



Demand Side Grid Support Program

2024 Option 2 Provider – Incentive Claim Process Overview

Agenda



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

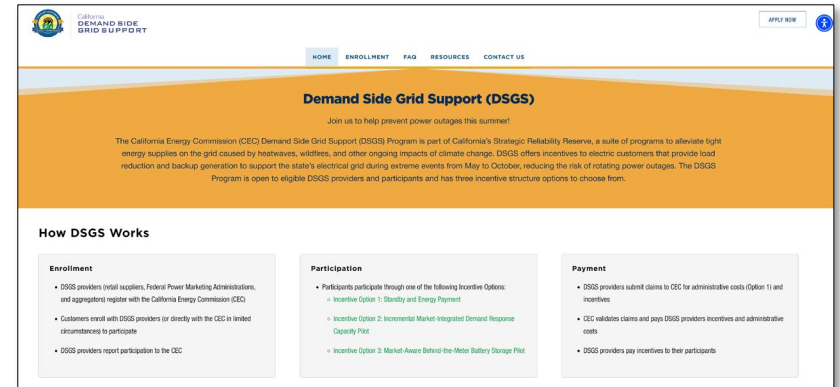
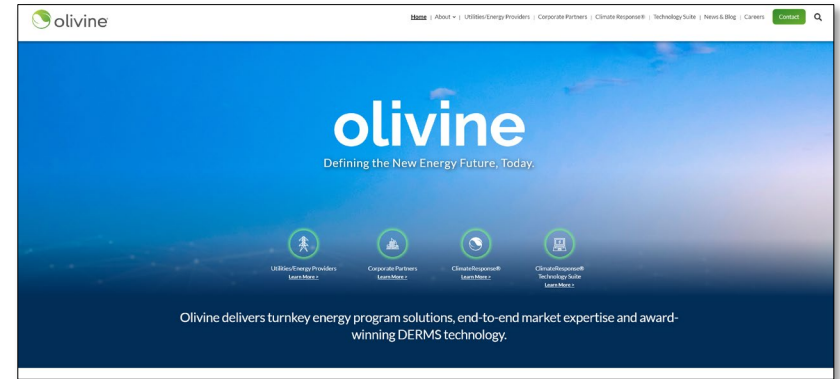
Olivine Introduction & Role in DSGS

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

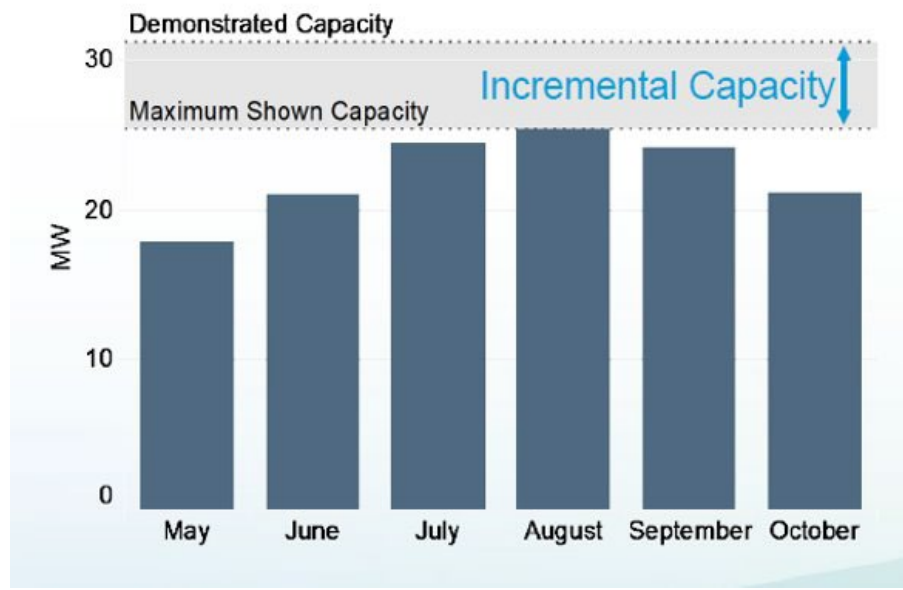
Role in DSGS

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



Option 2 Overview

- Incentive payments are based on one seasonal demonstrated capacity value that is incremental to resource adequacy capacity commitments.
- Incremental demonstrated capacity is the difference between the demonstrated capacity calculated for the resource under DSGS guidelines and that resource's highest resource adequacy commitment (highest water mark to highest water mark).



Option 2 Incentives

- The DSGS incremental DR capacity prices vary by month and availability requirement.
- Aggregations may participate on nonholiday weekdays only, or all days including weekends and holidays for a higher incentive.
- To receive the higher incentive level for weekends, Providers must commit in advance (for the whole season) through the Participation Enrollment Report.
- Incentive payments are based on demonstrated capacity incremental to any resource adequacy capacity commitments.
- Demonstrated capacity is measured based on resource availability and energy delivered during awarded event hours in the defined daily availability window (4-10pm).
- Additional 30 percent bonus applied through 2026.

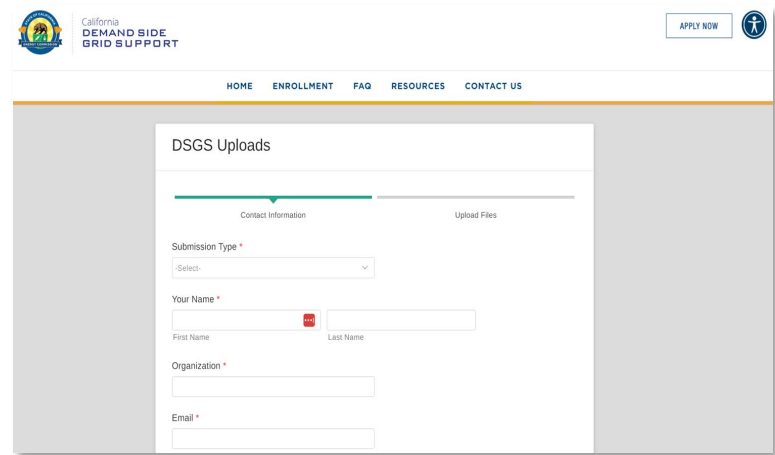
Incremental Capacity Prices by Month and Availability Requirement (\$/MW)

Month	Every Day	Non-Holiday Weekdays
May	\$9,000	\$7,200
June	\$9,300	\$7,440
July	\$16,800	\$13,440
August	\$18,000	\$14,400
September	\$19,200	\$15,360
October	\$10,500	\$8,400

CLAIMS PROCESS OVERVIEW

Claims Submission

- 1 Providers gather documents for Claim Package**
 - Claim Form
 - DSGS Attestation and current STD 204
- 2 Providers upload Claim Package (by 2/28/25)**
- 3 DSGS Program Team review and approval**
 - Validate Claim Form for completeness and accuracy
 - Conduct incentive calculations
- 4 Incentive Summary sent to Provider for approval**



2024 Claim Packages must be submitted by February 28, 2025

CLAIM PACKAGE REQUIREMENTS

Claim Package Overview

Option 2 Providers will submit claims at the end of the season initiating the incentive payment process for all sites enrolled in DSGS.

Option 1 Claim Package Contents:

- Claim Form
- 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 2 Claim Form Contents:

- Instructions
- Provider Information
- Resource Details
- Aggregation Details

Demand Side Grid Support Program
Option 2 Claim Form (May 1 2024 - October 31 2024)

Instructions:

1. Rename this file, replacing the placeholders with provider name and the date of submission (in YYYY-MM-DD format).
2. Complete the **Provider Information** tab.
3. Complete the **Resource List** tab.
 - In the Resource ID column, enter all CAISO Resource IDs that participated in DSGS in 2024. Please add additional rows at the bottom as necessary.
 - For each Resource ID, provide an Aggregation Name for the resource(s) that you would like included, if it is not listed, specify for

Provider Information						
2	Provider Name					
3	Claim Contact Person's Name					
4	Claim Contact Person's Title					
5	Claim Contact Person's Email Address					
6	Claim Contact Person's Phone Number					

Aggregation Details							
2	Aggregation Name	Availability Selection	Weather Sensitivity?	Aggregation Rationale (If Applicable) <small>Provide a description of the similar characteristics between the resource IDs proposed for each aggregation</small>	May Participation	June Participation	July Participation
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
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16							
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18							
19							
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22							
23							

Claim Form: Resource List

- In the CAISO Resource ID column, enter all Resource IDs that participated in DSGS in 2024. Please add additional rows at the bottom as necessary.
- For each Resource ID, provide an Aggregation Name for the resource(s).
 - If demonstrated capacity for a resource should be calculated at the Resource ID or Sub-LAP level, then this may simply be the Resource ID or Sub-LAP.
 - If you grouping Resource IDs with similar characteristics in the same Sub-LAP for performance calculations, please provide a unique name that applies to each aggregation of Resource IDs.

	A	B
1	Resource Details	
2	CAISO Resource ID	Aggregation Name
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		

Claim Form: Aggregation Details


For each Aggregation Name specified in the Aggregation Details tab:

- Indicate the availability selection for each aggregation (Every Day, Non-Holiday Weekdays)
- Specify whether the aggregation is weather sensitive (TRUE/FALSE).
- If applicable, complete the Aggregation Rationale column describing why each group of resources is sufficiently similar to support the aggregation request.
- Indicate the months that the resource participated in DSGS (TRUE/FALSE). **NOTE: This should match the monthly Participant Report. Resource IDs may not be added retro-actively.**


	A	B	C	D	E	F	G
1	Aggregation Details						
2	Aggregation Name	Availability Selection	Weather Sensitivity?	Aggregation Rationale (If Applicable) <small>Provide a description of the similar characteristics between the resource IDs proposed for each aggregation</small>	May Participation	June Participation	July Participation
3							
4							
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23							

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**



**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:	<input style="width: 100%; height: 20px;" type="text"/>
Title:	<input style="width: 100%; height: 20px;" type="text"/>
Email Address:	<input style="width: 100%; height: 20px;" type="text"/>
Date:	<input style="width: 100%; height: 20px;" type="text"/>

Electronic Signature of Authorized Representative

2024
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DSGS Claim Attestation

Payee Data Record (STD 204)

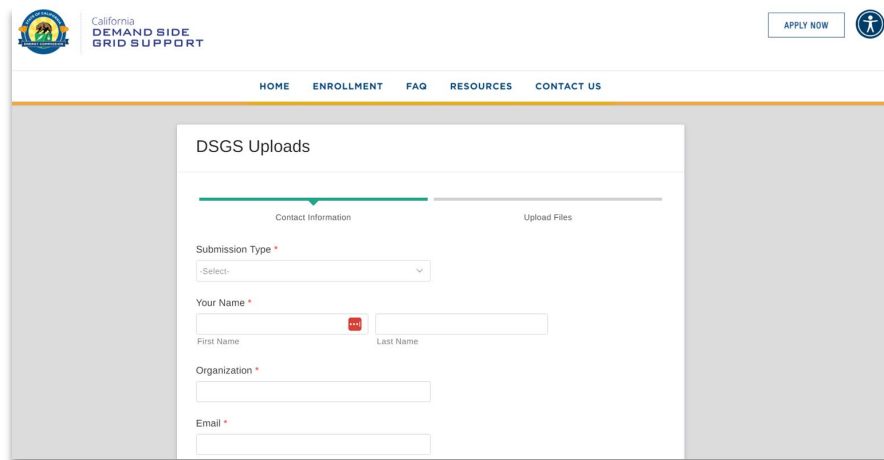
If the designated payee has already submitted a complete STD-204 form with a prior reimbursement claim and has received a payment within the past year from the CEC, a new STD-204 is not needed.

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)		
<input type="button" value="Print Form"/> <input type="button" value="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"/> SINGLE MEMBER LLC (Disregarded Entity owned by an individual)		
<input type="checkbox"/> PARTNERSHIP		
<input type="checkbox"/> ESTATE OR TRUST		
<input type="checkbox"/> CORPORATION (See instructions on page 2)		
<input type="checkbox"/> MEDICAL (e.g., dentistry, chiropractic, etc.)		
<input type="checkbox"/> LEGAL (e.g., attorney services)		
<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.		
<ul style="list-style-type: none"> For Individuals, enter SSN. If you are a Resident Alien, and you do not have and are not eligible to get an SSN, enter your ITIN. 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. 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). 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 corporation or partnership, estates/trusts (with FEINs), enter the entity's FEIN. 		
Social Security Number (SSN) or Individual Tax Identification Number (ITIN)		OR
Federal Employer Identification Number (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/>

- Navigate to program website upload link
- Select “Option 2 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 form is titled 'DSGS Uploads' and has two tabs: 'Contact Information' (selected) and 'Upload Files'. The 'Contact Information' tab contains the following fields:

- Submission Type ***: A dropdown menu with '-Select-' selected.
- Your Name ***: Two text input fields for 'First Name' and 'Last Name', separated by a red 'OR' button.
- Organization ***: A text input field.
- Email ***: A text input field.

The website header includes the California Demand Side Grid Support logo, navigation links (HOME, ENROLLMENT, FAQ, RESOURCES, CONTACT US), an 'APPLY NOW' button, and a user profile icon.



For more information,
please contact:

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

THANK YOU!