

1904 Third Avenue, Suite 105 Seattle, WA 98101 • p 206.343.8800 f 206.343.7522

Please complete this pre-screening grant application and e-mail it to DieselSolutions@pscleanair.org@pscleanair.org by **Tuesday, May 24 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:
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Mailing Address:

Web site:	Date:
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B. PROJECT OVERVIEW

1. Category: a. Engine Replacement/Upgrade (Check one below.) b. Locomotive Replacement
 Replacement
 Upgrade Kit
 Conversion

2. Will these projects include switching to an alternative fuel? <input type="checkbox"/> Yes <input type="checkbox"/> No	Fuel Type:
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3. Fleet Type: <input type="checkbox"/> Public <input type="checkbox"/> Private	4. Location of Fleet Operations:
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5a. Project Description:

5b. Does your project involve the installation of fueling infrastructure? Yes No

6a. Project Partners: List the partners that will work on this project, including your company/agency.

6b. Are you and/or your partners experienced with preparing grant applications? Yes No

7a. Estimated Start Date:	7b. Estimated Completion Date:
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8. Total Project Cost:	8a. Requested Funding:
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9. Has your agency/company previously received a federal grant? Yes No

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

11. 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.

<i>Locomotive Type:</i> <input type="checkbox"/> Switch <input type="checkbox"/> Line haul	<i>No. of Locomotives:</i>	<i>No. of Engines per Locomotive:</i>	
<i>Fuel Type:</i> <input type="checkbox"/> Diesel <input type="checkbox"/> Other:	<i>Annual Gallons of Fuel Used per Locomotive:</i>		
<i>Engine Tier:</i>	<i>Manufacturer:</i>	<i>Model:</i>	<i>Year:</i>
<i>Annual Hours of Operation per Locomotive:</i>		<i>Annual Hours of Idling per Locomotive:</i>	

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

Engine Replacement or Engine Upgrade Kit

<i>Engine Tier:</i>	<i>Manufacturer:</i>	<i>Model:</i>	<i>Year:</i>	<i>Size (hp):</i>
<i>Annual Hours of Operation per Locomotive:</i>		<i>No. of Engines per Locomotive:</i>		
<i>Proposed Fuel Type After Repower/Upgrade:</i>				
<input type="checkbox"/> Diesel <input type="checkbox"/> Propane <input type="checkbox"/> Electric <input type="checkbox"/> Compressed Natural Gas <input type="checkbox"/> Liquefied Natural Gas				
<i>Reduced Idling (hours per year per locomotive):</i>				
<i>Estimated Item Cost:</i>		<i>Requested Funding:</i>		

Locomotive Replacement Type

<i>Engine Tier:</i>	<i>Manufacturer:</i>	<i>Model:</i>	<i>Year:</i>	<i>Size (hp):</i>
<i>Annual Hours of Operation per Locomotive:</i>		<i>No. of Engines per Locomotive:</i>		
<i>Proposed Fuel Type After Repower/Upgrade:</i>				
<input type="checkbox"/> Diesel <input type="checkbox"/> Propane <input type="checkbox"/> Electric <input type="checkbox"/> Compressed Natural Gas <input type="checkbox"/> Liquefied Natural Gas				
<i>Reduced Idling (hours per year per locomotive):</i>		<i>No. of Replacements:</i>		
<i>Estimated Item Cost:</i>		<i>Requested Funding:</i>		