### 1.0 PURPOSE

### 2.0 GETTING STARTED

To get started with the application, download the following application documents and tools from the TxVEMP website at www.TexasVWFund.org:

- 1. Request for Grant Applications (RFGA): Grants for Light Duty Zero Emission Vehicle Level 2 Charging Equipment (LEVL2)
- 2. Project Application Form TCEQ-20878
- 3. IRS W-9 Form

### 3.0 APPLICATION SUBMISSION GUIDELINES

- 1. Applicants may include up to **10 activities at the same or separate location(s) in one application.** An applicant may apply for up to fifty (50) activities every three months.
- 2. Applications will be accepted for consideration during this grant period on a first-come, first-served basis via regular or express mail to one of the addresses below, or electronic mail to VWSettle@tceq.texas.gov.
- 3. Applications must have original signatures or electronic signatures where required to avoid being ineligible for a grant.

## 4.0 HOW TO APPLY

- 1. Review the eligibility requirements outlined in the RFGA.
- 2. Complete the Project Application TCEQ-20878 using the instructions below.
- 3. Print or save one copy of the completed TCEQ-20878 Project Application.
- 4. Print or save on copy of the completed W-9 Form to be included with the application submission.
- 5. Have the Authorized Official sign Project Application TCEQ-20878 where indicated. Use the checklist provided at the end of the application to ensure that you have not missed any signature pages.

6. Submit Project Application TCEQ-20878 and required attachments by the application deadline via electronic mail to <a href="https://www.texas.gov"><u>VWSettle@tcew.texas.gov</u></a> or by mail to one of the addresses below:

Regular Mail:	Express Mail:
TCEQ	TCEQ
Air Quality Division	Air Quality Division
Grant Development and Management	Grant Development and Management
Section, MC-204 TxVEMP	Section, MC-204 TxVEMP
P.O. Box 13087	12100 Park 35 Circle
Austin, TX 78711-3087	Austin, TX 78753

## 4.1 HOW TO COMPLETE AN APPLICATION

# Form 1: Application, Contract and Payment Approval

# 1. Applicant Legal Name (Performing Party)

Enter the name of the individual or entity applying for funding under the TxVEMP program. The Applicant Legal name entered here should match the name listed on the IRS W-9 form. If awarded a grant, the contract will be an agreement between the Performing Party and TCEQ.

## 2. Project Summary

- Total Number of Activities: List the number of Level 2 Chargers for which you are applying for funding in this application by using the Drop Down.
- Total Requested Grant Amount: Multiply the number of activities by \$2500.00 and select the amount from the Drop Down.

## 3. Applicant Signature (Performing Party)

- Performing Party Printed Name: Print the Applicant Legal Name.
- Title: Enter the Performing Party's business title.

- Performing Party Signature: The Authorized Official must sign this form.
- Date of Signature: Enter the date this form was signed.

# Form 2: Applicant Information

### 1. Business Information

Identify the applicant type by selecting the applicable ownership code from the dropdown list.

- I Individual: A person not owning a business. The applicant must provide a Social Security Number (SSN).
- **S Sole Proprietor:** A person operating as a business that has not been incorporated. The applicant may be registered under an assumed name (commonly referred to as a DBA). The applicant must provide a SSN or Federal Employers Identification Number (FEIN) registered with the Texas Secretary of State (SOS).
- **Partnership**: A legal relationship that exists between two or more persons or other legal entities contractually associated as a business. The applicant must provide an FEIN registered with the Texas SOS.
- **Limited Partnership**: Partnership formed by two or more persons and having one or more general partners and one or more limited partners. The applicant must provide a FEIN registered with the Texas SOS.
- **Texas Corporation**: A profit or non-profit Corporation chartered by the State of Texas. The applicant must provide a FEIN registered with the Texas SOS.
- Professional Association: An entity that provides a professional service requiring a state license, such as medical doctors and related professional organizations. The applicant must provide a FEIN registered with the Texas SOS.
- **Professional Corporation**: An entity that provides a professional service requiring a state license, other than those related to the practice of medicine. The applicant must provide a FEIN registered with the Texas SOS.
- Out-of-State Corporation: A profit or non-profit Corporation chartered by a
  governmental entity outside the state of Texas, with the right to transact business
  in the state of Texas. The applicant should have an 11-digit Texas Taxpayer
  Number active with the Texas Comptroller's Office and a Texas SOS File Number.
  The applicant must provide a FEIN.

- Governmental Entity: Any county or legal government agency not created by the Texas Legislature, such as city governments and federal agencies. Does not include Texas state agencies or institutions of higher education. The applicant must provide a FEIN.
- **State Agency/University**: Any Texas state agency or institution of higher education created by the Texas Legislature. The applicant must provide a FEIN. Does not include federal agencies or state agencies of other states.
- Other: Organizations not defined within one of the other ownership types; such as estates, or informal organizations not chartered by the Texas Secretary of State. The applicant must provide a FEIN.

# **Payee Identification Number**

- SSN: If applying as an individual or sole proprietor, enter the applicant's Social Security Number (SSN).
- FEI: If applying as a company or other entity, enter the FEI.

## 2. Authorized Official

The Authorized Official is the applicant, or an employee of the applicant authorized to apply for funding under the TxVEMP. Provide the name, title, address, phone number, and email address of the Authorized Official. Enter the Authorized Official's address for the delivery of overnight mail or packages. The physical address cannot be a P.O. Box. If the mailing and physical address are different, provide both.

# 3. Designated Project Representative

The designated project representative is the applicant or an employee of the applicant who will serve as the point of contact for this application. This person may not be a consultant, dealer, or subcontractor. Provide the name, title, address, phone number, and email address of the Designated Project Representative. Enter the Designated Project Representative's address for the delivery of USPS mail. The physical address cannot be a P.O. Box. If the mailing and physical address are different, provide both.

*①* Are the Authorized Official and the Designated Project Representative the same? Mark the box with an "X" and continue to Section 3. Designated Location for Records Access.

# 4. Designated Location for Records Access

Provide the physical address where the records for the project will be kept.

# Form 3: Third-Party Preparer Signature Page

Was the application prepared by a Third-Party Preparer? Mark Yes or No. A Third-Party Preparer is assisting the applicant in the preparation of a grant application. A third-party may include consultants, dealers, or anyone who is not related to or a current employee of the applicant.

If YES, the third-party preparer must complete and sign this form. It is still the applicant's responsibility to ensure that the information listed in the application is true and accurate.

# Form 4: Equipment Information

Enter the following information for each activity in the application.

Enter the activity number at the top of each page and press the + sign to add additional activity pages if needed before completing this form. If completing the application by hand, print additional copies of this page.

### 1. Equipment Information

- Description: Enter the type of equipment.
- Estimated Cost per Unit: Enter the estimated full cost of this activity.
- Enter the number of vehicles that can be charged with a single unit (each unit must have at least two charging plugs).

# 2. Equipment Location Information

- Enter the name of the location where the equipment will be located (i.e. ABC Superstore)
- Physical Address: Enter the physical address where the equipment will be located.
- City: Enter the city of the physical equipment location.
- Zip Code: Enter the zip code of the physical equipment location.
- County: Enter the county of the physical equipment location.
- Location Type: Use the drop down to select if the location is a public place, workplace, or multi-unit dwelling.

# Form 5: Certification of Eligibility

All individuals or business entities, including sole proprietors, must complete this form regardless of whether child support obligations apply to the grant applicant.

Check the box that applies:

Check **box 1** if applying as an individual or sole owner. If checked, enter name and SSN of the individual or sole owner.

Check **box** 2 f applying as an entity owned by one or more individuals who own more than 25% of the entity. If checked, enter the name and SSN of each individual who owns 25% or more of the business.

Check **box** 3 if applying as an entity owned by one or more individuals who own *less than* 25% of the entity.

Check **box** 4 if applying as a governmental entity.

The Authorized Official must provide original or electronic initials.

# Form 6: Program Certifications

Read the entire form (2 pages). By signing the application, the Authorized Official indicates that they understand and agree to these certifications.

## **Contract Terms and Conditions**

Read the terms and conditions in their entirety.

# Checklist

Review and complete this form to ensure that all appropriate forms are signed, and all additional documents are submitted with the application.