



## APPLICATION FORM - RFP # 7549751

Installation of Electric Vehicle Charging Stations at Private Institutions and Non-Profits – Regional Greenhouse Gas Initiative 2014 Plan

### 1.0 Applicant information

Legal Business/Non-Profit Name: \_\_\_\_\_

**Address:**

Street: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

*\*\*\*If an employer has multiple sites across Rhode Island, the employer must submit an application for each location provided they meet all threshold criteria\*\*\**

### Principal Contact

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Title: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_



**Mailing Address** (enter ONLY if it is different from the contact address above)

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

## **2.0 Employees**

Number of full time: \_\_\_\_\_

Number of part time: \_\_\_\_\_

## **3.0 Recent or Pending Installation of Renewable Energy Project**

Project description (i.e. Solar, Wind, etc.): \_\_\_\_\_

Date installed or proposed installation date:

\_\_\_\_\_

Funding Source (Self-funded, Federal funds, State grants, etc.):

\_\_\_\_\_

Annual actual or projected energy output of the installed or pending system

(KWh): \_\_\_\_\_



#### **4.0 Recent or Pending Installation of Energy Efficiency Project**

Project description (i.e. Weatherization, Lighting Retrofits, Heating Replacement, etc.):

Date installed or proposed installation date:

\_\_\_\_\_

Funding Source: \_\_\_\_\_

Annual actual or projected facility electrical savings (kWh): \_\_\_\_\_

#### **5.0 Workplace/Workforce Adoption of Clean Energy Transportation**

Describe in detail how the business or non-profit is currently supporting or will support workplace/workforce adoption of clean energy transportation. Joining [the Department of Energy's Workplace Charging Challenge](#) will satisfy this criteria.

#### **6.0 Electric Vehicle Supply Equipment (EVSE) Information**

Please list all EVSE(s) to be installed at the facility.

##### **1. EVSE**

Make/model: \_\_\_\_\_

Vendor: \_\_\_\_\_

Proposed Install Location: \_\_\_\_\_

EVSE Cost: \_\_\_\_\_



**2. EVSE**

Make/model: \_\_\_\_\_

Vendor: \_\_\_\_\_

Proposed Install Location: \_\_\_\_\_

EVSE Cost: \_\_\_\_\_

**3. EVSE**

Make/model: \_\_\_\_\_

Vendor: \_\_\_\_\_

Proposed Install Location: \_\_\_\_\_

EVSE Cost: \_\_\_\_\_

**7.0 Total Project Cost:**

Installation Cost: \_\_\_\_\_

Hardware Cost: \_\_\_\_\_

Total Project Cost: \_\_\_\_\_

**8.0 Power Supply:**

Demonstrate adequate power supply or intent to upgrade power supply.

**Printed Name of Applicant:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_