



## DSGS Provider Application Form

### Demand Side Grid Support (DSGS) Program

#### Instructions:

Complete the application form and submit, along with all necessary attachments, to the DSGS program email at [DSGS@energy.ca.gov](mailto:DSGS@energy.ca.gov).

For more information on the program, including the DSGS Program Guidelines, please visit the [DSGS Program website](https://www.energy.ca.gov/programs-and-topics/programs/demand-side-grid-support-program) at <https://www.energy.ca.gov/programs-and-topics/programs/demand-side-grid-support-program>.

#### 1. DSGS Provider Information

Eligible DSGS providers include:

- Retail suppliers as defined in Public Utilities Code (PUC) Section 398.2, except for investor-owned utilities, electric service providers, or community choice aggregators under the jurisdiction of the California Public Utilities Commission
- Federal power marketing administrations.

(Chapter 2, Section A.1 of the DSGS Program Guidelines).

DSGS Provider Name (please use full legal name):

DSGS Provider Contact (serves as point of contact for all communications):

Name	
Title	
Street Address	
City and Zip Code	
Phone Number	
Email Address	

#### 2. Administrative Cost Structure and Reimbursement Schedule

The CEC shall reimburse the DSGS provider for up to \$5 million per year in administrative costs based on the administrative cost structure identified below. See Chapter 5, Section B of the DSGS Program Guidelines for more information.

Select one:

- Actual administrative costs incurred in administering the program and indirect/overhead costs (not to exceed 10 percent of actual incremental costs)
- 10 percent of incentive payments provided to participants

DSGS providers shall submit reimbursement claims either within 15 business days after the end of each month or by November 15 each year (Chapter 5, Section C.1)

**Select one:**

- Monthly reimbursement
- Annual reimbursement

**3. Program Implementation Information**

DSGS providers must provide documentation on how the DSGS provider will implement the program, including the following:

**Required Information**

**Attached**

Description of how the DSGS provider will verify load reduction resources used by participants and actual incremental load reduction amounts, including the DSGS provider’s method for determining energy use baselines and actual energy usage during a DSGS program event

Description of how the DSGS provider will verify participant eligibility (see Chapter 2, Section A.2 of the DSGS Program Guidelines)

Description of how the DSGS provider will implement the dispatch loading order requirements described in the DSGS Program Events and Notification Process in Chapter 4, Section B of the DSGS Program Guidelines

**Optional Information**

**Attached N/A**

If located outside the California Independent System Operator balancing authority area, a description of comparable dispatch requirements to those described in the Option 3: Capacity Payment and Bid Structure in Chapter 3, Section B of the DSGS Program Guidelines, of the applicable balancing authority, that contribute to reliability within the balancing authority area

#### 4. Certification

- I am authorized to complete and sign this form on behalf of the DSGS provider.
- I accept the terms and conditions contained in the DSGS Program Guidelines on behalf of the DSGS provider.
- I agree, on behalf of the DSGS provider, to collect the information and attestations described in Chapter 2, Section B.3 of the DSGS Program Guidelines from each participant.
- I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Name of Authorized Representative:	
Title:	
Phone Number:	
Email Address:	
Date:	
Signature of Authorized Representative:	