



ANTELOPE VALLEY AIR QUALITY MANAGEMENT DISTRICT

2551 West Avenue H, Ste. 102

Lancaster, CA 93536

(661) 723-8070

ALTERNATIVE FUEL INFRASTRUCTURE GRANT PROGRAM APPLICATION

NOTE: ALL PROPOSED PROJECTS ARE SUBJECT TO GOVERNING BOARD APPROVAL. GRANTS ARE PROVIDED AS REIMBURSEMENT OF COSTS INCURRED AFTER AN APPROVED AND COMPLETED PROJECT. APPLICANT IS RESPONSIBLE FOR PAYMENT TO VENDOR AND SUBCONTRACTORS. STATION MUST BE IN OPERATION PRIOR TO PAYMENT OF GRANT.

SECTION 1: APPLICANT INFORMATION – ALL SECTIONS MUST BE COMPLETED

COMPANY NAME:		
TYPE OF BUSINESS:		
CONTACT PERSON:		TITLE:
MAILING ADDRESS:		
CITY:		STATE: ZIP:
PHONE:	FAX:	EMAIL:
PHYSICAL ADDRESS (IF DIFFERENT FROM MAILING):		
PHYSICAL CITY:		ZIP:
NAME OF SIGNEE:		
TITLE OF SIGNEE:		
TAX PAYER INFORMATION REQUIRED – COMPLETION OF W-9 ON PAGE 5		

SECTION 2: EQUIPMENT VENDOR/SALESPERSON INFORMATION

COMPANY NAME:		
CONTACT PERSON:		
ADDRESS:		
CITY:		STATE: ZIP:
PHONE:	FAX:	EMAIL:

SECTION 3: LICENSED CONTRACTOR – REQUIRED (EVITP FOR ELECTRIC PROJECTS)

COMPANY NAME:		
CONTACT PERSON:		
ADDRESS:		
CITY:		STATE: ZIP:
PHONE:	FAX:	EMAIL:

SECTION 4: APPLICATION STATEMENT

INITIAL/ACKNOWLEDGE THE FOLLOWING STATEMENTS:

_____ 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 proposed project has received Governing Board approval and all parties have signed the project's Grant Agreement and it is effective.

_____ I understand that all electric vehicle charging infrastructure and equipment located on the customer side of the electrical meter shall be installed by a contractor with the appropriate license classification, as determined by the Contractor's State License Board, and that at least one electrician on each crew, at any given time, holds an Electric Vehicle Infrastructure Training Program (EVITP) certification. Projects that include installation of a charging port supplying 25 kilowatts or more to a vehicle must have at least 25 percent of the total electricians working on the crew for the project, at any given time, holding EVITP certification. One member of each crew may be both the contractor and an EVITP certified electrician.

_____ I understand that documentation of compliance with all AB 841 (2020) is required, or if not applicable, documentation is provided explaining why the AB 841 requirements do not apply to the project. This document shall be provided by applicant's authorized representative and signed by responsible party.

_____ I certify that all sources of funding applied for at the time of the program application have been stated in the Funding Disclosure Statement, and that I shall update the Funding Disclosure Statement prior to payment of grant funds.

_____ An applicant that is not a public entity must provide at least 15 percent of a project's eligible cost from non-public sources. The sum of project funding from all sources shall not exceed 100% of the total project cost.

_____ 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, and that the applicant entity does not have any outstanding/unresolved/unpaid Notices of Violations

_____ 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 Grant 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:

DATE:

SIGNATURE OF RESPONSIBLE PARTY:

SECTION 5: NAME OF PROJECT CONTACT FOR THE PURPOSE OF PROJECT UPDATES AND ANNUAL REPORTING REQUIREMENTS

1. Project status reports until the project is complete and placed into operation. These reports shall include a discussion of any problems encountered and how they were resolved, any changes in the schedule, and recommendations for completion of the project.	
2. Annual reports , for the duration of the grant agreement term, the following information is required on an annual basis commencing on the twelfth (12th) month after completion of the Project and annually thereafter for the term of the grant agreement. Annual report (station metrics) may contain any or all of the following data: 1) The Project's total monthly or annual cumulative energy (kWh), dispensing volume or GGE; 2) GHG Savings (kg); 3) Gasoline Saved (Gal); 4) Charging Port I.D.; 5) Number of transactions at the Station; and 6) any Project operational or maintenance performance problems which may have been encountered for the preceding 12-month period.	
NAME OF CONTACT:	TITLE:
EMAIL:	PHONE:

SECTION 6: PROJECT TYPE & LOCATION

PROJECT TYPE: (i.e., Battery Charging (New Project, Conversion or Expansion of Existing) / Alternative Fueling (New Project, Conversion etc.)		
DOES THIS PROJECT INCLUDE SOLAR OR WIND POWER SYSTEMS (at least 50% of the energy provided to vehicles by this project will be generated from solar or wind)?		
<input type="checkbox"/> YES / <input type="checkbox"/> NO		
ADDRESS:		
CITY:	STATE:	ZIP:
LOCATION DESCRIPTION: Provide information about the area pertaining to safety, accessibility, and convenience of use.		
WILL THIS PROJECT BE PUBLICLY ACCESSIBLE? : <input type="checkbox"/> YES / <input type="checkbox"/> NO		
IF YES, <input type="checkbox"/> 24/7 / <input type="checkbox"/> DURING REGULAR BUSINESS HOURS _____ TO _____		

SECTION 7: TYPE OF ALTERNATIVE FUELING/CHARGING**REQUIRED - PLEASE ATTACH PROJECT PLAN/DRAWING/PHOTOS & COST ESTIMATE****COMPLETE THIS SECTION FOR ELECTRIC CHARGING INFRASTRUCTURE**

IS THIS CHARGING FOR <u>VEHICLE, LAWN AND GARDEN, OTHER</u>:	
PROJECT COSTS:	ESTIMATED PROJECT START & COMPLETION DATE:
EQUIPMENT MAKE:	EQUIPMENT MODEL:
CHARGER LEVEL/NUMBER OF PORTS: (i.e. (2) Level II, Single Port and/or (1) Level III, Dual Port)	
TOTAL NUMBER OF CHARGERS:	
ESTIMATED MONTHLY ENERGY DISPENSES (kWh):	
ESTIMATED NUMBER OF MONTHLY CHARGING EVENTS:	
ESTIMATED ELECTRICITY COST (\$ per kWh):	

COMPLETE THIS SECTION FOR CNG, HYDROGEN, LNG, OTHER INFRASTRUCTURE

PROJECT COSTS:	ESTIMATED PROJECT COMPLETION DATE:
FUEL TYPE: (i.e. CNG, HYDROGEN, LNG, OTHER)	
EQUIPMENT DESCRIPTION: (i.e., 3 pump slow fill CNG station)	
NUMBER OF DISPENSERS:	
ESTIMATED MONTHLY FUEL DISPENSED:	
ESTIMATED NUMBER OF MONTHLY FILLS:	
ESTIMATED NUMBER OF VEHICLES USING STATION (ANNUALLY):	
VEHICLE TYPE: (i.e., Light-Duty Passenger, Light-Heavy Duty, Medium-Heavy Duty, Transit, Off-Road Equipment)	

Request for Taxpayer Identification Number and Certification

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

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	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. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ 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. <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

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 TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number				
	-		-	
OR				
Employer identification number				
	-		-	

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. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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 ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

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 (ITIN), adoption taxpayer identification number (ATIN), 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.

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FUNDING DISCLOSURE STATEMENT

Have you applied for or been awarded other grants for any vehicle/equipment/engine listed in this application? <input type="checkbox"/> Yes, complete section below <input type="checkbox"/> No, skip the remaining items in this table and sign below.
Agency Applied to:
Date of Application:
Funding Amount:
Description of Vehicles/Equipment/Engines Included In This Request (list engine serial numbers):
Status of Application: <input type="checkbox"/> Cancelled <input type="checkbox"/> Pending <input type="checkbox"/> Funded <input type="checkbox"/> Other, explain:

(photocopy this page and complete for engines that received separate funding/grant requests)

BY SIGNING BELOW, THE APPLICANT HEREBY CERTIFIES THE FOLLOWING:

- (1) Applicant has disclosed to the Grantor/District any and all funding applications it has directly or indirectly submitted to any other source of funds, including but not limited to federal, state or local air pollution control districts or air quality management districts for the equipment as proposed in the initial application and this grant agreement (here after referred to as "Proposed Project".)
- (2) Applicant agrees to notify the District of any application(s) and agreement(s) made for the purpose of receiving any public financial assistance, incentives or grants from any other source of funds, including but not limited to federal, state, local air quality management districts or the California Air Resources Board for a multi-district solicitation. Applicant further agrees that failure to disclose funding from any other source related to the Proposed Project may result in termination of this grant agreement and applicant banned from submitting future applications to any federal, state or local air quality management districts.
- (3) Applicant has and will disclose the value of any current or prospective financial incentive or other public financial assistance, for the Proposed Project.
- (4) Applicant understands that if it is found to be in violation of the terms and conditions of this Grant Agreement and/or this Disclosure Statement, the California Air Resources Board may levee fines and/or seek criminal charges to the fullest extent allowed by law against the Applicant, including but not limited to the Business and Professional Code and California Health and Safety Code Section 43016.

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

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CAMPAIGN DONATIONS DISCLOSURE STATEMENT

Applicants applying for grant funding whereas action might be taken by the AVAQMD Governing Board shall disclose whether they have made campaign donations to any councilmember of the City of Lancaster or City of Palmdale.

Have you contributed to any City of Lancaster or City of Palmdale Council Member’s campaign within the last twelve (12) months?

_____Yes _____No

If so, please provide the recipients name _____,
date of the contribution, ____/____/_____.

Amount \$_____.

By signing below, I declare under penalty of perjury that I have read the disclosure requirement as stated above and that the response is true and correct to the best of my knowledge.

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