

EVCS REBATE APPLICATION

(Please fill out an application for **each** proposed EVCS)

I. APPLICANT INFORMATION:

1	Applicant Name:		
2	Applicant Address:		
3	a. City:	b. State:	c. Zip:
4	a. Employer/Taxpayer ID:	b. DUNS Code:	
5	a. Contact Name:	b. Contact Title:	
6	a. Contact Phone:	b. Contact Fax:	
7	Contact Email:		
8	Applicant Type: <input type="checkbox"/> Government, <input type="checkbox"/> Business, or <input type="checkbox"/> Nonprofit Organization		

II. Project Summary:

1	Project Name:		
2	Brief Project Description:		
3	Project Address:		
4	a. City:	b. County:	
5	EVSC Type: <input type="checkbox"/> Level 2 or <input type="checkbox"/> Level 3 DCFC		
6	List Nearby Public Amenities (e.g. restrooms, convenience stores, restaurants, businesses, tourist destinations) and Distances from EVCS:		
7	<p>For this site attach the following:</p> <input type="checkbox"/> Local map or aerial photo annotated to show charging site and locations and distances of amenities <input type="checkbox"/> For Highway Corridor Site, map showing charging site and route/distance to the highway <input type="checkbox"/> Documentation from the electric utility serving the project location such as a letter of service notice, indicating power supply availability for the proposed project. <input type="checkbox"/> If applicant is not the site owner, signed letter from site owner approving application and opportunity to remain operational for a minimum of three years.		

III. CHARGING EQUIPMENT BIDS/QUOTES - Provide a summary of bids/quotes from three vendors for the charging equipment, data network plans, and warranty/maintenance plans in the table below in order of aggregate cost. Attach copies of the bids/quotes to the application.

1	List Charging Equipment:	Low Bid Amount:
		Middle Bid Amount:
		High Bid Amount:
2	List 3-Year Data Network Plans:	Low Bid Amount:
		Middle Bid Amount:
		High Bid Amount:
3	List 3-Year Warranty/Maintenance Plans:	Low Bid Amount:
		Middle Bid Amount:
		High Bid Amount:

IV. CHARGING EQUIPMENT INSTALLATION BIDS/QUOTES - Provide a summary of bids/quotes from three licensed electrical contractors for installation of the charging equipment in order of aggregate cost. Attach copies of the bids/quotes to the application.

1	Installation Costs:	Low Bid Amount:
		Middle Bid Amount:
		High Bid Amount:

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V. SIGNS, BOLLARDS, AND PAVEMENT MARKINGS BIDS/QUOTES - Provide a summary of bids/quotes from three vendors, unless it is included in the work by the electrical contractor above. Attach copies of the bids/quotes to the application.

1	Signs, installation, and pavement markings:	Low Bid Amount:
		Middle Bid Amount:
		High Bid Amount:

VI. ELECTRIC SERVICE UPGRADES BIDS/QUOTES - Provide a list of electric service upgrades required to service the installed charger with estimated costs. Attach estimates to the application.

1	List required updates:	Estimated Amounts
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VII. BUDGET SUMMARY

1	Budget Category	Low Bid Amount
2	Charging Equipment	\$
3	3-Year Data Network Plan	\$
4	3-Year Warranty/Maintenance Plan	\$
5	Charging Equipment Installation	\$
6	Signs and Parking Space Markings (if not included with equipment installation)	\$
7	Electric Utility Service Upgrades	\$
8	Total Project Costs	\$

9 Please describe the source(s) and amounts of funds providing the applicant match and any public/private partnerships:

10 Please describe the proposed fee/rate structure for users of the EVCS and method of payment:

VIII. APPLICANT CERTIFICATION AND SIGNATURE

I certify that to the best of my knowledge the information contained in this application and in the supplemental material is correct and complete. I certify that the funding requested satisfies the eligibility requirements for this Program as represented in the Program Description and related materials. I certify that I understand that the funding under this Program is subject to restrictions and other conditions listed in the Program Description. I authorize DENR to make any necessary inquiries to verify the information that I have presented. I acknowledge that the information in this application is not confidential and may be released as required by the Program.

Printed Name and Title of Responsible Party:

Signature:	Date:
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Applications are to be submitted by email to barb.regynski@state.sd.us or by mail to:

VW Rebate Programs
 SD DENR – AQ Program
 523 E Capitol
 Pierre, SD 57501