

# SREC-Based Financing Program



## **Appendix 4: Project Proposal Summary Sheet**

Each Proponent is required to submit this Project Proposal Summary Sheet as part of its qualification package. A Proponent’s Pricing Proposal may only be recommended for an award by the Solicitation Manager if the Proponent’s qualification materials are complete and consistent with the requirements of Section 4.1 of the RFP Rules.

Please refer to the timeline for the current solicitation that is posted to the “Calendar” page – <http://www.njedcsolar.com/calendar.cfm> – for the deadline for qualification materials.

**IMPORTANT:** The Project Proposal Summary Sheet (in MS Word format) must be submitted electronically by email to the Solicitation Manager at [NJSolar@nera.com](mailto:NJSolar@nera.com).

*All information requested below is required except if a field is clearly labeled as “optional” or “if applicable”. If the information requested in a particular field is unavailable, please enter “NA”.*

### **Section 1. Project Information**

*NJCEP Application Number*

*The NJCEP Application Number is the application number assigned to the Project under the Initial Application process of the Renewable Energy Incentive Program (“REIP”) or the SREC Registration Program (“SRP”). Information necessary for the submission of the Pricing Proposal will be sent to the email address provided below. This NJCEP Application Number should be same as the NJCEP Application Number that was provided with your Expression of Interest.*

*Name of Project*

*Size of Project*

*The size of the Project should be in kW rounded to the third decimal. This size of the Project should be the same as the size of the Project provided in your Bid Form. The size of the Project should correspond to the size of the Project provided in the Initial Application process under the REIP or the SRP.*

*Name of Project*

*Location of Project*

*City*

*State*

*Zip Code*

*Description of Equipment, including name of manufacturer*

**Section 2. Customer Information**

Is the customer a company or an individual?

Company       Individual

*If the customer is a company, please provide the name of the company:*

*Last Name*

*Given Name(s)*

*Mr/Mrs/Ms/Dr/(other)*

*Street Address*

*City*

*State*

*Zip Code*

*Telephone Number*

*Fax Number (optional)*

*Email Address (optional)*

The Customer's Territory is:

JCP&L       ACE       RECO

*Please choose ONLY ONE option.*

*Customer Utility Tariff Rate Schedule*

*Please refer to your electric bill to find this information.*

*Customer Account Number*

*Please refer to your electric bill to find this information. Account numbers are typically 12 characters long for ACE or JCP&L and 10 characters long for RECO.*

**Section 3. Developer Information**

***Company Information***

*Legal Name of Developer*

*Legal Name of Developer's Direct Parent Company (entity with majority ownership in the Developer), if applicable*

*Legal Name of Developer's Ultimate Parent Company, if applicable*

*Street Address*

*City*

*State*

*Zip Code*

***Company Representative Contact Information***

*Last Name*

*Given Name(s)*

*Mr/Mrs/Ms/Dr/(other)*

*Title*

*Telephone Number*

*Fax Number (optional)*

*Email Address (optional)*

**Section 4. Owner and Host Information**

Who will own the Project and be the Seller under the SREC PSA?

**The Customer**                       **The Developer**                       **Other**

*Please choose ONLY ONE option.*

*If you selected "OTHER" above, please complete this section:*

*If "OTHER" is a company, please provide the name of the company:*

*Last Name*

*Given Name(s)*

*Mr/Mrs/Ms/Dr/(other)*

*Street Address*

*City*

*State*

*Zip Code*

*Telephone Number*

*Fax Number (optional)*

*Email Address (optional)*

*If you wish to add an explanation, please enter it here: (optional)*

**Section 5. Owner and Host Information (continued)**

Who owns the premises or facility where the Project will reside (the “Host”)?

**The Customer**                       **The Developer**                       **Other**

*Please choose ONLY ONE option.*

*If you selected “OTHER” above, please complete this section:*

*If “OTHER” is a company, please provide the name of the company:*

\_\_\_\_\_

*Last Name*                      *Given Name(s)*                      *Mr/Mrs/Ms/Dr/(other)*

\_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_

*Street Address*

\_\_\_\_\_

\_\_\_\_\_

*City*                      *State*                      *Zip Code*

\_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_

*Telephone Number*                      *Fax Number (optional)*

\_\_\_\_\_                      \_\_\_\_\_

*Email Address (optional)*

\_\_\_\_\_

*If you wish to add an explanation, please enter it here: (optional)*

\_\_\_\_\_