

Application for Solar Solutions Initiative Pilot

In order to qualify and participate in the Solar Solutions Initiative for the purchase of solar energy, this application along with the Application for the Renewable Standard Offer must be completed by the Applicant according to Section 3.1 of the Renewable Standard Offer Guidelines. Questions concerning the Renewable Standard Offer should be addressed to Renewable Standard Offer, 1101 Market Street, SP 6A, Chattanooga, TN 37402-2801 or renewablestandardoffer@tva.gov, or 423-751-2372.

By submitting this Application Form, the Applicant hereby declares that the information contained in this document and submitted by the Applicant is true, complete, and accurate. For information on how to complete the Application, please review the Renewable Standard Offer Application Instructions.

By submitting this Application Form, the Applicant agrees and acknowledges that the Applicant has read and understands the 1) Renewable Standard Offer Guidelines and 2) Renewable Standard Offer Contract as well as the 3) Solar Solutions Initiative Guidelines, has obtained independent legal advice, and agrees to comply with all requirements contained therein.

Section 1: General Applicant Information

Applicant's Legal Name: _____

Applicant's Address: _____

Applicant's Telephone Number: _____

Applicant's Email Address: _____

Section 2: Solar Photovoltaic (PV) Generation System – Equipment Information

Note: All fields are required in order to process the application.

Quantity of solar panels: _____ DC Wattage of individual solar panel: _____

Total DC Nameplate Output Rating of System: _____ kW DC

Description and Model or Series Number of panels: _____

Solar Panel Manufacturer: _____

Quantity of DC to AC power inverters: _____ Wattage of individual inverter: _____

Description and Model or Series Number of inverter(s): _____

Inverter Manufacturer(s): _____

List all other Balance of System (BOS) components and Manufacturer(s):

Section 3: Installer/Contractor Information

Installer/Contractor Name:

Project Manager/Lead Installer/Supervisor for the Installation of the Project:

Street Address of Installer/Contractor:

City/State: _____ Zip Code: _____

Telephone Number of Installer/Contractor: _____

Project Manager/Installer NABCEP Certification Level: _____

(Note: all Applicants must submit proof acceptable to TVA of the project manager/installer's NABCEP certification).

Number of Installer/Contractor Employees Working on the Completion of the Project:

Construction _____

Design _____

Other (list function or service) _____

Number of Man-Hours Equivalent for all Employees Working on the Completion of the Project: _____

Total # of Employees (FTE) employed by the Company in the Tennessee Valley region: _____

Section 4: Project Investment- estimated

Total Installed Project Cost (\$) _____

Installed Cost Breakdown of Project (\$):

Capital Investment:

Solar Panels/Modules: _____

Inverters: _____

Mounting Equipment & Racking: _____

Wiring, Combiner Boxes, Etc.: _____

Other Balance of System (BOS): _____

Installation/Services:

Installation/Construction: _____

Design Fees/Other: _____

Note: At the time of project completion and upon generation, applicants will be required to provide invoices/receipts outlining the total cost of the system including the panels and installation.

Section 5: Other Project Information

Is the system going to be ground-mounted or a roof-top system? _____

Is the Applicant a Tennessee Valley Authority region existing power customer at the site of the project?
If so, who is the local power company or electric service provider?

Section 6: Declarations

TVA may verify with any Applicant or with any third party any information set forth in an Application.

Initials _____

Applicant hereby warrants and certifies that all information submitted in this Application is accurate. In making this warranty and certification, Applicant acknowledges that Applicant is aware that Section 21(b) of the Tennessee Valley Authority Act of 1933 (16 U.S.C. 831t (b)) provides that any person who, with intent to defraud TVA or to deceive any officer or employee of TVA, makes any false report or statement to TVA shall, upon conviction thereof, be fined not more than \$10,000 or imprisoned not more than five years, or both.

Signature _____ Date _____

Printed Name _____

Title _____

For TVA Internal Use Only:		
Date Received:	____ / ____ / ____	____ TVA Staff
Verified as Complete Application:	____ / ____ / ____	____ TVA Staff
Applicant Notified of Award Status:	____ / ____ / ____	____ TVA Staff