Application for Certification of BONUS (es) to an existing Eligible Energy Resource Under the Delaware Renewable Energy Portfolio Standard

1. Name of Facility Belle's Run Farm

2. Existing Delaware Certification Number assigned **DE** - 99859-Sun-01

3. Address 804 Taylors Bridge Road
Townsend, DE 19734

Is the facility located within the PJM control area? ☑ **Yes** ☐ **No**
If No, does the Facility have import capabilities? ☐ **Yes** ☐ **No**

4. Name of Owner Francis A. Marro

Mailing Address 105 Applewood Drive
Dover, DE 19901

Phone (302) 697-2272

Fax

Email fmarro2@comcast.net

5. Name of Operator Same As Owner

Address

Phone

Revised 8/13/2015
Replaces: 2/19/2013

Fax_____

Email_____

6. Name of Contact Person Same As Owner

Address_____

_____

_____

Phone_____

Fax_____

Email_____

7. Name of REC/SREC Owner Same As Owner

Address_____

_____

_____

Phone_____

Fax_____

Email_____

8. List existing PJM-EIS GATS State certification number assigned to this facility:
NON34522

_____

_____

Revised 8/13/2015
Replaces: 2/19/2013

9. If the Applicant's installation is solar or wind sited in Delaware, is a minimum of 50% of the cost of the renewable energy equipment, inclusive of mounting components, manufactured in Delaware?

☐ Yes* ☑ No

Company Name of Installer	Signature of Company Representative
Address	Print Name of Co. Representative
Address	

***If Yes, please attach the following documentation:**

- A copy of the supplier's invoice showing Delaware manufactured equipment with this facility identified
  - If the supplier's invoice shows only a coded Purchase Order (PO) number, a copy of the company's matching PO that includes the address where the materials were used/installed, must also be supplied
  - If using a master invoice, a record of the draws against the purchased quantity, on the master invoice, must show the address of each use and the quantity of material used

10. If the Applicant's installation is solar or wind sited in Delaware:

    a. Was the facility physically constructed or installed with a workforce that consists of at least 75% Delaware residents?
    ☑ Yes* ☐ No

    b. Does the installing company employ, in total, a minimum of 75% workers who are Delaware residents?

    ☑ Yes* ☐ No

CMI Solar Electric, Inc.	S. C. D
Company Name of Installer	Signature of Company Representative
83A Albe Drive	Stacey C. Davis
Address	Print Name of Co. Representative
Newark, DE 19702	
Address	

***If Yes, please attach supporting documentation (see pages 7-8 for details). Please note, in order to qualify for the Labor/Workforce Bonus, at least one of the options (a. or b.) must be met.**

Revised 8/13/2015
Replaces: 2/19/2013

I, Stacey C. Davis (print name) hereby certify under penalty of perjury that

1. I have made reasonable inquiry, and the information contained in this Application is true and correct to the best of my knowledge, information and belief.

2. I am authorized to submit and execute this Application and to bind myself and/or my company to the representations contained herein.

3. I /my company agree(s) to comply with and be subject to the jurisdiction of the Public Service Commission of the State of Delaware for any matters arising out of my submission of this Application or the granting of the Application.

4. In the event that any of the information contained in this Application changes pending the consideration of this Application or after the Application is granted, I/my company will amend the Application to provide the Commission with such changed information.

5. I acknowledge that if any of the representations made in this Application or in any amendment thereto are found to be untrue when made, I/the company may be subject to sanctions, including but not limited to monetary fines and/or the revocation of any Certificate granted as a result of the representations made in this Application.

Signature: _____

Date: August 17, 2016

Revised 8/13/2015
Replaces: 2/19/2013

Documentation Required for Delaware Labor/Workforce Bonus

10. If the Applicant's installation is solar or wind sited in Delaware:

    a. Was the facility physically constructed or installed with a workforce that consists of at least 75% Delaware residents?

If you answered yes to "a." above, complete the following as evidence.

The following individuals (list every employee) were employed by

CMI Solar Electric, Inc.
Installation Company Name

as direct labor (physical construction and installation) for this facility: (Attach additional sheets if necessary)

Please complete the following information for all individuals listed above:

Name	Home Address City, State Only (As per Tax Withholding)	Social Security Number (Last 2 digits only)
Matthew R. Schneiders	2080 Old Telegraph Rd. Middletown, DE 19709	89
Andrew G. Faulkner	3838 Katherine Avenue Wilmington, DE 19808	62
Dustin W. Beckham	P.O. Box 269 Odessa, DE 19730	07
Robert D. Sligh	111 Sycamore Lane Townsend, DE 19734	11

Total Delaware Resident Employees: 4 **Total Number of Employees:** 4

% of Delaware Residents (Delaware Residents Divided by Total Employees): 100%

Revised 8/13/2015
Replaces: 2/19/2013

Documentation Required for Delaware Labor/Workforce Bonus

10. If the Applicant's installation is solar or wind sited in Delaware:

    b. Does the installing company employ, in total, a minimum of 75% of workers who are Delaware residents?

If you answered yes to "b." above, complete the following as evidence:

_____

Installation Company Name

employed the following individuals (list EVERY employee on the payroll during the period from project start date until project completion date). Projects are considered complete upon final interconnection approval to operate. (Attach additional sheets if necessary)

Project Start Date:_____ Project Complete Date:_____

Employee Full Name	Home Address City, State Only (As per Tax Withholding)	Social Security Number (Last 2 digits Only)

Total Delaware Resident Employees:_____ **Total Number of Employees:**_____

% of Delaware Residents (Delaware Residents Divided by Total Employees): _____

Revised 8/13/2015
Replaces: 2/19/2013