**ITP Form H**

**PROPOSER INFORMATION**

INSTRUCTIONS:

* + 1. Submit one set of ITP Form H, Part A and B, for the Proposer. For the avoidance of doubt, only one set is required despite a Proposer submitting Proposals for multiple NEVI Zones (see details below regarding number of copies of Part B within the set). Proposer should delete any bracketed and italicized text and replace with the information requested therein.
    2. For ITP Form H, Part A, include one copy that includes information for: 1) Proposer; 2) any entity if such company’s experience was used in ITP Form K; and 3) any team member or entity that has equity in the Proposer team.
    3. For ITP Form H, Part B, **include one copy for the Proposer and each other team member included in ITP Form H, Part A.** For the avoidance of doubt, each team member must fill out and sign the form themselves.
    4. There is no page limit for ITP Form H.

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| --- | --- |
| **Proposer:** |  |
| **Part A: Proposer Contact Information** | |
| **Proposer** | |
| Contact Person (Authorized agent for all application and communication purposes) |  |
| Title |  |
| Address |  |
| Telephone Number |  |
| Email Address |  |
| **Site Design** | |
| Name of Firm |  |
| Contact Person and Title |  |
| Address |  |
| Telephone Number |  |
| Email Address |  |

|  |  |
| --- | --- |
| **EVSE Hardware Provider** | |
| Name of Firm |  |
| Contact Person and Title |  |
| Address |  |
| Telephone Number |  |
| Email Address |  |
| **Charging Network Provider (Software)** | |
| Name of Firm |  |
| Contact Person and Title |  |
| Address |  |
| Telephone Number |  |
| Email Address |  |
| **Operations and Maintenance Provider** | |
| Name of Firm |  |
| Contact Person and Title |  |
| Address |  |
| Telephone Number |  |
| Email Address |  |
| **Other key team member (Duplicate for each key team member)** | |
| Name of Firm |  |
| Contact Person and Title |  |
| Address |  |
| Telephone Number |  |
| Email Address |  |

The undersigned Proposer hereby certifies that neither it nor the Developer (if it is an entity different from the Proposer) has entered into any substantive negotiations with any Subcontractor that will fill one of the roles identified above, or other Subcontractors resulting in any Subcontract or an agreement to enter into any Subcontractwith respect to the Project, except for those listed above and except for those that have a contract price, per Subcontractor, less than 1% of the total construction price. The Proposer agrees that it will follow applicable requirements with respect to Subcontractors.

Under penalty of perjury, I certify that the foregoing is true and correct, and that I am the Proposer’s duly authorized representative.

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| **Part B: Team Member Information** | | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| Name of Entity Completing this Form: | | |  | | | |
| Entity Role (check one box as applicable):  Proposer  Developer  Subcontractor  Other (describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| Year Established |  | | | | State of Organization |  |
| Federal Tax ID No. |  | | | | | |
| North American Industry Classification Code: | | | |  | | |
| Name of Designated Representative Executing this Form H, Part B: | | | |  | | |
| Individual’s Title: | | | |  | | |
| Email Address: | | | |  | | |
| Type of Business Organization (check one):  Corporation  Partnership  Joint Venture  Limited Liability Company  Other (describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \* If the entity completing this ITP Form H, Part B is a partnership or any other form of a joint venture, attach to this ITP Form H, Part B the executed teaming agreement and all amendments thereto. | | | | | | |
| Business Address: | |  | | | | |
| Headquarters: | |  | | | | |
| Office Performing Work: | |  | | | | |

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| --- |
| Describe the role/specialty/discipline/assignment of the entity in the space below, including equity ownership percentage (if any). |
| If the entity completing this ITP Form H, Part B is a joint venture or newly formed entity (formed within two years before the Proposal Due Date), complete a separate ITP Form H, Part B and ITP Form I for each member or partner of the entity and attach it to the Proposal. In addition, identify the names of such members or partners in the spaces below.  Names: |

Under penalty of perjury, I certify that the foregoing is true and correct, and that I am a duly authorized representative of the entity named in this form:

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Please make additional copies of this form as needed. include one copy for the Proposer and each other team member included in ITP Form H, Part A.***