

NEVI Formula Program

NEVI Request for Proposals - Proposal Application Form



Submit completed applications by the <u>5 p.m. deadline on September 29, 2023</u> via email to: ChargeUpKS@ks.gov				
A. APPLICANT INFORMATION				
1. TYPE OF APPLICANT (CHECK ONE); SEE RFP FOR ELIGIBLE APPLICANTS				
BUSINESS/VENDORS UTILITY OTHER (DESCRIBE)				
2. ORGANIZATION LEGAL NAME	ORGANIZATION TELEPHONE NU	JMBER WITH AREA CODE		
3. ORGANIZATION MAILING ADDRESS	CITY	STATE ZIP CODE		
4. COMPANY OR ENTITY APPLYING FOR FUNDING (IF DIFFERENT FROM ABOVE)				
5. NAME OF ORGANIZATIONAL REPRESENTATIVE AUTHORIZED FOR AGREEMENT	TITLE			
TELEPHONE NUMBER WITH AREA CODE	EMAIL ADDRESS			
6. PRIMARY/PREFERRED POINT OF CONTACT NAME	TITLE			
TELEPHONE NUMBER WITH AREA CODE				
TELEPHONE NUMBER WITH AREA CODE	EMAIL ADDRESS			
7. SECONDARY POINT OF CONTACT NAME	TITLE			
TELEPHONE NUMBER WITH AREA CODE	EMAIL ADDRESS			
B. APPLICATION SUMMARY				
8. GENERAL DESCRIPTION OF APPLICANT'S PROPOSED SITES & FUNDING REQUESTS				
C. APPLICANT AGREEMENT				
I hereby certify that:				
The information included in this applicati	on is true and correct to t	the best of my knowledge		
The organization I represent has sufficien				
eligible reimbursements from KDOT.		is project while awaiting		
_	ords to vorify the accuracy	v of the application		
I understand that KDOT may request reco	-			
I agree to the Equipment & Installation R				
I understand KDOT reserves the right not		a locations or eligible items		
therefore reducing the requested amoun	t.			
9. TYPE AUTHORIZED REPRESENTATIVE'S FULL NAME BELOW TO CERTIFY AGREEMENT T	TERMS OUTLINED ABOVE	DATE		

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SITE LOCATION & AMENITIES			
SITE LOCATION N	IAME / HOST SITE N.	AME	
HOST SITE STREE	T ADDRESS AND/OR	GPS COORDINATES (IN DECIMAL DEGREES)	
HOST SITE DRIVE	WAY/ENTRANCE DIS	TANCE TO CENTER OF NEAREST ALT FUEL COR	RIDOR INTERCHANGE (TO NEAREST HUNDREDTHS OF MILES)
DOES THE CHARG	GING STATION PROV	IDE FOR SECURE PAYMENT METHODS WITHOU	JT REQUIRING A MEMBERSHIP FOR USE?
YES	NO	EXPLANATION:	
HOST SITE PROVI	DES ON-SITE, 24/7	ACCESS TO ILLUMINATED RESTROOMS W/ POTA	ABLE WATER? (CHECK ONE; IF YES, BRIEFLY DESCRIBE)
YES	NO	DESCRIPTION:	
	_		RVICE(S)? (CHECK ONE; IF YES, BRIEFLY DESCRIBE WI-FI AND/OR CELL SERVICES)
		DESCRIPTION:	
HOST SITE PROVI	DES DUSK-TO-DAW	N LIGHTING? (CHECK ONE; IF YES, BRIEFLY DES DESCRIPTION:	CRIBE LIGHTING PROVISIONS)
	•	K ONE OR MORE; IF YES, BRIEFLY DESCRIBE)	
		OF PACKAGED OR PREPARED FOODS? -AND/OR DESCRIPTION:	(-
		S TO RESTAURANT? -AND/OR-	
YES		DESCRIPTION:	
HOST SITE PROVI	DES CONVENIENT P	EDESTRIAN ACCESS TO RESTAURANTS, RETAIL	SHOPPING, OTHER AMENITIES WITHIN 1/8 MILE?
YES	NO	DESCRIPTION:	
HOST SITE PROVI	DES ON-SITE SHELTI	ER? (CHECK ONE; BRIEFLY DESCRIBE THE ON-SI	TE SHELTER)
FULL	PARTIAL	DESCRIPTION:	
		CONCEPTUAL LAYOUT OF THE P	
	_		TANDARDS? (CHECK ONE; IF YES, BRIEFLY DESCRIBE HOW ADA IS MET)
		DESCRIPTION:	
	_		BRIEFLY DESCRIBE OR INDICATE ON SITE LAYOUT)
		RTS IN EXCESS OF MINIMUM REQUIREMENTS? DESCRIPTION:	(IF YES, BRIEFLY DESCRIBE)
			AL DESIGN PRINCIPLES (IF YES, BRIEFLY DESCRIBE)
YES	NO	DESCRIPTION:	
HOST SITE PROVI	DES A MIN. OF ONE	PARKING STALL PER PROPOSED CHARGING PC	ORT (MIN. 4 STALLS)? (CHECK ONE; BRIEFLY DESCRIBE # OF PROPOSED PARKING STALLS)
YES	NO	DESCRIPTION:	
HOST SITE PROVI	DES 24/7 OPERATIC	N AND CUSTOMER ASSISTANCE? (CHECK ONE	; BRIEFLY DESCRIBE HOURS OF OPERATION & CUSTOMER ASSISTANCE)
YES	NO	DESCRIPTION:	
			THIS LOCATION FOR CUSTOMERS. ATTACH FULL SAFETY PLAN.
	IPMENT & INI		TE. POWER SHARING B/W PORTS IS ACCEPTABLE @ MIN./PORT BELOW)
		RT OUTPUT (MINIMUM)	CCS TYPE 1 CONNECTORS ON ALL PORTS (REQUIRED)
UPGRAD	ING EXISTING STATI	ON TO MEET NEVI REQUIREMENTS	CHAdeMO CONNECTOR (AT LEAST 1 PER SITE)
			NACS CONNECTOR (OPTIONAL)
ENTER DCF0	C MANUFACTURER:		MODEL #:

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E. SITE EQUIPMENT & INNOVATION (CONTINUED) DESCRIBE HOW THE EQUIPMENT PAYMENT OPTIONS ARE IN COMPLIANCE WITH THE RFP REQUIREMENTS.	_
besche now the Equil Ment Pariment of hold and in comin linked with the kit kedonements.	
DESCRIBE HOW THE CHARGING EQUIPMENT NETWORK CAPABILITIES ARE IN COMPLIANCE WITH THE RFP REQUIREMENTS.	
DESCRIBE HOW THE DCFC CHARGERS AND SUPPORTING EQUIPMENT WILL BE "FUTURE PROOFED" AND HAS CAPACITY FOR UPGRADES. PROVIDE INFORMATION ON	
ACCOMMODATIONS FOR MEDIUM AND HEAVY DUTY VEHICLES, INCLUDING PLANS FOR PULL-THROUGH SPACES, IF ANY.	
DESCRIBE THE DEGREE TO WHICH INNOVATIVE SOLUTIONS, IF ANY, WILL BE IMPLEMENTED AT THE SITE. (BATTERY STORAGE, RENEWABLE ENERGY SOURCES, ETC)	
F. BUSINESS MODEL, FUNDING, & EXPERIENCE	
HAS THE STATION SITE HOST COMMITTED TO YOUR 5 YEAR BUSINESS PROPOSITION? (CHECK ONE; IF NO, BRIEFLY DESCRIBE. ATTACH SIGNED LETTER.)	
YES NO DESCRIBE:	
HAS THE HOST SITE UTILITY COMMITTED TO THE REQUIRED SERVICE? (CHECK ONE; IF NO, BRIEFLY DESCRIBE. ATTACH UTILITY SERVICE FORM.)	_
YES NO DESCRIBE:	
DESCRIBE HOW THE SITE CONTRIBUTES TO ACHIEVING JUSTICE40 GOALS OR INCORPORATES EQUITY CONSIDERATIONS.	
DESCRIBE HOW YOU HAVE GARNERED SUPPORT FROM LOCAL AND REGIONAL STAKEHOLDERS, PARTICULARLY STAKEHOLDERS IN DISADVANTAGED COMMUNITIES. (ATTA	СН
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F. BUSINESS MODEL, FUNDING, & EXPERIENCE (CONTINUED)

DESCRIBE YOUR COMMITMENT TO CONTINUE OPERATION OF THE CHARGING EQUIPMENT FOR THE 5 YEAR TERM OF THE AWARD AND ABILITY TO OPERATE BEYOND THAT PERIOD. DISCUSS HOW THE WARRANTY AND OPERATION, MAINTENANCE AND FUTURE PROOFING COMMITMENTS ALIGN WITH THE OPERATIONAL GOALS.

	ENTER THE LINE ITEM AMOUNTS BELOW FOR ELIGIBLE PROJECT COSTS FROM SELECTED VENDORS AND CONTRACTORS AT THE SITE.				
#	ELIGIBLE BUDGETARY LINE ITEM	TOTAL COST			
1	DC FAST CHARGING EQUIPMENT COSTS	\$			
2	CHARGER INSTALLATION COSTS	\$			
3	EQUIPMENT SHIPPING COSTS	\$			
4	NECESSARY ELEC. SERVICE UPGRADES & CONNECTIONS TO EV CHARGERS (LINES, TRANSFORMERS, ETC)	\$			
5	OTHER HARD COSTS OF SITE PREPARATION (CONCRETE, CONDUIT, CABLE/WIRING)	\$			
6	SIGNAGE & LIGHTING (DIRECTLY ASSOCIATED WITH EV CHARGING INFRASTRUCTURE)	\$			
7	NETWORKING COSTS (UP TO 5 YEARS)	\$			
8	CHARGING EQUIPMENT EXTENDED WARRANTIES AND/OR SERVICE CONTRACTS (UP TO 5 YEARS)	\$			
9	OTHER EQUIPMENT AND NON-LABOR PROJECT COSTS (DESIGN & ENGINEERING, PROJ. MGMT, ETC)	\$			
10	PERMIT COSTS/FEES	\$			
	GRAND TOTAL OF ELIGIBLE ITEMS	\$			
	VW FUND MATCH REQUEST (UP TO 80% OF GRAND TOTAL ELIGIBLE ITEMS)	\$			
	REMAINING APPLICANT COSTS	\$			
	ILLUSTRATE YOUR PROPOSED SCHEDULE FOR THE EV STATION SITE CONSTRUCTION, INCLUDE SIGNIFICANT INTERIM MILESTONES AND DATES. NOTE THAT BIDDERS WILL BE EVALUATED MORE FAVORABLY FOR COMPLETING CHARGING STATION INSTALLATION WITHIN 18 MONTHS OF NOTICE TO PROCEED.				
#	MILESTONE DESCRIPTION	MONTH/YEAR TO MONTH/YEAR			
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
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F. BUSINESS MODEL, FUNDING, & EXPERIENCE (CONTINUED)				
SESCRIBE YOUR EXPERIENCE WITH DCFC INSTALLATION AND OPE CHARGING INDUSTRY.	RATION. DETAIL INNOVATIVE PLANS, EQUIPMENT, OR PROCEDURES YOU HAVE IMPLEMENTED IN THE EV			
G. OPERATIONS & MAINTENANCE				
TTACH REQUIRED DOCUMENTS RELATED TO OPERATIONS & MA	AINTENANCE			
SERVICE LEVEL AGREEMENT	OPERATIONS & MAINTENANCE PLAN			
H. SUPPORTING DOCUMENTS & COMMENTS				
	NT LETTERS FROM HOST SITE, BUSINESS PARTNERS, UTILITY AGENCY, STAKEHOLDERS, EDUCATIONAL			
	PREVIOUS SECTIONS OF THIS APPLICATION, INCLUDE ANY ADDITIONAL PERTINENT INFO/COMMENTS BELOW.			

H. LOCATION MAP

UTILITY SERVICE CONFIRMATION - This section to be completed by applicant					
1. UTILITY	UTILITY CONTACT PERSON, TELEPHONE NUMBER OR EMAIL ADDRESS				
3. UTILITY MAILING ADDRESS	CITY		STATE	ZIP CODE	
SITE HOST - COMPANY NAME & ADDRESS					
SITE ADDRESS / LOCATION					
Will the EVSE load be added to an existing meter/account or will a new acco	ount be requested?				
EXISTING METER/ACCOUNT NEW METER/ACCOUNT	OTHER (DESCRIBE)			
REQUESTED SERVICE VOLTAGE - 480 V / 3 PH typical for NEVI Program-com	pliant station				
CONNECTED LOAD (kW) - 600 kW minimum for NEVI Program-compliant sta	ation. If requesting addi	tional capacity for future develo	pment, provide de	tails.	
REQUESTED PANEL SIZE (amps) - 800 A typical for NEVI Program-compliant	station	POWER FACTOR (%) - 90-100%	typical		
		. ,			
	•				
EXPECTED LOAD PROFILE At what hour of the day will peak load occur?	How is load expected	to vary across the day?			
	non is load expected				
PROJECTED MONTHLY ENERGY USE (kWh)					
ANY ADDITIONAL FEATURES TO MANAGE PEAK ELECTRICAL DEMAND: (Sola	ar, net metering, battery	installation, etc.)			
This section to be completed by utility provider					
This section to be completed by utility provider UTILITY REPRESENTATIVE COMPLETING THIS FORM	UTILITY				
	OTILITY				
EMAIL ADDRESS		TELEPHONE NUMBER			
IS THE UTILITY ABLE TO PROVIDE ELECTRICAL SERVICE AS DESCRIBED ABOV	E? (CHECK ONE; IF NO,	BRIEFLY DESCRIBE OR ATTACH	LETTER)		
YES NO DESCRIBE:					
ARE ANY SERVICE EXTENSIONS OR UPGRADES REQUIRED TO SERVE SITE AS	DESCRIBED? (CHECK O	NE; IF YES, BRIEFLY DESCRIBE OF	R ATTACH LETTER)		
YES NO DESCRIBE:					
DOES THE UTILITY HAVE ANY CONCERNS ABOUT PROVIDING ELECTRICAL SERVICE? (CHECK ONE; IF YES, BRIEFLY DESCRIBE OR ATTACH LETTER.)					
ARE THERE ANY UTILITY REBATE PROGRAMS THAT MAY APPLY TO THIS PRO	JECI !				
SIGNATURE OF UTILITY REPRESENTATIVE COMPLETING THIS FORM:					

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