



**Interconnection Evaluation Agreement**

The Cooperative has completed the basic design evaluation for the Net Metering/QF system at service location \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_, located at \_\_\_\_\_ and has determined that a detailed engineering evaluation is required.

The Cooperative will perform a detailed evaluation and analyze the impact that the distributed energy resource may have on (i) the operations of Cooperative electric system and (ii) the quality of electric service provided to the Member of the Cooperative. The Cooperative has identified the deposit associated with this evaluation to be \$3,000.

The design evaluation deposit must be received prior to initiating any study on the Interconnection Request and within 30 Calendar Days of execution of this Interconnection Evaluation Agreement. If the deposit is not received within 30 Calendar Days, the Cooperative will consider the Interconnection Request to be withdrawn.

The design evaluation deposit will be applied towards the actual cost of the evaluation. If the cost of the evaluation exceeds the deposit amount, the Interconnection Customer will be charged the actual cost of the evaluation, with credit for the deposit amount. If the cost of the evaluation is less than the deposit, the difference will be refunded.

The results of the evaluation will be used to determine any changes required for the Distributed Energy Resource (DER) site equipment and/or Cooperative distribution system improvements needed in order to accommodate the interconnection.

I/We agree that the deposit of \$3,000 to the Cooperative is necessary prior to the Cooperative proceeding with this detailed design evaluation study.

I understand that the results of this detailed evaluation may result in addition interconnection equipment or installation costs associated with the Cooperative’s distribution system improvements.

_____	Eastern Illini Electric Cooperative, Inc.
Print individual or entity name	
_____	_____
Signed (Member)	Signed (Cooperative)
Date: _____	Date: _____

**Member Interconnection Application and Confirmation of Payment Received**

Amount: \_\_\_\_\_ Signed (Co-op Representative): \_\_\_\_\_

Received Date: \_\_\_\_\_ Received Time: \_\_\_\_\_ am / pm

05/26/2020  
06/25/2024