This document provides the California Energy Commission (CEC) with basic information about the Project, the Applicant, its equipment vendors, and its subcontractors. Each Applicant must complete and include this Application Form in its application. If the Applicant submits the application electronically through the online Grant Solicitation System, checking the “I Agree” box and clicking the “I Agree & Submit” button is the same as an Authorized Representative signing this document. If submitting in hard copy, this document must be signed by an Authorized Representative.

| Applicant |  |
| --- | --- |
| **Applicant’s Legal Name** | **Federal ID Number** |
|       |   -      |

| Proposed Term of Project (Tranche) |  |
| --- | --- |
| **Start Date (Month / Day / Year)** | **End Date (Month / Day / Year)** |
|       /       /       |       /       /       |

| Project Title |
| --- |
|       |

| Project (Tranche) Information |  |
| --- | --- |
| Total Number of Stations Proposed in the Project (Tranche) |       stations |
| Total Number of Batches Proposed in the Project (Tranche) |       batches |
| Total 24-hour Capacity (kilograms per day) of Hydrogen Proposed in the Project (Tranche) |       kg/day |

| Initial Batch of Stations Information |  |
| --- | --- |
| Total Number of Stations Proposed in the Initial Batch of Stations |       stations |
| Total 24-hour Capacity (kg/day) of Hydrogen Proposed in the Initial Batch |       kg/day (A) |

# Total Number of Stations by Area Classification in the Initial Batch

| New Capacity Growth Stations |       | New Connector/Destination Stations |       |
| --- | --- | --- | --- |
| New Coverage Growth Stations |       | Station Upgrades |       |
| New Market Initiation Stations |       |  |  |

| Funding for Project (Tranche) |  |
| --- | --- |
| Amount of Grant Funding Requested | $       |
| Amount of Match Funding | $       |
| Total Project Cost (Grant + Match) | $       |
| Total Grant Funding Requested / Total 24-hour Capacity (kg/day) Proposed in the Tranche | $/kg/day (B) |
| Total Grant Funding Requested / Total Number of Stations Proposed in the Tranche |       $/station |

| Funding for Initial Batch of Stations |  |
| --- | --- |
| Amount of Grant Funding Requested for Initial Batch | $       [Must Equal (A) $×$ (B)] |
| Amount of Match Funding for Initial Batch | $       |
| Total Cost (Grant + Match) for Initial Batch | $       |

1. = Total 24-hour Capacity (kg/day) in the Initial Batch
2. = Total Grant Funding Requested / Total 24-hour Capacity (kg/day) in the Tranche

| Subsequent Batches Complete this section if applicable. |  |  |
| --- | --- | --- |
| Number of Stations and Total 24-hour Capacity (kg/day) in Batch 2 |       stations |       kg/day |
| Number of Stations and Total 24-hour Capacity (kg/day) in Batch 3 |       stations |       kg/day |

Please add additional rows if necessary.

| Project DescriptionProvide a brief paragraph to explain project eligibility. |
| --- |
|       |

# Applicant’s Project Manager

The Project Manager serves as point of contact for all communications.

| Name: |       |
| --- | --- |
| Address: |       |
| City, State, Zip: |       |
| Phone: |       |
| E-Mail: |       |

| **Applicant Is** |
| --- |
| [ ]  Private Company *(including non-profits)* |
| [ ]  CA State Agency *(including UC and CSU)* |
| [ ]  Government Entity *(i.e. city, county, federal government, air/water/school district, joint power authorities, university from another state)*[ ]  Other (specify)       |
| Website of Applicant:       |

| Equipment Vendors |
| --- |
| Is Applicant purchasing equipment from any vendors?[ ]  Yes[ ]  No |

# List Equipment Vendors

If you answered “Yes” to the previous question, list equipment vendors here and add additional rows or sheets if necessary.

| Equipment Vendor 1 | Insert Vendor Legal Name |
| --- | --- |
| Equipment Type | Choose an item. |
| Contact Name: |        |
| Address: |       |
| City, State, Zip: |       |
| Phone: |       |
| E-Mail: |       |
| Website: |       |

| Equipment Vendor 2 | Insert Vendor Legal Name |
| --- | --- |
| Equipment Type | Choose an item. |
| Contact Name: |       |
| Address: |       |
| City, State, Zip: |       |
| Phone: |       |
| E-Mail: |       |
| Website: |       |

| Equipment Vendor 3 | Insert Vendor Legal Name |
| --- | --- |
| Equipment Type | Choose an item. |
| Contact Name: |       |
| Address: |       |
| City, State, Zip: |       |
| Phone: |       |
| E-Mail: |       |
| Website: |       |

| Equipment Vendor 4 | Insert Vendor Legal Name |
| --- | --- |
| Equipment Type | Choose an item. |
| Contact Name: |       |
| Address: |       |
| City, State, Zip: |       |
| Phone: |       |
| E-Mail: |       |
| Website: |       |

| Subcontractors |
| --- |
| Is Applicant subcontracting any services?[ ]  Yes[ ]  No |

# List Subcontractors

If you answered “Yes” to the previous question, list subcontractors here and add additional rows or sheets if necessary.

| Subcontractor 1 | Insert Subcontractor Legal Name |
| --- | --- |
| Major Sub | [ ]  Yes [ ]  No |
| Contractor Type: | Choose an item. |
| Contact Name: |       |
| Address: |       |
| City, State, Zip: |       |
| Phone: |       |
| E-Mail: |       |
| Website: |       |

| Subcontractor 2 | Insert Subcontractor Legal Name |
| --- | --- |
| Major Sub | [ ]  Yes [ ]  No |
| Contractor Type | Choose an item. |
| Contact Name: |       |
| Address: |       |
| City, State, Zip: |       |
| Phone: |       |
| E-Mail: |       |
| Website: |       |

| Subcontractor 3 | Insert Subcontractor Legal Name |
| --- | --- |
| Major Sub | [ ]  Yes [ ]  No |
| Contractor Type | Choose an item. |
| Contact Name: |       |
| Address: |       |
| City, State, Zip: |       |
| Phone: |       |
| E-Mail: |       |
| Website: |       |

| **Applicant Eligibility.** Explain below how the Applicant or key project partner meets the following eligibility requirements: Applicant or key project partner employs key personnel for the proposed project who each have a minimum of three years of experience designing, planning, constructing, testing, operating, or maintaining hydrogen refueling stations or other pressurized gaseous fueling stations. (Respond in no more than two pages; attach resumes separately.) |
| --- |
|       |

# Declarations

As of the date of application submission for CEC solicitation GFO-19-602, the entity submitting this application (Applicant):

* Is neither delinquent on taxes nor suspended by the California Franchise Tax Board; and
* Is registered to do business in California with the California Secretary of State; and
* Is in compliance with the terms of all settlement agreements, if any, entered into with the CEC or another public agency or entity; and
* Is in compliance with all judgments, if any, issued against the Applicant in any matter to which the CEC or another public agency or entity is a party; and
* Is not in active litigation with the CEC regarding the Applicant’s actions under a current or past contract, grant, or loan with the CEC.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

# Statements of Commitment

I hereby commit to consider participation in U.S. Department of Energy and state and local government research and development projects (e.g., implementation of pressure consolidation strategy to reduce capital costs of station compression), as practicable. I will not purposefully preclude participation in such projects.

I hereby commit to develop a Hydrogen Safety Plan for each proposed hydrogen refueling station design, to participate with the Pacific Northwest National Laboratory (PNNL) Hydrogen Safety Panel (HSP) in early hydrogen station design reviews for each awarded station, and to participate in annual safety evaluations with the PNNL HSP for three years after each awarded station becomes open retail.

# Certifications and Authorizations

I hereby certify that each proposed station in my application will meet the Minimum Technical Requirements for Open Retail Hydrogen Refueling Stations (GFO-19-602 Solicitation Manual, Section II.I.), and will remain open retail for a minimum of five years.

I hereby certify that each proposed station in my project was or will be selected using the same approach to station selection and station design and performance as my application describes for the initial batch of stations.

I hereby authorize the CEC to make any inquiries necessary to verify the information I have presented in my application. Further, I authorize the CEC to obtain a credit report on my organization.

I hereby certify that this application does not contain any confidential or proprietary information.

I hereby certify to the best of my knowledge and belief that I have read, understand, and do hereby accept the terms and conditions contained within the solicitation, including the provisions of the Agreement Terms and Conditions (Attachment 9) and Special Terms and Conditions (Attachment 10), and, further, I am willing to enter into an agreement with the CEC to conduct the proposed project according to the terms and conditions without negotiation.

I hereby certify to the best of my knowledge that the information contained in this application is correct and complete.

# Signature Page

If submitted in hard copy, the Applicant’s Authorized Representative must sign below for the application to be considered complete.

| Signature of Applicant’s Authorized Representative |  | Date |       |
| --- | --- | --- | --- |
| Printed Name |       | Title |       |