



Distributed Energy Resource (DER) Pre-Assessment Application Form

This application form is for customers applying for a Distribution Energy Resource (DER) Pre-Assessment. Email completed form to DER@torontohydro.com. If you have any questions, you may also contact at (416) 542-3099.

1. Project Description:

Program: <i>(choose one)</i>	<input type="checkbox"/> FIT <input type="checkbox"/> Net Metering <input type="checkbox"/> Load Displacement <input type="checkbox"/> Energy Storage		
	<input type="checkbox"/> Large Renewable Procurement (LRP) <input type="checkbox"/> Closed Transition <input type="checkbox"/> Other, please specify:		
Ownership:	Generation Facility is fully or partially owned by: <i>(select multiple if applicable)</i>	<input type="checkbox"/> City of Toronto & Affiliate	
		<input type="checkbox"/> Toronto Hydro & Affiliate	<input type="checkbox"/> Other
Size:	Proposed Installation Capacity:	_____ kW	
Project Type:	Distributed Energy Resource (DER) Type:	<input type="checkbox"/> Synchronous <input type="checkbox"/> Induction <input type="checkbox"/> Inverter Based <input type="checkbox"/> Other, please specify:	
	Resource Technology:	<input type="checkbox"/> Solar Photovoltaic <input type="checkbox"/> Renewable Biomass <input type="checkbox"/> Wind <input type="checkbox"/> Bio-gas <input type="checkbox"/> Co-generation/CHP <input type="checkbox"/> Energy Storage Type, please specify: <input type="checkbox"/> Other, please specify:	

[A]: Number of Units:		
[B]: Rating of Each Unit:	kW	kVA
➤ Proposed Total Capacity: = [A] × [B]	kW	kVA
Number of Phases:	<input type="checkbox"/> one <input type="checkbox"/> three	
Output voltage (V):		
Connection Configuration	<input type="checkbox"/> delta <input type="checkbox"/> star	
Subtransient, Z'' : (PU)	R	X

2. Provide Single line diagram of the location. Please mark the proposed point of generator connection.

Applicant Name (Print): _____

Date: _____



3. Contact Information:

	Project Location – site of project	Distribution Generation System Owner – owner of project	Engineering Consultant - (Electrical/Developer)
Company/Person			
Address Street			
City			
Postal Code			
Contact Name			
Telephone			
Cell			
E-mail			
Fax			

4. Expected Monthly Generation, Consumption and Output from the Facility:

Months	Total Generation		Total Internal Consumption		Total Output (To Toronto Hydro's Distribution System) (a-b)*	
	(a) kWh	Peak kW	(b) kWh	Peak kW	kWh	Peak kW
January						
February						
March						
April						
May						
June						
July						
August						
September						
October						
November						
December						

* This value would be negative when the generators are not in operation or when the internal consumption exceeds generation.