



Demand Side Grid Support Program

2024 Option 3 Incentive Claim Process Overview

Agenda



- 1 Incentive Claim Process Overview
- 2 Option 3 Claim Package Requirements
- 3 Review of Incentive Calculation

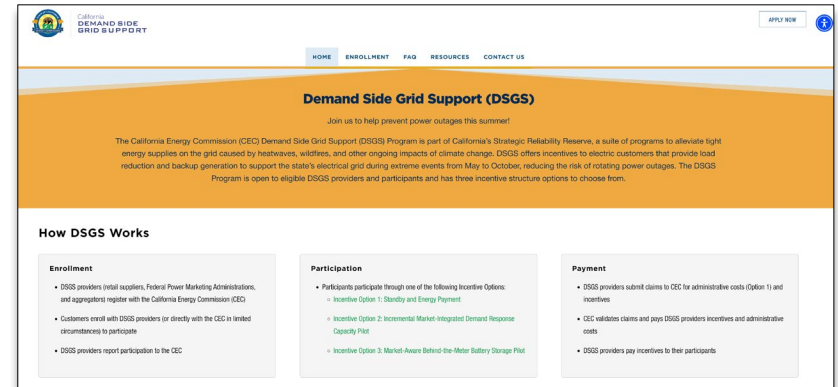
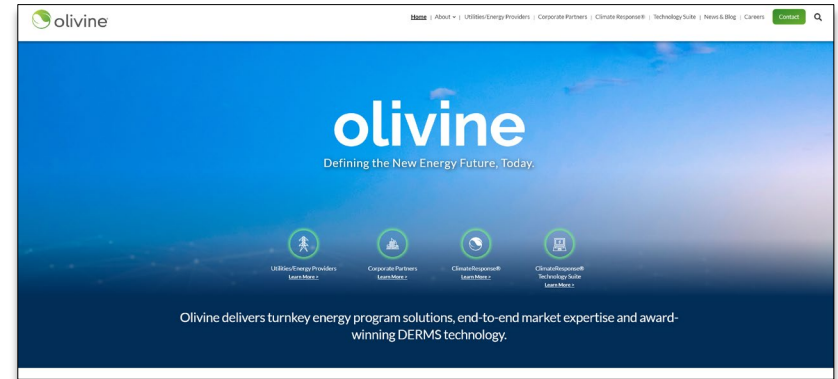
Olivine Introduction & Role in DSGS

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

Incentive Claim Process Overview

1

Provider gathers documents for Claim Package

- Claim Form
- Meter data in required format
- DSGS Attestation and current STD 204

2

Provider uploads Claim Package (by 12/31/24)

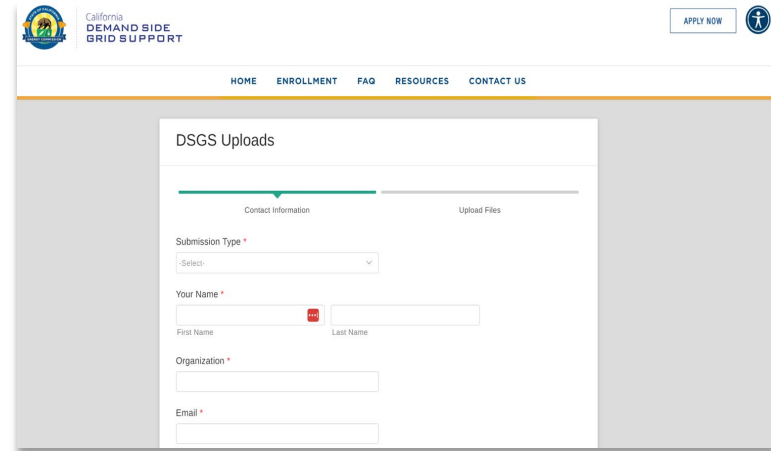
3

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 Provider 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 with a plus 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' (active) and 'Upload Files'. Under 'Contact Information', there is a 'Submission Type *' dropdown menu with 'Select-' as the current selection. Below that are 'Your Name *' fields for 'First Name' and 'Last Name', each with a red asterisk icon. There is also an 'Organization *' field and an 'Email *' field, both with red asterisk icons.

2024 Claim Packages must be submitted by December 31, 2024

CLAIM PACKAGE REQUIREMENTS

Claim Package Overview

Option 3 Claim Package Contents:

- Claim Form
- Meter Data
- 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 3 Claim Form Contents:

- Instructions
- Provider Information
- Test Event Information
- Final Participant Report

NOTE: Please submit a separate Claim Form for each sub-aggregation.

Demand Side Grid Support Program
Option 3 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 **Final Participation Report tab** (see Definitions below). This report is identical to the monthly Option 3 Participant Enrollment Report with three differences:
 - a) There are six extra columns at the end of the participant data. Enter a value of TRUE or FALSE in these columns to indicate whether the participant was enrolled in DSGS that

Provider Information

1	Provider Name	
2	Claim Contact Person's Name	
3	Claim Contact Person's Title	
4	Claim Contact Person's Email Address	
5	Claim Contact Person's Phone Number	
6	Program Year	
7	Period in which the pro	

Test Event Information

1	Aggregation Description	UDC	Duration	Test Event Month	Used for Demonstrated Capacity Calculation? (TRUE/FALSE)	Test Event Date (YYYY-MM-DD)	Test Event Start Time (HH:MM)*	Test Event End Time (HH:MM)*
2								
3								
4								
5								
6								
7								
8								

Participant Data Table

1	Aggregation Description	Unique ID	Legal Name of Participant	Contact name	Contact Title	Phone Number	Address 1	Address 2	City
2									
3									
4									
5									
6									
7									
8									
9									

Claim Form: Test Event Information

- Complete the table for all test events in each month.
- Up to one test event per month will count towards the maximum number of DSGS events, in the absence of a full duration event.
- If there was more than one test event called in the month, include the details of all test events and indicate which event should be used to calculate demonstrated capacity in that month.

Aggregation Description	Test Event Month	Used for Demonstrated Capacity Calculation?	Test Event Date	Test Event Start Time	Test Event End Time
UDC-Duration	Month	(TRUE/FALSE)	(YYYY-MM-DD)	(HH:MM)	(HH:MM)
SCE-2	October	FALSE	2024-10-23	18:00	20:00

Claim Form: Final Participant Report

This tab is identical to the monthly Option 3 Participant Enrollment Report with three differences:

- "Aggregation Description" column should be of the form: "[UDC Name] - [Duration]."
- Non-residential participant contact information required in the grey fields. NOTE: Do not provide this information for residential customers.
- Extra columns to indicate monthly participation for each site (TRUE/FALSE).
 - **Note: This should match the monthly Participant Enrollment Report; sites may not be added or subtracted retro-actively. Any sites added retro-actively will be ignored.**

Participated in May?	Participated in June?	Participated in July?	Participated in August?	Participated in September?	Participated in October?
FALSE	FALSE	TRUE	TRUE	TRUE	TRUE

Claim Form: Baseline Determination

To claim a zero baseline for a participant (Baseline Applied = FALSE), all of the following criteria must be met. **If any of these criteria are not met, the standard baseline will be applied.**

1. Both service address and customer identifier must be included for the participant, in the format specified in the Participant Report Definitions tab.
2. PTO date must be included for the participant and be on or after July 1, 2023.
3. SGIP Attestation must be marked TRUE.

Baseline Applied	Address	Customer Identification Number	PTO Date	SGIP Attestation
FALSE	Required	Required	Required	TRUE

Meter Data Requirements

- Meter Data must be submitted in the Olivine Meter Data Format.
- Please review the **Olivine Meter Data Format Technical Guide**, available on the program website.
- Providers must submit data for each participating customer, for the entirety of each month the participant was enrolled.



Olivine Option 3 Meter Data Format

1 Format

The Olivine Option 3 Meter Data Format is used to communicate interval data, such as interval meter readings. This is a tab-delimited format, where individual fields (columns) are separated by tab characters.

Notes for DSGS Option 3 Provider Submetering:

- This general Meter Data Format has been annotated with specific instructions for DSGS Option 3 Providers.
- The following specifics have been defined for this program:
 - 15-minute submeter or inverter-level measured battery net discharge data, where positive numbers will indicate net charging; negative will indicate net discharge.
 - Files must be formatted with 1 service agreement meter-day per row¹.
 - All intervals for each day must be provided.
 - Data must be provided for each month for which any site is enrolled.
- For participants with multiple batteries at one site, each device's submeter data should be aggregated in the same row. We expect one row of data per service point ID, for each day.
- If the data needs to be provided in multiple files, sort the data first as specified in Section 4.1 before splitting the data into smaller files.
- Timestamps are formatted with time zone offset. Olivine's preference is to receive the data in local time with offset (i.e., -7:00); however, UTC is also acceptable. See section 7.
- Gzip the file(s). The file extension must be `_.tsv.gz`

2 Fields

The following table lists the individual fields. Each table row is a column in the data file. The header row in each file must contain the exact name listed in the "Column Name" values. All fields must be supplied, even if they are optional and their values are blank. All values provided must follow the corresponding specified description. The columns must appear from left to right in the order in which they appear in the table and be separated by tab characters.

Meter Data Example

See the sample file on DSGS Program Website. This file is an Excel file for demonstration purposes. The actual submission should be in .tsv file format.

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
1	Service Point ID	UOM	Flow Direction	Interval Length	Start Time	End Time	Column1	1	2	3	4	5	6	7	8
2	12345 kWh	Net		900	7/1/2023 0:00	7/2/2023 0:00	82.65	81.54	97.07	93.48	89.78	99.04	117.94	147.35	111.43
3	12345 kWh	Net		900	7/2/2023 0:00	7/3/2023 0:00	92.24	112.27	108.92	111.99	103.35	105.46	115.17	103.68	108.02
4	12345 kWh	Net		900	7/3/2023 0:00	7/4/2023 0:00	45.23	68.53	70.19	74.05	62.09	58.66	65.84	52.44	44.92
5	12345 kWh	Net		900	7/4/2023 0:00	7/5/2023 0:00	89.25	82.53	90.98	77.78	67.41	63.23	58.02	48.82	32.66
6	12345 kWh	Net		900	7/5/2023 0:00	7/6/2023 0:00	29.69	29.65	7	66.5	41.96	50.08	115.96	29.47	70.97
7	12345 kWh	Net		900	7/6/2023 0:00	7/7/2023 0:00	152.55	137.37	145.89	144.64	181.47	69.76	85.43	161.21	71.95
8	12345 kWh	Net		900	7/7/2023 0:00	7/8/2023 0:00	82.17	66.94	85.82	85.88	92.01	63	80.37	73.92	101
9	12345 kWh	Net		900	7/8/2023 0:00	7/9/2023 0:00	80.64	73.24	75.4	80.07	82.37	80.04	103.66	105.01	99.59
10	12345 kWh	Net		900	7/9/2023 0:00	7/10/2023 0:00	104.57	110.85	126.12	132.68	122.5	110.77	157	110.36	70.75
11	12345 kWh	Net		900	7/10/2023 0:00	7/11/2023 0:00	34.57	31.97	30.67	99.71	63.08	69.99	31.54	132	62.95
12	12345 kWh	Net		900	7/11/2023 0:00	7/12/2023 0:00	44.66	43.29	82.93	75.39	61.46	58.47	63.63	76.05	81.4
13	12345 kWh	Net		900	7/12/2023 0:00	7/13/2023 0:00	48.04	57.61	77.28	96.17	89.27	92.53	105.95	107.89	113
14	12345 kWh	Net		900	7/13/2023 0:00	7/14/2023 0:00	76.17	85.1	99.88	106.07	108.16	90.43	119.93	102.73	90.16
15	12345 kWh	Net		900	7/14/2023 0:00	7/15/2023 0:00	30.3	35.36	63.9	89.3	69.88	77.42	78.23	100.74	93.36
16	12345 kWh	Net		900	7/15/2023 0:00	7/16/2023 0:00	85.29	90.9	99.38	102.01	85.72	93.11	113.85	142.17	144.03
17	12345 kWh	Net		900	7/16/2023 0:00	7/17/2023 0:00	89.3	89.55	84.77	92.21	81.07	98.29	128.37	146.29	138.47
18	12345 kWh	Net		900	7/17/2023 0:00	7/18/2023 0:00	55.83	28.52	67.43	70.14	84.42	86.89	85.76	91.68	78.59
19	12345 kWh	Net		900	7/18/2023 0:00	7/19/2023 0:00	4.3	4.06	20.66	14.99	4.45	6.56	21.39	35.57	16.98

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](https://dsgs.olvineinc.com).

CALIFORNIA ENERGY COMMISSION **CALIFORNIA NATURAL RESOURCES AGENCY**

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 type="text"/>
Title:	<input type="text"/>
Email Address:	<input type="text"/>
Date:	<input type="text"/>

Electronic Signature of Authorized Representative

2024 Page 1 of 1 DSGS Claim Attestation

Payee Data Record (STD 204)

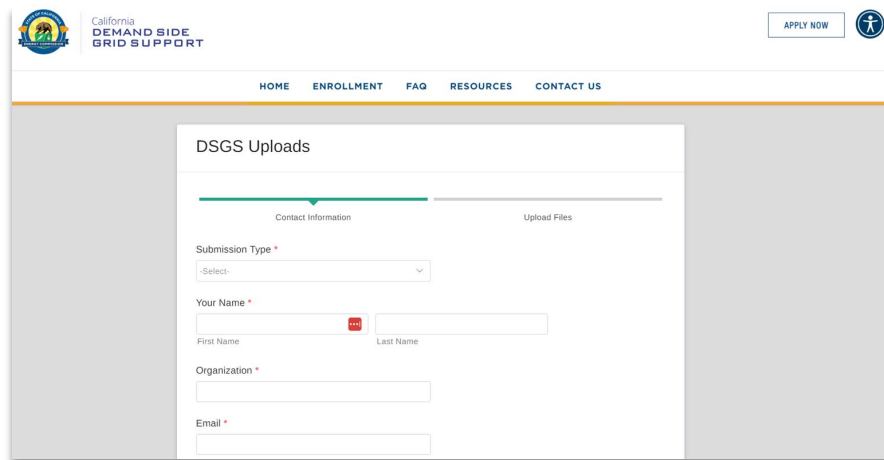
If the designated payee has already submitted a complete STD-204 form with a prior reimbursement claim and has received a payment within the past year from the CEC, a new STD-204 is not needed.

STATE OF CALIFORNIA - DEPARTMENT OF FINANCE		
Print Form Reset Form		
PAYEE DATA RECORD <small>(Required when receiving payment from the State of California in lieu of IRS W-9 or W-7) STD 204 (Rev. 03/2021)</small>		
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		
<small>Check one (1) box only that matches the entity type of the Payee listed in Section 1 above. (See instructions on page 2)</small>		
<input type="checkbox"/> SOLE PROPRIETOR / INDIVIDUAL		
<input type="checkbox"/> SINGLE MEMBER LLC (Disregarded Entity owned by an individual)		<input type="checkbox"/> CORPORATION (see instructions on page 2)
<input type="checkbox"/> PARTNERSHIP		<input type="checkbox"/> MEDICAL (e.g., dentistry, chiropractic, etc.)
<input type="checkbox"/> ESTATE OR TRUST		<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		
<small>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.</small>		
For Individuals , enter SSN.		Social Security Number (SSN) or Individual Tax Identification Number (ITIN) _____ - ____ - ____ OR Federal Employer Identification Number (FEIN) _____ - ____ - ____
• 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.		
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		
<small>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.</small>		
NAME OF AUTHORIZED PAYEE REPRESENTATIVE		TITLE
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 3 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' (active) 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'.
- 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.

INCENTIVE CALCULATIONS

Review of Incentive Calculation

Demonstrated Capacity for an Aggregation is the weighted average net discharge (discharge minus baseline) from all sites, during program event hours (and/or test event hours), in a participation month (m):

$$Capacity_m = \frac{\sum_{h=1}^p (\sum_{r=1}^q Discharge_{r,h} - \sum_{r=1}^q Baseline_{r,h}) LMP_h}{\sum_{h=1}^p LMP_h}$$

Where:

- $Discharge_{r,h}$ = metered battery discharge (kW) of a resource (r) in hour (h)
- $Baseline_{r,h}$ = Baseline for the resource and hour
- q = the number of resources in the Aggregation
- p = the number of DSGS event or test hours
- LMP = day-ahead LMP in hour (h)
- Where the Baseline is positive
- Where net discharge is positive if the battery is discharging

Baseline Determination

1. An hourly prescriptive Baseline is applied to all sites receiving Self-Generation Incentive Program (SGIP) funding or with a host utility permission-to-operate (PTO) date before July 1, 2023:
 - Residential Baseline = $0.074 * \text{nominal storage capacity (kWh)}$
 - Non-Residential Baseline = $0.028 * \text{nominal storage capacity (kWh)}$
 - Where “nominal” = nameplate capacity per the product spec sheet
2. Sites that did not receive SGIP funding or have a PTO date after July 1, 2023 may claim a baseline of zero. The PTO date and account number must be provided in the claim form for a site to claim a zero baseline.
3. The Aggregation Baseline is constructed by summing the individual site Baselines determined above.

Example of Monthly Incentive Calculation

Example Aggregation:

- 2-hour resource
- Contains four sites: two Residential and two Commercial
- Total baseline = 2.2 kW

Customer Type	Baseline Applied	Nominal Storage Capacity (kWh)	Baseline (kW)
Residential	Yes	15	1.1
Residential	No	10	0.0
Commercial	Yes	40	1.1
Commercial	No	25	0.0
Total		90	2.2

Example of Monthly Incentive Calculation (cont.)

Example Calculation:

- 3 events called in August 2024
- Baseline = 2.2 kW (previous slide)
- Discharge (column D) populated from meter data
- Net Discharge = column D-C
- LMP populated from [CAISO OASIS](#)
- Columns G and H calculate LMP-weighted average of performance across all event hours.
- Demonstrated Capacity = $63.6/1.63 = 39.1$ kW

A) Event	B) Event Hour (HE)	C) Baseline (kW)	D) Discharge (kW)	E) Net Discharge (kW)	F) LMP (\$/kWh)	G) Weighted Performance (kW)	H) Demonstrated Capacity (kW)
				[D-C]		[E*F]	[G/1.63]
1	18:00	2.2	37.8	35.6	\$0.23	8.0	4.9
1	19:00	2.2	41.8	40.6	\$0.25	10.1	6.2
2	19:00	2.2	31.8	30.6	\$0.30	9.2	5.6
2	20:00	2.2	47.8	45.6	\$0.40	18.2	11.2
3	18:00	2.2	47.8	45.6	\$0.20	9.1	5.6
3	19:00	2.2	37.8	35.6	\$0.25	8.9	5.5
Total					1.63	63.6	39.1

Example of Monthly Incentive Calculation (cont.)

August Incentive = 39.1 kW * \$13.5/kW
= \$527.96

Assuming a Demonstrated Capacity of 39.1 kW every month would result in a total incentive of \$2,429.02

With the 30% bonus applied, the final incentive is \$3,157.73

Month	Demonstrated Capacity (kW)	Incentive Rate (\$/kW)	Monthly Incentive (\$)
May	39.1	\$6.75	\$263.98
June	39.1	\$6.98	\$272.98
July	39.1	\$12.60	\$492.77
August	39.1	\$13.50	\$527.96
September	39.1	\$14.40	\$563.16
October	39.1	\$7.88	\$308.17
Total	-	-	\$2,429.02
Final Incentive		Total + 30%	\$3,157.73



For more information,
please contact:

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

THANK YOU!