

Commonwealth of Massachusetts
Executive Office of Energy and Environmental Affairs
Department of Energy Resources

ALTERNATIVE ENERGY PORTFOLIO STANDARD (APS)

APS

STATEMENT OF QUALIFICATION APPLICATION (SQA)

FEBRUARY 7, 2014, EDITION

Pursuant to the Alternative Energy Portfolio Standard Regulation at 225 CMR 16.00

INSTRUCTIONS

AUTHORITY

The APS Statement of Qualification Application implements the APS Regulation, 225 CMR 16.00. The Statement of Qualification Application form and instructions constitute a portion of the APS Guidelines, as “Guideline” is defined in 225 CMR 16.02.

APPLICATION EDITION

This document is the hard copy version of the current, Web-based Statement of Qualification Application (“WebSQA”) form and instructions. This is meant only as a preview of the WebSQA and as reference.

NOTE that, as of February 17, 2010, DOER has required that you complete your SQA directly online and prohibits submission of this hard copy form without prior approval by the RPS Program Manager.

GENERAL INSTRUCTIONS & NOTICES

- If you find that information required does not fit into the space provided in the SQA form, you may provide the information in an attachment and *reference* that attachment in the space provided.
 - Each attachment must clearly indicate Generation Unit Name as well as the subsection and item of the Application to which the attached information pertains.
 - Please send **by email** as many attachments as possible
- “Department” and “DOER” refer to the Massachusetts Department of Energy Resources. “MassDEP” refers to the Massachusetts Department of Environmental Protection.
- All capitalized terms are defined at 225 CMR 16.00, or in the NEPOOL GIS Operating Rules (available via <http://www.nepoolgis.com>), within the SQA itself, or in other APS Guidelines.
- All information submitted in or attached to the Application, including all correspondence and all supplementary information submitted is considered to be a public record.
- Keep a copy of the completed Application, including all appendices and attachments, for your records.
- The Department will notify the Authorized Representative if the Application is incomplete, and the Department may require additional information and documentation that it deems necessary.
- Pursuant to 225 CMR 16.06(3)(c), the Department will provide written notice to the Authorized Representative if the Generation Unit does not meet the requirements for eligibility as an APS Generation Unit.
- The Department will, for each approved Application, enter appropriate information for the qualified Unit at the NEPOOL GIS, post notice of the qualified Unit at the APS section of the DOER web site (<http://www.mass.gov/doer/>), and will mail the Applicant a Statement of Qualification for the Unit.

APPENDICES

There are five appendices to the Application, lettered A through E. Appendices A through C correspond with several provisions and waivers in 225 CMR 16.05, while D and E relate to the authority of the Authorized Representative. You **must** complete all *applicable* appendices. The Web SQA will open only those appendices that apply to a particular Unit.

COMBINED HEAT AND POWER PROJECTS

In addition to the CHP Guidelines, DOER provides as a supplement to this SQA a separate document termed the "CHP Supplement." This document is formatted as a Microsoft Excel® workbook with a number of worksheets. Each APS Applicant for a CHP project must complete and send to DOER by email the CHP Supplement.

AUTHORIZED SIGNATURE

The Application shall be certified in Section IV by the signature of the Authorized Representative of the Applicant as to the veracity of all statements of fact therein, including all appendices and attachments. Such signature also signifies that the Applicant has read and understands the certification required pursuant to 225 CMR 16.10(1)(c).

If the Applicant and/or the Authorized Representative are/is *not* the Owner or Operator of the Generation Unit, then the Application must include documentation satisfactory to the Department that the Authorized Representative has been authorized to represent the Owner or Operator and/or to certify the Application. At a minimum, such documentation must include the Certification of the Authorized Representative required in Section IV of the Application identifying both the name and the entity of the Authorized Representative; however, if that Certification identifies only the entity, then that entity must, in turn, provide a Certification of the individual named as its Authorized Representative.

In the case of an Aggregation, the Authorized Agent of the Aggregation, as defined in 225 CMR 16.05(6)(b), shall be the Applicant and, if an individual, such person shall designate the Authorized Representative.

PUBLIC COMMENTS

Pursuant to 225 CMR 16.06(2)(b), the Department may, at its sole discretion, provide a period of appropriate duration for public comments on a Statement of Qualification Application. During this period, the public may comment on the pending Application by e-mail. Please note that this procedure for public comment is not subject to the Massachusetts Administrative Procedures Act (M.G.L. c. 30A).

APPLICATION SUBMISSION

Please send the completed Application, including *all* required appendices and attachments *except for* the CHP Supplement, to the following address:

Department of Energy Resources
100 Cambridge Street, Suite 1020
Boston, Massachusetts 02114
Attn: APS Statement of Qualification Mailbox

Please send by email any attachments that can be emailed, including, for CHP projects, the CHP Supplement, to DOER.APS@state.ma.us.

QUESTIONS

Questions related to the Statement of Qualification Application should be directed to the APS Program Manager at howard.bernstein@state.ma.us or at (617) 626-7355.

Commonwealth of Massachusetts
Executive Office of Energy and Environmental Affairs
Department of Energy Resources

ALTERNATIVE ENERGY PORTFOLIO STANDARD (APS)

APS

STATEMENT OF QUALIFICATION APPLICATION

AUGUST 7, 2013, EDITION

Pursuant to the Alternative Energy Portfolio Standard Regulation at 225 CMR 16.00

SECTION I. APPLICANT INFORMATION & APPENDIX CHECKLIST

Complete all four subsections in Section I. Enter "same as X" wherever applicable in subsections 1-4.

1. Applicant & Contact Person (Point of contact for questions related to the SOA)

- Name of the entity that is applying for a Statement of Qualification for the Generation Unit

- Contact person's first name _____
- Contact person's last name _____
 - Title _____
 - E-mail address _____
 - Telephone number _____
 - Mobile phone number [optional] _____
 - FAX number [optional] _____
 - Street Address _____
 - City _____
 - State _____
 - Zip Code _____
- Applying entity's webpage URL, if any _____

2. Authorized Representative of the Generation Unit Owner or Operator

- Name of the entity at which the Authorized Representative is employed or otherwise affiliated

- Authorized Representative's first name _____
- Authorized Representative's last name _____
 - Title _____
 - E-mail address _____
 - Telephone number _____

- Mobile phone number [optional] _____
- FAX number [optional] _____
- Street Address _____
- City _____
- State _____
- Zip Code _____
- This entity's webpage URL, if any _____

3. Generation Unit Owner

- Name of the entity that owns the Generation Unit _____

- Contact person's first name _____
- Contact person's last name _____
 - Title _____
 - E-mail address _____
 - Telephone number _____
 - Mobile phone number [optional] _____
 - FAX number [optional] _____
 - Street Address _____
 - City _____
 - State _____
 - Zip Code _____
- Owning entity's webpage URL, if any _____
- Organization type [corp., coop, partnership, individual, etc.] _____

4. Generation Unit Operator

- Name of the entity that operates the Generation Unit _____

- Contact person's first name _____
- Contact person's last name _____
 - Title _____
 - E-mail address _____
 - Telephone number _____
 - Mobile phone number [optional] _____
 - FAX number [optional] _____
 - Street Address _____
 - City _____
 - State _____
 - Zip Code _____
- Operating entity's webpage URL, if any _____
- Organization type [corp., coop, partnership, individual, etc.] _____

Name of the Generation Unit

SECTION II. GENERATION UNIT INFORMATION

Complete all nine categories in Section II.

1. Identification of the Generation Unit

Name: _____

Unit ID – Complete all or state if the information is pending, not yet applied for, or not applicable.

NEPOOL GIS Generation Unit Asset ID #: _____

NEPOOL GIS Plant – Unit Name: _____

NEPOOL GIS Account Holder: _____

Nameplate Electrical Capacity of the Generation Unit: _____ MWe

[For an Aggregation, enter the total combined capacity of all Units.]

2. Technology of the Generation Unit

Check only one box, and complete the corresponding section within Section III.

- Gasification with capture and permanent sequestration of carbon dioxide *[reserved]*¹
- Combined Heat and Power (CHP)
- Paper-derived Fuel
- Flywheel Storage
- Efficient Steam Technology *[reserved]*²

3. Commercial Operation Date of the Generation Unit

Provide the information in “a” and either “b” or “c”

a. The date on which the Unit first produced electricity for sale within ISO-NE:

b. *If* the Unit is a Combined Heat and Power (CHP) Unit, the date on which the Unit first produced either or both Incremental Useful Thermal Energy or Incremental Electrical Energy, as those are defined in 225 CMR 16.02: _____

c. *If* the Unit is not a CHP Unit, the date on which the Unit first produced electricity for sale within ISO-NE using the technology and/or fuel(s) for which APS qualification is sought:

4. Control Area Location of the Generation Unit

Identify the state within the ISO-New England Control Area where the Generation Unit is or will be located: _____

5. Street Address and Navigational Coordinates of the Generation Unit

a. **Street address** of the Unit

- Address Line 1 _____
- Address Line 2 _____
- City _____
- State _____
- Zip Code _____

[For an Aggregation, omit this and see the instruction at II.7 and in Appendix B, below]:

¹ This technology may be included in a subsequent edition of the SQA.

² This technology may be included in a subsequent edition of the SQA.

Name of the Generation Unit

b. Navigational coordinates – Enter as nn.nnnn (ex. 42.3423). _____ N, _____ W
[This information may be omitted for Aggregations.]

6. Metering of the Generation Unit

How will the electricity output of the Unit be reported to the NEPOOL GIS?

- By the ISO-NE for “MSS” Generation Assets inside ISO-NE Control Area.
- By an Independent Verifier (a.k.a. Third Party Meter Reader) for “NON” Units at the NEPOOL GIS. *The Unit’s GIS unit type notwithstanding, this choice is **mandatory** for any Unit that is a Combined Heat and Power Unit, a Flywheel Storage Unit, or an Aggregation. In addition, DOER may impose this requirement on any other Unit, at its sole discretion. If you check this box, then complete **Appendix C**.*

7. Aggregations

Does this Application cover more than one Generation Unit, each of which is located behind the meter of a retail electricity customer or is an Off-grid Generation Unit?

- Yes – *If you check this box, complete **Appendix B**.*
- No

Name of the Generation Unit

SECTION III. GENERATION UNIT TECHNICAL DETAILS

Check only one of the numbered boxes in Section III. Under that one selected box, answer all questions, and provide all information that pertains to your answers.

1. **GASIFICATION WITH CAPTURE AND PERMANENT SEQUESTRATION OF CARBON DIOXIDE**³

CONTACT THE RPS/APS PROGRAM MANAGER AT DOER.RPS@STATE.MA.US.

2. **COMBINED HEAT AND POWER (CHP)**⁴

Before proceeding with Section III for CHP, review the [CHP Guideline for APS](#). Note that much of the information required in this Section must be entered and/or calculated in the CHP Data Sheets and Worksheets that are to be downloaded from the [APS SOA webpage](#).

(A) DESCRIPTION OF THE UNIT.

(1) Nature of the Project – New or Incremental

Select only one of the following four boxes:

a. New CHP Unit

The CHP Unit first produced electrical and Useful Thermal Energy on or after January 1, 2008, and produced neither type of energy before that date.

b. Incremental CHP at a Pre-2008 Unit

The CHP Unit generated only electrical energy before January 1, 2008. On or after that date, the Unit added or will add Incremental Useful Thermal Energy and possibly also Incremental Electrical Energy.

The CHP Unit produced only Useful Thermal Energy before January 1, 2008. On or after that date, the Unit added or will add Incremental Useful Electrical Energy and possibly also Incremental Thermal Energy.

The CHP Unit produced both electrical energy and Useful Thermal Energy before January 1, 2008. On or after that date, the Unit added or will add either or both Incremental Useful Thermal Energy or Incremental Electrical Energy.

(2) Fuel⁵

a. Indicate any of the eligible fuels to be used by the CHP system by checking one or more of the boxes below.

Natural Gas

Landfill Methane Gas

Anaerobic Digester Gas

³ See the APS Regulation at 225 CMR 16.05(1)(a)1.

⁴ See the APS Regulation at 225 CMR 16.05(1)(a)2.

⁵ **Note** that the following energy sources are **not APS-eligible** for use with this technology under the statute at M.G.L. c. 25A, s. 11F½ (a)(6) and the Regulation at 225 CMR 16.02: coal, petroleum coke, other petroleum-derived fuels, and nuclear power. **Eligible fuels** include natural gas, landfill methane gas, anaerobic digester gas, and most other forms of biomass.

Name of the Generation Unit

Biomass

If the Unit will use landfill gas, anaerobic digester gas, or some other bio-gas, provide one of the following as instructed in the **Guideline** Section 3, and indicate which has been provided:

the actual higher heating value, expressed as Btu/per standard cubic foot, and sample test report by which obtained, *or*

the design basis higher heating value and the method by which obtained

b. In addition to the fuel(s) selected above, will the Unit utilize any fuel listed in the Regulation as “APS Ineligible Fuel Sources”?

No. No such fuels will be utilized except for cold starting the Unit.

Yes. One or more ineligible fuels will be utilized, and I am providing the information required in **Appendix A**.

(B) AUTHORIZATION TO INTERCONNECT FROM THE HOST UTILITY

Check one of the following statements:

The Unit has received an Authorization to Interconnect issued by the host utility company.

The Unit has applied to the host utility company for an Authorization to Interconnect.

*If **neither** can be checked, then you are not yet ready to complete this Application.*

(C) IDENTIFICATION OF THERMAL AND ELECTRICAL LOADS TO BE SERVED BY THE CHP UNIT, AND PROJECTED PERFORMANCE OF THE CHP UNIT.

(1) Thermal Loads and Usage⁶

a. *Identify the types of the end-use loads (e.g., domestic hot water, process hot water, process steam, space heating, absorption chiller, etc.) to which the Useful Thermal Energy from this Unit will be delivered.*

b. *Identify the types of location(s) of the end-use load(s) to which the Useful Thermal Energy from this Unit will be delivered*

The same facility as the Generation Unit and located within Massachusetts

A different facility or facilities than the Generation Unit, namely at the following location(s) within Massachusetts [list name, address, and (if different than for Applicant) contact information for the thermal host facilities]:

c. *Email to DOER.APS@STATE.MA.US the completed CHP WORKSHEET 1: Thermal Loads Used as Basis for Design.⁷*

(2) Electrical: Loads

a. *Check one of the following:*

The Generation Unit is neither designed nor approved to export power into the electric grid.

The Generation Unit is designed to export power into the electrical grid.

⁶ **Note** that, in order to qualify for APS, the CHP Unit shall deliver Useful Thermal Energy to an end-use load located in the Commonwealth of Massachusetts, per the Regulation at 225 CMR 16.05(1)(a)2.d.

⁷ All tables and spreadsheets required for a CHP SQA are provided at the [APS SQA webpage](#).

Name of the Generation Unit

- b. Describe the types of electrical loads connected to the CHP facility): _____

- c. Email to DOER.APS@state.ma.us the completed CHP WORKSHEET 2: Total Electrical Load (kWh) Served by the CHP System.⁸
- d. Enter the peak demand of the facility served by the CHP unit: _____ kW

(3) Projected Baseline CHP Performance

Email to DOER.APS@state.ma.us completed WORKSHEET 3: Projected Baseline CHP Average Annual System Performance.⁹

(4) Preliminary Determination of Alternative Energy Attributes/Certificates (AECs)

a. New CHP Unit

If you selected 2(A)(1)a. above, enter the number of baseline average projected annual AECs from CHP Worksheet 3. _____ AECs per year

b. Incremental CHP at existing facility

If you selected 2(A)(1)b., above, enter the number of baseline average projected annual incremental AECs from CHP Worksheet 3. _____ AECs per year

(D) IDENTIFICATION AND METERING OF ALL FUEL INPUTS AND ENERGY OUTPUTS

(1) APS Small Metering Option

Are you using the APS Small Metering Option as set forth in the CHP Guideline?

- Yes
 No

(2) Electrical Energy Output Meter¹⁰

You *must* check the following box.

- I acknowledge that any meter used to measure the kilowatt-hour energy output of the CHP Unit is classified as a Revenue Quality grade meter by the original equipment manufacturer, meets or exceeds ANSI Standard 12.20, and has a non-resettable, totalizing kWh counter.

(3) Engine Run Time Meter

Identify the make and model of the non-resettable, cumulative, run-hour meter that will be connected to the prime mover (engine, gas turbine, fuel cell, etc.).

Make: _____

Model: _____

(4) Metering of Natural Gas Fuel and other Fuels

Approved Fuel Metering Systems are shown in the **Guideline** Section 2. Complete the applicable fuel metering sections of DATA SHEET #3: APS Meters for CHP Systems and email to DOER.APS@state.ma.us.

(5) Metering of Thermal Energy Delivery (BTUs)

⁸ See footnote 7.

⁹ See footnote 7

¹⁰ See DATASHEET #3: APS Meters for CHP Systems.

Name of the Generation Unit

DOER will accept thermal energy (BTU) meters that conform to the requirements shown in **the Guideline**, Section 2. Nonconforming meters procured and/or installed prior to the issuance date of this edition of the APS SQA will be considered for approval by DOER on a case-by-case basis, but note that such consideration may require a longer review period. Also note that DOER recommends, but does not require, remotely readable metering.

Describe the metering of the delivery of useful thermal energy, including the following:

- a. Complete and email to DOER.APS@state.ma.us the applicable BTU meter sections of CHP System Technical Information DATA SHEET #3 : APS Meters for CHP Systems in the **Guideline** Section (v).
- b. Show the location of all BTU meter flow and thermal sensors in the system Process Flow Diagram as required to be submitted: see the Guideline, Section 3.f. Note that the meters must be located such that all heat rejected to non-useful heat sinks such as cooling radiators and/or cooling towers for the prevention of system overheating must not be metered as useful heat,. System thermal sensors should be located as close as practicable to the thermal loads.
- c. If the CHP is to be located in a separate building, and/or the interconnection with the thermal load is in one or more other buildings (as in a campus-like facility), email a scaled General Site Plan to DOER.APS@state.ma.us that shows the distances between the BTU meter(s) and the point of connection with the existing loads. See III.2.E and the **Guideline**, Section 3.d.
- d. How will the meters will be read?
 Locally
 Remotely

- e. Documentation of the Fuel and Thermal Energy Meter System Calibration:

NOTE: The proof of calibration requirements below DO NOT APPLY to the fuel meter(s) if the fuel meter is installed and owned by the gas utility company.

You **must** check the following box.

- I acknowledge that I understand and will comply with the following:
- BTU and Fuel meters must be calibrated as a system either by a technician approved by the system's original equipment manufacturer or an accredited calibration lab.
 - A calibration decal, which displays the date of most recent calibration and identifies either the technician & employer or the lab, must be affixed in plain sight to each BTU and Fuel meter.
 - A copy of the calibration report and certificate must be provided to the Department of Energy Resources in conformance with the minimum calibration frequency shown in the **Guideline**, Section 2.

(E) NET CARBON DIOXIDE (CO₂) EMISSIONS RATE

Complete and email to DOER.APS@state.ma.us TABLE 4, Projected Net Carbon Dioxide Emissions Rate from CHP System. Enter here the value from CHP Worksheet #4:

_____ lbs / MWh (electrical + thermal).

(F) MAINTENANCE CONTRACT

Is there a maintenance agreement in place for the Unit?

- Yes

Duration (in years) of the Agreement: _____

Name of Service Provider: _____

Name of the Generation Unit

Contact First Name: _____

Contact Last Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Email: _____

Phone Number: _____

No

(G) REQUIRED DOCUMENTATION

Indicate your having provided by email to DOER.APS@state.ma.us each of the following that is applicable, pursuant to instructions in SQA, Section III.2 and the **Guideline**:

- DS#1: Genset(s) (prime mover and generator)
- DS#2: CHP Heat Recovery System(s)
- DS#3: APS Meters for CHP Systems
- DS#4: Generator and Electrical Distribution System(s)
- Table 1, Thermal Loads Used as Basis for Design
- Table 2, Total Electrical Usage for All Electrical Loads Served by CHP System
- Table 3, Projected Baseline CHP Average Annual System Performance
- Table 4, Projected Net Carbon Dioxide Emissions Rate from CHP System
- System Prime Mover - Manufacturer's Specifications and Technical Data Sheets
- System APS Meters - Manufacturer's Specifications and Technical Data Sheets
- General Site Plan Showing Existing and Proposed Structures & Utilities & Property Lines (*only if* the mechanical tie-in with the existing system occurs at more than one building)
- Equipment Arrangement Plan (Mechanical & Electrical) Including Points of Connection with Existing Equipment and/or Distribution Systems
- System Process Flow Diagram for Each Major Operating Mode
- One-line Electrical Distribution and Interconnection Diagram
- System Controls: Description, Including a Narrative of the sequence of controls for each of the system principal operating modes.

(H) PARTICIPATION IN THE MASS SAVE ENERGY EFFICIENCY PROGRAM

Has an application for the MassSave energy efficiency program incentive for qualifying CHP Units been submitted to the electric utility serving the site?

- Yes
- No

Has the Unit received notification that it has be approved for an incentive?

- Yes
- No

Name of the Generation Unit

(I) RPS STATUS¹¹

Does the Generation Unit have an RPS Statement of Qualification?

Check one and provide any requested information.

- Yes. *If this box is checked, enter the RPS ID Number: _____*
- No, but an RPS Class I application is pending.
- No, but an RPS Class II application is pending.
- No, but we are considering or planning to submit an RPS Application.
- No, and we do not intend to submit an RPS Application.

*NOTE: In the case of actual, pending, or planned RPS qualification, and IF the fuel used by the Unit is not entirely eligible for RPS, then the information for **Appendix A** is required.*

3. PAPER-DERIVED FUEL¹²

(A) Technology

Email to DOER.APS@state.ma.us a description of the Generation Unit's technologies for converting the fuel(s) to a heat medium (steam, super-heated air, etc), and converting the heat medium to electrical energy. Include a description of any changes required in order to accommodate the use of Paper derived Fuel.

(B) Fuel and Co-firing

Check one or two of the following boxes;

- The Paper-derived Fuel is fabricated solely from organic feedstocks that are not derived from fossil fuels, and it also contains no exogenous heavy metals or toxic substances except those that come directly from such organic feedstocks.
- The Paper-derived Fuel includes substances that are derived from fossil fuels, which may include plastic paper coatings and other plastic materials, synthetic rubber, etc., and information is provided as required in **Appendix A** for Co-firing.
- The Generation Unit combusts fossil fuel(s) along with the Paper-derived Fuel, and the information is provided as required in **Appendix A** for Co-firing.

(C) Displacement of Fossil Fuel

Email documentation to DOER.APS@state.ma.us that the Generation Unit substitutes or will substitute a portion of its fossil fuel source with an equal or greater quantity of Paper-derived Fuel on a heat content basis.

(D) Beneficial Use Determination (BUD)

Check these two boxes and provide the required information:

- The Unit has a BUD from the MassDEP, dated _____, serial-numbered _____, for the production of heat or power using the Paper-derived Fuel; and a hyperlink to the BUD is provided here: _____.
- A copy of the documentation provided to the MassDEP required for the BUD has been email to DOER.APS@state.ma.us as an *electronic file*.

(E) Valid Air Permit

Check one of the following two boxes, and provide additional details.

¹¹ NOTE the following from the ACP Regulation in 225 CMR 16.05(1)(a)2.d: "A CHP Unit that is qualified as an RPS Class I Renewable Generation Unit under 225 CMR 14.00 or as an RPS Class II Renewable Generation Unit under 225 CMR 15.00 may also be qualified as an APS Alternative Generation Unit if it meets all appropriate criteria in 225 CMR 16.05(1)(a)2.a-c." The converse is also true. For additional guidance, contact Howard Bernstein, the MA Energy Portfolio Standards Program Manager, at howard.bernstein@state.ma.us or (617) 626-7355.

¹² See the APS Regulation at 225 CMR 16.05(1)(a)4.

Name of the Generation Unit

- The Unit has a Valid Air Permit or an equivalent authorization, amended or original, and reflecting use of the Paper-derived Fuel, from this agency: _____, dated _____; and **either** [check one] the Permit is provided electronically, **or** a hyperlink to the Permit is provided here: _____.
- The Unit requires, but does not yet have, a Valid Air Permit or an equivalent authorization, amended or original, and reflecting use of the Paper-derived Fuel, from this agency: _____.

(F) CO2 and Other Air Emissions Information Required

Contact the RPS/APS Program Manager at DOER.RPS@state.ma.us for more information.

4. FLYWHEEL STORAGE UNIT¹³

Number of flywheels: _____

MW capacity per flywheel: _____

Make of the flywheel(s): _____

Model of the flywheel(s): _____

Make of turbine(s): _____

Model of turbine(s) _____

Email a description of how the Flywheel Storage Unit operates and the protocols by which it provides services in the ISO-NE regulatory market to DOER.APS@state.ma.us.

NOTE: Be prepared to send non-proprietary descriptions of the equipment.

5 EFFICIENT STEAM TECHNOLOGY¹⁴

CONTACT THE RPS/APS PROGRAM MANAGER AT DOER.RPS@STATE.MA.US.

¹³ See the APS Regulation at 225 CMR 16.05(1)(a)3.

¹⁴ See the APS Regulation at 225 CMR 16.05(1)(a)5.

Name of the Generation Unit

SECTION IV. CERTIFICATION

Provide documentation that demonstrates the authority of the Authorized Representative indicated in section I.2 by following the appropriate instructions below.

Aggregation with Multiple Owners

If seeking qualification for an Aggregation of units that have different owners, the Authorized Representative shall provide either:

- a. a board of directors vote from the aggregating entity granting authority to the Authorized Representative to execute the Statement of Qualification Application; or*
- b. a certification from the Corporate Clerk, Secretary, or an individual otherwise authorized to legally bind the organization acting as the aggregator that the Authorized Representative is authorized to execute the Statement of Qualification Application, or is otherwise authorized to legally bind the corporation in like matters.*

Corporations

If the Owner or Operator is a corporation, the Authorized Representative shall provide either:

- a. a board of directors vote granting authority to the Authorized Representative to execute the Statement of Qualification Application; or*
- b. a certification from the Corporate Clerk or Secretary of the Corporation that the Authorized Representative is authorized to execute the Statement of Qualification Application, or is otherwise authorized to legally bind the corporation in like matters.*

Individuals

If the Owner or Operator is a sole proprietorship or an individual, that proprietor or individual shall complete and mail APPENDIX D to DOER's offices as instructed.

Other Non-Corporate Entities

(Proprietorships, Partnerships, Cooperatives, Government Agencies, etc.)

If the Owner or Operator is not an individual or a corporation, it shall complete and mail APPENDIX H to DOER's offices as instructed.

I hereby certify, under pains and penalties of perjury, that I have personally examined and am familiar with the information submitted herein, and, based upon my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties, both civil and criminal, for submitting false information, including possible fines and de-certification of a Statement of Qualification. My signature below certifies all information submitted in this Statement of Qualification Application. The Statement of Qualification Application includes the application form and all required appendices and attachments.

Signature of Authorized Representative

Date

Name of the Generation Unit

Appendix A CO-FIRING AND BLENDED FUELS WAIVER

Read all four sections of this Appendix and ATTACH all required information.

1. **NOTE** that the Owner or Operator of the Generation Unit, or a duly-authorized agent thereof, is obligated to report to the NEPOOL GIS Administrator the quantity of electrical energy output attributable to each fuel each month pursuant to the NEPOOL GIS Operating Rules.

2. Fuel Supply Plan

ATTACH to this Application a **Fuel Supply Plan** that includes the following information:

- a. Name of each and every fuel or feedstock constituent likely to be co-fired or used in a fuel blend or in Paper-derived Fuel;
- b. Likely proportion of each fuel/constituent in the mix, the fuel blend, or the Paper-derived Fuel;
- c. Likely net heat content of each, including any expected seasonal variations, such as those due to moisture content or wood species or feedstock availability; and
- d. Seasonal variation, if any, of the fuel mix, feedstock, or blend.

If the Generation Unit is not yet in operation, use your current assumption.

3. Calculation of the APS Qualified portion of electrical energy output

For a Generation Unit that co-fires an APS **Ineligible** Fuel with another fuel (any fuel that is **not ineligible**), whether as a mixture of solid fuels or a blend of liquid or of gaseous fuels, only the portion of the total electrical energy output attributable to the fuel (or fuels) that is (are) **not** APS Ineligible will qualify as APS Alternative Generation in a given time period. In order to determine what that portion will be, **ATTACH** the following with this Application:

- a. Data and calculations documenting, pursuant to 225 CMR 16.05(2)(a), the ratio of the net heat content of the fuel(s) consumed that is/are **not** APS Ineligible to the net heat content of all fuel consumed during an average month. If you anticipate substantial seasonal differences, then show this data for an average month in different seasons.
- b. A description of the procedures that are (or will be) used by the Owner or Operator to obtain the data listed in 3.a, above. Please also include a description of all quality control measures used to verify the uniformity of the heat content of the fuels or to account for variations in the heat content of the fuel(s) that is/are **not** APS Ineligible used in the Generation Unit, as well as for Paper-derived Fuel. Although the latter is not APS Ineligible, the fossil fuel-derived fraction of Paper-derived Fuel is APS Ineligible (225 CMR 16.05(1)(a)4.d). If the Generation Unit is not yet in operation, use your current assumptions about the fuel mix or blend and its characteristics. (The Unit will not be held to these numbers in its actual operations; rather, this information is to demonstrate the applicant's methodology.)

4. If the Generation Unit is or will be using a fuel that is **not** an APS Ineligible Fuel and is not located in Massachusetts, **ATTACH** documentation to demonstrate to the satisfaction of DOER that the emissions are or will be consistent with the rates prescribed by the MassDEP for comparably fueled Generation Units located in Massachusetts. Documentation may refer to the attached Valid Air Permit, or it may consist of vendor guarantees or a detailed engineering analysis.

NOTE that (pursuant to 225 CMR 16.05(2)(b)) if the Generation Unit is using an APS Ineligible Fuel and is not located in Massachusetts, the Generation Unit Owner or Operator will, if required by the Department, retain at its own expense a third-party consultant deemed satisfactory to the Department, to provide the Department and the MassDEP with assistance in the determination as to whether the emission rates for the entire Generation Unit either are or will be consistent with the rates prescribed by the MassDEP for comparably fueled Generation Units located in Massachusetts

Name of the Generation Unit

APPENDIX B

SPECIAL PROVISIONS FOR AGGREGATIONS

Aggregation information and acknowledgements

*Acknowledge, by checking every one of the boxes below, that this Application for an **Aggregation** of Generation Units that are located behind the customer meter or that are Off-grid Generation Units, each of which could independently meet the relevant requirements of 225 CMR 16.05, is eligible to receive a single Statement of Qualification and to be treated as a single Qualified Generation Unit, as provided in the APS provisions in 225 CMR 16.05(6). In addition, ATTACH any information required.*

- Each Generation Unit in the Aggregation is located in the same state and does or will use the same fuel, energy resource or technology type as all other Units in the Aggregation, which is the one indicated in the body of this Application.
ATTACH a list of all Units in the Aggregation, and for each Unit, provide the name of the Owner, the street address, the Commercial Operation Date, and the nameplate capacity (indicate whether kW or MW).
- Each of the Owners or Operators of Generation Units within the Aggregation has or will enter into a written agreement with a person or entity that serves as the Authorized Agent for the Aggregation in all dealings with the Department and with the NEPOOL GIS, and such agreement must include procedures by which the electrical energy output of each Unit shall be monitored and reported to the NEPOOL GIS by an Independent Verifier (a.k.a. Third Party Meter Reader), pursuant to the provisions in 225 CMR 16.05(1)(c) and/or 16.05(6)(d).
- As the Authorized Agent of the Aggregation, I shall provide to the Department updates at appropriate intervals, but, at a minimum, an update due at the Department no later than June 1 of each year. Such updates shall include notice of any additions, deletions, or capacity changes from prior lists.

Name of the Generation Unit

APPENDIX C

SPECIAL PROVISIONS FOR GENERATION UNITS WHOSE OUTPUT IS *NOT* MONITORED & REPORTED BY ISO-NE, INCLUDING ALL CHP AND FLYWHEEL STORAGE GENERATION UNITS

Independent Verifier (a.k.a. Independent Third Party Meter Reader)

This section must be completed by an Applicant for an Aggregation of Generation Units, pursuant to 225 CMR 16.05(6)(d); and by an Applicant for any individual Generation Unit that is located behind a retail electricity customer's meter, is Off-grid, is a Combined Heat and Power Unit, or is a Flywheel Storage Unit, pursuant to 225 CMR 16.05(1)(c).

a. Contact information

- Name of the entity acting as Independent Verifier _____

- Contact person's first name _____
- Contact person's last name _____
 - Title _____
 - E-mail address _____
 - Telephone number _____
 - Mobile phone number [optional] _____
 - FAX number [optional] _____
 - Street Address _____
 - City _____
 - State _____
 - Zip Code _____

b. Qualifications. [Include any information the Applicant believes will assist the Department in determining that the Independent Verifier will accurately and efficiently carry out its core responsibilities, as enumerated in Section 3 of this Request. After receipt of the application, the Department may require additional evidence of qualifications.]

c. Declaration of any and all business or financial relations between the Unit Owner or Operator or the Aggregation Authorized Agent and the Independent Verifier [The Department will use this to evaluate the independence of the Independent Verifier.¹⁵]

d. A statement by the Owner/Operator/Agent that indicates (1) under what circumstances the Independent Verifier would not be considered sufficiently independent of an individual Generation Unit, **and (2) that states, in the case of an Aggregation,** either that any Generation Unit not meeting this independence test would not be allowed to participate in the Aggregation or that a different Independent Verifier acceptable to the Department would be engaged for such Unit:

e. Compensation Basis. [Provide a description of how the Independent Verifier will be compensated for its services by the Generation Unit Owner/Operator/Aggregator. Department approval of the Independent Verifier will not be given and will be withdrawn if Independent Verifier is compensated in a manner linked to the number of NEPOOL GIS Certificates created by the Generation Unit or the Aggregation.]

¹⁵ **Reasons for ruling that an Independent Verifier is not sufficiently independent include, but are not limited to:** i) If one entity owns, directly or indirectly, or if a natural person so owns, 10% or more of the voting stock or other equity interest in the other entity; ii) If 10% or more of the voting stock or other equity interests in both entities are owned, directly or indirectly, by the same entity or a natural person; or iii) If one entity is a natural person, and such entity or a member of such entity's immediate family is an officer, director, partner, employee or representative of the other entity.

Name of the Generation Unit

APPENDIX D

**CERTIFICATION OF AUTHORIZED REPRESENTATIVE
WHEN THE OWNER OR OPERATOR IS AN INDIVIDUAL**

I, _____, as Owner or Operator of the Generation Unit named in the Statement of Qualification Application to which this Certification is appended, under the pains and penalties of perjury, hereby certify that _____ is authorized to execute said Application.

[signature] _____ *[date]*

[title]

[TO BE COMPLETED BY NOTARY] I, _____
as a notary public, certify that I witnessed the signature of the above named
_____, and that said individual verified
his or her identity to me on this date: _____, 20__.

[signature]

My commission expires on: _____

NOTARY SEAL HERE:

Name of the Generation Unit

APPENDIX E

**CERTIFICATION OF AUTHORIZED REPRESENTATIVE
WHEN THE OWNER OR OPERATOR IS A NON-CORPORATE ENTITY
OTHER THAN AN INDIVIDUAL**

RESOLUTION OF AUTHORIZATION

Resolved: that _____, named as
Authorized Representative in the Statement of Qualification Application to which this Certification
is appended, is authorized to execute said Application on behalf of
_____, the Owner or Operator of the
Generation Unit named in said Application.

_____ *[signature]* _____ *[date]*
_____ *[title]*

[TO BE COMPLETED BY NOTARY] I, _____
as a notary public, certify that I witnessed the signature of the above named
_____, and that said person stated that he or she is authorized
to execute this resolution, and that the individual verified his/her identity to me, on this date:
_____, 20____.

_____ *[signature]*

My commission expires on: _____

NOTARY SEAL HERE: