This form provides the Energy Commission with basic information about the applicant and the project. Each applicant must complete and sign this form. If an applicant submits multiple applications that address the same federal funding opportunity, each application must be for a distinct project (i.e., no overlap with respect to the tasks described in the Project Narrative (Attachment 2) or the Scope of Work (Attachment 4). Each applicant may submit only one application per project, and each application may address only one federal funding opportunity.

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| **Applicant’s Identification Information** |  |
| Legal Name |  |
| Status | [ ]  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 # |  **-** |
| Project Manager*(serves as the point of contact for all communications)* | Name Street AddressCity, State, and Zip Code |
| Project Manager –Phone/ Fax Numbers | Phone: ( ) -Fax: ( ) -  |
| Project Manager –E-Mail Address |  |

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| **Project Title** |
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| **Proposed Term** *(must fall within the dates specified in the “Key Activities Schedule” in Part I of the solicitation.)* |
| **Start Date: / /** |
| **End Date: / /** |

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| **Federal Funding Opportunity:** *Indicate below identifying information for the federal funding opportunity. For example, if the federal funding opportunity is a FOA, indicate which FOA you are submitting an application and requesting cost share funds from the Energy Commission. Only federal funding opportunities that are listed in the Eligibility section of the latest solicitation manual are eligible for CEC cost share.* |
| **Identifying Information:**  |

|  |  |
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| **Project Location** |  |
| Street Address |  |
| City, State, and Zip Code |  |
| ***Research Location:*** Specify the location(s) of pilot test sites, alternate demonstration, or research activity, if different from above. Expand this chart if necessary. |  |
| Street Address |  |
| City, State, and Zip Code |  |
| Energy Utility Service Territory | [ ]  Pacific Gas and Electric Co. [ ]  Southern California Edison Co.[ ]  San Diego Gas and Electric Co. [ ]  Southern California Gas Co[ ]  Other: Specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Project Description** *(brief paragraph)* |
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| **Funding** *(See the “Funding” section in Part I of the solicitation for funding requirements.)* |  |
| Amount of Federal Funds Requested  | **$** |
| **Amount of Federal Funds Planned to be Spent in California** | **$** |
| Amount of CEC Funds Requested (to be applied for this specific federal funding opportunity only) | **$*****For Energy Commission Fund Cost Share limits and rules, see Section I. F. of the solicitation.*** |
| **Amount of CEC Funds Planned to be Spent in California** | **$** |
| Other Cost Share/Funds | **$** |
| Total Project Cost | **$** |
| **Total Amount of Project Funds Planned to be Spent in California** | **$** |

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| **Federal Award Description (*Final Screening Post Federal Award Only)*** |  |
| Amount of Federal Award | **$** |
| **Amount of Federal Funds to be Spent in California** |  |
| **Amount of CEC Funds to be Spent in California** |  |
| **Total Amount of Project Funds to be Spent in California** |  |
| Date of Federal Award |  **/ /** |
| Federal Award Term |  **/ /** |
| Describe how the scope of the federal project differs from the scope described in the initial application, if applicable *(one to two paragraphs on any changes).* |  |

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| **California Environmental Quality Act (CEQA) Compliance** *(for an explanation of CEQA requirements, see Attachment 5, CEQA Compliance Form or http://ceres.ca.gov/ceqa/. Complete and sign Attachment 5 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 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]*. |
| 1. **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 Attachment 5, CEQA Compliance Form)[ ]  No (explain why no documentation has been prepared where indicated on Attachment 5) |

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| **Subcontractors** *(If subcontractors will perform work for the project, insert the legal name of* *each subcontractor below.)*  |
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**Past Agreements** *(Complete the table below if the applicant and/or its subcontractors have any active or past (within the last three 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.)*

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| **Name of Applicant or Subcontractor** | **Name of Entity that Issued the Agreement, Contact Name, and Phone Number** | **Description of Project and Status** |
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**See the “Certifications” section on the next page.**

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| **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. To the best of my knowledge, and under penalty of perjury, the information contained in this application is correct and complete.
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Signature of Authorized Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

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