

INDEPENDENT STUDY PROCESS / FAST TRACK
MINIMUM REQUIREMENTS FOR AN
INTERCONNECTION REQUEST (IR) APPLICATION

THIS CHECKLIST IS TO ASSIST IN THE GATHERING OF THE REQUIRED ELEMENTS OF YOUR SUBMISSION

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

- 1. Interconnection Study Deposit (\$150,000 for Independent Study, \$500 non-refundable processing fee for Fast Track)
- 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. Evidence of Site Exclusivity
- 5. **For Independent Study ONLY, demonstration of or demonstration of ability to obtain all of the following:**
 - A Queue Cluster will not accommodate the desired Commercial Operation Date
 - All regulatory approvals and permits needed to meet desired Commercial Operation Date
 - Purchase order for generating equipment specific to the proposed Generating Facility
 - Reasonable evidence of adequate financing/financial resources to make required Interconnection Financial Security postings
 - POI must be to an existing facility not requiring expansion or a fully permitted and under construction facility approved in the Transmission Planning Process
 - Precursor Network Upgrades in service, under construction with a completion date no later than requested Commercial Operation date
- 6. Load Flow Model (.epc)
- 7. Dynamic Model (.dyd)
- 8. Reactive Power capability document
- 9. Site Drawing
- 10. Single Line Diagram
- 11. Plot showing flat run and bump test (fault at bus and clear after 4-6 cycles) from PSLF (screenshot okay)
- 12. Plot showing requested MW at POI from PSLF (screenshot okay)



Appendix 1 Interconnection Request INTERCONNECTION REQUEST

NO HARD COPY REQUIRED FOR INTERCONNECTION REQUESTS SUBMITTED ELECTRONICALLY VIA [RIMS 5](#)

Provide **one hard copy** of this completed form pursuant to Section 7 of this Appendix 1 below for non-electronic submissions.

1. The undersigned Interconnection Customer submits this request to interconnect its Generating Facility with the CAISO Controlled Grid pursuant to the CAISO Tariff (**check only one**):
- Fast Track Process.
 - Independent Study Process
 - A repowering request, Qualified Facility contract conversion, or other agreement conversion to CAISO markets.

2. This Interconnection Request is for (**check only one**):
- A proposed new Generating Facility.
 - An increase in the generating capacity, repowering, or a Material Modification to an existing Generating Facility.

3. Requested Deliverability Status:

On-Peak (for purposes of Net Qualifying Capacity – **check one**):

- Full Capacity (For Independent Study Process only)
(Note – Deliverability analysis for Independent Study Process is conducted with the next annual Cluster Study – See GIDAP Section 4.6)
- Partial Deliverability for % of electrical output
(for Independent Study Process ONLY)
- Energy Only

Off-Peak: (for Projects Containing Wind or Solar – **check one**):

- (Note – Deliverability analysis for Independent Study Process is conducted with the next annual Cluster Study – See GIDAP Section 4.6)
- Off-Peak Deliverability
 - Economic Only

Comments: **This is not a required field**

4. 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 Name Features Not Allowed:**
- Company names or types (i.e., LLC)
 - Duplications (see Queue and Prohibited Project Names list)
 - MW values
 - More than two digits
 - Roman numerals
 - Special Characters
 - Abbreviations similar to those used by CAISO
 - Use of the word "Phase" or "Expansion"
 - "License Plate" looking configurations or unpronounceable

Project Location:

Street Address:

City:

County:

State:

Zip Code:

GPS Coordinates (**decimal format**):

Latitude:

Longitude:

b. Provide the following project megawatt values.

- **If project is an increase to an existing project, provide values based on the MW increase only.**

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

OR

Net Megawatt increase: MW

This is for an increase or Material Modification to an existing 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.

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**).

- **If project is an increase to an existing project, provide values based on the MW increase only.**

Cogeneration

Select Fuel Type

(MW)

<input type="checkbox"/> Combined Cycle	Select Fuel Type	<input type="text"/> (MW)
<input type="checkbox"/> Fuel Cell	Select Fuel Type	<input type="text"/> (MW)
<input type="checkbox"/> Gas Turbine		<input type="text"/> (MW)
<input type="checkbox"/> Hydro		<input type="text"/> (MW)
<input type="checkbox"/> Photovoltaic		<input type="text"/> (MW)
<input type="checkbox"/> Reciprocating Engine	Select Fuel Type	<input type="text"/> (MW)
<input type="checkbox"/> Solar Thermal		<input type="text"/> (MW)
<input type="checkbox"/> Steam Turbine	Select Fuel Type	<input type="text"/> (MW)
	<i>If more than one:</i>	
	Select Fuel Type	<input type="text"/> (MW)
<input type="checkbox"/> Wind Turbine		<input type="text"/> (MW)
<input type="checkbox"/> Storage	Select Fuel Type	<input type="text"/> (MW)
<input type="checkbox"/> Other (please describe):		<input type="text"/> (MW)
Generator Type:	<input type="text"/>	Fuel Type: <input type="text"/>
Comments:	<input type="text"/>	

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

This is a required field. If project is an increase to an existing project, describe the entire project here.

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

- 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 (link: <http://www.aiso.com/PublishedDocuments/GeneratingFacilityData-AttachmentAtoAppendix1.xlsm>)

5. **Applicable deposit amount made payable to California ISO.** Send check or wire funds to CAISO (see section 7 for details) along with the:
- Interconnection Request for processing.
 - Attachment A (Interconnection Request Generating Facility Data).
6. Evidence of Site Exclusivity as specified in the GIDAP and name(s), address(es) and contact information of site owner(s) (check one):

Is attached to this Interconnection Request

Please answer the following:

- a. Type of Site Exclusivity Provided:

(Note that letters of intent or similar agreements are not acceptable as proof of Site Exclusivity)

Proof of Ownership (Deed)

Lease Agreement

Option to Purchase

Option to Lease

Other? Please Explain

- b. Is Site Exclusivity granted to the Interconnection Customer (i.e. to the same entity with the same name) identified in Section 9 of this Interconnection Request?

Yes

No

If No, please explain relationship between entities:

- c. Term of Agreement? Including agreement effective upon and execution of option (If applicable)? Years
- d. Term of Option, including renewals? (If applicable) Years
- e. Acreage acquired or reserved for project site?

7. This Interconnection Request shall be submitted to the CAISO via <https://rimspub.caiso.com/rims5/logon.do>.

California ISO
 Attn: Grid Assets
 P.O. Box 639014
 Folsom, CA 95763-9014

OR

Overnight address:

California ISO
 Attn: Grid Assets
 250 Outcropping Way
 Folsom, CA 95630

Deposit can be made via Fed Wire transfer, ACH, or check. Please be sure and reference the project name in the notes area of wire transfer or check for easy matching. Wiring information:
Wells Fargo Bank (LGIP)
ABA 121000248
Acct 4122041825
Federal Tax ID # 94-3274043
 CAISO is a Corporation.

8. 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:

9. 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):

This box must be checked for electronic submission

- 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.*

This box must be checked for electronic submission

- 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):

Upload the following item using the document type of “Other”:

- **The Generating Facility Data (Attachment A to Appendix 1) is a separate Excel file (.xlsm) and is a required element of a project’s Interconnection Request submission. Link: <http://www.aiso.com/PublishedDocuments/GeneratingFacilityData-AttachmentAtoAppendix1.xlsm>**