# ATTACHMENT A - COVER SHEET

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| **SECTION I - Provide information summarizing the project proposal.**  |
| **Project Title:** |  |
| **PSC Grant Request ($):** | **Applicant Cost Share ($):**  | **Project Total ($):** |
|  |  |  |
| **Choose one Eligible Activity** |
|  [ ]  Renewable Energy & Energy Storage | [ ]  Energy Efficiency & Demand Response | ☐ Comprehensive Energy Planning |
| **Acknowledgement of ARRA Applicability. Check all that apply.** (See Section 1.3 of Application Instructions) |
| [ ]  Buy American: Alteration, maintenance or repair of a public building or public work. |
| [ ]  Davis Bacon and Related Acts: Use of laborers or mechanics employed by contractors and subcontractors. |
| [ ]  Historic Preservation: Project involves historical (over 50 years old), archeological or cultural resources. |
| National Environmental Policy Act (NEPA): Review the list of covered activities in Attachment C (also discussed in Section 1.3.4) of the Application Instructions.[ ]  Environmental Questionnaire **is attached**. Project activity **is not** covered.[ ]  No Environmental Questionnaire needed. Project activity **is** covered. |
| **SECTION II - Provide information for your organization, signatory, and primary contact for the project.** |
| **Applicant Type:** | [ ]  City | [ ]  Village | [ ]  Town | [ ]  County |
| [ ]  Tribal Nation | [ ]  Manufacturer | [ ]  K-12 School District |
| [ ]  University of Wisconsin System | [ ]  Wisconsin Technical College System | [ ]  501(c)(3) nonprofit |
| [ ]  Municipal Utility (water, wastewater, electric, natural gas) | [ ]  Hospital (public or nonprofit) |
| **Name** (on W-9)**:**  |  |
| **Address** (on W-9)**:** |  |
| **County or Counties Served by Project:** |  |
| **DUNS Number or CAGE Code:** |  |
| **NAICS Code:**  |  |
| **FEIN** |  |
| **Authorized Representative/Signatory** (Person authorized to submit applications and sign contracts) | **Primary Contact** (if different from Authorized Representative) |
| **Name:** |  | **Name:** |  |
| **Title:** |  | **Title:** |  |
| **Phone:** |  | **Phone:** |  |
| **E-mail:** |  | **E-mail:** |  |
| **Signature of the Authorized Representative** |  |