

MassACA.org Quarterly Reports

Beginning March 25, 2013 all Facilities with a Cap Allocation or Position on the Waiting List shall submit a Quarterly Report of the Facility's status per Section 6 (B) of the Order (Massachusetts Department of Public Utilities Docket 11-11-A Appendix A {October 25, 2012}).

Submitting a Quarterly Report

At least one report must be submitted per facility per quarter, via the online Quarterly Reporting Form at MassACA.org. At the MassACA.org homepage (<https://app.massaca.org/aca/Home/ACAs>), a new column will appear in the My Host Customer ACAs and My Representative ACAs tables called **Quarterly Report**. In order to submit a Quarterly Report, Users should click the button which appears under the Quarterly Report column for the appropriate Facility. The button will appear red and read **Report Due** if a Quarterly Report has not yet been received for the Facility in the current quarter. If a report has been received, the button will appear green and **Add a Report**. Users may submit as many Quarterly Reports as necessary during a quarter, but one must be received for each quarter the Facility during the Reservation Period.

By clicking the button, the user will navigate to the Quarterly Reporting tool for the selected Facility.

| Field/Action | Description |
|---|---|
|  | A red button, reading Report Due indicates a report has not yet been received for the current quarter. Quarterly reports are due by the final day of each quarter (March 31, June 30, September 30, and December 31). |
|  | A green button, reading Add a Report (or Report Filed) indicates a report was received for the current quarter. Applicants may file additional Quarterly Reports, as needed. |

Quarterly Report Details

When completing a Quarterly Report, Applicants will be prompted to respond to a number of questions, detailed below. In addition to indicating if they have a change, as outlined in Section 8 (B) of the Order or no change, non-ministerial permits and approvals for Special Public Facilities may be uploaded for review, and Applicants may notify the Administrator when the Facility receives Authorization to Interconnect from the Distribution Company.

| Field/Action | Description |
|---|--|
| <input checked="" type="checkbox"/> No Changes have been made to the Facility design or classification. | Indicate no changes have been made to the facility design or classification. This will prevent any of the below check boxes, indicating changes, from being selection. |
| <input checked="" type="checkbox"/> A Change of Host Customer and related contact information (describe below). | If a change to the Host Customer Entity occurs (i.e. the customer of record on the electrical account has changed), applicants should select this checkbox and provide a detailed description of the change in the <u>Additional Description</u> field. |
| <input checked="" type="checkbox"/> A Change to Facility Ownership and related contact information (describe below). | If a change to the Facility Owner occurs (i.e. the party that owns the Net Metering Facility), applicants should select this checkbox and provide a detailed description of the change in the <u>Additional Description</u> field. |
| <input checked="" type="checkbox"/> A Change in a Host Customer's equipment (describe below). | If equipment changes and impacts the Facility's Capacity kW AC, or if solar Capacity kW DC-STC, applicants should select this checkbox and provide a detailed description of the change in the <u>Additional Description</u> field. |
| <input checked="" type="checkbox"/> A change in the amount of Net Metering capacity requested (describe below) | If a change in the Facility results in a higher, or lower, capacity is required, applicants should select this checkbox and provide a detailed description of the change in the <u>Additional Description</u> field. Changes in request for capacity must be consistent with the Interconnection Service Agreement provided as part of the original ACA, and are contingent on the availability of capacity under the appropriate Cap. |
| <input checked="" type="checkbox"/> Other (describe below). | If change occurred, not specified under the above fields, please indicate it using this field and provide a detailed description of the change in the <u>Additional Description</u> field. |
| <input checked="" type="checkbox"/> Special Public Facilities – Submit Permits (Special Public Facilities Only) | If the Facility is a Special Public Facility, all non-ministerial permits and approvals must be submitted within nine (9) months of the date ACA was determined to be complete. To upload permits or approvals for review, applicants must select this checkbox and additional functions will appear. |

| Field/Action | Description |
|--|---|
|  <p>Add Permit</p> <p><i>(Special Public Facilities Only, if Special Public Facilities – Submit Permits is selected)</i></p> | Applicants must add copies of all non-ministerial permits and approvals (Adobe PDF format, less than 10 MB in size) required for the Facility prior to submitting an ACA. |
| <input checked="" type="checkbox"/> Special Public Facilities – Submit Permits <i>(Special Public Facilities Only, if Special Public Facilities – Submit Permits is selected)</i> | When an applicant has finished uploading permits, they must certify that they have provided all required non-ministerial permits and approvals. <u>Note: Applicants may submit non-ministerial permits and approvals through multiple Quarterly Reports, up until the 9 month deadline.</u> |
| <input checked="" type="checkbox"/> Report the Facility received approval to operate from the Distribution Company | If the Facility received approval to operate (or authorization to interconnect), the applicant must select this check box to notify the Administrator and additional functions will appear. |
|  <p>Add Interconnection Document</p> <p><i>(Only if indicated that the Facility received approval to operate)</i></p> | Applicants must upload (Adobe PDF format, less than 10 MB in size or less) a copy of their Approval to Operate (Authorization to Interconnect, or other documentation indicating the Distribution Company authorized the Facility to generate energy and connect to the distribution grid. |
| Date of Interconnection Authorization <i>(Only if indicated that the Facility received approval to operate)</i> | Applicants must provide the date Approval to Operate was received from the Distribution Company. |
| Capacity (kW) DC-STC, As Built <i>(Only if indicated that the Facility received approval to operate, and is a Solar Photovoltaic Facility)</i> | Applicants installing a Solar Photovoltaic Facility will be requested to confirm the Capacity (kW) DC-STC for the interconnecting Facility, as it was built and installed. |
| Is the system currently operating per specifications (describe below)? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Applicants must indicate if the facility is current functioning as intended. |
| Additional Description | Many check box responses require additional details; please provide them in this field for review by the Administrator. |
|  <p>Submit</p> | To save and submit a Quarterly Report, applicants should select the submit button. A report will not be saved unless it is submitted. |
|  <p>Delete</p> | Applicants may delete a report if necessary. Deleted reports will not be reviewed by the Administrator, and will not be saved as drafts. Deleted reports will not satisfy Quarterly Reporting requirements. |

Review Submitted Quarterly Reports

Users can review previously submitted reports from the Application for Cap Allocation homepage. Quarterly Reports can be accessed by clicking the arrow appearing to the left of the Facility ID and expanding the project table. The expanded table includes the quarter the report is filed for (i.e. Q1), the date the report is made, and who the report is submitted by. Users may review the details of each Quarterly Report by clicking the hyperlink appearing under Quarter.

| Field/Action | Description |
|---------------------|--|
| <u>Quarter</u> | Q1, Q2, Q3, or Q4 as appropriate. |
| Submitted On | Date and Time submitted. |
| Submitted By | User, associated with the ACA, who submitted the Quarterly Report. |