**Intervenor Compensation Application v. 08/23**

State of Wisconsin, Public Service Commission, PO Box 7854, Madison WI 53707-7854

**Intervenor Compensation is governed under Wis. Stat. § 196.31 and Wis. Admin. Code ch. PSC 3.**

**Applicants must complete this form to be considered for compensation.**

Check One: \_\_\_\_ Original Request \_\_\_\_ Supplemental

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| General Applicant Information Required | | | | | | | | | | |
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| Name of Applicant / Organization | | | | | | | | | | |
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| Street Address | | | | | | City | | State | Zip Code | |
|  | | | | | |  | |  |  | |
| Telephone Number | |  | | | | Email Address | |  | | |
| Primary Contact Name | |  | | | | Primary Contact Title | |  | | |
| Case Number (Docket #) | | | Are you a party in the case? Indicate one below. | | | | | | | |
|  | | | Yes \_\_\_\_\_ No \_\_\_\_\_  If no, have you applied for party status? Yes \_\_\_\_\_ date: \_\_\_\_\_\_\_\_\_\_ No \_\_\_\_\_ | | | | | | | |
| Request Amount | | | $ | | | | | | | |
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| Information Required from Organizational Applicants | | | | | | | | | | |
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| Description of Organization  (General Purpose, Staff Size and Corporate Structure – use additional pages as needed) | | | | | | | | | | |
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| Number of Organization’s Members Residing in WI | | | | |  | | Total Number of Members in Organization | | |  |
| Organization’s Federal Identification Number (FEIN) | | | | |  | | | | | |
|  | | | | | | | | | | |
| Information on Organization’s Governing Body Members | | | | | | | | | | |
| Name | Title | | | Address | | | | | | |
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| Information Required from All Applicants to Establish Eligibility for Compensation | | | | | | | | | | |
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| Below, and on additional pages as needed, please address the following: | | | | | | | | | | |
| 1. Please explain whether, and to what extent, you have a substantial interest in the case. 2. Please select one or more categories below that best matches your interest in the case:    1. Are you a customer of a utility subject to the proceeding?   \_\_\_\_\_ Yes \_\_\_\_\_ No, If yes, which utility(ies)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   * 1. Are members of your organization customers of a utility subject to the proceeding?   \_\_\_\_\_ Yes \_\_\_\_\_ No, If yes, which utility(ies)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   * 1. Do you represent a customer of a utility subject to the proceeding?   \_\_\_\_\_ Yes \_\_\_\_\_ No, If yes, which utility(ies)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   * 1. Are you or members of your organization materially affected by the outcome of the proceeding?   \_\_\_\_\_ Yes \_\_\_\_\_ No  If yes, and you are an organization, please estimate, to the best of your ability, the number of your members materially affected by the proceeding: \_\_\_\_\_\_\_\_\_\_ (or provide further detail under b. below).   1. Explain how the issues of the case specifically impact you or the individuals you represent. If you are an organizational applicant, please estimate, to the best of your ability, the number of your members affected by the case and the type of member you represent, for example neighborhood residents affected by proposed project, or residential rate payers, or industrial customers of a utility. | | | | | | | | | | |
| 1. Please explain how your proposed participation in this case will adequately present a significant position for the proceeding’s record. In your answer, list the issues in the case (docket) that you plan to address; explain why your input, ideas and viewpoints on these issues are significant to this proceeding.    1. Also describe, to the best of your ability, how your position and information you will present may be different than positions or information that may be presented by Commission staff in the proceeding. | | | | | | | | | | |

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| 1. Please describe specific educational and/or professional qualifications supporting your ability to represent your interest and position in the case.    1. If you are an organizational applicant, provide the educational and professional qualifications of your staff involved in the intervention.    2. If you plan to use an outside consultant or expert witness to address issues in the case, please describe why an outside consultant or expert witness is needed to address the proposed issues and why you, or your organization’s staff, are not able to adequately address these issues.    3. For each attorney you propose to use in your intervention, and who are not employed by your organization, please provide a resume. For all consultants, including but not limited to expert witnesses, provide resumes or Curriculum Vitae (CV). |
| 1. Please explain why an adequate presentation of your position would not occur without a grant of compensation. Describe why you would not be able to participate, or why presentation of your position would be inadequate, without compensation. Describe the specific financial barriers to participating, ­barriers to you or your staff’s participation, barriers to adequate legal representation, and barriers to obtaining expert testimony. |
| 1. Please explain how and why the compensation you are requesting for your participation is reasonable. 2. Describe how the specific costs of your request, such as travel costs, supply costs, per hour rates, and number of hours proposed for participation, are reasonable.    1. In support of the above, please provide a detailed budget for your request, with the cost of each service and expense itemized. For each itemized cost please be sure to include per hour rates, number of hours, and itemized travel costs and supply costs. 3. Address why your request is reasonable considering other potential sources of funding to support your participation. Explain why other funding sources; such as other grants, funding from members, or donations; cannot be used, or are not available, to cover the costs for which compensation is requested.    1. Please also describe any contribution to the intervention you or your organization is making. Please describe any in-kind, non-cash, contributions to the intervention and provide a cash-value estimate of the contributions. |
| 1. Please explain whether, without compensation, the cost of intervention would cause significant financial hardship. In your answer, please provide the following information if you are an organizational applicant:    1. A detailed statement of revenues and expenses by program activity including fund-raising, education, research, and lobbying for the previous and current fiscal years.    2. A detailed list of current assets and liabilities (balance sheet) including all uncommitted funds.    3. The organization’s official budget for the current fiscal year. Identify the parts of the budget that will be used to contribute to the intervention (as detailed above in item number five).    4. For organizations with gross annual revenues in excess of $30,000, a description of job duties of paid and unpaid staff.   Provide the following information if you are an individual applicant:   1. An annual, revenue (income) statement and statement of expenses for the current and prior calendar year. 2. A budget for the current calendar year, showing any funding that will be used to support participation in the proceeding. 3. Total assets and liabilities, or a balance sheet, that includes liabilities such as loans and other debt; costs such as food, taxes, utilities; assets such as house and/or car equity, savings bonds, investments and mortgages; and income. |

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| 1. Please provide information on other formal Commission proceedings in the current state fiscal year (July – June) in which you plan to participate. For each proceeding, identify the expected source(s) of funding supporting your participation. |

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| Certification | |
| **Applicant by signature agrees to abide by the provisions of, and certifies to meeting the eligibility criteria in, PSC Ch. 3.** | |
| Signature | Date |
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**Applicants must serve a copy of the completed application to each utility involved in the proceeding. Please indicate below that you have served a copy of the completed application to each utility:**

A copy of the above completed application has been served to each utility involved in the proceeding:

Yes:

No: If no, please state why a copy has not been provided.

**Save this Intervenor Compensation Application and all attachments as one document in PDF format and upload the document on the Public Service Commission’s Electronic Records Filing System (ERF):** [http://apps.psc.wi.gov/pages/ERFhome.htm](https://apps.psc.wi.gov/ERF/ERF/ERFhome.aspx).