



**Separate Location Electric Vehicle Charging Station  
2019 Application**



**Date of Application:** \_\_\_\_\_

**Name of Applicant Organization:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Employer/Taxpayer ID (EIN/TIN):** \_\_\_\_\_ **DUNS Code:** \_\_\_\_\_

**Name of Main Point of Contact (printed/typed):** \_\_\_\_\_

**Title of Main Point of Contact:** \_\_\_\_\_

**Contact Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Eligible Applicant Type (check one):**

- Business registered in Montana with Secretary of State
- Federal, State, Local or Tribal Government Agency
- Incorporated Nonprofit

If applicable, please list names of additional organizations involved in the proposed project under this grant request:

**Project Schedule:** Provide a detailed project schedule that reflects a closing date no more than 12 months from the date the grant agreement is signed.

Milestones	Proposed Completion Date	Notes
Applicant seeks bids for charging station and installation.		
Applicant selects charging station vendor and contractor to complete project.		
Applicant receives electrical and other necessary permits.		
Charging station installation and necessary construction is complete.		
Charging station is operational.		
Applicant submits reimbursement to DEQ.		

**Project Location and Type:**

Please fill out the relevant information below to include all planned projects. Please attach supporting information or documents for each project, limited to 3 pages per project. Please indicate whether the station is located at a workplace, State Park or National Park, multi-unit dwelling, designated historic site, ski area, or resort. If it is located at a workplace and available only to employees, indicate how many employees it will serve. If the station is available only available to residents at a multi-unit dwelling, please indicate how many residents live at that location.

Unique name or number to identify planned projects	Level 2 or Level 3 station? *	Name of host site for charging station	Host site street address, including county	Single or dual port station?	Type of location and available to the public?	How many employees at workplace locations? How many residents at multi-unit housing locations?

**\*Justification for any Level 3 DCFC station** -Include information about the average vehicle dwell time for each proposed Level 3 location and why a Level 2 charging station would not be sufficient.

**Project Cost Summary:** For each charging station, please fill out information requested below. Additional spreadsheets and documentation can be attached if necessary.

Project Name/Number	Total Project Cost	Applicant share (\$ and %)	VW Fund Share (\$/%)	Estimated Charging Equipment Cost	Estimated installation cost	Other costs (permitting, utility, signage, battery storage or PV system cost etc.)

**Project Narrative:** Please answer the following questions for each charging station project that you are seeking funding under this opportunity (limit 250 words per question).

1. Please describe your project in more detail and include more information on the type of location, anticipated charging station users, how your project will encourage electric vehicle adoption, and any other information relevant to the goals and intent of the 2019 Charge Your Ride Montana RFA.

Additional documentation may be attached.

2. Please provide a detailed description of your project location, whether there are amenities in close proximity, and if so, describe the type of amenities including hours of access.

3. Please describe how the project will be maintained and kept in service for a minimum of 5 years. Maintenance agreements and plans should be attached if available.

4. Please describe how you will ensure proper cord management and cord retention at each charging station.

5. Do you plan to use on-site renewable energy and/or battery storage to provide power to the charging station? If so, please describe the renewable energy battery storage system (components and capacity).

6. Is your project located near sensitive areas and/or will it serve sensitive populations? Please use EPA's Environmental Justice screening tool to determine locations in sensitive areas and serving sensitive populations. The tool can be found at: <https://www.epa.gov/ejscreen>.

7. Will you be adding capability to the project site for future installation of higher capacity or additional chargers (future-proofing)? If so, please describe how you are doing this and include additional information (site design plans, etc.)

8. If you are awarded funding, do you anticipate any barriers for successful implementation of the project (permitting, purchase order approvals by management, etc.)?

9. If awarded, are you interested in hosting an electric vehicle ride and drive or electric vehicle workshop for your stakeholders, employees, owners, renters, lessees, or customers to educate them about electric vehicles?

10. Please describe your ability to meet match requirements. Cash on hand, funds from another grant, financing, etc. Additional documentation may be attached.

**Additional Materials:** In addition to this application, please submit the following information for all charging stations as attachments:

- Letter of commitment from charging station host sites demonstrating assurance that the charging station will remain at the site and operational for a minimum of 5 years.
- Letter of Commitment for match from the applicant and from additional project funding partners (if applicable) who will provide necessary matching funds for each project.
- Documentation from the electric utility serving the project location such as a letter of service notice, indicating power supply availability for the proposed project.
- Three different bids for each charging station project. If you are not able to receive three bids, please include a written explanation of the reason why.
- Plans and photo documentation that show exact charger and parking space locations.

**Certification:**

I certify that all proposed activities will be carried out; that all grant money received will be utilized solely for the purpose for which it is intended; that records documenting the planning process and implementation will be maintained and submitted when requested. It is understood that if this project is selected a Grant Agreement with DEQ will be executed.

Authorized Representative Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Authorized Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_