



Demand Side Grid Support (DSGS) Program DSGS Provider Application Form

Instructions:

Eligible providers who wish to participate in DSGS must complete and submit the application form, along with all necessary attachments, to the DSGS program at <https://dsgs.olivineinc.com/upload>. For more information on the program, including the [DSGS Program Guidelines](#), please visit the DSGS Program website at dsgs.olivineinc.com.

All fields are required unless otherwise indicated.

1. DSGS Provider Information

DSGS Provider Name (please use full legal name):

DSGS Provider Type:

- Publicly-
Owned Utility
(POU)
- Investor-
Owned Utility
(IOU)
- Community
Choice
Aggregation
(CCA)
- Federal Power
Marketing
Administration
(FPMA)
- Aggregator
- Other

If other, please explain:

DSGS Provider Primary Contact (serves as point of contact for all communications - *not used for event notifications*)

Name	
Title	
Street Address	
City	
Zip Code	
Phone Number	
Email Address	



DSGS Provider Secondary Contact (serves as secondary point of contact for all communications -not used for event notifications)

Name	
Title	
Street Address	
City	
Zip Code	
Phone Number	
Email Address	

Please provide an email address and phone number for the contact that should be notified of DSGS events via email and text message. To enter multiple contacts, please separate each entry using semicolons.

Email Address(es)	
SMS Phone Number(s) *Optional	

2. DSGS Provider Enrollment Information

Indicate the DSGS incentive options to be offered to participants. For more information on the three incentive options, please refer to Chapters 3-5 of the DSGS Program Guidelines.

Incentive Option 1: Standby and Energy Payment

Incentive Option 2: Incremental Market-Integrated DR Capacity Pilot

Incentive Option 3 Market-Aware Behind-the-Meter Battery Storage Pilot

Program Implementation Information

For all incentive options:

Requirement:	Attached
Description of how the DSGS provider will verify which load reduction resources are used by participants	
Description of how the DSGS provider will verify participant eligibility prior to enrollment of participants	



If offering Incentive Option 1:

Requirement:	Attached
Description of how the DSGS provider will implement the dispatch loading order requirements described in Chapter 3, Section D of the DSGS Program Guidelines.	
Description of how the DSGS provider will verify actual incremental load reduction amounts, including the DSGS provider’s method for determining energy use baselines and actual energy usage during a DSGS Program event.	

Indicate which administrative cost structure the DSGS provider will choose, as described in Chapter 6, Section B of the DSGS Program Guidelines. Choose 1 of the below options:

Actual incremental cost incurred in administering Incentive Option 1, such as costs derived from employee timesheets or invoices from third-party contracts, pending specified conditions, and for indirect/overhead costs (not to exceed 10 percent of actual incremental costs).

10 percent of incentive payments provided to participants under Incentive Option 1, or if an electrical corporation, 5 percent of incentive payments provided to participants under Incentive Option 1

If Offering Incentive Options 2 or 3:

Requirement:	Attached
Description of how the DSGS provider meets the eligibility requirements specific to the respective incentive option(s)	
Description of how the DSGS provider plans to implement the program under the respective incentive option structure(s)	
Description of how the DSGS provider plans to allocate incentives to participants	

If the DSGS provider is an aggregator of customers:

Requirement:	Attached
Description of the types of customers (such as residential, commercial, industrial, etc.)	



Select all applicable load reduction resources the DSGS provider plans to enroll:

Conventional Demand Response (behavioral/not technology specific)

Back-up generation

Battery storage (with or without pv)

Heating/cooling load reduction /shifting via Smart Thermostat

Heat/cooling load reduction/shifting via Cold Water Chiller control

Heating/cooling load reduction/shifting via Thermal Storage

Electric Vehicle/EVSE

Irrigation/Water Treatment Pumps

Other (please explain):

List all applicable utility territories in which the DSGS provider plans to operate. Separate using semicolons.

3. Certification

- I am authorized to complete and sign this form on behalf of the DSGS provider.
- I agree to the terms and conditions contained in the current version of the DSGS Program Guidelines on behalf of the DSGS provider.
- I certify that the foregoing is accurate and complete.

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

Signature of Authorized Representative: