Public Service Commission of Wisconsin Office of Energy Innovation

Critical Infrastructure Microgrid and Community Resilience Center Pilot Grant Program

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** |
| * Critical Infrastructure Microgrid Feasibility Study Level 1 and 2
 | * Critical Infrastructure Microgrid Feasibility Study Level 3
 | * Community Resilience Center Feasibility Study
 |
| **SECTION II - Provide information for your organization, signatory, and primary contact for the project.** |
| **Applicant Type:** | * City
 | * Village
 | * Town
 | * County
 |
| * Tribal Nation
 | * Wisconsin Technical College System
 |
| * University of Wisconsin System
 | * K-12 School District
 | * 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:** |  |
| **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** |  |