

CHARGE! PROGRAM APPLICATION FACILITY FORM



The Bay Area Air Quality Management District (Air District) is accepting applications for the FYE 2023 cycle of the Charge! Program. The Charge! Program provides grant funding to offset the cost of purchasing and installing new chargers for light-duty electric vehicles (EV) at workplaces, destinations, transit parking locations, along transportation corridors, and multi-unit dwelling facilities. More information is available at: www.baagmd.gov/charge.

Charge! Program applicants must verify that the proposed installation of EV charging infrastructure is authorized by the property owner and applicant for each facility listed in the application. The property owner and applicant must complete this Application Facility Form, including required signatures, and then upload the completed form as an attachment to the corresponding facility in the online Fluxx application.

The facility address must match the address listed in the online Fluxx application and match the

corresponding supplemental documents (facility maps, quotes).

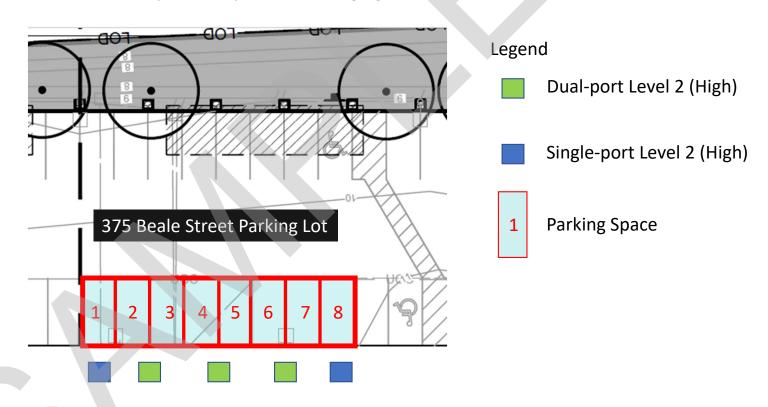
FACILITY ADDRESS

| Facility Address: | | | |
|---|---|--|--|
| City: | State: | Zip Code: | County: |
| APPLICANT ORGANIZATION | | | |
| The applicant organization is the ear funding agreement with the Air Ifunded EV charging infrastructure, | District and be co | ntractually obligate | ed to install and operate the |
| Applicant Organization: | | | |
| Primary Contact Name: | | Title: | |
| Phone: | Email: | | |
| I certify that to the best of my know any documentation accompanying application is true and accurate. Al may disqualify this application and and agrees to comply with the requ evaluation purposes only and does | g the Charge! Progr Iso, I understand tho any monies awarde uirements listed in th | ram application or su at any misstatements ed based on it. The c ne Charge! Program | ubmitted in furtherance of this or omissions of material facts applicant has read, understood, |
| Signature of authorized represer | | - | signature |
| Title: | | Date: | |

| PROPERTY OWNER | | | | | |
|---|---|--|--|--|--|
| Provide the name of the individual, organization, public a | gency, or trust that owns the property: | | | | |
| Property Owner: | | | | | |
| Primary Contact Name: Title: | | | | | |
| Phone: Email: | | | | | |
| The property owner hereby represents that the property owner located at | , the property owner consents charging infrastructure at the property, and complete and submit this Application | | | | |
| Signature of authorized representative of property owners | signature | | | | |
| Title: | Date: | | | | |
| | | | | | |

375 Beale Street - Map of Nearby Activity Centers and Charging Stations 333 Market Rincon Park 를 All filters Legend (Hours ▼ Databricks Inc. Instacart 💽 201 Mission Q Search this area Activity center SF Marathon Finish Line Transbay Transit Center Field Office hargePoint sharging Station International Smoke The GAP Headquarters **Existing** Salesforce West San Francisco charging station Blink Charging The Embarcadero & Folsom St Station Park Tower Meta 43 Proposed site Electric vehicle Charging Station Salesforce Tower The Embarcadero & Harrison St Salesforce Park The Crossing at East Cut sweetgreen sg 1st St SOMA Greenspace Bay Bridge BlackRock CorePower Yoga FITNESS SF - Transbay Lattice 💽 Woodlands Market Athleta Headquarters Philz Coffee Rincon Point PricewaterhouseCoopers Sofar Ocean Technologies Bay Cities Painters & Decorators 375 Beale St, San Temple Nightclub
San Francisco Portside Garage SoFi O Baycrest Perkins&Will ChargePoint Charging Station Hi Dive Bar 500 Folsom Apartments 399 Fremont weetgreen Suchada Thai Massage Red's Java House Hamburger • \$ Consulate General of Mexico, San Francisco Bryant St Rincon Green Apartments layside Lot - Lot #26 🕑 Consulado mexicano The Clancy, LinkedIn Autograph Collection Delancey St Fdtn Rincon Hill Christmas Tree Lot... 4.3 * (310 Dog Park Temporarily closed Jasper

375 Beale Street – Site Map and Proposed EV Charging Station Locations



EVSE Vendor Inc.

Address, City State Zip
California State Contractor License Number
#12345678

COST ESTIMATE

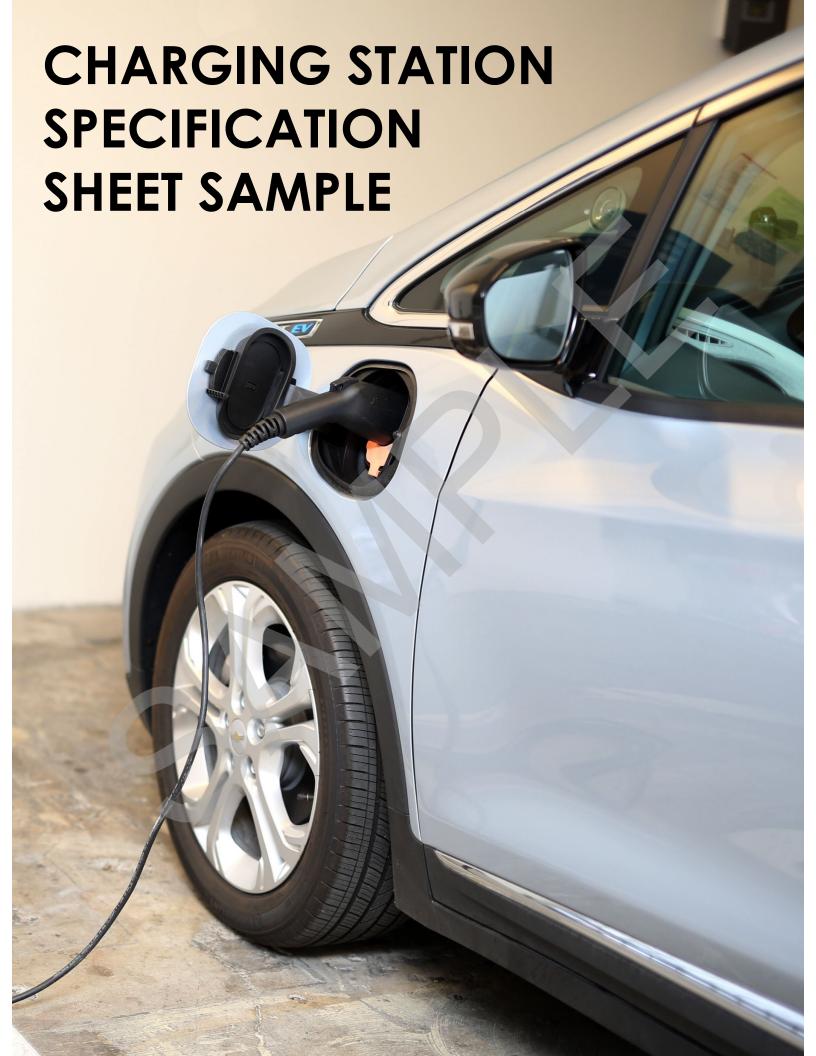
DATE: November 15, 2022

FROM: EVSE Vendor

BID/ PROJECT:

BAAQMD EV Charging Station Pricing

| ITEM | DESCRIPTION | UNIT | QTY | PRICE | | | TOTAL | | |
|------|--|------|-----|-------|-----------|----|-----------|--|--|
| 1 | Installation of 2" Conduit for EV Chargers | LS | 8 | \$ | 3200.00 | \$ | 3200.00 | | |
| 2 | Installation for Pull boxes for EV Chargers | LS | 8 | \$ | 2800.00 | \$ | 2800.00 | | |
| 3 | Installation of Conductors for EV Chargers | LS | 8 | \$ | 3,500.00 | \$ | 3,500.00 | | |
| 4 | Installation of Breakers for EV Chargers | LS | 8 | \$ | 2,000.00 | \$ | 2,000.00 | | |
| 5 | Installation of Concrete bases for EV Chargers | LS | 8 | \$ | 15,000.00 | \$ | 15,000.00 | | |
| | | | | | TOTAL: | \$ | 20,500.00 | | |



[CHARGING STATION TYPE]

[CHARGING STATION FEATURES]

[INFORMATION ABOUT ENERGY MANAGEMENT, NETWWORK, CUSTOMER SUPPORT]

[PRODUCT SPECIFICATIONS TABLE]

- MODEL
- POWER
- INPUT/OUTPUT
- CHARGE CONNECTOR TYPE
- NETWORK INFORMATION
- SAFETY & COMPLIANCE SPECIFICATIONS
- OPERATIONAL SPECIFICATIONS
- PEDESTAL SPECIFICATIONS

[INSTALLATION GUIDE]

Form W-9 (Rev. October 2018) Department of the Treasury

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS

| Interna | Revenue Service | • | Go to www.irs.go | v/FormW9 for instr | uctions and the lat | est informa | ation. | | | oona | | | | | | |
|--|---|----------------------------|---------------------------|---|--|-----------------------------|--------------------|-----------------------|---|-----------------------|----------------------------|--------------|---------------|--|--|--|
| | 1 Name (as shown | on your income | tax return). Name is re | equired on this line; do | not leave this line blank | L | | | | | | | | | | |
| | Bay Area Air Quality Management District | | | | | | | | | | | | | | | |
| | 2 Business name/ | disregarded entit | y name, if different from | m above | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| page 3. | 3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. | | | | | | | | 4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): | | | | | | | |
| e e | Individual/sol single-memb | le proprietor or er LLC | C Corporation | I£I S Corporation | S Corporation Partnership Trust/estate | | | | | | Exempt payee code (if any) | | | | | |
| Limited liability company. Enter the tax classification (C-C corporation, S-S corporation, P-Partnership) | | | | | | | | | | | | | | | | |
| Print or type. Specific Instructions on | Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that | | | | | | | | | | | | | | | |
| - 🚆 | is disregarded from the owner should check the appropriate box for the tax classification of its owner. | | | | | | | | (Applies to accounts maintained outside the U.S.) | | | | | | | |
| ě | Other (see in | | or suite no \ See instr | nuctions | | Decuerter | 'n name | 1 1 1 | | | | bode the | usy | | | |
| | 5 Address (number, street, and apt. or suite no.) See instructions. 8 375 Beale Street, Suite 600 6 City, state, and ZIP code | | | | | | | and ad | ai caa i | Ориона | , | | | | | |
| ő | | | | | | | | | | | | | | | | |
| | 2 | | | | | | | | | | | | | | | |
| | San Francisco, CA 94105 7 List account number(s) here (optional) | | | | | | | | | | | | | | | |
| | 7 Elst account han | nacijaj nere jopin | ornay | | | | | | | | | | | | | |
| Pa | Tayna | vor Idontifi | cation Number | /TIN\ | | | | | | | | | | | | |
| | | , | | | given on line 1 to a | unid S | locial s | ecurity r | numbe | 4 | | | $\overline{}$ | | | |
| Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a | | | | | | | | | | | | | | | | |
| 7/N, later. | | | | | | | | _ | | | | | | | | |
| Note: If the account is in more than one name, see the instructions for line 1. Also see What Name and Employer identification number | | | | | | | ╛ | | | | | | | | | |
| Numi | per to Give the He | quester for gui | delines on whose ni | umber to enter. | | (| 0 | - 0 | 0 | 0 0 | 0 | 0 0 | | | | |
| Par | till Certifi | ication | | | | | | | | | | | | | | |
| Unde | r penalties of perju | ury, I certify that | t: | | | | | | | | | | | | | |
| | | | | identification number | | | | | | | | | | | | |
| Se | m not subject to b rvice (IRS) that I ar longer subject to I | m subject to ba | ickup withholding a | m exempt from back s a result of a failure | up withholding, or (to to report all interest | b) I have no or dividend | t been is, or (| notified c) the IF | by the | ne Inter s notifie | nal R ed me | even that | ue I am | | | |
| 3. l a | n a U.S. citizen or | other U.S. pen | son (defined below); | and | | | | | | | | | | | | |
| 4. Th | e FATCA code(s) e | entered on this | form (if any) indicati | ng that I am exempt | from FATCA reporti | ing is correc | ot. | | | | | | | | | |
| | | | | if you have been not | | | | | | | | | cause | | | |

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here Signature of U.S. person Signature

_{Date} ► November 15, 2022

General Instructions

Section references are to the Internal Revenue Code unless otherwise

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (TIN), adoption taxpayer identification number (EIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

. Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- . Form 1099-S (proceeds from real estate transactions)
- . Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- . Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)
 Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

Charge! Program Sample Letter of Commitment

[Agency Letter Head]

[Date]

Attn: Anthony Fournier, Technology Implementation Officer Technology Implementation Office Bay Area Air Quality Management District 375 Beale Street, Suite 600, San Francisco, CA 94105

Dear Anthony Fournier,

As the [Title of the person with the authority to submit the application] of [Name of the organization], I authorize the enclosed submittal of the Charge! Program grant application for [Brief description of the project]. [If someone else will be the day-to-day contact for the project, please state this here and provide the person's name, title, and organization affiliation.]

[In this paragraph, describe your organization's background and your organization's experience that will lead to successful implementation of the project.]

[Name of organization] agrees to comply with all of the funding program and eligibility requirements contained in the Charge! Program application guidance. Through the enclosed Charge! Program grant application, we are applying for \$[Amount Requesting] and have secured matching funds in the amount of \$[Matching funds amount] from [Source of matching funds] for the balance of costs for the project to be completed. We also agree to acquire and place the EV charging station(s) into service within nine months from the date a funding agreement is executed and operate the station(s) until the usage requirements are met for a minimum of three years.

Thank you for considering our project for funding. Should you have any questions regarding the application, please contact [Name, Title] by email at [Email address] or by phone at [Phone number].

Sincerely,

[Name of the person with the authority to submit the application] [Title of the person with the authority to submit the application]