

Natural Gas Demand Response Program

Application for Firm Customers

National Grid (the “Company”) administers a Firm Gas Demand Response Program that enables eligible customers to curtail their gas consumption when called upon by the Company to do so during the Winter Season of November 1, 2025 through March 31, 2026.

Participant Eligibility and Requirements

- The “Applicant” identified in this application must be a Firm natural gas customer of National Grid located in our Upstate New York gas service territory.
- Applications may be completed by the Customer, or a third party authorized to act on the Customer’s behalf, such as an Aggregator. Customers may apply to enroll multiple eligible accounts of their own using a single application form.
- Demand Response participants must have hourly metering equipment installed and operational.
- All program requirements and incentive rates can be found here: ngrid.com/uny-gdr
- Applicants wishing to participate in this program must complete this form and return it to gasdr@nationalgrid.com

Note:

- All Applicants (both Aggregators and Direct Participants) must attach a current W-9 form.
- All Applicants must also attach the Excel-based Program Application Attachment detailing the enrollments for each account.
- For Aggregators: A Letter of Authorization must be provided for each enrolling Customer.

Definitions

Load Shedding Program Option: A program for large firm Commercial, Industrial and Multifamily customers capable of reducing peak day gas loads for a period up to 8 hours on event days. Customers must have the ability to reduce gas consumption by shutting off non-heating gas equipment or switching to a backup, non-gas heating fuel source.

Load Shifting Program Option: A program for firm Commercial, Industrial and Multifamily customers who shift gas loads out of a 4-hour peak period window on event days. Customers are restricted from using a fossil fuel backup non-gas heating fuel source to reduce load during demand response events.

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Payee

An individual or entity to whom the incentive check should be mailed. If Customer seeks to assign its right to receive the incentive payment to Applicant, it must authorize the same via a separate signature on the last page of this Application. This section must be completed whether the Customer or authorized third party is designated as the Payee. A W-9 is required for each Payee.

Check to be made out to:

Company Name *(if different from above)*:

Day Phone:

Cell Phone:

Email:

Address:

Address:

City:

State:

Zip:

Requirements Checklist

- ☐ I confirm I have submitted a current W9 as part of the Application.
- ☐ I confirm I have reviewed and verified the information on the Attachment Sheet: account(s) and site contact(s) information.
- ☐ **(Aggregators only)** I confirm I have submitted a Letter of Authorization for each enrolling account.

Enrollment Auto-Renewal

To facilitate the renewal process for both new and returning applicants in the future, decreasing the amount of paperwork and guaranteeing a secure place in our program, National Grid has enabled an “evergreen” enrollment option (automatic renewal starting this upcoming season). You will still be able to remove or edit your enrollment prior to each winter season.

- ☐ Please check this box if you wish to stay enrolled in our Gas Demand Response Program for future seasons.

For Participants Opting to Disaggregate Performance *(Please skip if you are enrolling a Single Account)*

If you are enrolling multiple accounts, as a portfolio owner or as an Aggregator, your performance will be aggregated by default, meaning that you will receive:

- One consolidated performance scorecard (per program option)
 - One single payment for the total portfolio of accounts (per program option)
- ☐ Check this box **if you do not wish to aggregate performance of your accounts**. By doing so, you will receive incentive payments based on the performance of each individual account and not receive the benefits associated with aggregation.

Applicant Signature

By signing below, I agree that I understand the requirements of this program and am authorized to apply for the program on behalf of the account(s) listed in this application.

Applicant Name (please print):

Applicant Signature:

Date:

Completed applications must be sent to **gasdr@nationalgrid.com**.