



Antelope Valley Air Quality Management District
43301 Division Street, Suite 206
Lancaster, CA 93535
(661) 723-8070

EV CHARGING STATIONS PROGRAM APPLICATION

All applicants must complete this form.
Please print or type all information on this and any attached applications.

APPLICANT INFORMATION												
Company Name		Mailing Address										
Type of Business												
Contact Person		City										
Title		State		ZIP								
Phone Number		Fill in physical address below if different from mailing address										
Fax Number		Physical Address										
E-mail Address		City										
Name and title of person who will sign Agreement	Name	State		ZIP								
	Title											
Tax ID (Check one)	<input type="checkbox"/> Federal Employers ID #			--								
	<input type="checkbox"/> Individual/Sole Proprietor			--		--						

NOTE: ALL PROJECTS MUST RECEIVE BOARD APPROVAL BEFORE ANY WORK CAN BEGIN.
 GENERALLY GRANTS ARE ISSUED IN THE FORM OF REIMBURSEMENT AFTER PROJECT COMPLETION.

APPLICATION STATEMENT

- I understand that in order to receive incentive funds, I must enter into a Grant Agreement (contract) with the Antelope Valley Air Quality Management District (AVAQMD) and that there will be conditions placed upon receiving the grant award. I agree to refund the grant award, or a portion thereof as specified in the Grant Agreement, if it is found that at any time I do not meet those conditions and if directed to do so by the AVAQMD or the California Air Resources Board (ARB).
- I shall not place orders, make purchases or begin any work associated with this project until notified by the AVAQMD that all parties have signed the project's Grant Agreement and it is effective.

- I certify that the applicant entity is in compliance and will remain in compliance with all applicable federal, state, and local laws, air quality rules and regulations.
- I understand that disclosure is required of the value of any current financial incentive that directly reduces the project price, including tax credits or deductions, grants, or other public financial assistance. An applicant that is not a public entity may have a requirement to provide a percentage of a project's eligible cost from non-public sources. The sum of project funding from all sources, including the Program funds and leveraged funds, shall not exceed the total project cost.
- I understand that all information provided with this application will be used by the AVAQMD and/or ARB to evaluate the eligibility of this application to receive incentive funds. AVAQMD/ARB will at its sole discretion determine which program funds, if any; will be used for this project. I understand that AVAQMD/ARB staff reserves the right to request additional information of the applicant and can deny the application if such requested information is not provided. AVAQMD will contact applicants who submit incomplete or illegible applications and work with them to complete the application. If the applicant does not respond within 30 days, the application shall be suspended; in such cases, that applicant can petition the AVAQMD to re-initiate the application if they supply the previously identified missing information. The AVAQMD may require the applicant to provide updated information.
- I understand that grant programs have limited funds and shall terminate upon depletion of program funding. The AVAQMD shall honor projects that have been contracted, but are under no obligation to honor applications prior to contracting.
- I understand that the AVAQMD will issue IRS form 1099 to grant recipients as required by law. It is the grant recipient's responsibility to determine their tax liability associated with their participation in the grant program.
- I certify that I have the legal authority to apply for incentive funding for the entity described in this application.
- I have reviewed the information contained in this application and all attachments and I certify under penalty of perjury that it is complete, accurate and correct.
- I agree to the above statements by signing below.

Printed Name of Responsible Party:	Title:
Signature of Responsible Party:	Date:

DELIVERABLES (All applicants must provide the information specified on this form)

1. Completed W-9 Form Required For Payment of Grant Award
2. Record-keeping for the life of the funded project: Please provide direct contact for the person responsible for providing annual reports with specific information as requested in conditions below:
 - Qualitative description of public and/or private uses
 - Annual usage per charger (e.g. kilowatt-hour) and the number of plug-in events
 - Any unscheduled downtime, including duration of downtime and causes of downtime

Name of Contact: _____ Title: _____

E-mail: _____ Phone: _____

3. Insurance policies naming AVAQMD as additional insured will be specified in the Grant Agreement.

PROJECT INFORMATION:

Project Site Location within the AVAQMD boundaries:

Address:
Anticipated Usage (number of electric vehicles and daily, monthly or annual kilowatt-hour usage):
Description of proposed project (area, safety, accessibility and convenience) and (i.e. one (1) Level-2 dual-port and one (1) Level-3/DC Fast dual-port charging stations) and (estimated project start and completion dates):

Equipment Vendor Information:

Contact		Address		
Company		City		
Phone		State	ZIP	
Fax		E-mail		

- **PLEASE ATTACH ESTIMATES/QUOTES FOR THE PROJECT.**
- **SCHEDULE AVAQMD STAFF TO PERFORM ON-SITE PROJECT LOCATION INSPECTION AFTER APPLICATION REVIEW AND ACCEPTANCE IS CONFIRMED.**

**PLEASE PROVIDE COMPANY INFORMATION / HISTORY (AN ATTACHMENT
MAY BE PROVIDED IN LEIU OF COMPLETING THIS SECTION).**

How many years of business in the Antelope Valley:	Number of employees:
Description of business/operations:	
Description of community participation (i.e. charities, volunteer services):	

Request for Taxpayer Identification Number and Certification

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

Print or type
 See Specific Instructions on page 2.

Name _____	
Business name, if different from above _____	
Check appropriate box: <input type="checkbox"/> Individual/ Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶ <input type="checkbox"/> Exempt from backup withholding	
Address (number, street, and apt. or suite no.) _____	Requester's name and address (optional) _____
City, state, and ZIP code _____	
List account number(s) here (optional) _____	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). **However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3.** For other entities, it is your employer identification number (EIN). If you do not have a number, see **How to get a TIN** on page 3.

Note: If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number	<table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <tr><td style="width: 10%;"> </td><td style="width: 10%;"> </td><td style="width: 10%;"> </td><td style="width: 10%;"> </td><td style="width: 10%;"> </td><td style="width: 10%;"> </td><td style="width: 10%;"> </td><td style="width: 10%;"> </td><td style="width: 10%;"> </td><td style="width: 10%;"> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>																														
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Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), **and**
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, **and**
3. I am a U.S. person (including a U.S. resident alien).

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 on page 4.)

Sign Here	Signature of U.S. person ▶ _____	Date ▶ _____
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Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

Note: If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Foreign person. If you are a foreign person, use the appropriate Form W-8 (see **Pub. 515**, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.