**For more information as you complete this Application Form, please refer to the** [**Grant Guide**](https://mtc.ca.gov/digital-library/5024641-transit-station-public-charging-program-2023-capital-grants-call-projects-grant-guide)(<https://mtc.ca.gov/digital-library/5024641-transit-station-public-charging-program-2023-capital-grants-call-projects-grant-guide>)

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| **This Application Form is due Wednesday, October 18, 2023, at 4:00pm** **Submit this completed Application Form (in both Word and PDF formats, with words ‘Application Form’ in document title) to James Choe at** [**jchoe@bayareametro.gov**](mailto:jchoe@bayareametro.gov) **with email subject line:**  **“**2023 Transit Station Public Charging Program Application – [NAME OF TRANSIT AGENCY PROJECT SPONSOR]**”** | | | | | |
| **Applicant Information** | | | | | |
| **Q1. Transit Agency Project Sponsor** | | *Transit agency name* | | | |
|  | | *Main point of contact name* | | | |
|  | | *Main point of contact email* | | | |
|  | | *Main point of contact phone* | | | |
| **Q2.** **List all internal agency departments and external partners that will be involved with the various phases of implementation, maintenance, and operations. (A*dd rows as needed*)** | | *Organization, Contact Name, Email 1* | | | |
|  | | *Organization, Contact Name, Email 2* | | | |
|  | | *Organization, Contact Name, Email 3* | | | |
|  | | *Organization, Contact Name, Email 4* | | | |
|  | | *Organization, Contact Name, Email 5* | | | |
|  | | *Organization, Contact Name, Email 6* | | | |
|  | | *Organization, Contact Name, Email 7* | | | |
|  | | *Organization, Contact Name, Email 8* | | | |
|  | | *Organization, Contact Name, Email 9* | | | |
|  | | *Organization, Contact Name, Email 10* | | | |
| **Project Description and Schedule** | | | | | |
| **Q3. Project Title** | | *Project title* | | | |
| **Q4. Please describe the proposed project, including:  -Purpose and need for the project -Alignment with regional and program goals -Alignment with local goals -Quantitative and qualitative impacts (e.g., anticipated number of users, kWh of charging, reduction in emissions, etc.)** | | *Please describe* | | | |
| **Q5. Describe the project location(s), including addresses or other unique identifying information, and who owns the property. Note that the charging equipment must be publicly accessible.**  **Across each row, indicate the number of chargers by type to be installed at that location within this project. (A*dd rows as needed*)** | *Location 1 description, address, unique identifying info, owner* | | *# of Level 2 (L2)* *EV chargers* | *# of DC fast chargers (DCFC)* | *Description and number of other mobility chargers (e.g., for e-bikes or e-scooters)* |
|  | *Location 2 description, address, unique identifying info, owner* | | *# of Level 2 (L2) EV chargers* | *# of DC fast chargers (DCFC)* | *Description and number of other mobility chargers (e.g., for e-bikes or e-scooters)* |
|  | *Location 3 description, address, unique identifying info, owner* | | *# of Level 2 (L2) EV chargers* | *# of DC fast chargers (DCFC)* | *Description and number of other mobility chargers (e.g., for e-bikes or e-scooters)* |
|  | *Location 4 description, address, unique identifying info, owner* | | *# of Level 2 (L2) EV chargers* | *# of DC fast chargers (DCFC)* | *Description and number of other mobility chargers (e.g., for e-bikes or e-scooters)* |
|  | *Location 5 description, address, unique identifying info, owner* | | *# of Level 2 (L2) EV chargers* | *# of DC fast chargers (DCFC)* | *Description and number of other mobility chargers (e.g., for e-bikes or e-scooters)* |
|  | *Location 6 description, address, unique identifying info, owner* | | *# of Level 2 (L2) EV chargers* | *# of DC fast chargers (DCFC)* | *Description and number of other mobility chargers (e.g., for e-bikes or e-scooters)* |
|  | *Location 7 description, address, unique identifying info, owner* | | *# of Level 2 (L2) EV chargers* | *# of DC fast chargers (DCFC)* | *Description and number of other mobility chargers (e.g., for e-bikes or e-scooters)* |
|  | *Location 8 description, address, unique identifying info, owner* | | *# of Level 2 (L2) EV chargers* | *# of DC fast chargers (DCFC)* | *Description and number of other mobility chargers (e.g., for e-bikes or e-scooters)* |
|  | *Location 9 description, address, unique identifying info, owner* | | *# of Level 2 (L2) EV chargers* | *# of DC fast chargers (DCFC)* | *Description and number of other mobility chargers (e.g., for e-bikes or e-scooters)* |
|  | *Location 10 description, address, unique identifying info, owner* | | *# of Level 2 (L2) EV chargers* | *# of DC fast chargers (DCFC)* | *Description and number of other mobility chargers (e.g., for e-bikes or e-scooters)* |
| **Q6. Describe the broad phases of the project, with an approximate timeline for each phase (including start and end dates). Also identify the risks to the project delivery schedule and implementation (e.g., land title/ROW, PG&E engagement and energization wait times, permitting, civil and electrical work, lack of decisionmaker or public support, uncertain electrical infrastructure at project locations, untested technologies, agency staff resources, etc.) and approaches to mitigate these risks and delays.** | | *Please describe* | | | |
| **Project Readiness** | | | | | |
| **Q7. Describe the readiness and support for this project. For example, describe planning, board or leadership support, local government support, utility engagement, vendor quotes, public input, needs assessment or other analysis, funding commitment, or other demonstrations of readiness and support. (Feel free to email documentation as described in question 12 below)** | | *Please describe* | | | |
| **Post Award Requirements** | | | | | |
| **Q8. Please check the boxes to indicate understanding of the post-award requirements if awarded funding:** | | Complete a CRP (Carbon Reduction Program) Project Alignment Confirmation form  Adopt a Resolution of local support  Include the project in the Transportation Improvement Program (TIP)  Obligate construction (CON) phase of the project by January 31, 2027  Attend a project kick-off meeting  Provide biannual (every six months) progress reports and participate in biannual (every six months) progress check-in meetings  Share data and any analysis conducted | | | |

**Continued on the next page.**

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| **Project Funding** | |
| **Q9. What is the estimated total project cost?** | $ |
| **Q10. What is the estimated grant funding amount needed?  (Reminder: grantees must provide a minimum non-Federal match of 11.47% of total project cost)** | $ |
| **Q11. List the project cost assumptions in the table below, including expense type, number of units, cost per unit (e.g., charger types, number of chargers by type, cost per charger). Best estimates of expense types, quantities, and costs are accepted at this stage.** | |

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| **Project Cost Assumption** | **Quantity** | **Cost per Unit** | **Total Cost** | **Notes** |
| *e.g., L2 charging ports* | *e.g., 20* | *e.g., $3,000* | *e.g., $60,000* | *e.g., 2 charging ports/charger* |
| *e.g., DCFC charging ports* | *e.g., 4* | *e.g., $25,000* | *e.g., $100,000* | *e.g., 1 charging port/charger* |
| *e.g., e-scooter charging docks* | *e.g., 5* | *e.g., $5,000* | *e.g., $25,000* | *e.g., 4 charging ports/dock* |
| *e.g., 120V assistive mobility chargers* | e.g., 2 | *e.g., $1,500* | *e.g., $3,000* | *e.g., 120V outlets for wheelchairs* |
| *e.g., charger permitting* | *e.g., 21* | *e.g., $1,000* | *e.g., $21,000* | *e.g., 21 chargers total, with permits averaging $1,000 each* |
| *e.g., site design fees* | *e.g., 3* | *e.g., $20,000* | *e.g., $60,000* | *e.g.,* 3 *total sites designed for charging work* |
| *e.g., accessibility upgrades at chargers* | *e.g., 5* | *e.g., $2,000* | *e.g., $10,000* | *e.g., 5 charger positions requiring accessibility upgrades* |
| *Insert expense row as needed* | *#* | *$* | $ | *Insert notes* |
| *Insert expense row as needed* | *#* | *$* | $ | *Insert notes* |
| *Insert expense row as needed* | *#* | *$* | $ | *Insert notes* |
| **Total Sum** |  |  | **$** e.g., 279,000 |  |

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| --- | --- |
| **Additional Information** | |
| **Q12. (optional) Compile and send any supporting material (e.g., plan documents, project studies, technology brochures, etc.) or relevant weblinks (e.g., websites, posted Council resolutions) in your submittal email to James Choe (**[**jchoe@bayareametro.gov**](mailto:jchoe@bayareametro.gov)**) as a separate attachment in addition to this completed Application Form. Any such supplemental attachments should include the word “SUPPLEMENTAL” in title. Word format preferred, but PDF, JPG, JPEG, or PNG** **also accepted.** | Please check the appropriate box to indicate whether you attached any optional supporting material to your submittal email:  Yes, I attached some optional materials (with the word “SUPPLEMENTAL” in title) along with this completed Application Form in my submission email  No, I did not send any optional materials along with this completed Application Form in my submission email |

**End of Application Form. Please follow instructions on** **first page to submit.**