

P.O. Box 1030, Santa Rosa, CA 95402

E-bike Commuter Program

Individual Grant Application Form

Send your completed form, along with any attachments, to programs@sonomacleanpower.org with the subject line: "E-bike Call for Grant Applications – Individual".

Basic Information

PG&E Account Number

Note: Your account number can be found in the upper right portion of your PG&E bill. Please be sure to enter only the first 10 digits of your account number including any leading zeros.

| First Name: | | |
|--|-------------|----|
| Last Name: | | |
| Age: | | |
| | | |
| Street Address: | | |
| City: | | |
| State: | | |
| Zip Code: | | |
| | | |
| Do you live at the address listed on the a | ccount? Yes | No |

| Qualification Information |
|---|
| What is the name of the organization you commute to for work and how long have you worked there? |
| What is the address of the organization you commute to? |
| How many miles is the organization you commute to from your home? |
| Do you commute to a work site from that address at least three days a week? |
| Yes No |
| Demonstrated Need |
| What is your annual income before taxes? |
| How will access to an electric bike improve your ability to get to work? Be as specific and comprehensive as possible |

| How will access to an electric bike benefit you financially? Be as specific and comprehensive as possible. | |
|---|---|
| What other benefits will access to an electric bike have for you and/or your family? |) |
| In addition to the details above, please submit a letter of support from your employ as an attachment. It should include their name and contact information, a descripti of your position at the business, and details stating why they support your application. | |