



**Public Service Commission of Wisconsin**  
**Office of Energy Innovation**  
**Energy Innovation Grant Program**  
**ATTACHMENT A - Application Cover Sheet**



SECTION I - Provide information summarizing the project proposal.			
<b>Project Title:</b>			
<b>PSC Grant Request (\$):</b>	<b>Applicant Cost Share (\$):</b>	<b>Project Total (\$):</b>	
Choose one Eligible Activity			
<input type="checkbox"/> Renewable Energy & Energy Storage	<input type="checkbox"/> Energy Efficiency & Demand Response	<input type="checkbox"/> Electric & RNG Vehicles & Infrastructure	<input type="checkbox"/> Comprehensive Energy Planning
Acknowledgement of ARRA Applicability. Check all that apply. (see Section 1.3 of Application Instructions)			
<input type="checkbox"/> Buy American: Project: Alteration, maintenance or repair of a public building or public work.			
<input type="checkbox"/> Davis Bacon and Related Acts: Use of laborers or mechanics employed by contractors and subcontractors.			
<input type="checkbox"/> Historic Preservation: Project involves historical (over 50 years old), archeological or cultural resources.			
<input type="checkbox"/> National Environmental Policy Act (NEPA): Project activity is NOT covered by the list shown in Section 1.3.3.			
SECTION II - Provide information for your organization, signatory, and primary contact for the project.			
<b>Applicant Type:</b>	<input type="checkbox"/> City	<input type="checkbox"/> Village	<input type="checkbox"/> Town
	<input type="checkbox"/> County		
<input type="checkbox"/> Tribal Nation	<input type="checkbox"/> Manufacturer		<input type="checkbox"/> K-12 School District
<input type="checkbox"/> University of Wisconsin System	<input type="checkbox"/> Wisconsin Technical College System	<input type="checkbox"/> 501(c)(3) nonprofit	
<input type="checkbox"/> Municipal Utility (water, wastewater, electric, natural gas)		<input type="checkbox"/> Hospital (public or nonprofit)	
<b>Name (on W-9):</b>			
<b>Address (on W-9):</b>			
<b>County or Counties Served by Project:</b>			
<b>DUNS Number or CAGE Code:</b>			
<b>NAICS Code:</b>			
Authorized Representative/Signatory (Person authorized to submit applications and sign contracts)		Primary Contact (if different from Authorized Representative)	
<b>Name:</b>		<b>Name:</b>	
<b>Title:</b>		<b>Title:</b>	
<b>Phone:</b>		<b>Phone:</b>	
<b>E-mail:</b>		<b>E-mail:</b>	
<b>Signature of the Authorized Representative</b>			