

## ATTACHMENT 3

### Carl Moyer Program Infrastructure Project Annual Report Form

<b>SCAQMD Agreement Number:</b>		<b>Reporting Period: Start Date:</b>		<b>End Date:</b>	
<b>Title of Project:</b>					
<b>Recipient / Company Name:</b>				<b>Contact Name:</b>	
<b>Business Phone:</b>		<b>Cell Phone:</b>		<b>Email Address:</b>	
<b>Address:</b>					
<b>Infrastructure Information</b>					
Project ID#	Project Type (electric charging or hydrogen filling)	Public or Private Access?	No. of Chargers/Dispensers and No. of Hoses/Plugs per Charger/Dispenser	Infrastructure Address	
<b>Infrastructure Operational Information</b>					
Project ID#	Dispenser Meter Reading & Units	Date of Dispenser Meter Reading	Annual Usage/Throughput (Kilowatt-hour or Kg)	Brief description of vehicle types that are charged or fuel at the natural gas infrastructure (i.e., port trucks, bus, delivery, etc.)	

**1. For solar or wind power generating equipment, please provide the annual amount of electricity generated (e.g., Kilowatt-hour) from the equipment:**

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\_\_\_\_\_

**2. Please indicate any unscheduled downtime, including duration and causes of downtime:**

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\_\_\_\_\_

**3. If the annual usage is below the projected usage for that year, please provide an explanation for the lower actual usage and submit a plan for meeting the projected usage the following year.**

\_\_\_\_\_

\_\_\_\_\_

**4. Please provide proof of property insurance (attach).**

I certify to the best of my knowledge that the information provided is true and correct.

**Name / Title of Person Completing Report Form (Print)** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_