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|  | | FY23 Solar Canopy Grant Program  **Third Party Owned** | |
| **APPLICATION** | **REVIEW CHECK LIST (INTERNAL)** |
| 1. **System Information and Installation Location** | | | |
|  | Information in block A1 is complete? | | NOTE: |
|  | Information is provided in A2 describing the use, operating hours and location of the parking lot. Additional solar installation (in addition to the solar canopy) is discussed here. | | NOTE: |
| 1. **Point of Contact** | | | |
|  | Is a primary Point of Contact designated? | | NOTE: |
|  | Has a Grantee been identified (site owner vs. system owner) | | NOTE: |
| 1. **Applicant Signature** | | | |
|  | Information in block C1 is complete? | | NOTE: |
|  | Printed name, title, date of signature, and applicant signature are complete in block C2. | | NOTE: |
| 1. **Installing Contractor Information and Signature** | | | |
|  | Information in block D1 is complete (to include NABCEP name and certification number). | | NOTE: |
|  | Printed name, title, date of signature, and applicant signature are complete in block D2. | | NOTE: |
| 1. **Third Party Owner Information and Signature** | | | |
|  | Information in block E1 is complete | |  |
|  | Printed name, title, date of signature, and applicant signature are complete in block E2. | |  |
| 1. **Eligibility** | | | |
|  | Verify the site owner is a government entity, business, non-profit organization, not-for-profit educational institution, or sole proprietor farmer. | | NOTE: |
| 1. **Documentation** | | | |
|  | SDAT Certificate of Good Standing provided by site owner, developer, and system owner. | | NOTE: |
|  | Letter of intent between site owner and system owner. This letter must include at least the location and estimated capacity of the solar system. | | NOTE: |
|  | System diagram detailing locations, dimensions and orientations of the system on the property. The diagram must include dimensions of the parking lot and the solar canopy (dimensions of the pond and solar array for floating solar arrays). | | NOTE: |
|  | Site map exhibiting the location of the system on the property (e.g., Google Earth) | | NOTE: |
|  | Evidence of site control by the applicant (such as in the form of a recorded deed) | | NOTE: |
|  | Evidence of project finance (e.g., financier’s Letter of Commitment) | | NOTE: |
|  | Construction schedule (assumes grant agreement signed February 22, 2023) | | NOTE: |
|  | Solar production estimate (PVWatts, PVsyst, SAM or equivalent) | | NOTE: |
|  | W-9 provided for organization designated to receive the money | | NOTE: |
| 1. **Evaluation Comments** | | | |
|  | Include adders and subtractors (geographic diversity, larger overall project, ability to be seen from highway, and anything else you think worthy of note). Evaluation criteria include:   * The total project cost per watt installed in the solar PV canopy/floating solar system. ; **=5000/(Total Cost/kW)** * The number and type of qualified EV chargers to be installed; **= add one point for a Level 3 charger** * Inclusion of an innovative project design and/or use; **=add one point for innovative project design** * The geographic diversity of grants awarded; **= add 0.5 points if the only entry from the county** * Additional roof or ground mounted capacity installed in conjunction with a canopy/floating soar system. Please note, however, that MEA will not include roof or ground mounted capacity when determining the grant amount. **= (total capacity in kWdc – 500)/1000)** * Estimated visibility of the proposed carport and EV chargers/floating solar to the general public.  **=add one point if visible from the street or sidewalk** * Estimated accessibility and frequency of use of the proposed carport and the EV chargers; **= add one point if available to the public** * The frequency of parking lot use. **= add one point if indication they will be used 7 days a week** * Location of floating solar = **add two points if located in a wastewater treatment pond or other waterway not available for public recreation. (2 points),** | | NOTE: If a point is added for innovative design, please specify why you think it was innovative. |
| 1. **Additional Comments** | | | |
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| 1. **Your Recommendation** | | | |
|  | Include, don’t include, need more information, etc. | | NOTE: |

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| **Date Reviewed:** |  |