**COMMENTS BY SUNESTY ENERGY CATALYSTS LLC**

**SMART Participant Customer Disclosure Form**

**(Community Shared Solar)**

**The purpose of this form is to provide consumers with a straightforward, uniform, and transparent resource to evaluate potential solar transactions under the Solar Massachusetts Renewable Target (SMART) Program.**

**\*Community Shared Solar Participants receive credits in the form of Net Metering Credits or Alternative On-Bill Credits that reduce their electric bill. After accounting for the cost of participating in the CSS, the customers’ total electricity cost may, or may not, be lowered depending on market conditions.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **CUSTOMER INFORMATION** | | **PROVIDER INFORMATION** | | | |
| Participant ID: | | Company: | | | |
| Participant Name: | | Preparer Name: | | | |
| Street Address: | | Street Address: | | | |
| City, State, Zip: | | City, State, Zip: | | | |
| Phone: | | Phone: | | | |
| Email: | | Email: | | | |
| **SYSTEM INFORMATION** | | | | | |
| Community Solar Project Name: | | | | | |
| Project Location (City/Town): | | | | | |
| Utility Territory / Load Zone: | | | | | |
| Project Size as Shown on the Interconnection Application (kW AC): | | | | | |
| Estimated Commercial Operation Date: | | | | | |
| Estimated Number of Subscribers to the Project: | | | | | |
| **SUBSCRIPTION & COST INFORMATION** | | | | | |
| Subscription Size (kW AC): | | | | | |
| Subscription Model (Upfront payment, pay as you go, or other): | | | | | |
| Contract Effective Date: | | | | | |
| Contract End Date: | | | | | |
| Cost of Cancellation ($): | | | | | |
| Option to renew: Yes or No | | | | | |
| Upfront Costs ($): | | | | | |
| Starting Rate ($/month, $/kWh): | | | | | |
| Rate increase frequency (Monthly, quarterly, annually, etc.): | | | | | |
| Amount of Rate Increase ($/month, $/kWh, percentage): | | | | | |
| Net Metering Credit or Alternative On Bill Credit | | | | | |
| Estimated Year One Credit Value ($): | | | | | |
| Estimated Year One Savings ($): | | | | | |
| Is the subscription transferrable to other customers? Yes or No | | | | | |
| Is the subscription portable within the utility service area or utility load zone? Yes or No | | | | | |
| Describe opt-out or early termination terms and protections for the Participant in terms of ongoing project performance or default by the Provider: | | | | | |
|  | | | | | |
| **OWNERSHIP OF INCENTIVES** | **PROVIDER** | | **CUSTOMER** | **UTILITY** | **N/A** |
| Owner of SMART Incentive Payments |  | |  |  |  |
| Owner of Associated RECs\* |  | |  | **X** |  |
| Owner of Investment Tax Credit ([26 USC § 48](https://www.gpo.gov/fdsys/pkg/USCODE-2014-title26/pdf/USCODE-2014-title26-subtitleA-chap1-subchapA-partIV-subpartE-sec48.pdf)0) or Residential Renewable Energy Tax Credit ([26 USC § 25D](https://www.gpo.gov/fdsys/pkg/USCODE-2014-title26/pdf/USCODE-2014-title26-subtitleA-chap1-subchapA-partIV-subpartA-sec25D.pdf)) |  | |  |  |  |
| Owner of State/Local Tax Credits |  | |  |  |  |

\* A Renewable Energy Certificate (REC) represents the Environmental Attributes associated with one megawatt-hour of renewable energy as defined by Massachusetts law. In purchasing credits from a solar facility under the SMART Program, the consumer can make no commercial or contractual claims that they utilized the solar power generated by the facility to meet their electrical energy needs, as the RECs generated by the facilities participating in the SMART Program are the property of the utility company.

I, , hereby confirm that I have received and understand the above information. I further confirm that I have had a chance to ask questions of my provider and have received sufficient answers, if applicable.

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| --- | --- |
|  |  |
| Customer Signature | Date | |

I, , hereby confirm that I have fully explained the above information to the customer and answered any questions that the customer may have had completely and truthfully, to the customer’s satisfaction. I certify that the above information is true and accurate to the best of my knowledge.

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| Provider Signature | Date | |