**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.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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** | |
|  |  |  |  | |
|  |  |  |  | |
|  |  |  |  | |
|  |  |  |  | |
|  |  |  |  | |
|  |  |  |  | |
| **Non-Critical Buildings** | | | | |
| **Building Name** | **Ownership (Public or Private)** | **Location** | | |
|  |  |  | | |
|  |  |  | | |
|  |  |  | | |
|  |  |  | | |
|  |  |  | | |
|  |  |  | | |
| **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. | | | | |
|  | | | | |