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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:

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|  [ ]  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 or by mail to:

VW Rebate Programs

SD DANR – AQ Program

523 E Capitol

Pierre, SD 57501