

## APPENDIX F – PROJECT DESCRIPTION AND ASSURANCES DOCUMENT TEMPLATE (PDAD)

**Project title:** Smart Grid Deployment to support Rural-Focused Resiliency at a Small-Scale Electric Co-Op Project (Smart Grid Project)

**Applicant Name:** Surry-Yadkin Electric Membership Corporation

**Applicant Address:** 510 S. Main Street, Dobson, NC, 27017

**Names of all team member organizations (if applicable):** Surry-Yadkin Electric Membership Corporation (Applicant), North Carolina Association of Electric Cooperatives (NCAEC), Surry County Economic Development Partnership, Yadkin Valley Chamber of Commerce, Surry Community College, Nash Community College, Forsyth Technical Community College, NC Works/American Job Center, Surry County Schools, and The Salvation Army.

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

Lee Bedsaul, Project Manager, [LeeBedsaul@syemc.com](mailto:LeeBedsaul@syemc.com) (b) (6)

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

Travis Bode, Economic Development Coordinator, [TravisBode@syemc.com](mailto:TravisBode@syemc.com), (336)-356-5238

Include any statements regarding confidentiality.

**Federal Share:** \$7,486,808

**Cost Share:** \$7,700,738

**Total Estimated Project Cost:** \$15,187,546

**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 IIA 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  
\_\_\_\_\_ X 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:** Travis Bode

**Address:** 510 S. Main Street, Dobson, NC, 27017

**Phone:** (336)356-5238

**E-mail:** TravisBode@syemc.com

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

(b) (6)

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