# Application Form

## Instructions

1. Review the requirements and eligibility information, evaluation criteria, and award recipient requirements before completing the Grant Matching Support Application Form.
2. Complete this Application Form.
3. Provide required Supporting Documentation to submit as attachments with your Application Form:
4. Letter of Request
5. Project Concept Paper or Presentation
6. Terms & Conditions
7. Submit the Application Form as a Word document (.doc or docx) or PDF file to plugin@pacificpower.net with “Grant Matching Support” in the subject line. Supporting Documentation can be combined into a single PDF or attached as separate files. The signed certification page may be submitted as a separate document in a PDF or image file.

Please refer to the Definitions in the Oregon Grant Matching Support Overview to fill out this application.

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| **Applicant Information** |
| **Name of Organization** |  |
| **Primary Project contact name** |  |
| **Role in the Project** |  |
| **Phone number** |  |
| **Email address** |  |
| **Type of Applicant** *(Local Non-profit, Higher Education, Municipalities, etc.)* |  |
| **Type of Project***Please check all that apply* | [ ]  Education or Outreach Campaign[ ]  Installation of EV Charging Infrastructure[ ]  Needs assessment [ ]  Procurement of electric vehicle [ ]  Research and development [ ]  Other (please explain):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Has the applicant received funding from Pacific Power in the past?***If yes, please indicate which funds* | [ ]  Yes, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  No  |
| **General Project location** **description**  |  |

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| **Supplemental Matching Grant Details** |
| **Name and Source of Supplemental Matching Grant included with this request** | **Name:** |
| **Source:** |
| **Funding amount of Supplemental Matching Grant included with this request** | **$** |
| **Status of Supplemental Matching Grant included with this request** | [ ]  Secured[ ]  In Progress |
| **Status Details***If Supplemental Matching Grant is “In Progress”, please explain the current status, expected outcome and expected date of award.* *Please note Supplemental Matching grant is expected to be secured within 6 months of this application.* |  |
| **Amount requested from****Oregon Grant Matching Support** *Covers up to 100 percent of the requested funds from Pacific Power to study, plan, promote, or deploy electric transportation technology and Projects.*  | **$** |
| **Please respond to each request below in 200 words or less.**  |
| **Explain the need for Pacific Power Oregon Grant Matching Support.** |
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| **Project Information** |
| **Provide a project scope.***Describe your scope and plan for how it will be implemented.* **Describe the scope of the Project in more detail.** |
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| **Project Timeline and Risk Mitigation** *Describe the plan for bringing the project to completion within 18 months. Identify potential challenge and risks to completing the project on time and the strategy for mitigating each of those risks. i.e., delays related to Supplemental Matching Grant, supply chain, etc.*  |
|  |
| **What direct benefits does this project provide to Oregon Pacific Power residents?** ***(Economic, environmental, educational, social, etc.)*****How will this Project benefit Pacific Power customers, in particular residential customers?** |
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| **Describe how your Project is unique or innovative.*****\*Does not apply to EVSE-only installation Projects.***  |
|  |
| **How will your Project support equity in transportation electrification and will this Project support underserved[[1]](#footnote-2) communities?**  |
|  |
| **Are there any expected benefits for underserved[[2]](#footnote-3) communities?**  |
|  |
| **Describe any additional benefits from your Project.** |
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# Terms and Conditions

## Customer Information

## Customer authorizes and acknowledges that Pacific Power may duplicate, request, disseminate, release and disclose Customer’s information relating to a Program application (including the entirety of its contents) and Project, and any other information related to the Customer’s participation in the Program, including but not limited to account information and billing data, energy usage, and tax identification numbers to Program Administrator and Trade Allies, as applicable, and any other third party utilized by Pacific Power for the purposes of processing the Customer Application, to confirm eligibility, to verify product installation or service implementation, operation and results, to issue payment on behalf of the Program, to monitor compliance with Program Terms and Conditions; or as required to comply with state and/or federal law, fraud prevention, regulation, and other legal action; in those cases, Pacific Power and its subcontractors shall comply with all legal requirements of the jurisdiction of the individual whose Customer data would be disclosed before making such disclosure. Pacific Power reserves the right to make contact and acquire information on an ongoing basis, including after conclusion of the Project, as related to the Project defined in the Grant Matching Support application form below.

## Signature

## Certification

*I certify that in preparation for submitting this application I have reviewed the application as well as the award recipient requirements, understand that should this project be awarded funding, my organization will be able to meet the award recipient requirements as described at pacificpower.net/savings-energy-choices/electric-vehicles/charging-station-grants and attest that the information provided in this application is both accurate and current. I also understand that submitting an application in no way obligates Pacific Power to provide funding and that funds are distributed at the sole discretion of Pacific Power.*

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |
| Printed name: |  |  |  |
| Title: |  |  |  |
| Organization: |  |  |  |
| Contact number: |  |  |  |

If this request is being submitted by multiple parties or a project partner, please indicate below by providing the party's name, title and contact information.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |
| Printed name: |  |  |  |
| Title: |  |  |  |
| Organization: |  |  |  |
| Contact number: |  |  |  |

1. [↑](#footnote-ref-2)
2. Underserved communities include residents of rental or multifamily housing, communities of color, communities experiencing lower incomes, tribal communities, rural communities, frontier communities, coastal communities and other communities adversely harmed by environmental and health hazards (Oregon House Bill 2165) [↑](#footnote-ref-3)