Appendix B: Application Template for the Third-Party Administrator for the F-Gas Reduction Incentive Program (FRIP)

Release Date: June 26, 2023

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# ATTACHMENT 1: APPLICANT INFORMATION

|  |
| --- |
| **Contact Information** |
| Applicant Legal Name |  |
| Business Type  |  |
| Street Address |  |
| City, State, Zip Code |  |
| Phone Number |  |
| Email Address |  |
| [ ]  I have read and understood the terms and conditions of the Sample Grant Agreement. |

|  |
| --- |
| **CERTIFICATION** I hereby certify under penalty of perjury that all information provided in this application and any attachments are true and correct.  |
| Signature of Authorized Representative |  | Date:  |
| Printed Name and Title of Authorized Representative |  |

# ATTACHMENT 2: APPLICANT EXPERIENCE AND QUALIFICATIONS

1. Qualifications Narrative (No more than five pages) Describing your proposed team’s (i.e., applicant and subcontractors/partners) experience and expertise. The experience and qualifications of the Applicant’s identified subcontractor(s) may be considered if their information is also fully provided in the application. Include qualification narratives and resumes. Include letters of commitment from subcontractors. Each letter of commitment must describe the nature of the subcontractor’s commitment. Describe how your proposed team’s experience and expertise will enable you to efficiently and effectively implement FRIP. Please refer to Chapter 4 of the solicitation for details on scoring criteria. Include a copy of any applicable required licenses or verification documentation (for example, for a non-profit organization, copy of your organization’s Internal Revenue Service determination letter to establish eligibility).
2. Applicant must include the following certification with the Qualifications Narrative, signed and dated by a person with authority to make such a certification on behalf of the Grant Applicant:

I certify, under penalty of perjury, that I have examined and am familiar with the information, statements, representations, and conclusions made in the enclosed Grant Application, including all attachments thereof. Based on my inquiry of those individuals with primary responsibility for obtaining the information, I certify that the statements, representations, conclusions, and information are true, accurate, and complete. I am aware that there are significant penalties for knowingly submitting false statements, claims or information to the State of California, including the possibility of criminal sanctions.

COMPANY NAME (APPLICANT)

SIGNATURE OF DESIGNATED AUTHORIZED REPRESENTATIVE

NAME AND TITLE OF AUTHORIZED REPRESENTATIVE

DATE OF SIGNATURE

# ATTACHMENT 3: PROJECT IMPLEMENTATION PLAN

Please provide your Project Implementation Plan for completing the Scope of Work as the FRIP 3PA Grantee, as outlined in the Solicitation (Chapter 2). The Project Implementation Plan should be no longer than twenty pages and must contain a clear and concise description of how the Grantee will complete all tasks described in the Scope of Work and any other tasks required to successfully implement the Program. Where applicable, also provide successful examples of completing similar tasks. Please refer to the Scoring Criteria (Chapter 4 of the Solicitation) for more details. The Project Implementation Plan should also include, but is not limited to, the following:

1. Project Executive Summary for Public Posting

The Project Executive Summary must contain a summary of the proposed project and a narrative that presents a clear and concise description of project implementation, including a discussion of how tasks will be completed and project flow.

The Project Executive Summary is a self-contained document that identifies the name of the applicant, the project title, the scope and objectives of the project, a description of the project, methods to be employed in implementing the project, the potential benefits and outcomes of the project, major participants, and the requested program implementation funding amount. It should not include information that is not addressed in the rest of the proposal. This document must not include any proprietary or sensitive business information, or other confidential information, as it will be made available to the public. The project summary must not exceed one page when printed using standard 8.5” by 11” paper with a minimum of 1” margins (top, bottom, left, and right) and font not smaller than 11 point.

The Project Executive Summary will be publicly posted on CARB’s website at least ten days before CARB preliminarily selects applicants as Grantees. Please note that CARB may, at its sole discretion, modify the Project Executive Summary for Public Posting to accurately present the required project information in line with how that information is presented throughout the project application.

1. Project Implementation Plan. Provide a complete plan for implementation of the project, detailing how you will accomplish all tasks within the Scope of Work (Chapter 2) in the solicitation. Please refer to Chapter 4 on the scoring criteria considered in evaluating the submission.

# ATTACHMENT 4: PROPOSED BUDGET

Applicants must identify their proposed budget for completing the tasks to implement FRIP consistent with the Sample Grant Agreement, their Project Implementation Plan (included as part of the application) and the requirements in the Solicitation. The budget must include the amount of implementation funds which will include costs to cover implementation of all tasks in the scope of work. The budget needs to include costs to transfer all project data and website(s) to the next administrator. The proposed budget must include a description of any applicable commitments for in-kind services and match funding. The implementation funds shall not exceed 10 percent of the total project funding (Note: any applications that are greater than 10 percent will be disqualified). For a complete description of implementation funds, refer to Appendix A: Sample Grant Agreement.

In-kind services refer to goods or services contributed by the 3PA Grantee but not charged to the Program, which help to more effectively and efficiently meet the goals of the program. Match funding refers to funds contributed by the Grantee to the Program to fund eligible cost for implementing the program. Match funding is not required.

Applicants may use the Sample Proposed Budget, below, to summarize their proposed budget. Applicants must provide sound justification for cost allocations.

**Sample Proposed Budget**

(Applicant may modify this sample budget to meet their specific needs. This page may also be edited or deleted if not used.)

|  |  |  |  |
| --- | --- | --- | --- |
| **TOTAL PROGRAM COSTS** | **CARB Funds** | **Grantee Match** | **Total Budget** |
| **Cash/funds** | **In-Kind** |  |
| **FRIP 3PA Grantee Implementation Funds (Year 1, Year 2, Year 3…)** |  |  |  |  |
| Positions/Classifications | Hourly rate | Hours |   |   |   |   |
| Executive |  |  |  |  |  |  |
| Project Director |  |  |  |  |  |  |
| Program Manager |  |  |  |  |  |  |
| Additional Staff (Project Manager Level) |  |  |  |  |  |  |
| Associate |  |  |  |  |  |  |
| **Total Personnel** |  |  |  |  |
| Subgrant agreement: Technical expertise |  |  |  |  |
| Sub-grant agreement: Website development  |  |  |  |  |
| Sub-grant agreement: Information sharing | 100,000 |  |  |  |
| Sub-grant agreement:  |  |  |  |  |
| Sub-grant agreement: |  |  |  |  |
| **Total Sub-grants** |  |  |  |  |
| Direct costs for systems development (e.g., website, design, other communications, etc.) |  |  |  |  |
| Operating costs (i.e., rent, supplies, equipment) |  |  |  |  |
| Travel |  |  |  |  |
| Other operation costs (e.g., printing, mailing, etc.) |  |  |  |  |
| Other |  |  |  |  |
| **Total Other Direct Costs** |  |  |  |  |
| Other Costs |  |  |  |  |
| **Total Costs** |  |  |  |  |

# ATTACHMENT 5: APPLICANT RESOURCES TO IMPLEMENT THE PROJECT

Please identify the staff, infrastructure, funding, and other resources you have available and will utilize to effectively and efficiently implement the Program.

In the tables below, provide information for each staff member that will be involved in implementing FRIP. Clearly identify the staff proposed for day-to-day implementation of FRIP. If a position will be filled when the grant agreement is executed, use “To Be Determined” as a placeholder for their info and include the hourly rate and expected duties. Please provide information for subcontractors that have been identified. Tasks for which subcontractors will be sought but have yet to be identified, please mark as such. Add more tables as needed.

Personnel costs, fringe benefit costs, operating expenses, travel, including rent and supplies, equipment costs, overhead, records retention, and any other costs needed to implement the project should be detailed in your Proposed Budget.

**Staff Information**

|  |  |
| --- | --- |
| Name |  |
| Title  |  |
| Company Name |  |
| Hourly Rate |  |
| Phone Number |  |
| Email Address |  |
| Expected Duties |  |

|  |  |
| --- | --- |
| Name |  |
| Title  |  |
| Company Name |  |
| Hourly Rate |  |
| Phone Number |  |
| Email Address |  |
| Expected Duties |  |

|  |  |
| --- | --- |
| Name |  |
| Title  |  |
| Company Name |  |
| Hourly Rate |  |
| Phone Number |  |
| Email Address |  |
| Expected Duties |  |

**Subcontractor Information**

|  |  |
| --- | --- |
| Name |  |
| Title  |  |
| Company Name |  |
| Hourly Rate |  |
| Phone Number |  |
| Email Address |  |
| Expected Duties |  |

|  |  |
| --- | --- |
| Name |  |
| Title  |  |
| Company Name |  |
| Hourly Rate |  |
| Phone Number |  |
| Email Address |  |
| Expected Duties |  |

|  |  |
| --- | --- |
| Name |  |
| Title  |  |
| Company Name |  |
| Hourly Rate |  |
| Phone Number |  |
| Email Address |  |
| Expected Duties |  |

# ATTACHMENT 6: REFERENCES

Provide a minimum of three (3) (preferably more) letters of reference from professional references

Each letter must contain the following information:

* Name of reference
* Contact info of reference (phone and email)
* Business Name of Reference
* Contact info of business (address, phone and email)
* The type and date of relationship (e.g., contract, partnership)
* Describe the reasons for why this was a successful relationship
* Describe how is/are these business relationships similar to Applicant’s proposed relationship with the CARB under the Grant Agreement

**CARB, including its authorized representatives, has full consent and permission to contact and interview each and all of the above references.**

# ATTACHMENT 7: STD. 204 PAYEE DATA RECORD

Please fill out and submit as a part of this application the STD. 204 Payee Data Record:

<http://www.documents.dgs.ca.gov/dgs/fmc/pdf/std204.pdf>.

# ATTACHMENT 8: CONFLICT OF INTEREST DECLARATIONS

(To be filled out by the applicant and all known subcontractors)

All applicants must disclose any conflict of interest that could be perceived to impact their ability to fulfill the duties of a 3PA Grantee. An applicant selected as the Program Grantee will not be allowed to also be a Technical Grantee for FRIP Program funds. Summarize your organization or any subcontractor’s (as identified in Attachment 1 of this application) current, ongoing, or pending direct or indirect interests that do or could pose an actual, apparent, or potential conflict of interest with your ability to fulfill the duties of a 3PA Grantee. These may include, but are not limited to, financial arrangements with or interest(s) with vehicle manufacturers, vehicle and equipment dealers, infrastructure installers, fuel manufactures, fuel or electricity retailers, vehicle or equipment component manufactures or related organizations as well as membership in or financial arrangements with community-based organizations. CARB may consider the nature and extent of any actual, potential, perceived, or apparent conflict of interest, including those discovered outside of the application, in evaluating, considering, or scoring the application, and may disqualify the applicant based on such actual, potential, perceived, or apparent conflict of interest at CARB’s sole discretion.

Applicant represents, warrants and agrees that all conflicts of interest, if any, have been disclosed to CARB in its Grant Application.

The undersigned declares under penalty of perjury, under the laws of the State of California, that all statements in this Declaration and response are true and correct, with full knowledge that all statements are subject to investigation and that any incomplete, unclear, false, or dishonest response may be grounds for denial or revocation of the accompanying bid or proposal and may result in being barred from doing business with the State of California as well as additional legal consequences.

COMPANY NAME (APPLICANT)

SIGNATURE OF DESIGNATED AUTHORIZED REPRESENTATIVE

NAME AND TITLE OF AUTHORIZED REPRESENTATIVE

DATE OF SIGNATURE

# ATTACHMENT 9: COMPLIANCE WITH THE LAW

(To be filled out by the applicant and all known subcontractors)

All applicants must disclose any claims against it of noncompliance with any U.S. EPA, CARB, or California air district laws, including a Notice of Violation, Citation, or litigation alleging noncompliance by the applicant, along with a copy of any of the government documents you have received alleging noncompliance. The applicant may explain the nature of the allegations against it and present any defenses. If the applicant has no such claims of noncompliance against it, the applicant shall so attest in its application.

CARB may consider the nature and extent of any alleged or proven noncompliance with U.S. EPA, CARB, or California air district law, or failure to disclose any alleged noncompliance with U.S. EPA, CARB, or California air district laws, including those discovered outside of the application, in evaluating, considering, or scoring the application, and may disqualify the applicant based on such noncompliance, at CARB’s sole discretion.

Applicant represents, warrants and agrees that all claims of noncompliance, if any, have been disclosed to CARB in its Application.

The undersigned declares under penalty of perjury, under the laws of the State of California, that all statements in this Declaration and response are true and correct, with full knowledge that all statements are subject to investigation and that any incomplete, unclear, false, or dishonest response may be grounds for denial or revocation of the accompanying bid or proposal and may result in being barred from doing business with the State of California as well as additional legal consequences.

COMPANY NAME (APPLICANT)

SIGNATURE OF DESIGNATED AUTHORIZED REPRESENTATIVE

NAME AND TITLE OF AUTHORIZED REPRESENTATIVE

DATE OF SIGNATURE

# ATTACHMENT 10: INSURANCE ENDORSEMENT

(To be filled out by the applicant and all known subcontractors)

With the application, provide evidence of existing insurance (e.g., certificate of insurance) that covers the minimum insurance requirements set out in the Draft Grant Agreement (Appendix B).

# ATTACHMENT 11: ATTESTATION OF READINESS

(To be filled out by the applicant and all known subcontractors)

**Applicant’s acknowledgement that applicant is ready, willing, and able to meet and comply with all the terms and conditions of the Grant Agreement (Appendix A):**

Applicant accepts the terms and conditions in the Grant Agreement (Appendix B) in the same form, and is ready, willing, and able to comply with all such terms and conditions.

The undersigned declares that they are an official/agent of responding entity (the applicant) and is empowered to represent, bind, and execute contracts and other agreements on behalf of said entity.

The undersigned declares under penalty of perjury, under the laws of the State of California, that all statements in this Declaration and response are true and correct, with full knowledge that all statements are subject to investigation and that any incomplete, unclear, false, or dishonest response may be grounds for denial or revocation of the accompanying bid or proposal and may result in being barred from doing business with the State of California as well as additional legal consequences.

COMPANY NAME (APPLICANT)

SIGNATURE OF DESIGNATED AUTHORIZED REPRESENTATIVE

NAME AND TITLE OF AUTHORIZED REPRESENTATIVE

DATE OF SIGNATURE

# ATTACHMENT 12: NON-COLLUSION DECLARATION

(To be filled out by the applicant and all known subcontractors)

I, (insert name of person signing), (insert title of person signing), on behalf of \_\_\_\_\_\_\_\_(insert Name of Applicant), affirmatively state the following to be true and correct: the application is not made in the interest of, or on behalf of, any undisclosed person, partnership, company, association, organization, or corporation; the application is genuine and not collusive or a sham; the submittal of the application has not directly or indirectly been induced by or solicited from any other applicant to put in a false or sham proposal; the applicant has not directly or indirectly colluded, conspired, connived, or agreed with any other applicant or anyone else to put in a sham application; the applicant has not in any manner directly or indirectly, sought by agreement, communication, or conference with anyone to fix the proposed fees or terms of the application or of any other application, or to fix any overhead, profit, or cost elements of the proposed fees or fee structure, or of that of any other applicant, or to secure any advantage against CARB or other applicants; all statements contained in the application are true and correct.

The undersigned declares that they are an official/agent of responding applicant and is empowered to represent, bind, and execute contracts and other agreements on behalf of the applicant. The undersigned declares under penalty of perjury, under the laws of the State of California, that all statements and responses in this Declaration are true and correct, with full knowledge that all statements and responses are subject to investigation and that any incomplete, unclear, false or dishonest statements or responses may be grounds for rejection of the application, disqualification from this Solicitation process, termination of any or all executed Grant Agreements and/or other legal consequences.

COMPANY NAME (APPLICANT)

SIGNATURE OF DESIGNATED AUTHORIZED REPRESENTATIVE

NAME AND TITLE OF AUTHORIZED REPRESENTATIVE

DATE OF SIGNATURE