

# ***ELECTRIFY RI***

## ***Level II Electric Vehicle Charging Station Incentive Program for Rhode Island Workplaces***

### **Application Cover Page**

#### **Program Overview**

**Electrify RI**, a program administered by the Rhode Island Office of Energy Resources (OER), supports the deployment of light-duty electric vehicle charging stations throughout the Ocean State. Increased adoption of more sustainable transportation solutions by residents and businesses reduces greenhouse gas emissions and other pollutants from our transportation sector. A total of \$1.4 million has been allocated to support the installation of Level II and DC Fast Charge (DCFC) stations at Rhode Island Workplaces, Multi-Unit Dwellings, and State, Quasi, and Local Government-Owned Properties. *OER has reserved a minimum of \$150,000 in incentives for Level II Electric Vehicle Charging Stations at Rhode Island Workplaces.*

These funds are made available pursuant to the state's Beneficiary Mitigation Plan (BMP) detailing how VW Diesel Settlement Environmental Mitigation Trust Funds would be invested to: a) achieve significant and sustained reductions in diesel emissions and b) expedite development and widespread adoption of zero emission vehicles and engines. For more information on the VW Settlement and Rhode Island's BMP, please visit: [www.dem.ri.gov/programs/air/vwsettle.php](http://www.dem.ri.gov/programs/air/vwsettle.php).

For more information on **Electrify RI**, please visit: [www.energy.ri.gov/electrifyri.php](http://www.energy.ri.gov/electrifyri.php).

#### **Application Process**

1. Read the Guidance Document [\*Level II Electric Vehicle Charging Station Incentive Program for Rhode Island Workplaces\*](#). Applicants will be asked to certify that they have read the Guidance Document and are prepared to meet all program terms and conditions.
2. Review and answer each of the eligibility questions in Section 1 of the Application form:
  - a. If you answer **YES** to each eligibility question, please complete the remainder of the application.
  - b. If you answer **NO** to any eligibility question, you are **NOT** eligible for this program.
3. Please submit your completed application to OER *either* electronically or by U.S. Mail:
  - a. Electronic submittals<sup>1</sup> can be sent to: [DOA.ElectrifyRI@energy.ri.gov](mailto:DOA.ElectrifyRI@energy.ri.gov)
  - b. Submittals by U.S. Mail can be sent to:

Rhode Island Office of Energy Resources  
Attn: VW Program Administrator  
One Capitol Hill – 4th Floor  
Providence, Rhode Island 02908

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<sup>1</sup> Please note that, for all electronic submittals, the State of Rhode Island security systems cannot fully secure and protect email transmittals to the State. Emails and associated attachments sent to the State is at your own risk.

# ***ELECTRIFY RI***

## ***Level II Electric Vehicle Charging Station Incentive Program for Rhode Island Workplaces***

### **Application**

#### **1. ELIGIBILITY**

If the answer to any of the following questions is NO, you are NOT eligible for this program.

- |   |            |           |
|---|------------|-----------|
| a. Are ten (10) or more employees working at the proposed project site location?  | <b>YES</b> | <b>NO</b> |
| b. Is the project site location a non-residential place of business?  | <b>YES</b> | <b>NO</b> |
| c. Is the proposed charging station able to charge electric vehicles (EVs) produced by multiple EV manufacturers?   | <b>YES</b> | <b>NO</b> |
| d. For each station installed, will the number of parking spaces be equal to the number of vehicles eligible to charge at one time and marked clearly through visible signage?                                | <b>YES</b> | <b>NO</b> |
| e. Does the applicant agree to allow access to, and use of, the EV charging station by all employees onsite?  | <b>YES</b> | <b>NO</b> |
| f. Does the applicant have evidence of ownership of the location identified in this application where the charging station is to be installed or other evidence that installation is allowed on the property? | <b>YES</b> | <b>NO</b> |
| g. By initialing this statement, I certify that I have read the guidance document and my organization is prepared to meet all program terms and conditions.   |            |           |

\_\_\_\_\_  
**Initial Here**

*Please note that OER reserves the sole right to review, accept, and/or deny all requests for allowable costs and it is the responsibility of the applicant to provide all necessary and requested information to OER to support its funding determination.*

**2. APPLICANT INFORMATION**

**Legal Entity (Applicant)**

**Business Entity (DBA if different)**

**Property Owner (if different)**

**Contact Person Full Name**

**Contact Person Title**

**Contact Person Email**

**Contact Person Phone**

**Site Location Physical Address**

**Site Location City, State, Zip**

*Note: If you are requesting charging stations across multiple site locations, please type "MULTIPLE" in the SITE LOCATION box above and provide OER with a separate legible and complete listing of addresses for all physical sites requested.*

**Mailing Address (if different)**

**Mailing Address City, State, Zip**

**3. ELECTRIC VEHICLE SUPPLY EQUIPMENT (EVSE) INFORMATION**

- Please list all electric vehicle charging station(s) you propose to install.
- For Private, Non-Profit or Government Workplaces, allowable incentives equal the *lesser* of 60% of project costs or caps of \$8,000 per station and \$16,000 per site location.
- For entities applying for incentives across multiple site locations, there is a total award cap of \$32,000.
- Please include a vendor quote for the charging station(s) listed below. The quote should separately identify equipment and installation costs. An example has been attached. Other project documentation, such as a site map rendering, can be included as well.

**Name of Lead Vendor/Installer**

*Charging Station #1*

EVSE Model

Physical Address

Physical City/State/Zip

*Charging Station #2*

EVSE Model

Physical Address

Physical City/State/Zip

*Charging Station #3*

EVSE Model

Physical Address

Physical City/State/Zip

<i>A: EQUIPMENT AND O&amp;M COSTS</i>	<i>B: INSTALLATION COSTS</i>
1a: \$ <input style="width: 100px; height: 25px;" type="text"/>	1b: \$ <input style="width: 100px; height: 25px;" type="text"/>
+	+
2a: \$ <input style="width: 100px; height: 25px;" type="text"/>	2b: \$ <input style="width: 100px; height: 25px;" type="text"/>
+	+
3a: \$ <input style="width: 100px; height: 25px;" type="text"/>	3b: \$ <input style="width: 100px; height: 25px;" type="text"/>
=	=
Subtotal A	Subtotal B
\$ <input style="width: 100px; height: 25px;" type="text"/>	\$ <input style="width: 100px; height: 25px;" type="text"/>

**TOTAL PROJECT COSTS (A + B)**

\$

**TOTAL REQUESTED INCENTIVES**

\$

**4. ADDITIONAL FUNDING SOURCE(S)**

For project equipment, installation and/or operating and maintenance costs in excess of incentive caps, the applicant must commit to providing the balance – either directly from the applicant or another source – and inform OER on this form (e.g. National Grid’s Charging Station Demonstration Program).

**Funding Source Description**

**Funding Source Amount**

*Note: If you have multiple sources of additional funding, please type “MULTIPLE” in the FUNDING SOURCE DESCRIPTION box above and provide OER with a separate legible and complete listing of all funding sources for this project.*

**5. FUNDING CERTIFICATION AND PARTICIPATION**

By submitting a signed Application, the Individual signing below certifies that he/she is an authorized representative of the Legal Entity listed above and certifies that combined funding from the Electrify RI program and additional sources listed above will not exceed one hundred percent (100%) of the total cost of the charging station project identified in the Application. The Individual also certifies that the project identified in this Application will be performed in accordance with the applicable Electrify RI Guidance Document and all program terms and conditions.

**Authorized Representative Printed Name**

**Authorized Representative Printed Title**

**Authorized Representative Signed Name**

**Date**

# ELECTRIFY RI

## SAMPLE PROJECT QUOTE

### Instructions

Please submit one project quote form per site location. Please refer to Section 4 of the Guidance Document for a listing of Allowable Costs under this program.

**Applicant (Entity) Name:** \_\_\_\_\_

**Physical Site Location:** \_\_\_\_\_

**Individual Completing Form:** \_\_\_\_\_

**Name of Lead Vendor(s):** \_\_\_\_\_

<b>EQUIPMENT COSTS</b>	
	<b>COST</b>
EVSE MODEL: <b>PLEASE SPECIFY</b>	
CABLE MANAGEMENT STRATEGY	
MOUNTING AND ASSOCIATED EQUIPMENT	
SHIPPING/ FREIGHT	
<b>TOTAL EQUIPMENT COSTS</b>	

<b>OPERATIONS &amp; MAINTENANCE COSTS</b>	
	<b>COST</b>
5YR WARRANTY	
5YR NETWORKING/SOFTWARE	
SEPARATE PAYMENT MODULE	
<b>TOTAL OPERATIONS &amp; MAINTENANCE COSTS</b>	

<b>INSTALLATION COSTS</b>	
	<b>COST</b>
PERMITS	
DESIGN	
UPGRADING ELECTRICAL SUPPLY	
POWER CONNECTION	
STRIPING	
ON-SITE SIGNAGE	
PROTECTIVE DEVICES	
LABOR ASSOCIATED WITH SITE PREPARATION	
EVSE INSTALLATION	
<b>TOTAL INSTALLATION COSTS</b>	

<b>TOTAL PROJECT COST FOR SITE LOCATION</b>	<b>\$</b>
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