40.25.2 APPENDIX 2 TO ATTACHMENT HH

CRIS-ONLY REQUEST

1. The undersigned Interconnection Customer who submits this request is proposing to develop or own a proposed or an existing Facility requesting Capacity Resource Interconnection Service ("CRIS").

2. Legal Name of the Interconnection Customer (or, if an individual, individual's name) (must be a single individual or entity):

   Name of Interconnection Customer : _____

   Contact Person: _____

   Title: _____

   Address: _____

   Email: _____

   Telephone: _____

3. Type of CRIS-Only Request:

   ____ CRIS or increased CRIS for an existing facility

   ____ CRIS or increased CRIS for a facility that is not existing but has ERIS

   ____ Different location CRIS Transfer (skip to question 13)

   ____ External CRIS Rights Request (skip to question 14)

4. Queue Position/PTID No./TO or NYSIR queue no. (if applicable): _____

5. Project/facility name:_____

6. Is this Project mutually exclusive with another project proposed by the Interconnection Customer or its Affiliate in the current ongoing Expedited Deliverability Study, Class Year Study, or Cluster Study?
   ____Yes ____No

   If yes:

Indicate the Queue Position/PTID No./TO or NYSIR queue no. (if applicable): _____

Is the Interconnection Customer submitting the Project as a Contingent Project in accordance with Section 40.5.4.1? ____Yes ____No

7. Address or location or the proposed new Facility site (to the extent known) or, in the case of an existing Facility, the name and specific location of that existing facility:_____
_____
_____

8. MW nameplate rating: _____ at _____ ° F (if temperature sensitive)

   MW of requested CRIS at the POI: _____

   - If requesting CRIS for a multi-unit facility, specify the requested CRIS for each Generator: _____
   - For a Resource with Energy Duration Limitations that is requesting CRIS, indicate the maximum injection capability over the selected duration (*e.g.*, 10 MWh over 4 hours)_____

9. If a Cluster Study Transmission Project, which of the following forms of CRIS does the Interconnection Customer intend to request:

   ____ Unforced Capacity Deliverability Rights

   ____ External-to-Rest of State Deliverability Rights

10. General description of the proposed Project (*e.g.*: describe type/size/number/general configuration of the proposed generator units, transmission, transformers, feeders, lines leading to the proposed point of interconnection(s), breakers, etc.):
_____

_____

_____

11. Attach a conceptual breaker one-line diagram of the plant and station facilities. For staged projects, please indicate future generation, transmission circuits, etc.

    The conceptual breaker one-line diagram is a representation of electrical components that are connecting into the NYSTS or Distribution System as applicable. This conceptual breaker one-line diagram should include, at a minimum:

    - The Project name, and the Interconnection Customer name on the diagram;

- The facility address (specific location of the Facility);
- The number of inverters or generator units (type, nameplate rating MW and MVA), and configuration of the Facility;
- The Facility's electrical components (*i.e.*, generation, transformers (GSU, PSU, current transformer, and potential transformers), breakers, switches, cables/lines/feeders, compensation, FACTs, auxiliary load, buses, etc.) as described in NYISO Reliability Analysis Data Manual;
- The capability and voltage levels of the electrical components, their connection to each other and to the New York State Transmission System or Distribution System;
- The Point of Interconnection (name of the substation name (specify the bus) or transmission/distribution line name and number); and
- References to other diagram sheets if there is more than one diagram sheet (*i.e.*, use references to indicate how the diagrams are interconnected).

Acronyms used in the conceptual breaker one-line diagram should follow ANSI Standard Device Numbers & Common Acronyms.

12. A workable Project power flow, short circuit, transient stability modeling data and supporting documentation (as set forth in Attachment A) must be provided with this CRIS-Only Request form.

13. Proposed Initial Backfeed Date (Month/Year): _____

    Proposed Synchronization Date (Month/Year): _____

    Proposed Commercial Operation Date (Month/Year): _____

14. If requesting a CRIS transfer, indicate the following:

- Submitting Entity (Transferor)'s Contact Information
    - Organization name:_____
    - Address:_____
    - Phone Number:_____
    - Email:_____
- Receiving Entity (Transferee)'s Contact Information

- Organization name:_____
- Address:_____
- Phone Number:_____
- Email:_____
- Queue No., if applicable:_____

- Type of Transfer (Check One)
  - ____ Partial CRIS Transfer (CRIS MW to be Transferred:_____)
  - ____ Full CRIS Transfer (CRIS MW to be Transferred:_____)
- Transferor Facility's New CRIS MW post-transfer:_____
- Receiving Entity/Transferee Facility's New CRIS MW post-transfer:_____
- Anticipate date of Transfer, if approved:_____
- Transferor Facility Information (for a multi-unit Generating Facility, the specific Generator from which the transfer is proposed)
  - Transferor facility

    PTID(s):_____
  - Transferor facility's electrical location (*i.e.*, Point of Interconnection):_____
  - Transferor facility's Current CRIS MW:_____
- Transferee Facility Information (for a multi-unit Generating Facility, the specific Generator to which the transfer is proposed)
  - Transferee facility's PTID(s):_____
  - Transferee facility's electrical location:_____
  - MW nameplate rating: _____ at _____ ° F (if temperature sensitive)
  - Transferee facility's current CRIS MW:_____

15. If requesting External CRIS, indicate the following:

- _____ Years (term of the requested Award Period (minimum five (5) years)).

- _____ MW of External CRIS requested for each month of Summer Capability Period. The same number of MW must be supplied for all months of each Summer Capability Period throughout the Award Period.

- _____ MW of External CRIS requested each month of Winter Capability Period (cannot exceed MW committed for Summer Capability Period). None required, but if Requestor does commit MW to any month of Winter Capability Period, Requestor must specify months requested below.

    - ___November
    - ___December
    - ___January
    - ___February
    - ___March
    - ___April

- The External Interface(s) to be used for the External ICAP:

- A Requestor may request external CRIS rights by making either a contract commitment or a non-contract commitment for the award period. A requestor must indicate the type of its commitment, as follows:

- _____ Contract commitment; or

- _____ Non-contract commitment.

16. Detailed generating facility data specified in Attachment A must be submitted with this CRIS-Only Request form.

17. $5,000 non-refundable Application Fee must be submitted with this CRIS-Only Request form in accordance with Section 40.5.5.1.3 of Attachment HH.

18. A $50,000 Study Deposit must be submitted with this CRIS-Only Request form pursuant to Section 40.5.5.1.4 of Attachment HH.

19. By submitting this CRIS-Only Request:

    Interconnection Customer represents and warrants that the information and materials it provides with this CRIS-Only Request are accurate and complete as of the time of this submission.

    Interconnection Customer acknowledges that it will be required to execute a Cluster Study Agreement with the NYISO, Connecting Transmission Owner, and any identified Affected Transmission Owner(s) or Affected System Owner(s) following the validation of this CRIS-Only Request.

Interconnection Customer acknowledges and agrees that it shall pay the study costs incurred under the requirements of the NYISO's Standard Interconnection Procedures in Attachment HH to the NYISO OATT and ISO Procedures in connection with this CRIS-Only Request, including any study costs that are incurred prior to the full execution of the Cluster Study Agreement for this CRIS-Only Request.

[This CRIS-Only Request to be signed by an officer of the Interconnection Customer or a person authorized to sign for the Interconnection Customer]

Signature: _____

Name (type or print): _____

Title: _____

Company: _____

Date: _____

ATTACHMENT A

DETAILED GENERATING FACILITY DATA

(Not Applicable for CRIS Transfer and External CRIS Rights Requests)
(Additional data maybe required at subsequent stages of the Cluster Study Process)

1. Describe the composition of assets (including MW level) within the Generating Facility, including load reduction assets (*e.g.*, 50 MW wind facility, 20 MW Energy Storage Resource and a load reduction resource with a maximum of 1 MW of load reduction):

   _____

2. Maximum Injection Capability of entire Generating Facility over 1 hour:

   _____

3. If the facility includes a Resource with Energy Duration Limitations, indicate the maximum injection capability for the entire Generating Facility over the selected duration (*e.g.*, 100 MW over 4 hours):_____

4. Provide the following information for each unit within the Generating Facility:

Resource/Fuel type:

___ Solar

___ Wind

___ Hydro ___Hydro Type (*e.g.* Run-of-River):_____

___ Diesel

___ Natural Gas

___ Fuel Oil

___ Other (state type)_____

Generator Nameplate Rating: _____MW (Typical)

MVA _____ °F _____ Voltage (kV)_____

Maximum Reactive Power at Rated Power Leading (MVAR): ___

Minimum Reactive Power at Rated Power Lagging (MVAR): ___

Customer-Site Load: _____MW

Existing load? Yes ___ No___

If existing load with metered load data, provide coincident Summer peak load:

_____

If new load or existing load without metered load data, provide estimated coincident Summer peak load, together with supporting documentation for such estimated value:

_____

Typical Reactive Load: _____MVAR

Generator manufacturer, model name & number: _____

Inverter manufacturer, model name, number, and version: _____

Nameplate Output Power Rating in MW:* (Summer) _____ (Winter) _____

Nameplate Output Power Rating in MVA: (Summer)_____(Winter) _____

* The Nameplate Output Power Rating is at the inverter terminal for IBRs

If solar, total number of solar panels in solar farm to be interconnected pursuant to this CRIS-Only Request: _____

Inverter manufacturer, model name, number, and version: _____

If wind, total number of generators in wind farm to be interconnected pursuant to this CRIS-Only Request: _____

Generator Height: Single phase_____Three Phase_____

Wind Model Type: ___Type 1 ___ Type 2 ___ Type 3 ___ Type 4

If an Energy Storage Resource or a Resource with Energy Duration Limitations:

Inverter manufacturer, model name, number, and version: _____

Energy storage capability (MWh):_____

Minimum Duration for full discharge (*i.e.*, injection) (Hours): _____

Minimum Duration for full charge (*i.e.*, withdrawal) (Hours): _____

Maximum withdrawal from the system (*i.e.*, when charging) (MW):_____

Maximum sustained hour injection in MW hours (calculated at the Minimum Duration for full discharge): _____

Primary frequency response operating range for electric storage resource: _____

Minimum State of Charge: _____ (%)

Maximum State of Charge:_____ (%)

5. Attach modeling data files:*

- Power Flow model ____
- Short circuit model ____
- Dynamic models ____

* PSSE files must be in *.raw* or *.sav* and *.dyr* format. ASPEN files must be in *.olr* format.

ADDITIONAL INFORMATION REQUESTED FOR CLUSTER STUDY TRANSMISSION PROJECTS

Description of proposed project:

a. General description of the equipment configuration and kV level:

_____

_____

b. Transmission technology and manufacturer (*e.g.*, HVDC VSC):

_____

_____