



ADVICE LETTER SUMMARY

ENERGY UTILITY



MUST BE COMPLETED BY UTILITY (Attach additional pages as needed)

Company name/CPUC Utility No.: Bear Valley Electric Service, Inc (913-E)

Utility type:

- ELC GAS WATER
 PLC HEAT

Contact Person: Nguyen Quan

Phone #: (909) 394-3600 x664

E-mail: RegulatoryAffairs@bvesinc.com

E-mail Disposition Notice to: RegulatoryAffairs@bvesinc.com

EXPLANATION OF UTILITY TYPE

ELC = Electric GAS = Gas WATER = Water
 PLC = Pipeline HEAT = Heat

(Date Submitted / Received Stamp by CPUC)

Advice Letter (AL) #: 490-E

Tier Designation: 1

Subject of AL: 2024-2025 CARE and ESA Eligibility Income Levels Update

Keywords (choose from CPUC listing): Compliance, Tariffs

AL Type: Monthly Quarterly Annual One-Time Other:

If AL submitted in compliance with a Commission order, indicate relevant Decision/Resolution #:

Does AL replace a withdrawn or rejected AL? If so, identify the prior AL: No

Summarize differences between the AL and the prior withdrawn or rejected AL:

Confidential treatment requested? Yes No

If yes, specification of confidential information:

Confidential information will be made available to appropriate parties who execute a nondisclosure agreement. Name and contact information to request nondisclosure agreement/ access to confidential information:

Resolution required? Yes No

Requested effective date: 6/1/24

No. of tariff sheets: 6

Estimated system annual revenue effect (%):

Estimated system average rate effect (%):

When rates are affected by AL, include attachment in AL showing average rate effects on customer classes (residential, small commercial, large C/I, agricultural, lighting).

Tariff schedules affected: Schedule DLI, Form No. 17 English, Form No. 17 Spanish, Form No. 19, Form No. 20, Table of Contents

Service affected and changes proposed¹: See Advice Letter

Pending advice letters that revise the same tariff sheets:

¹Discuss in AL if more space is needed.

Protests and all other correspondence regarding this AL are due no later than 20 days after the date of this submittal, unless otherwise authorized by the Commission, and shall be sent to:

CPUC, Energy Division
Attention: Tariff Unit
505 Van Ness Avenue
San Francisco, CA 94102
Email: EDTariffUnit@cpuc.ca.gov

Name: Jeff Linam
Title: Regulatory Affairs Manager
Utility Name: Bear Valley Electric Service, Inc
Address: 630 E. Foothill Blvd
City: San Dimas State: California
Telephone (xxx) xxx-xxxx: (909) 394-3600 x664
Facsimile (xxx) xxx-xxxx:
Email: RegulatoryAffairs@bvesinc.com;

Name: Alicia Menchaca
Title: Rate Analyst, Regulatory Affairs
Utility Name: Bear Valley Electric Service, Inc
Address: 630 E. Foothill Blvd
City: San Dimas State: California
Telephone (xxx) xxx-xxxx: (909) 394-3600 x497
Facsimile (xxx) xxx-xxxx:
Email: RegulatoryAffairs@bvesinc.com; alicia.menchaca@bvesinc.co



Bear Valley Electric Service, Inc.
P.O. Box 9028
San Dimas, CA 91773-9028
A Subsidiary of American States Water Company

April 29, 2024

Advice Letter No. 490-E

(U 913 E)

California Public Utilities Commission

Bear Valley Electric Service, Inc. ("BVES") hereby transmits for filing the following:

SUBJECT: *2024-2025 CARE and ESA Eligibility Income Levels*

PURPOSE

This advice letter updates BVES's Form Nos. 17, 19, 20 and Rate Schedule No. D-LI to reflect the 2024-2025 eligibility income guidelines for low income programs¹.

This Advice Letter is in accordance and in compliance with Energy Division notice as ordered by Decision No. 12-08-044².

BACKGROUND

On April 15, 2024, the California Public Utilities Commission ("CPUC"), in accordance with Decision No. 12-08-044, issued its annual notice to Investor-Owned and Small Multi-Jurisdictional Utilities regarding updated qualifying income guidelines California Alternative Rates for Energy ("CARE"), Family Electric Rate Assistance ("FERA") and Energy Savings Assistance ("ESA") programs for 2024-2025.

The annual income guidelines are compliant with Public Utilities Code Sections 739.1 (a) and 2790 (f)(g).

Utilities are requested to file revised applicable tariffs reflecting the new income levels by May 7, 2024.

2024-2025 INCOME GUIDELINES

In compliance with the April 15, 2024 notice from the Energy Division, BVES is filing this advice letter to acknowledge, make effective and reflect the CARE and ESA programs eligibility income levels for 2024-2025.

BVES has updated the new guidelines information on applicable tariffs.

¹ California Alternate Rates for Energy ("CARE") Program and the Energy Savings Assistance Program ("ESA").

² D.12-08-044, Ordering Paragraph 119

- **CARE**

BVES revises tariffs Form No. 17 and Rate Schedule No. D-LI to reflect the new CARE Program eligibility income levels for 2024-2025 as follows (from “Table 1: CARE Income Guidelines” of the notice):

Effective June 1, 2024 to May 31, 2025	
No. of Person In Household	Income Eligibility Upper Limit*
1-2	\$40,880
3	\$51,640
4	\$62,400
5	\$73,160
6	\$83,920
7	\$94,680
8	\$105,440
Each Additional Person	\$10,760
*Upper Limit Calculation = 200% of Federal Poverty Guidelines	

- **ESA**

BVES acknowledges the 2024-2025 ESA program income guidelines and will begin using the new guidelines beginning June 1, 2024. BVES does not have applicable tariffs to update.

The ESA Program eligibility income levels for 2024-2025 will be as follows (from “Table 2: ESA Income Guidelines” of the notice):

Effective June 1, 2024 to May 31, 2025	
No. of Person In Household	Income Eligibility Upper Limit*
1	\$37,650
2	\$51,100
3	\$64,550
4	\$78,000
5	\$91,450
6	\$104,900
7	\$118,350
8	\$131,800
Each Additional Person	\$13,450
*Upper Limit Calculation = 250% of Federal Poverty Guidelines	

- **FERA**

BVES acknowledges the 2024-2025 FERA program income guidelines. BVES does not participate in FERA. Therefore, the 2024-2025 FERA program income guidelines are not applicable to BVES.

COMPLIANCE

This advice letter requests approval in compliance with the April 15, 2024 notice from Energy Division.

ATTACHMENT

Attachment A: 2024-2025 CARE ESA and FERA Annual Income Guideline Letter.

TIER DESIGNATION

This advice letter is submitted with a Tier 1 designation.

EFFECTIVE DATE

BVES respectfully requests this advice letter becomes effective on June 1, 2024.

NOTICE AND PROTESTS

A protest is a document objecting to the granting in whole or in part of the authority sought in this advice letter. A response is a document that does not object to the authority sought, but nevertheless presents information that the party tendering the response believes would be useful to the Commission in acting on the request.

A protest must be mailed within 20 days of the date the Commission accepts the advice letter for submission. The Calendar is available on the Commission's website at www.cpuc.ca.gov.

A protest must state the facts constituting the grounds for the protest, the effect that approval of the advice letter might have on the protestant, and the reasons the protestant believes the advice letter, or a part of it, is not justified. If the protest requests an evidentiary hearing, the protest must state the facts the protestant would present at an evidentiary hearing to support its request for whole or partial denial of the advice letter.

The utility must respond to a protest within five days.

All protests and responses should be sent to:

California Public Utilities Commission, Energy Division
505 Van Ness Avenue
San Francisco, California 94102
E-mail: EDTariffUnit@cpuc.ca.gov

The protest or correspondence should also be sent via U.S. mail and/or electronically, if possible, to BVES at the addresses shown below on the same date it is delivered to the

Commission.

Bear Valley Electric Service, Inc.
Regulatory Affairs
E-mail: RegulatoryAffairs@bvesinc.com

If you have not received a reply to your protest within 10 business days, please contact Jeff Linam at (909) 630-5555.

Correspondence:

Any correspondence regarding this compliance filing should be sent by regular mail or e-mail to the attention of:

Jeff Linam
Manager, Regulatory Affairs
Bear Valley Electric Service, Inc.
630 East Foothill Blvd.
San Dimas, California 91773
Email: RegulatoryAffairs@bvesinc.com

The protest shall set forth the grounds upon which it is based and shall be submitted expeditiously. There is no restriction on who may file a protest.

Sincerely,

/s/Alicia Menchaca
Alicia Menchaca
Rate Analyst, Regulatory Affairs
Bear Valley Electric Service, Inc.

c: Jenny Au, Energy Division
R. Mark Pocta, California Public Advocates Office
BVES General Order 96-B Service List

Cal P.U.C. Sheet No.	Title of Sheet	Cancelling Cal P.U.C. Sheet No.
3465-E	Form No. 17 NOTICE AND APPLICATION FOR CALIFORNIA ALTERNATE RATES FOR ENERGY (CARE) PROGRAM Sheet 1	3370-E
3466-E	Form No. 17 NOTICE AND APPLICATION FOR CALIFORNIA ALTERNATE RATES FOR ENERGY (CARE) PROGRAM Sheet 2	3219-E*
3467-E	Form No. 17 AVISO Y SOLICITUD PARA EL PROGRAMA DE CALIFORNIA PARA TARIFAS ALTERNAS (CARE) Sheet 1	3371-E
3468-E	Form No. 17 AVISO Y SOLICITUD PARA EL PROGRAMA DE CALIFORNIA PARA TARIFAS ALTERNAS (CARE) Sheet 2	3221-E*
3469-E	Schedule No. D-LI CALIFORNIA ALTERNATE RATES FOR ENERGY (CARE) DOMESTIC SERVICE - SINGLE FAMILY ACCOMMODATION Sheet 2	3372-E
3470-E	Table of Contents Sheet 1	3462-E
3471-E	Table of Contents Sheet 3	3373-E
3472-E	Form No. 19 APPLICATION FOR CALIFORNIA ALTERNATE RATES FOR ENERGY (CARE) PROGRAM FOR GROUP LIVING FACILITIES Sheet 1	1248-E
3473-E	Form No. 20 APPLICATION FOR CALIFORNIA ALTERNATE RATES FOR ENERGY (CARE) PROGRAM FOR QUALIFIED AGRICULTURAL EMPLOYEE HOUSING FACILITIES Sheet 1	1249-E

Form No. 17
NOTICE AND APPLICATION FOR CALIFORNIA
ALTERNATE RATES FOR ENERGY (CARE) PROGRAM

YOU MAY QUALIFY FOR A DISCOUNT ON YOUR ENERGY BILL

To apply for a 20% discount at your residence, please fill out this application and mail it to Bear Valley Electric Service, P.O. Box 1547, Big Bear Lake, CA 92315. You will receive the discount on the next bill after the utility receives and approves your completed and signed application. If you need help filling out the application, or would like more information about the program, call (800) 808-BVES (2837) or visit our office at 42020 Garstin Drive, Big Bear Lake, California 92315.

Other California utilities offer similar bill discounts. Contact your gas utility to receive an application for a discount on your gas bill.

INCOME REQUIREMENTS

Effective June 1, 2024 to May 31, 2025	
No. of Person In Household	Total Gross Annual Income*
1-2	\$40,880
3	\$51,640
4	\$62,400
5	\$73,160
6	\$83,920
7	\$94,680
8	\$105,440
Each Additional Person	\$10,760
*Upper Limit Calculations = 200% of Federal Poverty Guidelines	

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WHAT ARE THE QUALIFICATIONS?

To qualify for the discount, I understand:

- The energy utility bill will be in my name.
- I may not be claimed as a dependent on another person's tax return.
- My total annual income cannot exceed the chart above. *Total income means the gross income of ALL persons living in my home.*
- I will reapply each time I move.
- I will renew my application every two (2) years, or sooner, if requested.
- I will renew my application every year if I am a sub-metered tenant, or sooner, if requested.
- I will notify the utility within 30 days when I become ineligible for CARE.
- I will provide verification of my household income.

For the purpose of the CARE program the "gross household income" means all money and non cash benefits, available for living expenses, from all sources, both taxable and non taxable, before deductions for all people who live in my home. This includes, but is not limited to:

- | | | |
|---|--|---|
| <input type="checkbox"/> Wages or salaries | <input type="checkbox"/> Social Security, SSI, SSP | <input type="checkbox"/> Rental or royalty income |
| <input type="checkbox"/> Interest or dividends from Savings accounts, stocks or bonds | <input type="checkbox"/> Scholarships, grants, or other aid used for living expenses | <input type="checkbox"/> Profit from self-employment (IRS form Schedule C, Line 29) |
| <input type="checkbox"/> Unemployment benefits | <input type="checkbox"/> Disability payments | <input type="checkbox"/> Worker's Compensation |
| <input type="checkbox"/> TANF(AFDC) | <input type="checkbox"/> Food Stamps | <input type="checkbox"/> Child Support |
| <input type="checkbox"/> Pensions | <input type="checkbox"/> Insurance settlements | <input type="checkbox"/> Spousal Support |
| <input type="checkbox"/> Gifts | <input type="checkbox"/> Legal settlements | <input type="checkbox"/> Other Income |

Proof of income acceptable to the utility will be provided when applying for or renewing application.

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Advice Letter No. 490-E
 Decision No. D.12-08-044

Issued By
Paul Marconi
 President

Date Filed April 29, 2024
 Effective June 1, 2024
 Resolution No. _____

Form No. 17
AVISO Y SOLICITUD PARA EL PROGRAMA
DE CALIFORNIA PARA TARIFAS ALTERNAS (CARE)

USTED PODRIA CALIFICAR PARA UN DESCUENTO EN SU FACTURA DE ENERGIA ELECTRICA

Para solicitar un descuento del 20% en su residencia, por favor llene esta solicitud y envíela a Bear Valley Electric Service, P.O. Box 1547, Big Bear Lake, CA 92315. Usted recibirá el descuento en su próxima factura después de haber recibido y aprobado su solicitud completamente llena y firmada. Si usted necesita ayuda para llenar la solicitud; o le gustaría recibir mas información sobre este programa, sírvase llamar al (800) 808-BVES (2837) o visite nuestra oficina localizada en el 42020 Garstin Drive, Big Bear Lake, California 92315.

Otras compañías de servicios publicos de California ofrecen descuentos similares. Contacte su compañía de gas para recibir una solicitud para un descuento en su factura de gas.

REQUISITOS DE INGRESOS ANUALES

Efectivo junio 1, 2024 hasta mayo 31, de 2025	
Numero de Personas Viviendo en mi casa	Ingresos total anual combinado
1-2	\$40,880
3	\$51,640
4	\$62,400
5	\$73,160
6	\$83,920
7	\$94,680
8	\$105,440
Para cada persona adicional, agregar	\$10,760
*Cálculos de Limite Superior = 200% de Directrices Federales de Nivel de Pobreza	

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CUALES SON LOS REQUISITOS?

Para calificar para el descuento yo entiendo que:

- La factura de energía esta bajo mi nombre
- No soy reportado como dependiente en los impuestos de otra persona.
- Mi ingreso anual total no puede exceder los de la tabla citada arriba. *Ingreso total significa el ingreso bruto de TODAS las personas viviendo en mi casa.*
- Solicitoré de nuevo cada vez que me mude de casa.
- Renovaré mi solicitud cada dos (2) años, o antes si es requerido.
- Renovaré mi solicitud cada (1) año si soy inquilino con un sub-medidor, o antes si es requerido.
- Notificaré a la compañía de agua dentro de 30 días si pierdo mi elegibilidad para CARE.
- Proveeré verificación de ingresos de mi hogar.

Para propósitos de CARE "ingreso bruto familiar" significa todo ingreso sea en efectivo o no, disponible para gastos de vivienda, de todas las personas, sea que dichos ingresos sean sujetos a impuestos o no, previo a las deducciones, de todas las personas viviendo en su hogar. Esto incluye, pero no se limita a:

- | | | |
|---|--|--|
| <input type="checkbox"/> Sueldos | <input type="checkbox"/> Seguro Social, SSI, SSP | <input type="checkbox"/> Ingresos de alquiler o regalías |
| <input type="checkbox"/> Interés o dividendos de: Cuentas de ahorros, acciones, bonos | <input type="checkbox"/> Becas, préstamos de escuela y otra ayuda financiera | <input type="checkbox"/> Ganancias de autoempleo (IRS Forma C, Renglón 29) |
| <input type="checkbox"/> Beneficios de Jubilación | <input type="checkbox"/> Beneficios por incapacidad | <input type="checkbox"/> Compensación al trabajador |
| <input type="checkbox"/> TANF(AFDC) | <input type="checkbox"/> Estampillas para comida | <input type="checkbox"/> Apoyo para los niños |
| <input type="checkbox"/> Pensiones | <input type="checkbox"/> Indemnizaciones de seguro | <input type="checkbox"/> Apoyo cónyuge |
| <input type="checkbox"/> Regalos en efectivo | <input type="checkbox"/> Indemnizaciones legales | <input type="checkbox"/> Otra ayuda |

(Continued)

Advice Letter No. 490-E
 Decision No. D.12-08-044

Issued By
Paul Marconi
 President

Date Filed April 29, 2024
 Effective June 1, 2024
 Resolution No. _____

Form No. 17
AVISO Y SOLICITUD PARA EL PROGRAMA
DE CALIFORNIA PARA TARIFAS ALTERNAS (CARE)

INFORMACIÓN DE LA SOLICITUD (escriba claramente):

Nombre del Solicitante: _____

Soy un cliente residencial principal de Bear Valley Electric Service, Inc.

Número de Cuenta Eléctrica de Bear Valley:

--	--	--	--	--	--	--	--	--	--	--	--

O un inquilino sub-medido de un parque de casas móviles
o complejo de apartamentos.

Número de Cuenta de Medidor Principal:

--	--	--	--	--	--	--	--	--	--	--	--

Hay 2 formas de calificar:

• Puede calificar para CARE si usted o alguien en su hogar participa en al menos uno de los programas de asistencia pública elegibles.

○

• También puede calificar para CARE si cumple con los requisitos de ingresos que se enumeran en el cuadro a continuación.

Dirección de Servicio: _____

Dirección de Envío: _____

Número de Teléfono (Domicilio): _____ Número de Teléfono (Trabajo): _____

Número de Adultos que Viven en el Hogar: _____ Número de Niños que Viven en el Hogar: _____

Ingreso Bruto Anual del Hogar: _____

- | | | |
|-----------|--|---|
| Programas | <input type="checkbox"/> Medi-Cal/Medicaid | <input type="checkbox"/> El Programa de Asistencia para Energía para Hogares de Bajos Recursos (LIHEAP) |
| : | <input type="checkbox"/> Oficina de Asistencia General de Asuntos Indios | <input type="checkbox"/> Seguridad de Ingreso Suplementario (SSI) |
| | <input type="checkbox"/> CalFresh/SNAP | <input type="checkbox"/> Programa Nacional de Almuerzo Escolar |
| | <input type="checkbox"/> Mujeres, Infantes y Niños (WIC) | <input type="checkbox"/> Elegible por ingresos de Head Start (Solo tribales) |
| | <input type="checkbox"/> Medi-Cal para Familias | |
| | <input type="checkbox"/> TANF/Tribal TAFT | |

Al firmar a continuación, certifico bajo pena de perjurio que esta información es verdadera y correcta según las leyes del estado de California. Proporcionaré prueba de ingresos y notificaré a mi empresa de servicios públicos de energía sobre cualquier cambio que afecte mi elegibilidad. Entiendo que esta información puede compartirse con mi otra empresa de servicios públicos de energía, si corresponde.

Firma del Cliente: _____ Fecha: _____

FOR BEAR VALLEY ELECTRIC SERVICE, INC. USE ONLY		
Date received _____	Date Verified/By _____	Date Effective _____

Schedule No. D-LI
CALIFORNIA ALTERNATE RATES FOR ENERGY (CARE)
DOMESTIC SERVICE - SINGLE FAMILY ACCOMMODATION

SPECIAL CONDITIONS

1. A permanent resident of Bear Valley is one who maintains only one residence and that residence receives electric service from the Bear Valley Electric Service (BVES) and who regularly receives mail, including bills by this utility, through the United States Post Office located at Big Bear City, Big Bear Lake, Fawnskin or Sugarloaf.
2. A customer applying for service under schedule "DLI" will be required to show proof of satisfying Special Condition #1 above and may be required to sign a form that declare that they are not receiving a baseline allowance at any other location (whether inside BVES territory or outside BVES territory).
3. Low-Income Household: A Low-Income Household is a household where the total gross annual income from all sources is no more than shown on the table below based on the number of persons in the household. Total gross income shall include income from all sources, both taxable and nontaxable.

Effective June 1, 2024 to May 31, 2025	
No. of Person In Household	Total Gross Annual Income*
1-2	\$40,880
3	\$51,640
4	\$62,400
5	\$73,160
6	\$83,920
7	\$94,680
8	\$105,440
Each Additional Person	\$10,760
*Upper Limit Calculations = 200% of Federal Poverty Guidelines	

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4. Application and Eligibility Declaration: An Application and eligibility declaration on a form authorized by the Commission is required for each request for service under this schedule. Renewal of a customer's eligibility declaration will be required every two years and may be required at the Company's discretion.
5. An applicant for new service shall pay a service establishment charge as shown on Schedule No. SSC.

(Continued)

Advice Letter No. 490-E
 Decision No. D.12-08-044

Issued By
Paul Marconi
 President

Date Filed April 29, 2024
 Effective June 1, 2024
 Resolution No. _____

Table of Contents

The following tariff sheets contain all effective rates and rules affecting rates and service of the utility, together with information relating thereto:

<u>Subject Matter of Sheet</u>	Sheet No.
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No. A-3 General Service	3449-E, 1840-E
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No. A-5 TOU Primary	3451-E, 3297-E, 1846-E
No. A-5 TOU Secondary	3452-E, 3299-E, 1849-E
No. D Domestic Service - Single-family Accommodation	3453-E, 3321-E, 3322-E
No. DE Domestic Service to Company Employees	3454-E, 3324-E
No. DLI Domestic Service - CARE Rate	3455-E, 3469-E, 1857-E, 3284-E (T)
No. DM Domestic Service - Multi-family Accommodation	3456-E, 3328-E, 3286-E
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No. DO Domestic Service – Other	3459-E, 3290-E
No. NEM-L Net Energy Metering- Large	1931-E, 1932-W, 1933-E, 1934-E, 1935-E
No. NEM-S Net Energy Metering- Small	1936-E, 1937-E, 1938-E, 1939-E, 1940-E
No. GSD General Service Demand – Camp Oaks	3460-E, 1868-E
No. SL Street Lighting Service	3461-E, 2709-E
No. SSC Special Service Charges	3241-E, 2711-E
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No. SMO Smart Meter Opt-Out Residential Service	2445-E
No. PPC-LI Public Purpose Charge - Low Income	3404-E
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No. UF-E Surcharge to Fund PUC Utilities Reimbursement Account Fee	3430-E
No. TOU-EV-1 General Service Time of Use Electric Vehicle Charging	3334-E, 2606-E
No. TOU-EV-2 General Service Time of Use Electric Vehicle Charging	3335-E, 3336-E
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No. DGS Distributed Generation Service Program	3375-E, 2789-E, 2790-E
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No. 12 - Underground Electric Line Extension Contract New Commercial/Industrial Development	305-E, 306-E, 307-E
No. 13 - Underground Electric Line Extension Contract for Extension to a Residential Subdivision or Commercial/Industrial Development	308-E, 309-E, 310-E, 311-E
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No. 17 - California Alternate Rates for Energy (CARE) Notice/Application (English)	3465-E, 3466-E (T)
No. 17 - California Alternate Rates for Energy (CARE) Notice/Application (Spanish)	3467-E, 3468-E (T)
No. 19 - Non-Domestic Service CARE Program Application - Group Living Housing	3472-E (T)
No. 20 - Non-Domestic Service CARE Program Application - Employee Housing	3473-E (T)
No. 21 - Direct Access Implementation Form	1072-E
No. 22 - Net Metering and Interconnection Agreement	1179-E, 1180-E, 1181-E, 1182-E, 1183-E
No. 23 - Parallel Operation Inadvertent Export Interconnection Agreement	1506-E, 1507-E, 1508-E, 1509-E, 1510-E, 1511-E, 1512-E, 1513-E, 1514-E, 1515-E, 1516-E, 1517-E, 1518-E, 1519-E, 1520-E, 1521-E, 1522-E, 1523-E, 1524-E, 1525-E, 1526-E, 1787-E, 1788-E
No. 28 - Contract Demand Agreement for Customers Served Under Schedule A-5 TOU	1789-E, 1790-E, 1791-E, 1792-E, 1793-E
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No. 30 - Net Energy Metering Surplus Electricity Compensation Selection Form	1805-E, 1806-E, 1807-E, 1808-E, 1809-E, 1810-E, 1811-E, 1812-E, 1813-E, 1814-E
No. 31 - Interconnection and Net Energy Metering Agreement for Large Commercial Customers of a Solar, Wind or Hybrid of Both Generating Facility Having a Capacity of 30KW to 1,000 KW	1815-E, 1816-E, 1817-E
No. 32 - Application for the Interconnection of a Large Solar or Wind Turbine Electrical Generating Facility	1818-E, 1819-E, 1820-E
No. 33 - Application for the Interconnection of a Small Solar or Wind Turbine Electrical Generating Facility	1821-E, 1822-E, 1823-E, 1824-E, 1825-E, 1826-E, 1827-E, 1828-E, 1829-E, 1830-E
No. 34 - Interconnection and Net Energy Metering Agreement for Small Commercial Customers of a Solar, Wind or Hybrid of Both Generating Facility Having a Capacity of less than 30KW	1881-E*
No. 40 - Application As Small Business Customer Under Government Code Section 14837	

Form No. 19
APPLICATION FOR CALIFORNIA ALTERNATE RATES FOR ENERGY (CARE)
PROGRAM
FOR GROUP LIVING FACILITIES

INSTRUCTIONS

1. Read the information provided in this application.
2. Determine if the facility meets the eligibility criteria for a nonprofit group living facility. The facility must meet ALL criteria in order to qualify for the CARE discount.
3. Complete the entire application (please print or type). Nonprofit corporations must complete this application for all qualified satellites.
4. Attach all required documents. The application is not considered complete without documents.
6. MAIL TO: Bear Valley Electric Service, Inc.
California Alternate Rates for Energy
P. O. Box 1547
Big Bear Lake, CA 92315

Discount

If qualified, a nonprofit group living facility will be eligible for a CARE discount on all rate elements of that portion of its bill for energy serving the residential end-users.

For Homeless Shelters

- Homeless shelters must provide verification to BVES that they provide at least 6 beds for a minimum of 180 days out of the year for persons who have no alternative residence.
- Homeless shelters operated in a government-owned or subsidized building by a nonprofit organization may qualify for CARE so long as the nonprofit entity is the BVES customer of record for the site, and a minimum of 70% of the energy consumed on site is used for residential purposes (eating or sleeping).

Individual Eligibility Guidelines

- Each resident whose total gross annual income (taxable and non-taxable) from all sources is no more than 200% of the federal poverty level income guidelines and is not claimed as a dependent on another person's income tax return
- Exclusions**
 - Publicly-owned and government-subsidized housing facilities are not qualifying group living facilities. A group living facility that would otherwise qualify for CARE would not be ineligible because compensation for room, board, or services is provided by a governmental agency on behalf of the resident under a disability, Supplemental Security Income (SSI), Social Security Administration (SSA), or other governmental assistance program.
 - Facilities such as student housing and/or dorms, military barracks, fraternities and/or sororities are excluded.
 - The discount cannot be used to offset any direct governmental subsidies.
 - Any for-profit entity is ineligible

FACILITY ELIGIBILITY CRITERIA

The facility MUST meet all of the following criteria:

- The discount shall be used for the direct benefit of the income eligible residents in the facility (e.g., improved quality of care or improved food service).
- A licensed or appropriately permitted nonprofit establishment where 100% of the residents meet the Commission's existing CARE income eligibility standard for a single-person household, as shown on BVES' Rate Schedule No. D-LI.
- A minimum of 70% of the energy consumed on site must be used for residential purposes.
- Homeless shelters, women's shelters, or hospices that would otherwise qualify but are not licensed or do not possess a Conditional Use Permit, may qualify. Such facilities may qualify provided adequate proof satisfactory to BVES is submitted and approved showing that its residents meet the CARE income eligibility requirements, and that its services are being provided to benefit income eligible residents.
- A nonprofit owner and/or operator of a government subsidized residential facility may be eligible if services besides lodging are provided to residents, and all other eligibility criteria are met.

Certification Requirements

- Facilities must recertify every two years to receive CARE.
- Nonprofit status of the corporation and/or facility, including homeless shelters, must be evidenced by including a letter of tax-exempt nonprofit status under Internal Revenue Service Code Section 501(c)(3).
- Services provided to residents of licensed or permitted group living facilities must be evidenced by including a current certification from the appropriate state licensing agency or copy of Conditional Use Permit along with the application. Homeless shelters are not required to certify provision of services, but must meet the minimum operational requirements and provide, if permitted, a copy of a current Conditional Use Permit.
- Other non-licensed or non-permitted facilities must provide adequate proof satisfactory to BVES that its residents meet the income eligibility requirements, and that its services are being provided to benefit income eligible residents.
- Except for homeless shelters, the facility must provide proof of every resident's eligibility by completing a CARE application form (properly authorized by the resident). Individual documentation of income may be waived for those seeking lodging at homeless shelters.
- At the time of each certification, all participating facilities, including homeless shelters, are required to demonstrate to BVES that they have passed on the discount for the benefit of the income eligible residents. Reasonable certification shall include a statement of the dollar amount of the annual discount and an explanation of how those funds were spent for the benefit of the income eligible residents.

(T)

(T)

Form No. 20
APPLICATION FOR CALIFORNIA ALTERNATE RATES FOR ENERGY (CARE)
PROGRAM
FOR QUALIFIED AGRICULTURAL EMPLOYEE HOUSING FACILITIES

INSTRUCTIONS

- | | |
|--|---|
| 1. READ ALL Information and instructions before you complete this application. If you have questions, call 1-800-808-2837, Monday through Friday, 8:00 am to 5:00 pm. | 3. COMPLETE the entire application (please print or type). Complete a separate application for each qualified facility. (T) |
| 2. DETERMINE: If the facility meets the definition of qualified agricultural employee housing. The facility MUST meet ALL criteria to qualify for the CARE discount. | 4. ATTACH all required documents. (Application is not considered complete without documents.) |
| | 5. MAIL TO: Bear Valley Electric Company
California Alternate Rates for Energy
P O Box 1547
Big Bear Lake, CA 92315 |

DISCOUNT

The CARE program provides a discount off the utility bill for Facilities that meet program criteria. The discount and eligibility criteria were established by the California Public Utilities Commission. The discount rates, upon formal approval by the California Public Utilities Commission, are available to qualified facilities. The facility will receive the discount after the utility receives and approves the application.

ELIGIBILITY CRITERIA FOR APPLICANT

Each applicant **MUST** meet ALL of the following criteria:

- * Applicant must be the utility customer of record.
- * Applicant must verify that 100% of the residents and/or households meet the CARE income guidelines, excluding any employee operating or managing the facility who resides at the facility. (See BVES Inc.'s Schedule No. D-LI for the current qualifying CARE Income guidelines.)
- * Applicant is required to certify CARE eligibility annually by completing a new application, including:
 - * How the discount will be used in the first year for the direct benefit of the residents, and
 - * At annual re-certification, how the past year's discount was used

ELIGIBLE FACILITIES

MIGRANT FARMWORKER HOUSING CENTERS, provided pursuant to Section 50710 of the Health and Safety Code: (T)

* Supporting documentation required:

* Provide copy of current contract with the office of Migrant Services, Department of Housing and Community Development. (This documentation states the center is currently authorized to provide housing.)

* Total energy used:

- Master-metered facilities must be 70% residential use.
- Individually metered units must be 100% residential use. (T)

EMPLOYEE HOUSING (privately owned), as defined in Section 17006 of the Health and Safety Code, that is licensed and inspected by state and/or local agencies pursuant to Part 1(commencing with Section 1700) of Division 13.

* Supporting documentation required:

* Provide copy of current permit issued by the State Department of Housing and Community Development.

* Total energy used must be 100% residential.

BEAR VALLEY ELECTRIC SERVICE, INC.

G.O. 96-B

SERVICE LIST

AGNES ROBERTS, FINANCIAL ANALYST
AGNES.ROBERTS@BBCCSD.ORG
EMAIL ONLY

CITY CLERK
CITY OF BIG BEAR LAKE
39707 BIG BEAR BLVD.
P.O. BOX 10000
BIG BEAR LAKE, CA 92315

CITY ATTORNEY
CITY OF BIG BEAR LAKE
39707 BIG BEAR BLVD.
P.O. BOX 10000
BIG BEAR LAKE, CA 92315

COUNTY CLERK
COUNTY OF SAN BERNARDINO
385 N. ARROWHEAD AVENUE - 2ND FLOOR
SAN BERNARDINO, CA 92415-0140

COUNTY COUNSEL
COUNTY OF SAN BERNARDINO
385 N. ARROWHEAD AVENUE - 2ND FLOOR
SAN BERNARDINO, CA 92415-0140

ASST ATTORNEY GENERAL
OFFICE OF THE ATTORNEY GENERAL
STATE OF CALIFORNIA
300 SOUTH SPRING STREET
LOS ANGELES, CA 90013

ERIC JANSSEN
ELLISON, SCHNEIDER & HARRIS LLP
2600 CAPITOL AVE., STE. 400
SACRAMENTO, CA 95816-5905
ERICJ@ESLAWFIRM.COM

WADE REESER, VP, OPERATIONS
BIG BEAR MOUNTAIN RESORTS
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BIG BEAR LAKE CA 92315
WREESER@MAMMOTHRESORTS.COM

PETER EICHLER
LIBERTY UTILITIES
2865 BRISTOL CIRCLE
OAKVILLE, ONTARIO L6H 7H7
PETER.EICHLER@LIBERTYUTILITIES.COM

MIKE LONG
CALIFORNIA PACIFIC ELECTRIC CO., LLC
933 ELOISE AVENUE
SOUTH LAKE TAHOE, CA 96150
MIKE.LONG@LIBERTY-ENERGY.COM

RANDLE COMMUNICATIONS
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BRENT TREGASKIS
BEAR MOUNTAIN RESORT
P O BOX 77
BIG BEAR LAKE, CA 92315

SOUTHERN CALIFORNIA EDISON CO.
P. O. BOX 800
ROSEMEAD, CA 91770

PATRICK O'REILLY
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NAVAL FACILITIES ENGINEERING COMMAND
REA. D. ESTRELLA
SOUTHWEST DIVISIONM
1220 PACIFIC HIGHWAY
SAN DIEGO, CA 92132
REA.ESTRELLA@NAVY.MIL

LIBERTY UTILITIES
9750 WASHBURN ROAD
DOWNEY, CA 90241
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MRW & ASSOCIATES, LLC
1736 FRANKLIN STREET, SUITE 700
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WAM@MRWASSOC.COM

ATTACHMENT A

2024-2025 CARE ESA and FERA Annual Income Guideline Letter

PUBLIC UTILITIES COMMISSION

505 VAN NESS AVENUE
SAN FRANCISCO, CA 94102-3298



April 15, 2024

Chris McRoberts
Pacific Gas & Electric Company
77 Beale St., Mail Code B13U
P.O. Box 770000
San Francisco, CA 94177

Alan Salazar
San Diego Gas & Electric
8330 Century Park Court,
CP32F
San Diego, CA 92123

Kristine Huliganga
Southern California Gas
Company
P.O. Box 1626
Monterey Park, CA 91754-8626

Joni Key
Southern California Edison
8631 Rush Street
Rosemead, CA 91770

Michael Lamond
Alpine Natural Gas
15 St Andrews Rd # 7
Valley Springs, CA 95252

Valerie Ontiveroz
Southwest Gas Corporation
10682 Pioneer Trail
Truckee, CA 96161

Dan Marsh
Liberty Utilities (CalPeco
Electric) LLC
9750 Washburn Road
Downey, CA 90241

Charity Spires
PacifiCorp
PO Box 26000
Portland, OR 97256-0001

Ronald Moore
Bear Valley Electric Service
42020 Garstin Dr.
Big Bear Lake, CA 92315

Ray Cazahar
West Coast Gas Company
9203 Beatty Dr.
Sacramento, CA 95826

RE: Notice to update the income guidelines to Investor Owned and Small Multi-Jurisdictional Utilities providing services under the California Alternative Rates for Energy (CARE), Family Electric Rate Assistance (FERA) and Energy Savings Assistance (ESA) programs.

Dear Representatives of Investor Owned and Small Multi-Jurisdictional Utilities,

Energy Division is issuing this notice to update the income guidelines for the CARE, FERA, and ESA Programs in compliance with Decision (D) 12-08-044.¹ The utilities are requested to file revised tariffs with the Energy Division reflecting the income levels specified below by May 7, 2024.

CARE and ESA Program Income Guideline Updates:

The 2024-2025 CARE and ESA Programs' income limits have been updated in compliance with Public Utilities ("P.U.") Code Section 739.1 (a) and 2790 (f)(g).² Federal Poverty Guideline values and corresponding household size are used to determine the revised annual CARE, ESA, and FERA Programs' income limits.³ The Federal Poverty Guidelines are updated annually in January in the Federal Register

¹D.12-08-044. Ordering Paragraph 119.

²PU Code Section 739.1(a) states: *The commission shall continue a program of assistance to low-income electric and gas customers with annual household incomes that are no greater than 200 percent of the federal poverty guideline levels, the cost of which shall not be borne solely by any single class of customer.*

PU Code Section 2790 states: (f)(1) *For purposes of this section, "low-income customers" means persons and families whose household income is at or below 250 percent of the federal poverty level...* (g) *This section shall become operative on July 1, 2022.*

³ Household income limitations per the Federal Poverty Guidelines are used to determine if a person or household qualifies for CARE, ESA, or FERA. This aligns with the requirements of P.U. Code Sections 739.1 (b)(1), 739.12 (a), and 2790 (f)(1) respectively.

by the U.S. Department of Health and Human Services under the authority of 42 U.S.C. 9902(2).⁴ In 2021, Senate Bill 756 updated P.U. Code Section 2790 by changing the income limits of ESA program eligibility from referencing P.U. Code 739.1 (which defined low-income as households with income no greater than 200 percent of the Federal Poverty Guidelines) to now establishing the ESA Programs' income limits at or below 250 percent of the Federal Poverty Guidelines beginning July 1, 2022.

The 2024-2025 income limits for CARE and ESA are provided below for household sizes of 1-8 persons.

Effective June 1, 2024 to May 31, 2025, CARE Programs' income limits are as follows:

Table 1: CARE Income Guidelines

Household Size	Income Eligibility Upper Limit *
1-2	\$40,880
3	\$51,640
4	\$62,400
5	\$73,160
6	\$83,920
7	\$94,680
8	\$105,440
Each Additional Person	\$10,760
*Upper Limit Calculation = 200% of Federal Poverty Guidelines	

Effective June 1, 2024 to May 31, 2025, ESA Programs' income limits are as follows:

Table 2: ESA Income Guidelines

Household Size	Income Eligibility Upper Limit *
1	\$37,650
2	\$51,100
3	\$64,550
4	\$78,000
5	\$91,450
6	\$104,900
7	\$118,350
8	\$131,800
Each Additional Person	\$13,450
*Upper Limit Calculation = 250% of Federal Poverty Guidelines	

Family Electric Rate Assistance (FERA) Program Income Guideline Updates:

The California Public Utilities Commission (CPUC) authorized FERA, also known as the Lower Middle Income Large Household Program, in D.04-02-057 on February 26, 2004. In that decision,

⁴ The Federal Poverty Guidelines are updated annually in January and available online at: <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>

the CPUC stated that the use of CARE procedures for annual income guideline updates are also reasonable for the FERA program.⁵ P.U. Code Section 739.1 (5)(e)(2) requires a single application form for CARE and FERA to enable applicants to apply for the appropriate assistance program based on their economic need. D.05-10-044, dated October 27, 2005, raised the *lower* income limits of the FERA program to 200%+\$1 of the Federal Poverty Guideline levels, which correspond to the *upper* limits of the CARE program.

Effective June 1, 2024 to May 31, 2025, FERA income limits are as follows:

Table 3: FERA Income Guidelines

Household Size	Income Eligibility Lower Limit *	Income Eligibility Upper Limit **
3	\$51,641	\$64,550
4	\$62,401	\$78,000
5	\$73,161	\$91,450
6	\$83,921	\$104,900
7	\$94,681	\$118,350
8	\$105,441	\$131,800
Each Additional Person	\$10,760	\$13,450
*Lower Limit Calculation = 200% of Federal Poverty Guidelines (CARE) + \$1		
** Upper Limit Calculation = 250% of Federal Poverty Guidelines ⁶		

Note: The income limits established herein are effective for all new FERA, CARE, and ESA Programs' enrollments as well as CARE and FERA post-enrollment verifications, and re-certifications. The existing list of categorical eligible programs is retained unless updated per the direction of D.21-06-015. The Director of the Energy Division will continue to communicate new income levels annually and require energy utilities to file revised tariffs effective June 1st of each year.

The utilities are requested to file revised tariffs with the Energy Division reflecting the income levels specified above by May 7, 2024. Only the revised tariff sheets are required to be filed, however, please ensure that all tariffs, internet sites and printed materials about the CARE, FERA and/or ESA programs display the current income eligibility guidelines and their effective dates, up through a household of eight, as shown in the above tables. All tariffs, internet sites and printed materials about the CARE program should also indicate that unacceptable energy usage levels could result in removal from the program.⁷

If you have any questions regarding this notice, please contact Gillian Weaver at (213) 266-4740 or by e-mail at gillian.weaver@cpuc.ca.gov.

Sincerely,

⁵D.04-02-057. Finding of Fact 22.

⁶D.04-02-057. Page 2.

⁷D.12-08-044. Page 124 and PU code 739.1 (i)(1)



FOR

Leuwam Tesfai

Deputy Executive Director for Energy and Climate Policy /

Director of Energy Division

Leuwam.Tesfai@cpuc.ca.gov