

Solar Communities Feed-in Tariff ("FIT V") Application Cover & Appendix

Email completed application along v	with a scanned image	e of application	fee check to: Pwr	MktFIT@pseg.com
Project Name:				
Applicant:				
Developer/Agent (if different)*:				
If Different, Applicant must attac	ch letter of Authori	zation for Dev	eloper/Agent to	act on their
behalf on matter other than contr	ract signing.			
Size (kW AC):	Technology:			
Location. (Street address or cross	s streets):			
City/Town		State:	ZIP:	-
We hereby submit our application defined in the Appendix attached. We have reviewed the potential appropriate in total and propose a bid kWh) for the 20-year term of the not be accepted.	d hereto. requirements and c I price of \$	costs for the in per kWh (terconnection a	s well as the st \$0.0001 per
The Appendix and Attachment p	provide details of th	e project.		
Our proposal is in compliance w Feed-in-Tariff.	ith the terms of the	Service Class	ification 11 Sol	ar Communities
Submitted by (Name/Title):				

APPENDIX to PSEG Long Island APPLICATION for Solar Communities Feed-in Tariff for INTERCONNECTION OF DISTRIBUTED RESOURCE EQUIPMENT FROM 200 KW UP TO 5 MW IN PARALLEL WITH THE LIPA DISTRIBUTION/TRANSMISSION SYSTEM

Applicant Organiza	ation:				
Applicant:					
Applicant Contact: Title:					
Address:					
City/Town:		State:	ZIP:	-	
Phone:	Fax:	Email:			
Project Name:					
Installation Address	s:				
City:		State:	ZIP:	-	
Proposed Size (kW	AC):				
Nearest Cross Street	:				
Preferred Feeder & Voltage: Substation:					
Google Map Attach	ned of Site Layout and Pr	referred Interconnection	location (this is req	uested to	
help confirm project	location)				
Is the project already	in the Smart Grid SGIP	queue or NYISO interce	onnection queue?:	Yes	No
If yes, pr	roject <u>must</u> withdraw fr	om that queue and re-si	ıbmit this applicat	ion.	
Are the Project and	associated interconnection	on facilities designed to v	vithstand 130 mph	winds and	
have equipment elev	vations to accommodate u	updated one-in-500 year	flood zones?:	Yes	No
Comments:					
Agent/Developer (in	f different):				
Developer/Agent:					
Agent Contact:		Title:			
Address:					
City/Town:		State:	ZIP:	-	
Phone:	Fax:	Email:			

Does the applicant have site control?

Yes

No

Site control is highly encouraged. In addition to requirements of the interconnection process, accepted projects risk withdrawal of their acceptance if they fail to demonstrate site control within: 6 months for projects 200-1,000 kWac; or 12 months for projects greater than 1,000 kWac.

Is the applicant submitting bids for other projects (not mutually exclusive) with identical capacity and price? Yes No

If yes, please indicate the priority this application should be given for the purpose of breaking ties among the applicant's identical capacity/price bids in the evaluation process (1 = highest priority, 2 = next highest priority, etc.)

Application Fee

At the time of application to the Solar Communities FIT V program, the applicant will need to provide a certified check for the higher of (a) \$1,000 or (b) \$1/kW(ac) of proposed project kilowatt capacity within three business days. Application fee should be made payable to PSEG Long Island and delivered to:

PSEG Long Island

ATTN: Scott Brown, Manager Power Program Operations 175 East Old Country Road EOB, 1st Floor Hicksville, NY 11801

A scanned image of the check must accompany the e-mail submission of this application. The application fee is non-refundable

Photovoltaic System Description:

Panel Manufactu	rer:	
Model No.:	Version N	0.
Inverter Manufac	cturer:	
Model No.	Version No	o.
(a) Panel Po		kW DC
(b) Number	of Panels	
(c) Total Rated Output [line a * line b]:		kW DC
(d) PTC/CF	C Panel Rating	kW DC
(d) PTC/CEC Panel Rating:(e) PTC/CEC Net Total Output [line b * line d]:		
(e) PIC/CEC	. Net Total Output fithe v · time af	KW DC
(f) Inverter	Efficiency (%):	
(g) Total Par	nel Rated Output [line e * line f]:	kW AC
(h) Inverter	Power Rating:	kW AC
` ´	of Inverters:	
	verter Rated Output [line h * line i]	kW AC
(k) System	Γotal Output	kW AC
System T (line j).	otal Output shall be the lesser of Total	Rated Output (line g) and Total Inverter Rated Output
System Type Tes	sted (Total System): Yes	No; attach product literature Equipment Type
Output Connecti	on: Delta Wve	Wve Grounded

Alternative proposed capacity (OPTIONAL)

Bidders may, but are not required to, specify alternative capacity amounts smaller than the proposed capacity. Alternative proposed capacity amounts will be considered only in the case that the full proposed capacity bid would not be accepted. Alternative capacity will be considered with the same bid price.

Alternative proposed capacity amount(s) – all inputs in kW-AC:

Continuous range from [min] kW to [max]: kW, inclusive

Range from [min] kW to [max]: kW in increments of kW

Specific amounts: kW, kW, kW, kW, kW, kW

Other:

Other pertinent information relating to this proposal: