Section 1 - Building /Site Owner Information

Building Owner's Legal Business Name			
Point of Contact (First and Last Name)	Point of Contact's Title		
Point of Contact's Phone Number	Point of Contact's Email Address		
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 consented to the installation of a Microgrid, Resilient Power Facility, or solar plus energy storage Resiliency Hub in the building/at the site. I have read and agree to abide by the terms and conditions specified in the Funding Opportunity Announcement. If I am a State, County, or Local Government entity, I agree to comply with Sections 14-416 and 17-303 of the State Finance and Procurement Article (if applicable).

The following person will sign the grant agreement as the Building/Site Owner

Signatory's Name to use on the grant Agreement	Signatory's Title
Signatory's Signature	Date Signed
Signatory's Email Address	Building Owner's Federal Tax ID Number

Section 2 - Building Operator

Building Operator's Legal Name		
Point of Contact (First and Last Name)	Point of Contact's Title	
Point of Contact's Phone Number	Point of Contact's Email Address	
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 Microgrid, Resilient Power Facility, or solar plus energy storage Resiliency Hub in the building/at the site. I attest that I have read and agree to abide by the terms and conditions specified in the Funding Opportunity Announcement and, (for AOI 3 applicants), have read and understand the "Expectations for a Resiliency Hub" posted on MEA's Resiliency Hub website.	
Building Operator's Full Legal Name	Building Operator's Title
Building Operator's Signature	Date Signed

Section 3 - System Owner's Information

System Owner's Legal Business Name			
Point of Contact (First and Last Name	Point of Contact's Title		
Point of Contact's Phone Number	Point of Contact's Email Address		
System 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 system owner, I intend to fund and own Microgrid, Resilient Power Facility, or solar plus energy storage Resiliency Hub. I intend to hire installation contractors that are incorporated or registered to do business in the State of Maryland; and possess all licenses and certifications required by all applicable Federal, State and local laws, regulations, and other legally binding requirements I attest that I am 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 Funding Opportunity Announcement.

For AOI 3 Applicants:
I attest that any contract for system installation complies with State Government Article, §9-20B-05, Annotated Code of Maryland, which requires that at least 80 percent of workers participating in a project or program that receives money from the SEIF must reside within 50 miles of the project or program.

Note: MEA determines compliance based on whether at least 80 percent of worksite workers reside in Maryland, or within 50 miles of Maryland's borders.

If the site owner is a State, County, or Local Government entity, I agree to comply with Sections 14-416 and 17-303 of the State Finance and Procurement Article (as applicable).

The following person will sign the grant agreement as the System Owner.

Signatory's Name to use on the grant Agreement	Signatory's Title
Signatory's Signature	Date Signed
Signatory's Email Address	System Owner's Federal Tax ID Number

For AOI 3 Applicants
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)	

Organization to receive the grant funding: site owner or system owner? (This shall be the Site Owner if the site is owned by a State, County, or Local Government).	

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

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

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