



Demand Side Grid Support Program

2024 Option 1 Provider Incentive Claim Process Overview

Agenda

- 1 Incentive Claim Process Overview
- 2 Option 1 Claim Package Requirements

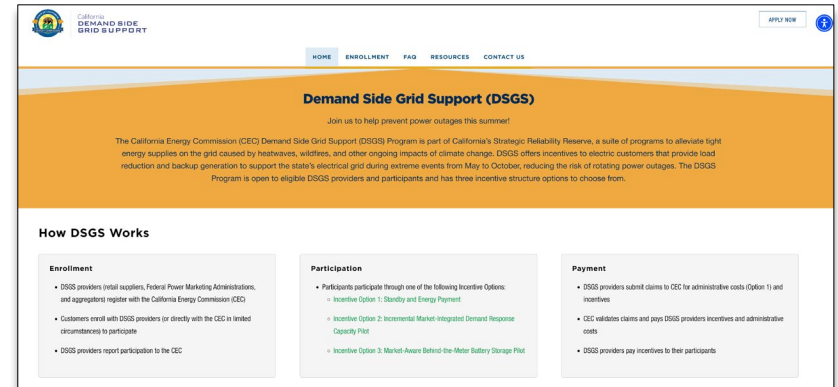
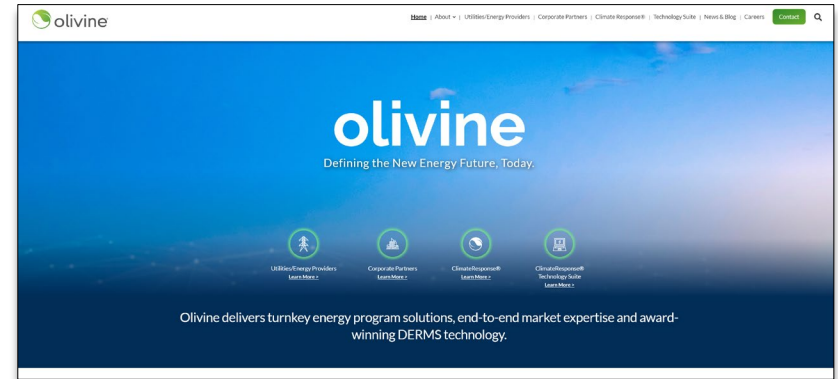
Olivine Introduction & Role in DSGS

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

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 capacity
- Incremental Demand Charges: reimbursement of any additional demand charges incurred
- Administrative Costs: reimbursement of administrative costs related to program implementation

How Settlements are Calculated

- Energy Payment Calculations – calculated by Provider
- Standby Payment Calculations – calculated by Provider
- Controllable Generation Calculations – calculated by Provider
- Incremental Demand Charge Recovery – calculated by the Provider

Incentive Claim Process Overview

1

Provider gathers documents for Claim Package

- Claim Form
- Supporting Documentation for Demand Charges, Administrative Costs, and/or Controllable Generation Incentive (if applicable)
- DSGS Attestation
- Payee Data Record (STD 204)

2

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

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

3

DSGS Program Team review and approval

- Validate Claim Form for completeness and accuracy
- Validate incentive calculations.

4

Incentive Summary Report sent to Provider for approval

The screenshot shows the 'DSGS Uploads' web form. At the top left is the California DEMAND SIDE GRID SUPPORT logo. To the right is an 'APPLY NOW' button with a plus icon. Below the logo is a navigation menu with links for HOME, ENROLLMENT, FAQ, RESOURCES, and CONTACT US. The main content area is titled 'DSGS Uploads' and has a progress bar with two steps: 'Contact Information' (active) and 'Upload Files'. Under 'Contact Information', there are several required fields: 'Submission Type *' (a dropdown menu with 'Select-' visible), 'Your Name *' (split into 'First Name' and 'Last Name' text boxes), 'Organization *' (a text box), and 'Email *' (a text box). A small red error icon is visible next to the 'Your Name' fields.

2024 Option 1 Claim Packages must be submitted by February 28, 2025

CLAIM PACKAGE REQUIREMENTS

Claim Package Overview

Option 1 Providers will submit a claim package at the end of the season (by Feb 28, 2025) initiating the incentive payment process.

Option 1 Claim Package Contents:

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

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
- Provider Information
- Program Activity Report
- Load Reduction Report
- Administrative Costs
- Incremental Demand Charges
- Controllable Generation Incentive
- Incentive Summary

Demand Side Grid Support Program																		
Option 1 Provider Claim Form (May 1 2024 - October 31, 2024)																		
Instructions:																		
1. Rename this file, replacing the placeholders to include the participant name and the date of submission (in YYYY-MM-DD format).																		
2. Complete the Provider Information tab.																		
3. Complete the Administrative Costs tab, if claiming.																		
4. Complete the Incremental Demand Charge tab, if claiming.																		
5. Complete the Program Activity Report tab, with required information for all enrolled resources. Multiple resources may be grouped and reported as a single resource for the purpose of performance calculations if needed.																		
For each load reduction resource utilized, enter the following information:																		
Date of Event	All fields, including customer address and participant identifier are mandatory.												5-6PM					
	Customer Identification Number	Resource Type	Address 1	Address 2	City	Zip Code	State	Load Serving Entity	Verified incremental load reduction (kWh)	Standby Commitment (in kWh)								
Resource 1																		
Resource 2																		
Resource 3																		
Resource 4																		
Resource 5																		
Resource 6																		
Resource 7																		
Resource 8																		
Resource 9																		
Resource 10																		
DSGS Option 1 Load Reduction Report																		
*VALUES WITH BLUE FONT ARE PROVIDED AS AN EXAMPLE, PLEASE REPLACE WITH CUSTOMER DATA.																		
Hourly Energy Consumed on Non-Event days (kWh)																		
Customer Identifier	Hour Ending	7/10/2024	7/11/2024	7/12/2024	7/15/2024	7/16/2024	7/17/2024	7/18/2024	7/19/2024	7/22/2024	7/23/2024	7/24/2024	Event Day Consumption	Unadjusted Baseline [Calculated]	Day Of Adjustment [Calculated]	Adjusted Baseline [Calculated]	Net Load Reduction [Calculated]	Compensated Load Reduction [Calculated]
Provide data in kWh.																		
1	1	14.4	13.6	12.8	13.6	12.8	13.6	13.6	13.6	14.0	13.6	13.6	1.0	13.6	0.7	9.1	8.1	8.1
2	2	14.4	13.6	12.8	13.6	12.8	13.6	13.6	13.6	14.0	13.6	13.6	1.0	13.6	0.7	9.1	8.1	8.1
3	3	14.4	13.6	12.8	13.6	12.8	13.6	13.6	13.6	14.0	13.6	13.6	1.0	13.6	0.7	9.1	8.1	8.1
4	4	14.4	13.6	12.8	13.6	12.8	13.6	13.6	13.6	14.0	13.6	13.6	1.0	13.6	0.7	9.1	8.1	8.1
5	5	13.0	13.6	12.8	13.6	12.8	13.6	13.6	13.6	13.6	13.6	13.6	1.0	13.6	0.7	8.6	7.6	7.6
6	6	13.2	14.4	12.8	13.6	12.8	13.6	12.0	13.6	12.8	12.2	13.6	1.0	13.6	0.7	8.9	7.9	7.9
7	7	13.4	13.6	12.8	13.6	12.8	13.6	13.6	13.6	14.4	13.6	14.4	1.0	13.6	0.7	8.9	7.9	7.9
8	8	12.0	12.8	12.8	10.4	12.8	12.8	13.6	13.6	16.0	16.0	16.0	2.0	13.3	0.7	8.9	6.9	6.9
9	9	10.4	12.0	12.8	8.8	12.8	12.8	14.4	14.4	17.6	17.6	17.6	2.0	13.3	0.7	8.9	5.9	5.9
10	10	8.8	11.2	12.8	7.2	12.8	12.8	15.2	20.0	19.2	12.8	4.8	13.3	0.7	8.9	4.9	4.9	
11	11	7.2	10.4	12.8	5.6	12.8	12.8	16.0	21.6	20.8	12.8	5.0	13.3	0.7	8.9	3.9	3.9	
12	12	5.6	9.6	12.8	4.0	12.8	12.8	16.8	23.2	22.4	12.8	5.2	13.3	0.7	8.9	2.9	2.9	
13	13	4.0	8.8	12.8	2.4	12.8	12.8	17.6	24.8	24.0	12.8	7.0	13.3	0.7	8.9	1.9	1.9	
14	14	2.4	8.0	12.8	0.8	12.8	12.8	18.4	26.4	25.6	12.8	7.8	13.3	0.7	8.9	0.9	0.9	
15	15	0.0	7.2	12.8	0.0	12.8	12.8	19.2	28.0	27.2	12.8	8.0	13.3	0.7	8.9	-0.1	-0.1	
16	16	0.0	6.4	12.8	0.0	12.8	12.8	20.0	29.6	28.8	12.8	8.2	13.3	0.7	8.9	-0.9	-0.9	
17	17	0.0	5.6	12.8	0.0	12.8	12.8	20.8	31.2	30.4	12.8	11.0	13.3	0.7	8.9	-1.6	-1.6	
18	18	0.0	4.8	12.8	0.0	12.8	12.8	21.6	32.8	32.0	12.8	12.0	14.0	0.7	9.6	-2.4	-2.4	
19	19	0.0	4.0	12.8	0.0	12.8	12.8	22.4	34.4	33.6	12.8	13.0	14.0	0.7	9.6	-3.2	-3.2	
20	20	0.0	3.2	12.8	0.0	12.8	12.8	23.2	36.0	35.2	12.8	14.0	14.0	0.7	10.0	0.0	0.0	
21	21	0.0	2.4	12.8	0.0	12.8	12.8	24.0	37.6	36.8	12.8	15.0	14.0	0.7	10.0	0.0	0.0	
22	22	0.0	1.6	12.8	0.0	12.8	12.8	24.8	39.2	38.4	12.8	16.0	14.0	0.7	10.4	-0.4	-0.4	
23	23	0.0	0.8	12.8	0.0	12.8	12.8	25.6	40.8	40.0	12.8	17.0	14.0	0.7	10.4	-0.4	-0.4	
24	24	0.0	0.0	12.8	0.0	12.8	12.8	26.4	42.4	41.6	12.8	18.0	14.0	0.7	10.8	-0.8	-0.8	

Claim Form: Program Activity Report

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

- Only one Event was called (7/24/24), so this tab is only completed once.
- Enter the Customer Identification Number (i.e. utility account number) for the resource.
- Enter information about each Resource: type, address, LSE
- Enter the Standby Commitment (in kWh) for each hour of the Event.
- The Verified Incremental Load Reduction (in kWh) is auto-populated from the Load Reduction Report.

	A	B	C	D	E	F	G	H	I	J	K
1	Date of Event	Wednesday, July 24, 2024	All fields, including customer address and participant identifier are mandatory.							5-6PM	
2		Customer Identification Number	Resource Type	Address 1	Address 2	City	Zip Code	State	Load Serving Entity	Verified incremental load reduction (kWh)	Standby Commitment (in kWh)
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										
16	Resource 14										

Claim Form: Load Reduction Report

Complete the Load Reduction Report tab for all enrolled resources.

1. Enter the customer identifier in column B.
2. Enter the hourly meter data for each day in columns D-N.
3. The spreadsheet will automatically calculate the compensated performance for each hour.
4. The spreadsheet will automatically populate the Verified Incremental Load Reduction in the Program Activity Report tab.
5. Providers may use an alternative method to produce Verified Incremental Load Reduction as long as all inputs and supporting calculations are provided.

DSGS Option 1 Load Reduction Report																	
*VALUES WITH BLUE FONT ARE PROVIDED AS AN EXAMPLE, PLEASE REPLACE WITH CUSTOMER DATA.																	
Customer Identifier	Hour Ending	Hourly Energy Consumed on Non-Event days (kWh)										Event Day Consumption 7/24/2024	Unadjusted Baseline [Calculated]	Day Of Adjustment [Calculated]	Adjusted Baseline [Calculated]	Net Load Reduction [Calculated]	Compensated Load Reduction [Calculated]
		7/10/2024	7/11/2024	7/12/2024	7/15/2024	7/16/2024	7/17/2024	7/18/2024	7/19/2024	7/22/2024	7/23/2024						
Provide data in kWh																	
1234567890	1	14.4	13.6	12.8	13.6	12.8	13.6	13.6	13.6	14.0	13.8	12.8	13.6	0.96	13.0	0.2	0.2
1234567890	2	14.4	13.6	12.8	13.6	12.8	13.6	13.6	13.6	14.0	13.8	12.8	13.6	0.96	13.0	0.2	0.2
1234567890	3	14.4	13.6	12.8	13.6	12.8	13.6	13.6	13.6	14.0	13.8	12.8	13.6	0.96	13.0	0.2	0.2
1234567890	4	14.4	13.6	12.8	12.8	12.8	12.8	13.6	15.2	13.6	15.2	12.8	13.6	0.96	12.9	0.1	0.1
1234567890	5	13.0	13.6	12.8	12.8	12.8	12.8	12.0	12.8	13.0	12.8	12.8	12.7	0.96	12.2	-0.6	0.0
1234567890	6	15.2	14.4	12.8	13.6	12.8	12.8	12.0	13.6	12.8	12.8	12.8	12.8	0.96	12.7	-0.1	0.0
1234567890	7	13.6	13.6	12.8	12.0	12.8	12.8	12.8	15.2	14.4	12.8	12.8	12.8	0.96	12.7	-0.1	0.0
1234567890	8	13.0	12.8	12.8	10.4	12.8	12.8	13.6	16.8	16.0	12.8	12.8	12.8	0.96	12.7	-0.1	0.0
1234567890	9	10.4	12.0	12.8	8.8	12.8	12.8	14.4	18.4	17.6	12.8	12.8	12.8	0.96	12.7	-0.1	0.0
1234567890	10	8.8	11.2	12.8	7.2	12.8	12.8	15.2	20.0	19.2	12.8	12.8	12.8	0.96	12.7	-0.1	0.0
1234567890	11	7.2	10.4	12.8	5.6	12.8	12.8	16.0	21.6	20.8	12.8	12.8	12.8	0.96	12.7	-0.1	0.0
1234567890	12	9.6	12.8	4.0	12.8	12.8	16.8	23.2	22.4	12.8	12.8	12.8	12.8	0.96	12.7	-0.1	0.0
1234567890	13	4.0	8.8	12.8	2.4	12.8	12.8	17.6	24.8	24.0	12.8	12.8	12.8	0.96	12.7	-0.1	0.0
1234567890	14	2.4	8.8	12.8	0.8	12.8	12.8	18.4	26.4	25.6	12.8	12.8	12.8	0.96	12.7	-0.1	0.0
1234567890	15	0.0	7.2	11.8	0.0	12.8	12.8	19.2	28.0	27.2	12.8	12.8	12.8	0.96	12.7	-0.1	0.0
1234567890	16	0.0	6.4	11.8	0.0	12.8	12.8	20.0	29.6	28.8	12.8	12.8	12.8	0.96	13.0	0.2	0.0
1234567890	17	0.0	5.6	12.8	0.0	12.8	12.8	20.8	31.2	30.4	12.8	11.0	13.0	0.96	13.3	2.3	2.3
1234567890	18	0.0	4.8	12.8	0.0	12.8	12.8	21.6	32.8	32.0	12.8	12.0	14.2	0.96	13.6	1.6	1.6
1234567890	19	0.0	4.0	12.8	0.0	12.8	12.8	22.4	34.4	33.6	12.8	10.0	14.6	0.96	13.9	3.9	3.9
1234567890	20	0.0	3.2	12.8	0.0	12.8	12.8	23.2	36.0	35.2	12.8	10.0	14.9	0.96	14.2	4.2	4.2
1234567890	21	0.0	2.4	12.8	0.0	12.8	12.8	24.0	37.6	36.8	12.8	10.0	15.2	0.96	14.5	4.5	4.5
1234567890	22	0.0	1.6	12.8	0.0	12.8	12.8	24.8	39.2	38.4	12.8	13.0	15.5	0.96	14.8	1.8	1.8
1234567890	23	0.0	0.8	12.8	0.0	12.8	12.8	25.6	40.8	40.0	12.8	13.0	15.8	0.96	15.1	2.1	2.1
1234567890	24	0.0	0.0	12.8	0.0	12.8	12.8	26.4	42.4	41.6	12.8	14.0	16.2	0.96	15.5	1.5	1.5

Claim Form: Administrative Costs

Complete the Administrative Cost tab if requesting cost recovery.

DSGS will reimburse each provider up to \$1 million per year in administrative costs associated with implementing Option 1, based on one of the following administrative cost structures:

- Actual incremental costs incurred in administering Option 1, such as costs derived from employee timesheets or invoices from third-party contractors, and for indirect/overhead costs (not to exceed 10% of actual incremental costs or a federally approved indirect rate from a federal agency as evidenced by an approval letter).
- Ten percent of incentive payments provided to participants under Option 1, or if an electrical corporation, 5 percent of incentive payments provided to participants under Incentive Option 1.

	A	B
1	Administrative Costs	
2	Administrative Cost Reimbursement Amount (\$)	
3	Administrative cost structure selected in initial application.	

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	B
1	Incremental Demand Charges	
2	Customer Identification Number	Demand Charge Reimbursement Amount (\$)
3		
4		
5		
6		
7		
8		

ENERGY STATEMENT
www.pge.com/MyEnergy

Account No: 1234567890-1
Statement Date: 09/07/2019
Due Date: 09/28/2019

Service For:
SPARRY JOULE
12345 ENERGY CT

Questions about your bill?
Monday-Friday 7 a.m.-8 p.m.
Saturday 8 a.m.-4 p.m.
Phone: 1-800-433-5000
www.pge.com/MyEnergy

Ways To Pay
www.pge.com/ways topay

Your Account Summary

Amount Due on Previous Statement	\$91.57
Payments/Received Since Last Statement	-41.57
Previous Unpaid Balance	\$0.00
Current PG&E Electric Delivery Charges	\$56.86
Sacramento Valley Clean Energy Electric Generation Charges	\$32.48
Total Amount Due by 08/28/2019	\$88.14

Monthly Billing History

Important Messages
The Family Electric Rate Assistance (FERA) Program provides a monthly discount on electric bills for income-qualified households of three or more persons. To see if you qualify, please call 1-800-PGE-0000 or apply online at www.pge.com/fera.
El Programa FERA ofrece rebates mensuales sólo en las facturas de electricidad a hogares de ingresos económicos bajos y medianos con tres o más personas. Para determinar si califica, por favor llame al 1-800-PGE-0000 o puede aplicar a través de nuestra página web: www.pge.com/fera.

Continued on page 8

Please return this portion with your payment. No staples or paper clips. Do not fold. Thank you.

Account Number:	Due Date:	Total Amount Due:	Amount Enclosed:
123456789-1	09/28/2019	\$88.14	\$

PGE
BOX 987300
SACRAMENTO, CA 95899-7300

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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.

Controllable Generation Incentive								
All fields, including customer address and participant identifier are mandatory.								
	Customer Identification Number	Generator Nameplate Capacity	HP or kW	Address 1	Address 2	City	Zip Code	State
1	Resource 1							
2	Resource 2							
3	Resource 3							
4	Resource 4							
5	Resource 5							
6	Resource 6							
7	Resource 7							
8	Resource 8							
9	Resource 9							
10	Resource 10							
11	Resource 11							
12	Resource 12							
13	Resource 13							





Incentive Summary

- Calculates incentive amounts based on the values you entered in the Claim Form.
- This is only a preliminary estimate, pending DSGS verification and approval.

	A	B	C	D	E	F	G	H
1	DSGS Incentive Summary							
2								
3	Provider Name		0					
4	Claim Contact Name		0					
5	Claim Contact Phone Number		0					
6	Claim Contact Email		0					
7								
8	Energy and Standby Payments							
9	Event Date	Total ILR (kWh)	Total Standby Commitment (kWh)	Energy Compensation Rate (\$/kWh)	Standby Compensation Rate (\$/kWh)	Energy Compensation	Standby Compensation	Total Energy + Standby Compensation
10	7/24/2024	19.7	0.0	\$2	\$0.25	\$ 39.47	\$ -	\$ 39.47
11	Total	19.7	0.0			\$ 39.47	\$ -	\$ 39.47
12								
13	Total Payment							
14	Total energy payment	\$ 39.47						
15	Total standby payment	\$ -						
16	Total Increase in Demand Charges:	\$ -						
17	Controllable Generation Incentive	\$ -						
18	Administrative Costs:	\$ -						
19	Total:	\$ 39.47						
20								

DSGS Provider Attestation

- **DSGS Provider 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.

 **CALIFORNIA ENERGY COMMISSION**  **CALIFORNIA NATURAL RESOURCES AGENCY**

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.olvineinc.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.
- I certify that I am not seeking incentives from any other Demand Response program, such as the Emergency Load Reduction Program (ELRP), for the same period for the resources associated with this claim.

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

Electronic Signature of Authorized Representative

2024 Page 1 of 1 DSGS Claim Attestation

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-9 or W-7) STD 204 (Rev. 03/2021)		
Print Form Reset Form		
Section 1 – Payee Information		
NAME (This is required. Do not leave this line blank. Must match the payee's federal tax return)		
BUSINESS NAME, DBA NAME or DISREGARDED SINGLE MEMBER LLC NAME (if different from above)		
MAILING ADDRESS (number, street, apt. or suite no.) (See instructions on page 2)		
CITY, STATE, ZIP CODE		E-MAIL ADDRESS
Section 2 – Entity Type		
Check one (1) box only that matches the entity type of the Payee listed in Section 1 above. (See instructions on page 2)		
<input type="checkbox"/> SOLE PROPRIETOR / INDIVIDUAL <input type="checkbox"/> CORPORATION (see instructions on page 2)		
<input type="checkbox"/> SINGLE MEMBER LLC Disregarded Entity owned by an individual <input type="checkbox"/> MEDICAL (e.g., dentistry, chiropractic, etc.)		
<input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LEGAL (e.g., attorney services)		
<input type="checkbox"/> ESTATE OR TRUST <input type="checkbox"/> EXEMPT (e.g., nonprofit)		
<input type="checkbox"/> ALL OTHERS		
Section 3 – Tax Identification Number		
Enter your Tax Identification Number (TIN) in the appropriate box. The TIN must match the name given in Section 1 of this form. Do not provide more than one (1) TIN. The TIN is a 9-digit number. Note: Payment will not be processed without a TIN.		
<input type="checkbox"/> For Individuals , enter SSN.		Social Security Number (SSN) or Individual Tax Identification Number (ITIN) _____ - ____ - ____ OR Federal Employer Identification Number (FEIN) _____ - ____ - ____
<input type="checkbox"/> If you are a Resident Alien , and you do not have and are not eligible to get an SSN, enter your ITIN.		
<input type="checkbox"/> Grantor Trusts (such as a Revocable Living Trust while the grantors are alive) may not have a separate FEIN. Those trusts must enter the individual grantor's SSN.		
<input type="checkbox"/> For Sole Proprietor or Single Member LLC (disregarded entity) , in which the sole member is an individual, enter SSN (if applicable) or FEIN (FTB prefers SSN).		
<input type="checkbox"/> 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.		
<input type="checkbox"/> For all other entities including LLC that is taxed as a corporation or partnership, estates/trusts (with FEINs), enter the entity's FEIN.		
Section 4 – Payee Residency Status (See instructions)		
<input type="checkbox"/> CALIFORNIA RESIDENT – Qualified to do business in California or maintains a permanent place of business in California.		
<input type="checkbox"/> CALIFORNIA NONRESIDENT – Payments to nonresidents for services may be subject to state income tax withholding.		
<input type="checkbox"/> No services performed in California		
<input type="checkbox"/> Copy of Franchise Tax Board waiver of state withholding is attached.		
Section 5 – Certification		
I hereby certify under penalty of perjury that the information provided on this document is true and correct. Should my residency status change, I will promptly notify the state agency below.		
NAME OF AUTHORIZED PAYEE REPRESENTATIVE	TITLE	E-MAIL ADDRESS
SIGNATURE	DATE	TELEPHONE (include area code)
Section 6 – Paying State Agency		

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

- Instructions for how to “zip” a folder [here](#).
- Navigate to program website upload link
- Select “Option 1 Provider Claim Package” under Submission Type
- Fill in all required fields

The screenshot shows the 'DSGS Uploads' form on the California Demand Side Grid Support website. The page header includes the California Demand Side Grid Support logo, an 'APPLY NOW' button, and a navigation menu with links for HOME, ENROLLMENT, FAQ, RESOURCES, and CONTACT US. The form is titled 'DSGS Uploads' and is divided into two sections: 'Contact Information' and 'Upload Files'. The 'Contact Information' section contains the following fields:

- Submission Type * (dropdown menu with '-Select-' selected)
- Your Name * (split into First Name and Last Name fields)
- Organization * (text input field)
- Email * (text input field)

The 'Upload Files' section is currently empty.



For more information,
please contact:

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

THANK YOU!