Rhode Island Energy™

Rhode Island Renewable Energy Growth Program

Payment Credit Transfer Form

Renewable Energy Growth (RE Growth) Small-Scale Solar Program applicants must provide this form and required documentation at the time of application for interconnection. All other RE Growth applicants should provide this form as part of their RE Growth open enrollment application, and required documentation as a condition of initiating payments under the RE Growth program. Applicants will be responsible for designating Bill Credit Recipient billing account(s) and each Bill Credit Recipient's percentage share of the generator output on the Customer Payment/Credit Transfer Form. All Bill Credit Recipients must be listed at the time of application, and projects must be sized appropriately. This form must be filled out in accordance with the applicable RE Growth Tariffs, as well as the Solicitation and Enrollment Process Rules, which can be found on https://www.rienergy.com/site/other-parties/business-partners/rfp-and-procurement/re-growth-program.

For Small Solar (<= 25 kW DC), please submit this form (without any of the attachments such as the Form W-9) as part of your interconnection application to *CAP@rienergy.com.*

To ensure the highest level of identity security, please feel free to request a secure link, which can be sent to the customer with instructions on how to electronically send the Form W-9 if this method is preferred. Alternatively, please mail this form and/or Form W-9s to us physically at:

Rhode Island Energy
1595 Mendon Road
Cumberland, RI 02864
Attn: RE Growth Applications

For RE Growth projects that are not Small Solar, please submit this form (without any of the attachments such as the Form W-9) as part of your RE Growth open enrollment application. Supporting attachments such as the Form W-9 will be required as your project nears construction completion.

This Application is being submitted for the following project type (please select one):

☐Single residential customer system ☐Commercial customer system ☐ Stand-alone generator

☐Shared Solar system ☐Community Remote Distributed Generation system

The information is for the following circumstance (please select all that apply):

☐New system application ☐Change in system ownership ☐ Change in occupant at premise

☐Change in Shared Solar or Community Remote Distributed Generation subscribers

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New Applicant Information

RE Growth Applicant Name (legal name):

Street Address:

City: State: ZIP:

Contact Name (if different from legal name):

Telephone: Email(s):

Facility Location (if different from above):

Street Address:

City: State: Rhode Island ZIP:

Interconnection Application Number/Work Order:

Host Facility Rhode Island Energy Electric Account Number:

Payment Information

Payments of all Performance Based Incentives will be attributed to the Applicant of Record under the legal name above for tax purposes. The payments may be sent to the Applicant or their account, or another recipient as indicated. The Applicant Name and the Legal Name information on the Form W-9 must match. Please see the "Tax Policy" on our RE Growth website at https://www.rienergy.com/site/other-parties/business-partners/rfp-and-procurement/re-growth-program/related-links.

Credit Transfer Information

RE Growth allows for a portion of the Performance Based Incentive amounts to be transferred to the account of a Rhode Island Energy customer under certain circumstances, per the terms of the RE Growth Residential and Non-Residential Tariffs. Systems at locations served by a residential rate must transfer bill credits to the customer account at that location.

1. Is the Customer at the location of the facility installation receiving electric service on Basic Residential Rate A-16 or Low Income Rate A-60?

   Yes ☐ No ☐

2. If the customer is enrolled at the Company's A-60 Residential Rate, does the customer receive a 25% or 30% Low-Income Discount? (This information can be located under the "Delivery Services" section of your current electric bill.)

   25% ☐ 30% ☐

For A-60 customers, their maximum annual allocation limit is determined by their Low-Income Discount. For customers enrolled at a 25% discount, their maximum annual allocation limit is 75% of their three (3) year annual average on-site usage. For A-60 customers enrolled at a 30% discount, their allocation limit is 70% of their three (3) year annual average on-site usage.

3. Please check the allocation limit that applies to the A-60 customer.

75% ☐ 70% ☐

4. If this facility will be served under a Rhode Island Energy commercial electric service account, does the Applicant choose to transfer bill credits to a customer account at the same premise?

Yes ☐ No ☐

If yes, (a commercial account system choosing bill credits), and the bill credit recipient is not the applicant, the bill credit recipient must also provide a Form W-9 to Rhode Island Energy.

Payments will not be provided for output of the system until all required forms, including the Form W-9s, have been received.

New Recipient Name (on account):

Customer Account Number:

Customer Legal Name (if different, on Form W-9):

Customer Account 3-Year Average Billed Usage at Location (in kWh per year):

Total output from the facility annually in kWh (same as on Interconnection App.):

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Shared Solar

If this facility is enrolling as a Shared Solar generator, please use the PCT-2 form below to list all bill credit recipients and required information. Shared Solar Projects must allocate Bill Credits to at least two (2) and no more than fifty (50) accounts in the same customer class (i.e., Residential or Non-Residential) and on the same or adjacent parcels of land as the DG project. Properties that are separated by a public way will not be considered to be adjacent. There are exceptions for Applicants who operate a Shared Solar Facility on behalf of a Public Entity.

Output of Shared Solar facilities must be 100% enrolled upon application. Please use as many copies of the form as needed to list all of the bill credit recipients. The total output of the facility cannot be greater than the sum of all bill credit recipients' 3-year annual average usage, and no recipient may receive greater than their 3-year annual average usage.

Community Remote Distributed Generation (CRDG)

Please use the PCT-2 form below to list all bill credit recipients to meet the enrollee requirements of the CRDG program. No more than fifty percent (50%) of the output by kWh generated by the DG Project may be allocated to a single Bill Credit Recipient. At least 50% of the output must be allocated to multiple Bill Credit Recipients in an amount not to exceed that which is produced annually by a twenty-five kilowatt (25 kW) AC capacity system. CRDG Applicants must designate at least three (3) eligible Bill Credit Recipients. Meeting this test is required before final approval to be paid for output under the RE Growth CRDG program.

IN WITNESS WHEREOF, I certify that the information provided above is true and correct this [DATE] day of [MONTH] , [YEAR] .

[INSERT PROJECT OWNER NAME], as
APPLICANT/NEW PROJECT OWNER

By: _____

Name:

Title:

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For internal use only

Applicant Form W-9 Confirmation: ☐

Non-Residential Customer Credit Transfer Form W-9 Confirmation: ☐

Applicant Vendor ID:

Customer Vendor ID:

Applicant/Facility ID (check):

Customer (non-residential credit recipient) ID:

Sizing Check for Shared Solar, CRDG, or Non-Residential if Paid by Bill Credits and Cash:

Sizing Check (Residential Cannot Exceed 25 kW DC):

Bill Record: Output Amount (check):

Date Processed: Employee:

Facility RE Growth Certificate of Eligibility Number:

Asset Identification Number (ISO-NE/NEPOOL GIS ID):

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Payment Credit Transfer Form 2 (PCT-2)

Please use this extended form to list bill credit recipients for Shared Solar or Community Remote Distributed Generation Credit Recipients. For new recipients, please provide the percentage of output for Shared Solar or CRDG, and the credit value (in $0.XXXX/kWh to four decimals maximum or "D" for default rate) and term in months for CRDG recipients. If removing recipients, please indicate in the box provided.

For Applicant Account Number: ______________________________

Applicant Name: ______________________________

Project Work Order: ______________________________

Recipient Name (on account): ______________________________

Recipient Account Number: ______________________________

Recipient Legal Name (if different, on Form W-9): ______________________________

Recipient Account 3-Year Average Billed Usage at Location (in kWh per year): ______________

Percent of project output to be allocated to recipient (to tenth decimal only): ______________%

New Recipient? ☐ Credit Rate (CRDG only): ______ Term (in months): ___ Remove Recipient? ☐

Recipient Name (on account): ______________________________

Recipient Account Number: ______________________________

Recipient Legal Name (if different, on Form W-9): ______________________________

Recipient Account 3-Year Average Billed Usage at Location (in kWh per year): ______________

Percent of project output to be allocated to recipient (to tenth decimal only): ______________%

New Recipient? ☐ Credit Rate (CRDG only): ______ Term (in months): ___ Remove Recipient? ☐

Recipient Name (on account): ______________________________

Recipient Account Number: ______________________________

Recipient Legal Name (if different, on Form W-9): ______________________________

Recipient Account 3-Year Average Billed Usage at Location (in kWh per year): ______________

Percent of project output to be allocated to recipient (to tenth decimal only): ______________%

New Recipient? ☐ Credit Rate (CRDG only): ______ Term (in months): ___ Remove Recipient? ☐

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Recipient Name (on account): ____

Recipient Account Number: ____

Recipient Legal Name (if different, on Form W-9): ________________________________

Recipient Account 3-Year Average Billed Usage at Location (in kWh per year): ______________

Percent of project output to be allocated to recipient (to tenth decimal only): ____________%

New Recipient? ☐ Credit Rate (CRDG only): ______ Term (in months): __ Remove Recipient?☐

Recipient Name (on account): ____

Recipient Account Number: ____

Recipient Legal Name (if different, on Form W-9): ________________________________

Recipient Account 3-Year Average Billed Usage at Location (in kWh per year): ______________

Percent of project output to be allocated to recipient (to tenth decimal only): ____________%

New Recipient? ☐ Credit Rate (CRDG only): ______ Term (in months): __ Remove Recipient?☐

Recipient Name (on account): ____

Recipient Account Number: ____

Recipient Legal Name (if different, on Form W-9): ________________________________

Recipient Account 3-Year Average Billed Usage at Location (in kWh per year): ______________

Percent of project output to be allocated to recipient (to tenth decimal only): ____________%

New Recipient? ☐ Credit Rate (CRDG only): ______ Term (in months): __ Remove Recipient?☐

Recipient Name (on account): ____

Recipient Account Number: ____

Recipient Legal Name (if different, on Form W-9): ________________________________

Recipient Account 3-Year Average Billed Usage at Location (in kWh per year): ______________

Percent of project output to be allocated to recipient (to tenth decimal only): ____________%

New Recipient? ☐ Credit Rate (CRDG only): ______ Term (in months): __ Remove Recipient?☐
