**Exhibit B**

**BAY AREA SUNSHARES PROGRAM – BUSINESS COUNCIL ON CLIMATE CHANGE**

**Authorized Applicants Signature and Acceptance Form**

The undersigned is a duly authorized representative of the Applicant listed below. The Applicant has read and understands the RFP requirements. The undersigned acknowledges that all of the terms and conditions of the RFP are mandatory.

The Applicant understands that all materials submitted as part of the application are not subject to public disclosure and acknowledges and agrees that the Business Council on Climate Change (BC3) has no obligation, and retains the sole discretion to keep all information associated with the RFP process confidential as explained in Section 6.1 of the RFP.

The Applicant understands that the BC3 (a fiscally sponsored project of Community Initiatives), as the SunShares Program Administrator, will collaborate with a community evaluation team who will retain the sole discretion to implement or choose not to implement the application set forth herein, and that BC3’s receipt of the application does not imply any promise of selection for the Program at any time.

The Applicant understands that, if selected by the community evaluation team, the Applicant and BC3 will detail and execute a contract similar in form to the template provided in Exhibit D that outlines the respective roles and responsibilities of the parties and, insurance documentation required.

I certify that the statements made in this application, including all attachments and exhibits, are true and correct to the best of my knowledge.

Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Printed Name of Applicant Organization)

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature of Authorized Representative)

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_