



## Brownfields Solar PV Program

# APPLICATION



Rhode Island Renewable Energy Fund

REVISED: 4/20/20



## Submission Instructions:

- Please submit a complete electronic copy to [REF@commerceri.com](mailto:REF@commerceri.com)
- Uploading documents to Dropbox or shared folder is highly recommended. You can then email the shared link over.
- Please submit applications and questions to the REF Staff members at [REF@commerceri.com](mailto:REF@commerceri.com)

- **Review the Request for Projects document for further details before applying**
- **Read and review the REF Rules and Regulations before completing this application.** A copy of the proposed Rules may be obtained by mail or email or by calling 401-278-9100, or may be accessed online at: <http://commerceri.com/wp-content/uploads/2017/12/REF-Rules-and-Regulations-2017-870-RICR-20-00-1-.pdf>
- **All requirements must be met.**
- **Incomplete applications will not be processed.**
- **Awards are dependent on funding availability.**
- All applicants are advised that any and all records (documents, correspondence, memoranda, etc.), regardless of the form provided, received or maintained by COMMERCE RI and/or the REF, may be a matter of public record and subject to release under the Rhode Island Access to Public Records Act (R.I. Gen. Laws §38-2-1 et seq.). Commerce RI does however have the right to redact any information which is exempt under the statute before releasing the documents. The exemptions that would most pertain to financing or grant applications include but are not limited to reports and statements of strategy or negotiation, trade secrets and commercial and financial information which is privileged or confidential pursuant to R.I. Gen. Laws §38-2-2. As such, we suggest that any portion of the application or materials provided by the applicant that contains such information (including for example, customer lists, processes, etc. or financial information) be clearly labeled with a legend or marking such as "Confidential information -- Not Public Record". This does not guarantee that the information so marked will necessarily be exempt from public release, as Commerce RI will make any final determination about which information is to be made available to the public, but this will be helpful in identifying any records which may be exempt.

**There are two (2) application options. Direct Ownership (DO) or Third- Party Ownership (TPO). Please fill out the relevant sections A and B. Everything under section C and beyond must be completed.**

**DIRECT OWNERSHIP (DO)  
A.) APPLICANT INFORMATION**

<b>Applicant:</b> (Project site/system owner)	
<b>Solar PV Developer:</b>	
<b>Project Site Name:</b>	
<b>Project Site Address:</b>	
<b>Contact Name of Applicant:</b>	
<b>Applicant Address:</b>	
<b>City, State, Zip:</b>	
<b>Applicant Phone:</b>	
<b>Applicant Email:</b>	
<b>Applicant Website:</b>	
<b>Solar PV Developer Point of Contact:</b>	
<b>Solar PV Developer Email:</b>	
<b>Solar PV Developer Phone:</b>	
<b>Who should Commerce RI contact regarding this application?</b>	
<b>Applicant Type of Entity (ex: LLC):</b>	
<b>Describe Applicant's presence in Rhode Island:</b> (No. employees, percentage of total employees in RI, and/or history of doing business in RI)	
<b>Remediation Project Manager Name:</b>	
<b>Remediation Project Manager Email:</b>	
<b>Remediation Project Manager Phone:</b>	

**DIRECT OWNERSHIP (DO)**  
**B.) PROJECT SITE INFORMATION**

<p><b>Type of Project:</b> (Please check the appropriate area)</p>	<ul style="list-style-type: none"> <li>• <b>Net Metered:</b> _____</li> </ul> <p><i>(If it is a net metered project, please provide the name on the electric account below.)</i></p> <ul style="list-style-type: none"> <li>• <b>Virtual Net Metered:</b> _____</li> </ul>
<p><b>Project site address:</b></p>	
<p><b>City/Town/Zip:</b></p>	
<p><b>List all parties involved in the project if not included above in Section A (e.g. electrical and/or racking subcontractors, project remediation engineering firm, etc.):</b></p>	
<p><b>Provide a brief description of the proposed project including history of the brownfield site. Has the site been assigned a file number by DEM? If not, indicate the timeline to notify DEM. Include what the requested funds will be used for. Who will benefit from this project?</b></p>	

## THIRD PARTY OWNERSHIP (TPO)

### A.) APPLICANT INFORMATION

<b>System Owner:</b> (An individual or entity that applies to REF for a rebate. The System Owner is the owner of the project)	
<b>Host Customer:</b> (The Host Customer is the customer of the electric utility into which the system will be interconnected. This may or may not be the System Owner.)	
<b>Solar PV Installer</b> (If different from system owner): (The Primary Installer is the primary entity responsible for the project installation. The Primary Installer must be a professional contractor licensed to conduct business in Rhode Island. Any electrical work performed on the installation must be conducted by an electrician holding a valid and current license in Rhode Island.)	
<b>Land Owner</b> (If applicable)  (The owner of the property that the system will be placed upon,- if different from the system owner)	
<b>REF Grant Receiver (Payee):</b> (Who will be receiving the REF grant? Please provide the payees' W-9)	<input type="checkbox"/> System Owner <input type="checkbox"/> Host Customer <input type="checkbox"/> Installer
<b>System Owner Address:</b>	
<b>System Owner City, State, Zip:</b>	
<b>System Owner Contact Name:</b>	
<b>System Owner Phone:</b>	
<b>System Owner Email:</b>	
<b>System Owner Website:</b>	
<b>Remediation Project Manager Name:</b>	
<b>Remediation Project Manager Email:</b>	
<b>Remediation Project Manager Phone:</b>	
<b>Describe the System Owners presence in Rhode Island, including number of employees, percentage of total employees in RI, and history of doing business in RI:</b>	

**THIRD PARTY OWNERSHIP (TPO)  
B.) PROJECT INFORMATION**

<b>Host Customer &amp; Project Site Information:</b>	
<b>Host Customer/Name on Electric Account:</b>	
<b>Host Customer Phone Number:</b>	
<b>Host Customer Email Address:</b>	
<b>Host Customer Address (City/Town/Zip):</b>	
<b>Project Site address (City/Town/Zip):</b> (If not the same from host customer- off-site)	
<b>Do you plan to utilize the Federal Investment Tax Credit (ITC)? (Yes or No)</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>List all parties involved in the project if not included above in Section A (e.g. electrical and/or racking subcontractors, project remediation engineering firm, etc.):</b>	
<b>Provide a brief description of the proposed project including history of the brownfield site. Has the site been assigned a file number by DEM? If not, indicate the timeline to notify DEM. Include what the requested funds will be used for. Who will benefit from this project?</b>	

## C.) UTILIZATION OF FUNDS

### Funding Request

Provide a description of all sources of funding for this project, including REF, along with any supporting letters of interest/commitment for the identified sources. In addition, identify any financial assistance (loans, grants, etc.) received for project site remediation.

Funding Source	Dollar Amount	Confirmed or Pending?	Expected Date of Finalization
RI REF		Pending	
DEM Brownfield Grant Program			
RIIB Brownfield loan program			
<b>Total</b>			

### Calculations:

Please provide the following calculations:

Category	Amount
<b>REF Amount Requested:</b> (Not to exceed \$250,000 for DO*) (Not to exceed \$175,000 for TPO**)	\$
<b>Total Project Cost:</b>	\$
<b>Percentage of Total Project Costs that REF grant will cover:</b>	_____ %

\*DO: Direct Ownership

\*\* TPO: Third- Party Ownership

## D.) SOLAR PV Project Data

<b>PV module manufacturer:</b>	
Model:	
Quantity:	
<b>Inverter Manufacturer:</b>	
Model:	
Quantity:	
<b>DC System Rating:</b> (Do not round up)	
<b>Total Annual AC Production:</b> (Please attach PVWatts or PV SYS)	
Array Type:	<input type="checkbox"/> Fixed <input type="checkbox"/> Tracking
Array Mounting:	<input type="checkbox"/> Ground <input type="checkbox"/> Roof <input type="checkbox"/> Other
<b>Age of roof (if applicable):</b>	
Expected remaining lifespan of roof:	
<b>Length of Manufacturers' System Warranty:</b>	
<b>Length of Workmanship Warranty</b> (minimum 3 years required)	



## E.) LOGISTICAL FEASIBILITY

Please list all zoning, permitting, and interconnection items that are critical to project timeline including any special permits or approvals that may apply (ex. RI Department of Environmental Management, RI Coastal Resources Management Council, RI Historical Commission, etc.). Please include a letter from the City/Town that the proposed project is a permissible application at the proposed location.

Required Approval	Entity Administering Approval	Date Expected to Apply	Date Expected Complete
Engineering			
Zoning (if applicable)			
Interconnection			
Solar Permit			
Other Special Permits			

## F.) SCOPE OF WORK

**Please provide a brief description of all major tasks associated with completing this project in addition to the items provided in section IV. Include a draft timeline including major milestones. Please use a table format wherever possible. Please provide a narrative path to obtain permit approval for any pending or irresolute scope items. If project is a capped landfill – provide documentation of landfill cap from DEM. If the landfill has not yet been capped, provide documentation with the contractor information and proposed timeline.**

## G.) ECONOMIC DEVELOPMENT

**Please explain how the project will help to promote the expansion and development of renewable energy in Rhode Island. Please describe any environmental or economic benefits to the state.**

## H.) JOB CREATION

Please provide expected job data for the proposed project. For each person expected to gain work on this project, please include the job category, number of jobs in the category, wage, and number of hours expected to be worked on the job. Include all expected work including surveyors, engineers, attorneys, roofers, etc.

Job Title/Category	Number of Full Time (FT) Jobs	Salary (FT)	# of Part Time (PT) Jobs	Wage/hour (PT)	Hours (PT)



## I.) QUALIFICATIONS OF PROJECT PERSONNEL

<b>Qualification Information:</b> All items listed below are required from the contractor/installer company	
<b>Solar PV Installer registered in RI:</b> <a href="http://www.sos.ri.gov/divisions/business-portal">http://www.sos.ri.gov/divisions/business-portal</a>	<input type="checkbox"/> Yes <input type="checkbox"/> No- If so, please register
<b>Registered with the State of Rhode Island Contractors' Registration and Licensing Board:</b>	<b>Registration #:</b>
<b>Master Electrician Information (if known):</b>	<b>Name:</b>
	<b>License #:</b>
	<b>Company:</b>
	<b>Summary of Experience:</b>
<b>DEM Brownfield File Number (if known):</b>	<b>#:</b> _____

## J.) ATTACHMENTS

Please submit the following documents for each project site. Please submit a completed chart, mark “Yes or No” in each box. If any of the attachments are absent, please provide an explanation. The full definition of each attachment is found in the solicitation for projects document.

Attachments:	Checkbox
<b>Signed turnkey contract-</b> between the project owner and a renewable energy company (contingent on REF funding.)	
<b>PPA contract</b> (if applicable)	
<b>System one-line or three-line electrical drawing</b>	
<b>Layout Drawing</b>	
<b>Google Earth or other aerial image-</b> Of the site with the building or site clearly identified	
<b>Workmanship warranty-</b> Minimum of 3 years (if not included with turnkey contract)	
<b>Manufacturer warranty</b>	
<b>W-9 Form for Applicant/Payee</b>	
<b>Equipment spec sheets</b>	
<b>PV System output (PV Watts, PV SYS, or other)</b>	
<b>If the project is on a site with a capped landfill, provide documentation of the landfill cap from DEM.</b>	

## K.) APPLICATION AUTHORIZATION

**The undersigned is an authorized representative of the Applicant listed below with the authority to bind the company for the proposed Renewable Energy Project. The Applicant has read, understands, and agrees to be bound by the terms and conditions provided by the Rhode Island Commerce Corporation (COMMERCE RI).**

**I certify that:**

- All statements made in this Application in its entirety including all attachments, appendices, etc. are true and correct to the best of my knowledge.
- The Applicant is neither a person subject to the Rhode Island Code of Ethics nor a person within the scope of R.I.G.L. § 36-14-5(h)
- The Applicant has not been convicted of bribery or attempting to bribe a public official or employee of the COMMERCE RI or of the State, has not been disqualified from an awarded contract with COMMERCE RI or the State, and has never defaulted on work awarded by the COMMERCE RI or the State.
- The Applicant understands that customers participating in the Renewable Energy Fund Program are not eligible for participation in the Renewable Energy Growth Program.

Category:	Please print. Sign on the grey fields.
Legal Name of Applicant:	
Name of Customer Site (If different than above):	
Company or Department Name (if applicable):	
<b>Signature of Applicant's Authorized Representative:</b>	<b>X</b>
Name of Authorized Representative:	
Title/Company:	
Date Signed:	