

# Instructions for Completing the Texas Volkswagen Environmental Mitigation Program (TxVEMP) Project Application Form for Light Duty Zero Emission Vehicle (ZEV) Supply Equipment Direct Current Fast Chargers (DCFC) and Hydrogen Dispensing Equipment TCEQ-20926

## 1.0 PURPOSE

These instructions are designed to guide applicants in preparing their grant application to apply for grants from the Texas Commission on Environmental Quality (TCEQ) under the TxVEMP. We are here to help. Please contact Texas Volkswagen Environmental Mitigation Program (TxVEMP) staff at [VWSettle@tceq.texas.gov](mailto:VWSettle@tceq.texas.gov) or 1-833-215-TXVW (8989) with any questions about completing this application.

## 2.0 GETTING STARTED

To get started with the application, download the following application documents and tools from the TxVEMP website at [www.TexasVWFund.org](http://www.TexasVWFund.org):

1. Request for Grant Applications (RFGA): Grants for Light Duty Zero Emission Vehicle (ZEV) Supply Equipment Direct Current Fast Chargers (DCFC) and Hydrogen Dispensing Equipment
2. Project Application Form TCEQ-20926 and Supplemental Form 1: Site Verification Form TCEQ-20927 (if applicable)

## 3.0 HOW TO APPLY

1. Review the eligibility requirements outlined in the RFGA.
2. Complete the Project Application TCEQ-20926 using the instructions below. A maximum of five (5) applications may be submitted by one applicant during Phase No. 1 of the application submission period.
3. Print or save a copy of the completed TCEQ-20926 Project Application and have the Authorized Official sign the application, electronically or in wet ink, where indicated. Use the checklist provided at the end of the application to ensure that you have not missed any signature pages.
4. Submit Project Application TCEQ-20926 and required attachments via electronic mail to [VWSettle@tcew.texas.gov](mailto:VWSettle@tcew.texas.gov) or by mail to one of the addresses below. Only one (1) application may be submitted per email at a maximum size of 25MB.

<b>Regular Mail:</b>	<b>Express Mail:</b>
TCEQ Air Grants Division Grant Design and Coordination Section MC-204, TxVEMP P.O. Box 13087 Austin, TX 78711-3087	TCEQ Air Grants Division Grant Design and Coordination Section MC-204, TxVEMP 12100 Park 35 Circle Austin, TX 78753

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## 4.0 HOW TO COMPLETE AN APPLICATION

### Form 1: Applicant Information

#### 1. Applicant Legal Name (Performing Party)

Enter the name of the individual or entity applying for funding under the TxVEMP program. The Applicant Legal name entered here should match the name listed on the IRS W-9 form. If awarded a grant, the contract will be an agreement between the Performing Party and TCEQ.

#### 2. Business Information

Identify the applicant type by selecting the applicable ownership code from the drop-down list.

- **I - Individual:** A person not owning a business. The applicant must provide a Social Security Number (SSN).
- **S - Sole Proprietor:** A person operating as a business that has not been incorporated. The applicant may be registered under an assumed name (commonly referred to as a DBA). The applicant must provide a SSN or Federal Employers Identification Number (FEIN) registered with the Texas Secretary of State (SOS).
- **Partnership:** A legal relationship that exists between two or more persons or other legal entities contractually associated as a business. The applicant must provide an FEIN registered with the Texas SOS.
- **Limited Partnership:** Partnership formed by two or more persons and having one or more general partners and one or more limited partners. The applicant must provide a FEIN registered with the Texas SOS.
- **Texas Corporation:** A profit or non-profit Corporation chartered by the State of Texas. The applicant must provide a FEIN registered with the Texas SOS.
- **Professional Association:** An entity that provides a professional service requiring a state license, such as medical doctors and related professional organizations. The applicant must provide a FEIN registered with the Texas SOS.
- **Professional Corporation:** An entity that provides a professional service requiring a state license, other than those related to the practice of medicine. The applicant must provide a FEIN registered with the Texas SOS.

**Instructions for Completing the Texas Volkswagen Environmental  
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Project Application Form for Light Duty Zero Emission Vehicle  
(ZEV) Supply Equipment Direct Current Fast Chargers (DCFC) and  
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- **Out-of-State Corporation:** A profit or non-profit Corporation chartered by a governmental entity outside the state of Texas, with the right to transact business in the state of Texas. The applicant should have an 11-digit Texas Taxpayer Number active with the Texas Comptroller's Office and a Texas SOS File Number. The applicant must provide a FEIN.
- **Governmental Entity:** Any county or legal government agency not created by the Texas Legislature, such as city governments and federal agencies. Does not include Texas state agencies or institutions of higher education. The applicant must provide a FEIN.
- **State Agency/University:** Any Texas state agency or institution of higher education created by the Texas Legislature. The applicant must provide a FEIN. Does not include federal agencies or state agencies of other states.
- **Other:** Organizations not defined within one of the other ownership types; such as estates, or informal organizations not chartered by the Texas Secretary of State. The applicant must provide a FEIN.

**Payee Identification Number**

- **SSN:** If applying as an individual or sole proprietor, enter the applicant's Social Security Number (SSN).
- **FEIN:** If applying as a company or other entity, enter the FEIN. The FEIN should match the FEIN listed on the W-9 form.

**3. Authorized Official**

The Authorized Official is the applicant, or an employee of the applicant authorized to apply for funding under the TxVEMP. Provide the name, title, address, phone number, and email address of the Authorized Official. Enter the Authorized Official's address for the delivery of overnight mail or packages. The physical address cannot be a P.O. Box. If the mailing and physical address are different, provide both.

**4. Designated Project Representative**

The designated project representative is the applicant or an employee of the applicant who will serve as the point of contact for this application. This person may not be a consultant, dealer, or subcontractor. Provide the name, title, address, phone number, and email address of the Designated Project Representative. Enter the Designated Project Representative's address for the delivery of USPS mail. The physical address cannot be a P.O. Box. If the mailing and physical address are different, provide both.

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*Ⓢ Are the Authorized Official and the Designated Project Representative the same? Mark the box with an "X" and continue to Section 3. Designated Location for Records Access.*

**5. Designated Location for Records Access**

Provide the physical address where the records for the project will be kept.

**Form 2: Third-Party Preparer Signature Page**

Was the application prepared by a Third-Party Preparer? Mark Yes or No. A Third-Party Preparer is assisting the applicant in the preparation of a grant application. A third-party may include consultants, dealers, or anyone who is not related to or a current employee of the applicant.

If YES, the third-party preparer must complete and sign this form. It is still the applicant's responsibility to ensure that the information listed in the application is true and accurate.

**Form 3: Equipment Information**

Enter the following information for each activity in the application.

Enter the activity number at the top of each page and press the + sign to add additional activity pages if needed before completing this form. If completing the application by hand, print additional copies of this page. One activity is one charging unit.

**1. Vehicle Supply Equipment**

Mark an X in the box next to the items that apply.

**2. Equipment Specifications**

**DCFC Equipment**

- Rated Power: Enter the rated power of the equipment in kilowatts (kW) (minimum 50 kW).
- Connection Type: Select the connection type from the drop-down menu. A DCFC project must include:
  - at least one Charge de Move (CHAdEMO) and one Society of Automotive Engineers Combined Charging System (SAE CCS) charging protocol connector; or
  - if alternative connectors will be included in an application, there must be at least one CHAdEMO and/or SAE CCS charging protocol connector for each alternative connector included in the application.

**Instructions for Completing the Texas Volkswagen Environmental  
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**Hydrogen Dispensing Equipment**

- Throughput of Facility: Enter the throughput of the facility in kilograms (kg) per day (minimum of 100 kg/day).
- Fuel Pressure: Enter the pressure of the fuel being dispensed in megapascals (minimum 70 megapascals).
- Manufacturer: Enter the manufacturer name of the equipment.
- Model: Enter the manufacturer model name of the equipment.

**3. Location Information**

- Location Type: Select the location type from the drop-down menu.
- Location/Facility Name: Enter the name of the project site (i.e., ABC Superstore).
- Physical Address: Enter the physical address of the project site.
- City: Enter the city of the project site.
- Zip Code: Enter the zip code of the project site.
- County: Enter the county of the project site.
- Days/Hours of Operation (Public Only): Enter the hours the grant-funded equipment will be accessible by the general public.
- Latitude: Enter the latitude of the project site using degrees to 5 decimal places (e.g., 30.39478).
- Longitude: Enter the longitude of the project site using degrees to 5 decimal places (e.g., 30.39478).
- Within a ½ of a mile of a US, State, or Interstate Highway or Emergency Evacuation Route: Identify if the project site is within a ½ of a mile of a US, State, or Interstate Highway or Emergency Evacuation Route. Select yes or no from the drop-down menu.
- Name of the US, State, or Interstate Highway, or Emergency Evacuation: Enter the name of the US, State, or Interstate Highway or Emergency Evacuation Route within a ½ of a mile of the project site.

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**Form 4: Budget Estimate**

Step 1: Determine your total eligible project costs. See section 1.6 of the RFGA for definitions of the eligible cost categories. **Applicants must provide itemized price quotes to support the amounts provided in Step 1.**

- A. Total Equipment Cost: Enter the total costs for the project that qualify as equipment.
- B. Total Construction Cost: Enter the total costs for the project that qualify as construction.
- C. Total Supplies/Materials Cost: Enter the total costs for the project that qualify as supplies/materials.
- D. Total Contract Services Cost: Enter the total costs for the project that qualify as contract services.
- E. Total Eligible Project Cost: Enter the total for items A-D.

Step 2: Determine your maximum percentage of eligible cost limit:

- F. Maximum Percentage of Eligible Cost Limit:
  - Enter 70% for DCFC equipment installed in a public place.
  - Enter 60% for DCFC equipment installed at a workplace or multi-unit dwelling.
  - Enter 33% for hydrogen dispensing equipment dispensing at least 250 kg per day.
  - Enter 25% for hydrogen dispensing equipment dispensing at least 100 kg per day.

Step 3: Determine your grant amount

- **Light-Duty DCFC Electric Vehicle Charging Equipment:**
  - G. Total Number of Activities: Enter the total number of activities included in the project. An activity is defined as each installation of a DCFC charging unit or hydrogen dispensing equipment.
  - H. Maximum Eligible Grant Amount (Part 1): Enter the product of the eligible project cost (Item E) and the maximum percentage cost limit (Item F).
  - I. Maximum Eligible Grant Amount (Part 2): Enter the product of the total number of activities (Line G) and \$150,000. This amount may not exceed \$600,000.

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J. Requested Grant Amount: Enter the lesser of the amounts from Item H and I.  
This is your requested grant amount.

• **Light-Duty Hydrogen Fuel Cell Vehicle Supply Equipment**

K. Maximum Eligible Grant Amount (Part 1): Enter the product of the total eligible project cost (Item E) and the maximum percentage of eligible cost limit (Item G).

L. Maximum Eligible Grant Amount (Part 2): Grant amounts may not exceed \$600,000.

M. Requested Grant Amount: Enter the lesser of Items K and L.

**Form 5: Project Timeline**

Complete this form to outline your timeline for the implementation and completion of the project. Include the following milestones and estimated completion dates:

- Date rights to install and operate the grant-funded equipment at the project site, along with required insurance coverages is secured (must be within one year of receiving an executed contract);
- Date project construction is initiated;
- Date project construction complete;
- Date project is operational; and
- Date the project is open to the public (public projects) (must be within 24 months of receiving the executed contract).

**Form 6: Certification of Eligibility**

All individuals or business entities, including sole proprietors, must complete this form regardless of whether child support obligations apply to the grant applicant.

Check the box that applies:

Check **box 1** if applying as an individual or sole owner. If checked, enter name and SSN of the individual or sole owner.

Check **box 2** if applying as an entity owned by one or more individuals who own more than 25% of the entity. If checked, enter the name and SSN of each individual who owns 25% or more of the business.

Check **box 3** if applying as an entity owned by one or more individuals who own less than 25% of the entity.

Check **box 4** if applying as a governmental entity.

The Authorized Official must provide original or electronic initials.

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**Note: All permits, regulatory authorizations/approvals, utility service connections, and necessary licenses to legally operate in the State of Texas, along with required insurance coverage must be obtained within one (1) year of executing a contract.**

### **Form 7: Program Certifications**

Read the entire Program Certifications form (2 pages). By signing the application, the Authorized Official indicates that they understand and agree to these certifications.

### **Form 8: W-9**

Complete and sign the IRS W-9 Form. For instructions, visit:  
<https://www.irs.gov/pub/irs-pdf/fw9.pdf>

### **Form 9: Signature Page**

Ensure all information is correct. The Authorized Official listed in Section 1 should sign and date this form.

### **Form 10: Summary Page**

Portions of this form will auto-populate for applicants completing the application forms electronically; please review and complete the sections that have not been auto-populated. For applicants manually completing the application forms (hand-written), you will need to complete this page using the information provided in the application.

**The Authorized Official must sign and date this form.**

- **Applicant Legal Name, Application Type, FEIN or SSN:** This must match the Applicant Legal Name that is on Form 1: Applicant Information.
- **Total Number of Activities:** This number must match the number of pages of Form 3's and be the same number on Form 4: Budget Estimate.
- **Infrastructure Type:** Select from drop down if the application is for DCFC or Hydrogen
- **Project Location Type:** Select from drop down if the application is for public, workplace or MUD
- **Project location is within 1 mile of a US, state, or interstate highway:** Select from drop down Yes or No.
- **Requested Grant Amount:** This number should be the same number as on Form 4 Budget Estimate.
- **Mailing Address:** This information must match the mailing address that is listed on Form 1: Application Information, under Authorized Official.

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- **How did you hear about this grant program?** Please select from the drop-down box or complete the 'Other' field.

**Form 11: Checklist**

Review and complete this form to ensure that all appropriate forms are signed, and all additional documents are included in the application packet.

**Supplemental Form 1: Site Verification Form (TCEQ-20927)**

Applicants are not required to be the owner of the site where the equipment is installed. However, an applicant must complete and submit Supplemental Form 1: Site Verification Form to demonstrate a commitment from the site owner establishing permission to install and operate the grant-funded equipment at the site for the life of the grant.

**Questions? We are here to help. Contact TxVEMP staff at [VWSettle@tceq.texas.gov](mailto:VWSettle@tceq.texas.gov) or 1-833-215-TXVW (8989).**