



COMMUNITIES IN CHARGE

EJEMPLOS DE DOCUMENTOS DE RESPALDO





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Ejemplos de Documentos de Respaldo

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Esta página se ha dejado en blanco intencionalmente.



1. Propósito

El propósito de esta guía es proporcionar ejemplos de varios documentos que pueden ser presentados a lo largo de la duración de un proyecto. Los ejemplos a continuación se proporcionan solo para fines informativos.

2. Mejores Prácticas

- **Guía para subir/cargar materiales**
 - Todos los escaneos o fotos de documentos de respaldo deben ser legibles e incluir todas las páginas y secciones, a menos que se especifique lo contrario.
- **Facturas**
 - Todas las facturas deben incluir la fecha de la factura y el desglose de los costos elegibles, créditos, descuentos e incentivos recibidos, según corresponda.
- **Autoridades Competentes (AHJ)**
 - Los solicitantes de AHJ pueden presentar documentos alternativos en lugar de lo siguiente:

REQUERIDO	ALTERNATIVO
FACTURA DEL DISEÑO	Las AHJ que realicen trabajos de diseño internamente pueden, como alternativa, presentar una descripción de los trabajos de diseño en papel con membrete oficial de la AHJ junto con una factura u otro(s) documento(s) contable(s) que muestren claramente los costos de diseño incurridos y las fechas en las cuales se incurrió en dichos costos. La dirección del Sitio del Proyecto debe estar claramente indicada.
PERMISO	Una carta en papel con membrete oficial de la AHJ que explique que la AHJ es una agencia de autorización propia (es decir, tiene la facultad de otorgarse permisos a sí misma) y que no se requiere un permiso para el proyecto aprobado de cargadores de vehículos eléctricos en el sitio de instalación. La dirección del Sitio del Proyecto debe estar claramente indicada.
FACTURA DE COMPRA DE INSTALACIÓN	Las AHJ que realicen trabajos de instalación internamente pueden, como alternativa, presentar una descripción de los trabajos de instalación en papel con membrete oficial de la AHJ junto con una factura u otro(s) documento(s) contable(s) que muestren claramente los costos de instalación incurridos y las fechas en las cuales se incurrió en dichos costos. La dirección del Sitio del Proyecto debe estar claramente indicada.
TARJETA DE INSPECCIÓN FINAL	Una carta en papel con membrete oficial de la AHJ que explique que la AHJ es una agencia de autorización propia y que el proyecto aprobado de cargadores de vehículos eléctricos en el sitio de instalación está completo y cumple con todas las leyes, reglas, códigos y regulaciones municipales. La dirección del Sitio del Proyecto debe estar claramente indicada.



3. Ejemplos de Documentos de Respaldo para TODOS los Solicitantes

NOTA: Toda la documentación de respaldo debe ser enviada a través del Centro de Procesamiento de Incentivos (IPC).

Formulario de Verificación del Sitio

Este formulario es obligatorio para todos los Solicitantes, independientemente del tipo o categoría de propiedad del sitio

- Todos los campos deben completarse en el Formulario de Verificación del Sitio.
- Este formulario certifica al Personal de Communities in Charge que tanto el propietario del sitio como su arrendatario (de corresponder) están al tanto de las actividades planificadas para la instalación de la infraestructura.
- *Este formulario se proporciona aquí con fines informativos. Todos los materiales de la solicitud para Communities in Charge deben enviarse en línea a través del Centro de Procesamiento de Incentivos (IPC).*

Ejemplo





Site Verification Form

Communities in Charge Site Verification Form

This document is required by all applicants to Communities in Charge

Communities in Charge Applicants who do not own the property where the proposed infrastructure installation site is located must provide authorization to the satisfaction of Communities in Charge Staff that the installation work is authorized by the owner of the real property (Property Owner) and the Applicant. Communities in Charge Staff reserves the right to require that Applicant and Owner provide such further information as may be required to review and approve an Applicant's application. All fields below are required to be completed.

PROJECT SITE. Please complete as follows:

The installation address must match that of the project site address included across all documentation submitted to Communities in Charge Staff. Do not use a PO Box. If no physical address can be shared for the project site, a Parcel Number or Latitude/Longitude may be used. City and state are required regardless.

Installation Address:	
City:	
State:	California
Zip Code:	
Parcel Number (if applicable)	
Latitude/Longitude (if applicable) format as latitude, longitude with preferably 5 or more decimal places	
Any chargers made accessible to the general public must be available at least 18hrs/day, seven days a week, excluding Federal Holidays. (Project sites for businesses and organizations that provide charging primarily for their workers and multi-family housing sites are exempt from this requirement)	☐ Yes ☐ No
Will chargers at this project site be made accessible to the general public? Select 'No' if this is intended for private use.	
Please provide the total annual operating hours for your project site. (e.g., 354 operating days x 18hrs = 6,372hrs)	

APPLICANT. Please complete as follows:

The Applicant is the entity or organization that will receive the incentive payment. The Applicant must be the entity to incur project costs to be eligible for incentives. The Applicant may be the Site Owner, their authorized lessee, or their authorized representative.

Applicant Organization Name: (must match all documentation provided to Communities in Charge Staff)	
Organization Address:	
City:	
State:	
Zip Code:	
Primary Contact Name (first and last):	
Primary Contact Title:	
Primary Contact Organization (if different from Applicant Organization):	
Primary Contact Phone:	Primary Contact Email:

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Ejemplos de Documentos de Respaldo



Site Verification Form

Please provide an alternate contact in the event the primary contact above cannot be reached.

Alternate Contact Name (first and last):	
Alternate Contact Title:	
Alternate Contact Organization (if different from Applicant Organization)	
Alternate Contact Phone:	Alternate Contact Email:

Applicant hereby represents and warrants to Communities in Charge Staff: (i) that all the foregoing information is true and correct; and (ii) that the undersigned has been duly authorized by Applicant to execute and submit this Site Verification Form on behalf of the Applicant. Applicant acknowledges and agrees that Communities in Charge Staff is relying on Applicant's foregoing certifications in reviewing and approving of Applicant's application.

Signature of Authorized Applicant or Representative of Applicant:	
Printed Name:	Title:
Date:	

PROPERTY OWNER. Please complete as follows:

Provide the name of the company, city, trust, organization, or individual that owns the property where the project site will be located ("Owner").

Property Owner Name:	
Contact Name (first and last):	
Phone:	Email:

The undersigned, on behalf of _____ ("Owner"), hereby represents and warrants to Communities in Charge Staff (i) that Owner is the property Owner located at

(Street Address) _____

(City) _____ (State) _____ (Zip) _____

Parcel Number, if applicable: _____ Latitude, Longitude, if applicable: _____ ("Property");

(ii) the Property Owner is the Applicant or has consented to Applicant's installation of certain EV charging station equipment at the property; and (iii) that the undersigned has been duly authorized to execute and submit this Site Verification Form to Communities in Charge Staff. Owner acknowledges and agrees that Communities in Charge Staff is relying on Owner's certifications of the information described above in reviewing and approving of Applicant's application.

Signature of Property Owner or Representative of Property Owner:	
Printed Name:	Title:
Date:	

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Ejemplos de Documentos de Respaldo

Formulario de Instalación en el Sitio de Trabajo

Este formulario es obligatorio para todos los Solicitantes independientemente del tipo o categoría de propiedad del sitio:

- Un formulario completo con certificación de cumplimiento de los requisitos salariales vigentes
- Reconocimiento por parte del solicitante sobre el estado del proyecto, si la construcción ha comenzado o no.
- Descripción actualizada y precisa de la cantidad y el tipo de cargadores Nivel 2 elegibles.
- *Este formulario se proporciona aquí con fines informativos. Todos los materiales de la solicitud para Communities in Charge deben ser enviados en línea a través del Centro de Procesamiento de Incentivos (IPC) y el Formulario de Instalación en el Sitio de Trabajo se proporcionará a los adjudicatarios para su firma (si son seleccionados), junto con el Acuerdo de Beneficiario de Incentivos.*

Ejemplo



Job Site Installation Form

Job Site Installation Form

This document is required at the time of application, and with all requests for payment.

PART 1 – PREVAILING WAGE & EVITP COMPLIANCE AFFIDAVIT

Applicant Name or Organization:	
Printed Name of Applicant's Authorized Representative (first and last):	
Title of Applicant / Title of Applicant's Authorized Representative:	

By signing this affidavit, I, _____ ("Applicant's Name/Name of Applicant's Authorized Representative"), with respect to _____ ("Application Number"), located at _____ ("Project Site"), affirm that I am authorized to attest under penalty of perjury under the laws of the State of California, that each of the statements in the paragraphs below are complete, true, and correct. I understand and agree that applications and projects that do not meet the following requirements may not receive an incentive and any falsification or misrepresentation of information relating to the Project could result in disqualification from Communities in Charge.

1. If the electric vehicle charging infrastructure and equipment to be installed supplies charging ports with **10.2 kilowatts or less and no charging ports supplying 25 kilowatts or more**, then it will be installed by a contractor with an appropriate license classification, as determined by the Contractors' State License Board, in good standing, with **at least one electrician on each crew at all times during work hours who holds an Electric Vehicle Infrastructure Training Program (EVITP) certification.**
2. If the electric vehicle charging infrastructure and equipment to be installed supports **at least one charging port supplying 25 kilowatts or more**, then it will be installed by a contractor with an appropriate license classification, as determined by the Contractors' State License Board, in good standing, with **at least 25 percent of the total electricians working on the crew, at all times during work hours, holding EVITP certification.**
3. The persons or entities installing electric vehicle charging infrastructure and equipment shall comply with all California Public Works requirements (Lab. Code § 1720 et seq. and § CCR 16000 et seq.) including but not limited to **the payment of prevailing wages.**
4. With this form, I have provided the attached "Project Description Statement" containing the following information:
 - a. Whether construction has commenced.
 - b. The number of Level 2 Electric Vehicle Station Equipment (EVSE) installed or planned to be installed at the project site and the maximum kW output for each EVSE.
 - c. A complete and accurate statement listing the names and certification numbers of the EVITP certified electricians who were on site and working on EVSE installation (if construction has commenced).
 - d. Verification and signature from the contractor employing the EVITP certified electricians, confirming that the identity of each electrician is accurate, that each electrician's EVITP certification is valid and current on the EVITP website, and that, **at all times during work hours**, the EVITP certified electricians worked at the job site (if construction has commenced).
 - e. Signature of the contractor and their contractor's license number.
 - f. Names of electricians must be entered as recorded by EVITP, as verified through the online certification database at www.EVITP.org.

Signature:	
Date:	

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Ejemplos de Documentos de Respaldo



Job Site Installation Form

PART 2 – PROJECT SITE DESCRIPTION

Application Number:	
Quantity of Electric Vehicle Station Equipment (EVSE) being installed, or planned for installation:	
Number of connectors which shall be provided by EVSE installation:	

Please fill out the table below with the Level 2 EVSE installed or planned for installation. Level 2 EVSE ineligible for incentives will not count towards your project's connector count. While makes and models may change subject to availability or project needs, **this will not increase the magnitude of any notices of award.**

Make	Model	Maximum kW Output	Quantity of Connectors

If construction has commenced, then mark "Yes" below and fill out **Part 3 – Installation Compliance Statement** below.

If this Job Site Installation Form is being submitted before construction has commenced, then mark "No" below and skip to **Part 4 – Applicant Signature** to complete the form. **This form shall be filed with all requests for payment.**

Has construction commenced at the Project Site?	☐ Yes ☐ No
REMINDER: Construction <u>MUST NOT</u> have commenced at the time of application	

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Ejemplos de Documentos de Respaldo



Job Site Installation Form

PART 3 – INSTALLATION COMPLIANCE STATEMENT

This section is only required if construction has commenced.

Printed Name of General Contractor On-site (First and last):	
Title:	
Contractor's License Number:	
C-10 License (if applicable):	
Company Name (as it appears on contractor's CSLB):	
Total Number of State Certified General Electricians on site:	

Name(s) of Electric Vehicle Infrastructure Training Program (EVITP) certified electrician(s) on site with valid EVITP certifications and who worked at all times during work hours on site:

Electrician's Name	EVITP Certification Number

I declare under penalty of perjury, under the laws of the State of California, that all of the information provided above is true and correct.

Contractor's Signature:	
Date:	

Part 4 – APPLICANT SIGNATURE

I declare under penalty of perjury, under the laws of the State of California, that all of the information provided above is true and correct.

Applicant Name or Organization:	
Printed Name of Applicant's Authorized Representative (first and last):	
Title of Applicant / Title of Applicant's Authorized Representative:	
Signature:	
Date:	

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Planos Preliminares del Sitio

El plano preliminar del sitio debe incluir lo siguiente:

- Imagen satelital (mapa) de la ubicación del lugar de carga, que también debe incluir el edificio e, idealmente, una calle como punto de referencia.
- Un área destacada en el mapa con las ubicaciones ideales de los clientes para las estaciones de carga
- Incluir la cantidad de puertos y el tipo de EVSE que se instalarán.

Ejemplo





Diseño Final del Sitio

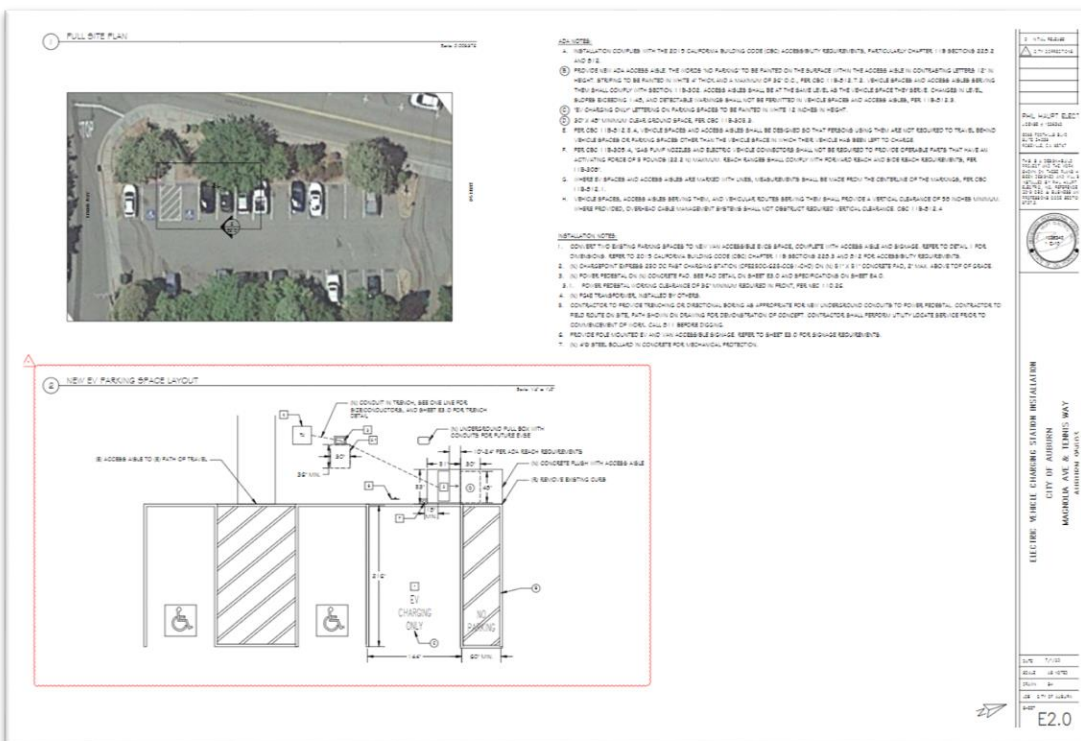
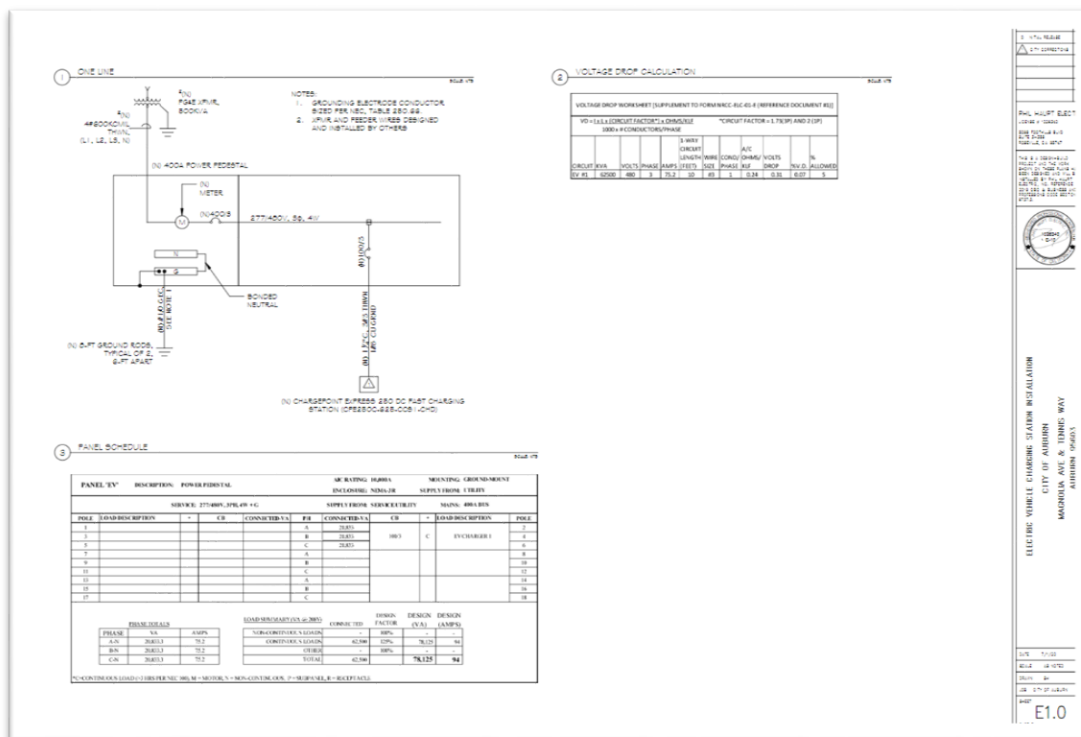
Un Diseño Final del Sitio es el boceto de construcción o dibujo definitivo de la infraestructura de EVSE Nivel 2 en el sitio del proyecto. Se requiere una copia del Diseño Final del Sitio para los solicitantes de los Niveles de Preparación 1 y 2 al momento de la solicitud, y los destinatarios de los Avisos de Adjudicación Condicional deberán presentar dicha copia durante los primeros 90 días de su plazo de instalación de 270 días. Un Diseño Final del Sitio puede contener lo siguiente y solo se considerará 'Final' una vez acompañado de un permiso emitido por la Autoridad Competente (AHJ) apropiada:

- Mapa del sitio;
- Dirección de la ubicación;
- Amperios totales del panel;
- Si se ha identificado una mejora o ampliación, detalles de la mejora/ampliación del panel;
- Dibujo de la estructura subterránea;
- Trayecto que se debe transitar (entrada/salida);
- ADA (si corresponde);
- Cantidad definitiva de conectores y número de EVSE que se instalarán;
- Lugar definitivo donde se ubicarán los EVSE;
- Detalles definitivos de las mejoras/ampliaciones del servicio;
- Nombre del contratista y número de licencia CSLB; y
- Firma de la AHJ

Ejemplo en la página siguiente

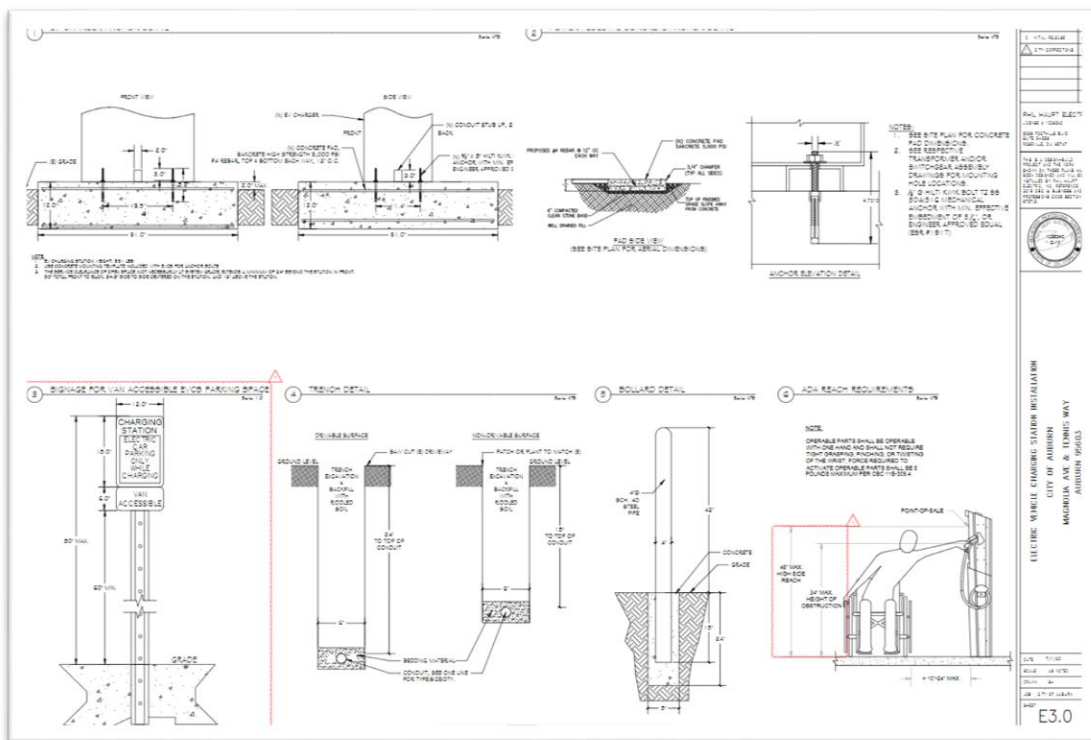


Ejemplos de Documentos de Respaldo





Ejemplos de Documentos de Respaldo





Se requiere una Solicitud de Permiso de Construcción para los solicitantes del Nivel de Preparación 2 al momento de la solicitud, independientemente del tipo o categoría de propiedad del sitio. La prueba de la solicitud del Permiso de Construcción emitido debe incluir, entre otros elementos, lo siguiente:

- Dirección del Sitio de Instalación
- Descripción del Proyecto
- Fecha de solicitud del permiso
- Fecha de emisión y/o estado del permiso (si corresponde)
- Todas las firmas requeridas (si corresponde)

Building Permits & Inspection Division

General Information: (916) 875-5296

www.building.saccounty.net

Full Service Center

827 7th Street, Room 102
Sacramento, CA 95814
M-F 8:30am - 4:30pm

Bradshaw Center

9700 Geetha Road, Suite A
Sacramento, CA 95827
M-F 8:30am - 4:30pm

East Area Service Center

3229 Hagedorn Avenue, Suite B
Fair Oaks, CA 95628
M-F 8:30am - 4:30pm

North Area Service Center

3381 Pescadore Way, Suite 100
McClelland, CA 95621
M-F 8:30am - 4:30pm

Commercial Building Permit Application

(To be entered by issuing agency)

Parcel #: _____ Permit Number: _____ Intake Person: _____

Project Address & Name: _____

Street: _____ Suite/Apt #: _____ City: _____ Zip Code: _____

Nearest Cross Street: _____ Business Name: _____

Name of Applicant: _____

Mailing Address: _____ City/State/Zip: _____

Phone: _____ Fax: _____ E-mail: _____

Name of Contractor: _____

Mailing Address: _____ City/State/Zip: _____

Phone: _____ Fax: _____ E-mail: _____

Contractor's License Number: _____ Classification: _____

Name of Owner: _____

Mailing Address: _____ City/State/Zip: _____

Phone: _____ Fax: _____ E-mail: _____

Name of Architect/Engineer: _____ License #: _____

Mailing Address: _____ City/State/Zip: _____

Phone: _____ Fax: _____ E-mail: _____

Nature of Work: ☐ New Construction ☐ Shell (New) ☐ Alteration ☐ Demolition ☐ Misc. PM&E ☐ T.I. (First Time) ☐ Commercial Coach

Inspection Disciplines: ☐ Building ☐ Mechanical ☐ Plumbing ☐ Electrical ☐ Engineering (Check all that apply)

Description of Work: _____

Number of Stories?	Number of Units?	Type of Construction?	Fire Sprinklered?	Existing Use?	Proposed Use?	Is Building Conditioned?
			☐ Yes ☐ No			☐ Yes ☐ No
Square Footages →	New Added Square Footage?	Office Square Footage?	Retail Square Footage?	Warehouse Square Footage?	Roofing Squares?	Square Footage Other:

Valuation: \$ _____

The applicant for a permit shall provide an estimated permit value at time of application. Permit valuations shall include total value of work, including materials and labor, for which the permit is being issued, such as electrical, gas, mechanical, plumbing equipment and permanent systems, it, in the opinion of the building official, the value is underestimated on the application, the permit shall be denied, unless the applicant can show detailed estimates to meet the approval of the building official. Final building permit valuation shall be set by the building official. Valuation includes all permanent equipment and is based on FAIR MARKET VALUE for labor and materials. New construction will be based on a County established per square foot cost.



Ejemplos de Documentos de Respaldo

Ejemplos de “Solicitud a una Autoridad de Permisos”

 CITY LADBS DEPARTMENT OF BUILDING AND SAFETY APPLICATION FOR ELECTRICAL PERMIT (Use E-permit Application for Electrical Plan Check)		FOR OFFICE USE ONLY Q-Matic #: _____ PCIS #: _____ LADBS Express Permit may be obtained online at LADBS.ORG															
PROJECT ADDRESS Number & Street Name _____ City _____ Zip Code _____ Unit No. _____																	
WORK DESCRIPTION Briefly describe the scope of work: _____ _____		Check one: ☐ Single Family Dwelling (S.F.D.)/Duplex ☐ Electric Vehicle ☐ Apartment/Condo ☐ Public Right of Way ☐ Retail, Office, Warehouse ☐ Equipment ☐ Other															
APPLICANT Name _____ Number & Street Name _____ City & Zip Code _____ Phone Number _____ Email _____ ☐ Owner/Builder Agent. Original authorization letter and Owner-Builder Declaration is required at the permit issuance for owner occupied S.F.D. ☐ Contractor Agent. A current, original notarized authorization letter dated within the past year is required at the permit issuance.																	
PROPERTY OWNER Name _____ * Number & Street Name _____ * City & Zip Code _____ Phone Number _____ * ☐ Same as Project Address. The property owner may obtain a permit as Owner/Builder on a Single Family Dwelling if they can provide proof of ownership AND proof that they currently reside at the project address.																	
CONTRACTOR Name _____ Number & Street Name _____ City & Zip Code _____ Phone Number _____ City of L.A. Business Tax Number _____ State License Number _____ ** Class _____ Email _____ Worker's Compensation Carrier _____ Policy Number _____ Expiration Date _____ ** General Contractor must obtain a permit for at least two trades (E, H, P, roofing, etc.) other than framing/carpentry for the same project address.																	
ARCHITECT or ENGINEER Name _____ Number & Street Name _____ City & Zip Code _____ Phone Number _____ State License Number _____ Expiration Date _____																	
APPLICATION PROCESSING INFORMATION OK for Cashier: _____ Date: _____		For Cashier's Use Only															
<table border="1"><tr><td>Permit Fee – Subtotal</td><td></td></tr><tr><td>Permit Issuing Fee</td><td></td></tr><tr><td>Permit Supplemental Issuing Fee</td><td></td></tr><tr><td>Permit Investigation Fee</td><td></td></tr><tr><td>Plan Check Fee – Subtotal</td><td></td></tr><tr><td>Additional Plan Check Hours</td><td></td></tr><tr><td>Off-Hour Plan Check</td><td></td></tr></table>		Permit Fee – Subtotal		Permit Issuing Fee		Permit Supplemental Issuing Fee		Permit Investigation Fee		Plan Check Fee – Subtotal		Additional Plan Check Hours		Off-Hour Plan Check			
Permit Fee – Subtotal																	
Permit Issuing Fee																	
Permit Supplemental Issuing Fee																	
Permit Investigation Fee																	
Plan Check Fee – Subtotal																	
Additional Plan Check Hours																	
Off-Hour Plan Check																	
As a covered entity under Title II of the Americans with Disabilities Act, the City of Los Angeles does not discriminate on the basis of disability and, upon request, will provide reasonable accommodation to ensure equal access to its programs, services, and activities.																	
PC/ELEC/e-permit R10 (Rev. 3/1/2019)		Page 1 of 2 www.ladbs.org															



Ejemplos de Documentos de Respaldo

**CITY OF GARDEN GROVE
BUILDING SERVICES**

General Info : 714-741-5307
Inspection Requests : 855-380-8758

PFRMIT#: ISSUED

Owner		Telephone	Zip	Building Address			
Address		City	State	Suite/Unit/Building			
				TYPE	ISSUED BY		
Applicant		Telephone	Zip	Inspector Dist.	Parcel Number	LOT	TRACT
Address		City	State	Valuation			
Contractor		Telephone	Zip				
Address		City	State				
State Licence	Expires	City Licence	Expires				
Floor Area(sq. ft.)	Residential/Commercial						
		Commercial					
Job Description INSTALL 1 LEVEL 3 EV CHARGING STATION (EVCS) AT (E) GAS STATION. INCLUDES NEW ELECTRICAL 75KVA TRANSFORMER 208V, 30-480V, 30 FED FROM (E) 208Y/120V 600A METER, 3PH, 4W DISTRIBUTION PANEL.							
DECLARATION I certify that I have read this application/permit and state that the information on all pages of this document is correct. I agree to comply with all City and County ordinances and State laws relating to building construction, and hereby authorize representatives of this City and County to enter upon the above mentioned property for inspection purposes. ☒ Applicant's Signature Print Name							
				F E E S	Description	Quantity	Amount
					Cultural Arts Fee, Valuation		
					General Plan Update Fee, Valuation		
					Plan Check Fee - Disabled Access (Commercial)	1	
					Plan Check Fee		
					Plan Check Fee - Energy Conservation (Commercial)	1	
					Building Permit Document Retention Fee	1	
					Building Technology Fee	1	
					Plan Retention	5	
					BSASRF State Fee		
					Engineering Plan Check - Tenant Improvement	1	
					Electrical Plan Check Fee	1	
					Power Apparatus - Over 5 but not over HP/kW/kVA/kVAR	2	
					Receptical, switch, outlet, and fixture	1	
					Planning Plan Check Fee - Tenant Improvement	1	
				SMI (Commercial)	1		
				Inspection			
				Issuance Fee	1		
				Building Permit Fee			
				One-Stop Permit Center Surcharge			
				TOTAL			

This is a building permit when properly filled out, signed and validated, and is subject to expiration if work thereunder is suspended for 180 days.

APPLICANT'S COPY

Permit Type: BLDG/ELEC



Ejemplos de Documentos de Respaldo



City of

San Bernardino

Community and Economic Development Department – Building And Safety Division
Office: 201 North E Street, 3rd Floor
Mail: 290 North D Street
San Bernardino, CA 92401
Phone: (909) 384-7272
www.sbcity.org

APPLICATION FOR
MECHANICAL/ELECTRICAL/PLUMBING:

☐ PLAN CHECK ☐ PERMIT

(Check Applicable Box)

☐ Residential ☐ Non-Residential ☐ New Construction ☐ Addition ☐ *Demo

☐ Alteration / T.I. ☐ Pool/Spa ☐ Sign ☐ Photovoltaic

JOB ADDRESS: _____ APN: _____

Property Owner's Name: _____ Phone: _____

ARCH/ENG/DESIGN in CHARGE: _____

Address: _____

Professional License No.: _____ Phone: _____

CONTRACTOR/APPLICANT: _____

Address: _____

License No.: _____ City Business License No.: _____

Phone: _____ Email: _____

JOB DESCRIPTION: _____

*Demolition permit requires proof of SCAQMD notification.

- Continue onto sheet 2 and complete worksheet.

Declaration: I certify that the information provided in the application is true and correct.

Signature of Applicant: _____ Date: _____

Sheet 1



Logo © 2011 USA North 811
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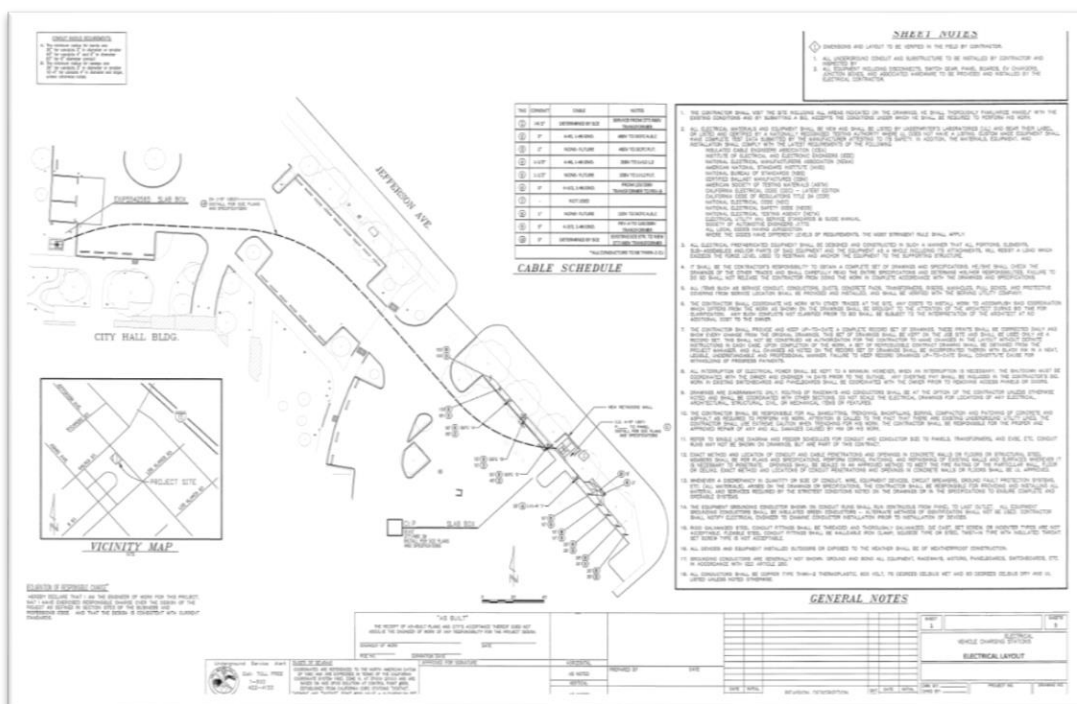
ELECTRIC VEHICLE CHARGING STATION INSTALLATION

CITY OF AUBURN

MAGNOLIA AVE & TENNIS WAY
AUBURN 95603

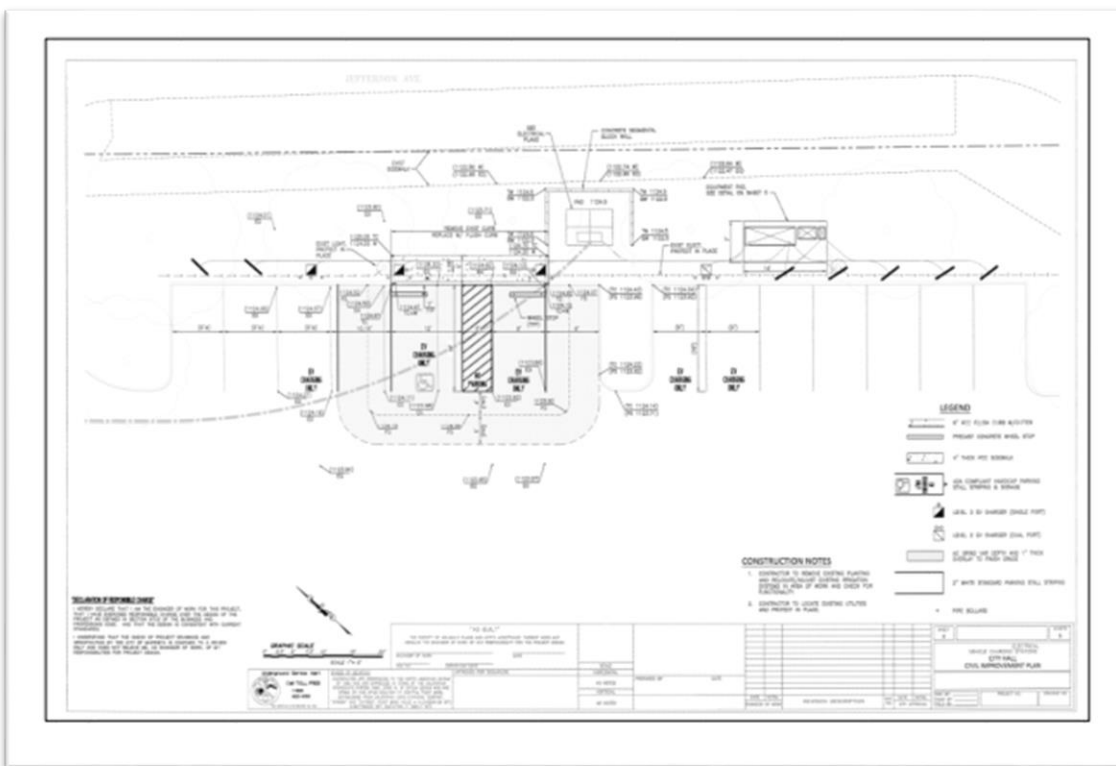
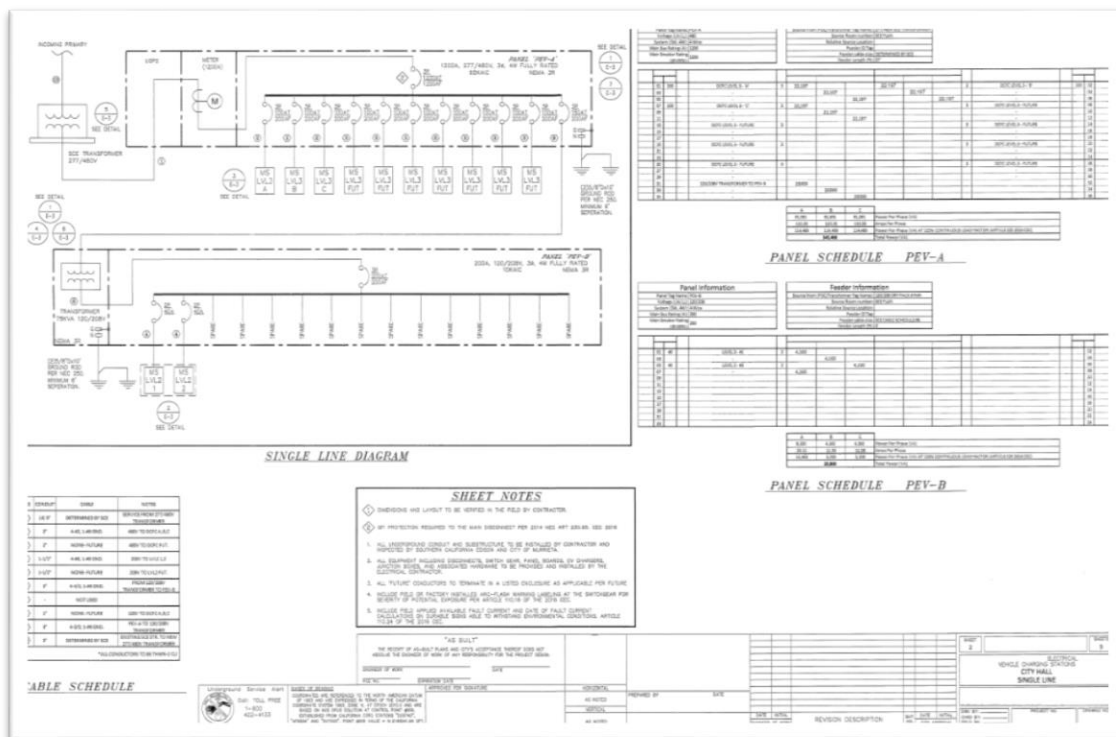
APN 002-122-013-000

GENERAL SYMBOLS AND ABBREVIATIONS		1. CITY RECORD
SYMBOL	DESCRIPTION	2. CITY COMMENTS
	1. ELECTRIC VEHICLE CHARGING STATION	
	2. ELECTRIC VEHICLE CHARGING STATION	
	3. ELECTRIC VEHICLE CHARGING STATION	
	4. ELECTRIC VEHICLE CHARGING STATION	
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	81. ELECTRIC VEHICLE CHARGING STATION	





Ejemplos de Documentos de Respaldo





Ejemplos de Documentos de Respaldo

Permiso de Construcción Emitido

Se requiere un Permiso de Construcción Emitido Final para los solicitantes del Nivel de Preparación 1 al momento de la solicitud, independientemente de la categoría de propiedad del sitio. Los destinatarios del Aviso de Adjudicación Condicional deben presentar este documento dentro de los primeros 90 días de su plazo de instalación de 270 días. Un permiso de construcción emitido incluye lo siguiente:

- Dirección del Sitio de Instalación
- Descripción del proyecto (por ej.: instalación de infraestructura para EV)
- Una copia de cualquier nuevo conjunto de planos o diagrama unifilar eléctrico de trabajos eléctricos
- Fecha de emisión y/o estado del permiso (si corresponde)
- Fecha de emisión del permiso
- Todas las firmas requeridas (si corresponde)

Ejemplo

BUILDING PERMIT #		City of [REDACTED]
JOB SITE ADDRESS (FORMER PERMIT #)		BUILDING DEPARTMENT
APN		[REDACTED]
APPLICANT		
OWNER		
CONTRACTOR		
ARCHITECT OR ENGINEER		
DESCRIPTION OF WORK INSTALLATION OF 2 ELECTRIC CAR CHARGING STATIONS		LICENSED CONTRACTORS DECLARATION I hereby affirm that I am licensed under the provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code, and my license is in full force and effect. License Class: _____ License Number: _____ Contractor: _____ Date: _____
USE 437 Additions and Alterations - Nonresidential and non		OWNER-BUILDER DECLARATION I affirm that I am exempt from the Contractor's License Law for the following reason (Sec. 7031.5, Business and Professions Code): Any city or county which requires a permit to construct, alter, improve, demolish, or repair any structure, prior to its issuance, also requires the applicant for such permit to file a signed statement that he is licensed pursuant to the provisions of the Contractor's License Law (Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code) or that he is exempt therefrom and the basis for the alleged exemption. Any violation of Section 7031.5 by any applicant for a permit subjects the applicant to a civil penalty of not more than five hundred dollars (\$500). I, as owner of the property, or my employees with wages as their sole compensation, will do the work, and the structure is not intended or offered for sale; Sec. 7044, Business and Professions Code. The Contractor's License Law does not apply to an owner of property who builds or improves thereon, and who does such work himself or through his own employees, provided that such improvements are not intended or offered for sale. If, however, the building or improvement is sold within one year of completion, the owner/builder will have the burden of proving that he did not build or improve for purpose of sale. I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Sec. 7044 Business and Professions Code). The Contractor's License Law does not apply to an owner of property who builds or improves thereon, and who contracts for such projects with a contractor(s) licensed pursuant to the Contractor's License Law. I am exempt Under Sec. _____ B.P.C. for this reason.
OCCUPANCY Zoning: _____ Tract: _____ Lot #: _____ Total Valuation: _____ Building SF: _____ Garage SF: _____ Patio SF: _____		WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance carrier and policy number are: Carrier: _____ Policy Number: _____ (This section need not be completed if the permit is for one hundred dollars (\$100) or less.) I certify that in the performance of the work for which this permit is issued, I shall not employ any person in a manner so as to become subject to the workers' compensation provisions of Section 3700 of the Labor Code. I shall forthwith comply with those provisions. Applicant: _____ Date: _____ WARNING: Failure to secure workers' compensation coverage is unlawful, and shall subject an employer to criminal penalties and civil fines up to one hundred thousand dollars (\$100,000), in addition to the cost of compensation, damages as provided for in section 3709 of the Labor Code, interest, and attorney's fees. I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3087, Civil Code).
DESCRIPTION OF FEES		Lenders Name Lenders Address I declare under penalty of perjury that I have read this application and that the above information is true and correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this county to enter upon the above-mentioned property for inspection purposes.
Department Approval _____ Date _____		Signature of Applicant or Agent _____ Date _____



4. Facturas

Se requiere que todos los Adjudicatarios envíen una copia completa de la(s) factura(s) pagada(s) al solicitar el pago, independientemente del tipo o categoría de propiedad del sitio, y deberá incluir, entre otros elementos, lo siguiente:

1. **Facturas por Costos Incurridos:** Todas las facturas presentadas para reembolso deben incluir lo siguiente:
 - a. Información completa del proveedor
 - b. Prueba de que la factura ha sido pagada por el solicitante (no se aceptan cotizaciones)
 - c. La Dirección del Sitio del Proyecto debe estar incluida y coincidir con la dirección del sitio del proyecto que figura en la solicitud adjudicada.
2. **Factura de Equipos:** Los documentos presentados que hagan referencia a los Costos de Equipos deben incluir lo siguiente:
 - a. Cantidad de cargadores
 - b. Marca/modelo de cargadores
 - c. Costo por artículo y costo total
 - d. Impuestos y Envío
3. **Factura del Subcontratista (si corresponde):** Cualquier factura de subcontratista o de terceros que sea presentada para reembolso debe contener lo siguiente:
 - a. Desglose detallado del trabajo realizado, incluyendo, sin limitación:
 - i. Planificación
 - ii. Diseño
 - iii. Mano de obra
 - b. Desglose del costo total para cada partida
 - c. Prueba de que la factura ha sido pagada por el solicitante
4. **Fecha de la factura**
5. **Nombre del comprador**
6. **Descripción del trabajo de diseño e ingeniería para no subcontratistas:**
 - a. Desglose detallado del trabajo realizado, incluyendo, sin limitación:
 - i. Planificación
 - ii. Diseño
 - iii. Mano de obra indirecta
 - b. Desglose del costo total para cada partida
 - c. Prueba de que la factura ha sido pagada por el solicitante
7. **Firmas requeridas (si corresponde)**
8. **Un desglose de los costos elegibles, y todos los créditos, descuentos e incentivos recibidos (si corresponde)**

Nota: La solicitud de pago de cualquier tipo debe ir acompañada de documentación de respaldo. Esta documentación puede incluir, entre otros elementos:

- I. Prueba de los costos directos incurridos en los equipos, incluyendo listados detallados de los equipos facturados, montos facturados respaldados por facturas de proveedores, recibos u otra documentación relevante de terceros, documentación que respalde la titularidad como propietario (tal como el título de propiedad) según corresponda, copias de cheques cobrados/estados de cuenta bancarios y cualquier otro documento considerado relevante;
- II. Prueba de otros costos incurridos, incluyendo un listado detallado de otros costos directos y montos facturados, montos facturados respaldados por facturas de proveedores, recibos u



Ejemplos de Documentos de Respaldo

otra documentación relevante de terceros, y copias de cheques cobrados/estados de cuenta bancarios;

**El Equipo del Proyecto podría solicitar documentación adicional a los adjudicatarios que envíen una solicitud de pago para garantizar el cumplimiento de todos los requisitos programáticos y contractuales necesarios.*

Prueba de Pago

Todas las facturas y solicitudes de pago deben estar acompañadas de la documentación de respaldo. La prueba de pago debe demostrar que los pagos corresponden a los mismos costos enumerados en la solicitud de pago y estar respaldados por las facturas presentadas. La documentación de respaldo presentada como prueba de pago puede incluir, entre otros, los siguientes elementos:

- **Copias Emitidas por el Banco de Cheque(s) Cobrado(s)**
 - Deben incluir la fecha de pago
 - Deben incluir una imagen nítida del **frente y reverso** del cheque
- **Estados de Cuenta Bancarios**
 - Deben indicar claramente **tanto el remitente como el destinatario** del pago.
 - Los documentos presentados deben mostrar que todos los costos han sido incurridos por el Solicitante
 - Toda información confidencial puede ser tachada por el Solicitante siempre que dichas tachaduras no oculten otra información requerida.
 - Los estados de cuenta bancarios deben incluir los cargos pertinentes que estén sujetos a la solicitud de pago
 - Los estados de cuenta bancarios deben reflejar el pago ya realizado (no se acepta el estado de pago 'pendiente')
 - Son válidos los pagos realizados con tarjeta de débito o crédito
- **Pagos Electrónicos**
 - Las transacciones deben mostrar la transferencia completa de los fondos (no se acepta el estado de transferencia "pendiente")
 - Ejemplos de opciones de pago aceptables: (ACH, transferencias bancarias, cheques)
 - Fecha de pago
 - Remitente y destinatario
 - Monto del pago

NOTA: Se requiere una prueba de pago para todas las solicitudes de pago a fin de establecer una conexión entre los costos elegibles y los costos que son elegibles para reembolso. El Equipo del Proyecto podría solicitar documentación adicional a los adjudicatarios que envíen una solicitud de pago para asegurar el cumplimiento de todos los requisitos programáticos y contractuales.

Costos de Mano de Obra Directa

Los Costos de Mano de Obra Directa benefician directamente al programa y es realizada por el adjudicatario o un empleado del adjudicatario.



Ejemplos de Documentos de Respaldo

- La prueba que establezca los costos de mano de obra directa deberá incluir, entre otros elementos, la siguiente documentación de respaldo:
 - Nombre y cargo del empleado
 - Tarifa de pago por hora del empleado
 - Monto total pagado durante el período de pago
 - Debe mostrar las fechas relevantes del proyecto, típicamente a través de registros de tiempo, que indiquen que los costos fueron incurridos durante las fechas elegibles.

Las siguientes tablas han sido desarrolladas únicamente con fines informativos e ilustrativos y de ninguna manera derivan de datos relacionados con individuos reales.

Nombre del Empleado	Clasificación / Título del puesto	Tarifa de mano de obra directa facturada (\$ por hora)	Cantidad de horas facturadas	Gastos reembolsables de mano de obra directa
John Smith	Electricista	\$45.00	10	\$450.00
Sally Martinez	Contratista general	\$55.00	25	\$1,375.00
Jill Wong	Electricista	\$42.00	15	\$630.00

Ejemplos de Entradas en la Hoja de Control de Horas				
Nombre del Empleado	Fecha	Hora de entrada	Hora de salida	Horas
John Smith	12 de febrero de 2024	8:00am	12:00pm	4
John Smith	13 de febrero de 2024	11:00am	4:00pm	5
Jill Wong	12 de febrero de 2024	10:00am	4:00pm	6
Jill Wong	13 de febrero de 2024	7:00am	3:00pm	8
Jill Wong	16 de febrero de 2024	8:00am	5:00pm	9
Jill Wong	17 de febrero de 2024	8:00am	4:00pm	8
Jill Wong	18 de febrero de 2024	9:00am	2:30pm	5.5
Sally Martinez	13 de febrero de 2024	10:30am	2:00pm	3.5
Sally Martinez	14 de febrero de 2024	8:30am	3:00pm	6.5
Sally Martinez	16 de febrero de 2024	9:00am	4:30pm	8.5

Nota: TODOS los costos de mano de obra directa, incluyendo las tarifas de mano de obra, deben estar corroborados por registros de nómina y/o recibos de pago para confirmar la tarifa de pago reclamada. La inclusión de materiales que se asemejen a las tablas mostradas anteriormente no representará un conjunto completo y válido de la documentación de respaldo necesaria para corroborar los costos incurridos de mano de obra directa. El personal de Communities In Charge le recomienda consultar con su departamento de contabilidad.



Documentos Adicionales para la Solicitud de Pago

Todos los solicitantes deberán presentar los siguientes documentos adicionales junto con todas las solicitudes de pago para ser considerados para el reembolso. Todos los documentos adicionales deben ser enviados directamente al Equipo de Tetra Tech o a Communities in Charge por correo electrónico a communitiesincharge@calstart.org y, una vez recibidos, el equipo de procesamiento de incentivos comenzará el proceso de revisión.

Todos los solicitantes **DEBEN** estar preparados para presentar la siguiente documentación al momento de enviar la solicitud de pago:

- **Certificado de Seguro (COI)**
 - El COI debe mostrar la información del Solicitante (nombre, dirección del sitio)
 - Debe estar vigente y al día (no vencido)
 - La póliza debe incluir el seguro de Compensación del Trabajador y estar reflejado en el COI
- **Conocimiento de Embarque (BOL) (Prueba de Entrega del Equipo)**
 - El BOL debe ser firmado y fechado en el lugar de entrega
 - El BOL debe enumerar la cantidad y la marca/modelo de los equipos
- **W-9**
 - Debe incluir el nombre del Solicitante
 - Debe estar vigente



Formulario de Solicitud de Pago Firmado

Todas las solicitudes de pago DEBEN estar acompañadas de un formulario de solicitud de pago firmado que detalle todos los costos elegibles para el reembolso.

El Formulario de Solicitud de Pago completo debe incluir una breve descripción de la Factura (No. de Factura) y el monto de la factura. El Formulario de Solicitud de Pago debe estar firmado y fechado.

- No Desbloquear la Hoja de Cálculo:
 - El Formulario de Solicitud de Pago es un documento de Excel en el que ciertas celdas han sido bloqueadas para fines contables internos.
 - Una celda bloqueada indica que otra celda abierta no se ha completado correctamente; por favor, revise la hoja de cálculo para verificar que se esté completando de manera precisa.

Ejemplo



Final Payment Request Form

Agreement #		DATE	
Award ID (found in Notice of Award email)	Magnitude of Award (found in Notice of Award email)	Application ID	

Applicant/Incentive Recipient Information	
Applicant/Incentive Recipient Name	
Organization Name	
Organization Address Line 1	
Organization Address Line 2	
Primary Contact Phone	
Primary Contact Email	

Request Type (Final)	Fill out this section ONLY if you are submitting a Final Payment.			
Final Payment				
Description of Invoice (add additional rows for additional invoices)	Award Total	Incurring Costs this Invoice	Incurring Costs to Date	Award Balance
Invoice # XXXXXXX		[FILL IN]		
Invoice # XXXXXXX		[FILL IN]		
Invoice # XXXXXXX		[FILL IN]		
Invoice # XXXXXXX		[FILL IN]		
Invoice # XXXXXXX		[FILL IN]		
Invoice # XXXXXXX		[FILL IN]		
Invoice # XXXXXXX		[FILL IN]		
Total	\$0.00	\$0.00	\$0.00	\$0.00
Amount payable to Incentive Recipient		\$0.00		



Ejemplos de Documentos de Respaldo



		Date	
Award ID (found in Notice of Award email)	Magnitude of Award (found in Notice of Award email)	Application ID	
	\$ -		

Applicant/Incentive Recipient Information	
Applicant/Incentive Recipient Name	
Organization Name	
Organization Address Line 1	
Organization Address Line 2	
Primary Contact Phone	
Primary Contact Email	

Are you presently involved in or intending to engage with any funding programs that would otherwise preclude your eligibility from receiving funding for this Project Site through Communities in Charge now or in the future? Please consult the "Cost Eligibility" section of the Implementation Manual for more details.	Yes/No

I certify to the best of my knowledge and belief that the foregoing information is correct and complete and all outlays and obligations are for the purposes set forth in Communities in Charge.		
Signature of Certifying Officer	Date	
Type or Print Name and Title	Phone	
Email		

CALSTART Use Only			
Communities in Charge Team Approval		Amount Authorized:	
Reviewed by	Date	Check #	
		Check Date	
		Tracking #	



Ejemplos de Documentos de Respaldo

Incentive Recipient Name:	0
Agreement Number:	0
Invoice Number:	
Period Covered By This Request:	



Reimbursable

Category	Agreement Reimbursable Budget	Reimbursable Expenses This Period	Credits, Discounts and Incentives (as applicable)	Cumulative Expenses Billed to Date	Reimbursable Balance
Direct Labor		\$ -	\$ -	\$ -	\$ -
Fringe Benefits		\$ -			\$ -
Equipment		\$ -	\$ -	\$ -	\$ -
Materials/Misc.		\$ -	\$ -	\$ -	\$ -
Subcontractors		\$ -	\$ -	\$ -	\$ -
Total		\$ -	\$ -	\$ -	\$ -
Grand Totals	\$ -	\$ -	\$ -	\$ -	\$ -

Total Incentives Requested This Period	\$ -
--	------

Certification

I certify under penalty of perjury that this invoice is accurate, correct, and proper for payment in all respects, and reimbursement for these costs has not and will not be received from any other sources, including but not limited to a government entity contract, subcontract or other procurement method. I further certify under penalty of perjury that I have carefully reviewed the terms and conditions for this Agreement and have determined that, for work covered by this invoice, the Incentive Recipient and all subcontractors have complied with all Agreement terms, including (1) prevailing wages were paid to eligible workers who provided labor for work covered by the payment request and that the Incentive Recipient and all subcontractors otherwise complied with all California prevailing wage laws, or (2) that the project is not a public work requiring the payment of prevailing wages.

Signature of Authorized Representative	Date
CALSTART Use Only	



COMMUNITIES
IN CHARGE

Página 28 de 51



Ejemplos de Documentos de Respaldo

Agreement Number:	0
Invoice Number:	0
Period covered by this request:	0



Equipment									
Date	Vendor	Purpose	Reference	Units	Unit Cost	Reimbursable Direct Equipment Expenses	Cumulative Expenses Billed to Date	Credits, Discounts, and Incentives (as applicable)	Total
						0.00			0.00
						0.00			0.00
						0.00			0.00
						0.00			0.00
						0.00			0.00
						0.00			0.00
						0.00			0.00
						0.00			0.00
						0.00			0.00
						0.00			0.00
						0.00			0.00
						0.00			0.00
						0.00			0.00
						0.00			0.00
						0.00			0.00
						0.00			0.00
						0.00			0.00
						0.00			0.00
						0.00			0.00
Totals						\$ -	\$ -	\$ -	\$ -



COMMUNITIES
IN CHARGE

Página 30 de 51



Ejemplos de Documentos de Respaldo

Agreement Number:	0
Invoice Number:	0
Period covered by this request:	0

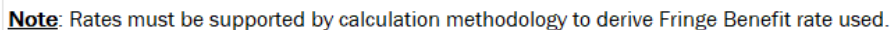


Reimbursable Subcontractors Summary

Subcontractor Name	Subcontractor Reimbursement Request This Period	Subcontractor Cumulative Expenses Billed to Date	Subcontractor Business Certifications (MB/SB/DVBE/None)	Credits, Discounts, and Incentives (as applicable)	Total
		\$ -			\$ -
	\$ -	\$ -			\$ -
	\$ -	\$ -			\$ -
	\$ -	\$ -			\$ -
	\$ -	\$ -			\$ -
	\$ -	\$ -			\$ -
	\$ -	\$ -			\$ -
	\$ -	\$ -			\$ -
	\$ -	\$ -			\$ -
	\$ -	\$ -			\$ -
	\$ -	\$ -			\$ -
	\$ -	\$ -			\$ -
	\$ -	\$ -			\$ -
	\$ -	\$ -			\$ -
	\$ -	\$ -			\$ -
Total	\$ -	\$ -		\$ -	\$ -



Agreement Number:	0
Invoice Number:	0
Period covered by this request:	0

Página 32 de 51



Se requiere que todos los Adjudicatarios presenten una tarjeta de inspección final firmada por la Autoridad Competente, independientemente del tipo o categoría de propiedad del sitio, y deberá incluir, entre otros elementos, lo siguiente:

- ### Ejemplo

Página 33 de 51



Fotos de Números de Serie

Se requiere que todos los Adjudicatarios presenten foto(s) de los números de serie de todos los equipos instalados, independientemente del tipo o categoría de propiedad del sitio, y deberá incluir, entre otros elementos, lo siguiente:

- El número de serie completo de cada cargador de EV incluido en su solicitud. Por ejemplo, si solicitó e instaló 10 cargadores de EV, debe presentar un total de 10 fotos. Cada una de estas 10 fotos debe mostrar de manera clara y legible el número de serie de cada cargador de vehículos eléctricos.
- El número de serie debe mostrarse en el cargador de EV, y ser claramente visible y legible.

Ejemplo





Ejemplos de Documentos de Respaldo

Formulario de Acuerdo de Red

Se requiere que todos los Adjudicatarios completen un acuerdo de red, independientemente del tipo o categoría de propiedad del sitio, y deberá incluir, entre otros elementos, lo siguiente:

- Acuerdo firmado, incluyendo **todas las firmas requeridas**
- Todas las páginas y secciones del acuerdo, incluyendo el **contrato completo** (no se aceptarán extractos parciales del contrato)
- El **Costo del Contrato** y el **Número del Acuerdo de Red** deben estar presentes
- **Duración del plazo:** el documento de su acuerdo puede complementarse con una factura pagada que muestre la duración del plazo
- El plazo requerido para los cargadores Nivel 2 es de **24 meses (2 años)**

Ejemplo

Attachment B

(hereinafter "Provider")

AND

Client Name

Client State of Incorporation

Client Address
(hereinafter "Client")

Client hereby engages Provider for the Term of this Electric Vehicle Charging Services Agreement (this "Agreement") and any renewals and/or extensions thereof, to provide the services described in the Terms and Conditions attached hereto as Exhibit A within the real property owned and/or leased by Client with property address(es) set forth below, and/or attached hereto:

(all property locations collectively referred to herein as the "Property").

Agreement Summary:

Equipment Ownership. The Parties agree that Provider shall own all right, title and interest in all of the electric vehicle charging infrastructure (the "Equipment") at the Property.

Service & Maintenance. Provider agrees that it shall bear all costs associated with the service and maintenance of the Equipment and any Additional Equipment (as defined herein) at the Property for the Term of the Agreement (as defined in the attached Exhibit A).

Electricity. Client shall pay all electricity costs generated from the use of the Equipment and all Additional Equipment (as defined herein) on the Property.

Term. Three (3) years commencing on the latest date below; the Term shall automatically renew for one additional three (3) year term, upon written agreement by both parties in advance of the end of the then-current term.

Revenue Payment. Provider shall remit to Client fifty percent (50%) of the net profits generated by the Equipment installed as of the date of this Agreement, which shall include, but not be limited to, the gross revenues generated by electric vehicle charging fees and advertising, minus: (i) any and all taxes, (ii) transaction fees, and (iii) \$18.00 per month in network/connectivity fees related to the operation of the Equipment (the "Revenue Payment"). Any unpaid fees shall accrue to the next month.

Site Exclusivity. Client agrees that it will not contract with any other entity besides Provider to install, maintain, service or operate any electric vehicle charging equipment during the Term of this Agreement.

Additional Equipment. If, at any time during the Term of this Agreement, it should be determined that additional Equipment should be installed, either on the Property or at another Client-owned/managed location (the "Additional Equipment"), Provider shall have the exclusive right to provide the Additional Equipment at no cost to Client. Client shall pay installation costs of any Additional Equipment, including all infrastructure and labor costs. Provider shall own all right, title and interest in all Additional Equipment, unless mutually agreed otherwise in writing. Client shall pay all electricity costs generated from the use of the Additional Equipment. All Additional Equipment shall be added to the Property list herein, and memorialized by both parties signing an Installation Date Acknowledgment Form, as described in Exhibit A.

Additional Equipment Revenue Payment. Provider shall remit to Client fifty percent (50%) of the net profits generated by any Additional Equipment installed after the date of this Agreement, which shall include but not be limited to, the gross revenues generated by electric vehicle charging fees and on-screen advertising, minus: (i) any and all taxes, (ii) transaction fees, and (iii) \$18.00 per month in network/connectivity fees related to the operation of the additional Equipment (the "Additional Equipment Revenue Payment"). Any unpaid fees shall accrue to the next month.

By entering into this Agreement with Provider, Client agrees to be bound by all of the Terms and Conditions stated in Exhibit A. The parties hereto have executed this Electric Car Charging Services Agreement (inclusive of the terms listed on the applicable Exhibit A) on the last date written below.

CLIENT:

PROVIDER:

By: _____
Name: _____
Title: _____
Date: _____
FEIN: _____

By: _____
Name: _____
Title: _____
Date: _____



5. Ejemplos de Documentos para Conexiones Comunitarias

Congregaciones a Cargo (Congregations in Charge)

Declaración Jurada para la 'Exención Fiscal de Iglesia', firmada y otorgada

Se requiere que todos los solicitantes de Congregaciones a Cargo (Congregations in Charge) presenten una Declaración de Exención Fiscal, independientemente del tipo o categoría de propiedad del sitio, y deberá incluir, entre otros elementos, lo siguiente:

- Una declaración jurada firmada, otorgada y presentada para la 'Exención Fiscal de Iglesia' (con prueba de la fecha de presentación)
- Prueba de la aprobación del asesor fiscal
- Esta declaración jurada debe hacer referencia al bien inmueble en el que se instalará la infraestructura

Ejemplo:



Ejemplos de Documentos de Respaldo

BCE-262-AH (P1) REV. 10 (05-19)

CHURCH EXEMPTION
PROPERTY USED SOLELY FOR RELIGIOUS WORSHIP

This claim is filed for fiscal year 20____ - 20____.
(Example: a person filing a timely claim in January 2011 would enter "2011-2012.")

NAME AND MAILING ADDRESS
(Make necessary corrections to the printed name and mailing address)

FOR ASSESSOR'S USE ONLY

Received _____
Approved _____
Denied _____
Reason for denial _____

To receive the full exemption, this claim must be filed with the Assessor by February 15.
☐ Check here if you no longer seek an exemption at this location. Sign and return this form to the Assessor.

NAME OF CHURCH, ORGANIZATION, ETC. _____
WEBSITE ADDRESS (if any) _____
MAILING ADDRESS (NUMBER AND STREET/P. O. BOX) _____
CITY, STATE, ZIP CODE _____
ADDRESS OF PROPERTY (NUMBER AND STREET) _____
CITY, COUNTY, ZIP CODE _____

ASSESSOR'S PARCEL NUMBER _____
DATE PROPERTY WAS FIRST USED BY CLAIMANT _____

1. Owner and operator: (check applicable boxes)
Claimant is: ☐ Owner and operator ☐ Owner only ☐ Operator only
and claims exemption on all ☐ Land ☐ Buildings and improvements and/or ☐ Personal property

2. Are all buildings and equipment claimed as exempt used solely for religious worship, including any building in the course of construction?
☐ Yes ☐ No

3. Is the land claimed as exempt required for the convenient use of these buildings?
☐ Yes ☐ No

4. Is all real property used by the church upon which exemption is claimed for parking purposes necessarily and reasonably required for the parking of automobiles of persons attending or engaged in religious worship or religious activity, and which is not at other times used for commercial purposes?
☐ Yes ☐ No

Commercial purposes does not include the parking of vehicles or bicycles, the revenue of which does not exceed the ordinary and necessary costs of operating and maintaining the property for parking purposes. Leased property used for parking purposes is eligible for exemption only if the congregation of the church, religious congregation, or sect is no greater than 500 members.

5. List all uses of the property: _____

6. a. Is an elementary school and/or secondary school being operated at this location?
☐ Yes ☐ No

b. Is a children's day care center being operated at this location (a children's day care center includes licensed nursery schools, preschools, and infant care centers)?
☐ Yes ☐ No

Note: If the answer is YES to a. or b. above, the property is not eligible for the Church Exemption. If the property is both owned and operated by the church and used for religious worship, preschool purposes, nursery school purposes, kindergarten purposes, school purposes of less than collegiate grade (grades 1 - 12), or for the purposes of both schools of collegiate grade and schools of less than collegiate grade, the claimant may qualify for the Religious Exemption. The Religious Exemption has a "one-time filing" provision and should be filed by February 15; contact the Assessor. The claimant may wish instead to annually file by February 15 for the Welfare Exemption.

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

Acta Constitutiva (Articles of Incorporation)

Se requiere que todos los solicitantes de Congregaciones a Cargo (Congregations in Charge), Escuelas a Cargo (Schools in Charge) y Organizaciones Sin Fines de Lucro a Cargo (Nonprofits in Charge) presenten una copia válida del Acta Constitutiva, independientemente del tipo o categoría de propiedad del sitio, y deberá incluir, entre otros elementos, lo siguiente:

- Registro en la Secretaría de Estado de California para la corporación educativa o religiosa relevante
- Evidencia de al menos un año de constitución de la entidad desde el momento de la presentación de la solicitud de vouchers (debe estar incluida en la Copia del Acta Constitutiva)

Ejemplo



**ARTICLES OF INCORPORATION
OF**

ARTICLE I
NAME

The name of the corporation is _____.

ARTICLE II
PRINCIPAL PLACE OF BUSINESS

The principal place of business of the corporation is _____, CA _____.

ARTICLE III
AGENT

The name and address of the agent for service of process is _____ at _____, _____.

ARTICLE IV
PURPOSE

The purpose for which the corporation is organized is to engage in any lawful act or activity for which a corporation may be organized under the General Corporation Law of California other than the banking business, the trust company business or the practice of a profession permitted to be incorporated by the California Corporations Code, including _____.

ARTICLE V
AUTHORIZED STOCK

The corporation is authorized to issue a total number of _____ shares of _____ stock, without par value.

ARTICLE VI
LIABILITY OF DIRECTORS

The liability of the directors of the corporation for monetary damages shall be eliminated to fullest extent permissible under California law.

ARTICLE VII
INDEMNIFICATION



The corporation is authorized to indemnify its officers and directors to the fullest extent permissible under California law.

ARTICLE VIII DURATION

The period of duration of the corporation is perpetual.

Dated this _____.

I declare I am the person who executed this instrument which execution is my act and deed.

PREVIEW



Ejemplos de Documentos de Respaldo

Escuelas a Cargo (Schools in Charge)

Declaración jurada para la 'Exención Fiscal de Escuela Pública', firmada y otorgada

Se requiere una declaración jurada firmada, otorgada y presentada para la “Exención Fiscal de Escuela Pública” para todos los solicitantes de Escuelas a Cargo (Schools in Charge) únicamente (según lo definido por la [Constitución de California, Código de Ingresos e Impuestos, sección 202, subsección. \(a\)\(3\).](#)), independientemente del tipo o categoría de propiedad del sitio. El documento debe incluir, entre otros elementos, lo siguiente:

- Prueba de la fecha de presentación
- Referencia al bien inmueble en el que se instalará la infraestructura

Ejemplo

BOE-268-A (P1) REV. 08 (05-12)

PUBLIC SCHOOL EXEMPTION
PROPERTY USED EXCLUSIVELY BY A PUBLIC SCHOOL,
COMMUNITY COLLEGE, STATE COLLEGE, STATE UNIVERSITY,
OR UNIVERSITY OF CALIFORNIA

FISCAL YEAR OF CLAIM 20 ____ - 20 ____ (see instructions)

NAME AND MAILING ADDRESS
(Make necessary corrections to the printed name and mailing address)

A claimant must complete and file this form
with the Assessor by February 15.

L J

IDENTIFICATION OF APPLICANT
NAME OF SCHOOL DISTRICT, ORGANIZATION, ETC.
MAILING ADDRESS
CITY, STATE, ZIP CODE
CORPORATE ID (IF ANY)

IDENTIFICATION OF PROPERTY
NAME OF SCHOOL
ADDRESS OF PROPERTY (NUMBER AND STREET)
CITY, COUNTY, ZIP CODE ASSESSOR'S PARCEL NUMBER

USE OF PROPERTY
☒ Check the type of qualifying exclusive use of the property
☐ PUBLIC SCHOOL ☐ STATE UNIVERSITY ☐ STATE COLLEGE
☐ COMMUNITY COLLEGE ☐ UNIVERSITY OF CALIFORNIA

IDENTIFICATION OF REAL PROPERTY OWNER
NAME OF OWNER
MAILING ADDRESS
CITY, STATE, ZIP CODE

☐ Yes ☐ No A copy of the lease agreement is attached. DATE LEASE SIGNED COMMENCEMENT DATE OF LEASE
☐ Yes ☐ No The lease confers upon the lessee the exclusive right to possess and use the property.
☐ Yes ☐ No The property, or a portion thereof, is a student bookstore that generates unrelated business taxable income as defined in section 512 of the Internal Revenue Code.

If Yes, a copy of the institution's most recent tax return filed with the Internal Revenue Service must accompany this affidavit.
Property taxes are determined by establishing a ratio of the unrelated business taxable income to the bookstore's gross income.

Important: Failure to submit this affidavit will result in denial of the exemption. This claim only applies when lessees are public schools, community colleges, state colleges, state universities or the University of California. Submission of this claim after the due date will result in a portion of the exemption being denied.

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



Ejemplos de Documentos de Respaldo

LEASED PROPERTY AS OF JANUARY 1	NAME AND ADDRESS OF PROPERTY OWNER (if different than the owner identified on page 1)
☐ Land (Legal description or map book, page and parcel number)	
☐ Buildings and Improvements	
☐ Personal Property (Describe by type, make, model and serial number. If there are numerous properties, please attach a list that clearly identifies the property and the name and address of the lessor.)	

CERTIFICATION

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any accompanying statements or documents, is true and correct to the best of my knowledge and belief.

SIGNATURE OF PERSON MAKING CLAIM	DATE
NAME OF PERSON MAKING CLAIM	TITLE
EMAIL ADDRESS	DAYTIME TELEPHONE ()

INSTRUCTIONS FOR FILING

This affidavit is required under section 3(d) of Article XIII of the Constitution of the State of California and the provisions of sections 202, 202.2, 202.5, 202.6, 251, 254, 255, 259.10, 260, and 270 of the Revenue and Taxation Code.

IMPORTANT NOTICE
A qualifying institution is one whose property is used exclusively for public schools, community colleges, state colleges, state universities, and University of California. It may include off-campus facilities owned or leased by an apprenticeship program sponsor, if such facilities are used exclusively by the public school for classes of related and supplemental instruction for apprentices or trainees conducted by the public school.

It is not necessary for the lessor to also file the Lessors' Exemption Claim for the property listed. The benefit of a property tax exemption must inure to the lessee institution; the lessee may be entitled to claim a refund of taxes paid by the lessor. (See section 202.2 of the Revenue and Taxation Code.)

Include the terms of the agreement by which the public school obtained the use of real or personal property. When the agreement is in writing, a copy of the document must accompany this claim form.

FILING OF AFFIDAVIT
To receive the full exemption, this form must be filed with the Assessor by February 15. (Section 270 provides a partial exemption for late filing of the Public School Exemption.)

IDENTIFICATION OF APPLICANT
Identify the name of the school, district or organization seeking exemption on the property. Include the mailing address, and corporate identification number (if any).

IDENTIFICATION OF PROPERTY
Identify the location of the property of which you are seeking exemption; include the parcel number. A separate claim form must be filed for each location.

FISCAL YEAR
The fiscal year for which an exemption is sought must be entered correctly. The proper fiscal year follows the lien date (12:01 a.m., January 1) as of which the taxable or exempt status of the property is determined. For example, a person filing a timely claim in February 2011 would enter "2011-2012" on line four of the claim; a "2010-2011" entry on a claim filed in February 2011 would signify that a late claim was being filed for the preceding fiscal year.

USE OF PROPERTY
Please check the applicable box that best describes the type of qualifying use of the property identified on this claim form. Also check the type of property of which you are seeking exemption. Identify whether your organization, as the lessee of the property, has the exclusive right of possession and use of the property.

IDENTIFICATION OF OWNER
Identify owner of the property, include the mailing address. Indicate if a copy of the lease agreement is attached to the claim form and provide the date the lease was signed and the commencement date of the lease.



Ejemplos de Documentos de Respaldo

Formulario 990-N del IRS

Se requiere que todos los solicitantes de Escuelas a Cargo (Schools in Charge) cuyas instalaciones estén destinadas a escuelas privadas postsecundarias presenten una copia válida del Formulario 990-N del IRS, independientemente del tipo o categoría de propiedad del sitio:

- El formulario debe hacer referencia al bien inmueble en el que se instalará la infraestructura

Ejemplo

Form **990-N**
Department of the Treasury
Internal Revenue Service

Electronic Notice (e-Postcard)
for Tax-Exempt Organizations not Required To File Form 990 or 990-EZ

OMB No. 1545-2085
2011
Open to Public Inspection

A For the calendar year, or tax year beginning and ending

B Check if applicable
☐ Terminated, Out of Business
☐ Gross receipts are normally \$50,000 or less

C Name of organization:
d/b/a:
Address:

D Employer Identification Number
EIN

E Website:
Org. Website

F Name of Principal Officer:

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to give us the information. We need it to ensure that you are complying with these laws.

The organization is not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. The rules governing the confidentiality of the Form 990-N is covered in Code section 6104.



Licencia de Instalaciones Sanitarias válida, emitida por el Departamento del Estado

- Prueba de que la licencia está vigente
- La dirección debe corresponder al bien inmueble en el que se instalará la infraestructura



CDPH
California Department of
Public Health

CLINICAL AND PUBLIC HEALTH LABORATORY LICENSE



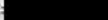
In accordance with the provisions of Chapter 3, Division 2 of the Business and Professions Code, the persons named below are hereby issued a license authorizing operation of a clinical laboratory at the indicated address.





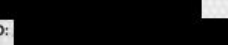
STATE ID: 

EFFECTIVE DATE: 

EXPIRATION DATE: 

OWNER/S:


LICENSE TYPE: 

CLIA ID: 

DIRECTOR/S:




DISPLAY: State law requires that the clinical laboratory license shall be conspicuously posted in the clinical laboratory.

CHANGE OF LABORATORY NAME, DIRECTOR, OWNER AND/OR ADDRESS:
State law requires that the laboratory owner and/or the director notify this office within 30 days of any change in ownership, name, location, or laboratory directors.

YOUR LICENSE MAY BE REVOKED 30 DAYS AFTER A MAJOR OWNER AND/OR DIRECTOR CHANGE.
If your license is revoked, you must cease engaging in clinical laboratory practice and apply for a new clinical laboratory license.

To make these changes or to submit a new application, visit our website: <https://www.cdph.ca.gov/LIS> (Go to Clinical Laboratory Facilities)





Gobiernos Locales a Cargo (Local Governments in Charge)

Escritura de Propiedad de la Ciudad

Si el bien inmueble es propiedad de o arrendado por el gobierno estatal o local (Gobiernos Locales a Cargo), presente una copia de la Escritura de Propiedad de la Ciudad, que deberá incluir, entre otros elementos, lo siguiente:

- Nombre de la propiedad y/o el número exacto de la propiedad, accesible a través del [Localizador de Propiedades de California](#)
- Dirección del Sitio del Proyecto donde se instalarán los cargadores y nombre de la Persona/Organización

Ejemplo

The screenshot displays the 'Real Estate Services Division' (RES) Extranets interface. The main heading is 'Statewide Property Inventory'. Below this, there is a section for 'Property Information' with a green header. The form includes fields for 'Agency Name', 'Number', 'Address', 'Street', 'Address2', 'Zip Code', 'Property', and 'Interest'. To the right of these fields, there are fields for 'Property Name', 'City Name', 'County Name', 'State Name', and 'Country Name'. Below the 'Property Information' section, there is a 'Property Use' section with a green header. This section includes fields for 'Use', 'Current Use Acres', 'Surplus Flag', and 'Current Use Acres'.



Organizaciones Sin Fines de Lucro a Cargo (Nonprofits in Charge)

Carta del *California Franchise Tax Board*

Se requiere que todos los solicitantes de Organizaciones Sin Fines de Lucro a Cargo (Nonprofits in Charge) presenten una Copia de la Carta de Exención del California Franchise Tax Board, independientemente del tipo o categoría de propiedad del sitio. Debe incluir, entre otros elementos, lo siguiente:

- ID de la Entidad, Nombre de la Entidad y Fecha (perteneciente al Sitio de Instalación)
- Entidad vigente y actualmente exenta de impuestos según la sección 23701 d. del Código de Ingresos e Impuestos (R&TC)

Ejemplo



STATE OF CALIFORNIA
FRANCHISE TAX BOARD
PO BOX 942857
SACRAMENTO CA 94257-0540

Entity Status Letter

Date: _____
ESL ID: _____

Why You Received This Letter

According to our records, the following entity information is true and accurate as of the date of this letter.

Entity ID: _____
Entity Name: _____

☒

1. The entity is in good standing with the Franchise Tax Board.

☐

2. The entity is not in good standing with the Franchise Tax Board.

☒

3. The entity is currently exempt from tax under Revenue and Taxation Code (R&TC) Section 23701 d.☐☐

Important Information

- This information does not necessarily reflect the entity's current legal or administrative status with any other agency of the state of California or other governmental agency or body.
- If the entity's powers, rights, and privileges were suspended or forfeited at any time in the past, or if the entity did business in California at a time when it was not qualified or not registered to do business in California, this information does not reflect the status or voidability of contracts made by the entity in California during the period the entity was suspended or forfeited (R&TC Sections 23304.1, 23304.5, 23305a, 23305.1).
- The entity certificate of revivor may have a time limitation or may limit the functions the revived entity can perform, or both (R&TC Section 23305b).

Connect With Us

Web: ftb.ca.gov
Phone: 800-852-5711 from 7 a.m. to 5 p.m. weekdays, except state holidays
916-845-6500 from outside the United States

California
Relay Service: 711 or 800-735-2929 (For persons with hearing or speech impairments)

FTB 4263A WEB (REV 12-2019)



Ejemplos de Documentos de Respaldo

Carta de Determinación del IRS para la Categoría 501

Todos los solicitantes de Organizaciones Sin Fines de Lucro a Cargo (Nonprofits in Charge) deben proporcionar una 'Copia de la Carta de Determinación del IRS' como evidencia de su categoría de entidad exenta de impuestos ante el Servicio de Rentas Internas (IRS) conforme a la Sección 501 del Código de Ingresos Internos, incluyendo, entre otros elementos, lo siguiente:

- Haber sido constituida por lo menos un año antes del momento de presentar la solicitud.
- Número de Identificación del Empleador de la Organización, Título y la fecha efectiva de la Exención.

Ejemplo

Department of the Treasury
Internal Revenue Service
Tax Exempt and Government Entities
P.O. Box 2508
Cincinnati, OH 45201

Date: 04/28/2021
Employer ID number: [REDACTED]
Person to contact: Name: Customer Service
ID number: [REDACTED]
Telephone: [REDACTED]
Accounting period ending: [REDACTED]
Public charity status: [REDACTED]
Form 990/990-EZ/990-N required: Yes
Effective date of exemption: [REDACTED]
Contribution deductibility: Yes
Addendum applies: No
DLN: [REDACTED]

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Sincerely,
Stephen A. Martin
Stephen A. Martin
Director, Exempt Organizations
Rulings and Agreements

Letter 947 (Rev. 2-2020)
Catalog Number 35152P



Ejemplos de Documentos de Respaldo

Certificado de Existencia (Certificate of Status) de la Secretaría del Estado de California

Todos los solicitantes de Organizaciones Sin Fines de Lucro a Cargo (Nonprofits in Charge) y cualquier otro solicitante que deba demostrar su vigencia en el Estado de California deben proporcionar evidencia del Certificado de Existencia (*Certificate of Status*) y deberá incluir, entre otros elementos, lo siguiente:

- Fecha de formación por lo menos un año antes del momento de presentar la solicitud.
- El Certificado debe estar vigente
- Nombre de la Organización, que debe coincidir con la entidad en cuyo terreno, ya sea propio o arrendado, se instalará la infraestructura de vehículos eléctricos.

Ejemplo

State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:
Redacted

FILE NUMBER: ***Redacted***
FORMATION DATE: 07/15/1999
TYPE: DOMESTIC NONPROFIT CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California,
hereby certify:

The records of this office indicate the entity is authorized to
exercise all of its powers, rights and privileges in the State of
California.

No information is available from this office regarding the financial
condition, business activities or practices of the entity.

 IN WITNESS WHEREOF, I execute this certificate
and affix the Great Seal of the State of
California this day of June 10, 2016.


ALEX PADILLA
Secretary of State

NP-25 (REV 01/2015) NLH



Viviendas Multifamiliares a Cargo (Multi-Family Housing in Charge)

Prueba de que la propiedad brinda servicio a una propiedad beneficiada por SOMAH

Todos los solicitantes de Viviendas Multifamiliares a Cargo (Multi-Family Housing in Charge) deben proporcionar pruebas que indiquen que la infraestructura que recibirá los incentivos se utilizará para los fines permitidos, según se describe en el Manual de Implementación de Communities in Charge. Una de dichas pruebas para las Viviendas Multifamiliares a Cargo puede ser la prueba de que la propiedad brinda servicio a una propiedad beneficiada por SOMAH y debe incluir, entre otros elementos, lo siguiente:

- Prueba de adjudicación como Propiedad beneficiada por SOMAH, incluyendo el número de solicitud de SOMAH (por ejemplo, notificación de adjudicación enviada por correo electrónico que documente que la propiedad en la que se instalará la infraestructura brinda servicio a una propiedad beneficiada por SOMAH, o instalación de SOMAH en proceso).
- Indicación de que esta propiedad es la misma propiedad en la que se instalará la infraestructura que recibirá los incentivos.

Ejemplo



Ejemplos de Documentos de Respaldo

Subject: Reservation Approval Notice, Application Number [REDACTED], [REDACTED]

Dear [REDACTED]

Congratulations! An incentive reservation has been issued for your proposed photovoltaic (PV) project under the Solar on Multifamily Affordable Housing (SOMAH) program. Details regarding your reservation are listed below:

Application Number	[REDACTED]
Host Customer	[REDACTED]
Installation Address	[REDACTED]
Reserved Incentive Amount	[REDACTED]
Energy Efficiency Compliance Milestone Due Date	[REDACTED]
Proof of Project Milestone Due Date	[REDACTED]
Incentive Claim Package Due Date	[REDACTED]



Ejemplos de Documentos de Respaldo

Lugares de Trabajo a Cargo (Workplaces in Charge)

Certificación de Pequeña Empresa del Departamento de Servicios Generales de California

Los solicitantes de Lugares de Trabajo a Cargo (Workplaces in Charge) pueden proporcionar una copia de la certificación de pequeña empresa del Departamento de Servicios Generales de California. La certificación debe estar vigente y debe incluir, entre otros elementos, lo siguiente:

- Identificación (ID) de la Certificación
- Nombre Legal del Negocio/Empresa
- Tipo de negocio
- Tipo de certificación
- Situación
- Fechas

Ejemplo

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To verify most current certification status go to: <https://www.caleprocure.ca.gov>

DGS
CALIFORNIA DEPARTMENT OF
GENERAL SERVICES

Office of Small Business & DVBE Services

Certification ID: [REDACTED] Email Address: [REDACTED]
Legal Business Name: [REDACTED] Business Web Page: [REDACTED]
Doing Business As (DBA) Name 1: [REDACTED] Business Phone Number: [REDACTED]
Doing Business As (DBA) Name 2: [REDACTED] Business Fax Number: [REDACTED]
Address: [REDACTED] Business Types:
Non-Manufacturer

Certification Type	Status	From	To
SB(Micro)	Approved	06/15/2017	06/30/2019

Stay informed! KEEP YOUR CERTIFICATION PROFILE UPDATED!
-LOG IN at [CaleProcure.CA.GOV](https://www.caleprocure.ca.gov)

Questions?
Email: OSDSHELP@DGS.CA.GOV
Call OSDS Main Number: 916-375-4940
707 3rd Street, 1-400, West Sacramento, CA 95605



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