be complete.**

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| **Permitting Approval** |
| **Identify the status of the following permits and whether they will be a modification of an existing permit.**

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|  | Approved | Under Permit Agency Review | Preliminary Discussion | Not Started | Not Applicable | Modification of Existing Permit? | Expected Completion Date |
| CEQA EIR | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |       |
| CEQA Mitigated Negative Dec. | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |       |
| CEQA Negative Declaration | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |       |
| Fire Marshall | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |       |
| Conditional Use Permit | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |       |
| Building | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |       |
| Air | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |       |
| Water | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |       |
| Solid Waste Facility Permit  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |       |
| Authority to Construct | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |       |
| Other 1:       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |       |
| Other 2:       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |       |
| Other 3:       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |       |

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| **Applicant’s Project Manager** (serves as point of contact for all communications) |
| Name: |       |
| Address: |       |
| City, State, Zip: |       |
| Phone/ Fax: |       |
| E-Mail: |       |
| Website: |       |
| **CEC Project Experience** (please list all current and past experience, if project is active, please list estimated completion date) |
| Agreement # | Project Title: | Completion Date: |
|       |       |       |
|       |       |       |
|       |       |       |

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| **Applicant Is** |
| [ ]  Private Company *(including non-profits)* |
| [ ]  CA State Agency *(including UC and CSU)* |
| [ ]  Government Entity *(i.e. city, county, federal government, air/water/school district, joint power authorities, university from another state)*[ ]  Other (specify)       |
| **Identify subcontractors: equipment manufacturing / construction or other services? (List even types not yet selected)** **(Please attach additional sheet(s) as needed – List only contracts > $100,000)** |
| Subcontractor 1 | Insert Subcontractor Legal Name      | Executed Agreement: [ ]  Yes [ ]  No |
| Contact Name:Address: |        | Contractor Type:  | Choose an item. |
| City, State, Zip: |       |
| Phone/ Fax: |       |
| E-Mail: |       |
| Website: |       |
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| Subcontractor 2 | Insert Subcontractor Legal Name | Executed Agreement: [ ]  Yes [ ]  No |
| Contact Name:Address: |       | Contractor Type: | Choose an item. |
| City, State, Zip: |       |
| Phone/ Fax: |       |
| E-Mail: |       |
| Website: |       |
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| Subcontractor 3 | Insert Subcontractor Legal Name | Executed Agreement: [ ]  Yes [ ]  No |
| Contact NameAddress: |       | Contractor Type: | Choose an item. |
| City, State, Zip: |       |
| Phone/ Fax: |       |
| E-Mail: |       |
| Website: |       |
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| Subcontractor 4 | Insert Subcontractor Legal Name | Executed Agreement: [ ]  Yes [ ]  No |
| Contact Name: Address: |       | Contractor Type: | Choose an item. |
| City, State, Zip: |       |
| Phone/ Fax: |       |
| E-Mail: |       |
| Website: |       |
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| Subcontractor 5 | Insert Subcontractor Legal Name | Executed Agreement: [ ]  Yes [ ]  No |
| Contact Name: Address: |       | Contractor Type: | Choose an item. |
| City, State, Zip: |       |
| Phone/ Fax: |       |
| E-Mail: |       |
| Website: |       |

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| **Applicant’s Feedstock Supplier** |
| **Does Applicant have a feedstock supply agreement(s) secured?**  [ ]  Yes[ ]  No**(Provide further information below if not confidential; Please add additional row(s) or sheet(s) if necessary)** |
| Feedstock Supplier 1 | Insert Feedstock Supplier's Legal Name, if not confidential |
| Contact Name:Address: |       |
| City, State, Zip: |       |
| Phone/ Fax: |       |
| E-Mail: |       |
| Website: |       |
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| Feedstock Supplier 2 | Insert Feedstock Supplier's Legal Name, if not confidential |
| Contact Name:Address: |       |
| City, State, Zip: |       |
| Phone/ Fax: |       |
| E-Mail: |       |
| Website: |       |

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| **Applicant’s Fuel Off-Taker** |
| **Does Applicant have a biofuel fuel off-take agreement(s) secured?**  [ ]  Yes[ ]  No**(Provide further information below if not confidential; Please add additional row(s) or sheet(s) if necessary)** |
| Fuel Off-Taker 1 | Insert Fuel Off-Taker's Legal Name, if not confidential |
| Contact Name:Address: |        |
| City, State, Zip: |       |
| Phone/ Fax: |       |
| E-Mail: |       |
| Website: |       |
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| Fuel Off-Taker 2 | Insert Fuel Off-Taker's Legal Name, if not confidential |
| Contact Name:Address: |        |
| City, State, Zip: |       |
| Phone/ Fax: |       |
| E-Mail: |       |
| Website: |       |

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| **Project’s Match Funder** |
| **(Provide further information below if not confidential; Please add additional row(s) or sheet(s) if necessary)** |
| Match Funder 1 | Insert Match Funder's Legal Name, if not confidential |
| Funding Status | Match funding commitment is: [ ]  Secured[ ]  In Discussion[ ]  Prospective |
| Funding Amount | $      |
| Contact Name:Address: |        |
| City, State, Zip: |       |
| Phone/ Fax: |       |
| E-Mail: |       |
| Website: |       |
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| Match Funder 2 | Insert Match Funder's Legal Name, if not confidential |
| Funding Status | Match funding commitment is: [ ]  Secured[ ]  In Discussion[ ]  Prospective |
| Funding Amount | $      |
| Contact Name:Address: |        |
| City, State, Zip: |       |
| Phone/ Fax: |       |
| E-Mail: |       |
| Website: |       |

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| **Biofuel Production Technology** |
| **Biofuel production method/technology:**       |
| **Technology Readiness Level:**       |
| **Has a process or technology guarantee been secured for the biofuel production equipment?** [ ]  Yes[ ]  No |
| **Proposed project’s anticipated operational date:**       |
| **Years of operational experience for proposed biofuel production technology:**       |
| **Are there any reference installations of the proposed production technology provider?** [ ]  Yes[ ]  No**If yes, provide a list of reference locations below. Prioritize by projects in California, followed by in USA.****(Please add additional row(s) or sheet(s) if necessary)** |
|  | **Location****(City, State, Country)** | **Biofuel Production Capacity (DGE/yr or GGE/yr)** | **Current Biofuel Production (DGE/yr or GGE/yr)** | **Years Operational** |
| **Reference 1** |       |       |       |       -       |
| **Reference 2** |       |       |       |       -       |
| **Reference 3** |       |       |       |       -       |
| **Reference 4** |       |       |       |       -       |
| **Reference 5** |       |       |       |       -       |

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| **Will the project be located at an existing facility?**[ ]  YES[ ]  NO**Facility type:** Choose an item.If other, please list:       | **Current annual capacity of existing facility?**       DGE  |
| **Production Plan (Provide the production plan or schedule after commissioning for the NEW capacity.) The commissioning year is the first year when production occurs in the propose project.** |
|  | Commissioning Year (     ) | Year 2 (     ) | Year 3 (     ) | Year 4 (     ) | Year 5 (     ) |
| **Primary Fuel** |       DGE/yr |       DGE/yr |       DGE/yr |       DGE/yr |       DGE/yr |
| **Secondary Fuel** |       DGE/yr |       DGE/yr |       DGE/yr |       DGE/yr |       DGE/yr |
| **Other Fuels** |       DGE/yr |       DGE/yr |       DGE/yr |       DGE/yr |       DGE/yr |
|  |
| **List the primary feedstock(s) and quantities that will be processed at full capacity (dairy manure, agricultural residues, etc.).** Feedstock 1:       Quantity:      Feedstock 2:       Quantity:      Feedstock 3:       Quantity:      Feedstock 4:       Quantity:      Feedstock 5:       Quantity:       |
| **List the primary fuel being produced (Check one).** [ ]  **Gasoline Substitute** [ ]  **Diesel Substitute** [ ]  **Biomethane**  |
| **List the primary and any secondary fuels and quantities that will be produced annually, for this proposed project, in Diesel Gallon Equivalents (see Attachment 10).** Primary Fuel:       Quantity:      Secondary Fuel 1:       Quantity:      Secondary Fuel 2:       Quantity:      Secondary Fuel 3:       Quantity:      Secondary Fuel 4:       Quantity:       |
| **List any value added co-products and quantities that will be produced annually.** Co-product 1:       Quantity:      Co-product 2:       Quantity:      Co-product 3:       Quantity:      Co-product 4:       Quantity:      Co-product 5:       Quantity:       |

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| **Will electricity co-generation occur?** [ ]  YES [ ]  NO |
| **Estimated annual electricity generated (or rated capacity).**       |
| **Estimate the total weight of CO2 displaced in metric tons during the project term.**       **Estimate the** **total** **weight of CO2 displaced on an annual basis when producing fuel at full capacity.**      **Proposed cost of GHG reduction in dollars of Energy Commission funding per metric tons of carbon reduced. Annual: $**       **Five-Years:** **$**      **Energy Commission funding per diesel gallon equivalent of new annual production: $**       |
| **Carbon Intensity (Provide carbon intensity of the project’s resulting fuel in grams of CO2-equivalent per megajoule (gCO2e/MJ). Carbon intensities must be calculated using a method that conforms to the ARB’s LCFS. Provide assumptions and calculations to substantiate claimed carbon intensities in Narrative. Summarize below.** |
|  | **Fuel** | **Feedstock** | **Process Energy** | **Fuel Pathway Code** | **Carbon Intensity (gCO2e/MJ)** |
| **Primary Fuel** |       |       |       |       |       |
| **Secondary Fuel** |       |       |       |       |       |
| **Explanation:**       |
| **Is your company currently or planning to participate in credit trading programs?****ARB’s LCFS:** [ ]  YES [ ]  NO [ ]  IN PROCESS**RFS2:** [ ]  YES [ ]  NO [ ]  IN PROCESS |

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| **Certifications:**I hereby authorize the California Energy Commission to make any inquiries necessary to verify the information I have presented in my Application. I hereby certify under penalty of perjury under the laws of the State of California that:* All confidential information submitted and allowed under this solicitation has been properly identified.
* All information in the application is correct and complete to the best of my knowledge.
* I have read and understand the terms and conditions and do hereby accept the terms and conditions contained within the solicitation, including the provisions of the Agreement Terms and Conditions and, further, I am willing to enter into an agreement with the Energy Commission to conduct the proposed project according to the terms and conditions without negotiation.
* We have received any required licenses (such as copyrights or trademarks) applicable to the submitted application.
* I, being the person electronically submitting the application through the Grant Solicitation System, am an authorized representative of the applicant, or if this application is a hard copy submittal, I, the undersigned, am an authorized representative of the applicant.
 |
| Signature of Authorized Representative |  | Date: |       |

1. https://oehha.ca.gov/calenviroscreen/maps-data [↑](#footnote-ref-1)