



Please complete this pre-screening grant application and e-mail it to DieselSolutions@pscleanair.gov. All proposals will be kept on file for grant opportunities that arise within the next six months.

If you have any questions, please contact Beth Carper at 206-689-4057.

AGENCY USE ONLY	
Evaluator: _____	
Date: _____	
<input type="checkbox"/> Approved	
<input type="checkbox"/> Rejected	
<input type="checkbox"/> Follow-up	
<input type="checkbox"/> DERA Grant	

A. CONTACT INFORMATION

<i>Business Name:</i>		
<i>Project Manager:</i>	<i>Tel #:</i>	<i>E-mail:</i>
<i>Mailing Address:</i>		
<i>Web site:</i>	<i>Date:</i>	

B. PROJECT OVERVIEW

1. <i>Category:</i>		<input type="checkbox"/> a. Engine Replacement/Upgrade (Check one below.)	<input type="checkbox"/> 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. <i>If box 1a or 1c was selected above, will these projects include switching to an alternative fuel?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No			
3. <i>Fleet Sector:</i> <input type="checkbox"/> Off-Road Vehicles (port/rail) <input type="checkbox"/> Off-Road Vehicles (construction) <input type="checkbox"/> On-Road Vehicles			
4. <i>Fleet Type:</i> <input type="checkbox"/> Public <input type="checkbox"/> Private		5. <i>Location of Fleet Operations:</i>	
6a. <i>Project Description:</i>			
6b. <i>Does your project involve the installation of fueling infrastructure?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No			
7a. <i>Project Partners: List the partners that will work on this project, including your company/agency.</i>			
7b. <i>Are you and/or your partners experienced with preparing grant applications?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No			
8a. <i>Estimated Start Date:</i>		8b. <i>Estimated Completion Date:</i>	
9a. <i>Total Project Cost:</i>		9b. <i>Proposed Cost Share:</i>	
10. <i>Has your agency/company previously received a federal grant?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No			
11. <i>Has your fleet participated in other green activities? If yes, please list activities:</i>			
12. <i>Are you willing to promote the success of the project and participate in branding activities?</i> <input type="checkbox"/> Yes <input type="checkbox"/> 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:	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	