

**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 Organization:

Applicant:

Applicant Contact:

Title:

Address:

City/Town:

State:

ZIP:

-

Phone:

Fax:

Email:

Project Name:

Installation Address:

City:

State:

ZIP:

-

Proposed Size (kW AC):

Nearest Cross Street:

Preferred Feeder & Voltage:

Substation:

Google Map Attached of Site Layout and Preferred Interconnection location (this is requested to help confirm project location)

Is the project already in the Smart Grid SGIP queue or NYISO interconnection queue?: Yes No

If yes, project must withdraw from that queue and re-submit this application.

Are the Project and associated interconnection facilities designed to withstand 130 mph winds and have equipment elevations to accommodate updated one-in-500 year flood zones?: Yes No

Comments:

Agent/Developer (if 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 Manufacturer:

Model No.:

Version No.

Inverter Manufacturer:

Model No.

Version No.

(a) Panel Power Rating: kW DC

(b) Number of Panels

(c) Total Rated Output [*line a * line b*]: kW DC

(d) PTC/CEC Panel Rating: kW DC

(e) PTC/CEC Net Total Output [*line b * line d*]: kW DC

(f) Inverter Efficiency (%):

(g) Total Panel Rated Output [*line e * line f*]: kW AC

(h) Inverter Power Rating: kW AC

(i) Number of Inverters:

(j) Total Inverter Rated Output [*line h * line i*]: kW AC

(k) System Total Output kW AC

System Total Output shall be the lesser of Total Rated Output (line g) and Total Inverter Rated Output (line j).

System Type Tested (Total System): Yes No; attach product literature Equipment Type

Output Connection: Delta Wye Wye 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
Other:					

Other pertinent information relating to this proposal: