

PROJECT DESCRIPTION AND ASSURANCES DOCUMENT (PDAD)

Project title: Three-Part Wildfire Damage Mitigation Project

Applicant Name: Mora-San Miguel Electric Cooperative, Inc.

Applicant Address: 501 Highway 518; P.O. Box 240, Mora, NM 87732

Names of all team member organizations (if applicable):

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

**Adam Roybal, P.E.,
Division Manager, Transmission & Distribution Lines
Transmission & Distribution Services LLC
9550 San Mateo Blvd NE, Suite G
Albuquerque, NM 87113
Phone: 505-344-4234
Email: aroybal@t-d-services.com**

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

**Les Montoya, CEO/General Manager, Mora-San Miguel Electric Cooperative, Inc.
Phone: 575-383-4276
Email: lmontoya@morasanmiguel.coop**

Include any statements regarding confidentiality.
Confidentiality is asserted as to the contents on this paper

Federal Share: \$11,541,412.00

Cost Share: \$3,846,752.00

Total Estimated Project Cost: \$15,388,165.00

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

 X 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: 2020, 2021, 2022

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: Leslie W. Montoya

Address: 501 Highway 518; P.O. Box 240, Mora, NM 87732

Phone: 575-383-4276

E-mail: lmontoya@morasanmiguel.coop

Item 8: Signature of Authorized Organizational Representative (AOR)

A handwritten signature, appearing to be "JA", is written over a horizontal line. The signature is in dark ink and is stylized.