Applicant Information

Please note this is a preliminary application and that submission of this form does not guarantee grant funding will be awarded. After submitting your application, you will receive a confirmation email from AOT.climate@vermont.gov with next steps.

You must wait until your application is fully approved before you may purchase your electric fleet vehicle to be eligible for an Electrify Your Fleet incentive reimbursement payment.

THIS PDF IS READ-ONLY TO SERVE AS A PREVIEW OF THE ONLINE APPLICATION. YOU MUST SUBMIT YOUR RESPONSES IN THE ONLINE APPLICATION TO BE CONSIDERED FOR FUNDING. THE LINK TO THE ONLINE APPLICATION IS HERE:

https://www.surveymonkey.com/r/ElectrifyYourFleet

For more information, Electrify Your Fleet Program Guidelines can be found on the <u>Agency</u> of Transportation website.

Questions with an asterisk (*) are required and must be answered to complete the application.

If you are a non-English speaker and need translation assistance, please email AOT.climate@vermont.gov to be connected with State-contracted translation and interpretation services. Share your name, phone number, and email address so we can contact you with a translator on the line.

| must you with a translator on the line. |
|---|
| * 1. Select your fleet category: |
| Vermont Municipality / Municipal Organization |
| Business entity registered in Vermont (both for-profit and non-profit) |
| Non-profit Mobility Service Organization |
| 2. Please select the descriptors that apply to your organization. |
| BIPOC Owned |
| Woman Owned |
| Veteran Owned |
| Nonprofit primarily serving disadvantaged communities |
| Municipality with census tracts designated as <u>disadvantaged communities</u> |
| Language translation services required (If you are a non-English speaker and need translation assistance please email AOT.climate@vermont.gov to be connected with State-contracted translation and interpretation services. Share your name, phone number, and email address so we can contact you with a translator on the line. |
| Other (please specify) |
| |
| * 3. Is this your first application to the Electrify Your Fleet Program? |
| ○ Yes |
| \bigcirc No |

| * 4. Organization N | Name |
|-------------------------|---|
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| | |
| * 5. Organization A | Address |
| Address | |
| Address 2 | |
| City/Town | |
| State/Province | select state |
| ZIP/Postal Code | |
| | |
| * 6. Contact Name | |
| | |
| | |
| * 7. Contact Title | |
| | |
| * 0. Ctt-If | |
| * 8. Contact Inform | lation |
| Email Address | |
| Phone Number | |
| * 9. Fiscal Year | |
| | nonth of your organization's fiscal year. For example, the State of Vermont |
| fiscal year ends | in June. |
| | |
| | r is required to enter into a Grant Agreement with the State of Vermont. Completion of this a not guarantee a grant award will be issued. |
| If you have a State Ven | dor Number, please enter it below. |
| 10. State of Vermo | nt Vendor Number |
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| 11. If you do not have a State of Vermont Vendor Number, you will need to submit a hand- |
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| signed W-9 dated within the last 6 months. |
| Download the W-9 form here: <u>Form W-9 (irs.gov)</u> Fill, print, and sign the completed form in ink. Then scan the form or take a high quality |
| picture and upload the digital copy here. |
| Electronic signatures will not be accepted. |
| Include your organization name in your file name |
| |
| Choose File Choose File No file chosen |
| |
| If you have a Unique Entity Identifier (UEI) number, please enter it below. |
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| 12. Unique Entity Identifier (UEI) |
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| Fleet Information | | | |
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| * 13. Fill in the num | aber of each type of vehicle that you currently have in your fleet. | | |
| If you do not have a | any of a specific vehicle type, enter 0 (zero). | | |
| Passenger Vehicles | | | |
| Vans | | | |
| Light Duty Trucks | | | |
| Bicycles | | | |
| Motorcycles | | | |
| Snowmobiles | | | |
| Other Vehicle Types | | | |
| * 14. Please provide an overview how your fleet vehicles are currently being used. | | | |
| For example: | | | |
| What tasks are each type of vehicle used for? | | | |
| How many miles or | hours per week are vehicles used? | | |
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| Electrify Your Fleet Plan |
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| * 15. Which of the following Electrify Your Fleet options do you plan to use? Select all that apply. Please note that the incentive amount is limited to 25% of the cost of vehicle. |
| Purchase a new all-electric battery electric vehicle (BEV) with a base MSRP of \$60,000 or less |
| Lease a new all-electric battery electric vehicle (BEV) with a base MSRP of \$60,000 or less |
| Purchase a new plug-in hybrid electric vehicle (PHEV) with a base MSRP of \$60,000 or less, and an electrange of 20 miles or greater |
| Lease a new plug-in hybrid electric vehicle (PHEV) with a base MSRP of \$60,000 or less, and an electric range of 20 miles or greater |
| Purchase a new electric bicycle (ebike) with a base MSRP of \$6,000 or less |
| Purchase a new electric cargo bicycle (cargo ebike) with a base MSRP of \$6,000 or less |
| Purchase a new adaptive electric cycle with any base MSRP |
| Purchase a new electric motorcycle with a base MSRP of \$30,000 or less |
| Purchase a new electric snowmobile with a base MSRP of \$20,000 or less |
| * 16. How many Standard \$2,500 fleet electrification incentives are you applying for? (Limit 20) |
| |
| 17. Nonprofit Mobility Service Organizations ONLY : How many Enhanced \$5,000 incentives for battery electric vehicles (BEV) with a base MSRP \$55,000 or less of are you applying for? (Limit 5) |

| * 18. EYF Fleet Electrification Plan: Please provide any details you can about the vehicles you'd like to buy with EYF funds and what you'd be driving otherwise. |
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| Use the format: "Vehicle X (EYF) will replace or avoid the purchase of Vehicle Y. Include the Make, Model and Year for both the electric EYF vehicle and the replaced or avoided vehicle. (20,000 character limit) |
| Resources: Some vehicles are also eligible for the federal commercial clean vehicle tax credit, which can be stacked with the State of Vermont Electrify Your Fleet incentive. Commercial Clean Vehicle Credit Internal Revenue Service (irs.gov) |
| Drive Electric Vermont offers both resources and free consultations to assist businesses with EV charging and fleet electrification. Resources for Businesses (driveelectricvt.com) Schedule a free consult (driveelectricvt.com) |
| 19. EYF Charging Questions: If you have any questions about electric vehicle charging, please type them here so we can assist. |
| * 20. EYF Charging Infrastructure: please select all that apply regarding charging your EYF electric vehicles. |
| I would like assistance with electric vehicle charging infrastructure |
| I will charge using a standard wall outlet (Level 1) |
| I will install Level 2 charger(s) |
| I have Level 2 charger(s) already installed |
| I will use public Level 2 chargers |
| I will install Level 3 DCFC (DC Fast Charging) |
| I have Level 3 DCFC (DC Fast Charging) already installed |
| I will use public Level 3 DCFC (DC Fast Charging) |
| I need an electrical service panel upgrade |
| Other (please specify) |
| |

| * 21. Select your Electric Distribution Utility |
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| 22. EYF Impact Metrics: Please check all that apply |
| You will be required to report some usage metrics for your EYF vehicle 12 months after your purchase/lease so the State of Vermont can assess the impact of the EYF program. |
| My organization tracks fuel use |
| My organization tracks vehicle miles traveled |
| My organization produces renewable energy (e.g. solar panels) |
| My organization purchases 100% carbon-free electricty |
| My electric utility provides only 100% carbon free electricity (e.g. GMP, WEC) |
| 23. EYF Impact: If you have any questions about how we will report the impact of the EYF incentives or ideas for other metrics you can report, please type them here. |
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