



LOCAL SOLAR ACCESS FUND (LSAF)

APPLICATION FOR FINANCIAL ASSISTANCE

Section 1: Application Information

Organization/Entity Name*

Entity Type*

--select an item--

Billing Street*

Billing City*

Billing State/Province*

Billing Zip/Postal Code*

Population Served*

Entity description *

Census Tract #

Section 2: Primary Contact Information

First Name *

Last Name *

Title *

Business Phone *

Email *

Authorized Representative:

First Name *



Last Name *

Title*

Business Phone*

Email*

Section 3: Grant Type Selection

Please select the grant type you are applying for below.

Project Grant (Maximum \$1,000,000)

Purpose: Plan, design, construct, purchase, install and equip solar energy systems

Technical Assistance Grant (Maximum \$50,000)

Purpose: Feasibility studies, site assessments, engineering studies, program development

Grant Type*

 

Section 4: Project/Site Details

Project Title*

 

Detailed Project Summary

Project Location (Street)*

Project Location (City)*

Project Location (ZIP/Postal Code)*

Site Ownership*

Current Site Use*

Zoning Designation*

Site Area (sq ft)*

Key Milestones

Please provide information on Key Milestones. To add more milestones click "Add Milestone" and edit the new entry. To delete an entry click "Remove Milestone".

Milestone*

Target Date*

Description*

[Add Milestone](#)

Section 5: System Specifications (Project Grants Only)

System Type*

Solar System Capacity (kW DC)*



Estimated Annual Energy Generation (kWh DC)*

Battery Energy Storage*

Equipment Specifications:

Solar Panel Manufacturer*

Inverter Manufacturer*

Battery Storage System*

Other Components*

Expected Useful Life (years)*

Interconnection Status*

--select an item-- 

Utility Provider*

Expected Interconnection Date*

Site Assessment Results:

Solar Resource (kWh/m²/day)*

Shading Analysis*

Structural Integrity*

Electrical Infrastructure*

1. To continue, please check the box. Or you may select "Save for Later" below.



Section 6: Community Impact

“Low Income” means 80% or less of the State’s Median Household Income.

Number of Low Income Households Served

Percentage of Service Area that is Low Income

 %

Current Average Energy Burden (% of income) Per Household*

 %

Projected Energy Burden Per Household After Project*

\$

Estimated Energy Burden Per Household Reduction*

 %

Community Benefits*

Vulnerable Populations Served*

- None
- Low-income households
- Senior citizens
- Veterans
- Persons with disabilities
- Tribal communities
- Limited English proficiency communities

Critical Infrastructure Impact*

- None
- Schools
- Emergency Services
- Healthcare Facilities
- Community Centers
- Emergency Shelters
- Water/Wastewater
- Other

2. To continue, please check the box. Or you may select "Save for Later" below.



Section 7: Financial Information

Total Project Cost*

\$

Grant Requested Amount*

\$

Other Funding Sources

Please provide information on sources. To add more sources click "Add Source" and edit the new entry. To delete an entry click "Remove Source".

Source

Source Amount

\$

Status (Secured/Pending)*

--select an item-- 

Fund Source Description

[Add Source](#)

Total Other Funding*

\$

Financial Capacity

Total Annual Budgeted Expenditures*

\$

Available Cash Balance*

\$

Describe efforts to secure other funding*

Project Budget Detail

Please provide information on uses of Grant Funds. To add more uses click "Add Budget Category" and edit the new entry. To delete an entry click "Remove Budget Category".

Use Category

Amount

Description

[Add Budget Category.](#)

3. To continue, please check the box. Or you may select "Save for Later" below.



Section 8: Cost Savings Analysis

Current Annual Energy Cost Per Entity*

Projected Annual Utility Costs After Project*

Estimated Annual Savings*

Estimated Annual Operating Cost Reductions*

Simple Payback Period (years)*

25-Year Net Present Value*

\$

Cost per kWh Generated*

\$

Methodology Used for Calculations*

4. To continue, please check the box. Or you may select "Save for Later" below.



Section 9: Project Timeline

Proposed Start Date*

Design Completion Date*

Permitting Completion Date*

Construction Start Date*

Construction Completion Date*

Expected Interconnection Date*

Total Project Duration (months)*

5. To continue, please check the box. Or you may select "Save for Later" below.



Section 10: Workforce Development and Local Impact

Estimated Jobs Created*

Estimated Jobs Retained*

Local Hiring Commitment*

Apprenticeship Program*

Prevailing Wage Compliance*

Workforce Development Plan (brief description)*

Training Opportunities Description *

Local Business Utilization (brief description) *

6. To continue, please check the box. Or you may select "Save for Later" below.



Section 11: Project/Implementation Management

Project Manager Name:

First Name *

Last Name *

Email *

Title *

Business Phone *

Project Manager Qualifications*

Internal Staff Capacity*

External Consulting/Contractor Support (brief description)*

External Consulting/Contractor Support:

Consultant or Contractor Name*

Consultant or Contractor Experience*

Consultant or Contractor Role*

If you are working with multiple consultants or contractors, please ensure that all of them are listed in your Contractor Qualifications attachment, which must be included in your submitted application.

Procurement Strategy:

Procurement Method*

--select an item-- ▼

Contractor Selection Criteria*

Risk Management Plan*

Identified Project Risks*

Mitigation Strategies*

Environmental Review Completed*

--select an item-- ▼

7. To continue, please check the box. Or you may select "Save for Later" below.



Section 12: Compliance Requirements

Please select from the list of the applicable compliance requirements

To select more than one type in state and local compliance use the ctrl key and click on your selection.

State and Local Compliance

- Procurement Code
- Environmental Review
- Building Permits
- Zoning Compliance
- Interconnection Agreement

▲
▼

Required Permits/Approvals

Tell us what your permitting requirements are.

Enter the Permit Type, Issuing Agency, and Permit Status for each of the required permit types

Permit Type

Issuing Agency

Permit Status

--select an item-- ▼

8. To continue, please check the box. Or you may select "Save for Later" below.



Section 13: Additional Factors

Innovation and Technology

Innovative Technology Features*

Replication Potential*

Grid Resilience

Emergency Backup Capable*

Grid-Interactive Features*

Microgrid Capability*

Collaboration

Partnering Organizations*

Multi-Entity Benefits*

9. To continue, please check the box. Or you may select "Save for Later" below.



Required Attachments

NOTE: Attached files will not "Save for Later." Please attach your files just prior to submitting your application.

Resolution from governing body authorizing application and designating authorized representative*

Add File...

Articles of Incorporation/Organization*

Add File...

Bylaws or Operating Agreement*

Add File...

Financial Statements (most recent audited financials - last 3 years) *

Add File...

Contractor Qualifications (for Project Grants - resumes, licenses, certifications) *

Add File...

Site Control Documentation (deed, lease agreement, or MOU) *

Add File...

Preliminary Engineering Report or Technical Assessment (for Project Grants) *

Add File...

Cost Estimates from qualified contractors or vendors *

Add File...

Utility Bills (12 months of current usage and costs) *

Add File...

Energy Burden Analysis with methodology*

Add File...

Environmental Review documentation (if completed)

Add File...

Letters of Support from community stakeholders*

Add File...

Project Timeline/Schedule (detailed Gantt chart or equivalent) *

Add File...

Maps and Site Plans showing project location and layout (including aerial photographs)*

Add File...

Interconnection Application and utility correspondence *

Add File...

Workforce Development Plan (detailed description) *

Add File...

Maintenance Plan (25-year operations and maintenance strategy) *

Add File...

Organizational Chart *

Add File...

Other

Add File...

Certifications and Agreements

I certify that:

By submitting this application to the Local Solar Access Fund, the undersigned hereby certifies the following:

- 1. I certify the applicant is in compliance with all applicable federal, state and local laws and regulations.**
- 2. I am duly authorized to act on behalf of the undersigned and to submit all documents pertaining to the LSAF application.**
- 3. All documents submitted in support of the LSAF application are true, accurate and to the best of my knowledge, conform with all policy guidelines.**
- 4. All statements and certifications made in the LSAF application are true, accurate and to the best of my knowledge, conform with policy guidelines.**

5. I am aware that a contractors performance bond will be required as a condition of closing an approved Local Solar Access grant.

Full Name *

Date *

*** - required**

Save for Later

Submit