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| Clean Energy Fund 3  Low-Income Community Solar Deployment  General Information | | | | | |
| Directions:   1. Please complete the application below. Cells will expand to accommodate longer responses.    * Questions regarding the application process may be emailed to [cef@commerce.wa.gov](mailto:cef@commerce.wa.gov). 2. Save the document with this file name structure:    * <Name of Submitting Entity>\_LICSD2020 APP 3. Complete all application attachments requirements listed in the Attachments list below, and save the documents using the naming conventions listed in that section. 4. Print Attachments 5 and 6, “Letter of Submittal” and “Certifications and Assurances”, then read, sign, and scan, then save using the naming conventions listed in the Attachments list below.   Upon the completion of steps 1 – 4, email the application and all attachments to [cef@commerce.wa.gov](mailto:cef@commerce.wa.gov), using the subject line: “<Name of Submitting Entity> LICSD Application”   * + *The Application must be received by 5:00 PM (PST) on Tuesday, December 1, 2020. Successful Applicants are expected to be notified by close of business February 8, 2021.* | | | | | |
| Section 1: Application Summary (MANDATORY, SCORED) | | | | | |
| 1.01 | Application Title: | | Click or tap here to enter text. | | |
| 1.02 | Organization Name: | | Click or tap here to enter text. | | |
| 1.03 | Total Nameplate Generating Capacity to Be Installed (All Project Sites) (Kilowatts - Direct Current) | | Click or tap here to enter text. kW-DC | | |
| 1.04 | Dollar Amount of Funding Requested | | $ | | |
| If the funding awarded is from a federal source, will the applicant accept the award and agree to comply with the additional federal requirements? | | Yes  No | | |
| 1.05 | Organization Mailing Address: | | Click or tap here to enter text.  Click or tap here to enter text.  Click or tap here to enter text. | | |
| 1.06 | Email #1: | Click or tap here to enter text. | Email #2: | | Click or tap here to enter text. |
| 1.07 | Phone #1: | Click or tap here to enter text. | Phone #2: | | Click or tap here to enter text. |
| 1.08 | Organization Official’s Name:  (Signatory to Letter of Submittal) | | Click or tap here to enter text. | | |
| Official’s Title: | | Click or tap here to enter text. | | |
| 1.09 | Email: | Click or tap here to enter text. | Phone: | | Click or tap here to enter text. |
| 1.10 | Additional Contacts (Please provide name, email, and phone) | | Click or tap here to enter text. | | |
| 1.11 | The applicant is which of the following: | | | | |
| 501(c)(3) Non-Profit | | | | |
| Federally Recognized Tribal Government | | | | |
| Retail Electric Utility | | | | |
| Housing Authority | | | | |
| 1.12 | If the applicant has a funding preference for state or federal funds from the LICSD program, they may indicate that preference below. An indication of preference does not guarantee an award will be made from the desired funding source. | | | | |
| State Federal | | | | |
| 1.13 | Statewide Vendor Number (SWV) | | | | Click or tap here to enter text. |
| Applicant Universal Business Identifier (UBI) | | | | Click or tap here to enter text. |
| Applicant Tax Identification Number (TIN) | | | | Click or tap here to enter text. |
| Applicant DUNS # (<https://fedgov.dnb.com/webform/pages/CCRSearch.jsp>) | | | | Click or tap here to enter text. |
| Section 2: Technical Proposal (MANDATORY, SCORED) | | | | | |
| 2.01 | Project Approach/Methodology: Include a complete description of the Applicant’s proposed approach and methodology for the project. This section should convey Applicant’s understanding of the high-level objectives and minimum qualifications of the RFA and how their project relates to these objectives. If the project would be interconnected on the distribution grid and would help address peak demand considerations, the Applicant’s response should describe what steps they have taken to verify this with the local electric utility, and what steps if any would be taken to ensure the array helps to meet peak demand (trackers, western orientation of panels, etc.). If the project would utilize major components, including panels/modules or inverters, made in Washington, identify the components, manufacturer, and the place of manufacture. | | | | |
| Click or tap here to enter text.  *(750 word maximum)* | | | | |
| 2.02 | Equity Narrative: The Equity Narrative should describe:   1. How the project provides lowered Energy Burden to Qualifying Subscribers and/or other direct or indirect benefits to Highly Impacted Communities and/or Vulnerable Populations. Please include specific project cashflow figures that will be dedicated to lowering Qualifying Subscriber Energy Burden, total Energy Burden reduction projected to be delivered to Qualifying Subscribers as a result of the project, and describe the basis of any calculations necessary to arrive at these figures[[1]](#footnote-1). Other direct or indirect benefits may include but are not limited to: job or training opportunities for members of Highly Impacted Communities or Vulnerable Populations, or concrete environmental benefits that would be directly traceable to the project; 2. Which, if any, Low-Income Service Provider(s) the project will serve and how the project will benefit their program(s) and/or community(ies). 3. How the project will verify eligibility of Qualifying Subscribers, as applicable. Possible methods for verifying eligibility of Low-Income Households may include participation in other income-qualified benefits programs (LIHEAP, SNAP, etc), tenancy in income-qualified housing units, or other methods which verify income against the thresholds described in RFA SECTION 1.7 DEFINITIONS. 4. Ways in which the project has or will demonstrably and meaningfully engage(d) communities as part of project development, and in which community input has or will inform(ed) project development. Priority will be given to projects demonstrating meaningful co-creation of project design and outcomes. | | | | |
| Click or tap here to enter text.  *(750 word maximum)* | | | | |
| 2.03 | Work Plan: Include all project requirements and the proposed tasks, services, activities, etc. necessary to accomplish the scope of the project defined in the RFA. This section of the technical proposal must contain sufficient detail to convey to members of the evaluation team the Applicant’s knowledge of the subjects and skills necessary to successfully complete the project. Include any required involvement of COMMERCE staff. The Applicant may also present any creative approaches that might be appropriate and may provide any pertinent supporting documentation. | | | | |
| Click or tap here to enter text.  *(600 word maximum)* | | | | |
| 2.04 | Project Schedule: Include a project schedule indicating when the elements of the work will be completed. Project schedule must ensure that any deliverables requested are met. | | | | |
| Click or tap here to enter text.  *(300 word maximum)* | | | | |
| 2.05 | Outcomes and Performance Measurement: Describe the impacts/outcomes the Applicants propose to achieve as a result of the delivery of these services including how these outcomes would be monitored, measured and reported to the state agency. | | | | |
| Click or tap here to enter text.  *(250 word maximum)* | | | | |
| 2.06 | Risks: The Applicant must identify potential risks that are considered significant to the success of the project. Include how the Applicant would propose to effectively monitor and manage these risks, including reporting of risks to the COMMERCE contract manager. | | | | |
| Click or tap here to enter text.  *(250 word maximum)* | | | | |
| Section 3: Management Proposal | | | | | |
| 3.01 | Project Team Structure and Internal Controls: Provide a description of the proposed project team structure and internal controls to be used during the course of the project, including any subcontractors. As applicable, describe lines of authority for personnel involved in performance of this potential contract and relationships of this staff to other programs or functions of the Applicant’s organization. Include who within the firm will have prime responsibility and final authority for the work. (MANDATORY, SCORED) | | | | |
| Click or tap here to enter text.  *(250 word maximum)* | | | | |
| 3.02 | Staff Qualifications and Experience: Identify staff, including subcontractors, who will be assigned to the potential contract, indicating the responsibilities and qualifications of such personnel, and include the amount of time each will be assigned to the project. (MANDATORY, SCORED) | | | | |
| Click or tap here to enter text.  *(250 word maximum)* | | | | |
| 3.03 | Indicate the experience the Applicant and any subcontractors have in the following areas:   * 1. Solar PV project development and/or installation of related infrastructure;   2. Community engagement with groups relevant to the proposed project, including meaningful co-creation of similar projects; and   3. Other relevant experience that indicates the qualifications of the Applicant, and any subcontractors, for the performance of the potential contract.   (MANDATORY, SCORED) | | | | |
| Click or tap here to enter text.  *(250 word maximum)* | | | | |
| 3.04 | Indicate other relevant experience that indicates the qualifications of the Applicant, and any subcontractors, for the performance of the potential contract. (MANDATORY, SCORED) | | | | |
| Click or tap here to enter text.  *(250 word maximum)* | | | | |
| 3.05 | Include a list of contracts the Applicant has had during the last five years that relate to the Applicant’s ability to perform the services needed under the RFA. List contract reference numbers, contract period of performance, contact persons, telephone numbers, and fax numbers/e-mail addresses. (MANDATORY, SCORED) | | | | |
| Click or tap here to enter text. | | | | |
| 3.06 | If the Applicant or any subcontractor contracted with the state of Washington during the past 24 months, indicate the name of the agency, the contract number and project description and/or other information available to identify the contract. (MANDATORY) | | | | |
| Click or tap here to enter text. | | | | |
| 3.07 | If the Applicant’s staff or subcontractor’s staff was an employee of the state of Washington during the past 24 months, or is currently a Washington State employee, identify the individual by name, the agency previously or currently employed by, job title or position held and separation date. (MANDATORY) | | | | |
| Click or tap here to enter text. | | | | |
| 3.08 | If the Applicant has had a contract terminated for default in the last five years, describe such incident. Termination for default is defined as notice to stop performance due to the Applicant’s non-performance or poor performance and the issue of performance was either (a) not litigated due to inaction on the part of the Proposer, or (b) litigated and such litigation determined that the Proposer was in default. (MANDATORY) | | | | |
| Click or tap here to enter text. | | | | |
| 3.09 | Submit full details of the terms for default including the other party's name, address, and phone number. Present the Applicant’s position on the matter. COMMERCE will evaluate the facts and may, at its sole discretion, reject the application on the grounds of the past experience. If no such termination for default has been experienced by the Applicant in the past five years, so indicate. (MANDATORY) | | | | |
| Click or tap here to enter text. | | | | |
| 3.10 | List names, addresses, telephone numbers, and fax numbers/e-mail addresses of three (3) business references for the Applicant and three (3) business references for the lead staff person for whom work has been accomplished and briefly describe the type of service provided. Do not include current COMMERCE staff as references. (MANDATORY) | | | | |
| Click or tap here to enter text. | | | | |
| Section 4: Cost Proposal (MANDATORY, SCORED) | | | | | |
| 4.01 | Match: Identify the total eligible project costs to be funded by the Applicant. *(Note: The match commitment is a scored criterion. If the Applicant is unable to secure the full match committed in their application, Commerce reserves the right to proportionally reduce the Applicant’s award amount.)* | | $ | | |
| 4.02 | Indicate what proportion of this funding has already been secured and which is subject to pending applications. | |  | | |
| 4.03 | **Identification of Costs:** Identify all costs in U.S. dollars including expenses to be charged for performing the services necessary to accomplish the objectives of the contract. The Applicant is to submit a fully detailed budget including staff costs and any expenses necessary to accomplish the tasks and to produce the deliverables under the contract. Applicants are required to collect and pay Washington state sales and use taxes, as applicable, and should note any sales and/or use tax exemptions that may apply under CETA.[[2]](#footnote-2)  Costs for subcontractors are to be broken out separately. Please note if any subcontractors are certified by the Office of Minority and Women’s Business Enterprises. | | | | |
| $ | | | Equipment  If dollar amount entered is greater than zero, please list major costs (50 word maximum):  **Click or tap here to enter text.** | |
| $ | | | Salaries & Benefits  If dollar amount entered is greater than zero, please list major costs (50 word maximum):  **Click or tap here to enter text.** | |
| $ | | | Contractors  If dollar amount entered is greater than zero, please list major costs (50 word maximum):  **Click or tap here to enter text.** | |
| $ | | | Consultants  If dollar amount entered is greater than zero, please list major costs (50 word maximum):  **Click or tap here to enter text.** | |
| $ | | | Indirect/Overhead  If dollar amount entered is greater than zero, please list major costs (50 word maximum):  **Click or tap here to enter text.** | |
| $ | | | Other 1  If dollar amount entered is greater than zero, please list major costs (50 word maximum):  **Click or tap here to enter text.** | |
| $ | | | Other 2  If dollar amount entered is greater than zero, please list major costs (50 word maximum):  **Click or tap here to enter text.** | |
| $ | | | Total | |

|  |  |  |
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| Attachments | | |
| # | **Description** | Attachment Naming Convention |
| 5 | **LETTER OF SUBMITTAL (MANDATORY) (PDF)**  The Letter of Submittal must be signed and dated by a person authorized to legally bind the Applicant to a contractual relationship, e.g., the President or Executive Director if a corporation, the managing partner if a partnership, or the proprietor if a sole proprietorship. Along with introductory remarks, the Letter of Submittal should include by attachment the following information about the Applicant and any proposed subcontractors:   1. Name, address, and telephone number of each principal officer (President, Vice President, Treasurer, Chairperson of the Board of Directors, etc.) 2. Legal status of the Applicant (sole proprietorship, partnership, corporation, etc.) and the year the entity was organized to do business as the entity now substantially exists. 3. If the Applicant does not have a UBI number, the Applicant must state that it will become licensed in Washington within thirty (30) calendar days of being selected as the Apparently Successful Grantee. 4. Identify any state employees or former state employees employed or on the Applicant’s governing board as of the date of the application. Include their position and responsibilities within the Applicant’s organization. If following a review of this information, it is determined by COMMERCE that a conflict of interest exists, the Applicant may be disqualified from further consideration for the award of a contract. | 5\_<Name of Submitting Entity>\_LICSD LOS |
| 6 | CERTIFICATIONS AND ASSURANCES (MANDATORY) The Certifications and Assurances form (Exhibit A to this RFA) must be completed, signed and dated by a person authorized to legally bind the Applicant to a contractual relationship, e.g., the President or Executive Director if a corporation, the managing partner if a partnership, or the proprietor if a sole proprietorship. | 6\_<Name of Submitting Entity>\_LICSD CERTIFICATIONS AND ASSURANCES |
| 7 | STAFF RESUMES (MANDATORY, SCORED) Provide resumes for staff (at minimum those named in response to Application Question 3.02), which include information on the individual’s particular skills related to this project, education, experience, significant accomplishments and any other pertinent information. The Applicant must commit that staff identified in its proposal will actually perform the assigned work. Any staff substitution must have the prior approval of COMMERCE. | 7\_<Name of Submitting Entity>\_LICSD RESUMES |
| 8 | SITE INFORMATION DATA SHEET (MANDATORY, SCORED) The site information data sheet (template provided at the website listed in RFA SECTION 2.1 RFA COORDINATOR) must be completed for all project sites included in the application.   1. Street Address A project site must be limited to one property, or to contiguous properties owned by the same entity. See RFA SECTION 1.3 MINIMUM QUALIFICATIONS for information on minimum project size for each site. *Note: For projects with multiple associated street addresses, please enter the street address most closely matching the largest solar array.* 2. Congressional District Enter the Washington State congressional district where the project site is located. 3. Median Income: ACS 2018 5-year household median income levels for the city or town where the site is located    * 1. Go to <https://data.census.gov/cedsci/>.      2. Enter the name of your city or town and the word “income” in the search bar.      3. Click on the first search result under the heading “Explore Data” near the top of the page.      4. Near the top of the page, use the “Product:” dropdown menu to select the “2018: ACS 5-Year Estimates Subject Tables” data set.      5. Scroll down to learn your municipality’s Estimate for Median Income (dollars) for Households.      6. *Note: If an Applicant’s city- or town-level data is unavailable from the source provided above, an Applicant is permitted to substitute county-level ACS 5-Year Estimates instead. If city- or town-level data is available, the Applicant must use that data to determine eligibility for this reduced match option.* 4. Environmental Health Disparities: Environmental Health Disparities v1.1 rank for the census tract where the site is located 5. Based on the Washington Department of Health’s Washington Tracking Network tool 6. <https://fortress.wa.gov/doh/wtn/wtnibl/> 7. Click “Environmental Health Disparities V 1.1” on the left-hand column 8. Locate the exact location of the project’s site(s) and click that tract (optionally use the location tool to search for the site’s physical address) 9. The rank is shown in the left-hand column adjacent to “Environmental Health Disparities V 1.1” 10. Rural Status: Whether the proposed site is in an area identified as “non-entitlement” according to information provided by COMMERCE’s Community Development Block Grant program. 11. Based on <http://www.commerce.wa.gov/wp-content/uploads/2016/06/CDBG-2014-Map-of-Local-Governments-Served.pdf> 12. Note that some cities in Non-Entitlement Counties are identified as Entitlement Cities and will count as entitlement areas for the purposes of this program 13. Utility Fuel Mix: List the percentage of electricity generation derived from emitting sources (Coal, Natural Gas, Petroleum, Waste, and Unspecified) for the utility that serves the project site 14. Based on [COMMERCE’s 2018 Preliminary Fuel Mix Disclosure Report](http://www.commerce.wa.gov/wp-content/uploads/2019/12/2018-Preliminary-Disclosure-Data-03122019.pdf): 15. http://www.commerce.wa.gov/wp-content/uploads/2019/12/2018-Preliminary-Disclosure-Data-03122019.pdf 16. Find the Utility Fuel Mix table corresponding to the retail electric utility that serves the project site 17. Sum the percentage of electricity derived from the following sources: Coal, Natural Gas, Petroleum, Waste, and Unspecified | **8\_<Name of Submitting Entity>\_LICSD SITE INFORMATION** |
| 9 | VERIFICATION OF SOLAR ASSET (MANDATORY, SCORED)  For all project sites, Applicants must complete and submit a report of expected energy production using the U.S. National Renewable Energy Laboratory’s PVWatts® calculator tool.   1. Go to <https://pvwatts.nrel.gov/> 2. Type street address for project into “Get Started” box 3. Confirm the correct location for this project on “Resources Data Map” then click “Go to system info” 4. Enter best estimates for all values and click “Go to PVWatts® results” 5. Click “Print Results” and save the report as a PDF | 9\_<Name of Submitting Entity>\_LICSD SOLAR ASSET |
| 10 | LETTER FROM THE RETAIL ELECTRIC UTILITY (OPTIONAL, SCORED)  Applicants may attach a letter from the Retail Electric Utility covering all project sites describing expected impacts, if any, to the grid, and any coordination efforts that will be needed, or that have already been completed, between the Retail Electric Utility and the Applicant. If there are multiple Retail Electric Utilities serving project sites, attach one letter for each applicable Retail Electric Utility, compiled into a single PDF. | 10\_<Name of Submitting Entity>\_LICSD UTILITY LETTER |
| 11 | LETTER OF SUPPORT FROM TRIBAL GOVERNMENT (OPTIONAL, SCORED)  If the Applicant is not a Federally Recognized Tribal Government (nor a subdivision of a Federally Recognized Tribal Government) and the project will to benefit community(ies) located in census tracts that are fully or partially on "Indian country" as defined in 18 U.S.C. Sec. 1151, the Applicant may submit a Letter or Letters of Support from the corresponding Federally Recognized Tribal Government(s). Letters of Support may describe the Federally Recognized Tribal Government’s relationship to the Applicant, as well as any anticipated involvement of the Federally Recognized Tribal Government in the project. Please see RFA SECTION 3.11 for information on scoring for this attachment. | 11\_<Name of Submitting Entity>\_LICSD TRIBAL GOVERNMENT LETTER OF SUPPORT |
| 12 | OMWBE Certification (OPTIONAL AND NOT SCORED)  Include proof of certification issued by the Washington State Office of Minority and Women’s Business Enterprises (OMWBE) if certified minority-, women-, or veteran-owned firm(s) will be participating on this project. For more information please visit: <http://www.omwbe.wa.gov>. | 12\_<Name of Submitting Entity>\_LICSD OMWBE |
| 13 | DIVERSE BUSINESS INCLUSION PLAN (MANDATORY)  The Diverse Business Inclusion Plan form (Exhibit B to the RFA) must be completed and submitted as a component of the application. See RFA SECTION 2.7 DIVERSE BUSINESS INCLUSION PLAN for more information. | 13\_<Name of Submitting Entity>\_LICSD DIVERSE BUSINESS INCLUSION |
| 14 | WORKERS’ RIGHTS CERTIFICATION (MANDATORY, SCORED)  The Workers’ Rights Certification form (Exhibit C to the RFA) must be completed, signed and dated by a person authorized to legally bind the Applicant to a contractual relationship, e.g., the President or Executive Director if a corporation, the managing partner if a partnership, or the proprietor if a sole proprietorship. | 14\_<Name of Submitting Entity>\_LICSD WORKERS RIGHTS CERTIFICATION |
|  | | |
| *End of Application* | | |
| *See following page for Application Process Survey* | | |

*Section 6: APPLICATION PROCESS SURVEY*

Survey Questions

*The following questions are intended to help us improve our application process. Please indicate your agreement/disagreement with the following statements.*

*Your responses will not impact the evaluation of your application in any way.*

1: Strongly Disagree

2: Disagree

3: Neither Agree nor Disagree

4: Agree

5: Strongly Agree

|  |  |
| --- | --- |
| Name of Applicant: | |
|  | |
| Application Survey Questions | Responses |
| 1. The guidelines provided enough information on the program. |  |
| 1. The Pre-Application Conference was helpful introducing the application process |  |
| 1. The Request For Applications (RFA) application instructions were clear. |  |
| 1. The RFA application process was easy to follow. |  |
| 1. I was able to receive the assistance I needed from Commerce to complete the application. |  |
| 1. Commerce staff was timely in responding to process related inquiries. |  |
| 1. I had adequate time to prepare the application prior to the deadline. |  |
| 1. Given program requirements, the application process was reasonable. |  |

1. If the Applicant is pursuing an allowable substitute to Energy Burden reduction under RFA SECTION 1.3 MINIMUM QUALIFICATIONS – Project Minimum Qualification #3a, the Applicant should instead provide specific cashflow figures to be dedicated to the substitute and describe the basis of any calculations necessary to arrive at this figure. [↑](#footnote-ref-1)
2. <https://dor.wa.gov/find-taxes-rates/tax-incentives/incentive-programs#1133> (see: Solar energy system sales tax exemption refund) [↑](#footnote-ref-2)