



# MassEVIP Public Access Charging Program Payment Request Form

To request payment for the MassEVIP Public Access Charging Program, this form must be completed, signed, and submitted, along with all attachments, to [MassEVIP.MassDEP@Mass.gov](mailto:MassEVIP.MassDEP@Mass.gov).

Payments will be made to the Grantee, using the address provided on this form. In general, payment should be requested one time, after the charging stations are operational and all required signage and pavement marking is complete. However, the state's fiscal year (FY) begins on July 1st and ends on June 30th. Payment requests for any equipment that was delivered and/or installation work that occurred on or before June 30th shall be submitted for payment no later than July 15th even if the entire project is not yet complete and the EV charging station is not yet operational. **No payment for equipment delivered or installation work completed through June 30 can be made if the payment request is received after July 15.**

## GRANTEE Information

Grantee:		Contact Person:	
Address:		Email:	
City, State, Zip:		Phone Number:	

### Check one:

- ☐ This is the last payment request under this grant
- ☐ Additional payment requests will be made under this grant

**A box must be checked, or payment request form will not be accepted.**

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## EV Charging Station Information

### EV Charging Station(s)

Make/Model:	Level 1 ____ or Level 2 ____
Number of Units:	Total Number of Ports:
Installation Address:	City/Town:
Location description (e.g., side door, by store entrance):	
Delivery Date:	Installation Date:
<u>Requesting reimbursement for installation:</u> <input type="checkbox"/>	Operational Date:

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If you have more locations or charging station types, copy and repeat this page

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*For operational projects, include photographs of your fully installed and activated EV charging stations, as well as ADA and all relevant signage and pavement markings. For projects where a payment is being requested prior to completion, email the required photographs to [MassEVIP.MassDEP@Mass.gov](mailto:MassEVIP.MassDEP@Mass.gov), no later than 60 days after the charging station(s) are operational.*

**Payment will be the lesser of the amount awarded in the approval letter or the relevant percentage of the eligible costs identified above and confirmed via the attached invoices (80% for non-government owned locations, 100% for government owned locations).**

## ATTACHMENTS

*Please check the box for included attachments*

- ☐ Final invoice(s) for EV charging station(s) with line items for individual EV charging station costs.
- ☐ Final invoice(s) for EV charging station installation costs (even if not funded by MassEVIP).
- ☐ Photographs of installed EV charging station(s). Pictures should clearly show all parking spaces, including Accessible EV parking spaces and EV only signage. Accessible EV parking spaces should NOT be signed as handicapped only. (For additional guidance related to the accessibility requirements, please see the section titled "Accessibility" found within the [MassEVIP Public Access Charging \(PAC\) Program Requirements](#).)

Grantee agrees to provide MassDEP with any additional information requested.

I hereby certify under the pains and penalties of perjury that: 1) I have personally examined and am familiar with the information submitted herein, including all attachments, and to the best of my knowledge, the information submitted to MassDEP in this Payment Request, is true, accurate, and complete; 2) Grantee has complied with all laws, regulations and other requirements applicable to the procurement, acquisition, and installation of the EV charging station(s) that are the subject of this Payment Request; and 3) I have authority to submit this Payment Request on behalf of Grantee. I am also aware that, in the event it is determined that any grant funding was awarded based on false information, Grantee will be required to return the grant money.

If signing electronically, I understand and agree that I will be held as legally bound, obligated, and responsible for the use of my electronic signature as I would be using my hand-written signature.

\_\_\_\_\_  
*Signature of Authorized Signatory*

\_\_\_\_/\_\_\_\_/\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Print Name of Authorized Signatory*

\_\_\_\_\_  
*Title of Authorized Signatory*