**MINIMUM REQUIREMENTS FOR**

**Repower / Modification / Contract Conversion**

**APPLICATION SUBMITTALS**

All elements listed below must be submitted for a project to qualify and be validated.

**For Repower or Modification Requests (As applicable)**

[ ]  1. Study Deposit

$50,000 for Repower

$10,000 for Modifications

$00.00 for Contract Conversions

[ ]  2. Completed Appendix 1 (Interconnection Request - attached)

[ ]  3. Completed Attachment A to Appendix 1 (Generator Technical Data – Excel):

[ ]  Technical Data Tab: Must contain no errors and all warnings must be explained

[ ]  IR Validation and Comments Tab: Column A must be filled in the “Yes” or “N/A” on all items

[ ]  4. For Repower requests, a Repower Affidavit

[ ]  5. Load Flow Model (.epc)

[ ]  6. Dynamic Model (.dyd)

[ ]  7. Reactive Power capability document

[ ]  8. Site Drawing

[ ]  9. Single Line Diagram

[ ]  10. Plot showing flat run and bump test (fault at bus and clear after 4-6 cycles) from PSLF (screenshot okay)

[ ]  11. Plot showing requested MW at POI from PSLF (screenshot okay)

 [ ]  12. Inverter Based Resource (IBR) Interconnection Request Model Validation Results

 (Submit all three - screenshots okay)

[ ]  Plant controller voltage OR Q-reference step change test results

[ ]  Plant controller frequency reference step change test results

[ ]  Voltage ride‐through test results

**For Contract Conversions Only**

[ ]  1. Completed Appendix 1 (Interconnection Request - attached)

[ ]  2. Single Line Diagram of the existing generating facility and interconnection facilities to PTO

[ ]  3. Conversion Affidavit

## Appendix 1 Interconnection Request

**INTERCONNECTION REQUEST**

**NO HARD COPY REQUIRED FOR REQUESTS SUBMITTED ELECTRONICALLY**

Provide **one copy** ofthis completed form pursuant to Section 5 of this Appendix 1 below:

**DO NOT COPY/PASTE data into this form. It will remove links necessary to parse data into RIMS.**

1. The undersigned Interconnection Customer submits this request to interconnect its Generating Facility with the CAISO Controlled Grid pursuant to the CAISO Tariff:

[ ]  A Repower request, a Material Modification Request, or a GIA contract conversion or other agreement conversion to CAISO markets.

2. This Interconnection Request is for:

[ ]  A Repower request

[ ]  Material Modification Assessment (MMA) request

[ ]  Post-COD Modification request

[ ]  GIA contract conversion or other agreement conversion to CAISO markets.

3. The Interconnection Customer provides the following information:

a. Address or location, including the county, of the proposed new Generating Facility site or, in the case of an existing Generating Facility, the name and specific location, including the county, of the existing Generating Facility;

Project Name:

Project Location:

Street Address:

City:

County:

State:

Zip Code:

GPS Coordinates (**decimal format**):

 Latitude:  Longitude:

b. Provide the following project megawatt values.

Total Generating Facility Gross Capacity: **MVA**

*This value equals the total installed MW capacity at unity power factor*

Total Generating Facility Gross Output: **MW**

*Gross output achieving desired net MW at POI described below*

Generating Facility Auxiliary Load: **MW**

Maximum Net Megawatt Electrical Output:  **MW**
*This is for a* ***proposed new Generating Facility****, Total Generating Facility Gross Output less Generating Facility Auxiliary Load*

Anticipated losses between the Generating Facility and POI: **MW***Include all transformer and line losses between the generating units and the POI*

Requested Interconnection Service Capacity (Desired Net MW at POI) **MW***Maximum Net Megawatt Electrical Output less Anticipated Losses**This MW value is the basis for delineation between large (>20 MW) and small projects (≤20 MW), and the pro rata basis for cost allocations of Reliability Network Upgrades (RNUs). This is the value that will appear in the ISO Generation Interconnection Queue Report. Your TP Deliverability Allocations will not be able to exceed this value.*

**Limiting Schemes:** Provide a description of any automatic control scheme which will be installed to ensure that the Requested Interconnection Service Capacity does not exceed the above desired value.

c. Type of project (i.e., gas turbine, hydro, wind, etc.) and general description of the equipment configuration (if more than one type is chosen include **gross** **installed MW** **for each**).

**Technology**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Generation Type | Fuel Type | Megawatt | Energy (MWh)for Storage Systems Only | Expected Hour Duration for Storage System Only | Co-location | Hybrid |
|  |  |  (MW) |  (MWh) |  (Hour(s)) | [ ]  Co-Located | [ ]  Hybrid |
|  |  |  |  |  |  |  |
|  |  |  (MW) |  (MWh) |  (Hour(s)) | [ ]  Co-Located | [ ]  Hybrid |
|  |  |  |  |  |  |  |
|  |  |  (MW) |  (MWh) |  (Hour(s)) | [ ]  Co-Located | [ ]  Hybrid |
|  |  |  |  |  |  |  |
| [ ]  Other (please describe): |  |  |  |  |  |
| Enter Gen Type | Enter Fuel Type  |  (MW) |  (MWh) |  (Hour(s)) | [ ]  Co-Located | [ ]  Hybrid |

Technology Comments:

General description of the equipment configuration (e.g. number, size, type, etc):

d. Proposed In-Service Date (first date transmission is needed to the facility), Trial Operation Commencement date and Commercial Operation Date in MM/DD/YYYY format and term of service (**dates must be sequential, proposed Commercial Operation Date may not be more than seven (7) years from date of application**):

 (MM/DD/YYYY)

Proposed In-Service Date:

Proposed Trial Operation Commencement Date:

Proposed Commercial Operation Date:

Proposed Term of Service (# years):

e. Name, address, telephone number, and e-mail address of the Interconnection Customer’s contact person (primary person who will be contacted);

First Name:

Last Name:

Title:

 Company Name:

 Street Address:

 City:

 State:

 Zip Code:

 Phone Number:

 Fax Number:

Email Address:

f. Approximate location of the proposed **Point of Interconnection** (i.e., specify transmission facility interconnection point name, voltage level, and the location of interconnection);

 Substation or Transmission Line Name:  Voltage Level: **kV**

Third-party Shared Gen-tie:

g. Interconnection Customer data (set forth in Attachment A)

**The Interconnection Customer shall provide to the CAISO the technical data called for in GIDAP Appendix 1, Attachment A submitted via** <https://portal.caiso.com/rims5/logon.do>**.**

5. Deposit: Applicable deposit amount made payable to California ISO for Repowers and Modifications.

Study Deposit:

$50,000 for Repower

$10,000 for Modifications

$00.00 for Contract Conversions

Deposit can be made via Fed Wire transfer, ACH.

Please be sure and reference the project name in the notes area of wire transfer for easy matching.

Wiring information:

**Wells Fargo Bank (LGIP)**

**ABA 121000248**

**Acct 4122041825**

**Federal Tax ID # 94-3274043**

CAISO is a Corporation.

6. Representative of the Interconnection Customer to contact:

 [To be completed by the Interconnection Customer]

First Name:

Last Name:

Title:

Company Name:

Street Address:

City:

 State:

Zip Code:

Phone Number:

Fax Number:

Email Address:

7. This Interconnection Request is submitted by:

Legal name of the Interconnection Customer:

**(Punctuation and spelling of Legal name must match Secretary of State document exactly)**

State of Origin for Secretary of State Document:

Name of Parent Company (if applicable):

[ ]  ***By executing this Interconnection Request, Interconnection Customer hereby consents to CAISO’s disclosure of its confidential information during the evaluation of this request to those Affected Systems who have entered into an appropriate non-disclosure agreement with CAISO and pursuant to Appendix DD of the CAISO Tariff, including Sections 3.7 and 15.1.2.***

[ ]  ***Your electronic signature below indicates your agreement with the following statement: By typing my name in the following line and clicking on the submission box below, the Interconnection Customer identified above certifies that the information contained in this Interconnection Request is true and correct to the best of its knowledge.***

First Name:

Last Name:

Title:

Date (MM/DD/YYYY):