# Schedule “B”

# Electric Vehicles for Municipalities (EVM) Application

This Schedule outlines the specifications and details of all EVM Project Components that make up the Project. Please complete each portion of this form for each applicable Project Component and submit it to the MCCAC along with all required attachments as indicated below. If there is a Project Component that you are excluding, please leave the associated fields blank.

Note: The MCCAC must be notified of any deviation(s) from this Schedule “B”, and an amendment to Schedule “B” must be duly executed should the Project scope, completion date or other details change.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Municipality:** | Click here to enter text. |  | **Type:** | Choose an item. |
| **Name:** | Click here to enter text. |  | **Position:** | Click here to enter text. |
| **Phone:** | Click here to enter text. |  | **Email:** | Click here to enter text. |

 **EVM Battery Electric Vehicles (BEV) and Plug-in Hybrid Electric Vehicles (PHEV)**Please fill out Tables 1 and 2 for each EVM vehicle, if applicable to this Project. Please note: If the application requires entries for more than eight (8) vehicles, please contact your designated MCCAC Project Coordinator.Table 1: EVM Vehicle Information

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Vehicle Number** | **Model Year** | **Vehicle Make** | **Vehicle Model** | **Battery Capacity (kWh)** | **Vehicle Mileage (km)** | **Gross Vehicle Weight (kg)** | **Vehicle Type** | **Program Sub-Stream** |
| 1 | Choose an item. | Enter text. | Enter text. | Enter text. | Enter text. | Enter text. | Choose an item. | Choose an item. |
| 2 | Choose an item. | Enter text. | Enter text. | Enter text. | Enter text. | Enter text. | Choose an item. | Choose an item. |
| 3 | Choose an item. | Enter text. | Enter text. | Enter text. | Enter text. | Enter text. | Choose an item. | Choose an item. |
| 4 | Choose an item. | Enter text. | Enter text. | Enter text. | Enter text. | Enter text. | Choose an item. | Choose an item. |
| 5 | Choose an item. | Enter text. | Enter text. | Enter text. | Enter text. | Enter text. | Choose an item. | Choose an item. |
| 6 | Choose an item. | Enter text. | Enter text. | Enter text. | Enter text. | Enter text. | Choose an item. | Choose an item. |
| 7 | Choose an item. | Enter text. | Enter text. | Enter text. | Enter text. | Enter text. | Choose an item. | Choose an item. |
| 8 | Choose an item. | Enter text. | Enter text. | Enter text. | Enter text. | Enter text. | Choose an item. | Choose an item. |

**EVM Battery Electric Vehicles (BEV) and Plug-in Hybrid Electric Vehicles (PHEV) cont.**

Table 2: EVM Vehicle Use and Purchase Details

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Vehicle Number** | **Vehicle Purchase Price ($)** | **Purchase or Lease** | **Lease Term (if applicable)** | **Is this replacing an existing fleet vehicle?** | **Replaced Vehicle Make, Model and Year (if applicable)** | **Estimated Annual Distance Travelled of Replaced Vehicle (km)(if applicable)** | **Description of New Vehicles Intended Use** |
| 1 | Enter text. | Choose an item. | Choose an item. | Choose an item. | Enter text. | Enter text. | Enter text. |
| 2 | Enter text. | Choose an item. | Choose an item. | Choose an item. | Enter text. | Enter text. | Enter text. |
| 3 | Enter text. | Choose an item. | Choose an item. | Choose an item. | Enter text. | Enter text. | Enter text. |
| 4 | Enter text. | Choose an item. | Choose an item. | Choose an item. | Enter text. | Enter text. | Enter text. |
| 5 | Enter text. | Choose an item. | Choose an item. | Choose an item. | Enter text. | Enter text. | Enter text. |
| 6 | Enter text. | Choose an item. | Choose an item. | Choose an item. | Enter text. | Enter text. | Enter text. |
| 7 | Enter text. | Choose an item. | Choose an item. | Choose an item. | Enter text. | Enter text. | Enter text. |
| 8 | Enter text. | Choose an item. | Choose an item. | Choose an item. | Enter text. | Enter text. | Enter text. |

**EVM Electric Vehicle Charging Stations**

Please fill out Table 3 for each Electric Vehicle Charging Station, if applicable to this Project. Please note: EV Charging Station funding is not eligible independently from an EV. To receive funding, each EV Charging Station must correspond to an EV application in Table 1 and 2.

Table 3: EVM EV Charging Station Details

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Charger Number** | **Installation Location Name** | **Installation Location Address** | **Charger Brand and Model** | **Charging Voltage (V)** | **Charger Plug Type** | **Equipment and Installation Cost Quote ($)** |
| 1 | Enter text. | Enter text. | Enter text. | Enter text. | Choose an item. | Enter text. |
| 2 | Enter text. | Enter text. | Enter text. | Enter text. | Choose an item. | Enter text. |
| 3 | Enter text. | Enter text. | Enter text. | Enter text. | Choose an item. | Enter text. |
| 4 | Enter text. | Enter text. | Enter text. | Enter text. | Choose an item. | Enter text. |
| 5 | Enter text. | Enter text. | Enter text. | Enter text. | Choose an item. | Enter text. |
| 6 | Enter text. | Enter text. | Enter text. | Enter text. | Choose an item. | Enter text. |
| 7 | Enter text. | Enter text. | Enter text. | Enter text. | Choose an item. | Enter text. |
| 8 | Enter text. | Enter text. | Enter text. | Enter text. | Choose an item. | Enter text. |

|  |
| --- |
| **Contractor Details**  |
| **Third-party Electrical Contractor Name and Contact Information:** | Enter text. |

**EVM Electric Vehicle Feasibility Study**

Please fill out Table 4 for an EVM Electric Vehicle Feasibility Study, if applicable to this Project. Please note: Consultants must be listed on the EVM Pre-Qualified Consultant List.

Table 4: EVM EV Feasibility Study Details

|  |  |  |  |
| --- | --- | --- | --- |
| **Consultant Name/ Contact Information** | **Feasibility Cost Quote ($)** | **Number of Municipal Vehicles in Scope** | **Types of Municipal Vehicles in Scope** |
| Enter text. | Enter text. | Enter text. | [ ]  Passenger Vehicles[ ]  Medium and Heavy-Duty Vehicles[ ]  Low Speed, Non-Road Vehicles |

|  |
| --- |
| **Additional Scope Details (as applicable)** |
| Enter text. |

**Equipment operation commitment:** The Municipality agrees that no EVM funded vehicles or EV charging stations will be sold (excluding leased vehicles) and each will be maintained and remain operational by the municipality over the life of the products. Please initial: \_\_\_\_\_\_\_\_\_

**Data sharing agreement: T**he Municipality agrees to grant the MCCAC permission to access data on the EVM funded initiatives such as vehicle use and EV charging station use, and feasibility study information, as available (ie. distance travelled, portion of kilometers travelled on electricity, or number of kilowatt-hours charged by chargers).
Please initial: \_\_\_\_\_\_\_\_\_

**Please include the following documentation as an attachment to the EVM Application, as applicable:**

[ ]  A copy of all EV dealer quotes.

[ ]  A copy of the EV Charging Station equipment and installation quote.

[ ]  A copy of specification sheets (or brochures) for all EV Charging Station equipment.

[ ]  A copy of the Feasibility Study quote.

The Municipality represents and warrants that all information contained in this EVM Application is true and correct.
Dated this [ ] day of [ ], 20[ ].

|  |
| --- |
| [**INSERT MUNICIPALITY NAME**] |
|  Per : |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name:Title: |
|  Per : |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name:Title: |