### **Incentive Payment Request**

Commercial EV Program

Project Information			
Project name:			
Project address:			
Building Department Permit No.:	Building Inspection Date:		

### Required documentation must be submitted along with this application to receive incentive:

- Copy of Building department or Authority Having Jurisdiction final permit sign off (PE stamp required for self certifying agencies)
- Copy of project contract(s) for all equipment and vehicles (must include make, model, cost, and VIN or EVSE serial number, GPS coordinates) and executed EVSE contract (if local government or municipal, proof of issued RFP)
- Updated drawing set, if applicable
- W-9 for the incentive payee
- □ W-9 for the LCFS distribution payee
- D Photos of all fleet vehicles and installed EVSE, including metering equipment

Incentive Payment Payee			
Check recipient:	Federal Tax ID:		
Attention:			
Email:	Phone:		
Payment mailing address:			

LCFS Credit Sharing Payment Payee			
Check recipient:	Federal Tax ID:		
Attention:			
	Phone:		
Payment mailing address:			



# **Commercial EV Program** | Incentive Payment Request

<b>Project Participants</b> (Only required if there have been changes to parties)		
Applicant		
Organization name:		Address:
Contact name:		Phone:
Title:		Email:
Host Customer	□ Same as Applicant	:
Organization name:		Address:
Contact name:		Phone:
Title:		Email:
Fleet Equipment Owner	Same as Applicant	t
Organization name:		Address:
Contact name:		Phone:
Title:		. Email:
EVSE Equipment Owner	Same as Applicant	t
Organization name:		Address:
Contact name:		Phone:
Tax ID:		_ Email:
EVSE Installer	Same as Applicant	t
Organization name:		_ Address:
Contact name:		_ Phone:
Title:		_ Email:



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Electric Vehicle Service Equipment (EVSE) Equipment Detail *				
Make	Model	Serial #	GPS Latitude Coord.	GPS Longitude Coord.

\* No more than three (3) units per GPS coordinates. Serial numbers are per charging station, not connector.

Electric Vehicle Equipment Detail			
Make	Model	Vehicle class	Vehicle Identification no. (VIN)



#### Incentive Payment Request Signature and Terms and Conditions acknowledgment

As a condition of participation in the SMUD Commercial EV program, all Parties below acknowledge and agree to the full Terms and Conditions signed in the original Reservation of Incentive, which supplement and are in addition to the program requirements described in the Commercial EV Program handbook. Customer agrees that all credits allowed by the State of California's Low Carbon Fuel Standard (LCFS) credits program are the property of and belong to SMUD. Customer agrees not to take any actions to generate such credits to its account. Customer further agrees to assign any such credits to SMUD.

The installation and/or equipment provided have been completed as contracted and are operational. The payee warrants that all applicable city/county/state building and other permits have been obtained and finalized. The payee understands that the final incentive payment is subject to on-site verification by a SMUD representative. The installed measures matches the incentive basis on the Reservation of Incentive except as communicated in writing to SMUD.

Incentive Payee Signature, Date	Host Customer Signature, Date	LCFS Distribution Payee Signature, Date

Required documentation must be submitted along with this application to receive incentive:

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- Copy of project contract(s) for all equipment and vehicles (must include make, model, cost, and VIN or EVSE serial number, GPS coordinates) and executed EVSE contract (if local government or municipal, proof of issued RFP)
- Updated drawing set, if applicable
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- D Photos of all fleet vehicles and installed EVSE, including metering equipment

#### Please email documentation package to CommercialEV@smud.org



### SMUD USE ONLY

The project has been reviewed and matches the incentive basis, except as communicated in writing to SMUD, and is approved for incentive payment. Supporting documentation has been received and uploaded to the project database.

SMUD EV staff signature / Date

DSM Agreement #

C	SMUD-371	2b 2/22	Forms	Manageme	ent