

NYU Langone Health RFI Roundtable: Creating a Community Clean Power Agreement (CCPA)

25 - 25 Jan 2024

Poll results

Table of contents

- What are approaches to maximize incentives to improve project payback?
- What are the criteria and metrics for success?
- How can this project be replicable for others? i.e. documentation, case study
- Who would respond to this RFP?
- What are key qualifications should responders have?
- Should this be a single of multiple RFP, and/or allow joint responses?
- Any other important considerations or items?
- Post-Event Survey

What are approaches to maximize incentives to improve project payback?

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(1/3)

- Table 2: a. Is there a power quality concern? Power outage/reliability Tie battery backup. Get extra incentives b. Does the roof need to be redone? Consider impact of capital funds on project cost; impact of Local law requirements; as well as incentives available for such work.
- As a first step, comparing VDER / front of meter or BTM / NYU off taking. Including in the RFP that the developer compare and contrast. NYSERDA support (NY SUN). Including neighbors - Table 3
- - 4 - engage cbo to garner operational support rather than targeting financial incentives. Beyond bridges funding (bezos foundation) - prioritize the 20% energy savings, and

What are approaches to maximize incentives to improve project payback?

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(2/3)

work backwards to number of subscribers - timeline to build own system has faster payback than involving CBOs. Consider pilot own system and expand to involve other CBOs

- TABLE 4 - Decide if the health center wants to own or be a part of a co-ownership model for solar projects - Bundle the 2 properties into 1 RFP b/c it's easier to finance larger/multiple

projects -Do community solar to get the NY SUN'S ICSA and MW Block incentive. Contacts at NY SUN are Max Joel, Chris Rogers, and Sara Jayanthi -Decide if and what % FHC will be an "anchor subscriber" - Provide minimum of 20% monthly savings to meet IRA funding requirements -Can model off

What are approaches to maximize incentives to improve project payback? (3/3)

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of NYCHA's AccesSolar program where they bundle buildings for community solar RFP for team(s) to respond to, incentive teams to respond with joint proposals - Explore shared ownership options with CBOs -Check out Clean Energy Group who may have small grants and technical assistance to help set a community solar process/procurement up

- IRA NYSERDA Prevailing wage Con Edison rates CDG

What are the criteria and metrics for success?

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- Health metrics / social determinants of health
- Table 2: a. Number of kilowatt generation b. Cost per kilowatt c. ROI d. Number of local residents benefits or how much money is going back to FQHC a. Is some of the money going to community center/or residents ? e. Simple/efficiency of the model for implementation/replicability f. Educational component - education of community g. Workforce development - training for solar installation training. You can train staff in this community. h. Prioritize ppl who need electricity for their medical needs / medical devices. i. Family health center might be able

What are the criteria and metrics for success?

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(2/3)

- to make the \$ go a lot further than an individual consumer getting the benefit. j. Reduction of emissions in the community k. Number of people trained/educated l. How many people are we serving who are already energy burdened? m. Not wasting energy by utilizing battery, can that be an income generator through demand-response?
- Volume of impact (# of people x amount of benefit to their health) - Table 3
 - - 4 - rent burden as criteria and identify health outcomes related to costs - look into cash incentive programs and its effectiveness. Has high positive impact
 - % of subscribers that are low income patients CBO involvement in ownership and project development decisions Amount of money allocated to solar credits
 - Direct benefits/economic balance the long payback period with other benefits - improved energy resilience - community impact (financial) - relate finance back to

What are the criteria and metrics for success? (3/3)

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health metric (no. Doctors) - get the number of people right to make the best impact per person Regional benefit: - ghg reduction (grid additionality) Additional benefits worth exploring: - urban heat island effect - work in context with future plans (LL97) for energy reduction - greening the roof underneath the PVs Consider the equity of who benefits, and who benefits the most/least.

How can this project be replicable for others? i.e. documentation, case study

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(1/2)

- Publicize publicize publicize
- Table 2: a. Different types of distribution of benefits: FQHC vs. Direct to consumer vs. ____ - what are the triggers that would tip the type of distribution to one or another (ex. Size of energy production, access to FQHC type of utility) b. Review and document the Utility burden, economic burden, - implementing screening of potential subscribers b. Infrastructural upgrades already planned or scheduled
- Making RFP findings public. Reach out to neighboring businesses (Jeep dealership). Ask other health centers. - Table 3
- -4 - implementation science study (beyond bridge funding?)
- -Lessons learned from streamlining lease agreements - document what incentives were ultimately leveraged to help pay for the project -Clean Energy Group webinar
- Transparency - cost and hours spent - make designs publicly available

**How can this project be replicable for others?
i.e. documentation, case study**
(2/2)

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Have one off taker - partnership for growth
Have a target per person metric that is used to check viability
Track key KPI
Consider different components for future locations
(near car parks for EV) - what is the ideal site?
Some screening criteria
Start with a wider pool of buildings and develop a technical brief from there - although the small size is good for a test bed and easier to connect to existing grid

Who would respond to this RFP?

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- Table 2: a. Solar developer (workforce development requirement) - they would then do engineering, filing/interconnection, construction b. Administration scope if outsourced (unless administered internally)
- Developer with the ability to administer LMI CDG. - Table 3
- - 4 - should be one and have them respond together (may target solar developers, some companies may already have these partnerships which are the ones you would want to target anyway, or release organizations of interest so others know who to reach out to) - 2 RFP - one is infrastructure and other is solar credit administration - this may be an a more appropriate approach for this size
- -teams of developers, installers, Clean Energy non profits, CBOs
- solar array designers Veolia Arup (design and advisory) Installers (design and build?)

What are key qualifications should responders have?

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- Table 2: 1) Similar sized project in the tri-state area 2) Institutional, commercial experience 3) Workforce development, specialized experience needed for this
- Ability to administer LMI CDG, willing to work within NYU's criteria for community benefit. NABCEP certification. Warranties. - Table 3
- -Demonstrated track record of working with Disadvantaged Communities and CBOs -Plan to prioritize enrollment of low income community residents -Include at least 1 local partner
- Register in the state of NY Track record of installing PV in con edison territory (NYSERDA keeps a list) for permitting experience Specific focus on low income communities (typically smaller) could be partnered with design engineers Not necessary: healthcare experience

Should this be a single or multiple RFP, and/or allow joint responses?

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- Table 2: Break into two: a. Solar developer (with workforce development requirement) - they would then do engineering, filing/interconnection, and construction. b. Administration of benefits if outsourced (unless administered inside)
- RFP to build, interconnect, and admin CDG - ideally all one. NYU can provide subscribers easily. Joint responses would only come into play if/when one entity couldn't do this. - Table 3
- -Single RFP and allow joint responses -Bundle buildings for easier financing
- Turn key could be good Breaking it up would be better to raise incremental payments (phased projects) Reporting and gateways would need to be managed by internal team

Any other important considerations or items?

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- Consider partnering with community partners
- NYU defining who the subscribers are - Table 3
- Keep in touch with MOCEJ! We'd love to see how we can be supportive