

Exhibit C - Generating Facility Expedited/Standard Process Interconnection Application**Contact Information (TYPE or PRINT):**

Date Prepared: _____

Legal Name and Address of Interconnecting CustomerInterconnecting Customer: Nexamp Solar, LLC Contact Person: Elizabeth BrunsMailing Address: 101 Summer Stree, 2nd FloorCity: Boston State: MA Zip Code: 02110Telephone (Daytime): 617-431-1440 (Evening): _____Facsimile Number: _____ E-Mail Address: interconnections@nexamp.com**Ownership Information** (include % ownership by any electric utility): _____**Site Control:** Does the Interconnecting Customer have site control? ☒ Yes ☐ No

If No, the Application may not be submitted at this time. Interconnecting Customer must provide evidence of site control with this application in the form attached here to at Attachment 1A or 1B.

Confidentiality Statement: "I agree to allow information regarding the processing of my application (without my name and address) to be reviewed by the Massachusetts DG Working Group that is exploring ways to further expedite future interconnections." ☒ Yes ☐ No**Group Study Agreement:** "I understand and agree if my project becomes part of a Group Study, the Company is authorized to share my contact information and project details with other parties that are also involved in the Group Study." ☒ Yes ☐ No**Host Retail Customer Contact Information** (complete any that are different than Interconnecting Customer information above):

Retail Customer: _____ Contact Person: _____

E-Mail Address: _____ Telephone: _____

Landowner Name (if neither Interconnecting Customer nor Customer): _____

Landowner email: _____ Landowner telephone: _____

Landowner Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Alternative Contact Information (e.g., system installation contractor or coordinating company, if appropriate):

Company Name: _____ Contact Person: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone (Daytime): _____ (Evening): _____

Facsimile Number: _____ E-Mail Address: _____

Electrical Contractor Contact Information (if appropriate):

Name: _____ E-mail Address: _____

Mailing Address: _____ Telephone: _____

City: _____ State: _____ Zip Code: _____

Interconnection Seminars: "I have attended one of the utility-hosted Interconnection Seminars." (Recommended) ☒ Yes ☐ No**Interconnection Tariff:** "I have reviewed the entire MDPU 1573 Standards for Interconnection of DG." (Recommended) ☒ Yes ☐ No**Facility Information (TYPE or PRINT):***Please provide all Pre-Application Reports (either mandatory or optional as per MDPU 1573) as attachments via portal.*Address of Facility: 15 old Worcester roadCity: Webster State: MA Zip Code: 01570**Single Parcel:** Will the Facility be constructed on a single parcel of land? ☒ Yes ☐ No

Authorized/Proposed generation capacity already exists (check all that apply):

☐ On Current Account ☒ On Same Legal Parcel of Land ☐ In Same Building/Structure

If any apply, include existing generation capacity on design diagrams, and provide Application Number(s): _____

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Is this application for a new Facility or change to an existing Facility? ☒ New ☐ Change to Existing Facility. In cases of changes to an existing Facility, the Interconnecting Customer applying represents and warrants to the Company that he/she/it is the Interconnecting Customer for the existing Facility and has the right to make the requested changes to the existing Facility, and may be required to provide the Company additional documentation.

If it is a change to an existing Facility, provide the application number for the existing Facility, a brief description of the change and the following information: Existing Facility Application No. _____ Change Description: _____ Existing Facility Nameplate Capacity: _____ (kW) Proposed Change in Capacity to Existing Facility (if no change to capacity, put 0 here): _____ (kW) ☐ increase ☐ decrease Total Facility Capacity (existing plus any changes): _____ (kW) *Note, the total Facility capacity must be represented and detailed in the Facility Information required above.

Electric Service Company: National Grid Account Number: 9256287009 Meter Number: _____

Work Request Number (For Upgrades or New Service): 31210416 MTC ID: _____

System Design Capacity: Nominal 4950 (kW_{AC}) 4950 (kVA) Maximum 4950 (kW_{AC}) 4950 (kVA)

For Solar PV provide the DC-STC rating: _____ (kW_{DC})

Prime Mover: ☐ Photovoltaic ☐ Reciprocating Engine ☐ Fuel Cell ☐ Turbine ☒ Other: Battery

Energy Source: ☐ Solar ☐ Wind ☐ Hydro ☐ Diesel ☐ Natural Gas ☐ Fuel Oil ☒ Other: Battery

IEEE 1547.1 (UL 1741) Listed?

☒ Yes ☐ No

1) Generating Unit Type 1

Manufacturer: Tesla Model Name and Number: MegaPack 2XL P080 Quantity: 3

AC Rating:

Nominal: 800 (kW) 800 (kVA) 480 (AC Volts)

Maximum: 800 (kW) 800 (kVA) 480 (AC Volts) ☐ Single or ☒ Three Phase

2) Generating Unit Type 2 (if applicable)

Manufacturer: Tesla Model Name and Number: MegaPack 2XL P085 Quantity: 3

AC Rating:

Nominal: 850 (kW) 850 (kVA) 480 (AC Volts)

Maximum: 850 (kW) 850 (kVA) 480 (AC Volts) ☐ Single or ☒ Three Phase

3) Generating Unit Type 3 (if applicable)

Manufacturer: _____ Model Name and Number: _____ Quantity: _____

AC Rating:

Nominal: _____ (kW) _____ (kVA) _____ (AC Volts)

Maximum: _____ (kW) _____ (kVA) _____ (AC Volts) ☐ Single or ☐ Three Phase

Does this project need an air quality permit from the DEP? ☐ Yes ☒ No ☐ Not Sure

If "Yes", have you applied for it?

☐ Yes ☐ No

Planning to Export Power?

☒ Yes ☐ No

Is this a Cogeneration Facility?

☐ Yes ☒ No

Applying for MA SMART ? ☐ Yes ☒ No

Is this a standalone system? ☒ Yes ☐ No

Anticipated Export Power Purchaser: ISO NE Market

Export Form? ☐ Simultaneous Purchase/Sale ☐ Net Purchase Sale ☐ Net Metering ☒ Other (explain): ISO NE Market

Estimated Install Date: 10/17/2026 Estimated. In-Service Date: 10/17/2028

Agreement Need By: _____

If net metering, please refer to Schedule Z of the Standards for Interconnection of Distributed Generation. Please note that if under the public cap, all off-takers must be a Municipality or other Governmental Entity (as defined in 220 C.M.R. 18.02) and therefore be certified by the DPU.

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“I am opting to forego the Expedited Process. Please review this application under the Standard Process.”

☐ Yes ☐ No

I hereby certify that, to the best of my knowledge, all of the information provided in this application is true:

Signature: Deirdre O'Hara Title: Manager, East Date: 1/2/26*Please attach any documentation from the inverter manufacturer describing the inverter's UL 1741 listing.***All Application Materials Received (For Company use only):**

The information provided in this application is complete, all attachments and supplemental application materials have been received, and the application may proceed to the initial/screening review stage of the interconnection process:

Signature: _____ Title: _____ Date: _____

Application ID number: 00718416

Exhibit C - Generating Facility Expedited/Standard Process Interconnection Application**Generating Facility Technical Detail**

Information on components of the generating facility that are currently Listed

	Equipment Type	Manufacturer	Model	National Standard
1.	Batteries	Tesla	MegaPack 2XL	UL 1741 SB
2.	Inverter	Tesla	Powerstage P080, Powerstage P085	UL 1741 SB
3.				
4.				
5.				
6.				

Total Number of Generating Units in Facility? (3) Powerstage P080 and (3) Powerstage P085Generator Unit Power Factor Rating: 1Max Adjustable Leading Power Factor? -1 Max Adjustable Lagging Power Factor? 1**Generator Characteristic Data (for all inverter-based machines)**Max Design Fault Contribution Current? 1255 ☒ Instantaneous or ☐ RMSHarmonics Characteristics: <2%Start-up power requirements: 422 V**Generator Characteristic Data (for all rotating machines)**

Rotating Frequency: _____ (rpm) Neutral Grounding Resistor (If Applicable): _____

Additional Information for Synchronous Generating UnitsSynchronous Reactance, X_d: _____ (PU) Transient Reactance, X'_d: _____ (PU)Subtransient Reactance, X''_d: _____ (PU) Neg Sequence Reactance, X₂: _____ (PU)Zero Sequence Reactance, X₀: _____ (PU) kVA Base: _____ (PU)

Field Voltage: _____ (Volts) Field Current: _____ (Amps)

Additional information for Induction Generating UnitsRotor Resistance, R_r: _____ Stator Resistance, R_s: _____Rotor Reactance, X_r: _____ Stator Reactance, X_s: _____Magnetizing Reactance, X_m: _____ Short Circuit Reactance, X_d'': _____

Exciting Current: _____ Temperature Rise: _____

Frame Size: _____

Total Rotating Inertia, H: _____ Per Unit on kVA Base: _____

Reactive Power Required In Vars (No Load): _____

Reactive Power Required In Vars (Full Load): _____

Additional information for Induction Generating Units that are started by motoring

Motoring Power: _____ (kW) Design Letter: _____

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Will a transformer be used between the generator and the point of interconnection?

☒ Yes ☐ No

Will the transformer be provided by Interconnecting Customer?

☒ Yes ☐ NoTransformer Data (if applicable, for Interconnecting Customer-Owned Transformer):Nameplate Rating: (2) 2500 (kVA) ☐ Single or ☒ Three PhaseTransformer Impedance: 5.75 (%) on a 2500 kVA Base

If Three Phase:

Transformer Primary: 13200 (Volts) ☐ Delta ☐ Wye ☒ Wye-Grounded ☐ Other: _____Transformer Secondary: 480 (Volts) ☐ Delta ☐ Wye ☒ Wye-Grounded ☐ Other: _____Transformer Fuse Data (if applicable, for Interconnecting Customer-Owned Fuse):

(Attach copy of fuse manufacturer's Minimum Melt & Total Clearing Time-Current Curves)

Manufacturer: _____ Type: _____ Size: _____ Speed: _____

Interconnecting Circuit Breaker (if applicable):Manufacturer: Tavrida Type: Recloser Load Rating: 800 (Amps)Interrupting Rating: 16kA Trip Speed: 3 (Cycles)Interconnection Protective Relays (if applicable):

If microprocessor-controlled, List of Functions and Adjustable Setpoints for the protective equipment or software:

	Setpoint Function	Minimum	Maximum
1.	See Single line diagram for Protective Relay Settings Table		
2.			
3.			
4.			
5.			

If discrete components (Enclose copy of any proposed Time-Overcurrent Coordination Curves):

Manufacturer: _____ Type: _____ Style/Catalog No.: _____ Proposed Setting: _____

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Manufacturer: _____ Type: _____ Style/Catalog No.: _____ Proposed Setting: _____

Manufacturer: _____ Type: _____ Style/Catalog No.: _____ Proposed Setting: _____

Manufacturer: _____ Type: _____ Style/Catalog No.: _____ Proposed Setting: _____

Manufacturer: _____ Type: _____ Style/Catalog No.: _____ Proposed Setting: _____

Current Transformer Data (if applicable):

(Enclose copy of Manufacturer's Excitation & Ratio Correction Curves)

Manufacturer: _____ Type: _____ Accuracy Class: _____ Proposed Ratio Connection: _____

Manufacturer: _____ Type: _____ Accuracy Class: _____ Proposed Ratio Connection: _____

Potential Transformer Data (if applicable):

Manufacturer: _____ Type: _____ Accuracy Class: _____ Proposed Ratio Connection: _____

Manufacturer: _____ Type: _____ Accuracy Class: _____ Proposed Ratio Connection: _____

Massachusetts: <https://ngus.force.com/s/>

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ISO-NE Wholesale Market Participation

Is the project intending to participate in any ISO-NE market? ☒ Yes ☐ No ☐ Uncertain

If so, in which ISO-NE market(s) do(es) the project intend to participate? Energy, Capacity, and ancillary

If so, does the project intend to be: ☐ Asset Lead Participant or ☒ Resources Lead Participant

For DG Facilities paired with an energy storage system, the DG applicant shall state any intent to participate for the DG facility and energy storage system separately.

Is the energy storage system intending to participate in any ISO-NE market? ☒ Yes ☐ No ☐ Uncertain

If so, in which ISO-NE market(s) do(es) the energy storage system intend to participate? Energy, Capacity, and ancillary

General Technical Details:

The application MUST be submit via the National Grid Portal at: <https://ngus.force.com/s/>

Note: The Schedule Z may be updated as needed at any point prior to the Authorization to Interconnect.

Refer to National Grid's Distributed Generation website for more detailed instructions: <https://ngus.force.com/s/>