

PROJECT DESCRIPTION AND ASSURANCES DOCUMENT (PDAD)

Project title: Building Grid-edge Integration and Aggregation Network of Thermal Storage
("Building GIANTS")

Applicant Name: City of Burlington, VT Electric Department

Applicant Address: 585 Pine Street, Burlington, VT 05401-4864

Names of all team member organizations (if applicable):

Principal Investigator (Name, Address if different than Applicant's, Phone Number, E-mail):

Frederick C. Hall, Resource Planner
fchall@burlingtonelectric.com
(802) 865-7450

Business Point of Contact (Name, Address if different than Applicant's, Phone Number, E-mail):

James L. Gibbons, Director of Policy & Planning
jgibbons@burlingtonelectric.com
(802) 865-7353

Include any statements regarding confidentiality.

Burlington Electric Department (BED) confirms that the contents of this Application include confidential information and sensitive data. BED asks that the Department of Energy, its successors and/or assigns, treat all information being used or held within this Concept Paper as strictly confidential. No material, content, information, or data may be shared outside of the Department of Energy, its successors and/or assigns, without the express, written consent of BED.

Federal Share:	\$1,158,695
Cost Share:	\$1,160,000
Total Estimated Project Cost:	\$2,318,695

Item 1: Specify (mark with "X") the FOA Topic Area and as applicable the Area of Interest (AOI):

_____ Topic Area 1: **Grid Resilience Grants** (BIL section 40101(c))

☒ Topic Area 2: **Smart Grid Grants** (BIL section 40107)

_____ Topic Area 3: **Grid Innovation Program** (BIL section 40103(b)) – Area of Interest 1
(Transmission System Applications)

_____ Topic Area 3: **Grid Innovation Program** (BIL section 40103(b)) – Area of Interest 2
(Distribution System Applications)

_____ Topic Area 3: **Grid Innovation Program** (BIL section 40103(b)) – Area of Interest 3
(Combination System Applications)

TOPIC AREA 1 Specific Items:

Item 2: Specify (mark with “X”) the entity type of the applicant organization:

_____ electric grid operator
_____ electricity storage operator
_____ electricity generator
_____ transmission owner or operator
_____ distribution provider
_____ fuel supplier

If further description is needed for the specified entity type, please provide below:

Item 3: Please provide the total amount (USD) of qualifying resilience investments (as outlined in DE-FOA-00002740) that has been spent for the previous 3 years. Please also provide the time period utilized for calculation of this amount.

Total Amount:

Time Period for Resilience Investments:

Note: Topic Area 1 applicants must submit as part of their application, a report detailing past, current, and future efforts by the eligible entity to reduce the likelihood and consequences of disruptive events. This report should include efforts over at least the previous 3 years and at least the next 3 years and any broader resilience strategy used by the applicant.

Item 4: Is the eligible entity a Small Utility as defined in DE-FOA-0002740 (sells no more than 4,000,000 MWh of electricity per year)? If NO is selected, skip to Item 7.

_____ Yes
_____ No

Note: If YES, applicant must provide their Form 861 for the last reporting year submitted to the Energy Information Administration (EIA).

Item 5: Per BIL section 40101(e)(2) (C) APPLICATION LIMITATIONS.—An eligible entity may not submit an application for a grant provided by the Secretary under subsection (c) and a

grant provided by a State or Indian Tribe pursuant to subsection (d) during the same application cycle.

Therefore, is the eligible entity a Subaward/Subcontract recipient for an application submitted under IIJA Section 40101(d), ALRD 2736? If “YES”, please describe the differences between the GRIP FOA 2740 application [40101(c)] and the ALRD 2736 [40101(d)] applications in the box below:

_____ Yes
_____ No

TOPIC AREA 2 Specific

No items

TOPIC AREA 3 Specific

Item 6: Specify (mark with “X”) the entity type of the applicant organization:

_____ a State
_____ a combination of 2 or more States
_____ an Indian Tribe
_____ a unit of local government
_____ a public utility commission

If further description is needed for the specified entity type, please provide below:

Item 7:

Authorized Organizational Representative (AOR): please provide name, address, phone number and email address for the authorized agent to bind the entity

Authorized Organizational Representative (AOR):

Name: Emily Stebbins-Wheelock, CFO and Manager of Strategy & Innovation

Address: 585 Pine St., Burlington, VT 05401-4864

Phone: (802) 865-7466

E-mail: estebbins-wheelock@burlingtonelectric.com

Item 8: Signature of Authorized Organizational Representative (AOR)
