

**PROPOSITION 1B - GOODS MOVEMENT EMISSION REDUCTION PROGRAM APPLICATION****FORM C2: Electric Charging Stations or Hydrogen Fueling Units**

This funding option is only available if the equipment owner replaces a minimum of one vehicle through the Program (Form B1)

I. APPLICANT INFORMATION

Name :		
Business Name (if any):		
Primary Contact Name:	Email: Phone Number:	
Mailing Address:		
City:	State:	Zip Code:
Person with contract signing authority (if different than above):		Title:
Have you applied for any other grant programs for this project? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify the grant program(s) that you applied to:		

II. CHARGING/FUELING EQUIPMENT INFORMATION

Equipment/ Construction Location:
Project type? <input type="checkbox"/> Electric charging station <input type="checkbox"/> Hydrogen Fueling Unit
Equipment Manufacturer:
Equipment Power Rating for Electric Charger Only (Voltage, Amperage, Wattage, Efficiency):
Equipment Serial Number:
Equipment Recharge Rate (Electric Charger Only):
Anticipated Cost of Eligible Equipment:
Description of Usage Monitoring System
Estimated Annual Truck connections: _____ Trucks. Estimated connection time/Truck: _____ hours.

III. EQUIPMENT PROJECT FUNDING REQUEST

Estimated Cost of Charging Stations/Fueling Units :\$ _____
Program Dollars Requested:\$ _____ (Partial funding of up to the lower of 50% or \$30,000 for 1 charging or fueling units)
Equipment Power Rating for Electric Charger Only (Voltage, Amperage, Wattage, Efficiency):
Equipment Serial Number:
Equipment Recharge Rate (Electric Charger Only):