## APPLICANT PROFILE DATA

All items of information in the Applicant Profile Data (APD) should be answered as if prepared by the entity/organization seeking the allocation of Federal power. The APD shall consist of the following:

| a. | Applicant's Name:                             | tion requesting an allocation) name and address: |
|----|---|--|
|    | Address:                                      |  |
|    | City:   |  |
|    | State:  |  |
|    | Zip:  |  |
| b. | Person(s) representing the a                  | pplicant:  |
|    | <b>Contact Person</b>                         |  |
|    | (Name & Title):                               |  |
|    | Address:                                      |  |
|    | City:   |  |
|    | State:  |  |
|    | Zip:  |  |
|    | Telephone:                                    |  |
|    | Fax:  |  |
|    | Email Address:                                |  |
| 0  | Type of entity/organization:                  |  |
| c. | Federal Agency                                |  |
|    | Irrigation District                           |  |
|    | Municipal, Rural, or In                       | adustrial User                                   |
|    | Municipality                                  | idustriar Osci                                   |
|    | Native American Trib                          | _  |
|    | Public Utility District                       |  |
|    | Rural Electric Cooper                         | ative  |
|    | State Agency                                  |  |
|    | Other, please specify:                        |  |
|    | Sinci, piease specify.                        |  |
|    |   |  |
| d. | Parent entity/organization of                 | f the applicant, if any:                         |
|    | , <u>, , , , , , , , , , , , , , , , , , </u> | 11 / 1   |

|              |          | (Separated by              | commas)                                      |   |                               |                            |                         |   |
|--------------|----------|----------------------------|--|---|-------------------------------|----------------------------|-------------------------|---|
|              | f.       | Applicable                 | law under w                                  | hich the appli  | cant was est                  | ablished:                  |                         |   |
|              | g.       |                            |  | service area (i<br>e the date pre                                   |                               | please sub                 | mit a ma                | ap of the                                     |
|              | h.       | Describe what system.      | hether the ap                                | oplicant owns :   | and operate                   | s its own e                | lectric u               | tility  |
|              | i.       | Part 905.35<br>meet load g | defines utili<br>rowth, has a<br>ower from W | olicant attaine<br>ty status to me<br>distribution s<br>APA on a wh | ean "that the<br>ystem, and i | e entity ha<br>is ready, w | s respon<br>villing, an | sibility to<br>nd able to                     |
|              | j.       | Describe th<br>and billing | • 0  | nization that v   | will interact                 | with WAI                   | PA on co                | ntract  |
| <b>)</b> C.  | muias Da | agragtad.                  |  |   |                               |                            |                         |   |
| <b>4.</b> St | a.       | equested:<br>Provide the   | amount of po                                 | ower the applic   | ant is reque                  | sting to be                | served b                | v WAPA.                                       |
|              | <b></b>  |                            | unount of po                                 | wer the applie  | ant is reque                  | sting to be                | bei vea b               | <i>y</i> ************************************ |
| 3.           |          | cant's Loads               |  |   |                               |                            |                         |   |
|              | a.       | •                          | non-utility a                                | pplicants:<br>ovide the numl  | han and type                  | of queton                  | AONG GONE               | vod (o a                                      |
|              |          | • •                        |  | nercial, indust   | • •                           |                            |                         |   |
|              |          | Teste                      | iciitiai, comii                              |   | tomer Type                    | , ,                        |                         |   |
|              |          |                            | Residential                                  | Commercial  | Industrial                    | Military                   | Ag.                     | Other   |
|              |          | Number of                  |  | ,                             |                               |                            | 8                       |   |
|              |          | customers                  |  |   |                               |                            |                         |   |
|              |          | If not applica             | ıble, explain                                |   |                               |                            |                         |   |
|              |          | why:                       |  |   |                               |                            |                         |   |

Provide the actual monthly maximum demand (kilowatts) and energy

use (kilowatt-hours) for each calendar month experienced in calendar

Name of the applicant's member organizations, if any:

e.

(ii)

year 20\_\_. (In addition to completing the table, if available, please

include a copy of your bills for this time period from your current provider).

| •                              | ,       |          | Calend    | dar Year | 20       |          |
|--------------------------------|---------|----------|-----------|----------|----------|----------|
|                                | January | February | March     | April    | May      | June     |
| Demand (kilowatts)             |         |          |           |          |          |          |
| Energy<br>(kilowatt-<br>hours) |         |          |           |          |          |          |
|                                | July    | August   | September | October  | November | December |
| Demand (kilowatts)             |         |          |           |          |          |          |
| Energy<br>(kilowatt-<br>hours) |         |          |           |          |          |          |

| (iii) | Provide the annual load factor for calendar year 20: |
|-------|--|
|       | Calendar Year 20 Annual Load Factor                  |
|       |  |

(iv) Provide the monthly load factors for calendar year 20\_:

|                |         | J        |           | dar Year<br>ly Load F | 20       |          |
|----------------|---------|----------|-----------|-----------------------|----------|----------|
| Load<br>Factor | January | February | March     | April                 | May      | June     |
| Load<br>Factor | July    | August   | September | October               | November | December |

| (v) | Identify any factors or conditions in the next 5 years which may significantly change peak demands, load duration, or profile curves. |
|-----|---|
|     |   |

| b. | Native A   | merican    | Tribe: | applicants   | only: |
|----|------------|------------|--------|--------------|-------|
| υ• | 1 tative 1 | inici ican | IIIDC  | applicalitis | om,   |

| ( <u>i)</u> | Indicate the utility or utilities currently serving your loads: |  |
|-------------|---|--|
|             |   |  |

| (ii) | If applicable, provide the number and type of customers served (e.g. |
|------|--|
|      | residential, commercial, industrial, military base, agricultural):   |

|                                 |             | Cus        | stomer Typ | e and Nu | mber |       |
|---------------------------------|-------------|------------|------------|----------|------|-------|
|                                 | Residential | Commercial | Industrial | Military | Ag.  | Other |
| Number of customers             |             |            |            |          |      |       |
| If not applicable, explain why: |             |            |            |          |      |       |

(iii) Provide the actual monthly maximum demand (kilowatts) and energy use (kilowatt-hours) experienced in calendar year 20\_\_. (In addition to completing the table, if available, include a copy of your bills for this time period from your current provider). If the actual demand and energy data are not available or are difficult to obtain, provide the estimated monthly demand:

| tile                           | Commuted         | i monung ( | aciiiaiia. |         |          |          |
|--------------------------------|------------------|------------|------------|---------|----------|----------|
|                                | Calendar Year 20 |            |            |         |          |          |
|                                | January          | February   | March      | April   | May      | June     |
| Demand (kilowatts)             |                  |            |            |         |          |          |
| Energy<br>(kilowatt-<br>hours) |                  |            |            |         |          |          |
|                                | July             | August     | September  | October | November | December |
| Demand (kilowatts)             |                  |            |            |         |          |          |
| Energy<br>(kilowatt-<br>hours) |                  |            |            |         |          |          |

| (iv) | If the demand and energy data in 3.b.(iii) above is estimated, provide |
|------|--|
|      | a description of the method and basis for this estimation:             |
|      |  |

| ( <b>v</b> ) | Provide the actual annual load factors for calendar year 20 If the |
|--------------|--|
|              | actual load factors are not available, provide the estimated load  |
|              | factors:   |

| Calendar Year 2 | O Annual Load Factor | S |
|-----------------|----------------------|---|
|                 |                      |   |
|                 |                      |   |

|   |        | (vi)   | Provide the actual monthly load factors for calendar year 20 If to actual load factors are not available, provide the estimated load factors.   |               |           |          |          |          |  |
|---|--------|--|---|---------------|-----------|----------|----------|----------|--|
|   |        |  |   |               |           | dar Year |          |          |  |
|   |        |  | Monthly Load Factor   |               |           |          |          |          |  |
|   |        |  | January   | February      | March     | April    | May      | June     |  |
|   |        | Load<br>Factor   | July  |               | September | October  | November | December |  |
|   |        |  |   | August        |           |          |          |          |  |
|   |        | Load<br>Factor   |   |               |           |          |          |          |  |
| (vii) If the load factor data in 3.b.( of the method and basis for the below: |        |  |   |               |           |          |          |          |  |
|   |        | (viii)   | Identify any factors or conditions in the next 5 years which may significantly change peak demands, load duration, or profile curves:   |               |           |          |          |          |  |
|   | Applio | pplicant's Resources. Provide the following information:   |   |               |           |          |          |          |  |
| 4.  | a.     | A list of general resour   | ist of current power supplies if applicable, including the applicant's own teration, as well as, purchases from others. For each supply, provide the ource name, capacity supplied, and the resource's location.  wer supplies (resource name, capacity, and location): |               |           |          |          |          |  |
|   | b.     | For each power supplier, provide a description and status of the power supply contract (including the termination date): |   |               |           |          |          |          |  |
|   | с.     | For ea   | nch power su<br>Power supp<br>Power supp  | ly is on a fi | rm basis. | _        |          |          |  |
|   | Trans  | mission  | n:  |               |           |          |          |          |  |
| 5.  | a.     |  | ts of delivery. Provide the requested point(s) of delivery on WAPA's smission system (or a third party's transmission system), the voltage of ce required, and the capacity desired, if applicable.   |               |           |          |          |          |  |

|           | b.                    | necessary to deliver firm po<br>brief description of the app        | s. Describe the transmission arrangements ower to the requested points of delivery. Include a licant's transmission and distribution system, ections. Provide a single-line drawing of able.             |
|-----------|-----------------------|---|--|
|           | c.                    | Provide a brief explanation receive and distribute Fede             | of the applicant's ability to receive and use, or ral power as of [date].  |
| <b>6.</b> |                       | er Information. The applicant<br>iving an allocation.               | t may provide any other information pertinent to   |
|           |                       |   | gnature and title of an appropriate official who is and who is authorized to submit the request for an   |
| •         |                       | pelow, I certify the information nation, knowledge, and belief.     | which I have provided is true and correct to the best  |
|           | Signa                 | ature   | Title  |
|           |                       |   | Region, Western Area Power, Zip Code or electronically to@wapa.gov.  |
|           | recei<br>APD<br>conti | ve an allocation of Federal pow<br>for a period of 3 years after W. | NTS: If WAPA accepts your application and you er you must keep all records associated with your APA grants the power allocation and you sign your o not receive an allocation of Federal power, there is |
|           |                       | PA has obtained an OMB Cleara<br>e information.                     | ance Number 1910-5136 for the collection of the  |
|           | The                   | Applicant Profile Data is collect                                   | ted to enable WAPA to properly perform its function  |

## **Burden Disclosure Statement**

of marketing limited amounts of Federal hydropower. The data you supply will be used

by WAPA to evaluate who will receive an allocation of Federal power.

Public reporting burden for this collection of information is estimated to average 8 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. For applicants that receive an allocation and sign a contract an

additional cost burden for recordkeeping of 1 hour per year for 3 years is estimated. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Brent Osiek, Vice President of Power Marketing, Paperwork Reduction Act Comments, Western Area Power Administration, East Social Hall Avenue, Suite 300, Salt Lake City, UT 84111; and to the Office of Management and Budget (OMB), OIRA, Washington, DC 20503.

Notwithstanding any other provision of the law, no person or entity is required to respond to, nor shall any person or entity be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a currently valid OMB control number.

Submission of this data is voluntary, however if an entity seeks an allocation of Federal power, the applicant must submit an APD.