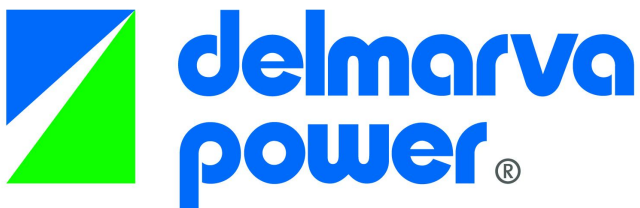


MARYLAND

**COMMUNITY SOLAR ENERGY GENERATING SYSTEM ("CSEGS")
PILOT PROGRAM APPLICATION**



An Exelon Company

Send pilot program applications via email to:
CommunitySolar@delmarva.com

**INSTRUCTIONS for completing and submitting an application to
participate in Maryland's Community Solar Energy Generating System
Pilot Program**

1. Read and understand Delmarva's Community Solar Schedule "CS" ("CS Tariff") and Delmarva's Community Net Metering Rider "CNM."
2. Prior to applying for an Interconnection Agreement for a CSEGS, a Subscriber Organization must first be granted permission to participate in this Pilot Program from the Maryland Public Service Commission ("PSC") and have received a Subscriber Organization identification number. Project information must match between the PSC registration and this pilot program application.
3. Delmarva will not accept Pilot Program Applications for a pilot program year before the year has opened. For Year 4, this open date is January 18, 2021.
4. Pilot Program Applications will only be accepted electronically through email to CommunitySolar@delmarva.com.
5. A Subscriber Organizations should request delivery receipt from their email system if they want confirmation that their email was received.
6. Subscriber Organizations must indicate their intention to participate in the CSEGS Pilot Program in one of the following categories:
 - a. Low and Moderate Income;
 - b. Small, Brownfield, or Other;
 - c. Open; or
 - d. 50 kW or less
7. Applicants must include or attach the following with their application:
 - a. A partially executed interconnection agreement
 - b. Proof of all applicable permits must be attached to your pilot application.
 - c. Proof of site control must be attached to your pilot application. Delmarva will accept a memorandum of lease or a memorandum of an option to purchase or lease as proof of site control.
 - d. Proof of brownfield status, if applicable, must be attached to the pilot application.
8. Instructions for providing subscriber information will be provided when a project is accepted into the Pilot Program.

MARYLAND

COMMUNITY SOLAR ENERGY GENERATING SYSTEM (CSEGS) PILOT PROGRAM APPLICATION

Application Submittal Date: _____

Application Type: Original, Revision

SECTION I: SUBSCRIBER ORGANIZATION INFORMATION

Legal Name: _____

MD PSC Subscriber Organization ID #: _____

Mailing Address: _____

City: _____ State: _____ ZIP Code: _____

Type of Organization (Federal Tax Classification – check all that apply):

Individual/Sole Proprietor, C Corporation, S Corporation, Partnership, Trust/estate,
 Limited Liability Company, Other (please specify) _____

MD Business License # (if applicable): _____

Type of Subscriber Organization Authorization

Type A. Proposed Owner and/or Operator of a CSEGS

Type B. Proposed Collective Group of Subscribers of a single CSEGS

Type C. Proposed Non-Profit Owner and/or Operator of a CSEGS

Primary Contact Information:

Contact Person: _____

Title: _____

Mailing Address (If other than above): _____

City: _____ State: _____ ZIP Code: _____

Telephone: _____ Facsimile Number: _____

E-Mail Address (Required): _____

Alternate Contact Information:

Contact Person: _____

Title: _____

Mailing Address (If other than above): _____

City: _____ State: _____ ZIP Code: _____

Telephone: _____ Facsimile Number: _____

E-Mail Address (Required): _____

SECTION II: COMMUNITY SOLAR ENERGY GENERATING SYSTEM INFORMATION

Facility Address: _____

City: _____ State: _____ ZIP Code: _____

Local Government Jurisdiction (City, County, Town, Etc.):

Pilot Program Category - (Must select one)

Open LMI Small/Brownfield/Other 50 kW or Less

Maximum Facility Output Rating: _____ kW AC

Estimated Gross Annual Energy Production: _____ kWh

Projected In-Service Date: _____

Estimated Number of Subscribers for the CSEGS: _____

GENERATOR FACILITY OWNER (if different than Subscriber Organization)

Legal Name: _____

Mailing Address: _____

City: _____ State: _____ ZIP Code: _____

Type of Organization (Federal Tax Classification – check all that apply):

Individual/Sole Proprietor, C Corporation, S Corporation, Partnership, Trust/estate,
 Limited liability company, Other (please specify) _____

MD Business License # (if applicable): _____

Contact Information:

Contact Person: _____

Title: _____

Mailing Address (If other than above): _____

City: _____ State: _____ ZIP Code: _____

Telephone: _____ Facsimile Number: _____

E-Mail Address (Required): _____

PROPERTY OWNER (if different than Generating Facility Owner)

Legal Name: _____

Mailing Address: _____

City: _____ State: _____ ZIP Code: _____

Type of Organization (Federal Tax Classification – check all that apply):

- Individual/Sole Proprietor, C Corporation, S Corporation, Partnership, Trust/estate,
- Limited liability company, Other (please specify) _____

MD Business License # (if applicable): _____

Contact Information:

Contact Person: _____

Title: _____

Mailing Address (If other than above): _____

City: _____ State: _____ ZIP Code: _____

Telephone: _____ Facsimile Number: _____

E-Mail Address (Required): _____

REQUIRED ATTACHMENTS

Attachment A: Proof of application for all applicable permits consisting of a receipt confirming the filing fee from a local jurisdiction demonstrating application for at least one of the following permits: (please circle which of the applicable permits listed below is being provided)

- a. Site Plan Review Application;
- b. Zoning Conditional Use Application;
- c. Zoning Variance Application;
- d. Zoning Certificate of Use Application;
- e. Special Exception Application;
- f. Board of Appeals Hearing Application; or
- g. Building Permit Application.
- h. Other (must provide written description of evidence being provided)

If one of the preceding is not available due to preliminary action required by the jurisdiction, the Subscriber Organization may provide a receipt confirming completion of

the preliminary action in lieu of one of the permits listed above. If a subscriber organization is unable to provide confirmation of the required permit application within 120 days of application, the Company may rescind the award of project capacity.

Attachment B: Proof of site control must include one of the following: (please circle with of the following if being provided)

- a. Evidence of property ownership;
- b. An executed lease agreement;
- c. A signed option to purchase; or
- d. A signed option to lease.

Attachment C: Evidence to brownfield status (if applicable) to include one of the following: (please circle which of the following is being provided)

- a. Inclusion of the site on a list of contaminated or polluted sites maintained by a Federal or State agency;
- b. Inclusion of the site on the MDE Land Restoration Program List, Voluntary Cleanup Program Notice of Application List, or Closed Landfills List;
- c. A letter of certification from the MDE indicating that a closed landfill or contaminated/polluted site is under its regulation;
- d. A copy of a state-issued surface mining permit or license;
- e. A USGS map indicating that the site has been mined;
- f. A letter of certification from a geotechnical consulting firm certifying that surface mining operations were performed at the site.

Attachment D: A partially executed interconnection agreement

SECTION III: SUBSCRIBER INFORMATION

Information on a CSEGS's subscribers is not required along with this Pilot Program application. Instructions for providing subscriber information will be provided to the Subscriber Organization when the CSEGS is accepted into the Pilot Program.

SECTION IV: SUBSCRIBER ORGANIZATION AUTHORIZED SIGNATURE

I hereby certify for the Subscriber Organization that:

- 1) I have read and understand the Delmarva's Community Solar Schedule "CS" ("CS Tariff") and Delmarva's Community Net Metering Rider "CNM"; and
- 2) I hereby agree to comply with the CS Tariff; and
- 3) I affirm that the Subscriber Organization has the legal right to sell all electricity exported by the Community Solar Energy Generating System listed in this application to Delmarva.
- 4) I agree to comply with all of Maryland's Community Solar Energy Generating System Pilot Program requirements.
- 5) To the best of my knowledge, all of the information provided in this application is complete and true.
- 6) I consent to permit the Maryland Public Service Commission and Pepco to exchange information regarding this application, and the customers/subscribers to which this application applies.

Signature: _____ Date: _____

Printed Name: _____ Title: _____