



**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:	Size (hp):
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	