**Wes Moore, Governor**

**Aruna Miller, Lt. Governor**

**Paul G. Pinsky, Director**

**FY24 Resilient Maryland Program**

**Area of Interest 2: Capital Support**

APPLICATION FORM (Required)

**Note (Updated January 16, 2024): Deadline extended to 3:00 P.M. EDT, Thursday, March 14, 2024.**

**Instructions:** Please ensure that you have read and understand the FY24 Resilient Maryland, AOI 2: Capital Support Funding Opportunity Announcement (“FOA”) before completing this form. The FOA is available on the [FY24 Resilient Maryland Program webpage](https://energy.maryland.gov/business/pages/ResilientMaryland.aspx)[[1]](#footnote-1). Fill out each section of the application in its entirety. All information is **required.** Please consult the FOA for any questions about the information requested, or contact the Resilient Maryland Team at [RMP.MEA@Maryland.gov](mailto:RMP.MEA@Maryland.gov) if the FOA cannot assist. Alternatively, you may contact MEA via phone at 410.537.4000 and someone will be happy to connect you with the team.

**APPLICATION CHECKLIST**

The following documents are **required** to constitute a complete application package:

* Complete and signed FY24 Resilient Maryland AOI 2 Application Form (this form)
* Complete FY24 Resilient Maryland AOI 2 Project Proposal Form
* Complete FY24 Resilient Maryland AOI 2 Project Budget Workbook
* Preconstruction Planning Final Deliverables funded by a previous Resilient Maryland grant in FY20, FY21, FY22, or FY23; **OR** preconstruction planning documents that demonstrate equivalence to the Resilient Maryland Preconstruction Planning Final Deliverables, in accordance with the requirements of the FY24 Resilient Maryland FOA.
* Complete, accurate, and signed IRS Form W9 for the Applicant
* Proof of Applicant Good Standing with the Maryland State Department of Assessments and Taxation
* Proof of Good Standing with Maryland Department of Assessments and Taxation for each contractor, developer, or vendor (if known at the time of application). Business Entity Search result or Certificate of Good Standing are acceptable.

**APPLICATION BEGINS ON THE NEXT PAGE.**

**SECTION 1: APPLICANT INFORMATION**

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| **APPLICANT NAME (Must match IRS Form W9)** |
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| **APPLICANT ADDRESS (Must match IRS Form W9)** |
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| **APPLICANT TYPE (Select only one)** |
| Business (Inc, LLC, LLP, etc.) |
| Nonprofit Organization |
| County Government |
| Municipal Government (e.g., city, town, etc.) |
| Other (Please Specify): |

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| **BRIEF APPLICANT DESCRIPTION (No more than 50 words)** |
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| **APPLICANT POINTS OF CONTACT** |
| **Application Point of Contact** |
| Instructions: Provide the name, title, and contact information for the Applicant’s point of contact for matters pertaining to its FY24 Resilient Maryland AOI 1 application package.  **Name (First and Last):**  **Title:**  **Phone:**  **Email:** |
| **Legal Counsel** |
| Instructions: Provide the name, title, and contact information for the Applicant’s legal counsel. This should be the same counsel that the Applicant would work with if selected for an award.  **Name (First and Last):**  **Title:**  **Phone:**  **Email:** |
| **Applicant Authorized Representative** |
| Instructions: Provide the name, title, and contact information for the applicant’s authorized representative. This should be the individual that has the authority to enter the Applicant into a Grant Agreement with MEA, if the Applicant is selected for an award.  **Name (First and Last):**  **Title:**  **Phone:**  **Email:** |
| **Project Point of Contact** |
| Instructions: Provide the name, title, and contact information for the applicant’s point of contact for the project. This should be the individual that MEA would communicate with throughout the duration of the project, if the Applicant is selected for an award.  **Name (First and Last):**  **Title:**  **Phone:**  **Email:** |

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**SECTION 2: PROJECT SITE(S) INFORMATION**

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| **PROJECT SITE ADDRESS(ES)** |
| Instructions: Provide a site name, address, and **brief** description for each project site below (up to 100 words for each site description). **Reminder:** Each project site must be located within the State of Maryland, and the Applicant must either own, control, or will own or will control each one. Copy and paste the “Site Name”, “Address”, and “Description” labels below for each site, as needed.  **Site Name:**  **Address:**  **Description:** |

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| **CRITICALITY OF PROJECT SITE(S)** |
| Instructions: Please indicate what type(s) of critical infrastructure are located on the project site(s). Select as many types as applicable. If none, check “None of the Above”. |
| Hospital / Urgent Care / Other Medical Facility |
| Wastewater Treatment / Potable Water Infrastructure |
| Emergency Service(s) (e.g., Police, Fire, EMS, etc.) |
| Communications Infrastructure (e.g., Data Center, Cell Tower, etc.) |
| Motor Fueling Station (e.g., gas station, fleet refilling site, etc.) |
| Non-Hospital/Urgent/Other Primary Health or Human Service(s) |
| University / College / Other Postsecondary Education |
| Public School |
| Utility |
| Other (Please Specify): |

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| **OVERBURDENED OR UNDERSERVED COMMUNITY** |
| Instructions: Please indicate what type of community the proposed project would benefit, if ultimately installed. If the project benefits both Overburdened and Underserved communities, or the community meets the definition of both, select both “Overburdened Community” and “Underserved Community”. |
| Overburdened Community (as defined by §1-107 Environment Article, MD Code Ann.) |
| Underserved Community (as defined by §1-107 Environment Article, MD Code Ann.) |
| Not Applicable |

**SECTION 3: PROJECT INFORMATION**

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| **PROJECT CATEGORY** |
| Instructions: Please indicate the Project Category below. Consult the FOA for descriptions of each Category. **Select only one category.** |
| Category 1: Microgrids |
| Category 2: Resilient Facility Power Systems |
| Category 3: Resilient Combined Heat and Power (CHP) for Critical Purposes |

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| **PROJECT TECHNOLOGIES** | |
| Instructions: Please check each technology listed below that will be part of the project. For the purposes of the Resilient Maryland Program, “part of” means each technology that comprises the microgrid, resilient facility power system, or CHP system. | |
| Solar Photovoltaics (Solar PV) | Wind Turbine (Land-Based) |
| Battery Energy Storage | Hydrogen (H2) Technology |
| Thermal Energy Storage | Combined Heat and Power (CHP)\* |
| Virtual Power Plant (VPP) | Anaerobic Digestion |
| Other (Please Specify): | |

**\*If combined heat and power (CHP, sometimes known as “cogeneration” or “cogen”), it must meet the requirements listed below. Please indicate whether or not each requirement is met.**

CHP Screening Questions

1. Have all other clean energy technologies that do not emit greenhouse gases been deemed **technically** impractical? *Note: Financial or economical impracticality alone do not count as “technical.”*

Yes  No

1. Is the project site that the CHP would provide power and useful heat critical to life, health, safety, and wellbeing?

Yes  No

1. Would the CHP system, if installed, result in a net **reduction** of greenhouse gas emissions attributable to the energy use of the project site?

Yes  No

1. Would the CHP system be configured to operate separately from the utility grid in the event of a power outage, and would it power critical site loads?

Yes  No

**NOTE: If you answered “No” to any of the above CHP Screening Questions, the CHP system likely cannot be considered in the project, if the Applicant is selected for an award.**

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| **PROJECT SUMMARY (No more than 100 words)** |
| Instructions: Provide a **brief** description of the project (no more than 100 words) below. This should be a very high-level summary. Please put detailed descriptions in the Project Proposal. |

**SECTION 4: FINANCIAL INFORMATION**

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| **GRANT REQUEST AMOUNT** |
| Instructions: Enter the grant request amount below. Maximum award amounts are listed below for reference.   * **Category 1 (Microgrids):** $1,500,000 * **Category 2 (Resilient Facility Power Systems):** $1,000,000 * **Category 3 (Resilient CHP for Critical Purposes):** $250,000  |  |  | | --- | --- | | **GRANT REQUEST AMOUNT:** | $ |   **NOTE: Full grant request amounts are not guaranteed, based on the number and quality of applications received.** |

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| **TOTAL PROJECT COST AND COST MATCH** |
| Total Project Cost Instructions: Enter the total cost of the project, before incentives, in the box below. As a reminder, this should be the **all-in, total** cost for the microgrid, resilient facility power system, or resilient CHP system for critical purposes. It should be **before** the deduction of any grants or incentives. **This information must EXACTLY MATCH the information provided in the FY24 Resilient Maryland AOI 1 Project Budget Workbook.**   |  |  | | --- | --- | | **TOTAL PROJECT COST:** | $ |   Cost Match Instructions: Enter the monetary value of the Applicant contribution in the box below. Each Applicant to the FY24 Resilient Maryland Program, AOI 2 must contribute **at least fifty percent (50%) of the total project cost**, no exceptions. Check each contribution type included in the cost match below the “Applicant Contribution” box. Please consult the FOA for details on eligible cost match sources.   |  |  | | --- | --- | | **APPLICANT CONTRIBUTION:** | $ |   **Contribution Types Included in Cost Match**  Cash  Financing  Private Donation  Value of Donated Labor  Other (Please Specify): |

**SECTION 5: ATTESTATIONS, ACKNOWLEDGEMENTS, CERTIFICATIONS, AND SIGNATURE**

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| **ELECTRONIC COMMUNICATIONS** |
| Electronic communication provides the fastest and most efficient method of interacting with MEA; therefore, MEA encourages the use of electronic communication for all matters relating to this grant program. Unless the applicant opts out as indicated below, MEA will require the electronic submission and receipt of all documents (including but not limited to the application, the grant agreement, reports, and invoices.  **Does the Applicant agree to use electronic communication for all purposes relating to the FY24 Resilient Maryland Grant Program?**  **YES (Electronic correspondence should be sent to** [**RMP.MEA@Maryland.gov**](mailto:RMP.MEA@Maryland.gov)**.)**  **NO (MEA will contact the Applicant’s Application Point of Contact to arrange alternative communication accommodations.)** |

**ATTESTATIONS, ACKNOWLEDGEMENTS, AND CERITFICATIONS  
\*\*CAREFULLY READ EACH ITEM BELOW BEFORE SIGNING\*\***

**Attestations, Acknowledgements, and Certifications**

**By signing this application, I certify that the information provided on this application form and in each of the attached supporting documents required by the FOA is complete, accurate, and true, to the best of my knowledge, information, and belief. I certify that I am authorized to sign this application and submit the application package on behalf of the Applicant, and I agree to the attestations, acknowledgements, and certifications listed below on behalf of the Applicant:**

1. I affirm to the best of my knowledge, information, and belief that the entire contents of this application package meet all requirements of the FY24 Resilient Maryland Program Overview Document (Overview Document); and FY24 Resilient Maryland Program, Area of Interest 2: Capital Support (AOI 2) Funding Opportunity Announcement (FOA).
2. I understand and acknowledge that MEA accepts application packages and awards FY24 Resilient Maryland AOI 2 awards on a competitive basis, and that application packages are due to MEA no later than **3:00 P.M. EDT, March 14, 2024.[[2]](#footnote-2)**
3. I affirm that the project for which the grant funds have been requested will be located on (a) facility (facilities) within the State of Maryland.
4. I understand and acknowledge that the use of any funds awarded under this grant program for projects designed to benefit one or more person(s) outside of the State of Maryland is strictly prohibited.
5. I understand that submission of this application package does not obligate MEA to award a grant under the grant program.
6. I understand that grant funds cannot be used to offset costs that are incurred by the Applicant or any contractor(s) or developer(s) prior to the execution of a Grant Agreement or Commitment Letter between the Applicant and MEA.
7. I understand and acknowledge that MEA reserves the right to determine the final award amount for each grant issued under the grant program, and that the amount of funds that have been requested in this application are not guaranteed.
8. I understand and acknowledge that MEA or its representative(s) may use photos and video footage of the Applicant’s facility (facilities), or the facility (facilities) under analysis if not owned by the Applicant subject to written agreement with MEA by the facility (facilities) owner, and data presented in the Applicant’s reports for marketing, publicity, and advertising purposes. MEA and its representatives, subject to the requirements of the Maryland Public Information Act, and other applicable laws, will not divulge any confidential information or trade secrets.
9. I understand and acknowledge that if the Applicant is selected for a grant award, the Applicant must provide MEA with a complete, current, and accurate IRS Form W9. All information about the Applicant provided on this application form must exactly match the information as it appears on the Applicant’s IRS Form W9.
10. I, the Authorized Representative for the Applicant, certify that: (1) the Federal Tax Identification Number or Employer Identification Number provided on this application form is the correct Federal Tax Identification Number or Employer Identification Number for the Applicant, or the Applicant is waiting for a number to be issued to them; and (2) the Applicant is not subject to backup withholding because:  
    1. the Applicant is exempt from backup withholding; or
    2. the Applicant has not been notified by the Internal Revenue Service (IRS) that it is subject to backup withholding as a result of a failure to report all interest or dividends; or
    3. the IRS has notified the Applicant that it is no longer subject to backup withholding; and I am a U.S. citizen or other U.S. person (as defined in IRS Form W9).
11. I understand and acknowledge that any Grant award received through this program is taxable as income. Therefore, if a Grant award is provided to the Applicant for this project, the State of Maryland will send a 1099-G form, which the applicant must report as income on its federal and state tax returns. For more information, the Applicant should contact a qualified tax professional.
12. I understand and acknowledge that if a Grant award is provided for this project, MEA Representatives and MEA agents must have reasonable access to the relevant facility or facilities to conduct site inspections and measurement and verification activities, and to take photos or videos of the project, as deemed appropriate by MEA in consultation with the Grantee. If the relevant facility or facilities is (are) owned by (a) third party (parties), a written agreement between the Applicant and the facility (facilities) owner(s) is (are) required.
13. I understand and acknowledge that the FY24 Resilient Maryland program terms and conditions are subject to change at the discretion of MEA.
14. I understand and acknowledge that if MEA wards a grant to the Applicant, any grant award payment will be contingent upon the successful MEA review and approval of the Grantee’s submissions, including but not limited to: progress reports and requests for reimbursement, including supporting documentation, etc.
15. I understand and acknowledge that the FY24 Resilient Maryland program funding is limited as outlined in the Resilient Maryland AOI 2 FOA.

**APPLICANT SIGNATURE  
\*\*APPLICATION MUST BE SIGNED TO BE ACCEPTED BY MEA\*\***

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PRINT NAME:**

**TITLE:**

**SUBMISSION INSTRUCTIONS**

Submit this application form and all required documents listed in the Application Checklist on the first page to MEA by **no later than 3:00 P.M. EDT, Thursday, March 14, 2024.** Complete application packages should be submitted to MEA’s Resilient Maryland Team via email at:

[RMP.MEA@Maryland.gov](mailto:RMP.MEA@Maryland.gov)

If you have requested alternative submission accommodations with MEA, please submit the application package in accordance with the instructions provided to you by the MEA Resilient Maryland Program Manager. **NOTE: Alternative submission accommodations must be made with MEA no later than fourteen (14) days prior to the application deadline listed above. MEA WILL NOT ACCEPT ANY APPLICATION AFTER THE APPLCIATION DEADLINE. NO EXCEPTIONS.**

**YOU HAVE REACHED THE END OF THE APPLICATION FORM.**

1. [*https://energy.maryland.gov/business/pages/ResilientMaryland.aspx*](https://energy.maryland.gov/business/pages/ResilientMaryland.aspx) [↑](#footnote-ref-1)
2. *Extended from February 15, 2024, to March 14, 2024, on January 16, 2024.* [↑](#footnote-ref-2)