**BPA EIM Participating Resource Application**

***(BPA Transmission Customers requesting eligibility to participate in the EIM)***

**INSTRUCTIONS:**

**Application Form and Non-Refundable Processing Fee**

For the EIM Participating Resource Application to be considered **complete**, the Transmission Customer **must** provide all of the requirements listed below:.

* Acurately provide all applicable information required on this form and submit the completed form to BPA at [EIMDataPRRequest@bpa.gov](file:///\\bud.bpa.gov\appdata\mypc_userdata\UserData\Users\MRH4977\Documents\EIMDataPRRequest@bpa.gov)
* Remit a non-refundable processing fee of $2,500 within five Business Days of application submission. The non-refundable processing fee must be paid in accordance with instructions available at [How to Pay BPA - Bonneville Power Administration](https://www.bpa.gov/energy-and-services/customers-and-contractors/how-to-pay-bpa).

BPA will notify the applicant by email within 2 Business Days of the receipt of the completed application**.**

**Transmission Customer Primary Contact Information**

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| **Contact Information** | |
| **Customer Name/Account Name:** |  |
| **Name of Primary Representative** |  |
| **Title** |  |
| **Address (street address is required)** |  |
| **City/State/Code** |  |
| **Email address** |  |
| **Phone** |  |
| **Name of Alternative representative** |  |
| **Title** |  |
| **Address (street address is required)** |  |
| **City/State/Code** |  |
| **Email address** |  |
| **Phone** |  |

**RESOURCE INFORMATION**

Resource Name: Click or tap here to enter text.

Resource Location (State, County): Click or tap here to enter text.

For the Resource owner, please indicate:

1. Identify applicable BAASA/LGIA/SGIA contract number(s): Click or tap here to enter text.
2. Contractual output rights, including contractual duration of rights Click or tap here to enter text.
3. Whether the purchase power contract allows the Transmission Customer to offer output rights into the EIM Click or tap here to enter text.
4. Whether Transmission Customer is aware of any other entities with output rights from the Resource Click or tap here to enter text.

Resource Fuel Type (Hydro, Coal, etc.): Click or tap here to enter text.

Maximum output of the Resource (MW): Click or tap here to enter text.

Number of Resource units: Click or tap here to enter text.

Maximum output of each unit (MW): (1) Click or tap here to enter text.

(2) Click or tap here to enter text.

(3) Click or tap here to enter text.

(4) Click or tap here to enter text.

(5) Click or tap here to enter text.

(List any additional and max output): Click or tap here to enter text.

If multiple units how will the Resource be participating (Plant/Unit/Unknown): Click or tap here to enter text.

Balancing Authority Area in which the Resource is physically located (BPA or Other): Click or tap here to enter text.

If ‘Other’ has the resource been pseudo-tied into either BPA (Y/N): Click or tap here to enter text.

Resources located outside BPA’s Balancing Authority Areas must be pseudo-tied into BPA’s BAA to participate in the EIM. Additional information concerning pseudo ties may be found on BPA’s OASIS website in the BPA Business Practice covering the requirements and process for pseudo ties.

Is the Resource currently modeled in BPA’s network model (Y/N/Unknown): Click or tap here to enter text.

EIM Scheduling Coordinator for the Resource if known: Click or tap here to enter text.

Interconnection Customer for the resource: Click or tap here to enter text.

**Transmission Information**

Please indicate all currently effective transmission service agreements or rate schedules with BPA: Click or tap here to enter text.

**METERING & COMMUNICATION INFORMATION**

Will the Resource metering data for EIM purposes be provided through a Scheduling Coordinator Metered Entity (SCME) or a CAISO Metered Entity (CAISOME): Click or tap here to enter text.

If multiple units, is the Resource metered at the plant or unit level: Click or tap here to enter text.

Are there meters capable of 5-minute interval configuration (Y/N/Unknown): Click or tap here to enter text.

If already in place, who owns the following metering equipment that would potentially be used for EIM purposes: Click or tap here to enter text.

Existing metering information:

Meter(s) (Manufacturer and Model): Click or tap here to enter text.

Associated Communication Equipment: Click or tap here to enter text.

Current Transformer Accuracy and location: Click or tap here to enter text.

Voltage Transformer Accuracy and location: Click or tap here to enter text.

Is the Transmission Customer currently accessing the meter data (Y/N): Click or tap here to enter text.

If “Yes” by what method (land line, cell signal, etc.): Click or tap here to enter text.

Please provide a one-line drawing with this application showing the metering location(s).

Please provide additional information regarding the resource that may be valuable for its potential participation in the EIM: Click or tap here to enter text.

**Additional Contact Information**

Please provide additional contact information as applicable if different from the supplied above:

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| **Transmission Customer Contact Information** | |
| **Name of Primary Representative** |  |
| **Title** |  |
| **Company** |  |
| **Address (street address is required)** |  |
| **City/State/Code** |  |
| **Email address** |  |
| **Phone** |  |
| **Fax** |  |
| **Name of Alternative representative** |  |
| **Title** |  |
| **Company** |  |
| **Address (street address is required)** |  |
| **City/State/Code** |  |
| **Email address** |  |
| **Phone** |  |
| **Fax** |  |
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| **Resource Technical Contact Information** | |
| **Name of Primary Contact** |  |
| **Title** |  |
| **Address (street address is required)** |  |
| **City/State/Code** |  |
| **Email address** |  |
| **Phone (office)** |  |
| **Phone (cell)** |  |
| **Fax** |  |
| **Name of Secondary Contact** |  |
| **Title** |  |
| **Address (street address is required)** |  |
| **City/State/Code** |  |
| **Email address** |  |
| **Phone (office)** |  |
| **Phone (cell)** |  |
| **Fax** |  |
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| **EIM Participation Contact Information** | |
| **Name of Primary Contact** |  |
| **Title** |  |
| **Address (street address is required)** |  |
| **City/State/Code** |  |
| **Email address** |  |
| **Phone (office)** |  |
| **Phone (cell)** |  |
| **Fax** |  |
| **Name of Secondary Contact** |  |
| **Title** |  |
| **Address (street address is required)** |  |
| **City/State/Code** |  |
| **Email address** |  |
| **Phone (office)** |  |
| **Phone (cell)** |  |
| **Fax** |  |
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| **Billing/Invoice Contact Information** | |
| **Name of Primary Contact** |  |
| **Title** |  |
| **Address (street address is required)** |  |
| **City/State/Code** |  |
| **Email address** |  |
| **Phone (office)** |  |
| **Phone (cell)** |  |
| **Fax** |  |
| **Name of Secondary Contact** |  |
| **Title** |  |
| **Address (street address is required)** |  |
| **City/State/Code** |  |
| **Email address** |  |
| **Phone (office)** |  |
| **Phone (cell)** |  |
| **Fax** |  |
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**Questions**

Questions can be submitted to customer’s assigned Transmission Account Executive.