

Demand Side Grid Support Program

2024 Option 1 Direct Participant – Incentive Claim Process Overview

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Agenda



Incentive Claim Process Overview

Claim Package Requirements



Olivine Introduction & Role in DSGS

About Olivine, Inc.

- California-based company focused on helping the state meet its renewable energy and GHG reduction goals
- Learn more at www.olivineinc.com

Role in DSGS

- Implementing DSGS on behalf of CEC
- Responsible for providing program management and infrastructure to support enrollment, communications, reporting and settlement.



INCENTIVE CLAIM PROCESS OVERVIEW

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Understanding the DSGS Payments System

DSGS Option 1 Incentives

- Energy Payment: \$2.00 per kWh of load reduction
- Standby Payment: \$0.25 per kWh of capacity committed
- Controllable Generation Incentive: \$2.00 per kW / \$1.50 per HP of generator capacity
- Incremental Demand Charges: reimbursement of any additional demand charges incurred

How Incentives are Calculated

- Energy Payment Calculations calculated by DSGS team based on participant meter data
- Standby Payment Calculations calculated by DSGS team based on Capacity Commitment
- Controllable Generation Calculations calculated by DSGS team based on generator specifications
- Incremental Demand Charge Recovery calculated by the Participant and verified by DSGS team

Claim Process Overview



Participant gathers documents for Claim Package

- Claim Form
- Supporting Documentation for Demand Charges or Controllable Generation Incentive (if applicable)
- DSGS Attestation and current STD 204



Participant uploads Claim Package (by 2/28/25)



DSGS Program Team review and approval

- Validate Claim Form for completeness and accuracy
- Analyze meter data and calculate incentive payments.

4

Incentive Summary Report sent to Participant for approval



2024 Claim Packages must be submitted by February 28, 2025.

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CLAIM PACKAGE REQUIREMENTS

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Claim Package Overview

Option 1 participants will submit a claim package at the end of the season (by Feb 28, 2025), initiating the incentive payment process for all sites enrolled in DSGS.

Option 1 Claim Package Contents:

- Claim Form
- Supporting Documentation for Demand Charges or Controllable Generation Incentive (if applicable)
- Payee Data Record (STD 204)
- DSGS Provider Attestation for Reimbursement Claim

The following slides will review each of these one-by-one.

Claim Form

Download Claim Form from DSGS Website at:

https://dsgs.olivineinc.com/resources

Option 1 Claim Form Contents:

• Instructions

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- Participant Information
- Program Activity Report
- Meter Data Template
- Controllable Generation Incentive

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• Incremental Demand Charges

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| Cont Date of Ev | vent | Wednes | sday, July 24, 20 | 24 | | | | | | | | | | 5-6PM |
| | | | Resource Type | | Addres | sc 1 | Address 2 | | rity. | 7in Code | State | Load Serving | Customer | Participation |
| 2 3 Resou | Irce 1 | | nesource (pe | | Addres | | Address 2 | | - city | Lip coue | State | Entity | Number | Standby |
| 4 Resou 5 Resou | irce 2 irce 3 | | | | | | | | | | | | | |
| 6 Resou 7 Resou | irce 4 irce 5 | | | | | | | | | | | | | |
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| | | | Customer Identification | Genera Namep | ator | HP or kW | , | Addres | s 1 | Addre | ss 2 | City | Zip Code | e State |
| 2 | Resource | e 1 | Number | Capac | ity | | | | | | | | | |
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Claim Form: Program Activity Report

Complete the Program Activity Report tabs for each event for all enrolled resources.

- Only one Event was called (7/24/24), so this tab is only completed once.
- Enter information about each Resource: type, address, LSE
- Enter the Customer Identification Number (i.e. utility account number) for the resource.
- Select Energy, Standby, or None for the resource's event Participation Type during each hour. Enter "None" if the resource took no action to reduce energy in that event hour.

| | A | В | C | D | E | F | G | н | 1 | J | к | L | M | N | 0 | P |
|----|---------------|--------------------------|---------------|---------------|-----------------|---------------|--------------|------------------------|--------------------------------------|---|---|---|---|---|---|---|
| 1 | Date of Event | Wednesday, July 24, 2024 | All fields, i | including cus | tomer address a | nd participan | t identifier | | | 5-6PM | 6-7PM | 7-8PM | 8-9PM | 9-10PM | 10-11PM | 11-12PM |
| 2 | | Resource Type | Address 1 | Address 2 | City | Zip Code | State | Load Serving Entity | Customer Identification Number | Participation Type: Energy or Standby |
| 3 | Resource 1 | | | | | | | | | | | | | | | í – – – – – – – – – – – – – – – – – – – |
| 4 | Resource 2 | | | | | | | | | | | | | | | () |
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| 7 | Resource 5 | | | | | | | | | | | | | | | |
| 8 | Resource 6 | | | | | | | | | | | | | | | |
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| 10 | Resource 8 | | | | | | | | | | | | | | | |
| 11 | Resource 9 | | | | | | | | | | | | | | | |
| 12 | Resource 10 | | | | | | | | | | | | | | | í – – – – – – – – – – – – – – – – – – – |

Claim Form: Meter Data Template

Complete the Meter Data Template for each Resource. Please contact DSGS Support if this data is unavailable.

- Enter the Customer Identification Number (i.e. utility account number) in column A. This tab should be completed for each separate account.
- Date and Time are pre-populated for the month of July, 2024 in 15-minute intervals.
- Please provide energy usage (kWh) for each time interval in column E.
- If your meter data does not match this format, please submit what you have and the DSGS team will re-format as necessary.

| | A | В | с | D | E |
|----|----------------------|----------|------------|-----|-------|
| | Customer | Data | T ' | | |
| 1 | Identification Numbe | Date | Time 🗸 | | Usage |
| 2 | 1234567890 | 7/1/2024 | 0:15 | кwн | |
| 3 | 1234567890 | 7/1/2024 | 0:30 | кwн | |
| 4 | 1234567890 | 7/1/2024 | 0:45 | кwн | |
| 5 | 1234567890 | 7/1/2024 | 1:00 | кwн | |
| 6 | 1234567890 | 7/1/2024 | 1:15 | кwн | |
| 7 | 1234567890 | 7/1/2024 | 1:30 | кwн | |
| 8 | 1234567890 | 7/1/2024 | 1:45 | кwн | |
| 9 | 1234567890 | 7/1/2024 | 2:00 | кwн | |
| 10 | 1234567890 | 7/1/2024 | 2:15 | кwн | |
| 11 | 1234567890 | 7/1/2024 | 2:30 | кwн | |
| 12 | 1234567890 | 7/1/2024 | 2:45 | кwн | |
| 13 | 1234567890 | 7/1/2024 | 3:00 | кwн | |
| 14 | 1234567890 | 7/1/2024 | 3:15 | кwн | |
| 15 | 1234567890 | 7/1/2024 | 3:30 | кwн | |
| 16 | 1234567890 | 7/1/2024 | 3:45 | кwн | |
| 17 | 1234567890 | 7/1/2024 | 4:00 | кwн | |
| 18 | 1234567890 | 7/1/2024 | 4:15 | кwн | |
| 19 | 1234567890 | 7/1/2024 | 4:30 | кwн | |
| 20 | 1234567890 | 7/1/2024 | 4:45 | кwн | |
| 21 | 1234567890 | 7/1/2024 | 5:00 | кwн | |

Claim Form: Incremental Demand Charges

DSGS provides reimbursement for additional demand charges incurred due to participation in a DSGS event.

To claim reimbursement, complete the "Incremental Demand Charges" tab and submit:

- Utility bill for month with increased demand charges (i.e. July, 2024).
- Calculation used to determine what the demand charge would have been if not for the DSGS event participation.

| | A | В |
|---|--------------------------------|---|
| 1 | Incremental Demand Charges | |
| | Customer Identification Number | Demand Charge Reimbursement Amount (\$) |
| 2 | | |
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| Total Amount Due by 08/28/2019 \$8. Total Amount Due by 08/28/20 | Questions at | bout your bill? | Silicon Valley Clean Energ | y Electric Generation Charges | \$32.4 |
| Instants The service where the service the first area of and the service th | Nonday-Enday Saturday 8 a.m Phone: 1-800-7 www.pge.com/ | r 7 a.m9 p.m. 16 p.m. 743-5000 MyEnergy | Total Amount Due | by 08/28/2019 | \$88.1 |
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Claim Form: Controllable Generation Incentive

Participants using BUGs powered by biomethane, natural gas, or diesel that are remotely controllable may receive a one-time bonus incentive of \$2.00/kW or \$1.50/horsepower (HP). To claim this incentive:

- Complete the Controllable Generation Incentive tab in the Claim Form,
- Include the specification sheet or other supporting documentation showing nameplate kW or HP,
- Include documentation demonstrating that the generator is remotely controllable.

| | А | В | c | D | E | F | G | н | I I |
|----|----------------|--------------------------|-----------------------|----------|-----------|-----------|------|----------|-------|
| | | | | | | | | | |
| 1 | Controllable (| Generation Incen | tive | | | | | | |
| | | Customer | Generator | | | | | | |
| 2 | | Identification Number | Nameplate Capacity | HP or kW | Address 1 | Address 2 | City | Zip Code | State |
| 3 | Resource 1 | | | | | | | | |
| 4 | Resource 2 | | | | | | | | |
| 5 | Resource 3 | | | | * | | | | |
| 6 | Resource 4 | | | | | | | | |
| 7 | Resource 5 | | | | | | | | |
| 8 | Resource 6 | | | | | | | | |
| 9 | Resource 7 | | | | | | | | |
| 10 | Resource 8 | | | | | | | | |
| 11 | Resource 9 | | | | | | | | |
| 12 | Resource 10 | | | | | | | | |
| 13 | Resource 11 | | | | | | | | |
| 14 | Resource 12 | | | | | | | | |
| 15 | Resource 13 | | | | | | | | |



DSGS Participant Attestation

- DSGS Participant Attestation for Reimbursement Claims: Attestation that the payment will cover eligible incentive payments and to the accuracy and completeness of the information submitted.
- Available on DSGS Program Website.

| | Demand Side Grid | d Support (DSGS) | Program | |
|---|---|---|---|--|
| And the date of sub along with an electror or Participant. Place all supporting docum https://dsgs.olivinei | placing the placeho mission (in YYYY-M onic signature of ar this attestation int mentation and uploa <u>nc.com/upload</u> . | lders to include the l M-DD format). Comp n authorized represe o a zipped folder alo ad to the DSGS Web | Provider/Part olete the info ntative of the ng with the o site at: | icipant name rmation below e DSGS Provider claim form and |
| or more informatic Guideline Advisory, | on on the program, please visit the <u>DSC</u> | including the DSGS I GS Program website. | Program Guio | delines and |
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CALIFORNIA

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NATURAL

Payee Data Record (STD 204)

- An STD 204 is required when receiving payments from the State of California.
- If the designated payee has already submitted a complete STD-204 form with a prior reimbursement claim and has received a payment within the past year from the CEC, a new STD-204 is not needed.

| STATE OF CALIFORNIA – DEPARTMENT OF FINANCE PAYEE DATA RECORD (Required when receiving payment from the State of California in lieu of IRS W | Reset Form | | | | | |
|--|--|---------------------|----------------------------|---|--|--|
| STD 204 (Rev. 03/2021) | , | | | | | |
| Section 1 - | Payee Inform | ation | | | | |
| NAME (This is required. Do not leave this line blank. Must match the particular that the particular the particular that the pa | ayee's federal tax | return) | | | | |
| BUSINESS NAME, DBA NAME or DISREGARDED SINGLE M | EMBER LLC N | AME (If | different from a | bove) | | |
| MAILING ADDRESS (number, street, apt. or suite no.) (See instruction | ons on Page 2) | | | | | |
| CITY, STATE, ZIP CODE | 1 | E-MAIL | ADDRESS | | | |
| Section | 2 – Entity Typ | e | | | | |
| Check one (1) box only that matches the entity type of the P | ayee listed in \$ | Section | 1 above. (Se | e instructions on page 2) | | |
| SOLE PROPRIETOR / INDIVIDUAL | CORPORAT | ION (see | instructions on | page 2) | | |
| SINGLE MEMBER LLC Disregarded Entity owned by an individual | MEDICAL | (e.g., de | ntistry, chiropre | actic, etc.) | | |
| PARTNERSHIP | PARTNERSHIP LEGAL (e.g., atto | | | | | |
| ESTATE OR TRUST | (e.g., no | nprofit) | | | | |
| | ALL OTH | ERS | | | | |
| Section 3 – Tax | Identification | า Numl | ber | | | |
| Enter you have been included with the appropriate box match the name given in Section 1 of this form. Do not provide The TIN is a 9-digit number. Note: Payment will not be processe • For Individuals, enter SSN. • If you are a Resident Alian and you do not have and are not appropriate the section of the | more than one ad without a TIN | n (1) TIN. √. | Social Sec Individual 1 | urity Number (SSN) or Fax Identification Number (ITIN) | | |
| SSN, enter your ITIN. • Grantor Trusts (such as a Revocable Living Trust while the g | grantors are aliv | e) may | OR | | | |
| not have a separate FEIN. Those trusts must enter the indiv For Sole Proprietor or Single Member LLC (disregarded sole member is an individual, enter SSN (ITIN if applicable prefers SSN). | ridual grantor's entity), in whic e) or FEIN (FTB | SSN. h the | Federal Em (FEIN) | ployer Identification Number | | |
| For Single Member LLC (disregarded entity), in which th business entity, enter the owner entity's FEIN. Do not use entity's FEIN. | prevents Sorv. For Single Member LLC (disregarded entity), in which the sole member is a business entity, enter the owner entity's FEIN. Do not use the disregarded entity's FEIN. | | | | | |
| For all other entities including LLC that is taxed as a corpora estates/trusts (with FEINs), enter the entity's FEIN. | tion or partners | hip, | | | | |
| Section 4 – Payee Resi | dency Status | (See i | nstructions) | | | |
| CALIFORNIA RESIDENT – Qualified to do business in Californi | a or maintains a | perman | ent place of bu | siness in California. | | |
| CALIFORNIA NONRESIDENT - Payments to nonresidents for | services may be | subject | to state incom | e tax withholding. | | |
| No services performed in California Copy of Franchise Tax Board waiver of state withholding is at | tached. | | | | | |
| Postion F | | 20 | | | | |
| I hereby certify under penalty of perjury that the information Should my residency status change, I will promptly notify th | provided on t | his doc / below | ument is true | and correct. | | |
| NAME OF AUTHORIZED PAYEE REPRESENTATIVE | TITLE | | E | MAIL ADDRESS | | |
| SIGNATURE | DATE | ľ | ELEPHONE | (include area code) | | |
| Section 6 – P | aying State | Agency | | | | |

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Submitting Claim Packages

To submit a claim package, place the claim form and all supporting documentation into a **zipped folder** and upload to the DSGS Website at: <u>https://dsgs.olivineinc.com/upload/</u>

- Instructions for how to "zip" a folder <u>here</u>.
- Navigate to program website upload link
- Select "Option 1 Direct Participant Claim Package" under Submission Type
- Fill in all required fields

| California DEMAND SIDE GRID SUPPO | RT | | | | APPLY NOW |
|---|----------------------------|-----------|-----------|--------------|-----------|
| | HOME ENROLLME | NT FAQ | RESOURCES | CONTACT US | |
| | DSGS Uploads | | | | |
| | Contact Information | | 8 | Upload Files | |
| | Submission Type * -Select- | × | | | |
| | Your Name * | Last Name | | | |
| | Organization * | | | | |
| | Email * | | | | |



For more information, please contact:

DSGS Support dsgs-support@olivineinc.com (866) 208-6352

THANK YOU!