



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

Instructions:

Eligible applicants who wish to participate under Incentive Option 1 and enroll directly with the California Energy Commission (CEC) must complete and submit the application form, along with all necessary attachments, to the DSGS program at <https://dsgs.olivineinc.com/upload/>, specifying a Submission Type of “Direct Participant Enrollment Application.” 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. Enrollment Information

[Required Only for Customers of Publicly Owned Utilities (POU)] I verify that I have obtained and attached a statement from my POU indicating there is no objection to the enrollment of my site(s) in DSGS.

Contact Information

Legal name of the applicant:

Applicant’s primary contact information (serves as point of contact for all communications ***except event notifications***)

Name	
Title	
Phone Number	
Email Address	

DSGS secondary contact (serves as secondary point of contact for all communications ***except event notifications***)

Name	
Title	
Phone Number	
Email Address	



Provide an email address and phone number for the contact(s) that should be notified of DSGS events via email and text message. To enter multiple contacts, please separate each entry with semicolons.

Email(s)	
Phone Number(s) [Optional]	

2. Load-Serving Entity Information

Name of utility distribution company (UDC)	
Name of load-serving entity (LSE)	
Phone number on file with the LSE	

3. Load Reduction Resources

Please download a copy of the spreadsheet [here](#) linked below and fill out all the applicable fields. You will need to provide the following information about each load-reduction resource to be used during a DSGS Program event. Submit the spreadsheet with **the applicant's name appended to the end of the file name along with this application.**

- Type(s) of available resource(s)
- Applicable dispatch loading order category
- Address and customer identification number where applicant will deploy each resource
- Expected minimum and maximum load-reduction capacity in kilowatts (kW) for each resource
- Whether the resource may require a 202(c) emergency order pursuant to the Federal Power Act to participate in the DSGS program
- If the resource is a backup generator, information on whether the backup generation is portable or stationary, rated horsepower, fuel type used, federal emissions tier, and notice time and ramp time required to respond to a DSGS event



4. Certification

- I am authorized to complete and sign this form on behalf of the applicant.
- The Applicant meets the eligibility requirements of the DSGS Program Guidelines to the best of my knowledge.
- I will allow the CEC access to all documentation to verify compliance with the program.
- I agree to the terms and conditions contained in the DSGS Program Guidelines on behalf of the applicant.
- I certify that the foregoing is accurate and complete.

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