**Rhode Island Renewable Energy Growth Program**

**Payment Credit Transfer Form**

*All other RE Growth applicants must provide this form and required documentation as a condition of initiating payments under the program. RE Growth Small Solar Program applicants must provide this form and required documentation at the time of application for interconnection.*

*For convenience, please send this document and related supporting documents, such as signed and scanned W-9s, to the following:*

For Small Solar (<= 25 kW DC): *Distributed.Generation@nationalgrid.com*

For all others, please send this to your point of contact in Customer Energy Integration.

*To ensure the highest level of identity security, please feel free to mail this form and/or W-9s to us physically at:*

**National Grid**

**40 Sylvan Road**

**Second Floor East, E2.577**

**Waltham MA 02451**

**Attn: RE Growth Applications**

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

New Applicant Information

RE Growth Applicant Name (legal name): Click here to enter text.

Street Address: Click here to enter text.

CityClick here to enter text. State: Click here to enter text. ZIP: Click here to enter text.

Contact Name (if different from legal name): Click here to enter text.

Telephone: Click here to enter text. Email(s): Click here to enter text.

If this is for a change in ownership, who is the former Applicant Owner?

Former RE Growth Applicant Name (legal name): Click here to enter text.

Street Address: Click here to enter text.

City: Click here to enter text. State: Click here to enter text.ZIP: Click here to enter text.

Contact Name (if different from legal name):Click here to enter text.

Telephone: Click here to enter text. Email(s): Click here to enter text.

Facility Location (if different from above):

Street Address: Click here to enter text.

City: Click here to enter text. State: Rhode Island ZIP: Click here to enter text.

Interconnection Application Number/Work Order: Click here to enter text.

Host Facility National Grid Electric Account Number: Click here to enter text.

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.

All Applicants must provide a Form W-9 to National Grid per the National Grid RE Growth Tax Policy Statement. The Applicant Name and the Legal Name information on the W-9 must match. Please provide instructions below on where National Grid should send the payments.

Send Payment for Performance Based Incentives by: Check  [ ]  or Electronic Funds Transfer  [ ]

If by check, does Applicant want check sent to different address than above? Yes [ ]  No [ ]

If yes, please indicate address:

Location Name: Click here to enter text.

Street Address: Click here to enter text.

City: Click here to enter text. State: Click here to enter text.ZIP: Click here to enter text.

Lock Box, Account Number or Other Note: Click here to enter text.

**If by Electronic Funds Transfer, please complete National Grid’s ACH Payment Authorization form.**

Credit Transfer Information

RE Growth allows for a portion of the Performance Based Incentive amounts to be transferred to the account of a National Grid 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 [ ]

If yes to 1, the Customer at the location of the facility installation does not need to provide a W-9 to National Grid if they are not the Applicant.

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

Yes [ ]  No [ ]

If yes to 2 (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 National Grid.

Payments will not be provided for output of the system until all required W-9 forms have been received. Residential customers that are not the Applicant for the facility do not need to submit a W-9 and will not be issued Forms 1099 for bill credits.

New Recipient Name (on account): Click here to enter text.

Customer Account Number: Click here to enter text.

Customer Legal Name (if different, on W-9): Click here to enter text.

Customer Account 3-Year Average Billed Usage at Location (in kWh per year): Click here to enter text.

Total output from the facility annually in kWh (same as on Interconnection App.):Click here to enter text.

If this is for a change in Bill Credit Recipient, who was the former Bill Credit Recipient at this location?

Old Recipient Name (on account): Click here to enter text.

Customer Account Number: Click here to enter text.

Shared Solar

If this facility is enrolling as a Shared Solar generator, please use the PCT-2 form to list all credit recipients and required information. 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 recipients, or the available Excel spreadsheet form. The total output of the facility cannot be greater than the sum of all recipients’ 3-year annual average usage, and no recipient may receive greater than their 3-year annual average usage.

Community Remote Distributed Generation

Please use the PCT-2 form to list all credit recipients to meet the enrollee requirements of the CRDG program. Either the output must be allocated to one or more qualified affordable/low-income housing entity, or must demonstrate that no more than 50% of expected output is allocated to one recipient, and at least 50% is allocated to customers in amounts not greater than the output of the technology rated at 25 kW AC. (For solar PV, this is 35,259 kWh per year. For Community Wind this would be project specific.) 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: Click here to enter text.

Title: Click here to enter text.

***For internal use only***

Applicant W-9 Confirmation: [ ]

Non-Residential Customer Credit Transfer W-9 Confirmation: [ ]

Applicant Vendor ID: Click here to enter text.

Customer Vendor ID: Click here to enter text.

Applicant/Facility SAP ID (check): Click here to enter text.

Customer (non-residential credit recipient) SAP ID: Click here to enter text.

Sizing Check: Bill Record Click here to enter text. Output amount (check) Click here to enter text.

Date Processed: Click here to enter a date. Employee: Click here to enter text.

Facility RE Growth Certificate of Eligibility Number: Click here to enter text.

Asset Identification Number (ISO-NE/NEPOOL GIS ID): Click here to enter text.

**Payment Credit Transfer Form 2 (PCT-2)**

**Please use this extended form or the available Excel form to list 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:** Click here to enter text.

**Applicant Name:** Click here to enter text.

**Project Work Order:** Click here to enter text.

Recipient Name (on account):Click here to enter text.

Recipient Account Number: Click here to enter text.

Recipient Legal Name (if different, on W-9): Click here to enter text.

Recipient Account 3-Year Average Billed Usage at Location (in kWh per year): Click here to enter text.

Percent of project output to be allocated to recipient (to tenth decimal only): Click here to enter text.%

New Recipient? [ ]  Credit Rate (CRDG only): Term (in months): Remove Recipient?[ ]

Recipient Name (on account):Click here to enter text.

Recipient Account Number: Click here to enter text.

Recipient Legal Name (if different, on W-9): Click here to enter text.

Recipient Account 3-Year Average Billed Usage at Location (in kWh per year): Click here to enter text.

Percent of project output to be allocated to recipient (to tenth decimal only): Click here to enter text.%

New Recipient? [ ]  Credit Rate (CRDG only): Term (in months): Remove Recipient?[ ]

Recipient Name (on account):Click here to enter text.

Recipient Account Number: Click here to enter text.

Recipient Legal Name (if different, on W-9): Click here to enter text.

Recipient Account 3-Year Average Billed Usage at Location (in kWh per year): Click here to enter text.

Percent of project output to be allocated to recipient (to tenth decimal only): Click here to enter text.%

New Recipient? [ ]  Credit Rate (CRDG only): Term (in months): Remove Recipient?[ ]

Recipient Name (on account):Click here to enter text.

Recipient Account Number: Click here to enter text.

Recipient Legal Name (if different, on W-9): Click here to enter text.

Recipient Account 3-Year Average Billed Usage at Location (in kWh per year): Click here to enter text.

Percent of project output to be allocated to recipient (to tenth decimal only): Click here to enter text.%

New Recipient? [ ]  Credit Rate (CRDG only): Term (in months): Remove Recipient?[ ]

Recipient Name (on account):Click here to enter text.

Recipient Account Number: Click here to enter text.

Recipient Legal Name (if different, on W-9): Click here to enter text.

Recipient Account 3-Year Average Billed Usage at Location (in kWh per year): Click here to enter text.

Percent of project output to be allocated to recipient (to tenth decimal only): Click here to enter text.%

New Recipient? [ ]  Credit Rate (CRDG only): Term (in months): Remove Recipient?[ ]

Recipient Name (on account):Click here to enter text.

Recipient Account Number: Click here to enter text.

Recipient Legal Name (if different, on W-9): Click here to enter text.

Recipient Account 3-Year Average Billed Usage at Location (in kWh per year): Click here to enter text.

Percent of project output to be allocated to recipient (to tenth decimal only): Click here to enter text.%

New Recipient? [ ]  Credit Rate (CRDG only): Term (in months): Remove Recipient?[ ]

Recipient Name (on account):Click here to enter text.

Recipient Account Number: Click here to enter text.

Recipient Legal Name (if different, on W-9): Click here to enter text.

Recipient Account 3-Year Average Billed Usage at Location (in kWh per year): Click here to enter text.

Percent of project output to be allocated to recipient (to tenth decimal only): Click here to enter text.%

New Recipient? [ ]  Credit Rate (CRDG only): Term (in months): Remove Recipient?[ ]