## Public Service Commission of Wisconsin Office of Energy Innovation

**Refueling Readiness Grant Program**

ATTACHMENT A - COVER SHEET

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **SECTION I - Provide information summarizing the project proposal.** | | | | | | | |
| **Project Title:** | | | |  | | | |
| **PSC Grant Request ($):** | | | | | **Applicant Cost Share ($):** | | **Project Total ($):** |
|  | | | | |  | |  |
| **Select all that apply:** | | | | | | | |
| * Area of Interest One- Tap Switch (up to $5,000) | | | | * Area of Interest One- Bulk Tank Station Tap Switch (up to $25,000) | | | * Area of Interest Two- Generator Readiness (up to $100,000) |
| **SECTION II - Provide information for your organization, signatory, and primary contact for the project.** | | | | | | | |
| **Applicant:** | |
| **Name** (on W-9)**:** | | | | |  | | |
| **Address** (on W-9)**:** | | | | |  | | |
| **County or Counties Served by Project:** | | | | |  | | |
| **DUNS Number or CAGE 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** | | |  | | | | |