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 any additional documents listed in section 2 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.

2025 Claims can be submitted beginning November 1st, but must include all required data, including any final participant reports, to be processed.

1. DSGS Claim Submission Information

Date of Submission:

DSGS Provider Name:

DSGS Provider Contact Information:

Claim Contact Name:	
Claim Contact Title:	
Claim Contact Email Address:	
Claim Contact Phone Number:	

Incentive Option [for DSGS Providers Only – if a provider is 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 ☐ Option 4

2. Additional Required Documents

- Option 1 Providers: [insert link to updated spreadsheet] and supporting documentation if seeking reimbursement based on incremental administrative costs.
- Option 1 Direct Participants [insert link to updated spreadsheet]
- Option 2 Providers: [insert link to updated spreadsheet]
- All providers and participants must submit a STD-204 form unless the payee has already submitted a complete STD-204 form with a prior reimbursement claim and received payment from the CEC within the past year. If unsure if the STD-204 on file is up-to-date, please reach out to DSGS Program Support.

3. Certification & Acknowledgements

- 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.
- For Option 3 & 4 claims:
    - Provider understands that the enrollment and device data used for claims is the monthly data already submitted during the season.
    - Provider understands that the submeter data used for claims is the monthly data already submitted during the season.
    - Provider understands that the test event details used for claims is based on the day-ahead files submitted during the season.

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