

Please complete this pre-screening grant application and e-mail it to DieselSolutions@pscleanair.org by **Tuesday, May 23, 2017, at 4:00 PM**. We will notify all applicants of the project selected for our Diesel Emissions Reduction Act (DERA) grant application on May 30, 2017. All proposals will be kept on file for grant opportunities that arise within the next six months.

If you have any questions, please contact Kimberley Cline at 206-689-4070.

AGENCY USE ONLY

Evaluator: _____

Date: _____

Approved

Rejected

Follow-up

DERA Grant

A. CONTACT INFORMATION

Business Name:

Project Manager:

Tel #:

E-mail:

Mailing Address:

Web site:

Date:

B. PROJECT OVERVIEW

1. Category: a. Engine Replacement/Upgrade (Check one below.) b. Retrofit (Check one below.)

<input type="checkbox"/> Replacement	<input type="checkbox"/> Emissions Reduction
<input type="checkbox"/> Upgrade Kit	<input type="checkbox"/> Anti-Idling
<input type="checkbox"/> Conversion	<input type="checkbox"/> c. Vehicle Replacement

2. If box 1a or 1c was selected above, will these projects include switching to an alternative fuel? Yes No

3. Fleet Sector: Off-Road Vehicles (port/rail) Off-Road Vehicles (construction) On-Road Vehicles

4. Fleet Type: Public Private

5. Location of Fleet Operations:

6a. Project Description:

6b. Does your project involve the installation of fueling infrastructure? Yes No

7a. Project Partners: List the partners that will work on this project, including your company/agency.

7b. Are you and/or your partners experienced with preparing grant applications? Yes No

8a. Estimated Start Date:

8b. Estimated Completion Date:

9a. Total Project Cost:

9b. Proposed Cost Share:

10. Has your agency/company previously received a federal grant? Yes No

11. Has your fleet participated in other green activities? If yes, please list activities:

12. Are you willing to promote the success of the project and participate in branding activities? Yes No

C. CURRENT FLEET INFORMATION. Complete for each type of vehicle with similar engines and horsepower.

Vehicle Type:	Class: <input type="checkbox"/> 5/6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> n/a	No. of Vehicles:
Manufacturer:	Model:	Year:
Annual Hours of Operation per Vehicle (Off-road)		
Annual Vehicle Miles Traveled (VMT) per Vehicle (On-road):		
Annual Gallons of Fuel Used per Vehicle:	Annual Hours of Idling per Vehicle:	

D. PROJECT DETAILS: Complete one section below that applies to your project type.

Anti-Idling Retrofit

Anti-Idling Technology:	EPA/CARB Verified: <input type="checkbox"/> Yes <input type="checkbox"/> No
Reduced Idling Hours per Year per Vehicle:	Estimated Item Cost per Retrofit:

Emission-Reducing Retrofits

Manufacturer:	Model:	EPA/CARB Verified: <input type="checkbox"/> Yes <input type="checkbox"/> No
Type of Retrofit:		
<input type="checkbox"/> Diesel Oxidation Catalyst <input type="checkbox"/> Diesel Particulate Filter <input type="checkbox"/> Other:		
Proposed Fuel Type After Retrofit:		
<input type="checkbox"/> Diesel <input type="checkbox"/> Propane <input type="checkbox"/> Electric <input type="checkbox"/> Compressed Natural Gas <input type="checkbox"/> Liquefied Natural Gas		
Estimated Item Cost:		

Engine Repower or Engine Upgrade/Conversion Kit

Engine Tier:	Manufacturer:	Model:	Year:	Size (hp):
Annual Hours of Operation per Vehicle (Off-road):				
Annual Vehicle Miles Traveled (VMT) per Vehicle (On-road):				
Fuel Type:				
<input type="checkbox"/> Diesel <input type="checkbox"/> Propane <input type="checkbox"/> Electric <input type="checkbox"/> Compressed Natural Gas <input type="checkbox"/> Liquefied Natural Gas				
Reduced Idling Hours per Year per Vehicle:				
Estimated Item Cost:	Requested Funding			

Replacement Vehicle Type

Manufacturer:	Model:	Year:	Size (hp):
Annual Hours of Operation per Vehicle: Off-road:		On-road:	
Fuel Type:			
<input type="checkbox"/> Diesel <input type="checkbox"/> Propane <input type="checkbox"/> Electric <input type="checkbox"/> Compressed Natural Gas <input type="checkbox"/> Liquefied Natural Gas			
Reduced Idling Hours per Year per Vehicle:	No. of Replacements:		
Estimated Item Cost:	Requested Funding		