

The logo features the word "CHARGE!" in a bold, blue, sans-serif font, enclosed within a blue rectangular border. To the right of the text is a stylized graphic of a hand with fingers spread, rendered in a light blue color.

CHARGE! PROGRAM APPLICATION FACILITY FORM



The Bay Area Air District (Air District) is accepting applications for the FYE 2025 cycle of the *Charge!* Program. The *Charge!* Program provides grant funding to offset the cost of purchasing and installing new chargers for light-duty electric vehicles (EV) at workplaces, destinations, transit parking locations, and multi-family housing facilities. More information is available at:

www.baaqmd.gov/charge.

Charge! Program applicants must verify that the proposed installation of EV charging infrastructure is authorized by the property owner and applicant for each facility listed in the application. The property owner and applicant must complete this Application Facility Form, including required signatures, and then upload the completed form as an attachment to the corresponding facility in the online Fluxx application.

FACILITY ADDRESS

The facility address must match the address listed in the online Fluxx application and match the corresponding supplemental documents (facility maps, quotes).

Facility Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

APPLICANT ORGANIZATION

The applicant organization is the entity that, if approved for *Charge!* Program funding, will enter into a funding agreement with the Air District and be contractually obligated to install and operate the funded EV charging infrastructure, in addition to completing and submitting all necessary reports.

Applicant Organization: _____

Primary Contact Name: _____ Title: _____

Phone: _____ Email: _____

I certify that to the best of my knowledge, the information contained in this Application Facility Form and in any documentation accompanying the *Charge!* Program application or submitted in furtherance of this application is true and accurate. Also, I understand that any misstatements or omissions of material facts may disqualify this application and any monies awarded based on it. The applicant has read, understood, and agrees to comply with the requirements listed in the *Charge!* Program Guidance. This application is for evaluation purposes only and does not guarantee project funding.

Signature of authorized representative of applicant organization: _____ *Signature*

Title: _____ Date: _____

PROPERTY OWNER

Provide the name of the individual, organization, public agency, or trust that owns the property:

Property Owner: _____

Primary Contact Name: _____ Title: _____

Phone: _____ Email: _____

The property owner hereby represents that the property owner is the vested owner of the real property located at _____, the property owner consents to the applicant organization's intent to install and operate EV charging infrastructure at the property, and the authorized representative signing below has the authority to complete and submit this Application Facility Form on behalf of the property owner.

Signature of authorized representative of property owner: _____ *Signature*

Title: _____ Date: _____

SAMPLE

Request for Taxpayer Identification Number and Certification

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

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

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	<p>1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)</p> <p>Bay Area Air District</p> <p>2 Business name/disregarded entity name, if different from above.</p> <p>3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes.</p> <p> <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input checked="" type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) <input type="checkbox"/> Other (see instructions) </p> <p>Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.</p> <p>3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/></p> <p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) <input type="text"/></p> <p>Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) <input type="text"/></p> <p style="text-align: right; font-size: small;">(Applies to accounts maintained outside the United States.)</p> <p>5 Address (number, street, and apt. or suite no.). See instructions.</p> <p>375 Beale Street, Suite 600</p> <p>6 City, state, and ZIP code</p> <p>San Francisco, CA 94105</p> <p>7 List account number(s) here (optional)</p> <p style="text-align: right;">Requester's name and address (optional)</p>
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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. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number										
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> </tr> </table>										
or										
Employer identification number										
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0	0	-	0	0	0	0	0	0	0	

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 *Signature*

Date April 15, 2025

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.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

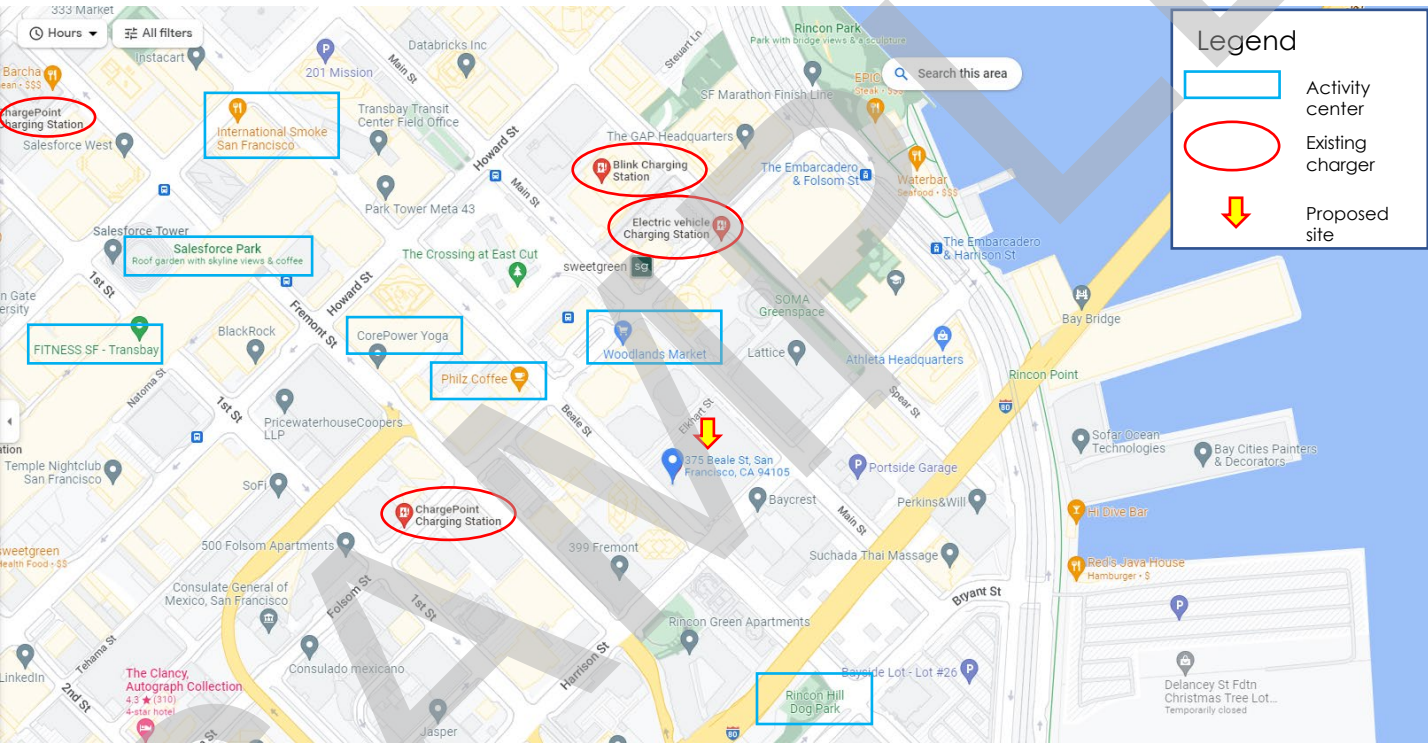
New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

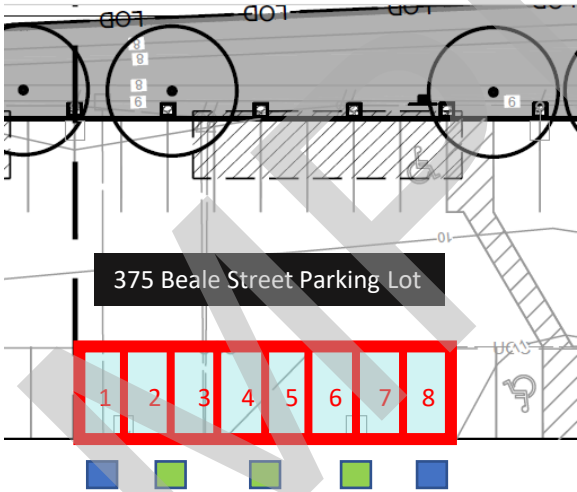
An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

375 Beale Street

Map of Nearby Activity Centers and Chargers



375 Beale Street Site Map and Proposed EV Charger Locations



EVSE Vendor Inc.

Address, City State Zip
California State Contractor License
Number #12345678

COST ESTIMATE

April 15, 2025,

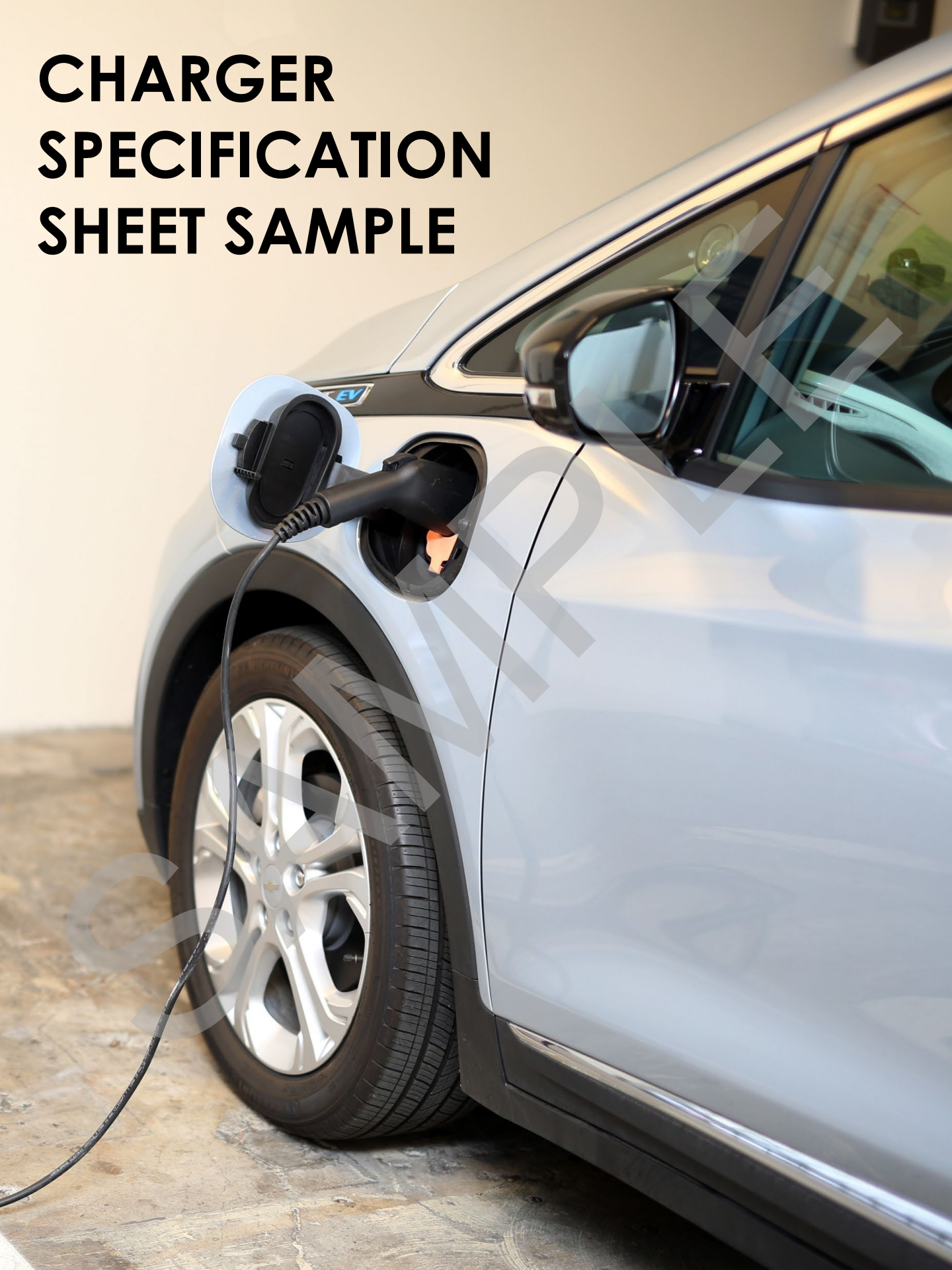
EVSE Vendor

BID/ PROJECT:

Bay Area Air District EV Charger Pricing

ITEM	DESCRIPTION	UNIT	QTY	PRICE	TOTAL
11	Level 2 Chargers	LS	8	\$ 6,000.00	\$ 48,000.00
22	Installation for Pull boxes for EV Chargers	LS	8	\$ 2,800.00	\$ 2,800.00
3	Installation of Conductors for EV Chargers	LS	8	\$ 3,500.00	\$ 3,500.00
44	Installation of Concrete Bases for EV Chargers	LS	8	\$ 15,000.00	\$ 15,000.00
5	Charger Operations & Maintenance (5 years)	LS	8	\$ 1,500.00	\$ 12,000.00
TOTAL:					\$ 81,300.00

CHARGER SPECIFICATION SHEET SAMPLE



[CHARGER TYPE]

[CHARGER FEATURES]

**[INFORMATION ABOUT ENERGY MANAGEMENT,
NETWORK, CUSTOMER SUPPORT]**

[PRODUCT SPECIFICATIONS TABLE]

- **MODEL**
- **POWER**
- **INPUT/OUTPUT**
- **CHARGE CONNECTOR TYPE**
- **NETWORK INFORMATION**
- **SAFETY & COMPLIANCE SPECIFICATIONS**
- **OPERATIONAL SPECIFICATIONS**
- **PEDESTAL SPECIFICATIONS**

[INSTALLATION GUIDE]

[Agency Letter Head]

[Date]

Attn: Anthony Fournier, Technology Implementation Officer
Technology Implementation Office
Bay Area Air District
375 Beale Street, Suite 600, San Francisco, CA 94105

Dear Anthony Fournier,

As the **[Title of the person with the authority to submit the application]** of **[Name of the organization]**, I authorize the enclosed submittal of the *Charge!* Program grant application for **[Brief description of the project]**. *[If someone else will be the day-to-day contact for the project, please state this here and provide the person's name, title, and organization affiliation.]*

[In this paragraph, describe your organization's background and your organization's experience that will lead to successful implementation of the project.]

[Name of organization] agrees to comply with all of the funding program and eligibility requirements contained in the *Charge!* Program application guidance. Through the enclosed *Charge!* Program grant application, we are applying for \$**[Amount Requesting]** and have secured matching funds in the amount of \$**[Matching funds amount]** from **[Source of matching funds]** for the balance of costs for the project to be completed. We also agree to acquire and place the EV charger(s) into service within nine months from the date a funding agreement is executed and operate the charger(s) until the usage requirements are met for a minimum of five years.

Thank you for considering our project for funding. Should you have any questions regarding the application, please contact **[Name, Title]** by email at **[Email address]** or by phone at **[Phone number]**.

Sincerely,

[Name of the person with the authority to submit the application]
[Title of the person with the authority to submit the application]