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# Agenda

- 1. D.P.U. Remarks
- 2. Background on Net Metering
- 3. User Registration
- 4. Applying for a SHP Cap Allocation
- 5. Quarterly Reporting
- 6. Extension Requests
- 7. Q&A

### D.P.U. Remarks

# Background on Net Metering

#### System of Assurance of Net Metering Eligibility

- The MA DPU created the System of Assurance of Net Metering Eligibility to provide stakeholders' certainty:
  - 1. Of the status of aggregate NM capacity; and
  - 2. Of their facility's eligibility for NM services
- Cadmus team was selected to design and administer the System of Assurance. We created a web-based application (<u>MassACA.org</u>) to:
  - 1. Report on the status of aggregate NM capacity; and
  - 2. Receive host customers' **Small Hydro Program Applications for Cap Allocations (SHP-ACAs)**
- Small hydro facilities that meet eligibility requirements and submit complete SHP-ACAs will receive a cap allocation
- An approved SHP-ACA guarantees, for a limited time, that the facility is eligible to receive NM services if the rules of the System of Assurance are followed



# MassACA.org Homepage



# Small Hydro Program Homepage

Massachusetts System of Assurance of Net Metering Eligibility

MassaCA

HOME GENERAL PROGRAM HYDROELECTRIC PROGRAM FAQ CONTACT SIGN-IN

HYDROELECTRIC NET METERING PROGRAM

HOME / HYDROELECTRIC



#### Now Accepting Applications for Cap Allocations (ACAs)

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#### **System Features**

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- III Net Metering Cap Update
- Past Net Metering Cap Updates
- ? Help & Guidance Documents

#### PROGRAM CONTACTS

#### General & Account Support:

help@massaca.org

Helpline (9am-5pm): (877) 357-9030

**Net Metering Rules:** 

Staci Rubin

Morgane Treanton

More About Net Metering in

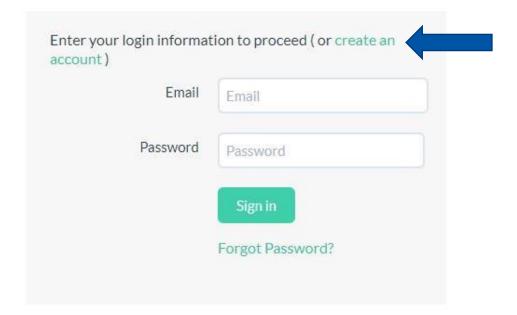
Massachusetts:

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# Login/User Registration



# Login/User Registration



# Login/User Registration

Massachusetts System of Assurance of Net Metering Eligibility

#### Register a new Account.

Which program is the registration for? (Select all that apply)

- General Net Metering Program
- Small Hydro Program

Select an account type

- Host Customer
- Project Representative

Note: New accounts must be reviewed and approved before users can access the System of Assurance. To register with the System of Assurance, municipalities and other governmental entities must have a public entity ID number from the Massachusetts Department of Public Utilities (DPU).

# **Account Types**

| HCEntity<br>(a.k.a. HCE) | This is the utility company's customer of record (i.e. the name of the entity on an electric bill) for the facility are entity for whom the HCAdmin is registering.                                                                                                                                                                                                                                                                               |  |  |  |  |  |
|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|
|                          | For example: For a solar PV project planned for a public school in Watertown, MA, the HCEntity is the Town of Watertown.                                                                                                                                                                                                                                                                                                                          |  |  |  |  |  |
| HCAdmin                  | HCAdmins are individuals in a lead role for the HCE. HCAdmins are authorized to start and revise ACA, add users, and submit ACAs.                                                                                                                                                                                                                                                                                                                 |  |  |  |  |  |
|                          | For example: The Watertown Town Administrator is an example of a potential HCAdmin.                                                                                                                                                                                                                                                                                                                                                               |  |  |  |  |  |
| HCAssistant              | HCAssistants are individuals acting on behalf of an HCE in supportive role. HCAssistants are able to review and revise ACAs. They cannot add users, submit ACAs, or view confidential documents (except those which they uploaded).                                                                                                                                                                                                               |  |  |  |  |  |
|                          | For example: A Watertown department of public works staff member is an example of a potential HCAssistant.                                                                                                                                                                                                                                                                                                                                        |  |  |  |  |  |
| Representatives          | Representatives are individuals not associated with any HCE or project when registered. They can be invited to assist an HCE complete an ACA by HCAdmins. Once they have been invited to assist with an ACA, Representatives can revise and review the ACA. They cannot add users to an ACA, submit ACAs, or view confidential documents (except those which they uploaded). Representatives can be associated with multiple ACAs simultaneously. |  |  |  |  |  |
|                          | For example: A solar PV project developer is an example of a potential Representative.                                                                                                                                                                                                                                                                                                                                                            |  |  |  |  |  |
| Administrator            | As the Administrator of the System of Assurance of Net Metering Eligibility, Cadmus oversees the ACA process. Cadmus reviews ACAs, collects reported information from Utilities and HCEntities, and monitors remaining capacity under the Caps.                                                                                                                                                                                                   |  |  |  |  |  |
| Reviewers                | Cadmus, VHB, and Noble & Wickersham staff members review user registrations and submitted ACAs.                                                                                                                                                                                                                                                                                                                                                   |  |  |  |  |  |
|                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |  |  |  |

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# Login/User Registration (cont.)

\* Indicates a Required field

| Host Customer Info    | rmation              |                         |
|-----------------------|----------------------|-------------------------|
| Host Customer Entity* | Host Customer Entity |                         |
| Entity Type*          | ⊚ Public ⊚ Private   |                         |
| Mailing Address*      | Address              |                         |
| City*                 | City                 |                         |
| State*                | Select a State       |                         |
| Zip*                  | Zip                  |                         |
| Phone*                | Phone                |                         |
| User Account Inform   | mation               |                         |
| Contact First Name*   | First Name           |                         |
| Contact Last Name*    | Last Name            |                         |
| Email*                | Email                |                         |
| Organization*         | Organization         | Copy from Host Customer |

### **User Registration**

#### **Activating Your Account**

- Administrator approves or seeks clarification on registered accounts within 1 business day.
- When approved, registrant will receive an activation link to their email
- Follow the link and set a password
- Once set, a user may log in to the portal



### **Small Hydro Portal**





#### Now Accepting Applications for Cap Allocations (ACAs)

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#### **System Features**

Lorem ipsum dolor sit amet, consectetuer adipiscing elit. Donec eget nisl vel erat suscipit lacinia. Suspendisse rhoncus. Aliquam sit amet nisl quis tellus aliquet porttitor. Nullam vel purus. Morbi in metus vitae nisl bibendum varius. Nam suscipit ultricies est. Cras rutrum varius pede. Sed eu nisi ut diam sollicitudin nonummy. Integer facilisis risus eget quam.

- Net Metering Cap Update
- Past Net Metering Cap Updates
- Help & Guidance Documents

#### PROGRAM CONTACTS

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help@massaca.org

Helpline (9am-5pm): (877) 357-9030

#### Net Metering Rules:

Staci Rubin

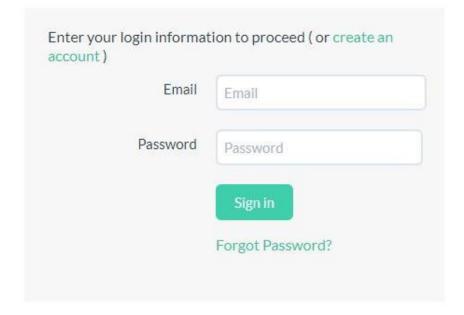
Morgane Treanton

More About Net Metering in

Massachusetts:

Dopt of Dublic Litilities

# **User Login**



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#### Portal: Create a New SHP-ACA

Users may navigate the SHP site by monitoring their accounts, ACAs, and SHP-ACAs

Massachusetts Small Hydroelectric Program of Net Metering Eligibility

Applications for Cap Allocation (ACAs)

Small Hydro Program Applications for Cap Allocation (SHP-ACA)

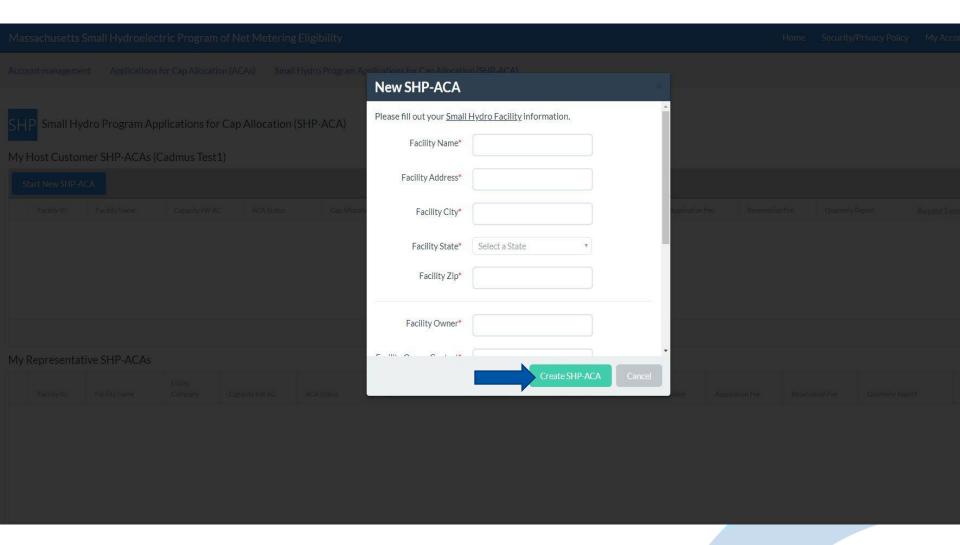


SHP Small Hydro Program Applications for Cap Allocation (SHP-ACA)

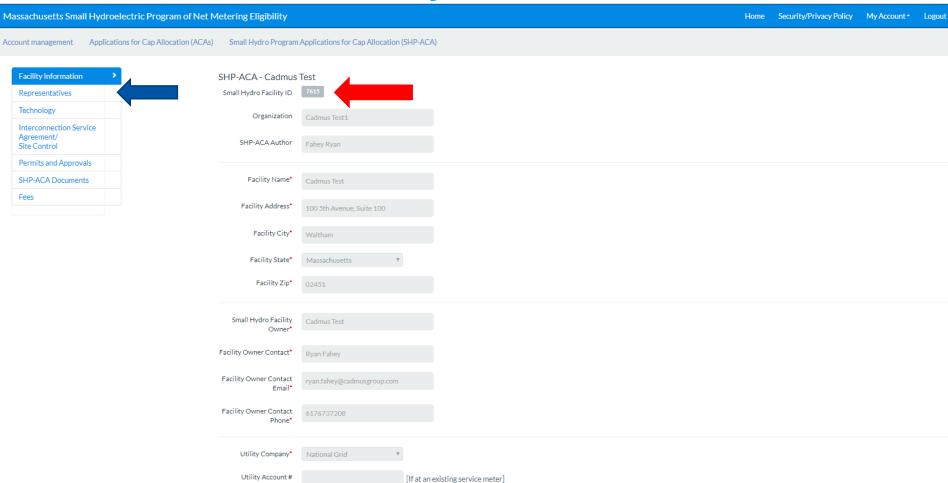
My Host Customer SHP-ACAs (Cadmus Test1)



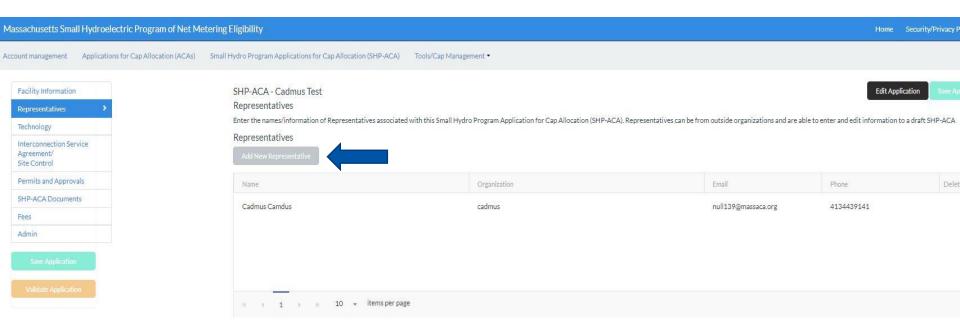
#### Start New SHP-ACA



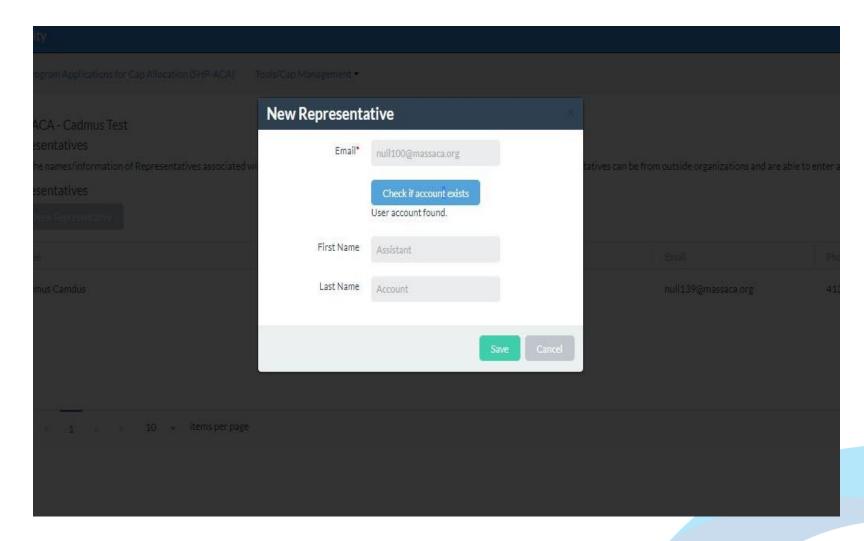
# SHP-ACA: Facility Info



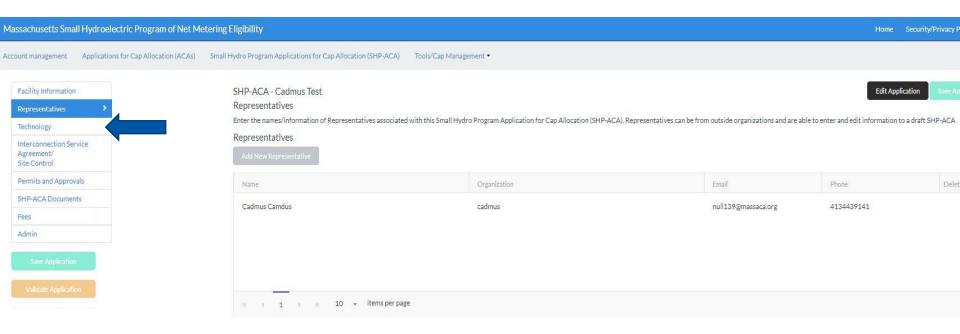
# SHP-ACA: Representatives



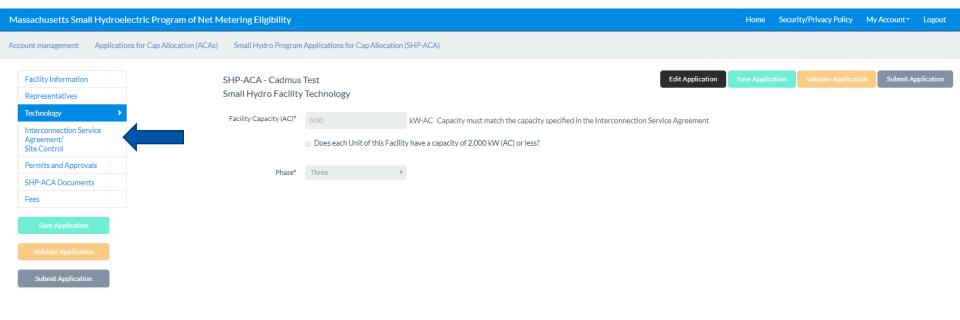
# SHP-ACA: Representatives



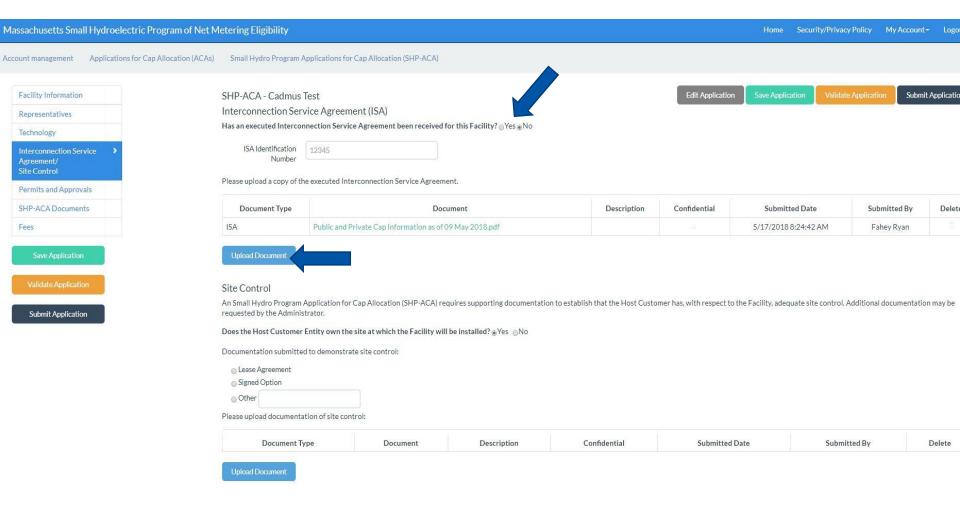
# SHP-ACA: Representatives



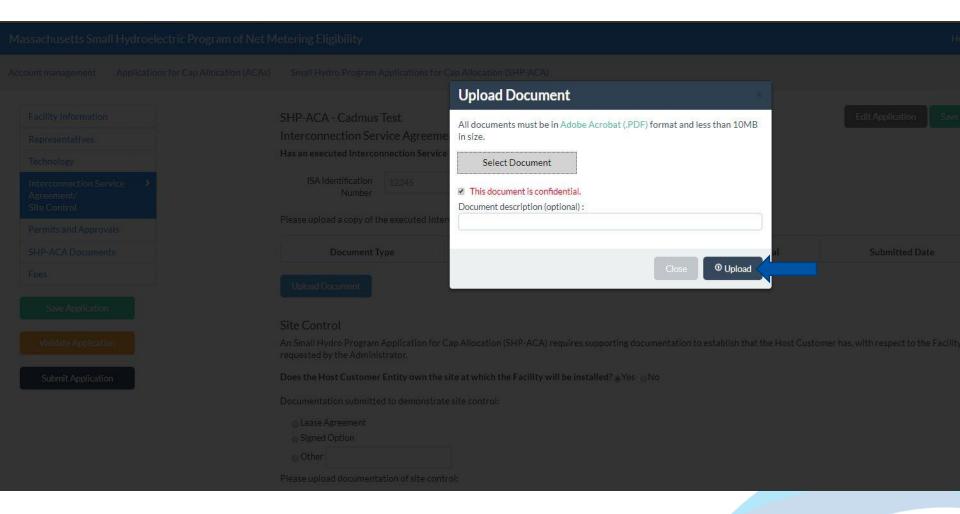
# SHP-ACA: Technology



#### SHP-ACA: ISA / Site Control



# SHP-ACA: Document Upload

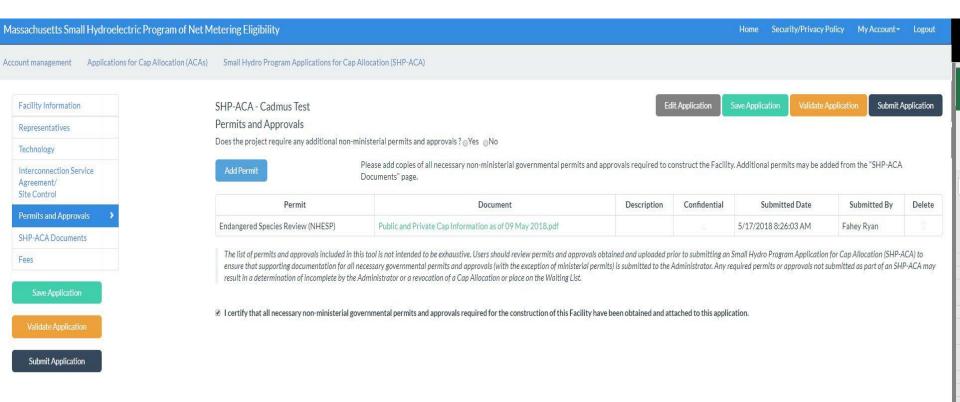


**CADMUS** 

### SHP-ACA: ISA / Site Control

| lassachusetts Small Hydroelectric Pro                                 | gram of Net Metering Eligibility                                                           |                                                                            |                                      |                           | Home Security/Privac                 | cy Policy My Accour   | nt+ Lo      |
|-----------------------------------------------------------------------|--------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|--------------------------------------|---------------------------|--------------------------------------|-----------------------|-------------|
| count management Applications for Cap A                               | llocation (ACAs) Small Hydro Program Application                                           | s for Cap Allocation (SHP-ACA)                                             |                                      |                           |                                      |                       |             |
| Facility Information  Representatives  Technology                     | SHP-ACA - Cadmus Test<br>Interconnection Service Agra<br>Has an executed Interconnection S | eement (ISA)<br>ervice Agreement been received for this Facility? ⊚Yes ⊕No |                                      | Edit Application          | Save Application Validat             | e Application Subn    | mit Applica |
| Interconnection Service Agreement/ Site Control Permits and Approvals | ISA Identification Number 12345 Please upload a copy of the executer                       | I Interconnection Service Agreement.                                       |                                      |                           |                                      |                       |             |
| SHP-ACA Documents                                                     | Document Type                                                                              | Document                                                                   | Description                          | Confidential              | Submitted Date                       | Submitted By          | De          |
| Fees                                                                  | ISA Public a                                                                               | ind Private Cap Information as of 09 May 2018.pdf                          |                                      |                           | 5/17/2018 8:24:42 AM                 | Fahey Ryan            |             |
| Save Application  Validate Application  Submit Application            | requested by the Administrator.                                                            |                                                                            | ion to establish that the Host Custo | omer has, with respect to | the Facility, adequate site control. | Additional documentat | ion may b   |
|                                                                       | Document Type                                                                              | Document Description                                                       | Confidential                         | Submitted                 | Date Submi                           | itted By              | Delete      |
|                                                                       | Upload Document                                                                            |                                                                            |                                      |                           |                                      |                       |             |

# SHP-ACA: Permits and Approvals



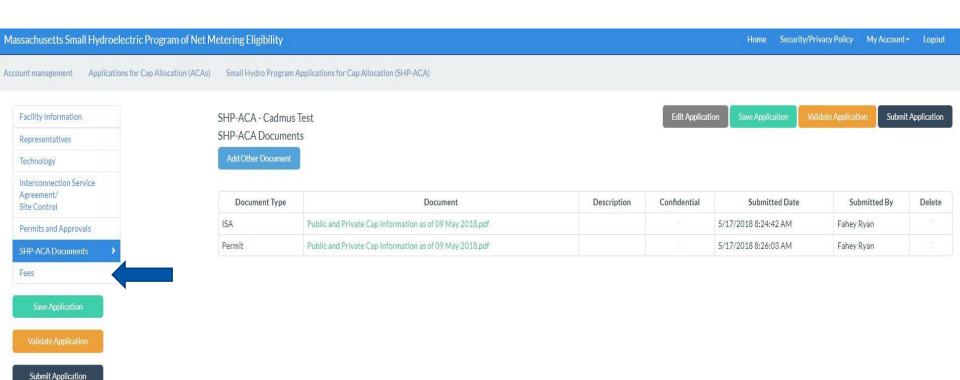
### Permits and Approvals

#### Non-ministerial permits:

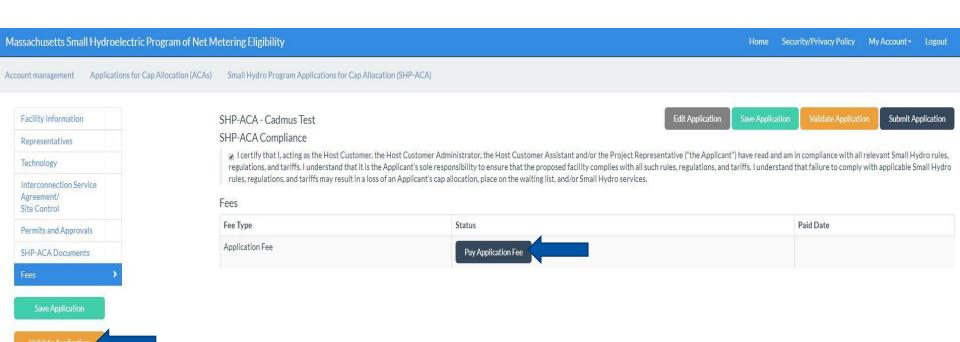
- Permits in which one or more officials considers various factors and exercises some discretion in deciding whether to issue (typically with conditions) or deny permits.
- Examples: Wetlands Order of Conditions, Zoning Variance, Historical Commission Permit, NHESP Endangered Species Permit

Ministerial permits include building permits and electrical permits

#### SHP-ACA: All Documents

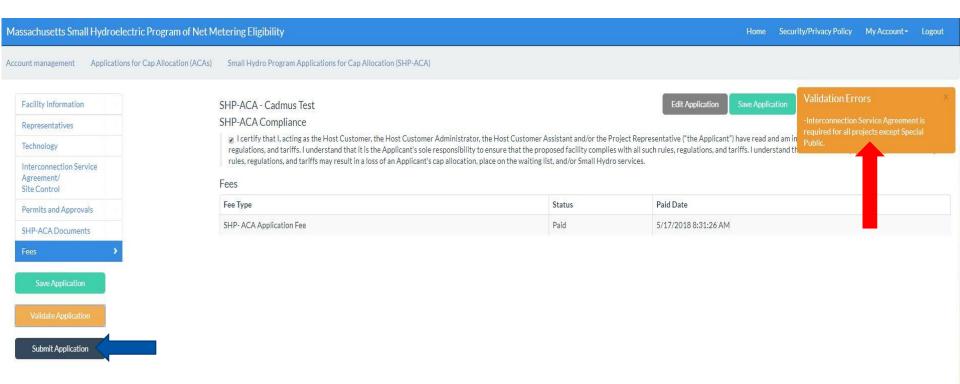


#### SHP-ACA: Fees



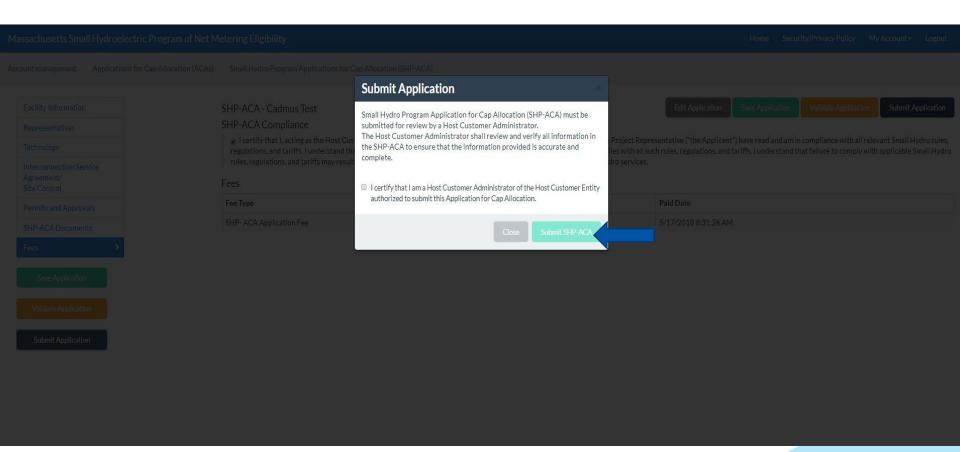
Submit Application

#### **SHP-ACA: Validation**

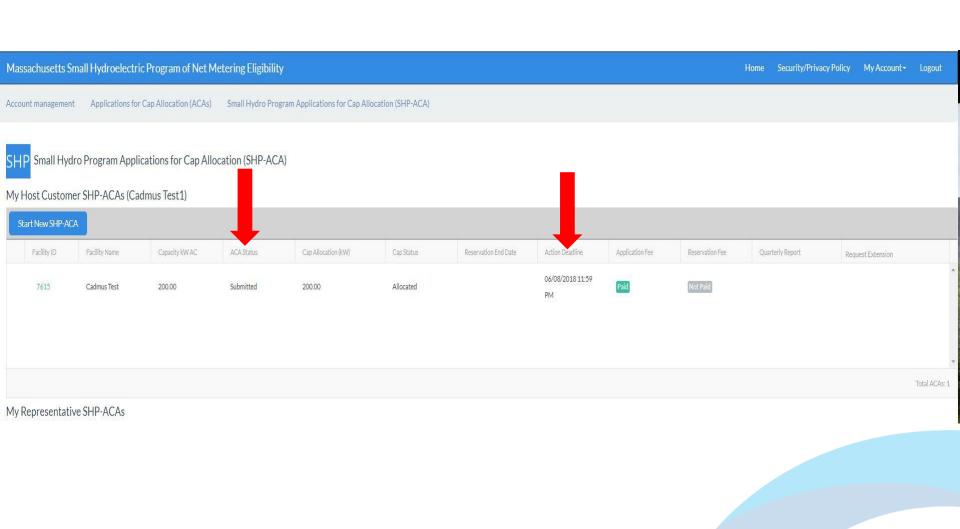


\*A clean validation does NOT constitute a complete SHP-ACA

#### SHP-ACA: Submission



#### SHP Landing Page: Submitted SHP-ACA

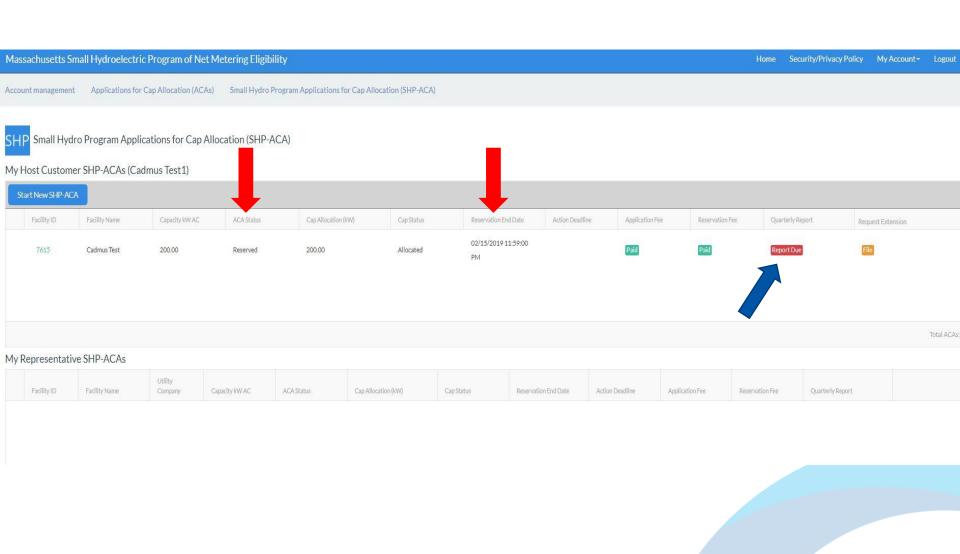


#### SHP-ACA Review Process

- Administrator will review submitted SHP-ACAs with 15 business days
- Review determination is communicated via e-mail to all users associated with a SHP-ACA
- If incomplete, a new SHP-ACA must be submitted.
  - No cure period
- Complete ACAs must pay a reservation fee of \$3.15/kW AC within 15 business days.
  - Reservation fee can be paid through the SHP-ACA portal
  - Once reservation is paid, 18 month reservation period begins



#### SHP-ACA: File a Quarterly Report



# SHP-ACA: File a Quarterly Report

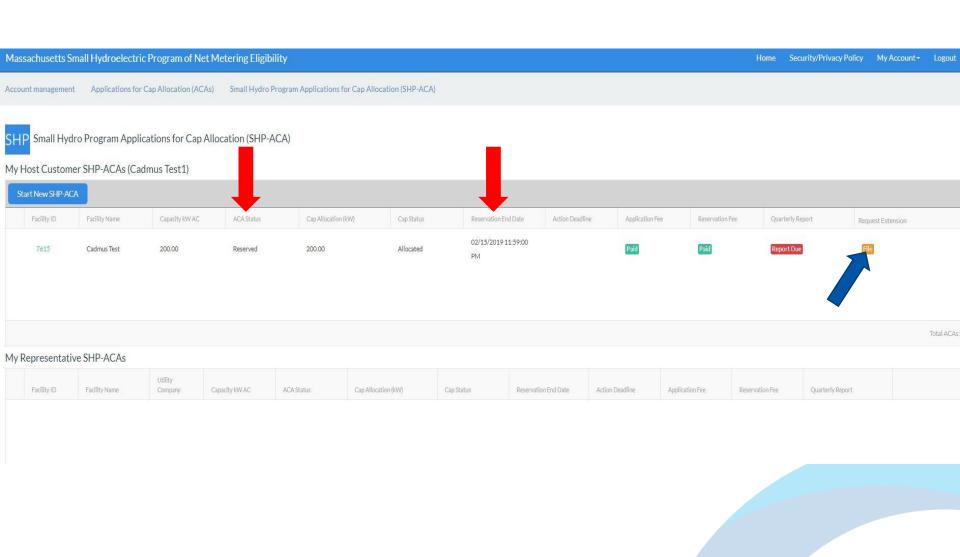
| Massachusetts Smal                                      | II Hydroelectric Program of Net Me                            | etering Eligibility                                           |                                                                |                                         | Home        | Security/Privacy Policy      | My Account*      | Logout |
|---------------------------------------------------------|---------------------------------------------------------------|---------------------------------------------------------------|----------------------------------------------------------------|-----------------------------------------|-------------|------------------------------|------------------|--------|
| Account management                                      | Applications for Cap Allocation (ACAs)                        | Small Hydro Program Applications for Cap Allocation (S        | SHP-ACA)                                                       |                                         |             |                              |                  |        |
| Quarterly Report                                        |                                                               |                                                               |                                                                |                                         |             |                              |                  |        |
| Facility ID                                             | 7615                                                          |                                                               |                                                                |                                         |             |                              |                  |        |
| Facility Name                                           | Cadmus Test                                                   |                                                               |                                                                |                                         |             |                              |                  |        |
| Per D.P.U. 11-11-A Apper<br>acilities with a reserved ( |                                                               | ities granted a Cap Allocation under the System of Assura     | nce must comply with D.P.U. 11-11 A Appendix A (October 25, 20 | .2) Sections 6 and 9, as appropriate. Q | uarterly Re | eporting per Section 6(B) is | required for all |        |
| Report Changes to the Fa                                | acility Design or Ownership Per D.P.U. 11-11                  | 1-A (October 25, 2012) Section 8 (B).                         |                                                                |                                         |             |                              |                  |        |
|                                                         | ■ No Changes have been made to the facility                   | design or classification.                                     |                                                                |                                         |             |                              |                  |        |
|                                                         | A Change of Host Customer and related co                      |                                                               |                                                                |                                         |             |                              |                  |        |
|                                                         | <ul> <li>A Change to Facility Ownership and relate</li> </ul> | ed contact information (describe below).                      |                                                                |                                         |             |                              |                  |        |
|                                                         | ☐ A Change in a Host Customer's equipment                     |                                                               |                                                                |                                         |             |                              |                  |        |
|                                                         | ☐ A change in the amount of Net Metering C                    |                                                               |                                                                |                                         |             |                              |                  |        |
|                                                         | Other (describe below).                                       |                                                               |                                                                |                                         |             |                              |                  |        |
|                                                         | Report the Facility received Approval to Op                   | perate from the Distribution Company (provide details below). |                                                                |                                         |             |                              |                  |        |
|                                                         |                                                               |                                                               |                                                                |                                         |             |                              |                  |        |
| Additional I                                            | Description                                                   |                                                               |                                                                |                                         |             |                              |                  |        |
|                                                         |                                                               |                                                               |                                                                |                                         |             |                              |                  |        |
|                                                         |                                                               |                                                               |                                                                |                                         |             |                              |                  |        |
|                                                         |                                                               |                                                               |                                                                |                                         |             |                              |                  |        |
|                                                         |                                                               |                                                               |                                                                |                                         |             |                              |                  |        |
|                                                         |                                                               | <i>"</i>                                                      |                                                                |                                         |             |                              |                  |        |
|                                                         |                                                               |                                                               | Submit Delete                                                  |                                         |             |                              |                  |        |

At least 1 Quarterly Report must be filed each calendar quarter Users can submit multiple QR's in a single quarter

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### SHP Landing Page: Reserved



# SHP-ACA: Extension Requests

| Massachusetts Sma                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ll Hydroelectric Program of Net Mo                                                      | etering Eligibility                                                                                                                                                                                                                 | Home           | Security/Privacy Policy        | My Account +         | Logout |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------------------------|----------------------|--------|
| Account management                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Applications for Cap Allocation (ACAs)                                                  | Small Hydro Program Applications for Cap Allocation (SHP-ACA)                                                                                                                                                                       |                |                                |                      |        |
| Extension Request                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                         |                                                                                                                                                                                                                                     |                |                                |                      |        |
| Facility ID                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 7615                                                                                    |                                                                                                                                                                                                                                     |                |                                |                      |        |
| Facility Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Cadmus Test                                                                             |                                                                                                                                                                                                                                     |                |                                |                      |        |
| Please select the type                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | of extension that is being requested below                                              |                                                                                                                                                                                                                                     |                |                                |                      |        |
| A STATE OF THE PARTY OF THE PAR | reservation period for Legal Challenges. reservation period pending Authorization to Ir | nterconnect.                                                                                                                                                                                                                        |                |                                |                      |        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                         | sit of \$3.15 per kW is required and refundable on receipt of Authorization to                                                                                                                                                      | Operate for    | the Facility within the extend | led reservation peri | od.    |
| the Host Customer, provi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ided the Facility receives Authorization to C                                           | six-month extension. Fees submitted as part of a request for extension ar<br>Operate within the extended reservation period. Fees submitted as part o<br>Italifies for an extended reservation period pending Authorization to Inte | of a request i |                                |                      |        |
| How would you like to pay                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | for this extension?                                                                     |                                                                                                                                                                                                                                     |                |                                |                      |        |
| <ul><li>Pay extension fee via cr</li><li>Pay extension fee via ch</li><li>Extension.</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | [10] [11] [12] [12] [12] [12] [12] [12] [12                                             | request, please contact the Administrator@MassACA.org for instruction                                                                                                                                                               | s on submit    | ting a deposit by check or w   | ire to secure a Star | ndard  |
| Additional Notes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                         |                                                                                                                                                                                                                                     |                |                                |                      |        |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                         |                                                                                                                                                                                                                                     |                |                                |                      |        |

#### **Timeline**

- Homepage & Account Registration available Thursday, June 14th
  - Register for an account as early as possible to avoid delays when SHP-ACA is live.
  - Accounts approved within 1 business day
- Administrator and DPU will communicate launch of SHP Application process via e-mail and <u>www.MassACA.org</u>
  - Lead time will be provided

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#### **CADMUS**

For future questions:

MassACA Helpline: (877) 357-9030

Administrator@MassACA.org

### CADMUS

