**Attachment A: eoi Cover Sheet**

*Please fill out the following form and attach it as the first page of the Expression of Interest. Do not leave any sections blank.*

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| **Respondent Details** |
| Project Name |  |
| Respondent Organization Name |  |
| Respondent Organization Address |  |
| Main Contact(s) for the purpose of this Expression of Interest (name, title, phone, and email) |  |
| **Assessment Consultant (Select one)** |
| I wish to receive a feasibility assessment from MassCEC’s Primary Consultant.  |[ ]
| The respondent team includes an entity with the ability to conduct a feasibility assessment. *The consultant must respond to the RFP FY2017MKTDEV-02 in order to be considered.*  |[ ]
| **Proposed Buildings (Add rows as necessary)** |
| **Critical Facilities** |
| **Building Name** | **Ownership (Public or Private)** | **Tier 1 or Tier 2** | **Location** |
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| **Non-Critical Buildings** |
| **Building Name** | **Ownership (Public or Private)** | **Location** |
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| **Are there existing generation resources (e.g. solar, CHP) within the proposed microgrid? Add rows as necessary.** |
| **Generation Type** | **Capacity** | **Location** |
|  |  |  |
|  |  |  |
|  |  |  |
| **Team**  |
| Who is your local electric utility? |  |
| Have you engaged in discussion with your utility regarding a potential microgrid project? |  |
| List below all other project stakeholders, including, but not limited to: property owners, community officials, business organizations.  |
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