**ATTACHMENT B to Grant**

**Invoice and Completion Report**

Completion Report Checklist

The Completion Certificate and supporting documentation must be submitted after the Grantee has received an executed Community Solar LMI-PPA Grant Program Grant Agreement from the Maryland Energy Administration (MEA), the system has been installed and is operational.

Please include a valid email address for communications purposes.

Checklist for Completion Certificate and Invoice

|  |  |
| --- | --- |
|  | Verify permit and inspection information has been included for all required permits required by the authority having jurisdiction (County and/or Municipality). |
|  | Site visit by MEA staff has been scheduled or completed. |

Supporting Documentation required to be submitted with Completion Certificate:

|  |  |
| --- | --- |
|  | Documentation of building and electrical permits as required by the Authority Having Jurisdiction |
|  | Documentation of all passed final inspections as required by the Authority Having Jurisdiction - a picture of inspection sticker or copy of report is sufficient |
|  | Documentation showing that the system and installation has been paid in full by the system owner |
|  | Photo(s) of completed system installation, showing all panels installed |
|  | Documentation of as-built final PV capacity (as-built drawings acceptable |
|  | Utility's Acceptance and Final Approval to Operate agreement |
|  | Copy of LMI status certification letter to the utility (less actual names of subscribers) |

Community Solar LMI-PPA Grant Program

FY 21 Completion Certificate and Invoice

AOIs 1 & 2

Request for Payment by Grantee Designated to Receive Funds:

|  |  |
| --- | --- |
| Grantee Name (per W-9) |  |
| Grantee Billing Address (per W-9) |  |
| Grantee Federal TIN (per W-9) |  |
| MEA Grant Award Number |  |
| I request disbursement of grant funds in the Amount of: (dollars) |  |

By signing this report document, I affirm that all grant activities included in this invoice comply with section §9-20B-05 of the State Government Article which requires that at least 80% of workers participating in a project or program that receives money from the Strategic Energy Investment Fund ("SEIF") must reside within 50 miles of the project or program. In addition, if the grantee is a unit of State or local government, I affirm that this grant complies with §§ 14-416 and 17-303 of the State Finance and Procurement Article.

I solemnly affirm under penalties of law that I have completed installation of the Community Solar LMI-PPA Grant Program solar array. I understand and agree to comply with Program requirements, restrictions, and limitations outlined in the FY22 Community Solar LMI-PPA Grant Program. I attest that I have not, and will not knowingly, make or cause to be made any false statement or report in any document furnished to MEA in relation to the Grant Program.

Fill in the orange section.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | OFFICIAL USE ONLY | | | | | |
| Authorized Signatory  (Print Name) | | | | | D13 | 03 |  | 512S2 | 1298 | 22 |
| AGENCY | FUND |  | PCA | SUB-OBJ | FY |
|  | | | | |  | | | |  | |
| Title | | | | | SSN | | | | AMOUNT | |
|  | MEA- | | |  | |
|  | | | | | PM INIT | MEA INVOICE NUMBER | | | DATE RECEIVED | |
| Date Signed | | | | |  | |  | | | |
| MEA APPROVAL | | FINANCIAL ADM APPROVAL | | | |
|  |  |  |  |  |  |  | OFFICIAL USE ONLY | | | |
|  |  |  |  |  |  |  | DATE: |  | | |
| Signature | | | | | | | POSTED: |  | | |

|  |  |
| --- | --- |
|  | COMMUNITY SOLAR LMI-PPA GRANT PROGRAM  COMPLETION REPORT |

|  |  |
| --- | --- |
| Project Name |  |
| Project Number |  |
| Project Address |  |
| Project City |  |
| Project Zip Code |  |
| Project County in MD |  |
| Electrical Service Territory |  |
| Congressional District |  |
| State Legislative District |  |
|  |  |
|  |  |
| Subscriber Organization Name (SO) |  |
| Subscriber Organization Number |  |
| SO Point of Contact (First Name, Last name) |  |
| SO POC Title |  |
| SO POC Phone Number |  |
| SO POC e-mail |  |
| SO Address |  |
| SO City |  |
| SO Zip Code |  |
|  |  |
|  | Provide As-Built Data |
| Array Size (kW-DC) |  |
| Number of solar modules (#) |  |
| Array Azimuth (degrees from true north) |  |
| Array Tilt (degrees from horizontal) |  |
| Annual Energy Production Estimate  (kWh-AC/year) |  |
| Method of Energy Estimation |  |
| Date commenced providing creditable power to the electric utility |  |
|  |  |
|  |  |
| Number of LMI Subscribers at Initial Operation |  |
| Capacity subscribed to LMI subscribers at Initial Operation (kW-DC) |  |
| Estimated Energy subscribed to LMI at Initial Operation (kWh/year) |  |
| Number of Low Income Subscribers at Initial Operation |  |
| Capacity subscribed to Low Income subscribers at Initial Operation (kW-DC) |  |
| Estimated Energy subscribed to Low Income at Initial Operation (kWh/year) |  |
| Does the Subscription Agreement sell energy based on a total kWh/year or based on the energy produced by a fixed percentage of the Array Size? |  |
| Percentage of workers residing in Maryland or within 50 miles of Maryland borders. |  |
| Man-hours worked on this project |  |
| Provide any explanatory comments here or in an attached letter. |  |