

## PROJECT DESCRIPTION AND ASSURANCES DOCUMENT

**Project title:** Utility Solar Grid Forming Technology (USGFT)

**Applicant Name:** Business, Economic Development & Tourism, Department of Hawaii

**Applicant Address:** 235 S. Beretania Street, 5th Floor, Honolulu, Hawaii 96813

**Names of all team member organizations (if applicable):** Kauai Island Utility Cooperative

**Principal Investigator (Name, Address if different than Applicant's, Phone Number, E-mail):**  
Christopher Yunker, 808-282-2537, [christopher.yunker@hawaii.gov](mailto:christopher.yunker@hawaii.gov)

**Business Point of Contact (Name, Address if different than Applicant's, Phone Number, E-mail):** Donna Mau, 808-799-2421, [donna.mau@hawaii.gov](mailto:donna.mau@hawaii.gov)

**Include any statements regarding confidentiality.**

N/A

**Federal Share:** \$16,250,000

**Cost Share:** \$16,250,000

**Total Estimated Project Cost:** \$32,500,000

**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)

  X   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:

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**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 e- mail address for the authorized agent to bind the entity

**Authorized Organizational Representative (AOR):**

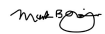
**Name:** Mark B. Glick

**Address:** 235 S. Beretania Street, 5th Floor, Honolulu, Hawaii 96813

**Phone:** 808-587-3807

**E-mail:** [mark.b.glick@hawaii.gov](mailto:mark.b.glick@hawaii.gov)

**Item 8: Signature of Authorized Organizational Representative (AOR)**

A handwritten signature in black ink, appearing to read "Mark B. Glick", is positioned above a solid black horizontal line.

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