

**EXHIBIT A**

**DESCRIPTION OF FACILITY SCHEDULE AND POINT OF INTERCONNECTION**

Facility Schedule No.

Point of Interconnection

*Member will, at Member's own cost and expense, operate, maintain, repair, and inspect, and shall be fully responsible for its Facilities, unless otherwise specified on Exhibit A.*

**FACILITIES SCHEDULE NO.**

- 1. Name:
- 2. Facilities location:
- 3. Delivery voltage:
- 4. Metering (voltage, location, losses adjustment due to metering location, and other:
- 5. Normal Operation of Interconnection:
- 6. One line diagram attached (check one):/ \_\_\_\_\_ Yes / \_\_\_\_\_ No
- 7. Facilities to be furnished by Cooperative:
- 8. Facilities to be furnished by Consumer:
- 9. Cost Responsibility:
- 10. Control area interchange point (check one): / \_\_\_\_\_ Yes / \_\_\_\_\_ No
- 11. Supplemental terms and conditions attached (check one): / \_\_\_\_\_ Yes / \_\_\_\_\_ No
- 12. Cooperative requirements for DG interconnection attached (check one):  
/ \_\_\_\_\_ Yes / \_\_\_\_\_ No

SOUTHERN ILLINOIS ELECTRIC  
COOPERATIVE:

MEMBER:

BY: \_\_\_\_\_

\_\_\_\_\_

TITLE: \_\_\_\_\_

\_\_\_\_\_

DATE: \_\_\_\_\_

DATE: \_\_\_\_\_