

Insert #P1-2 Worksheet Insert

In accordance with the Part 1 Proposal Requirements provided in the SPV RFP Rules, a bidder in the SPV Procurement must provide the information requested by all fields below for each system in order to qualify for this procurement event.

Please justify any omissions in the following field:

Name of Proponent

How many systems are you including in your proposal?

Please complete the worksheet for each System.

		1	2
a)	Name of System (optional)	<input type="text"/>	<input type="text"/>
b)	System size kW (to 2 decimals)	<input type="text"/>	<input type="text"/>
c)	Name of System Owner Company name (if applicable) Name (First and Last) Telephone No. Email Address Title	<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
d)	System Location Street Address 1 Street Address 2 City, State Zip	<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
e)	Host (owner of system location) Company name (if applicable) Name (First and Last) Telephone No. Email Address Title	<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
f)	Interconnecting utility Please choose one: other:	<input type="checkbox"/> ComEd <input type="checkbox"/> Ameren <input type="text"/>	<input type="checkbox"/> ComEd <input type="checkbox"/> Ameren <input type="text"/>
g)	Customer Account Customer Account Number	<input type="text"/>	<input type="text"/>
h)	Date Energized (MM/DD/YYYY)	<input type="text"/>	<input type="text"/>
i)	Tracking system Please choose one:	<input type="checkbox"/> GATS <input type="checkbox"/> MRETS	<input type="checkbox"/> GATS <input type="checkbox"/> MRETS
j)	Name of Seller (will transfer RECs to IPA and take payment) Company name (if applicable) Name (First and Last) Telephone No. Email Address Title	<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>

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Mr. Solar LLC

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			3	4
a)	Name of System (optional)			
b)	System size	kW (to 2 decimals)		
c)	Name of System Owner	Company name (if applicable)		
		Name (First and Last)		
		Telephone No.		
		Email Address		
		Title		
d)	System Location	Street Address 1		
		Street Address 2		
		City, State Zip		
e)	Host (owner of system location)	Company name (if applicable)		
		Name (First and Last)		
		Telephone No.		
		Email Address		
		Title		
f)	Interconnecting utility	Please choose one: other:	<input type="checkbox"/> ComEd <input type="checkbox"/> Ameren	<input type="checkbox"/> ComEd <input type="checkbox"/> Ameren
g)	Customer Account	Customer Account Number		
h)	Date Energized	(MM/DD/YYYY)		
i)	Tracking system	Please choose one:	<input type="checkbox"/> GATS <input type="checkbox"/> MRETS	<input type="checkbox"/> GATS <input type="checkbox"/> MRETS
j)	Name of Seller (will transfer RECs to IPA and take payment)	Company name (if applicable)		
		Name (First and Last)		
		Telephone No.		
		Email Address		
		Title		

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c)	Name of System Owner	Company name (if applicable)	<input type="text"/>
		Name (First and Last)	<input type="text"/>
		Telephone No.	<input type="text"/>
		Email Address	<input type="text"/>
		Title	<input type="text"/>
d)	System Location	Street Address 1	<input type="text"/>
		Street Address 2	<input type="text"/>
		City, State Zip	<input type="text"/>
e)	Host (owner of system location)	Company name (if applicable)	<input type="text"/>
		Name (First and Last)	<input type="text"/>
		Telephone No.	<input type="text"/>
		Email Address	<input type="text"/>
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		Telephone No.	<input type="text"/>
		Email Address	<input type="text"/>
		Title	<input type="text"/>