



**DSGS Provider / Participant Attestation for
Reimbursement Claims**

Demand Side Grid Support (DSGS) Program

Instructions:

Rename this file, replacing the placeholders to include the Provider/Participant name and the date of submission (in YYYY-MM-DD format). Complete the information below along with an electronic signature of an authorized representative of the DSGS Provider or Participant. Place this attestation into a zipped folder along with the claim form and all supporting documentation and upload to the DSGS Website at:

<https://dsgs.olivineinc.com/upload>.

For more information on the program, including the DSGS Program Guidelines and Guideline Advisory, please visit the [DSGS Program website](#).

1. DSGS Claim Submission Information

Date of Submission:

Claim Form Submission File Name:

Incentive Option [*for DSGS Providers Only - if participating in multiple options, only select the option below which is associated with the claim template you are submitting.*]

Option 1

Option 2

Option 3

2. Certification

- I am authorized to complete and sign this form on behalf of the DSGS Provider/ Participant.
- I certify under penalty of perjury under the laws of the State of California that the payment will reimburse eligible incentive payments and administrative costs to the accuracy and completeness of the information submitted.

Name of Authorized Representative:	
Title:	
Email Address:	
Date:	

Electronic Signature of Authorized Representative
