

**Applicant Proposal Document**

**Grantee Name:** \_\_\_\_\_

**Grantee Address:** \_\_\_\_\_

**Grant Year:**    FY21    FY22    Other - Specify: \_\_\_\_\_

**Date to Begin Work:** \_\_\_\_\_

**Summary Type:**  New    Revised    Amended

**Case Title:** \_\_\_\_\_ **Case #:** \_\_\_\_\_

**Amount Requested:** \$ \_\_\_\_\_

**SUMMARY PROPOSAL**

**I. NAME OF ORGANIZATION**

\_\_\_\_\_

**A. SIGMA Vendor ID #:**

\_\_\_\_\_

**B. Mailing Code:**

\_\_\_\_\_

**II. AUTHORIZED NEGOTIATORS**

A. Identify who is authorized to sign the grant

\_\_\_\_\_

B. Identify Grant Administrator if different from authorized signator

---

**III. APPLICANT'S PROPOSED WORK PLAN**

A. Summary of Proposed Participation in Proceedings and Case Number.

---

B. Specific Issues to be Addressed:

---

**IV. Grantee Personnel**

---

**V. Intervention Costs**

A. Legal Personnel-List Names

---

B. Expert Witness-List Names

---

**VI. Budget**

See Applicant Proposal Budget

**VII. Project Summary**

A. A brief summary (one paragraph) of your proposed work plan and state statutory compliance. (Funds may be used for participation in administrative and judicial proceedings under MCL 460, sections 6a, 6h,6j, 6s and 6t, and in federal administrative and judicial proceedings that directly affect the energy costs or rates paid by energy utility customers in this state.)

---

B. Explain the uniqueness with your position or approach to carrying out the activities outlined in the work plan (one paragraph).

---

## UTILITY CONSUMER REPRESENTATION FUND GRANT APPLICATION PROPOSED BUDGET

Name of Applicant Nonprofit: \_\_\_\_\_

Name of Utility or Proceeding/Case Number: \_\_\_\_\_

Fiscal Year:  FY 2021     FY 2022     Other – Specify: \_\_\_\_\_

Case Type:  RATE     PSCR     PSCR-R     CON     IRP     OTHER

Budget Type:  New     Amendment

Budget Category by Line Item	Hourly Rate	Budget Hours	Original Authorized Budget (If applicable)	New/Additional Funds Requested	Total Request
<b>1. Administrative Costs</b>	1%	N/A	\$ _____	\$ _____	\$ _____
<b>2. Intervention Costs</b>					
i. Legal Personnel: List Names: _____	_____	_____	\$ _____	\$ _____	\$ _____
ii. Expert Witnesses: List Names: _____	_____	_____	\$ _____	\$ _____	\$ _____
<b>Total Intervention</b>	N/A		\$ _____	\$ _____	\$ _____
<b>Grand Total</b>	N/A		\$ _____	\$ _____	\$ _____