

California Alternate Rates for Energy (CARE)

CAPITATION PROGRAM – ORGANIZATION APPLICATION



Organization name:		Date:	
Street address:		City:	
		State:	
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

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.