

Section 1 - Applicant (Building /Site Owner) Information

Building Owner's Legal Business Name		Grant Signatory Legal First and Last Name	
Building Owner's Point of Contact's Email Address		Point of Contact's Name and Phone Number	
Building Owner's Mailing Address		City	State
			Zip Code
MD County	Congressional District*	MD Legislative District*	

* Find MD Congressional and Legislative Districts at <http://www.mdelect.net>

As building owner I have coordinated with the Building Operator and consent to the installation of a solar plus energy storage resiliency hub in the building specified in Section 4. I agree to abide by the terms and conditions specified in the Notice of Grant Availability.

Building Owner's Signatory Full Legal Name		Building Owner's Federal Tax ID Number	
Building Owner's Signature		Date Signed	

Section 2 - Building Operator

Building Operator's Legal Name		Point of Contact Person's Full Name	
Point of Contact's Email Address		Point of Contact's Phone Number	
Building Operator's Mailing Address		City	Zip Code
MD County	Congressional District*	MD Legislative District*	

* Find MD Congressional and Legislative Districts at <http://www.mdelect.net>

As building operator I consent to the installation of a solar plus energy storage resiliency hub in the building specified in Section 4.

Building Operator's Full Legal Name			
Building Operator's Signature		Date Signed	

Section 3 - System Owner's Information			
System Owner's Legal Business Name		Grant Signatory Legal First and Last Name	
System Owner's Point of Contact's Email Address		Point of Contact's Name and Phone Number	
System Owner's Mailing Address		City	State
		Zip Code	
MD County	Congressional District*		MD Legislative District*

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As system operator I intend to fund and own the solar plus energy storage resiliency hub in the building specified in Section 4. I intend to hire installation contractors that are incorporated or registered to do business in the State of Maryland; possess all licenses and certifications required by all applicable Federal, State and local laws, regulations, and other legally binding requirements; and be in good standing with the Maryland State Department of Assessments and Taxation. Further, I will ensure that installation contracts require system components to be listed or labeled by a recognized National Testing Laboratory. I agree to abide by the terms and conditions specified in the Notice of Grant Availability.

System Owner's Signatory Full Legal Name		System Owner's Federal Tax ID Number	
System Owner's Signature		Date Signed	

Section 4 - Resiliency Hub Information			
Resiliency Hub Address			
City	State	Zip Code	
MD County	Congressional District*		MD Legislative District*

* Find MD Congressional and Legislative Districts at <http://www.mdelect.net>

Proposed Solar PV System Capacity (kW)	
Proposed Energy Storage System Size (kWh)	
Proposed Energy Storage System Capacity (kW)	

Section 5 - Installation Project Manager's Information (If determined at time of application)

Project Manager's Name		Company Name	
Email Address		Phone Number	
Mailing Address		City	State
			Zip Code
MD County	Congressional District*	MD Legislative District*	

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Section 6: Grant Payments Requested

Grant for solar and energy storage system (\$1,300/kW solar)

Additional funding requested for additional equipment and other authorized costs

County Office of Emergency Management fee (if charged)

Section 7: Proposal Checklist

- | | |
|-----------------------|--|
| <input type="radio"/> | 1. Site Justification |
| <input type="radio"/> | 2. System Location |
| <input type="radio"/> | 3. City/County Acceptance |
| <input type="radio"/> | 4. System Sizing Information |
| <input type="radio"/> | 5. Grant Funding Request |
| <input type="radio"/> | 6. System Design |
| <input type="radio"/> | 7. Notice of Grant Availability Review |
| <input type="radio"/> | 8. Statement of Ongoing Operation Plan |
| <input type="radio"/> | 9. Timeline |
| <input type="radio"/> | 10. Total Cost Estimate. |