



# COMMUNITIES IN CHARGE

Payment Request Guide for  
Funding Wave 3



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## General Instructions

The instructions in this guide are specific to payment requests for projects awarded in Funding Wave 3 of Communities in Charge (CIC).

The Payment Request Form serves as the Incentive Recipient's invoice to CIC for eligible project costs. Together with its supporting documents, the Funding Wave 3 Payment Request Form will show how money was spent to install the incentivized chargers.

The Funding Wave 3 Payment Request Form must show what eligible purchases the Incentive Recipient made, when the purchases were made, which suppliers/vendors/contractors were paid, and any other funding that was stacked or combined to cover project costs.

All boxes on the Payment Request Form must be filled in, except as indicated herein.

All pages of the Payment Request Form must be submitted with your payment request.

A request for payment is not complete unless all documents required for a payment request are complete and uploaded to the Incentive Processing Center (IPC).

## Tips for Success

### ➤ Document Corrections

- The IPC is the primary source of information on updates and corrective actions for incomplete documents. Any time a correction is needed or there is an update to a project's or document's status, it will be visible in the IPC.
- Incomplete submissions are placed at the end of the processing queue. The best thing a project can do to minimize processing time is ensure all documents are complete and correct before submitting.

### ➤ ACH Authorization Form

- This form must be sent to [ap@calstart.org](mailto:ap@calstart.org) and processed before incentive funds can be transferred to your account.
- Include either a voided check or a bank letter with your account information.

### ➤ Photos of Installed Equipment

- Photos must clearly show the port/connector(s), display screen **and** serial number of **each** charger installed.

- Or photo(s) must show the site with all chargers in frame **and** screenshot(s) of your dashboard or portal showing all charger serial numbers **and** active status.
  
- **Network Service Agreement**
  - A Network Service Agreement is an agreement between the Awardee and their chosen Network Provider to collect charger usage data and comply with all CIC data reporting requirements.
  - The Agreement must show the selected terms (including number of chargers covered), duration (6 years minimum), and cost (per charger).
  - The Agreement must be fully executed, with all signatures are present.
  
- **Final Inspection Card**
  - The Final Inspection Card is the building permit showing **final approval** by the permitting authority.
  - The permit number on the Final Inspection Card must match the number in the issued building permit submitted with the application to CIC. Note: If a **new permit was issued after the project was awarded**, then submit the new permit with your payment request.
  
- **W9**
  - The W9 must be for the legal entity serving as the Incentive Recipient, named in the Incentive Recipient Agreement, which must be the entity who paid the project costs.
  - Only **one** entity can be reimbursed per project for incurring/paying for costs.
  
- **Invoices (supporting documents)**
  - All invoices submitted must include the invoice date.
  - All invoices must itemize eligible costs, credits, discounts, and matching costs, as applicable.
  - If an invoice contains bundled costs or is a bulk invoice, the method for determining the **per unit cost** must be given either on the invoice or in a separate document. Example:

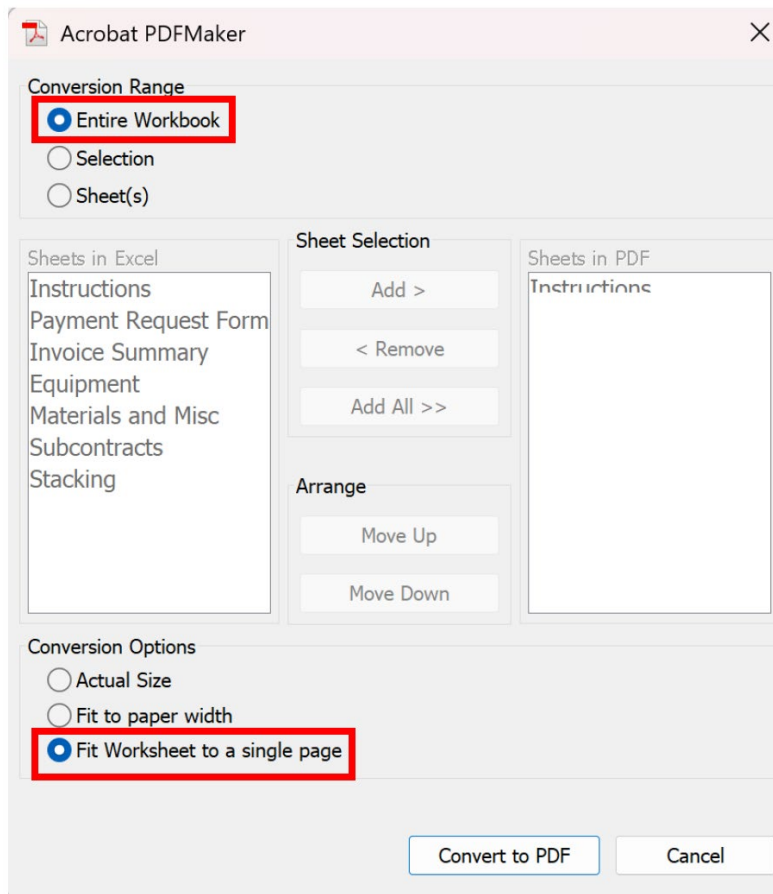
#	Product or service	Description	Qty	Rate	Amount
1.	██████████ Autel EV Charger 80A 4G (3 Year Package)	Equipment - ██████████ Autel Pro80A EV Charger w/ 3 years of Networking (@ \$249/yr per plug) , 4G Cellular (@ \$72/yr per plug), Warranty (3 years included) and support	2	\$2,565.00	\$5,130.00

**Example:**

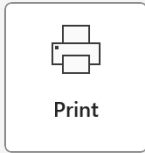
Autel EV Charger:	\$1,602.00
3 years of Networking @ 249/yr:	\$747.00
4G Cellular @72/yr for 3 years:	\$216.00
<b>TOTAL:</b>	<b>\$2,565.00</b>

➤ **Printing the Payment Request Form**

- Print the entire workbook
- Ensure the Payment Request Form pages fit within each printed page. Forms with pages split across printed pages will be rejected



# Print



Copies: 1

## Printer



Adobe PDF  
Ready

[Printer Properties](#)

## Settings



Print Entire Workbook  
Print the entire workbook

Pages: to



Collated  
1,2,3 1,2,3 1,2,3



Portrait Orientation



Letter  
8.5" x 11"



Normal Margins  
Top: 0.75" Bottom: 0.75" L...



Fit Sheet on One Page  
Shrink the printout so tha...

**COMMUNITIES IN CHARGE**  
**Communities in Charge Incentive Project**

Below is information and instructions regarding the Payment Request Form.

[Eligible jobs can be found in the Implementation Manual HERE.](#)  
[Information about Stacking can be found HERE.](#)

**Submitting a Request for Payment**

**PROTOCOLS:**

1. Enter Applicant Information, Award ID, Application ID, Date, and the Magnitude of Award # on your Notice of Final Award. Include the final number of eligible connectors that were installed for this project.
2. Enter the reimbursable amount under each cost category and corresponding magnitude of eligible costs incurred on said payment.  
**Equipment:** Enter costs for EVSE here and any equipment, equipment includes EVSE and items having a useful life of at least one year, having an acquisition cost of at least five thousand dollars (\$5,000), and purchased in whole or in part with grant funds.  
**Materials & Miscellaneous:** Enter costs for materials and for miscellaneous items associated with the project.  
**Subcontractors:** Enter costs for third parties performing work or services on the project.
3. Repeat this process for all applicable cost categories which shall be submitted as part of this payment request.
4. If this project is using incentives from other programs, fill in the relevant amounts under the "Credits, Discounts and Incentives" column in each table and fill out the Stacking tab in this document. Submit a Notice of Award for the incentive from the other program(s) that clearly indicates the amount of the award.
5. Once complete, ensure the signature, date and contact information (including first and last name, phone number, and email) are included in the form.
6. Submit completed Payment Request Form and all supporting documentation via the IPC for review and approval. To correct or update materials, send a request to [communitiesincharge@castart.org](mailto:communitiesincharge@castart.org) including the Application ID. Please use the following naming convention for all documents:  
APP ID PREFIX - DOCUMENT NAME  
Document Names:  
PAYMENT REQUEST FORM      JOB SITE INSTALLATION FORM  
WIP      NETWORK SERVICES AGREEMENT  
FINAL INSPECTION CARD      INVOICES - # OF #  
PHOTOS - # OF #      STACKING NOTICES OF AWARD - # OF #

**Supporting Documentation**

1. The following documentation is required with all payment requests:  
Payment Request Form  
Network Services Agreement  
Final Inspection Card  
Photos  
Job Site Installation Form  
Proof of Eligible Direct Incentive Costs  
WIP
2. The following proof is required to substantiate direct costs for the cost categories included in this payment request:  
**Equipment:** Itemized Invoice  
**Materials & Misc:** Itemized Invoice  
**Subcontractors:** Itemized Invoice
3. All invoices submitted must include the invoice data and an itemization of eligible costs, credits, discounts, and incentives as applicable.
4. All requests for payment must be accompanied by a Job Site Installation Form certifying prevailing wage requirements having been met and adherence by EVTP requirements.
5. Requests for Final Payment must be accompanied by a signed copy of the Final Inspection Card by the appropriate AHI.
6. Requests for Final Payment must be accompanied by a signed copy of their paid and executed network agreement form which includes the cost, duration, and terms of the agreement.
7. Requests for Final Payment must be accompanied by photos of installed equipment including serial numbers of all incentivized EVSEs clearly visible and legible.
8. All other supplemental documentation submitted with a payment request must be done in a manner consistent with that described in the Project Billing section of the Incentive Recipient Agreement.



# Payment Request Form (page 1) Instructions

The screenshot shows the 'Payment Request Form' from 'COMMUNITIES IN CHARGE'. The form is divided into several sections. The top section contains 'Agreement # (found in IRA)' and 'DATE'. The middle section contains 'Award ID (found in Notice of Award email)', 'Magnitude of Award (found in Notice of Award email)', 'Application ID (found in IPC)', and 'Connectors Installed (CIC)'. The bottom section is titled 'Incentive Recipient Information' and includes fields for 'Organization Name', 'Organization Mailing Address', 'Primary Contact Name', 'Primary Contact Phone', and 'Primary Contact Email'. Red boxes highlight the following fields: 1. Agreement #, 2. DATE, 3. Award ID, 4. Magnitude of Award, 5. Application ID, 6. Connectors Installed (CIC), and 7. Organization Name.

		<u>Payment Request Form</u>	
Agreement # (found in IRA)	1.	DATE	2.
Award ID (found in Notice of Award email)	Magnitude of Award (found in Notice of Award email)	Application ID (found in IPC)	Connectors Installed (CIC)
3.	4.	5.	6.
<b>Incentive Recipient Information</b>			
Organization Name	7.		
Organization Mailing Address			
Primary Contact Name			
Primary Contact Phone			
Primary Contact Email			


1. **Agreement Number.** The agreement number can be found on the Notification of Award email or by logging into the IPC and locating the “Agreement Number” field.
2. **Date.** Enter the date you prepared the request.
3. **Award ID.** Enter the project site address. This can be found in the Notification of Award email or by logging into the IPC and locating the project “Installation” information.
4. **Magnitude of Award (MOA).** Enter MOA for the project. This can be found in the Notification of Award email or by logging into the IPC and locating the “Applicant Magnitude of Award” field. **Note:** If fewer charger connectors were installed than originally proposed the Incentive Recipient Agreement must be amended. **Request a reduction in equipment** in the IPC clearly identifying which equipment is being eliminated from the award, the new MOA amount, and the name, title and email address of your signatory for the amendment.
5. **Application ID.** Enter the application number. The application number can be found by logging into the IPC and locating the “Application Name” field.
6. **Connectors Installed (CIC).** Enter the number of EV connectors/plugs that are installed at the project site. Only include connectors that are funded by CIC.
7. **Incentive Recipient Information.** Enter the name and address of the Incentive Recipient as it appears on their W9 form. The Incentive Recipient must be the same entity named in the Incentive Recipient Agreement. Also, enter the primary contact’s information.

<b>Preferred Payment Option</b>	<b>Check One</b>
Automated Clearing House (ACH)	8. <input type="checkbox"/>
Mailed Check (to address listed above)	<input type="checkbox"/>
<b>Project Attestations</b>	<b>Check One</b>
Prevailing wages were paid to eligible workers who provided labor for work covered by the payment request. The Incentive Recipient and all contractors and subcontractors otherwise complied with all California prevailing wage laws.	9. <input type="checkbox"/>
This project is exempt from the requirement to pay prevailing wages because it has received DIR or court determination that the project is not a public work requiring the payment of prevailing wages. In this case, the Incentive Recipient shall provide proof of the DIR or court determination regarding exemption.	<input type="checkbox"/>
Are you or any project partners presently involved in or intending to engage with any funding programs that would otherwise preclude project 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 or the Stacking Guide (linked in the Instructions tab) for more details.	<b>Yes/No</b>
	10.
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.	
<b>Signature of Certifying Officer</b>	<b>Date</b>
11.	
<b>Type or Print Name and Title</b>	<b>Phone</b>
<b>Email</b>	
<b>Notes</b>	
12.	

8. **Preferred Payment Option.** Select your preferred payment option. If ACH is preferred, you must complete the [ACH Authorization Form](#) and follow its instructions to establish bank transfers. If check is preferred, one will be mailed to the address listed in step 7.
9. **Project Attestations (1).** Select one option regarding the project’s use of prevailing wages.
10. **Project Attestations (2).** Answer the question with either ‘Yes’ or ‘No’. No other responses will be accepted.
11. **Signature block.** Enter the name and contact information of the authorized signer affiliated with the Incentive Recipient organization. They must sign and date the form here.
12. **(optional) Notes.** Enter any information that would clarify the costs incurred or costs excluded from this reimbursement request.

## Summary of Payment Request (page 2) Instructions

Invoice Number:	13.
Implementation Manual Release Date:	10/29/2024
Period Covered By This Request:	14.

 **Reimbursable**

Category	Agreement Reimbursable Budget	Reimbursable Expenses This Period	Credits, Discounts and Incentives (as applicable)	Reimbursable Balance
Equipment		\$ -	\$ -	\$ -
Materials/Misc.		\$ -	\$ -	\$ -
Subcontractors		\$ -	\$ -	\$ -
<b>Total</b>	\$ -	\$ -	\$ -	\$ -

<b>Grand Totals</b>	\$ -	\$ -	\$ -	\$ -
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<b>Total Incentives Requested This Period</b>	\$ -
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**Certification**  
 I certify under penalty of perjury that the information provided with this payment request 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, (i) the Contractor/Recipient and all subcontractors have complied with all Agreement terms, including the requirement of compliance with public works and prevailing wage laws, which when applicable require the payment of prevailing wages to eligible workers, and (ii) the invoice entries are reasonable, well supported and based on the best available information. I acknowledge that CALSTART and the CEC have the right to audit all company records to confirm compliance with this certification.

15.	
Signature of Certifying Officer	Date

**13. Invoice Number.** Enter an invoice number of your choosing.

**14. Period Covered by This Request.** Enter the start and end date of this project. **Note:** the *start date* cannot be before the Implementation Manual release date, and the *end date* cannot be in the future.

**15. Signature.** The authorized signer affiliated with the Incentive Recipient organization must certify the document by signing and dating the form here.

# Equipment Costs Worksheet (page 3) Instructions

If you do not have invoices for equipment costs, leave these fields blank.

Equipment								
Date	Vendor	Purpose	Reference	Units	Unit Cost	Reimbursable Direct Equipment Expenses	Credits, Discounts, and Incentives (as applicable)	Total
16.	17.	18.	19.	20.	21.	0.00	22.	0.00
						0.00		0.00
						0.00		0.00
						0.00		0.00


16. **Date.** Enter the date on the invoice for the eligible costs. Refer to the [Implementation Manual](#) to know which items are considered equipment by CIC.
17. **Vendor.** Enter the name of the company who was paid for the goods or services (as it appears on their invoice).
18. **Purpose.** Enter the description of eligible costs appearing on the invoice (i.e. EVSE, electrical panels, demand management equipment, etc.). Refer to the Implementation Manual to know which items are considered by CIC to be equipment versus other eligible costs.
  - \* Make note of any excluded/ineligible costs either on the invoice or in a separate document.
19. **Reference.** Enter the invoice number of the invoice you are referencing.
20. **Units.** Enter the total number of units included in the invoice. If the invoiced items are something difficult to divide into units, such as a variety of signage or restriping of parking stalls, you may list the items as a single unit.
21. **Unit Cost.** Enter the per unit cost (cost of a single unit).
22. **Credits, Discounts and Incentives (as applicable).** Enter the total amount of any other credits, discounts, or incentives the project received for this equipment.

**Repeat steps 16-22 for each invoice.**

# Materials & Miscellaneous Costs Worksheet (page 4)

## Instructions

If you do not have invoices for materials or miscellaneous costs, leave these fields blank.



Materials and Miscellaneous							
Date	Vendor	Purpose	Reference	Units	Unit Cost	Reimbursable Materials and Miscellaneous	Credits, Discounts, and Incentives (if applicable)
23.						\$ -	
						\$ -	
						\$ -	


23. **Follow the instructions given for steps 16-22.** Enter the information for invoices containing Materials & Miscellaneous costs, Service costs, Utility costs and Other Eligible costs. Refer to the Implementation Manual to know which items are considered eligible costs in these categories, by CIC.

\* Make note of any excluded/ineligible costs either on the invoice or on a separate document.

**Repeat steps 16-22 for each invoice.**

# Subcontractor Costs Worksheet (page 5) Instructions

If you do not have invoices for subcontractor costs, leave these fields blank.



**Reimbursable Subcontractors Summary**

Subcontractor Name	Subcontractor Reimbursement Request This Period	Subcontractor Business Certifications (MB/SB/DVBE/None)	Credits, Discounts, and Incentives (as applicable)
24.	\$ 25. -	28.	27.
	\$ -		

**24. Subcontractor Name.** Enter the name of the subcontractor as it appears on their invoice.

**25. Subcontractor Reimbursement Request This Period.** Enter the total amount of eligible costs billed on the invoice.

\*Make note of any excluded/ineligible costs either on the invoice or on a separate document.

**26. Subcontractor Business Certifications.** Enter the subcontractor’s business certifications, if known. MB = Minority owned Business, SB = Small Business, DVBE = Disabled Veteran Business Enterprise.

**27. Credits, Discounts and Incentives (as applicable).** Enter the total amount of any other credits, discounts, or incentives the project received for this equipment.

**Repeat steps 24-27 for each invoice.**

## Stacking Worksheet (page 6) Instructions

If you are not using other credits, discounts, or incentives for this project, leave this page blank.

If you are combining CIC incentives with other credits, discounts, or incentives please review the [Stacking Guide](#).

Allowable Stacking Approaches (Check all that apply)	
Project is using other incentive funds to cover costs that are ineligible in CIC.	28. <input type="checkbox"/>
Project is using funds from LCFS revenue or Federal tax credits.	<input type="checkbox"/>
Project is using funds associated with a utility tariff or rule program (Rule 15, Rule 16, Rule 29, Rule 45) for utility-side infrastructure only.	<input type="checkbox"/>
Project serves a Local Government site and is using local, state or federal funding for eligible costs that is not from participation in an EV incentive or rebate program aside from the situations mentioned here.	<input type="checkbox"/>
Project is using other incentive funds to cover costs associated with additional ports exceeding the 40-port maximum for CIC.	<input type="checkbox"/>

Project Information	
Total Project Cost	29. <input type="text"/>
Total Level 2 Ports installed at site	30. <input type="text"/>
Name of stacked incentive program A	31. <input type="text"/>
Funder/funding source of program A	32. <input type="text"/>
Name of stacked incentive program B	<input type="text"/>
Funder/funding source of program B	<input type="text"/>

**28. Allowable Stacking Approaches.** Checkmark all boxes that apply.

**29. Total Project Cost.** Enter the total cost of the project regardless of funding source.

**30. Total Level 2 Ports Installed at Site.** Enter the total number of Level 2 ports/connectors installed at the site, regardless of funding source or time of construction.

**31. Name of Stacked Incentive Program A.** If you are combining CIC incentives with another funding source (outside your organization), enter the name of the other funding program here.

If you are combining CIC incentives with more than one other funding source (outside your organization), enter the name of the second funding program in the Program B name field.

**32. Funder/Funding Source of Program A.** If you are combining CIC incentives with another funding source (outside your organization), enter the funding source of the program listed in step 31 here.

If you are combining CIC incentives with more than one other funding source (outside your organization), enter the funding source of the second program in the Program B funder field.

Award Information			
	CIC	Program A	Program B
Award Amount	\$ -	\$ 33. -	\$ -
Number of Level 2 Ports incentivized	0	34.	

Costs Covered by Stacked Incentives			
<i>Provide cost information in alignment with Implementation Manual and stacking requirements.</i>			
	CIC	Program A	Program B
Equipment costs	\$ -	\$ 35. -	\$ -
Materials/Misc costs	\$ -	\$ -	\$ -
Subcontractors	\$ -	\$ -	\$ -

33. **Award Amount.** Enter the amount this project was awarded by the program listed in step 31. If you are combining CIC incentives with more than one other funding source (outside your organization), enter the amount awarded by the second funding program in the Program B column.
34. **Number of Level 2 Ports Incentivized.** Enter the number of Level 2 ports/connectors this project was awarded by the program listed in step 31. If you are combining CIC incentives with more than one other funding source (outside your organization), enter the number of Level 2 ports/connectors awarded by the second funding program in the Program B column.
35. **Itemization of Awarded Funds.** Enter the amount of the total award from Program A that was spent on each cost category. Repeat these steps for Program B award, if applicable.

# Example Payment Request Form with Invoices



## Payment Request Form

Agreement # (found in IRA)	220-430-009 - App-0009999	DATE	1/1/2026
Award ID (found in Notice of Award email)	Magnitude of Award (found in Notice of Award email)	Application ID (found in IPC)	Connectors Installed (CIC)
123 Main Street	\$ 75,000	9999	10

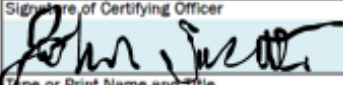
Incentive Recipient Information	
Organization Name	Clean Air Lovers
Organization Mailing Address	555 Faraday Drive
Primary Contact Name	John Smith
Primary Contact Phone	(999)999-9999
Primary Contact Email	<a href="mailto:john@cleanairlovers.com">john@cleanairlovers.com</a>

Final Payment				
Cost Category	Award Total	Reimbursable Expenses	Credits, Discounts and Incentives	Reimbursable Balance
Equipment		\$ 10,975	\$ -	\$ 10,975
Materials/Misc.		\$ 13,300	\$ -	\$ 13,300
Subcontractors		\$ 44,516	\$ -	\$ 44,516
<b>Total</b>	<b>\$75,000</b>	<b>\$68,791</b>	<b>\$0</b>	<b>\$68,791</b>
Amount payable to applicant		\$68,791		

Preferred Payment Option	Check One
Automated Clearing House (ACH)	<input checked="" type="checkbox"/>
Mailed Check (to address listed above)	<input type="checkbox"/>

Project Attestations	Check One
Prevailing wages were paid to eligible workers who provided labor for work covered by the payment request. The Incentive Recipient and all contractors and subcontractors otherwise complied with all California prevailing wage laws.	<input checked="" type="checkbox"/>
This project is exempt from the requirement to pay prevailing wages because it has received DIR or court determination that the project is not a public work requiring the payment of prevailing wages. In this case, the Incentive Recipient shall provide proof of the DIR or court determination regarding exemption.	<input type="checkbox"/>

Are you or any project partners presently involved in or intending to engage with any funding programs that would otherwise preclude project 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 or the Stacking Guide (linked in the Instructions tab) for more details.	Yes/No
	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 01/02/2026
Type or Print Name and Title John Smith	Phone (999)999-9999
Email <a href="mailto:john@cleanairlovers.com">john@cleanairlovers.com</a>	

Notes

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

Incentive Recipient Name: 555 Faraday Drive  
 Agreement Number: 220-430-009 - App-0009999  
 Invoice Number: 1  
 Implementation Manual Release Date: 10/29/2024  
 Period Covered By This Request: 04/15/2025 - 12/4/2025



Reimbursable

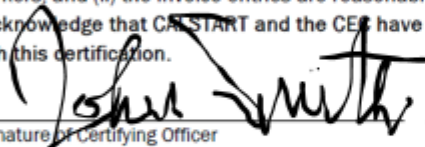
Category	Agreement Reimbursable Budget	Reimbursable Expenses This Period	Credits, Discounts and Incentives (as applicable)	Reimbursable Balance
Equipment		\$ 10,975	\$ -	\$ 10,975
Materials/Misc.		\$ 13,300	\$ -	\$ 13,300
Subcontractors		\$ 44,516	\$ -	\$ 44,516
<b>Total</b>	<b>\$ 75,000</b>	<b>\$ 68,791</b>	<b>\$ -</b>	<b>\$ 68,791</b>

<b>Grand Totals</b>	<b>\$ 75,000</b>	<b>\$ 68,791</b>	<b>\$ -</b>	<b>\$ 68,791</b>
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<b>Total Incentives Requested This Period</b>	<b>\$ 68,791</b>
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**Certification**

I certify under penalty of perjury that the information provided with this payment request 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, (i) the Contractor/Recipient and all subcontractors have complied with all Agreement terms, including the requirement of compliance with public works and prevailing wage laws, which when applicable require the payment of prevailing wages to eligible workers, and (ii) the invoice entries are reasonable, well supported and based on the best available information. I acknowledge that CALSTART and the CEI have the right to audit all company records to confirm compliance with this certification.

  
 Signature of Certifying Officer \_\_\_\_\_ Date 01/02/2026

CALSTART Use Only

\_\_\_\_\_  
 CALSTART Project Manager Date CALSTART Accounting Date





Agreement Number:	
Invoice Number:	
Implementation Manual Release Date:	10/29/2024
Period Covered By This Request:	



**Reimbursable Subcontractors Summary**

Subcontractor Name	Subcontractor Reimbursement Request This Period	Subcontractor Business Certifications (MB/SB/DVBE/None)	Credits, Discounts, and Incentives (as applicable)	Total
Superior Electric	\$ 44,516.00	SB	\$ -	\$ 44,516.00
	\$ -			\$ -
	\$ -			\$ -
	\$ -			\$ -
	\$ -			\$ -
	\$ -			\$ -
	\$ -			\$ -
	\$ -			\$ -
	\$ -			\$ -
	\$ -			\$ -
	\$ -			\$ -
	\$ -			\$ -
	\$ -			\$ -
	\$ -			\$ -
<b>Total</b>	\$ 44,516.00		\$ -	\$ 44,516.00



## Stacking Form

**Instructions:**

If only Communities in Charge incentive funds were used for this project, leave this form blank. If incentive funds from another program were applied to this project, fill out this form by entering the project, award, and cost information for the stacked incentives in the cells below, and include relevant information across other cost tabs in the columns titled "Credits, Discounts and Incentives." Total Project Cost is the sum of costs directly attributable to the project. For eligible costs and stacking requirements, refer to the FW3 Implementation Manual Section 2.5 and the FW3 Stacking Guide available on the Communities in Charge Website. Note that the only allowable stacking with utility incentives is with funds associated with a utility tariff or rule program (Rule 15, Rule 16, Rule 29, Rule 45) for utility-side infrastructure. Note that any cost that is not explicitly eligible for CIC incentives in Section 2.5.1 is ineligible. For each non-CIC incentive used in this project, submit a Notice of Award as an attachment to this form. The amount of funding awarded should be clearly visible in the Notice of Award. The Incentive Recipient must disclose all sources of stacked funding for this project, including any incentives received

Allowable Stacking Approaches (Check all that apply)	
Project is using other incentive funds to cover costs that are ineligible in CIC.	<input checked="" type="checkbox"/>
Project is using funds from LCFS revenue or Federal tax credits.	<input type="checkbox"/>
Project is using funds associated with a utility tariff or rule program (Rule 15, Rule 16, Rule 29, Rule 45) for utility-side infrastructure only.	<input type="checkbox"/>
Project serves a Local Government site and is using local, state or federal funding for eligible costs that is not from participation in an EV incentive or rebate program aside from the situations mentioned here.	<input type="checkbox"/>
Project is using other incentive funds to cover costs associated with additional ports exceeding the 40-port maximum for CIC.	<input type="checkbox"/>

Project Information	
Total Project Cost	\$ 1,275,000.00
Total Level 2 Ports installed at site	10
Name of stacked incentive program A	Walkable Cities
Funder/funding source of program A	non-government organization
Name of stacked incentive program B	
Funder/funding source of program B	

Award Information			
	CIC	Program A	Program B
Award Amount	\$ 75,000.00	\$ 1,200,000.00	\$ -
Number of Level 2 Ports incentivized	10	0	

Costs Covered by Stacked Incentives			
<i>Provide cost information in alignment with Implementation Manual and stacking requirements.</i>			
	CIC	Program A	Program B
Equipment costs	\$ 10,975.00	\$ -	\$ -
Materials/Misc costs	\$ 13,300.00	\$ -	\$ -
Subcontractors	\$ 44,516.00	\$ -	\$ -
Labor costs (not eligible in CIC)	\$ -	\$ -	\$ -
Fringe costs (not eligible in CIC)	\$ -	\$ -	\$ -
Indirect costs (not eligible in CIC)	\$ -	\$ -	\$ -
Other costs (describe in Notes below)		\$ 1,200,000.00	\$ -
<b>Total costs to be covered by incentives</b>	<b>\$ 68,791.00</b>	<b>\$ 1,200,000.00</b>	<b>\$ -</b>

Total Incentives Requested/Paid	\$ 1,268,791.00
Total CIC Incentives Requested/Paid	\$ 68,791.00
Total non-CIC Incentives Requested/Paid	\$ 1,200,000.00
Total Incentives less than Total Costs?	Yes

Notes for stacking re Program A

[Incentives covered battery storage, parking canopy, landscaping and bike lane](#)

Notes for stacking re Program B

Equipment Invoice



WALTERS - ENERGY MANAGEMENT DIV.  
 200 N. BERRY STREET  
 BREA, CA 92821-3924  
 Phone 714-784-1900  
 Fax 714-784-1339

Invoice

CUSTOMER #	SHIP TO #
INVOICE NUMBER	INVOICE DATE
S127977361.001	08/01/2025
TAX JURISDICTION	SHIP BRANCH
CA 0603744000	WW36
REMIT TO	
WALTERS WHOLESALE ELECTRIC PO BOX 741406 LOS ANGELES, CA 90074-1406	

BILL TO:

SHIP TO:

**Must be the Incentive Recipient**  
 VAN NUYS, CA 91406-1646



CUSTOMER PO NUMBER		JOB NAME / RELEASE NO		ORDERED BY	SALESPERSON	
[REDACTED]		[REDACTED]		[REDACTED]	[REDACTED]	
WRITER		SHIP VIA	TERMS	SHIP DATE	ORDER DATE	
[REDACTED]		DIRECT	NET 30 DAYS	08/01/2025	05/20/2025	
ORDER QTY	SHIP QTY	DESCRIPTION			UNIT PRICE	EXT PRICE
40ea	20ea	ESPENDEC EVC/A48/S2/J18 LEVEL 2 40AMP EV CHARGER			1000.000/ea	20000.00
** REPRINT ** REPRINT ** REPRINT ** Invoice is due by 08/31/2025 Past Due invoices may be subject to 1.50% late charge. For complete Terms & Conditions go to: <a href="https://[REDACTED].pdf">https://[REDACTED].pdf</a>					Subtotal 20000.00 Shpg Chgs 0.00 Tax 1950.00 Payments 0.00 Amount Due 21950.00	

**Note: Bulk Invoice**  
 10 Chargers Installed @ \$1,000 per unit  
 Tax @ \$97.5 per unit  
 Total per unit cost = \$1,097.5  
**Total Cost = \$10,975**

# Materials & Miscellaneous Invoice

**INVOICE**

Lucid Electric Solutions Inc.  
 LIC# 1092646  
 PO Box 11093  
 Canoga Park, CA 91309



Bill to  
 [Redacted]  
 [Redacted]  
 [Redacted]  
 [Redacted]  
 [Redacted]

Invoice details  
 Invoice no.: 10382  
 Terms: Net 15  
 Invoice date: 08/12/2025  
 Due date: 09/10/2025

Job Site Address: [Redacted]  
 Job Performed: Aug 4 to Aug 8, 2025

#	Product/service	Description	Qty	Rate	Amount
1.	Copper wire #6 AWG THHN		2450	\$0.79	\$1,943.40
2.	Copper Wire #10 AWG ground		300	\$0.37	\$111.00
3.	EMT conduit 1 1/4" with fittings		240	\$1.76	\$422.40
4.	3/4" EMT Conduits		100	\$0.70	\$70.00
5.	240V 40 AMP Circuit		10	\$77.64	\$776.40
6.	Pull/Junction boxes		1	\$60.00	\$60.00
7.	Disconnect Switch (non-fused)		1	\$143.78	\$143.78
8.	Ground rod with clamp and bonding hardware		2	\$10.00	\$20.00
9.	Electrical consumables (boxes, connectors, labels, and fasteners)		1	\$10.00	\$10.00
10.	100AMP 3phase sub-panel		1	\$532.14	\$532.14
11.	100 amp 3-pole circuit breakers		2	\$278.55	\$557.10

12.	LB 1 1/4"		1	\$13.78	\$13.78
13.	Foreman - Licensed Electrician	[Redacted] LIC# [Redacted] EVTIP# [Redacted]	32	\$120.00	\$3,840.00
14.	Apprentice	Worker 1 @ \$75 Worker 2 @ \$75	32	\$150.00	\$4,800.00

Total	<b>\$13,300.00</b>
Payment	-13,300.00
Balance due	<b>\$0.00</b>

Thank you for doing business with us!  
 Checks are to be made out to Lucid Electric Solutions Inc.

Note to customer  
 Job Site:  
 [Redacted]

**Paid in Full**

# Subcontractor Invoice

## REQUEST FOR PAYMENT



1031 Serpentine Lane, Suite 102  
 Pleasanton, CA 94566  
 Ph#: (925) 485-4460  
 Fax#: (925) 485-3028

To: [REDACTED]

Invoice: 11015

Draw: F-644600003

Invoice Date: 8/27/2025

Period Ending Date: 8/31/2025

Customer PO: Signed SA

Contract For:

**Request for payment:**

Original contract amount	\$41,016.00	
Approved changes	\$3,500.00	
Revised contract amount		\$44,516.00
Contract completed to date		\$44,516.00
Add-ons to date	\$0.00	
Taxes to date	\$0.00	
Less retainage	\$0.00	
<b>Total completed less retainage</b>		<b>\$44,516.00</b>
Less previous requests	\$18,500.00	
Current request for payment		\$26,016.00
Current billing		\$26,016.00
Current additional charges	\$0.00	
Current tax	\$0.00	
Less current retainage	\$0.00	
<b>Current Amount Due</b>		<b>\$26,016.00</b>
Remaining contract to bill	\$0.00	

Job: [REDACTED]  
 Customer ID: [REDACTED]  
 Contract date: 5/7/2025

CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Total Approved Previous Months	3,500.00	
Total Approved This Month		
<b>TOTALS</b>	<b>3,500.00</b>	
<b>NET CHANGES by Change Order</b>	<b>3,500.00</b>	

# Attachment A – ACH Authorization Form



## ACH Payment Authorization Form

Please complete all information requested on this form. This will ensure timely and reliable payments to your account for invoice(s) submitted to CALSTART, Inc.

---

**Please complete the information below:**

I, \_\_\_\_\_, authorize CALSTART, Inc. to credit our bank account  
(Vendor Legal Name)  
indicated below the total amount due as indicated on my/our invoice(s).

Name \_\_\_\_\_

Billing Address \_\_\_\_\_ Phone# \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

Name on Bank Account:	_____
Checking or Savings:	_____
Bank Name:	_____
Bank Account #:	_____
9-digit Bank Routing #:	_____
Business or Personal :	_____
This Bank Account is Enabled for ACH Transactions <input type="checkbox"/> Yes <input type="checkbox"/> No	

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

### Instructions:


Please complete and sign this form and include either a voided check or a bank letter with your account information and return them to **ap@calstart.org**.

CALSTART, Inc.

48 South Chester Avenue, Pasadena, CA 91106 (626) 744-5600

[www.calstart.org](http://www.calstart.org)

# Attachment B - Payment Request Form (numbered)



## Payment Request Form

Agreement # <small>(found in IRA)</small>	1.	DATE	2.
Award ID <small>(found in Notice of Award email)</small>	Magnitude of Award <small>(found in Notice of Award email)</small>	Application ID <small>(found in IPC)</small>	Connectors Installed (CIC)
3.	4.	5.	6.

**Incentive Recipient Information**

Organization Name: 7.

Organization Mailing Address:

Primary Contact Name:

Primary Contact Phone:

Primary Contact Email:

Final Payment				
Cost Category	Award Total	Reimbursable Expenses	Credits, Discounts and Incentives	Reimbursable Balance
Equipment		\$ -	\$ -	\$ -
Materials/Misc.		\$ -	\$ -	\$ -
Subcontractors		\$ -	\$ -	\$ -
<b>Total</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Amount payable to applicant		\$0		

Preferred Payment Option	Check One
Automated Clearing House (ACH)	8. <input type="checkbox"/>
Mailed Check (to address listed above)	<input type="checkbox"/>

Project Attestations	Check One
Prevailing wages were paid to eligible workers who provided labor for work covered by the payment request. The Incentive Recipient and all contractors and subcontractors otherwise complied with all California prevailing wage laws.	9. <input type="checkbox"/>
This project is exempt from the requirement to pay prevailing wages because it has received DIR or court determination that the project is not a public work requiring the payment of prevailing wages. In this case, the Incentive Recipient shall provide proof of the DIR or court determination regarding exemption.	<input type="checkbox"/>

Are you or any project partners presently involved in or intending to engage with any funding programs that would otherwise preclude project 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 or the Stacking Guide (linked in the Instructions tab) for more details.	Yes/No
	10.

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
11.	
Type or Print Name and Title	Phone
Email	

Notes

12.

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









## Stacking Form

**Instructions:**

If only Communities in Charge incentive funds were used for this project, leave this form blank. If incentive funds from another program were applied to this project, fill out this form by entering the project, award, and cost information for the stacked incentives in the cells below, and include relevant information across other cost tabs in the columns titled "Credits, Discounts and Incentives." Total Project Cost is the sum of costs directly attributable to the project. For eligible costs and stacking requirements, refer to the FW3 Implementation Manual Section 2.5 and the FW3 Stacking Guide available on the Communities in Charge Website. Note that the only allowable stacking with utility incentives is with funds associated with a utility tariff or rule program (Rule 15, Rule 16, Rule 29, Rule 45) for utility-side infrastructure. Note that any cost that is not explicitly eligible for CIC incentives in Section 2.5.1 is ineligible. For each non-CIC incentive used in this project, submit a Notice of Award as an attachment to this form. The amount of funding awarded should be clearly visible in the Notice of Award. The Incentive Recipient must disclose all sources of stacked funding for this project, including any incentives received

Allowable Stacking Approaches (Check all that apply)	
Project is using other incentive funds to cover costs that are ineligible in CIC.	28. <input type="checkbox"/>
Project is using funds from LCFS revenue or Federal tax credits.	<input type="checkbox"/>
Project is using funds associated with a utility tariff or rule program (Rule 15, Rule 16, Rule 29, Rule 45) for utility-side infrastructure only.	<input type="checkbox"/>
Project serves a Local Government site and is using local, state or federal funding for eligible costs that is not from participation in an EV incentive or rebate program aside from the situations mentioned here.	<input type="checkbox"/>
Project is using other incentive funds to cover costs associated with additional ports exceeding the 40-port maximum for CIC.	<input type="checkbox"/>

Project Information	
Total Project Cost	29.
Total Level 2 Ports installed at site	30.
Name of stacked incentive program A	31.
Funder/funding source of program A	32.
Name of stacked incentive program B	
Funder/funding source of program B	

Award Information			
	CIC	Program A	Program B
Award Amount	\$ -	\$ 33 -	\$ -
Number of Level 2 Ports incentivized	0	34.	

Costs Covered by Stacked Incentives			
<i>Provide cost information in alignment with Implementation Manual and stacking requirements.</i>			
	CIC	Program A	Program B
Equipment costs	\$ -	\$ 35. -	\$ -
Materials/Misc costs	\$ -	\$ -	\$ -
Subcontractors	\$ -	\$ -	\$ -
Labor costs (not eligible in CIC)	\$ -	\$ -	\$ -
Fringe costs (not eligible in CIC)	\$ -	\$ -	\$ -
Indirect costs (not eligible in CIC)	\$ -	\$ -	\$ -
Other costs (describe in Notes below)	\$ -	\$ -	\$ -
Total costs to be covered by incentives	\$ -	\$ -	\$ -

Total Incentives Requested/Paid	\$ -
Total CIC Incentives Requested/Paid	\$ -
Total non-CIC Incentives Requested/Paid	\$ -
Total Incentives less than Total Costs?	Yes

Notes for stacking re Program A

Notes for stacking re Program B