

Nova Scotia Community Solar Program Application Form

| For Department of Energy Use Only | |
|-----------------------------------|--|
| Application Number | |
| Project Name | |
| Applicant Name | |
| Date Stamp | |
| Application Received | |

Before you start

- Read the <u>Program Guide</u>: Familiarize yourself with the Community Solar Program and eligibility requirements.
- **Pre-Application Screening**: Carefully consider the application requirements in the section below prior to completing your application.
- **Follow Application Guidance**: As you complete the application form, refer to the "Submitting Your Application" section in the <u>Program Guide</u>.

| Pre-application Screening (Mandatory*) | |
|---|---|
| If you answer no to any of the following questions, you are not e | eligible for the Community Solar Program. |
| Does your organization/community belong to one of the | |
| eligible groups listed in the Program Guide? | |
| Are you submitting only one application per project, per site? | |
| Is your project site physically located in Nova Scotia? | |
| Will your project be in the service territory of Nova Scotia | |
| Power Inc. (NSPI) and be connected to NSPI's electrical | |
| system? | |

If you have met all four requirements listed above, you may proceed with completing the application.

Instructions

The application form is a fillable PDF, which you will interact with as follows:

- Insert your response as text in the spaces provided within the boxes.
- Select your responses from the dropdown options (which appear as
- Check the checkboxes represented by □ symbol.

In addition to the application form, use the following resources and templates to prepare your application submission:

- Permits and Approvals Resource
- Project Plan Template
- Financial Template
- Risk Assessment Template
- Final Checklist

The program guide, application form, and required templates can be found on the program website.

Applications will be accepted from entities that have the authority to:

- Submit project proposals for the applicant organization(s)
- Enter into contracts and agreements on behalf of the organization(s)
- Certify that the information in the application is true, accurate and complete.

All applications must be submitted by email to sharedsolar@novascotia.ca

Privacy Statement & Consent Upon Submission

When you submit your application, personal information is collected as authorized by the Freedom of Information and Protection of Privacy (FOIPOP) Act.

We collect your name and contact information to communicate with you as a representative of your organization. By submitting your application, you consent to your information being shared with our evaluation team, which consists of internal Department of Energy staff, external consultants, and funding partners, for consideration of funding opportunities for your project. Your personal information will only be used or disclosed for another purpose if we are authorized by law to do so or if we obtain your express consent.

To read more about how the Province of Nova Scotia respects your privacy when interacting with us, review our <u>full privacy statement</u>. For questions about how your personal information is handled in relation to this service you may contact <u>sharedsolar@novascotia.ca</u> or the <u>Government of Nova Scotia</u>.

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| | ection 1: Applicant Information Mandatory) | | | | |
|----|--|----------------|---------------------|-----------------------|----|
| 1. | Legal Name of Applicant Organization | | | | |
| | | | | | |
| 2. | Business Name (if different from | legal name) | | | |
| | (| | | | |
| | | | | | |
| 3. | Primary Applicant Eligibility: Select one of the eligible groups that describes the primary applicant with the largest ownership in the project. Partnership information will be asked later in the application. ☐Registered not-for-profit | | | | |
| | ☐For-profit entity | | | | |
| | □Nova Scotia Mi'kmaw Band | | | | |
| | ☐Municipality, town, village o | or township | | | |
| | □Co-operative | | | | |
| | ☐Community economic devel☐ ☐University or college | opment investi | nent fund (CEDIF) | | |
| | Doniversity of conege | | | | |
| 4. | Organization Information: Provide | le a summary o | f your organization | | |
| | Organization website: | | | | |
| | Number of employees: | Full Time: | | Part-Time & Seasonal: | |
| | Years in Operation | | | | |
| | Is the applicant a subsidiary? | |]Yes | | No |
| | Legal name of parent | | | | |
| | entity(ies) or enter NA: | | | | |
| | Is the applicant a joint venture? | |]Yes | | No |
| | Legal name of joint venture partners or enter NA: | | | | |
| | Mission, Vision and Values: | | | | |
| | | | | | |
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| | | | | | |
| | | | | | |
| | Community(ies) your organization serves: | | | | |
| | | | | | |
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| 5. | | | | | |
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| | ☐Yes ☐No If yes, provide a description of the community represented: | | | | |
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| | | | | | |
| 6. | Registry of Joint Stock Companies Number (a unique seven-digit number assigned to your business or legal entity). | | | | |
| | | | | | |
| | Date of Registry | | | | |
| | If you do not have a Registry of Joint Stock Companies Number, provide one of the following: | | | | |
| | ☐ Other Registration Number | | | | |
| | | | | | |
| | Or | | | | |
| | \square I have provided a separate document confirming the proof of operations for my organization. Specify type of document(s) | | | | |
| | | | | | |
| 7. | Organization's Primary Legal Civic Address | | | | |
| | | | | | |
| | L L L L L L L L L L L L L L L L L L L | | | | |
| | □Yes □No | | | | |
| | f you answer no, provide the mailing address: | | | | |
| | | | | | |
| | | | | | |
| 8. | Primary Contact: This should be your designated representative with respect to this application. | | | | |
| | Name Position Title | | | | |
| E | mail Address Telehone Number and Ext. | | | | |
| | | | | | |

| - | be your secondary contact person with respect to this application in |
|--|--|
| case we cannot reach to the prim | ary contact. |
| | |
| Name | Position Title |
| Email Address | Telehone Number |
| | and Ext. |
| | |
| Section 2: Project Partnership | |
| Section 2: Project Partnership (If Applicable) | |
| Partner No.1 | |
| 10. Partner's Legal Name | |
| 10. Partner 5 Legai Name | |
| | |
| 11. Partner's Business Name (if diffe | rent from legal name) |
| 11. Farther 3 Dusiness Name (ii dine | —————————————————————————————————————— |
| | |
| 42 Postus ale Posistas e filoiat Charle | |
| business or legal entity) | Companies Number (a unique seven-digit number assigned to your |
| | |
| | |
| | |
| Date of Bosistan | |
| Date of Registry | |
| If you do not have a Pogistry of Io | pint Stock Companies Number, provide one of the following: |
| ☐Other Registration Number | onit stock companies number, provide one of the following. |
| | |
| | |
| Or | |
| | document confirming the proof of operations for my organization. |
| Specify type of document(s) | document commining the proof of operations for my organization. |
| spearly type or accument(c) | |
| | |
| 13. Partner Organization's Eligibility | |
| ☐Registered not-for-profit | |
| ☐For-profit entity | |
| □Nova Scotia Mi'kmaw Band | |
| ☐Municipality, town, village o | or township |
| □Co-operative | • |
| • | lopment investment fund (CEDIF) |
| □University or college | |

| | website: | | | | |
|------------------------------|-----------------------------|------------------|---------------------|-----------------------|-----|
| Number of en | mployees: | Full Time: | | Part-Time & Seasonal: | |
| Years in Opera | ation | | | | |
| Is the applica | nt a subsidiary? | | ∃Yes |] | □No |
| Legal name of entity(ies) or | | | , | | |
| Is the applicant venture? | | | ∃Yes | [| □No |
| Legal name of partners or er | f joint venture nter NA: | | , | | |
| - | on and Values: | | | | |
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| Community(ie | | | | | |
| organization s | serves: | | | | |
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| · · | - | the applicant re | present a marginali | zed community? | |
| □Yes | □No | | - | zed community? | |
| □Yes | - | | - | zed community? | , |
| □Yes | □No | | - | zed community? | |
| □Yes | □No | | - | zed community? | |
| □Yes | □No | | - | zed community? | |
| □Yes | □No | | - | zed community? | |
| □Yes | □No | | - | zed community? | |
| □Yes | □No | | - | zed community? | |
| □Yes | □No | | - | zed community? | |
| □Yes | □No a description of th | | - | zed community? | |
| □Yes If yes, provide a | □No a description of th | | - | zed community? | |
| □Yes If yes, provide a | □No a description of th | | epresented: | zed community? | |

| 17. | | ow this partnership benefits the project (e.g., project role and ise, in-kind/cash contribution, etc.). | |
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| | | | |
| | | | |
| | | | |
| Par | artner No.2 | | |
| 18. | 3. Partner's Legal Name | | |
| | | | |
| 19. | 9. Partner's Business Name (if diffe | erent from legal name) | |
| | | | |
| 20. | D. Partner's Registry of Joint Stock business or legal entity) | Companies Number (a unique seven-digit number assigned to your | |
| | | | |
| | Date of Registry | | |
| | • | oint Stock Companies Number, provide one of the following: | |
| | Other Registration Number | r | |
| | | | |
| | Or | | |
| | ☐ I have provided a separate Specify type of document(s) | document confirming the proof of operations for my organization. | |
| | | | |

| 21. | Partner Organization's Eligibility | | | | |
|-----|------------------------------------|----------------|---------------------|--------------------------|----|
| | ☐Registered not-for-profit | | | | |
| | ☐For-profit entity | | | | |
| | □Nova Scotia Mi'kmaw Band | | | | |
| | ☐Municipality, town, village o | r township | | | |
| | □Co-operative | | | | |
| | ☐Community economic devel | opment investr | ment fund (CEDIF) | | |
| | ☐University or college | | | | |
| | | | | | |
| 22. | Organization Information: Provide | le a summary o | f your organization | • | |
| | Organization website: | | | | |
| | Number of employees: | Full Time: | | Part-Time & Seasonal: | |
| | Years in Operation | | | | |
| | Is the applicant a subsidiary? | |]Yes | | No |
| | Legal name of parent | | | | |
| | entity(ies) or enter NA: | | | | |
| | Is the applicant a joint venture? | |]Yes | | No |
| | Legal name of joint venture | | | | |
| | partners or enter NA: | | | | |
| | Mission, Vision and Values: | | | | |
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| | | | | | |
| | Community(ies) your | | | | |
| | organization serves: | | | | |
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| □Yes | Community: Does the applicant ☐No a description of the community | _ | zed community? |
|-------------------|--|--------------------------|----------------|
| ii yes, provide | | тергезептец. | |
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| | | | |
| 24. Primary Conta | act of Partner | | |
| Name | | Position Title | |
| Email Address | | Telehone Number and Ext. | |
| Civic Address | | | |
| | enefits: Describe how this partn | | |
| responsibilitie | s, technical expertise, in-kind/ca | ash contribution, etc.) | |
| | | | |
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| | | | |
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| Par | tner No.3 |
|-----|---|
| 26. | Partner's Legal Name |
| | |
| | |
| 27. | Partner's Business Name (if different from legal name) |
| | |
| 28. | Partner's Registry of Joint Stock Companies Number (a unique seven-digit number assigned to your business or legal entity) |
| | |
| | |
| | Date of Registry |
| | If you do not have a Registry of Joint Stock Companies Number, provide one of the following: |
| | ☐ Other Registration Number |
| | |
| | |
| | Or |
| | \square I have provided a separate document confirming the proof of operations for my organization. Specify type of document(s) |
| | |
| 29 | Partner Organization's Eligibility |
| 23. | □Registered not-for-profit |
| | □For-profit entity |
| | □Nova Scotia Mi'kmaw Band |
| | ☐Municipality, town, village or township |
| | □Co-operative |
| | □Community economic development investment fund (CEDIF) |
| | □University or college |
| | |

| Organization website: Number of employees: Full Time: Part-Time & Seasonal: Years in Operation Is the applicant a subsidiary? Legal name of parent entity(ies) or enter NA: Is the applicant a joint venture? Legal name of joint venture partners or enter NA: Mission, Vision and Values: Community(ies) your organization serves: Community(ies) your organization or group represent a marginalized community? Yes | 30. Organization Information: Provide a summary of your organization. | | | | |
|--|---|---------------|------|----------------------|-----------|
| Years in Operation Is the applicant a subsidiary? | Organization webs | te: | | | |
| Is the applicant a subsidiary? | Number of employ | ees: Full Tim | e: | | |
| Legal name of parent entity(ies) or enter NA: Is the applicant a joint venture? Legal name of joint venture partners or enter NA: Mission, Vision and Values: Community(ies) your organization serves: 31. Represented Community: Does this organization or group represent a marginalized community? □Yes □No | Years in Operation | | | | |
| entity(ies) or enter NA: Is the applicant a joint venture? Legal name of joint venture partners or enter NA: Mission, Vision and Values: Community(ies) your organization serves: 31. Represented Community: Does this organization or group represent a marginalized community? □Yes □No | Is the applicant a s | ıbsidiary? | □Yes | | No |
| Is the applicant a joint venture? Legal name of joint venture partners or enter NA: Mission, Vision and Values: Community(ies) your organization serves: 31. Represented Community: Does this organization or group represent a marginalized community? □Yes □No | _ | | | | |
| partners or enter NA: Mission, Vision and Values: Community(ies) your organization serves: 31. Represented Community: Does this organization or group represent a marginalized community? Yes No | Is the applicant a jo | | □Yes | | No |
| Community(ies) your organization serves: 31. Represented Community: Does this organization or group represent a marginalized community? □Yes □No | = | | | | |
| organization serves: 31. Represented Community: Does this organization or group represent a marginalized community? □Yes □No | Mission, Vision and | Values: | | | |
| □Yes □No | | | | | |
| | □Yes □N | 0 | | ent a marginalized c | ommunity? |
| 32. Primary Contact of Partner | 32. Primary Contact of | Partner | | | |
| Name Position Title Email Address Telehone Number | | | _ | | |
| Civic Address | | | | | |

| 33. Partnership Benefits: Describe he | · | | roject role and |
|---|-----------------------------|-------------------------------|-----------------------|
| responsibilities, technical experti | se, in-kind/cash contribu | ution, etc.). | |
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| | | | |
| Partnership | | | |
| 34. Partnership Structure: Describe h | now ownership is divide | d for your project. | |
| Name of Project Owner | Percentage | Percentage Voting | Percentage Profit- |
| Nume of Froject Owner | Ownership | Power | sharing Agreement |
| | % | % | % |
| | % | % | % |
| | % | % | % |
| | % | % | % |
| Document Required: Provide support demonstrating compliance with the papplication. It can include, but not lim (MOU) or contract. | artnership/ownership s | tructure you selected a | s part of your |
| Submit attachment(s) as a single PDF. application package. | Name it Q34_Partners | nip Structure and subm | it it as part of your |
| 35. Project Owner's Application Stat Question 24 also listed as owners | • | • | |
| □Yes □No | | | |
| If yes, answer the following: | | | |
| Project Name Project Partner(s) | | | |
| Percentage ownership for each | | | |
| partner on the other | | | |
| application(s). | | | |

| Project Name Project Partner(s) Percentage ownership for each partner on the other application(s). | |
|--|---|
| | |
| Section 3: Project Information (Mandatory) | |
| Project Proposal | |
| 36. Project Title | |
| | |
| | an 200 words, describe the project using SMART goals. Include project the prioritized group or community (for community benefits and or |
| Project Summary Using Project SMA Specific: Clearly define what you | want to achieve. |
| Measurable: Ensure you can trace Achievable: Set realistic goals that | ck your progress and measure the outcome. |
| _ | align with your broader objectives. |
| • Time-bound: Set a deadline to a | |
| | |

| 38. Project Team: Provi | de information for key proje | ect team members. | |
|-----------------------------------|--------------------------------|--------------------------------------|------------------------------------|
| Name | Organization | Project Role and Responsibilities | Relevant Experience / Expertise |
| | | | |
| | | | |
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| rainat Siza | - | | |
| roject Size | y in megawatts DC and AC | | |
| 9. Namepiate Capacit | y in megawatts DC and AC | | |
| | | MWdc | |
| | | MWac | |
| 0. Projected annual no | et output delivered to the g | grid in MWhac and kWhac | |
| | | MWhac | |
| | | kWhac | |
| ocument Required: | | | |
| | | nfirming the projected outp | |
| ne project. Name the (ackage. | document Q40_Resource A | ssessment and submit it as p | part of your application |
| | | | |
| 1. Projected capacity | factor AC (%) | | |
| | % | | |
| Project Site and Design | | | |
| 2. Site Location (Physi | cal Address) | | |
| ☐Same as the prima | ary address listed in Questic | on 7. | |
| If different, provide | the address of your project | location. | |
| | | | |
| | | | |

| 43. Site Location | |
|---|--|
| PID(s) (Parcel Identification) Number | |
| Latitude and longitude in decimal degrees format (DDD.dddd): | |
| Document Required: Provide an a as part of your application packag | gerial photo of your project site. Name it Q43_ Aerial Photo and submit it ge. |
| 44. Project Land Area: How many | acres of land will be used for your community solar project? |
| | Acres |
| 45. Land Type: Select the land type | pe of the project site that allies to you. |
| Federal Crown Land | |
| Provincial Crown Lar | nd |
| Reserve Land | |
| Privately Owned Lan | ıd |
| Other: | |
| | |
| - | escription of the land where your project will be located. (for example: |
| brownfield, agricultural land, | non arable land etc). |
| | |
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| | |
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| | |
| | |
| | |
| Class for your project site from | : If your project is located on agricultural land, select the Land Capacity m the dropdown below. |
| N/A □The pro | oject is not on the agricultural land. |
| Class | |
| Note: Look up the Land Capacity | Class for Agricture (Canada Land Inventory) at CLI Agriculture classification |

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| | Land Capacity Classes 1 – 3: If you select classes 1-3 in the previous question, provide further information on why you think this land is suitable for siting a community solar garden. |
|-------|--|
| | |
| 49. 9 | Site Map |
| | Individual plots of land to which each permit or agreement is applicable Project's relation to local communities Structures and occupied buildings Transportation facilities and roads Proposed routes of access Parks and protected areas |
| | Site Access Issue: Describe any identified access issues for the proposed project site and how you plan |
| t | to mitigate the issues. |

| Document Required: Provide a feasibility study summary (1-3 pages) cover page, followed by copies of completed feasibility studies conducted for site selection, preliminary engineering and design, and geotechnical studies. Name the document Q51_Feasibility Studies and submit it as part of your application package. |
|---|
| |
| Section 4: NSPI Generation Interconnection Procedures (GIP) (Mandatory) |
| 52. NSPI Preliminary Assessment and Transmission Feasibility Study |
| Document Required : Attach a PDF copy of the completed Preliminary Assessment (PA) for distribution connected projects OR the PA and Transmission Feasibility Study for transmission interconnected projects from NSPI. Name it Q52_Interconnection and submit it as part of your application package. |
| 53. Interconnection Zone: In what zone is the project's point of interconnection located? |
| |
| 54. Transmission System Impacts: Does the Preliminary Assessment (PA) report from Nova Scotia Power, indicate that transmission system impacts are expected and further study is required?☐Yes ☐No |
| If yes, describe how you plan to address the findings of the preliminary assessment regarding transmission system impacts. |
| |
| Note : If the Preliminary Assessment identifies transmission system impacts you can: 1. Reduce the project size and request a new Preliminary Assessment from NSPI or 2. Complete a Transmission Feasibility Study and submit with your application. |

51. Feasibility Studies - Summary and Reports

| 5. Interconnection Feasibility: Describe in detail how your Preliminary Assessment or Transmission Feasibility Study demonstrates that your chosen site is ideal as an interconnection site for your part of the property of | |
|---|------|
| For example, if significant line upgrades are required, describe the upgrades and how they will possible the grid at the chosen location, nearby dwellings or commercial buildings and rate payers include financial details and analysis where appropriate. | _ |
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| Note : Choosing a site that can host your project size is critical to your project's acceptance into the program. Refer to the detailed notes provided in your assessment/study from NSPI. | he |
| i. Interconnection Cost: Does the Preliminary Assessment indicate that the "Order of Magnitude C Estimate" is equal to or more than \$500,000 or TBD? | Cost |
| □Yes, estimate is equal to or more than \$500,000. □Yes, estimate is TBD. | |
| \Box No, estimate is between \$0 - \$499,999. | |
| If you select yes , describe in detail how you are going to manage interconnection & upgrade costs exceeding \$500,000 and remain financially viable. If cost is uncertain (TBD), describe how you wi manage uncertainty and absorb unexpected costs. | |
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| Section 5: Project Plan (Mandatory) | | |
|--|--|--|
| 57. Planned Construction Start Date (MM-DE | D-YYYY) 58. Planned Construction End Date (MM-DD-YYYY) | |
| | | |
| | | |
| | | |
| 59. Planned Commercial Operation Date (MN | M-DD-YYYY) | |
| (| | |
| | | |
| | | |
| 60. Project Plan | | |
| | | |
| | an template in the provided excel sheet. Name it Template and | |
| submit alongside Q78.1 Financial Plan and Q1 | 05 Risk in a single excel file. | |
| | | |
| | ation about contractors you are or will work with throughout | |
| the project cycle. | | |
| 61. Contractor 1 | | |
| _ | | |
| Company Name | | |
| Address (Main Office) | | |
| Address (Local Office – if applicable) | | |
| Describe the scope of the contractor's | | |
| work for your project. (word limit: 150) | | |
| year project (200) | | |
| | | |
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| | | |
| | | |
| Describe the contractor's experience with | | |
| similar projects and knowledge/ | | |
| | | |
| experience with Nova Scotia's unique | | |
| landscape, geography and communities. | | |
| (word limit: 150) | | |
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| 62. Contractor 2 (if applicable) | |
|--|--|
| Company Name | |
| Address (Main Office) | |
| Address (Local Office – if applicable) | |
| Describe the scope of the contractor's | |
| work for your project. (word limit: 150) | |
| , | |
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| | |
| Describe the contractor's experience with | |
| similar projects and knowledge/ | |
| experience with Nova Scotia's unique landscape, geography and communities. | |
| (word limit: 150) | |
| (word mine. 150) | |
| | |
| | |
| | |
| (2) (2) (1) (2) (1) (2) (1) (2) (1) (2) (1) | |
| 63. Contractor 3 (if applicable) | |
| Company Name | |
| Address (Main Office) | |
| Address (Local Office – if applicable) | |
| Describe the scope of the contractor's | |
| work for your project. (word limit: 150) | |
| | |
| | |
| | |
| | |
| Describe the contractor's experience with | |
| similar projects and knowledge/ | |
| experience with Nova Scotia's unique | |
| landscape, geography and communities. | |
| (word limit: 150) | |
| | |
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| Section (Mandat | 6: Environmental Considerations and Requirements ory) |
|--------------------|---|
| mana | ronmental Impacts: Identify environmental impacts of your project and describe environmental agement best practices you will utilize to mitigate negative impacts to the environment surrounding project site. |
| | |
| | |
| | ment Required: Attach an Environmental Screening conducted by Communities Culture and age or any other Environmental Impact Studies you have undertaken. Name it Q64_Environmental |
| | ening and submit it with your application package. |
| 65. Deco | mmissioning Plan: Describe your decommissioning plan including its timeline. |
| | ies at Risk: Provide details outlining your knowledge and understanding of any species at risk that be affected or impacted by your project. |
| | |
| | |
| Resource | nt Required: Attach any correspondence with the Wildlife division of the Department of Natural es and Renewables. Refer to the Program Guide for more information. Name the document RR Wildlife and submit it with your application package. |

| 67. Species at Risk: Have you conducted a Species at Risk study? |
|---|
| |
| □Yes □No |
| If yes, provide a summary of the findings including how you will mitigate the identified impacts. |
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| |
| Document Required (If yes): Attach the Species at Risk study result/report. Name it Q67_SAR and submit it |
| with your application package. |
| 68. Environmental Assessment: Does your project require an Environmental Assessment (EA) through the Department of Environment and Climate Change (ECC)? |
| □Yes □No |
| Note : Refer to the "Role in Solar Farm Developments" resource to identify if an Environmental Assessment or environmental studies are required. |
| If yes provide details regarding the process, outcomes/expected outcomes, timelines etc. |
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| Document Required (If yes): Attach the Environmental Assessment (EA) result/report. Name it Q68_EA and submit it with your application package. |

| 69. | Environmental Permits and Approvals: Complete the table below. Application date and risk level fo |
|-----|---|
| | approved environmental assessment permits/approvals may be marked NA. |

Options for approval stage are limited to:

- Not started
- Desktop studies complete
- Field work complete
- Environmental assessment in progress
- Environmental assessment submitted for approval
- Environmental assessment approval received

Note: Refer to the "Role in Solar Farm Developments" resource to identify approvals required.

| Environmental Approval | Permitting Authority | Approval Stage | (Anticipated) Date of Approval | Risk Level |
|------------------------|----------------------|----------------|-----------------------------------|------------|
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| Section 7: Permits and Approvals (Mandatory) Defends the Previous of Section 1 Section 2 Section 2 Section 2 Section 3 Sectio |
|--|
| Refer to the <u>Provincial and Federal Permits and Approvals Resource</u> to complete this section. |
| Disclaimer : This resource is provided as a guide. It is the applicant's responsibility to meet all regulatory requirements for your project. |
| 70. Land Ownership and Access: explain if you own, lease, rent, obtained permission to use, cross or access |
| the land for your project. Indicate if you are using Crown land for your project. |
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| Document Required: Provide proof of land ownership or permission to access/cross the land. If applicable, provide documentation of government approval to use Crown land for your project. Name the document(s) Q70_Land Access and submit it as part of your application package. |
| 71. Land-use and Requirements from Local Authorities: provide details regarding municipal by-laws that apply to your project and how you will comply with them. |
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| 72. | Impact Asse | gical permits and considerations: Does your project require an Archaeological Resource essment? |
|-----|---------------|---|
| | □Yes | □No |
| | If yes, provi | ide a summary of any impacts including cost and timing implications for the project. |
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73. Permits and Approvals: Complete the table below with all the applicable project permits and approvals (except for environment, which is already answered in the section 6). If applicable, you must address resource development, asset operation, and interconnection approvals.

Notes:

- Responses for the 'jurisdiction/type' field may include, but are not limited to, federal, provincial, municipal and regulatory.
- Application date and risk level for approved permits/approvals may be marked NA.

| Permit or Approval and Issuing Authority | Jurisdiction/ Type | Status | Application Date YYYY/MM/DD | (Expected) Approval Date YYYY/MM/DD | Risk Level |
|---|-----------------------|--------|-----------------------------|---|------------|
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| 74. | Permits and Approvals – Detail: Provide any additional details that provide important context for the above permits/approvals: |
|------|---|
| | Any permit or approval considered to be medium or high risk for the project must provide an explanation. |
| | If no permits or approvals are required for the project, please explain why. If no additional context is relevant, please mark the field NA. |
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| | ction 8: Financial Planning |
| _ | Confirmation of Funding and Financing (If Applicable) |
| If y | cuments Required: ou have secured the funding/financing, please submit the confirmation of funding in the form of a term et, confirmation of funding, or letter of intent to fund or finance. |
| Nar | me the document(s) Q75_Coff and submit it as part of your application package. |
| 76. | Funding: For any unconfirmed third-party funding, what is the level of confidence that funding will be received and when do you expect agreements to be finalized? If all funding is confirmed, mark NA. |
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78. Financial Planning Template

Documents Required:

- **78.1** Complete the financial planning template in the provided excel sheet. Name it **Template** and submit alongside Q60 Project Plan and Q105 Risk in a single excel file.
- **78.2** Attach financial model, supporting quotes and any additional information confirming your financial projections and proposed PPA rate such as pro forma financial documents from your accountant. Name the document(s) **Q78.2_Financials** and submit it as part of your application package.

Section 9: Community Engagement and Support (Mandatory)

Complete this section to ensure that you have planned and have or will execute a robust community engagement strategy.

Note: Community engagement is an ongoing process throughout the project and is not limited to the actions listed below; rather, they are intended to serve as guidance. Applicants are required to identify and conduct their own community engagement efforts that are suitable for their community solar projects. For more information, please refer to the Program Guide.

79. Completed Engagement Activities: Provide information for any completed engagement activities.

*Note: Insert only one name (designated individual's name) of the engaged group or organization under "Contact Name". If residents are engaged, mark as N/A.

| Date (YYYY/MM/DD) | Contact Name* | Treaty Area and Community or Organization | Description of Engagement Activity, any concerns raised, mitigations proposed and Outcome |
|----------------------|---------------|---|---|
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| Planned Date YYYY/MM/DD) | Treaty Area and Community or Organization | Description of Planned Engagement Activity |
|-----------------------------|---|--|
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80. Anticipated Engagement Activities: Complete the following table for any anticipated engagement

| 81. | ormed a community engagement committee or hired a professional engagement consultant.]Completed □Planned □Not Planned | |
|-----|---|---------|
| | aborate your answer by describing what you have completed, what's planned or why you're not lanning to complete this action item. | |
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| | | |
| 82 | osted your contact information and project details in way that is easily accessible by public. |] _ |
| 02. | Completed □Planned □Not Planned | |
| | aborate your answer by describing what you have completed, what's planned or why you're not lanning to complete this action item. | |
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| 83. | Naintained a log of participants' names and/or web hits. | <u></u> |
| | lCompleted □Planned □Not Planned | |
| | aborate your answer by describing what you have completed, what's planned or why you're not anning to complete this action item. | |
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| 84. | Provided opportu | inities for comm | nents and feedback. |
|-----|--------------------------------------|------------------|--|
| | \square Completed | □Planned | □Not Planned |
| | Elaborate your an planning to comp | - | ing what you have completed, what's planned or why you're not item. |
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| 85. | Responded to cor | mmunity concer | ns. |
| | □Completed | □Planned | □Not Planned |
| | Elaborate your an complete this acti | | ing you have completed, what's planned or why you're not planning to |
| | · | | |
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| 86. | Conducted a rang | | on/engagement activities in such a way as to include the greatest |
| | □Completed | □Planned | □Not Planned |
| | Elaborate your an planning to comp | - | ing what you have completed, what's planned or why you're not item. |
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| 87. | Considered acces | sibility in engag | gement activities for persons with disabilities and or differing abilities. |
|-----|------------------------------------|-------------------|--|
| | □Completed | □Planned | □Not Planned |
| ı | Elaborate your an planning to comp | - | oing what you have completed, what's planned or why you're not item. |
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| 88. | Identify any Mi'kı | maq communit | ies that will or may be impacted by the project. |
| | \square Completed | □Planned | □Not Planned |
| | • | nd Councils, wh | oing how you have engaged Mi'kmaq communities in Nova Scotia, nat you have completed, what's planned or why you're not planning to |
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| | Consultation: Is consultation of Indigenous groups required by Provincial/Territorial requirements (i.e., does your project trigger the Duty to Consult)? |
|---|---|
| | Yes: attach any letters obtained from Indigenous groups as a part of the consultation process. Iame it Q89_Consultation and submit as part of your application package. |
| [| □ No: explain why not below. |
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| 6 | Note: Provincial Duty to Consult is triggered when the permitting process begins for a physical project (e.g., Environmental Assessment, Watercourse Alteration Approval, Crown Land lease). Please follow the guidance of the permit/approval administrators. |
| | Identify any African Nova Scotian communities that will or may be impacted by the project. □Completed □Planned □Not Planned |
| | Elaborate your answer by describing how you have engaged African Nova Scotian communities, what you have completed, what's planned or why you're not planning to complete this action item. |
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| 91. | Identify any Acadian communities that will or may be impacted by the project. | | |
|---|--|--|--|
| | □Completed □Planned □Not Planned | | |
| | Elaborate your answer by describing how you have engaged Acadian communities, what you have completed, what's planned or why you're not planning to complete this action item. | | |
| | | | |
| 92. | Identify any other equity deserving communities that will or may be impacted by the project. □Completed □Planned □Not Planned | | |
| Elaborate your answer by describing what you have completed, what's planned or why you'r planning to complete this action item. | | | |
| | | | |
| 93. | Obtained letters of support from Municipal Council | | |
| | □Completed □Planned □Not Planned | | |
| | Elaborate your answer by describing what you have completed, what's planned or why you're not planning to complete this action item. | | |
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| 94. | Mi'kmaq Ecological Knowledge Study (MEKS): Have you completed MEKS? |
|-----|--|
| | □Completed □Planned □Not Planned |
| | If you plan to complete a MEKS, outline the steps taken to engage a consultant and your strategy for completing the plan. If already completed, provide a summary of the study. |
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| 95. | Evidence of Community Engagement and Support |
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| | cument Required: Attach supporting documents that provide demonstrated community engagement vities and support for your project. Refer to the Program Guide for more information. Name the |
| | tument(s) as Q95_Community Engagement and submit as part of your application package. |
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| | ction 10: Community Benefits |
| | Indatory) Community Benefit Plan: Describe how your project will benefit your prioritized subscriber community |
| | or the province in general under each of the categories listed below. You must refer to Section 10: Community Benefits Plan of the Program Guide for details on information required in each section. |
| | Capacity Building: Demonstrate how your project will increase capacity for renewables within the community, including increasing knowledge and skills in the renewable energy sector. |
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| vill direct a portion equity-deserving po | ts (including directing profits back into communities, subscribers): Describe how you of profits back to a particular community or community organization serving marginalized ar pulations. Also describe how the project will enable equitable access to renewable energy by uity-deserving populations. |
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| | s: Describe how your project will create local jobs, benefit local manufacturers, corporations, s, consultants, and service companies. |
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| • • | nd Inclusion (EDI): How does your project demonstrate EDI initiatives within project owne /or how the project will inform and enhance EDI initiatives. |
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| 97. | Are there any other benefits to the local community or the Nova Scotian community that your project will have? Please describe. | |
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| 98. | How will your project enable equitable access to renewable energy by underserved and marginalized populations in Nova Scotia? How will you demonstrate that your project is achieving this? | - |
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| | ction 11: Subscription Model | |
| | indatory) | |
| 99. | Subscriber Community - Indicate your target or prioritized subscribers by providing any factors such as geographic boundar(ies), or community descriptions. | |
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| Marginalized Community | n in Nova Scotia, please describe. Refer to <u>Program Guide</u> section "What is a " for guidance. |
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| - | potential subscribers from the community. This should represent at least 10 |
| □Completed □Planr | ar garden at time of application. ned □Not Planned |
| · | |
| Elaborate your answer by planning to complete this | describing what you have completed, what's planned or why you're not action item. |
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| | 25 percent of the approved nameplate capacity of the project must be tial customers. Provide your projected number (%) of each type of subscribe |
| in the following table. | ial customers. Provide your projected number (%) of each type of subscribe |
| | |
| | |
| Residential | % |
| Commercial | % |
| Other | % |
| | |
| | |
| If you select "other", defi | ne and/or explain which specific groups you're allocating subscription to: |

| 103. NS | | | rgy Certificates (RECs): For non-residential subscribers, would you like to request I retire RECs for energy generated by their subscription on their behalf? | | |
|-------------------|---|-------------|--|--|--|
| <u></u> | Yes | □No | □Not applicable (100% residential subscribers) | | |
| | | | nly if you are certain that you will not require REC registration by NSPI in the future. It 'YES' if there is any potential to register and retire RECs. | | |
| If \ | If YES, describe if you'd like NSPI to register and retire all or part of the non-residential subscribers. | | | | |
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| | rioritize | d subscribe | raging subscribers: Explain how you will engage subscribers (and your targeted or ers) throughout the project. If you plan to engage more than 25% of the nameplate ential subscribers, provide details. | | |
| pr | rioritize | d subscribe | ers) throughout the project. If you plan to engage more than 25% of the nameplate | | |
| pr | rioritize | d subscribe | ers) throughout the project. If you plan to engage more than 25% of the nameplate | | |
| pr | rioritize | d subscribe | ers) throughout the project. If you plan to engage more than 25% of the nameplate | | |
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| pr | rioritize | d subscribe | ers) throughout the project. If you plan to engage more than 25% of the nameplate | | |

Section 12: Risk Assessment

(Mandatory)

Using the risk assessment template, identify any issues that may arise throughout the project and how you will mitigate them. The template has instructions and examples to help you complete the assessment. Be sure to follow the format and guidelines of the template and submit it as a part of your application package.

105. Risk Assessment Template

Document Required: Provide a completed risk assessment in the provided template. Name it **Template** and submit alongside Q60 Project Plan and Q78.1 Financial Plan in a single excel file. it as part of your application package.

Section 13: Final Checklist

(Mandatory)

106. Using the Final Checklist (Version 2), confirm that you've completed the application form correctly and included all required supporting documents and templates.

Document Required: Complete the final checklist. Name the file **Q106_Final Checklist** and submit it as part of your application package.

Section 14: Affirming Statement

(Mandatory)

Ensure that you have read and understand the contents of this affirmation before signing.

Thank you for your interest in the Nova Scotia Community Solar Program.

107. Applicant Affirmation

By signing below, I (we) affirm that all information provided in this application is true and complete to the best of my (our) knowledge. I (we) understand that if any information provided in this application is deemed to be inaccurate or incomplete, for whatever reason, the department may deny or revoke my (our) participation in the Nova Scotia Community Solar Program.

| Signature of designated representative | |
|--|--|
| Date | |