



Demand Side Grid Support Program

2024 Option 1 Direct Participant – Incentive Claim Process Overview

Agenda



- 1 Incentive Claim Process Overview
- 2 Claim Package Requirements

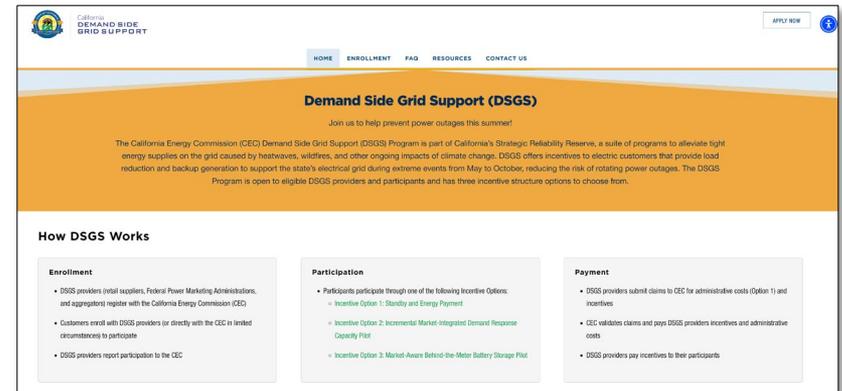
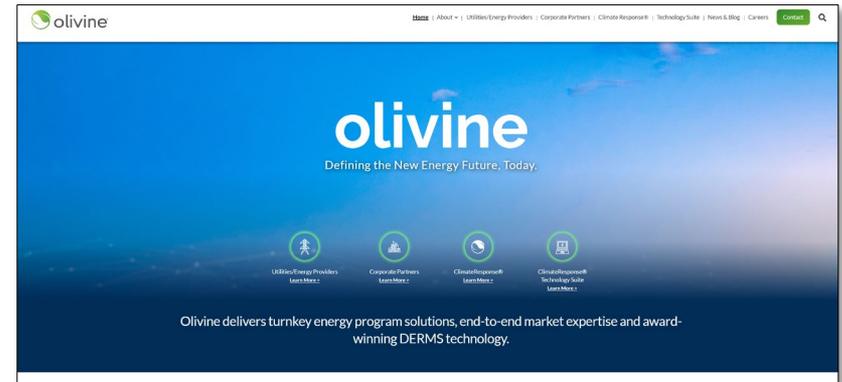
Olivine Introduction & Role in DSGS

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.



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 generator capacity
- Incremental Demand Charges: reimbursement of any additional demand charges incurred

How Incentives are Calculated

- Energy Payment Calculations – calculated by DSGS team based on participant meter data
- Standby Payment Calculations – calculated by DSGS team based on Capacity Commitment
- Controllable Generation Calculations – calculated by DSGS team based on generator specifications
- Incremental Demand Charge Recovery – calculated by the Participant and verified by DSGS team

Claim Process Overview

1

Participant gathers documents for Claim Package

- Claim Form
- Supporting Documentation for Demand Charges or Controllable Generation Incentive (if applicable)
- DSGS Attestation and current STD 204

2

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

3

DSGS Program Team review and approval

- Validate Claim Form for completeness and accuracy
- Analyze meter data and calculate incentive payments.

4

Incentive Summary Report sent to Participant 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 and a user 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 features a progress bar with two segments: 'Contact Information' (which is currently active) and 'Upload Files'. Below the progress bar are several form fields: a 'Submission Type' dropdown menu with a 'Select' option; 'Your Name' fields for 'First Name' and 'Last Name' with a red asterisk; an 'Organization' field with a red asterisk; and an 'Email' field with a red asterisk. A red error message is visible next to the 'Your Name' fields.

2024 Claim Packages must be submitted by February 28, 2025.

CLAIM PACKAGE REQUIREMENTS

Claim Package Overview

Option 1 participants will submit a claim package at the end of the season (by Feb 28, 2025), initiating the incentive payment process for all sites enrolled in DSGS.

Option 1 Claim Package Contents:

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

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
- Participant Information
- Program Activity Report
- Meter Data Template
- Controllable Generation Incentive
- Incremental Demand Charges

Demand Side Grid Support Program										
Option 1 Participant 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 Participant Information tab.										
3. Complete the Program Activity Report tab, if applicable.										
4. Complete the Meter Data tab, if applicable.										
Participant Information										
Participant Name										
Contact Person's Name										
Contact Person's Title										
Contact Person's Email										
Date of Event: Wednesday, July 24, 2024										
All fields, including customer address and participant identifier are mandatory.										
5-6PM										
Date of Event	Resource Type	Address 1	Address 2	City	Zip Code	State	Load Serving Entity	Customer Identification Number	Participation Type: Energy or Standby	
Resource 1										
Resource 2										
Resource 3										
Resource 4										
Resource 5										
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			
Resource 1										
Resource 2										
Resource 3										
Resource 4										
Resource 5										
Resource 6										
Resource 7										
Resource 8										
Resource 9										
Resource 10										
Customer Identification Number	Date	Time	UOM	Usage						
1234567890	7/1/2024	0:15	KWH							
1234567890	7/1/2024	0:30	KWH							
1234567890	7/1/2024	0:45	KWH							
Incremental Demand Charges										
Customer Identification Number	Demand Charge Reimbursement Amount (\$)									

Claim Form: Program Activity Report

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

- Only one Event was called (7/24/24), so this tab is only completed once.
- Enter information about each Resource: type, address, LSE
- Enter the Customer Identification Number (i.e. utility account number) for the resource.
- Select Energy, Standby, or None for the resource's event Participation Type during each hour. Enter "None" if the resource took no action to reduce energy in that event hour.

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
1	Date of Event	Wednesday, July 24, 2024	All fields, including customer address and participant identifier are mandatory.							5-6PM	6-7PM	7-8PM	8-9PM	9-10PM	10-11PM	11-12PM
2		Resource Type	Address 1	Address 2	City	Zip Code	State	Load Serving Entity	Customer Identification Number	Participation Type: Energy or Standby						
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															

Claim Form: Meter Data Template

Complete the Meter Data Template for each Resource. Please contact DSGS Support if this data is unavailable.

- Enter the Customer Identification Number (i.e. utility account number) in column A. This tab should be completed for each separate account.
- Date and Time are pre-populated for the month of July, 2024 in 15-minute intervals.
- Please provide energy usage (kWh) for each time interval in column E.
- If your meter data does not match this format, please submit what you have and the DSGS team will re-format as necessary.

	A	B	C	D	E
	Customer Identification Number	Date	Time	UOM	Usage
1					
2	1234567890	7/1/2024	0:15	KWH	
3	1234567890	7/1/2024	0:30	KWH	
4	1234567890	7/1/2024	0:45	KWH	
5	1234567890	7/1/2024	1:00	KWH	
6	1234567890	7/1/2024	1:15	KWH	
7	1234567890	7/1/2024	1:30	KWH	
8	1234567890	7/1/2024	1:45	KWH	
9	1234567890	7/1/2024	2:00	KWH	
10	1234567890	7/1/2024	2:15	KWH	
11	1234567890	7/1/2024	2:30	KWH	
12	1234567890	7/1/2024	2:45	KWH	
13	1234567890	7/1/2024	3:00	KWH	
14	1234567890	7/1/2024	3:15	KWH	
15	1234567890	7/1/2024	3:30	KWH	
16	1234567890	7/1/2024	3:45	KWH	
17	1234567890	7/1/2024	4:00	KWH	
18	1234567890	7/1/2024	4:15	KWH	
19	1234567890	7/1/2024	4:30	KWH	
20	1234567890	7/1/2024	4:45	KWH	
21	1234567890	7/1/2024	5:00	KWH	

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 calificas, por favor llama 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: 123456789-1	Due Date: 09/28/2019	Total Amount Due: \$88.14	Amount Enclosed: \$
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PGE
BOX 987300
SACRAMENTO, CA 95899-7300
Page 1 of 6

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									
2									
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								



DSGS Participant Attestation

- **DSGS Participant 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.olivineinc.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)

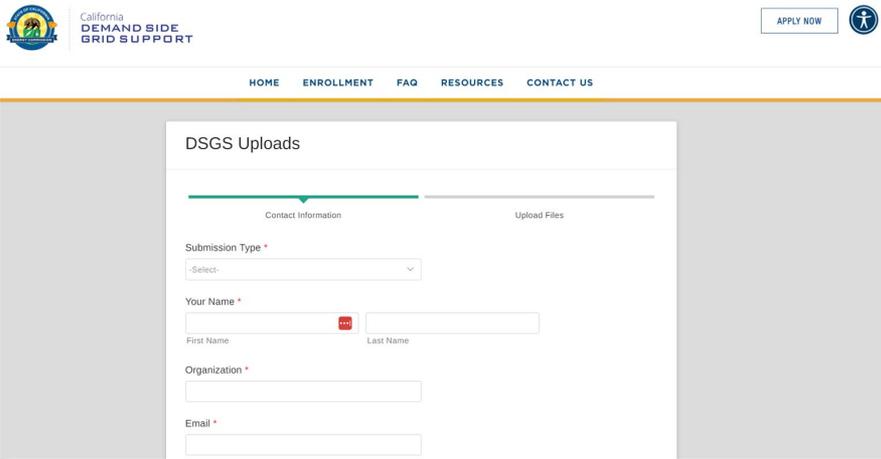
- An STD 204 is required when receiving payments from the State of California.
- If the designated payee has already submitted a complete STD-204 form with a prior reimbursement claim and has received a payment within the past year from the CEC, a new STD-204 is not needed.

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)		
<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"/> 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. <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.		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/>

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



The screenshot shows the 'DSGS Uploads' web form. At the top left is the California Demand Side Grid Support logo. To its right is the text 'California DEMAND SIDE GRID SUPPORT'. In the top right corner, there is an 'APPLY NOW' button and a user profile icon. Below the header is a navigation menu with links for 'HOME', 'ENROLLMENT', 'FAQ', 'RESOURCES', and 'CONTACT US'. The main content area is titled 'DSGS Uploads' and features a progress indicator with two steps: 'Contact Information' (active) and 'Upload Files'. The 'Contact Information' section contains the following fields:

- Submission Type ***: A dropdown menu with '-Select-' selected.
- Your Name ***: Two input fields for 'First Name' and 'Last Name', with a red asterisk icon between them.
- Organization ***: A single-line text input field.
- Email ***: A single-line text input field.



For more information,
please contact:

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

THANK YOU!