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| **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:  Government,  Business, or  Nonprofit Organization | | |
| II. Project Summary: | | | |
| 1 | Project Name: | | |
| 2 | Brief Project Description: | | |
| 3 | Project Address: | | |
| 4 | a. City: | b. County: | |
| 5 | EVSC Type:  Level 2 or  Level 3 DCFC | | |
| 6 | List Nearby Public Amenities (e.g. restrooms, convenience stores, restaurants, businesses, tourist destinations) and Distances from EVCS: | | |
| 7 | For this site attach the following:   |  | | --- | | Local map or aerial photo annotated to show charging site and locations and distances of amenities |   For Highway Corridor Site, map showing charging site and route/distance to the highway  Documentation from the electric utility serving the project location such as a letter of service notice, indicating power supply availability for the proposed project.  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, Data Plan, and Warranty/Maintenance Information and Costs: | 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:  b. New Bus Model Year: |
| 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 |
| VII. BUDGET SUMMARY | | |
| 1 | **Budget Category** | **Low Bid Amount** |
| 2 | Charging Equipment, Network Plan and Warranty/Maintenance Plan | $ |
| 3 | Charging Equipment Installation | $ |
| 4 | Signs and Parking Space Markings (if not included with equipment installation) | $ |
| 5 | Electric Utility Service Upgrades | $ |
| 6 | **Total Project Costs** | **$** |
| 7 | Please describe the source(s) and amounts of funds providing the applicant match and any public/private partnerships: | |
| 8 | Please describe the proposed fee/rate structure for users of the EVCS and method of payment: | |
| 9 | The maximum rebate amount will be up to 80% of the Total Project Costs from Section VII, Line 6 above. What would the minimum rebate % of the Total Project Costs from Section VII, Line 6 above you would accept to do the project? | **Minimum % Rebate**  **You Would Accept** |
| 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 DANR 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: |

Applications are to be submitted by email to [barb.regynski@state.sd.us](mailto:barb.regynski@state.sd.us) or by mail to:

VW Rebate Programs

SD DANR – AQ Program

523 E Capitol

Pierre, SD 57501