The following are answers to questions received in response to the posting of a request for applications to the Community Outreach Grant Pilot Program. The Q&A was posted on Tuesday, August 27, 2019. Proposals are due Friday, September 20, 2019 by 5 PM. Additional information is available at *ebce.org/solicitations.*

1. **We are interested in applying for the Community Outreach Grant Pilot Program but wanted to see if we can apply as a 501c4 non-profit. Are we eligible to apply as a 510c4 non-profit?**

Yes, all non-profits are eligible to apply for the grant pilot program.

2. **Can you please tell me if a government agency can apply for the Community Outreach Grant Pilot Program?**

Yes, we are allowing government agencies to apply for the grant pilot program.

3. **Are projects limited to the zip codes provided? Can we include Ashland and San Lorenzo in our proposed outreach project?**

The zip codes provided represent areas where the differential between the percentage of households indicated as low-income in the Census compared to the percentage of customers enrolled in CARE is greater than 50%. The target zip codes are intended to be directional but not exclusive. Our overall objective is to get more eligible residents enrolled in CARE, and those people are not limited to the zip codes noted in the program description.

4. **Regarding the program, are customers not automatically opted in? Some of our members thought they were. Please explain.**

Residents within EBCE's service territory of unincorporated Alameda County and 11 cities were automatically enrolled on EBCE service in November 2018. Enrollment in the CARE program continues with EBCE service. However, there are many people in Alameda County that are eligible for CARE but are not enrolled. Interested residents must actively apply for enrollment in CARE, it is not an automatic enrollment. Those residents already on CARE must renew their enrollment every few years. We are looking for non-profit partners that can assist EBCE customers in submitting an enrollment application or enrollment renewal.

5. **Will someone from your organization participate in our outreach events to explain the program to attendees?**

We do not currently plan to have EBCE staff at all outreach events supported by this grant pilot program. It is possible that EBCE could attend some outreach events, but we are not adequately

resourced to staff all events. We will provide training and materials on EBCE so that staff of the grantees can answer basic questions about EBCE.

6. **Will there be an information session for all those organizations accepted into this outreach grant pilot program?**

Yes, EBCE staff will provide training and support materials. Grantees will have an EBCE staff point of contact to ask questions and be a general resource as you implement your project.

7. **What is the process for enrollment? Are they paper forms that we will have people fill out and then we will turn in, or is there an e- system?**

Enrollment in the CARE program can be done via paper form or on-line. The current assumption is that grantees will facilitate application or renewal of CARE enrollment through the on-line system. EBCE staff can provide training on the CARE enrollment process for grantees. Some screen shots of the process are found in *Attachment A* to this document.

8. **We are interested in signing people up for your 100% renewable energy option. Could this be a part of this grant, or will there be a separate round of funding for that?**

This grant pilot program is not seeking to increase the number of EBCE customers on our 100% renewable energy option, Renewable 100. EBCE staff plans to run "opt up" campaigns in the spring of 2020. It is possible we could request applications for a similar grant program to support opt up outreach; however, we are not looking to fund that work within this initial grant pilot program.

9. **What happens if the 500 enrollees target isn't reached?**

This is our first effort to increase CARE enrollment amongst EBCE customers, and therefore it is a pilot program. The goal of 500 new enrollments or renewables per grantee is a performance metric but not a hard requirement. Funds will be dispersed 50% at the start of the project, and 50% after a mid-point check in. We will not ask for the return of funds if the goal of 500 enrollments is not met. Stating a specific goal of 500 enrollees is intended to help convey our expectations to grantees, provide a measurable means to compare the outcomes of various outreach efforts, and perhaps recalibrate our expectations for the next round of grants.

ATTACHMENT A

Screen Shots of the CARE Enrollment Process On-Line

- Click on "Apply or Renew Now" at https://www.pge.com/en_US/residential/save-energy-money/help-paying-your-bill/longer-term-assistance/care/care.page

CARE/FERA enrollment or renewal

Sign in to apply or renew online

For faster enrollment, we recommend signing in below. If you don't have the information requested, use our non-automated CARE/FERA application.

SIGN IN	ONE-TIME ACCESS

◉ **Residential**   ◯ **Business**

ACCOUNT NUMBER
Enter a valid 11-digit account number (e.g., 1234567890-2)

[   ]

LAST 4 DIGITS OF SOCIAL SECURITY NUMBER

[   ]

———————— OR ————————

LAST NAME
Do not include apostrophes, hyphens or special characters.

[   ]

ZIP CODE OF SERVICE ADDRESS

[   ]

LAST 4 DIGITS OF SOCIAL SECURITY NUMBER

[   ]

SIGN IN

Enroll in CARE/FERA

Language Preference

[Choose One ▾]

Preferred Communication Method

☐ Mail (billing address)

☐ Email (By entering your email address, you are authorizing PG&E to send you information from time to time regarding your PG&E utility service and PG&E programs and services that may be available to you.)

☐ Phone

☐ Text

Number of adults in household

[▾]

Number of children in household

[▾]

CARE/FERA Qualification Option
(Choose One)

○ Annual Household Income

○ Public Assistance Program (e.g., Medicaid/Medi-Cal, Suplemental Security Income)

Is a Community Outreach Contractor helping you fill out this form?

[YES] [NO]

‹ CARE/FERA Information   [**Next**]

CARE/FERA Qualification Option
(Choose One)

○ Annual Household Income

⦿ Public Assistance Program (e.g., Medicaid/Medi-Cal, Suplemental Security Income)

Check all programs a full-time resident of your home participates in.

☐ Low Income Home Energy Assistance Program (LIHEAP)

☐ Women, Infants, and Children (WIC)

☐ CalFresh/SNAP (Food Stamps)

☐ CalWORKs (TANF) or Tribal TANF

☐ Head Start Income Eligible (Tribal Only)

☐ Supplemental Security Income (SSI)

☐ Medi-Cal for Families (Healthy Families A & B)

☐ National School Lunch Program (NSLP)

☐ Bureau of Indian Affairs General Assistance

☐ Medicaid/Medi-Cal (under age 65)

☐ Medicaid/Medi-Cal (age 65 and over)

Is a Community Outreach Contractor helping you fill out this form?

[**YES**] [NO]

[CoC Number]

‹ CARE/FERA Information   [**Next**]

Declaration

*required field

I acknowledge that I have read and understood the contents of this application. I also agree to follow the terms and conditions of the CARE or the FERA program, including the following:

1. I am not claimed as a dependent on another person's income tax return other than my spouse.
2. I am not knowingly sharing an energy meter with another home.
3. I will notify PG&E if my household is no longer eligible for the CARE or FERA discount.
4. I understand I may be required to provide proof of household income.
5. I understand I may be required to participate in the Energy Savings Assistance Program.
6. I understand I may be removed from the CARE Program if my monthly electric usage exceeds six times the Tier 1 allowance.
7. I authorize PG&E to share my information with other utilities in order to facilitate enrollment in available energy management assistance and discount programs.
8. I will pay back the discount I have received if I provided false information to support my application for the CARE or the FERA program.

☐ *I certify that the information I have provided in this application is true and correct.

‹ Back   **Submit**