



COMMUNITIES IN CHARGE

SAMPLE SUPPORTING DOCUMENTS





Sample Supporting Documents

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Sample Supporting Documents

1. Purpose

The purpose of this guide is to provide examples of various documents that may be submitted throughout the life of a project. The samples provided below are for informational purposes only.

2. Best Practices

- **Guidance for Uploading Materials**
 - All scans or photos of supporting documents must be legible and include all pages and sections, unless otherwise specified.
- **Invoices**
 - All invoices must include invoice date and itemization of eligible costs, credits, discounts, and incentives received, as applicable.
- **Authorities having Jurisdiction (AHJs)**
 - AHJ applicants may alternatively submit other documents in lieu of the following:

REQUIRED	ALTERNATIVE
DESIGN INVOICE	AHJs with in-house design work may alternatively submit a description of design work on official AHJ letterhead supplemented by an invoice or other accounting document(s) clearly showing incurred design costs and the dates the costs were incurred. The Project Site address must be clearly listed.
PERMIT	A letter on official AHJ letterhead explaining the AHJ is a self-permitting agency and that a permit for the approved EV charger project at the installation site is not required. The Project Site address must be clearly listed.
INSTALLATION PURCHASE INVOICE	AHJs with in-house installation may alternatively submit a description of the installation work on official AHJ letterhead supplemented by an invoice or other accounting document(s) clearly showing incurred installation costs and the dates costs were incurred. The Project Site address must be clearly listed.
FINAL INSPECTION CARD	A letter on official AHJ letterhead explaining the AHJ is a self-permitting agency and that the approved EV charger project at the installation site is complete and in compliance with all municipal laws, rules, codes and regulations. The Project Site address must be clearly listed.



Sample Supporting Documents

3. Sample Supporting Documents for ALL Applicants


NOTE: All supporting documentation must be submitted through the Incentive Procession Center (IPC).

Site Verification Form

This form is required for all Applicants, regardless of site ownership status.

- All fields must be completed in the Site Verification Form
- This form certifies to Communities in Charge Staff that both site owner and lessee (if applicable) are aware of planned infrastructure installation activities.
- *This form is provided here for informational purposes. All application materials for Communities in Charge shall be submitted through the online Incentive Processing Center (IPC).*

Sample



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)	<input type="checkbox"/> Yes <input type="checkbox"/> 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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Sample Supporting Documents



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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Sample Supporting Documents

Job Site Installation Form

This form is required for all Applicants regardless of site ownership status:

- A completed form with certified compliance of prevailing wage requirements
- Acknowledgment by applicant on status of the project, whether construction has begun or not.
- Up to date and accurate description of quantity and type of eligible Level 2 chargers.
- *This form is provided here for informational purposes. All application materials for Communities in Charge shall be submitted through the online Incentive Processing Center (IPC) and the Job Site Installation Form will be provided to awardees for signature (if chosen) along with the Incentive Recipient Agreement.*

Sample

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 & EVTP 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.

- If the electric vehicle charging infrastructure and equipment to be installed supplies charging ports with **19.2 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.**
- 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.**
- 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 8 CCR 18000 et seq.) including but not limited to **the payment of prevailing wages.**
- With this form, I have provided the attached "Project Description Statement" containing the following information:
 - Whether construction has commenced.
 - 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.
 - 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).
 - 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).
 - Signature of the contractor and their contractor's license number.
 - 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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Sample Supporting Documents



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 MUST NOT have commenced at the time of application

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Sample Supporting Documents



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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Preliminary Site Plans

The preliminary site plan must include the following:

- Satellite image (map) of the location for charging which should also include the building and ideally a street as a point of reference.
- A highlighted map area with the customers ideal locations for the charging stations
- Include number of ports and type of EVSE to be installed.

Sample





Final Site Design

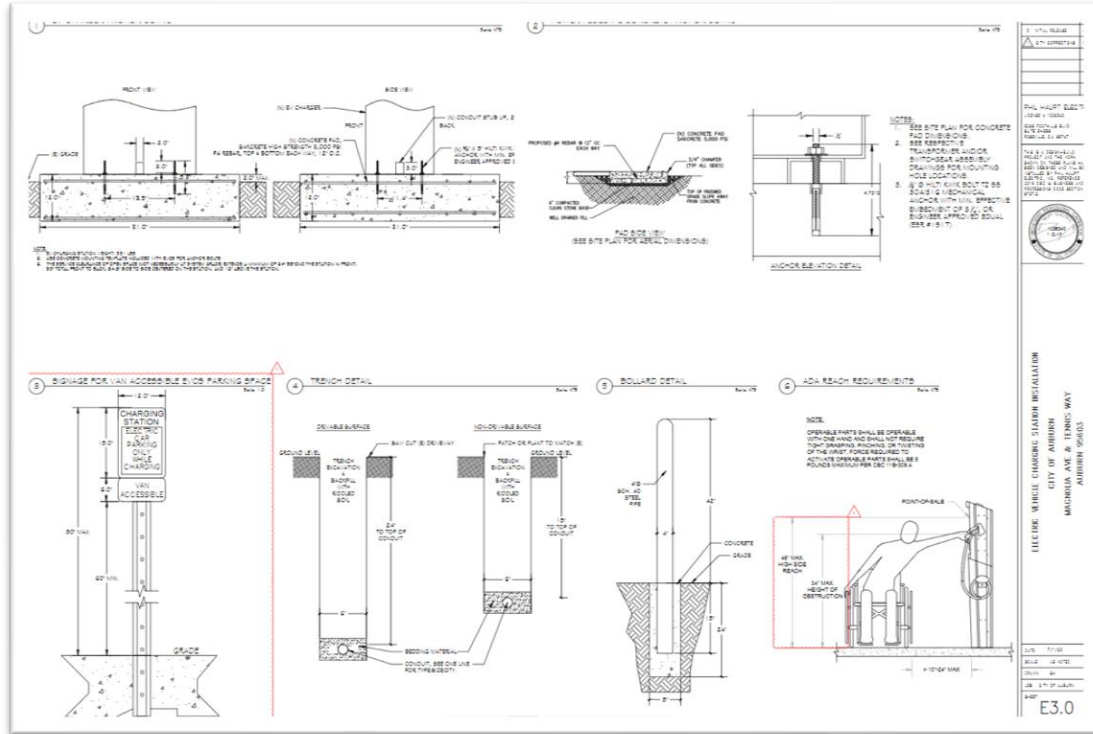
A Final Site Design is the finalized drawing or construction sketch of the Level 2 EVSE infrastructure at the project site. A copy of the Final Site Design is required for Tier 1 and Tier 2 applicants at the time of application and recipients of Notice of Conditional Awards will need to submit this during the first 90 days of their 270-day installation window. A Final Site Design may contain the following and shall be considered 'Final' only once accompanied by an issued permit from the appropriate Authority Having Jurisdiction (AHJ):

- Map of the site;
- Address of the location;
- Total amps of the panel;
- If an upgrade has been identified, details of the panel upgrade;
- Drawing of underground structure;
- Path of Travel (ingress/egress);
- ADA (if applicable);
- Finalized count of Connector and Number of EVSEs to be installed;
- Finalized spot of where EVSEs will be located;
- Finalized details of service upgrades;
- Contractor name and CSLB license number; and
- AHJ signature

Sample on the next page



Sample Supporting Documents






Sample Supporting Documents

Building Permit Application

A Building Permit Application is required for Tier 2 applicants at the time of application window, regardless of site ownership status. Proof of issued application for Building Permit must include, but not be limited to the following:

- Installation Site Address
- Project Description
- Date of permit application
- Issued data/ and or status (if applicable)
- All required signatures (if applicable)

Sample



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

East Area Service Center
5229 Hazel Avenue, Suite B
Fair Oaks, CA 95628
M-F 9:00am - 4:00pm

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

North Area Service Center
2331 Pennington Way, Suite 100
McClellan, CA 95822
M-F 9:00am - 4:00pm

Commercial Building Permit Application

(To be entered by issuing agency)

Parcel #:	Permit Number:	Intake Person:
Project Address & Name:		
Street:	Suite/Apt #:	City:
Nearest Cross Street:		Zip Code:
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:		
Mailing Address:	City/State/Zip:	
Phone:	Fax:	E-mail:
License #:		
Nature of Work: <input type="checkbox"/> New Construction <input type="checkbox"/> Shell (New) <input type="checkbox"/> Alteration <input type="checkbox"/> Demolition <input type="checkbox"/> Misc. PM&E <input type="checkbox"/> T.I. (First Time) <input type="checkbox"/> Commercial Coach		
Inspection Disciplines: <input type="checkbox"/> Building <input type="checkbox"/> Mechanical <input type="checkbox"/> Plumbing <input type="checkbox"/> Electrical <input type="checkbox"/> 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?
			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> 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, if, 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.



Sample Supporting Documents

Sample 'Permitting Authority Application'

<div style="font-size: 48pt; font-weight: bold; letter-spacing: -2px;">E</div>	<div>CITY LADBS DEPARTMENT OF BUILDING AND SAFETY APPLICATION FOR ELECTRICAL PERMIT <small>(Use E_{EC} Application for Electrical Plan Check)</small></div>	<div>FOR OFFICE USE ONLY</div> <div>Q-Matic #: _____</div> <div>PCIS #: _____</div> <div>LADBS Express Permit may be obtained online at LADBS.ORG</div>														
	<div>PROJECT ADDRESS</div> <div><div>Number & Street Name</div><div>City</div><div>Zip Code</div><div>Unit No.</div></div>															
<div><div>WORK DESCRIPTION Briefly describe the scope of work:</div><div>Check one: <input type="checkbox"/> Single Family Dwelling (S.F.D.)/Duplex <input type="checkbox"/> Electric Vehicle <input type="checkbox"/> Apartment/Condo <input type="checkbox"/> Public Right of Way <input type="checkbox"/> Retail, Office, Warehouse <input type="checkbox"/> Equipment <input type="checkbox"/> Other</div></div>																
<div>APPLICANT</div> <div><div>Name</div><div>Number & Street Name</div><div>City & Zip Code</div><div>Phone Number</div><div>Email</div></div> <div><input type="checkbox"/> Owner/Builder Agent. Original authorization letter and Owner-Builder Declaration is required at the permit issuance for owner occupied S.F.D. <input type="checkbox"/> Contractor Agent. A current, original notarized authorization letter dated within the past year is required at the permit issuance.</div>																
<div>PROPERTY OWNER</div> <div><div>Name</div><div>* Number & Street Name</div><div>* City & Zip Code</div><div>Phone Number</div></div> <div>* <input type="checkbox"/> 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.</div>																
<div>CONTRACTOR</div> <div><div>Name</div><div>Number & Street Name</div><div>City & Zip Code</div><div>Phone Number</div><div>City of L.A. Business Tax Number</div><div>State License Number</div><div>** Class</div><div>Email</div><div>Worker's Compensation Carrier</div><div>Policy Number</div><div>Expiration Date</div></div> <div>** 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.</div>																
<div>ARCHITECT or ENGINEER</div> <div><div>Name</div><div>Number & Street Name</div><div>City & Zip Code</div><div>Phone Number</div><div>State License Number</div><div>Expiration Date</div></div>																
<div>APPLICATION PROCESSING INFORMATION</div> <div>OK for Cashier: _____ Date: _____</div> <table border="1" style="width: 100%; border-collapse: collapse;"><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> <div>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.</div>			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																
		<div>For Cashier's Use Only</div>														


PC/ELEC/e-permit R10 (Rev. 3/1/2019)

Page 1 of 2

www.ladbs.org



Sample Supporting Documents



CITY OF GARDEN GROVE
BUILDING SERVICES

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

PERMIT#: _____
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.							
X 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



Sample Supporting Documents



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



Sample Supporting Documents

Sample 'Permit Plan Set/Package'

**ELECTRIC VEHICLE
CHARGING STATION INSTALLATION**

CITY OF AUBURN

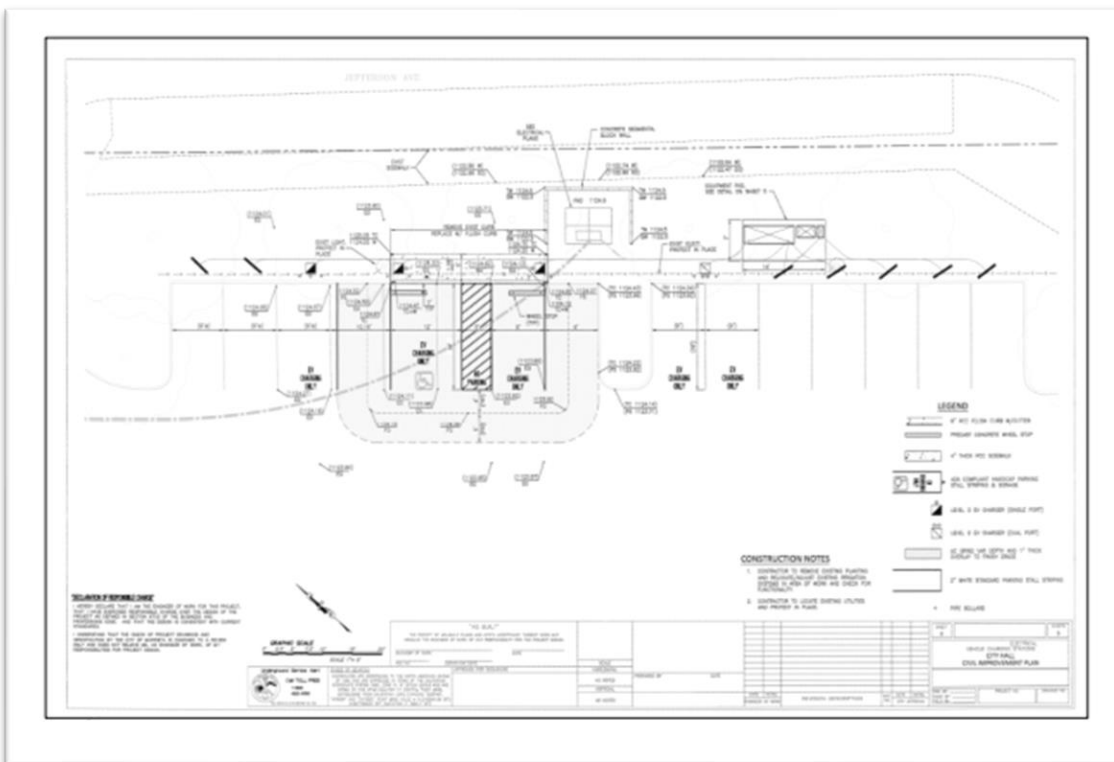
MAGNOLIA AVE & TENNIS WAY
AUBURN 95603

APN 002-122-013-000

USA NORTH 811
Call Before You Dig
800-485-8111

GENERAL SYMBOLS AND ABBREVIATIONS

SYMBOL	DESCRIPTION
1. 1/2" DIA. (1/2" DIA. TO 1/4" DIA.)	1/2" DIA. (1/2" DIA. TO 1/4" DIA.)
2. 1/4" DIA. (1/4" DIA. TO 1/8" DIA.)	1/4" DIA. (1/4" DIA. TO 1/8" DIA.)
3. 1/8" DIA. (1/8" DIA. TO 1/16" DIA.)	1/8" DIA. (1/8" DIA. TO 1/16" DIA.)
4. 1/16" DIA. (1/16" DIA. TO 1/32" DIA.)	1/16" DIA. (1/16" DIA. TO 1/32" DIA.)
5. 1/32" DIA. (1/32" DIA. TO 1/64" DIA.)	1/32" DIA. (1/32" DIA. TO 1/64" DIA.)
6. 1/64" DIA. (1/64" DIA. TO 1/128" DIA.)	1/64" DIA. (1/64" DIA. TO 1/128" DIA.)
7. 1/128" DIA. (1/128" DIA. TO 1/256" DIA.)	1/128" DIA. (1/128" DIA. TO 1/256" DIA.)
8. 1/256" DIA. (1/256" DIA. TO 1/512" DIA.)	1/256" DIA. (1/256" DIA. TO 1/512" DIA.)
9. 1/512" DIA. (1/512" DIA. TO 1/1024" DIA.)	1/512" DIA. (1/512" DIA. TO 1/1024" DIA.)
10. 1/1024" DIA. (1/1024" DIA. TO 1/2048" DIA.)	1/1024" DIA. (1/1024" DIA. TO 1/2048" DIA.)
11. 1/2048" DIA. (1/2048" DIA. TO 1/4096" DIA.)	1/2048" DIA. (1/2048" DIA. TO 1/4096" DIA.)
12. 1/4096" DIA. (1/4096" DIA. TO 1/8192" DIA.)	1/4096" DIA. (1/4096" DIA. TO 1/8192" DIA.)
13. 1/8192" DIA. (1/8192" DIA. TO 1/16384" DIA.)	1/8192" DIA. (1/8192" DIA. TO 1/16384" DIA.)
14. 1/16384" DIA. (1/16384" DIA. TO 1/32768" DIA.)	1/16384" DIA. (1/16384" DIA. TO 1/32768" DIA.)
15. 1/32768" DIA. (1/32768" DIA. TO 1/65536" DIA.)	1/32768" DIA. (1/32768" DIA. TO 1/65536" DIA.)
16. 1/65536" DIA. (1/65536" DIA. TO 1/131072" DIA.)	1/65536" DIA. (1/65536" DIA. TO 1/131072" DIA.)
17. 1/131072" DIA. (1/131072" DIA. TO 1/262144" DIA.)	1/131072" DIA. (1/131072" DIA. TO 1/262144" DIA.)
18. 1/262144" DIA. (1/262144" DIA. TO 1/524288" DIA.)	1/262144" DIA. (1/262144" DIA. TO 1/524288" DIA.)
19. 1/524288" DIA. (1/524288" DIA. TO 1/1048576" DIA.)	1/524288" DIA. (1/524288" DIA. TO 1/1048576" DIA.)
20. 1/1048576" DIA. (1/1048576" DIA. TO 1/2097152" DIA.)	1/1048576" DIA. (1/1048576" DIA. TO 1/2097152" DIA.)
21. 1/2097152" DIA. (1/2097152" DIA. TO 1/4194304" DIA.)	1/2097152" DIA. (1/2097152" DIA. TO 1/4194304" DIA.)
22. 1/4194304" DIA. (1/4194304" DIA. TO 1/8388608" DIA.)	1/4194304" DIA. (1/4194304" DIA. TO 1/8388608" DIA.)
23. 1/8388608" DIA. (1/8388608" DIA. TO 1/16777216" DIA.)	1/8388608" DIA. (1/8388608" DIA. TO 1/16777216" DIA.)
24. 1/16777216" DIA. (1/16777216" DIA. TO 1/33554432" DIA.)	1/16777216" DIA. (1/16777216" DIA. TO 1/33554432" DIA.)
25. 1/33554432" DIA. (1/33554432" DIA. TO 1/67108864" DIA.)	1/33554432" DIA. (1/33554432" DIA. TO 1/67108864" DIA.)
26. 1/67108864" DIA. (1/67108864" DIA. TO 1/134217728" DIA.)	1/67108864" DIA. (1/67108864" DIA. TO 1/134217728" DIA.)
27. 1/134217728" DIA. (1/134217728" DIA. TO 1/268435456" DIA.)	1/134217728" DIA. (1/134217728" DIA. TO 1/268435456" DIA.)
28. 1/268435456" DIA. (1/268435456" DIA. TO 1/536870912" DIA.)	1/268435456" DIA. (1/268435456" DIA. TO 1/536870912" DIA.)
29. 1/536870912" DIA. (1/536870912" DIA. TO 1/1073741824" DIA.)	1/536870912" DIA. (1/536870912" DIA. TO 1/1073741824" DIA.)
30. 1/1073741824" DIA. (1/1073741824" DIA. TO 1/2147483648" DIA.)	1/1073741824" DIA. (1/1073741824" DIA. TO 1/2147483648" DIA.)
31. 1/2147483648" DIA. (1/2147483648" DIA. TO 1/4294967296" DIA.)	1/2147483648" DIA. (1/2147483648" DIA. TO 1/4294967296" DIA.)
32. 1/4294967296" DIA. (1/4294967296" DIA. TO 1/8589934592" DIA.)	1/4294967296" DIA. (1/4294967296" DIA. TO 1/8589934592" DIA.)
33. 1/8589934592" DIA. (1/8589934592" DIA. TO 1/17179869184" DIA.)	1/8589934592" DIA. (1/8589934592" DIA. TO 1/17179869184" DIA.)
34. 1/17179869184" DIA. (1/17179869184" DIA. TO 1/34359738368" DIA.)	1/17179869184" DIA. (1/17179869184" DIA. TO 1/34359738368" DIA.)
35. 1/34359738368" DIA. (1/34359738368" DIA. TO 1/68719476736" DIA.)	1/34359738368" DIA. (1/34359738368" DIA. TO 1/68719476736" DIA.)
36. 1/68719476736" DIA. (1/68719476736" DIA. TO 1/137438953472" DIA.)	1/68719476736" DIA. (1/68719476736" DIA. TO 1/137438953472" DIA.)
37. 1/137438953472" DIA. (1/137438953472" DIA. TO 1/274877906944" DIA.)	1/137438953472" DIA. (1/137438953472" DIA. TO 1/274877906944" DIA.)
38. 1/274877906944" DIA. (1/274877906944" DIA. TO 1/549755813888" DIA.)	1/274877906944" DIA. (1/274877906944" DIA. TO 1/549755813888" DIA.)
39. 1/549755813888" DIA. (1/549755813888" DIA. TO 1/1099511627776" DIA.)	1/549755813888" DIA. (1/549755813888" DIA. TO 1/1099511627776" DIA.)
40. 1/1099511627776" DIA. (1/1099511627776" DIA. TO 1/2199023255552" DIA.)	1/1099511627776" DIA. (1/1099511627776" DIA. TO 1/2199023255552" DIA.)
41. 1/2199023255552" DIA. (1/2199023255552" DIA. TO 1/4398046511104" DIA.)	1/2199023255552" DIA. (1/2199023255552" DIA. TO 1/4398046511104" DIA.)
42. 1/4398046511104" DIA. (1/4398046511104" DIA. TO 1/8796093022208" DIA.)	1/4398046511104" DIA. (1/4398046511104" DIA. TO 1/8796093022208" DIA.)
43. 1/8796093022208" DIA. (1/8796093022208" DIA. TO 1/17592186044416" DIA.)	1/8796093022208" DIA. (1/8796093022208" DIA. TO 1/17592186044416" DIA.)
44. 1/17592186044416" DIA. (1/17592186044416" DIA. TO 1/35184372088832" DIA.)	1/17592186044416" DIA. (1/17592186044416" DIA. TO 1/35184372088832" DIA.)
45. 1/35184372088832" DIA. (1/35184372088832" DIA. TO 1/70368744177664" DIA.)	1/35184372088832" DIA. (1/35184372088832" DIA. TO 1/70368744177664" DIA.)
46. 1/70368744177664" DIA. (1/70368744177664" DIA. TO 1/140737488355328" DIA.)	1/70368744177664" DIA. (1/70368744177664" DIA. TO 1/140737488355328" DIA.)
47. 1/140737488355328" DIA. (1/140737488355328" DIA. TO 1/281474976710656" DIA.)	1/140737488355328" DIA. (1/140737488355328" DIA. TO 1/281474976710656" DIA.)
48. 1/281474976710656" DIA. (1/281474976710656" DIA. TO 1/562949953421312" DIA.)	1/281474976710656" DIA. (1/281474976710656" DIA. TO 1/562949953421312" DIA.)
49. 1/562949953421312" DIA. (1/562949953421312" DIA. TO 1/1125899906842624" DIA.)	1/562949953421312" DIA. (1/562949953421312" DIA. TO 1/1125899906842624" DIA.)
50. 1/1125899906842624" DIA. (1/1125899906842624" DIA. TO 1/2251799813685248" DIA.)	1/1125899906842624" DIA. (1/1125899906842624" DIA. TO 1/2251799813685248" DIA.)
51. 1/2251799813685248" DIA. (1/2251799813685248" DIA. TO 1/4503599627370496" DIA.)	1/2251799813685248" DIA. (1/2251799813685248" DIA. TO 1/4503599627370496" DIA.)
52. 1/4503599627370496" DIA. (1/4503599627370496" DIA. TO 1/9007199254740992" DIA.)	1/4503599627370496" DIA. (1/4503599627370496" DIA. TO 1/9007199254740992" DIA.)
53. 1/9007199254740992" DIA. (1/9007199254740992" DIA. TO 1/18014398509481984" DIA.)	1/9007199254740992" DIA. (1/9007199254740992" DIA. TO 1/18014398509481984" DIA.)
54. 1/18014398509481984" DIA. (1/18014398509481984" DIA. TO 1/36028797018963968" DIA.)	1/18014398509481984" DIA. (1/18014398509481984" DIA. TO 1/36028797018963968" DIA.)
55. 1/36028797018963968" DIA. (1/36028797018963968" DIA. TO 1/72057594037927936" DIA.)	1/36028797018963968" DIA. (1/36028797018963968" DIA. TO 1/72057594037927936" DIA.)
56. 1/72057594037927936" DIA. (1/72057594037927936" DIA. TO 1/144115188075855872" DIA.)	1/72057594037927936" DIA. (1/72057594037927936" DIA. TO 1/144115188075855872" DIA.)
57. 1/144115188075855872" DIA. (1/144115188075855872" DIA. TO 1/288230376151711744" DIA.)	1/144115188075855872" DIA. (1/144115188075855872" DIA. TO 1/288230376151711744" DIA.)
58. 1/288230376151711744" DIA. (1/288230376151711744" DIA. TO 1/576460752303423488" DIA.)	1/288230376151711744" DIA. (1/288230376151711744" DIA. TO 1/576460752303423488" DIA.)
59. 1/576460752303423488" DIA. (1/576460752303423488" DIA. TO 1/1152921504606846976" DIA.)	1/576460752303423488" DIA. (1/576460752303423488" DIA. TO 1/1152921504606846976" DIA.)
60. 1/1152921504606846976" DIA. (1/1152921504606846976" DIA. TO 1/2305843009213693952" DIA.)	1/1152921504606846976" DIA. (1/1152921504606846976" DIA. TO 1/2305843009213693952" DIA.)
61. 1/2305843009213693952" DIA. (1/2305843009213693952" DIA. TO 1/4611686018427387904" DIA.)	1/2305843009213693952" DIA. (1/2305843009213693952" DIA. TO 1/4611686018427387904" DIA.)
62. 1/4611686018427387904" DIA. (1/4611686018427387904" DIA. TO 1/9223372036854775808" DIA.)	1/4611686018427387904" DIA. (1/4611686018427387904" DIA. TO 1/9223372036854775808" DIA.)
63. 1/9223372036854775808" DIA. (1/9223372036854775808" DIA. TO 1/18446744073709551616" DIA.)	1/9223372036854775808" DIA. (1/9223372036854775808" DIA. TO 1/18446744073709551616" DIA.)
64. 1/18446744073709551616" DIA. (1/18446744073709551616" DIA. TO 1/36893488147419103232" DIA.)	1/18446744073709551616" DIA. (1/18446744073709551616" DIA. TO 1/36893488147419103232" DIA.)
65. 1/36893488147419103232" DIA. (1/36893488147419103232" DIA. TO 1/73786976294838206464" DIA.)	1/36893488147419103232" DIA. (1/36893488147419103232" DIA. TO 1/73786976294838206464" DIA.)
66. 1/73786976294838206464" DIA. (1/73786976294838206464" DIA. TO 1/147573952589676412928" DIA.)	1/73786976294838206464" DIA. (1/73786976294838206464" DIA. TO 1/147573952589676412928" DIA.)
67. 1/147573952589676412928" DIA. (1/147573952589676412928" DIA. TO 1/295147905179352825856" DIA.)	1/147573952589676412928" DIA. (1/147573952589676412928" DIA. TO 1/295147905179352825856" DIA.)
68. 1/295147905179352825856" DIA. (1/295147905179352825856" DIA. TO 1/590295810358705651712" DIA.)	1/295147905179352825856" DIA. (1/295147905179352825856" DIA. TO 1/590295810358705651712" DIA.)
69. 1/590295810358705651712" DIA. (1/590295810358705651712" DIA. TO 1/1180591620717411303424" DIA.)	1/590295810358705651712" DIA. (1/590295810358705651712" DIA. TO 1/1180591620717411303424" DIA.)
70. 1/1180591620717411303424" DIA. (1/1180591620717411303424" DIA. TO 1/2361183241434822606848" DIA.)	1/1180591620717411303424" DIA. (1/1180591620717411303424" DIA. TO 1/2361183241434822606848" DIA.)
71. 1/2361183241434822606848" DIA. (1/2361183241434822606848" DIA. TO 1/4722366482869645213696" DIA.)	1/2361183241434822606848" DIA. (1/2361183241434822606848" DIA. TO 1/4722366482869645213696" DIA.)
72. 1/4722366482869645213696" DIA. (1/4722366482869645213696" DIA. TO 1/9444732965739290427392" DIA.)	1/4722366482869645213696" DIA. (1/4722366482869645213696" DIA. TO 1/9444732965739290427392" DIA.)
73. 1/9444732965739290427392" DIA. (1/9444732965739290427392" DIA. TO 1/18889465931478580854784" DIA.)	1/9444732965739290427392" DIA. (1/9444732965739290427392" DIA. TO 1/18889465931478580854784" DIA.)
74. 1/18889465931478580854784" DIA. (1/18889465931478580854784" DIA. TO 1/37778931862957161709568" DIA.)	1/18889465931478580854784" DIA. (1/18889465931478580854784" DIA. TO 1/37778931862957161709568" DIA.)
75. 1/37778931862957161709568" DIA. (1/37778931862957161709568" DIA. TO 1/75557863725914323419136" DIA.)	1/37778931862957161709568" DIA. (1/37778931862957161709568" DIA. TO 1/75557863725914323419136" DIA.)
76. 1/75557863725914323419136" DIA. (1/75557863725914323419136" DIA. TO 1/151115727451828646838272" DIA.)	1/75557863725914323419136" DIA. (1/75557863725914323419136" DIA. TO 1/151115727451828646838272" DIA.)
77. 1/151115727451828646838272" DIA. (1/151115727451828646838272" DIA. TO 1/302231454903657293676544" DIA.)	1/151115727451828646838272" DIA. (1/151115727451828646838272" DIA. TO 1/302231454903657293676544" DIA.)
78. 1/302231454903657293676544" DIA. (1/302231454903657293676544" DIA. TO 1/604462909807314587353088" DIA.)	1/302231454903657293676544" DIA. (1/302231454903657293676544" DIA. TO 1/604462909807314587353088" DIA.)
79. 1/604462909807314587353088" DIA. (1/604462909807314587353088" DIA. TO 1/1208925819614629174706176" DIA.)	1/604462909807314587353088" DIA. (1/604462909807314587353088" DIA. TO 1/1208925819614629174706176" DIA.)
80. 1/1208925819614629174706176" DIA. (1/1208925819614629174706176" DIA. TO 1/2417851639229258349412352" DIA.)	1/1208925819614629174706176" DIA. (1/1208925819614629174706176" DIA. TO 1/2417851639229258349412352" DIA.)
81. 1/2417851639229258349412352" DIA. (1/2417851639229258349412352" DIA. TO 1/4835703278458516698824704" DIA.)	1/2417851639229258349412352" DIA. (1/2417851639229258349412352" DIA. TO 1/4835703278458516698824704" DIA.)
82. 1/4835703278458516698824704" DIA. (1/4835703278458516698824704" DIA. TO 1/9671406556917033397649408" DIA.)	1/4835703278458516698824704" DIA. (1/4835703278458516698824704" DIA. TO 1/9671406556917033397649408" DIA.)
83. 1/9671406556917033397649408" DIA. (1/9671406556917033397649408" DIA. TO 1/19342813113834066795298816" DIA.)	1/9671406556917033397649408" DIA. (1/9671406556917033397649408" DIA. TO 1/19342813113834066795298816" DIA.)
84. 1/19342813113834066795298816" DIA. (1/19342813113834066795298816" DIA. TO 1/38685626227668133590597632" DIA.)	1/19342813113834066795298816" DIA. (1/19342813113834066795298816" DIA. TO 1/38685626227668133590597632" DIA.)
85. 1/38685626227668133590597632" DIA. (1/38685626227668133590597632" DIA. TO 1/77371252455336267181195264" DIA.)	1/38685626227668133590597632" DIA. (1/38685626227668133590597632" DIA. TO 1/77371252455336267181195264" DIA.)
86. 1/77371252455336267181195264" DIA. (1/77371252455336267181195264" DIA. TO 1/154742504910672534362390528" DIA.)	1/77371252455336267181195264" DIA. (1/77371252455336267181195264" DIA. TO 1/154742504910672534362390528" DIA.)
87. 1/154742504910672534362390528" DIA. (1/154742504910672534362390528" DIA. TO 1/309485009821345068724781056" DIA.)	1/154742504910672534362390528" DIA. (1/154742504910672534362390528" DIA. TO 1/309485009821345068724781056" DIA.)
88. 1/309485009821345068724781056" DIA. (1/309485009821345068724781056" DIA. TO 1/618970019642690137449562112" DIA.)	1/30948500





Sample Supporting Documents

Issued Building Permit

A Final Issued Building Permit is required for Tier 1 applicants at the time of application, regardless of site ownership status. Recipients of Notice of Conditional Award must submit this document within the first 90 days of their 270-day installation window. An issued building permit includes the following:

- Installation Site Address
- Project Description (e.g., EV infrastructure installation)
- A copy of any new plan sets or electrical single-line diagram of electrical work
- Issued data/ and or status (if applicable)
- Date of permit issuance
- All required signatures (if applicable)

Sample

BUILDING PERMIT #	City of [REDACTED]
JOB SITE ADDRESS (FORMER PERMIT #)	BUILDING DEPARTMENT
APN	
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: [REDACTED] License Number: [REDACTED] Contractor: [REDACTED] Date: [REDACTED]
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 for 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 (see 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 contract(s) licensed pursuant to the Contractor's License Law.) I am exempt Under Sec. [REDACTED], S.P.C. for this reason.
OCCUPANCY Zoning: [REDACTED] Tract: [REDACTED] Lot #: [REDACTED] Total Valuation: [REDACTED] Building SF: [REDACTED] Garage SF: [REDACTED] Patio SF: [REDACTED]	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: [REDACTED] Policy Number: [REDACTED] (This section need not be completed of 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.
DESCRIPTION OF FEES	Applicant [REDACTED] Date [REDACTED] WARNING: Failure to secure worker's 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 3706 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) Lenders Name [REDACTED] Lenders Address [REDACTED] 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 [REDACTED] Date [REDACTED]	Signature of Applicant or Agent [REDACTED] Date [REDACTED]



4. Invoices

A completed copy of **paid invoice(s)** is required for all Awardees upon their request for payment, regardless of site ownership status, and shall include, but not be limited to the following:

1. **Invoices for Incurred Costs:** All invoices submitted for reimbursement must include the following:
 - a. Complete vendor information
 - b. Proof invoice has been paid by applicant (no Quotes)
 - c. Project Site Address must be included and match the project site address on the awarded application.
2. **Equipment Invoice:** Documents submitted referencing Equipment Costs must include the following:
 - a. Quantity of Chargers
 - b. Make/Model of Chargers
 - c. Item cost & Total cost
 - d. Taxes & Shipping
3. **Subcontractor Invoice (If applicable):** Any subcontractor or third-party invoices submitted for reimbursement must contain the following:
 - a. Itemized breakdown of work completed, including but not limited to:
 - i. Planning
 - ii. Design
 - iii. Labor
 - b. Total Cost breakdown for each line item
 - c. Proof the invoice has been paid by applicant
4. **Invoice Date**
5. **Purchaser name**
6. **Description of design and engineering work for non-subcontractors:**
 - a. Itemized breakdown of work completed, including but not limited to:
 - i. Planning
 - ii. Design
 - iii. Indirect Labor
 - b. Total Cost breakdown from each line item
 - c. Proof the invoice has been paid by applicant
7. **Required signatures, if applicable**
8. **An itemization of eligible costs, and all credits, discounts and incentives received (if applicable)**

Note: Request for payment of any kind must be accompanied by supporting documentation. This documentation may include but shall not be limited to:

- I. Proof of direct incurred equipment costs including itemized listings of equipment billed, amounts billed supported by vendor invoices, receipts or other relevant third-party documentation, documentation supporting ownership (such as title) as applicable, copies of cancelled checks/bank statement, and any other documents deemed relevant;
- II. Proof of incurred other costs including itemized listing of other direct costs and amounts billed, amounts billed supported by vendor invoices, receipts, or other relevant third-party documentation, and copies of cancelled checks/bank statement;

**The Project Team may request additional documentation from awardees submitting a payment request to ensure compliance with all necessary programmatic and contractual requirements.*



Proof of Payment

All invoices and requests for payment must be accompanied by supporting documentation. Proof of payment must demonstrate that payments are for the same costs listed on the payment request and supported by submitted invoices. Supporting documentation to show proof of payment may include, but is not limited to the following:

- **Bank Issued Copies of Cancelled Check(s)**
 - Must include Date of Payment
 - Must include a clear image of front and back of check
- **Bank Statements**
 - Clearly states both Sender and Recipient of Payment
 - Submitted documents must show all costs has been incurred by the Applicant
 - Sensitive information may be redacted by the Applicant so long as redactions do not otherwise obscure other required information.
 - Bank Statements must include the relevant charges that are subject to the payment request
 - Bank Statements must be reflective of completed payment ('Pending' status is not acceptable)
 - Debit and Credit card payments are acceptable
- **Electronic Payments**
 - Transactions must show complete delivery of funds (no 'pending status')
 - Examples of acceptable payment options (ACH, Wire transfers, checks)
 - Date of Payment
 - Sender and Recipient
 - Amount of Payment

NOTE: Proof of payment is required for all payment requests to establish a connection between eligible costs and costs eligible for reimbursement. The Project Team may request additional documentation from awardees submitting a payment request to ensure compliance will all programmatic and contractual requirements.

Direct Labor Costs

Direct Labor Costs directly benefits the program and are performed by the awardee or employee of the awardee.

- **Proof establishing direct labor costs shall include, but not be limited to the following supporting documentation:**
 - Name and Title of Employee
 - Employee Pay Rate per Hour
 - Total amount paid during pay period
 - Must show relevant project dates, typically through time logs, indicating costs were incurred during eligible dates.



Sample Supporting Documents

The following tables have been developed for informational and illustrative purposes only and are in no way derived from data pertaining to actual individuals.

Employee Name	Job Classification / Title	Billed Direct Labor Rate (\$ per hour)	# of Hours Billed	Reimbursable Direct Labor Expenses
John Smith	Electrician	\$45.00	10	\$450.00
Sally Martinez	General Contractor	\$55.00	25	\$1,375.00
Jill Wong	Electrician	\$42.00	15	\$630.00

Sample Timesheet Entries				
Employee Name	Date	Clock in	Clock out	Hours
John Smith	2/12/2024	8:00am	12:00pm	4
John Smith	2/13/2024	11:00am	4:00pm	5
Jill Wong	2/12/2024	10:00am	4:00pm	6
Jill Wong	2/13/2024	7:00am	3:00pm	8
Jill Wong	2/16/2024	8:00am	5:00pm	9
Jill Wong	2/17/2024	8:00am	4:00pm	8
Jill Wong	2/18/2024	9:00am	2:30pm	5.5
Sally Martinez	2/13/2024	10:30am	2:00pm	3.5
Sally Martinez	2/14/2024	8:30am	3:00pm	6.5
Sally Martinez	2/16/2024	9:00am	4:30pm	8.5

Note: ALL direct labor costs, including labor rates, must be substantiated by payroll records and/or pay stubs to confirm claimed pay rate. Inclusion of materials which bear a resemblance to the tables shared above shall not represent a complete and valid set of necessary supporting documentation to substantiate direct labor costs incurred. Communities in Charge staff recommends you consult with your accounting department.



Additional Payment Request Documents

All applicants will be required to submit the following additional documents along with all payment requests in order to be considered for reimbursement. All additional documents must be submitted to the Tetra Tech Team directly or Communities in Charge at communitiesincharge@calstart.org and once received, the incentive processing team will begin the review process.

All applicants **MUST** be prepared to submit the following documentation at the time of payment request submission:

- **Certificate of Insurance (COI)**
 - COI must show Applicant information (name, site address)
 - Must be current and in good standing (not expired)
 - Policy must include Workers Compensation and be reflected on COI
- **Bill of Lading (BOL) (Proof of Equipment Delivery)**
 - BOL must be signed and dated at delivery location
 - BOL must list the Equipment Quantity and Make/Model
- **W-9**
 - Includes Applicant name
 - Must be current



Sample Supporting Documents

Signed Payment Request Form

All payment requests MUST be accompanied by a signed payment request form that outlines all eligible costs for reimbursement.

The Completed Payment Request Form shall include a brief description of the Invoice (Invoice number) along with the invoice amount. The Payment Request form must be signed and dated.

- Do Not Unlock Spreadsheet:
 - The Payment Request Form is an excel document in which specific cells have been locked for internal accounting purposes
 - A locked cell indicates that another open cell was not entered correctly, please return to check that the spreadsheet is being filled out accurately.

Sample



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	Incurred Costs this Invoice	Incurred Costs to Date	Award Balance
Invoice # XXXXXXXX		[FILL IN]		
Invoice # XXXXXXXX		[FILL IN]		
Invoice # XXXXXXXX		[FILL IN]		
Invoice # XXXXXXXX		[FILL IN]		
Invoice # XXXXXXXX		[FILL IN]		
Invoice # XXXXXXXX		[FILL IN]		
Invoice # XXXXXXXX		[FILL IN]		
Total	\$0.00	\$0.00	\$0.00	\$0.00
Amount payable to Incentive Recipient		\$0.00		



Sample Supporting Documents



		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 #	



Sample Supporting Documents

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
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COMMUNITIES
IN CHARGE

© Copyright 2024 Communities in Charge | communitiesincharge@calstart.org



Sample Supporting Documents

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
Totals						\$ -	\$ -	\$ -	\$ -



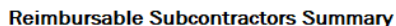
Materials and Miscellaneous									
Date	Vendor	Purpose	Reference	Units	Unit Cost	Reimbursable Materials and Miscellaneous	Cumulative Expenses Billed to Date	Credits, Discounts, and Incentives (as applicable)	Total
						\$ -			\$ -
						\$ -			\$ -
						\$ -			\$ -
						\$ -			\$ -
						\$ -		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



C

C

C



Total	\$ -	\$ -	\$ -	\$ -
--------------	------	------	------	------

Sample Supporting Documents

Fringe Benefits

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



Note: Rates must be supported by calculation methodology to derive Fringe Benefit rate used.

[illegible]



A final inspection card by appropriate Authority Having Jurisdiction is required for all Awardees, regardless of site ownership status and shall include, but not be limited to the following:

- ## Sample

Publish Date: September 2024



Sample Supporting Documents

Photos Including Serial Numbers

Serial number photo(s) of all installed equipment are required for all Awardees, regardless of site ownership status and shall include, but not be limited to the following:

- The complete equipment serial number for EV charger included in your application. For example, if you applied for and installed 10 EV chargers, you are required to submit a total of 10 photos, each clearly and legibly capturing the serial number of each EV charger.
- The serial number must be shown on the EV charger, be clearly visible, and legible.

Sample





Sample Supporting Documents

Network Agreement Form

A completed network agreement is required for all Awardees, regardless of site ownership status and shall include, but not be limited to the following:

- Execution of the agreement including **all required signatures**
- All pages and sections of the agreement, including the **full contract (no partial contract excerpts will be accepted)**
- **Contract Cost and Network Agreement Number** must be present
- **Term duration** – the contract of your agreement may be supplemented by a paid invoice showing the term length
- The required term for Level 2 chargers is **24 months (2 years)**

Sample

Attachment B

ELECTRIC VEHICLE CHARGING SERVICES AGREEMENT
BETWEEN

<div style="background-color: black; width: 100px; height: 40px; margin-bottom: 10px;"></div> <div style="background-color: black; width: 100px; height: 40px; margin-bottom: 10px;"></div> <p>(hereinafter "Provider")</p>	AND	<p>Client Name _____</p> <p>Client State of Incorporation _____</p> <p>Client Address (hereinafter "Client") _____</p>
---	-----	--

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.

<p>CLIENT:</p> <p>By: _____</p> <p>Name: _____</p> <p>Title: _____</p> <p>Date: _____</p> <p>FEIN: _____</p>	<p>PROVIDER:</p> <p>By: _____</p> <p>Name: _____</p> <p>Title: _____</p> <p>Date: _____</p>
--	---



Sample Supporting Documents

5. Sample Documents for Community Connections

Congregations in Charge

Signed and Executed affidavit for “Church Exemption”

An Exemption Claim is required for all Congregations in Charge applicants, regardless of site ownership status and shall include, but not be limited to the following:

- A signed, executed and filed affidavit for “Church Exemption” (with proof of filing date)
- Assessor’s proof of approval
- This affidavit must pertain to the real property on which infrastructure shall be installed

Sample:

BOE-262-AH (PT) 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) _____

ASSESSOR'S PARCEL NUMBER _____

CITY, COUNTY, ZIP CODE _____

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



Sample Supporting Documents

Articles of Incorporation

A copy of the Valid Articles of Incorporation is required for all Congregations in Charge, Schools in Charge and Nonprofits in Charge applicants, regardless of site ownership status and shall include, but not be limited to the following:

- On file with the California Secretary of State for the relevant educational corporation or for the relevant religious corporation
- Evidence of at least one-year incorporation from the time of voucher application submission (Shall be included in the Copy of Articles of Incorporation)

Sample

**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



Sample Supporting Documents

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



Sample Supporting Documents

Schools in Charge

Signed and Executed affidavit for “Public School Exemption”

A signed, executed, and filed affidavit for “Public School Exemption” is required for all Schools in Charge Public School applicants only (as defined by the [California Constitution, Revenue and Taxation Code section 202, subd. \(a\)\(3\).](#)), regardless of site ownership status. The document shall include, but not be limited to:

- Proof of filing date
- Pertain to the real property on which infrastructure shall be installed

Sample

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.

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



Sample Supporting Documents

LEASED PROPERTY AS OF JANUARY 1		NAME AND ADDRESS OF PROPERTY OWNER (if different than the owner identified on page 1)	
<input type="checkbox"/> Land (Legal description or map book, page and parcel number)			
<input type="checkbox"/> Buildings and Improvements			
<input type="checkbox"/> 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.

And



Sample Supporting Documents

IRS Form 990-N

A copy of the valid 990-N is required for all Schools in Charge applicants whose installations shall occur for private postsecondary schools, regardless of site ownership status:

- The Form must pertain to the real property on which infrastructure shall be installed

Sample

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.



Sample Supporting Documents

Healthcare in Charge

Valid Health Facilities License issued from State Department

A copy of a Valid Health Facilities License issued from the state Department is required for all Healthcare in Charge applicants only, regardless of site ownership status. It shall include, but not be limited to the following:

- Proof of that license is current
- Address must pertain to the real property on which infrastructure shall be installed

Sample

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.

[Redacted Address]

[Redacted Address]

[Redacted Address]

STATE ID: [Redacted] **LICENSE TYPE:** [Redacted]

EFFECTIVE DATE: [Redacted] **CLIA ID:** [Redacted]

EXPIRATION DATE: [Redacted] **DIRECTOR/S:** [Redacted]

OWNER/S: [Redacted]

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/LFS> (Go to Clinical Laboratory Facilities)

LABCERT 300 (05-2019)

A




Local Governments in Charge

City Property Deed

If property is owned or leased by state or local government (Local Governments in Charge), provide a copy of the City Property Deed, which shall include, but not be limited to the following:

- Property Name and/or the exact Property Number, accessible through the [California Statewide Property Locator](#)
- Charger Installation Project Site address and Individual/ Organization name

Sample

 Real Estate Services Division

RESD Extranets

DGS Home Page

Statewide Property Inventory

PARK

Property Information

Agency Name:

Number:

Address

Number:

Street:

Address2:

Zip Code :

Property Interest:

Property Name:

City Name:

County Name:

State Name:

Country Name:

Property Use

Use

Current Use Acres:

Surplus Flag:

Current Use:

A



Sample Supporting Documents


Nonprofits in Charge

Letter from State of California Franchise Tax Board

A Copy of an Exemption Letter from the State of California Franchise Tax Board is required for all Nonprofits in Charge applicants, regardless of site ownership status. It shall include, but not be limited to the following:

- Entity ID, Entity Name and Date (Pertaining to the Installation Site)
- Entity currently Exempt from tax under Revenue and Taxation Code (R&TC) Section 23701 d. and is in good standing

Sample



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.

☐ 4. We do not have current information about the entity.

☐ 5. The entity was administratively dissolved/cancelled on _____ through the Franchise Tax Board Administrative Dissolution process.

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)



Sample Supporting Documents

IRS Determination Letter for 501 Status

All Nonprofits in Charge applicants must provide evidence of their tax-exempt status with the Internal Revenue Service under Internal Revenue Code Section 501 “Copy of the IRS Determination Letter” and shall include, but not be limited to the following:

- Be incorporated for at least one year prior to the time of application submittal.
- Provide Organization’s Employer Identification Number, Title, and effective date of Exemption.

Sample

The image shows a sample IRS Determination Letter for 501(c)(3) status. The letter is from the Department of the Treasury, Internal Revenue Service, Tax Exempt and Government Entities, P.O. Box 2508, Cincinnati, OH 45201. The letter is dated 04/28/2021. The letter is addressed to a person to contact, Name: Customer Service, ID number: [REDACTED], Telephone: [REDACTED]. The letter is addressed to a public charity status, Form 990/990-EZ/990-N required: Yes, Effective date of exemption: [REDACTED], Contribution deductibility: Yes, Addendum applies: No, DLN: [REDACTED]. The letter is addressed to a public charity status, 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



Sample Supporting Documents

Certificate of Status from California Secretary of State

All Nonprofits in Charge applicants and any other applicants required to show proof of good standing in the state of California must provide evidence of Certificate of Status and shall include, but not be limited to the following:

- Formation date dated at least one year prior to the date of application submittal.
- Certificate must be current
- Provide Organization's name which must match the entity on whose owned or leased land the EV infrastructure shall be installed.

Sample

State of California
Secretary of State

CERTIFICATE OF STATUS


ENTITY NAME:
Redacted

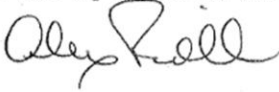
FILE NUMBER: ***Redacted***
FORMATION DATE: 07/15/1999
TYPE: DOMESTIC NONPROFIT CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

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



Multi-Family Housing in Charge

Proof that Property serves a SOMAH Awarded Property

All Multi-Family Housing in Charge applicants must provide proof indicating the incentivized infrastructure shall be utilized for the purposes allowable as described in the Communities in Charge Implementation Manual. One such proof for Multi-Family Housing in Charge may be proof that the property serves a SOMAH Awarded Property, and shall include but not limited to the following:

- Proof of award as a SOMAH Awarded Property, including the SOMAH application number (e.g., Emailed award notification documenting that the property on which infrastructure shall be installed serves a SOMAH awarded property, or SOMAH installation in process).
- Indication this property is the same property for which incentivized infrastructure shall be installed.

Sample

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:

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



Sample Supporting Documents

Workplaces in Charge

California Department of General Services Small Business Certification

Workplaces in Charge applicants may provide a copy of small business certification from the California Department of General Services. Certification must be current and shall include but not limited to the following:

- Certification ID
- Legal Business Name
- Business Type
- Certification Type
- Status
- Status Dates

Sample

Printed on: 06/28/2019 9:55:12 AM

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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