



Commercial-Scale Program

APPLICATION



Rhode Island Renewable Energy Fund (REF)

Version Date: 9/28/2021



Submission Instructions:

- Please submit a complete electronic copy to 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

- **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 401-278-9112, or may be accessed online at: <https://rules.sos.ri.gov/regulations/part/870-20-00-1>
- **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

Applicant: (Project site/system owner)	
REF Grant Receiver (Payee): (Who will be receiving the REF grant? Please provide the payees' W-9)	<input type="checkbox"/> System Owner <input type="checkbox"/> Installer Company
Renewable Energy Company (Installer/Developer):	
Project Site Name:	
Project Site Address:	
Contact Name of Applicant:	
Applicant Address:	
City, State, Zip:	
Applicant Phone:	
Applicant Email:	
Applicant Website:	
Renewable Energy Company Point of Contact Name:	
Renewable Energy Company Email:	
Renewable Energy Company Phone:	
Who should Commerce RI contact regarding this application?	
Applicant Type of Entity (ex: LLC):	
Activities of Entity:	
Please describe the Applicant's presence in Rhode Island: (In terms of # of employees, percentage of total employees in RI, and/or history of doing business in RI)	



DIRECT OWNERSHIP (DO)
B.) PROJECT SITE INFORMATION

Name on Electric Account:	
Installation street address:	
City/Town/Zip:	
Nature of Project Site Activity (ex. manufacturer, school, supermarket, municipal)	
Describe hours of Project Site Operation: (ex. seasonal, weekdays only, hours per week)	
Is project located on a Historic Property?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you plan to utilize the Federal Investment Tax Credit (ITC)? (Yes or No)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Number of employees at project location:	
Please explain the relationship between the Applicant and the ultimate owner of the Renewable Energy System (if different).	
Please explain the relationship between the, the Renewable Energy Developer and the Renewable Energy System Installer (if different).	



THIRD PARTY OWNERSHIP (TPO)- non-profits only
A.) APPLICANT INFORMATION

System Owner: (An individual or entity that applies to REF for a rebate. The System Owner is the owner of the project)	
Host Customer: (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.)	
Installer (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.)	
Land Owner (If applicable) (The owner of the property that the system will be place upon- if different from the system owner)	
REF Grant Receiver (Payee): (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
System Owner Address:	
System Owner City, State, Zip:	
System Owner Contact Name:	
System Owner Phone:	
System Owner Email:	
System Owner Website:	
Describe the System Owner's presence in Rhode Island, including number of employees, percentage of total employees in RI, and history of doing business in RI:	



THIRD PARTY OWNERSHIP (TPO)- non-profits only
B.) PROJECT INFORMATION

Host Customer & Project Site Information:	
Host Customer/Name on Electric Account:	
Host Customer Phone Number:	
Host Customer Email Address:	
Host Customer Address (City/Town/Zip):	
Project Site Address (City/Town/Zip): (If not the same from host customer- off-site)	
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.):	
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?	



C.) UTILIZATION OF FUNDS

Funding Request

Please 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.

Funding Source	Dollar Amount	Confirmed or Pending?	Expected Date of Finalization
RI Renewable Energy Fund		Pending	
Total			

Calculations:

Please provide the following calculations:

Category	Amount
REF Amount Requested: (Not to exceed \$75,000) (For Solar Carport projects- not to exceed \$200,000)	\$ _____
Total Project Cost: The total cost of the solar equipment, design, development, construction, interconnection, permitting, financing (if known), and labor necessary to install the solar PV project. This figure should not account for any tax incentives, grants, or other cash incentives. Additional costs, indirectly related to the solar project, such as roofing work, should not be included.	\$ _____
Percentage of Total Project Costs that REF grant will cover:	_____ %



D.) TECHNOLOGY SPECIFIC DATA: SOLAR PV; SDHW; SOLAR CARPORT

PV module manufacturer:	
Model:	
Quantity:	
Inverter Manufacturer:	
Model:	
Quantity:	
DC System Rating: (in kW; Please do not round)	
Array Type:	<input type="checkbox"/> Fixed <input type="checkbox"/> Tracking
Annual KWh produced (estimate):	
Annual Energy Bill savings (estimate):	
Annual CO2 Emissions Avoided:	
Array Mounting/Type:	<input type="checkbox"/> Ground <input type="checkbox"/> Roof <input type="checkbox"/> Solar Carport <input type="checkbox"/> Solar domestic hot water (SDHW)
Age of roof (if applicable):	
Expected remaining lifespan of roof (if applicable):	
Length of Manufacturers' System Warranty:	
Length of Workmanship Warranty (minimum 3 years required)	



Technology Specific Data: Wind (if applicable)

Wind Turbine Manufacturer:	
Model:	
Quantity:	
Rated kW Output:	
Transformer Manufacturer:	
Model:	
Wind speed at hub height (m/s):	
Total Annual kWh Expected Production:	
Please specify which Wind Assessment Technology used:	
Distance to closest residence (feet):	
Distance to 3-phase power (feet):	
Has a feasibility study been conducted onsite?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Ongoing
Have you received a Determination of No Hazard from the Federal Aviation Administration?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, when do you expect to receive a favorable determination?	
Length of Workmanship Warranty (minimum 3 years required)	



Technology Specific Data: Hydro (if applicable)

Name of dam or facility:	
Dam ID No:	
Name of waterway on which facility is located:	
Name of dam owner:	
Owner of water rights:	
FERC Status (check one):	<input type="checkbox"/> Pursuing a FERC “conduit exemption” <input type="checkbox"/> Unlicensed, but canal is FERC-licensed <input type="checkbox"/> Existing FERC license or exemption Provide license #: <input type="checkbox"/> Non-jurisdictional
Major Equipment Manufacturers:	
Turbine Descriptions:	
Nameplate Capacity kW:	
Total Annual kWh Expected Production:	



Technology Specific Data: Other Technologies (if applicable)

Description of Technology:

Major Equipment Manufacturer:

Model:

Nameplate Capacity:

**Total Annual kWh Expected
Production:**

Please provide any other relevant information or product descriptions:



E.) LOGISTICAL FEASIBILITY

- Please list all zoning, permitting, interconnection items that are critical to project timeline including any special permits that may apply (ex. RI Coastal Resources Management Council, RI Historical Commission, RI Department of Environmental Management, etc.).

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



F.) SCOPE OF WORK

Please provide a brief description of all major tasks associated with completing this project. Include a draft timeline. Please use a table format wherever possible. Please provide a narrative path to obtain permit approval for any pending or irresolute scope items.

G.) QUALIFICATIONS OF PROJECT PERSONNEL

Qualification Information: All items listed below are required from the contractor/installer company	
Installer registered in RI: http://www.sos.ri.gov/divisions/business-portal	<input type="checkbox"/> Yes <input type="checkbox"/> No- If so, please register
Registered with the State of Rhode Island Contractors' Registration and Licensing Board: (For any company installing solar)	Registration #:
Rhode Island Renewable Energy Professional License (REP) information:	License #:
Master Electrician Information:	Name:
	License #:
	Company:
	Summary of Experience:



H.) 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
Signed turnkey contract (Between the project owner and a renewable energy company (contingent on REF funding.))	
Signed Agreement/PPA contract (if applicable)	
System one-line or three-line electrical drawing	
Proof of Funds for remainder of project	
Electricity Bill - A complete copy of most recent (less than a year old) electricity bill (if new construction, please include a request for service from utility)	
Layout Drawing	
One-line electric drawing	
Workmanship warranty - Minimum of 3 years (if not included with turnkey contract)	
Manufacturer warranty	
W-9 Form	
Shade Analysis (for solar pv projects)	

For **Wind**:

- FAA filing
- Proof that project is permissible within jurisdictional authority
- Detailed System Output in kWh forecasted for the project

For **Hydro; Anaerobic Digester**:

- Detailed System Output in kWh forecasted for the project
- Any other supporting or supplemental information that the Applicant deems relevant for the Corporations review and evaluation of the Application:



I.) 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):	
Signature of Applicant's Authorized Representative:	X
Name of Authorized Representative:	
Position Title/Company:	
Date Signed:	

