



Oklahoma Electric Vehicle Charging Grant Program:
 ChargeOK
 FY 2021 Application

Date of Application __ / __ / ____

Name of Applicant Organization _____

Address _____

City _____ State _____ Zip _____

Name of Main Contact Person (printed/typed) _____

Title of Main Contact Person _____

Signature _____

Telephone () - Fax () -

Email _____

Name of Project Manager (printed/typed) _____

Title of Project Manager _____

Signature _____

Telephone () - Fax () -

Email _____

Name of Technical Contact (printed/typed)
 (if different from the project manager) _____

Title of Technical Contact _____

Signature _____

Telephone () - Fax () -

Email _____

Eligible Applicant Type

- Businesses registered in Oklahoma with the Secretary of State
- Federal, State, Local, or Tribal Government Agency
- Incorporated Nonprofit
- Air Quality or Transportation Organization
- Metropolitan or Rural/Regional Transportation Planning Organization

Project Location

This project is located in the City of _____ Oklahoma.

If information you submit is considered Confidential Business Information (CBI), please provide two copies of the application: one clean version and one with the CBI redacted. Please note Bids are not considered CBI. The contents of applications submitted to this grant are subject to being published online, either in whole or in part.

For each location please attach;

1. Site Host agreement
2. Utility assessment of site, to include any required addition or changes to lines or transformers
3. Local map to show accessibility of amenities
4. Plans to show exact charging station and parking space location
5. Please attach a map (or aerial photo) specifying location and route to the Interstate/highway on and off ramps.

This location will be open to the public 24 hours a day 7 days a week? Yes No

This location will have water and restrooms available 24 hours a day 7 days a week? Yes No

This location will be well lit between charger and amenities dusk to dawn? Yes No

Project Summary: For each Charging site to be constructed, please fill out information requested below. More sheets may be attached if necessary.

Location 1.

Full address of charging location

Total cost of Project \$ _____

Applicant share \$ _____ % _____

VW fund share \$ _____ % _____

Estimated Equipment cost \$ _____

Estimated Installation costs \$ _____

For all charging stations at this location, site development, project installation, and maintenance shall be in compliance with all applicable laws, ordinances, regulations and standards, including, but not limited to, the Americans with Disabilities Act (ADA).

This location will have ___ level 3 chargers rated at 50kW

This location will have ___ level 3 chargers rated at 150kW

This location will have ___ level 3 chargers rated at 350kW

What charging station networking software will be installed? _____

All charging stations at this location will:

1. be Payment Card Industry compliant, allowing direct use of a credit or debit card at the charging station except when charging is free
2. provide CHAdeMo and SAE CCS charging protocol connectors
3. incorporate a cord management system
4. have a minimum 5-year warranty
5. be certified through the NRTL program to demonstrate compliance with appropriate product safety test standards

For this location, please provide a project narrative. Additional sheets may be attached.

DUPLICATE PAGE, if needed for additional projects

Location ____.

Full address of charging location

Total cost of Project \$_____

Applicant share \$_____ % _____

VW fund share \$_____ % _____

Estimated Equipment cost \$_____

Estimated Installation costs \$_____

For all charging stations at this location, site development, project installation, and maintenance shall be done in compliance with all applicable laws, ordinances, regulations and standards, including, but not limited to, the Americans with Disabilities Act (ADA).

This location will have ____level 3 chargers rated at 50kW

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4. have a minimum 5-year warranty
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For this location, please provide a project narrative. Additional sheets may be attached.

1. What type of entity is the Applicant Organization?


Government / Nonprofit

Private Business

2. Briefly describe your Organizations, and or staff experience and qualifications completing this type of project. Additional sheets may be attached if necessary.

3. Briefly describe your ability to meet match requirements. For example, is the money already in hand, will funds from another grant be used for the match, whether financing must be arranged by a bank, etc. Additional sheets may be attached if necessary.


4. Budget Summary: Provide a thorough, itemized budget describing estimated project costs. Include any applicable costs and specify any project cost that are non-reimbursable. Additional sheets may be attached if necessary.



5. Do you plan to use renewable energy on this project? If yes, please explain how. Additional sheets may be attached if necessary.



6. Provide a detailed project timeline. Timeline must include project milestones and reflect a closing date on or before March 1, 2021. Additional sheets may be attached if necessary.

A large, empty rectangular box with a thin black border, intended for the user to provide a detailed project timeline. The box is currently blank.

7. Please provide an estimate of the number of expected kWh dispensed at this location, and the source of the information that value is based on.

8. I understand that matching funds are required and that the applicant is responsible for and has adequate funding for this request.
Please check one: Yes No

9. I understand that semiannual reporting will be required for the duration of the project, beginning after finalization of the MOA.
Please check one: Yes No

10. Certification

The undersigned is an official authorized to represent the applicant. The person signing this document must have the authority to contractually bind the applicant or be the designated fiscal agent.

I certify that all proposed activities will be carried out; that all grant money received will be utilized solely for the purposes for which it is intended; that records documenting the planning process and implementation will be maintained and submitted when requested, and DEQ is hereby granted access to inspect project sites and/or records. It is understood that if this project is selected a Memorandum of Agreement (MOA) with DEQ will be executed.

Print Name of Authorized Representative

Signature of Authorized Representative

Title
/ /

Date

Please Check off Included Attachments:

REQUIRED attachments for all applications:

Site Host agreement: Attached

Utility Assessment of Site: Attached

Local map to show accessibility of amenities Attached

Plans to show exact charger and parking space locations Attached

Additional Attachments:

Please attach a map (or aerial photo) specifying charging station location and route to the interstate/highway on and off ramps Attached