

# California Alternate Rates for Energy (CARE)



## CAPITATION PROGRAM – ORGANIZATION APPLICATION



Organization name:				Date:			
Street address:			City:			State:	Zip:
Website:							
How did you hear about the SDG&E Capitation Program?							

### CONTACT INFORMATION

Executive contact:				Phone:		
Email address:				Fax:		
Administrative contact:				Phone:		
Email address:				Fax:		

### CAPITATION PROGRAM INFORMATION

Please indicate the cities where your organization will be conducting CARE outreach:			
Please provide your organization's operating days/hours:			
How many CARE applications does your organization expect to submit per month?			
Is your organization a LIHEAP provider?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

**All capitation agencies must submit IRS Form W-9, CA 590 Form, proof of tax exempt status, and proof of WMDVBE certification (if applicable).**

### ORGANIZATION INFORMATION

Is your organization women, minority, disabled veteran business enterprise (WMDVBE) certified?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your organization identify as a faith-based organization?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your organization conduct income verification for other low-income programs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your organization a corporation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What is the tax status of your organization?	<input type="checkbox"/> For-profit	<input type="checkbox"/> Non-profit
How long has your organization provided services to the community?		
Please describe the services provided by your organization:		
What languages, other than English, do you provide services? <input type="checkbox"/> Spanish <input type="checkbox"/> Chinese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Arabic		
Other languages:		
What is your organization's target population? Please check all applicable groups. Specify under "other" if not listed.		
<input type="checkbox"/> Seniors <input type="checkbox"/> Veterans <input type="checkbox"/> Women <input type="checkbox"/> Disabled <input type="checkbox"/> Children <input type="checkbox"/> Homeless <input type="checkbox"/> Ethnic Group <input type="checkbox"/> Other		
Specify Other:		

Please return this application via Email to [CAREandFERACAP@sdge.com](mailto:CAREandFERACAP@sdge.com)

or Mail to: SDG&E CARE Capitation Outreach Advisor, P.O. Box 129831, San Diego, CA 92112-9985

*Please allow four weeks for processing. The capitation fee is intended to cover the cost to assist clients in completing the CARE Application.*