



**2012 Oklahoma Clean Diesel Grant Program Application  
[EPA Agreement DS 00F63601]**

Date of Application:     /     /     \_\_\_\_\_

\_\_\_\_\_  
Name of School District, Municipality, or Company

Address	City	State	ZIP	County
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Contact Name	Title
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(    ) -	(    ) -
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Telephone Number	Fax Number	Email Address
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Name of Project Manager (printed/typed): \_\_\_\_\_

Title of Project Manager: \_\_\_\_\_

Signature: \_\_\_\_\_

Telephone:	(    ) -	Fax:	(    ) -
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Email: \_\_\_\_\_

Name of Technical Contact: (printed/typed): \_\_\_\_\_

Title of Technical Contact (if different from the project manager): \_\_\_\_\_

Signature: \_\_\_\_\_

Telephone:	(    ) -	Fax:	(    ) -
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Email: \_\_\_\_\_

1. Briefly describe the type of diesel vehicle, engine or equipment for which you will reduce emissions and the function of same. (Note: only diesel vehicles are eligible.)

2. How many diesel vehicles, engines, or pieces of equipment do you plan to:

Replace	_____	Install Idle Reduction Technology	_____
		Install Aerodynamic Technology	_____
Retrofit	_____	Install Low Rolling Resistance Tires	_____
Other; please specify:	_____		

3. Amount requested to complete this project: \$ \_\_\_\_\_
4. Amount of matching funds provided (if applicable): \$ \_\_\_\_\_
5. Provide anticipated project beginning and ending dates. \_\_\_\_\_
6. What entity owns, operates, and maintains the vehicles? \_\_\_\_\_
7. What type of entity is this (non-profit, government, private, etc)? \_\_\_\_\_
8. How many diesel vehicles/equipment are in your fleet? \_\_\_\_\_
9. What is the average age of your fleet in years? \_\_\_\_\_
10. What is the standard or average vehicle replacement rate? \_\_\_\_\_
11. If applying for passenger vehicles, please provide the annual number of individuals riding the vehicles to be outfitted or replaced. \_\_\_\_\_
12. For vehicles that function primarily in neighborhoods (refuse trucks, utility vehicles, etc), please provide the number of households served annually by vehicles to be outfitted or replaced. \_\_\_\_\_
13. I understand that our fleet is required to keep the vehicle(s) replaced or retrofitted through this grant in service for a minimum of five years. If the vehicle becomes inoperable or is sold to another entity before the five years are up, DEQ must be notified of the change.  
Please check one: ( Yes /  No)

14. I understand that for privately owned companies, school districts, and municipalities matching funds are required and that the company/school district/municipality is responsible for and has adequate funding for this request.

Please check one: ( Yes /  No)

15. I understand that quarterly reporting will be required through 2014 or project completion, whichever comes last.

Please check one: ( Yes /  No)

16. I understand that all eligible replacement projects must be early attrition projects. Early attrition refers to a project where a vehicle/engine is replaced BEFORE that vehicle/engine is scheduled to be replaced. Therefore, any replaced vehicle/engine that is due to be replaced, scheduled to be replaced or has a life expiration date BEFORE September 30, 2015, is NOT eligible for 2012 State Program funds.

Please check one: ( Yes /  No)

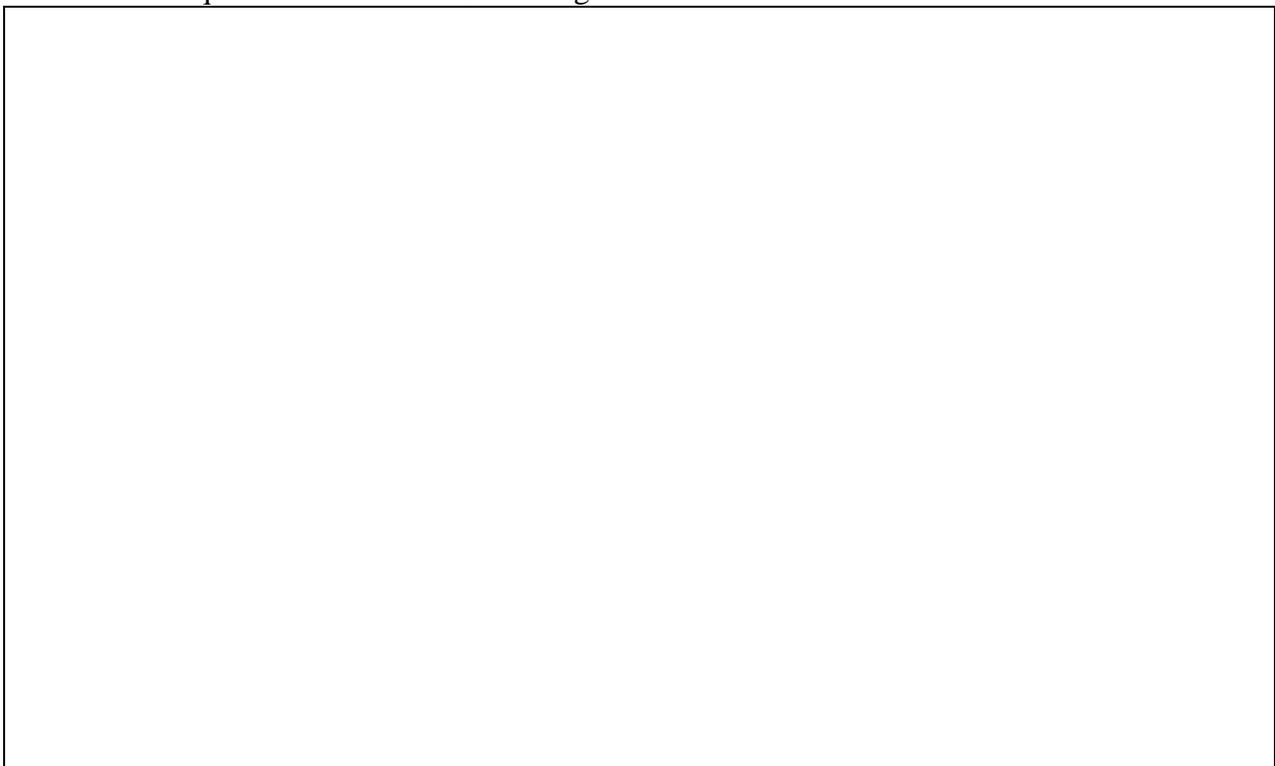
17. Please attach completed Appendix A - Fleet Information Spreadsheet.

18. Please provide a short project description.

19. Provide a project timeline.



20. Briefly describe your existing or proposed Idle Reduction Policy. If no policy exists and you plan not to instate one, explain why. Failure to instate an idle reduction policy may be cause for disqualification and is a requirement for bus and trucking fleets.



21. Briefly describe your competitive bid process.



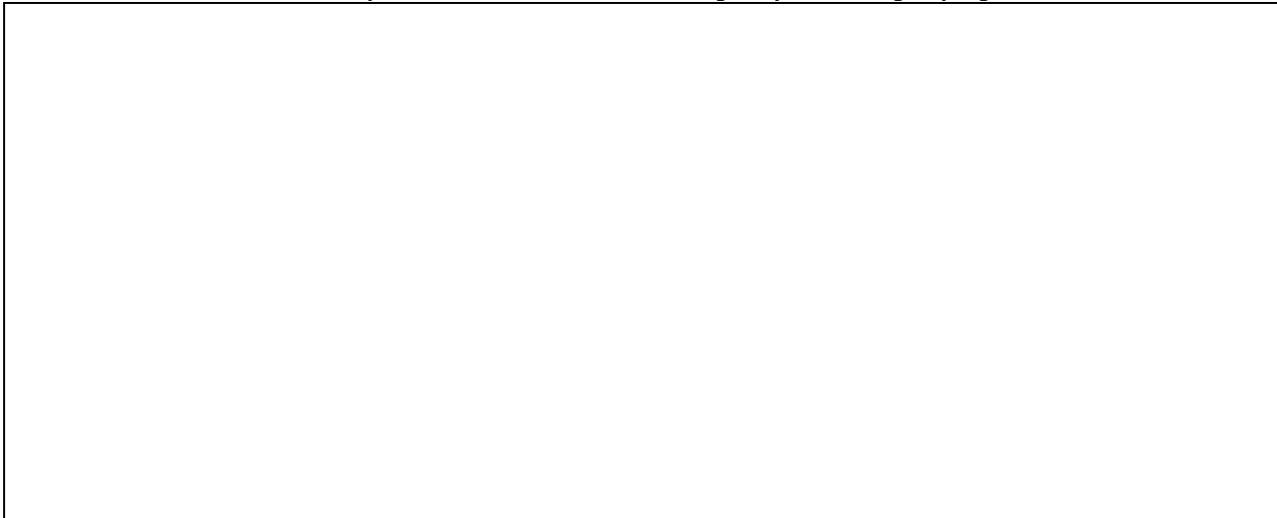
22. Describe the project's outputs (ex. # of retrofits or replacements, emission reductions, etc.).



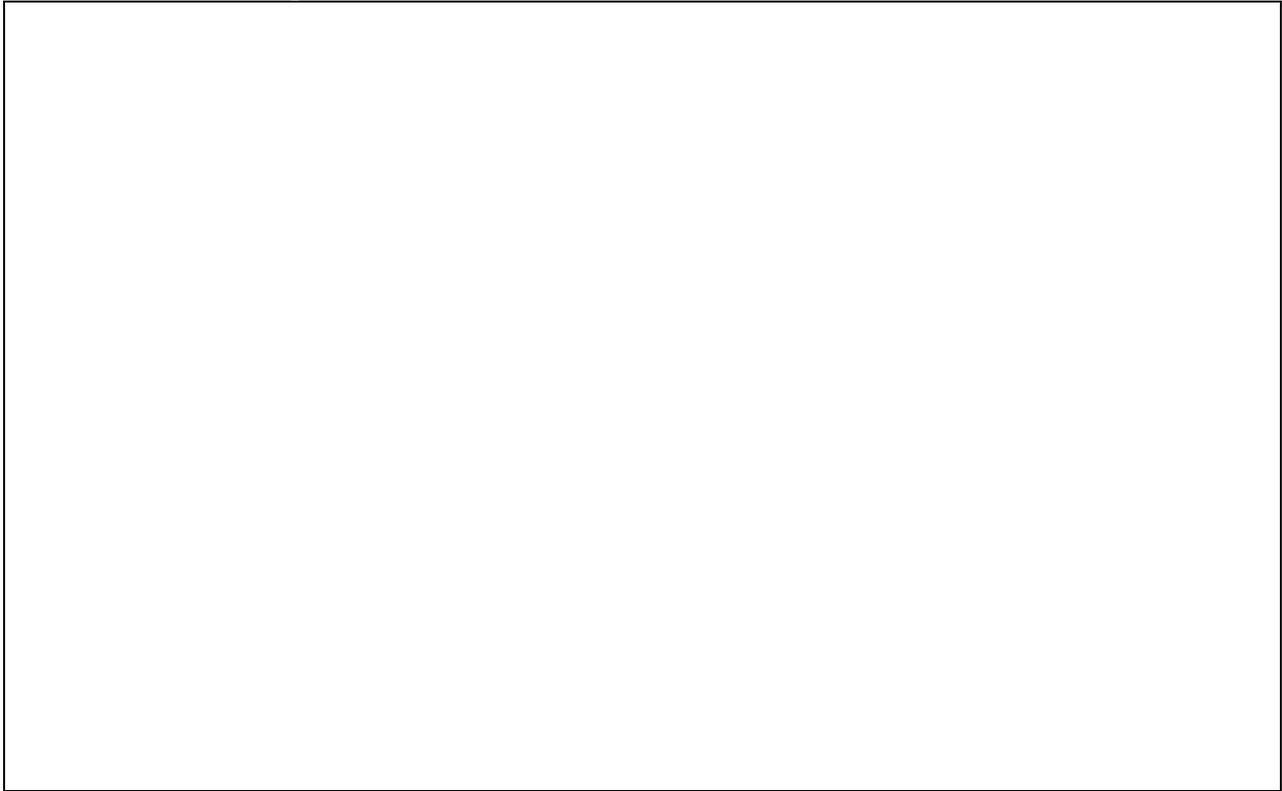
23. Describe the project's outcomes (ex. environmental and health benefits achieved).

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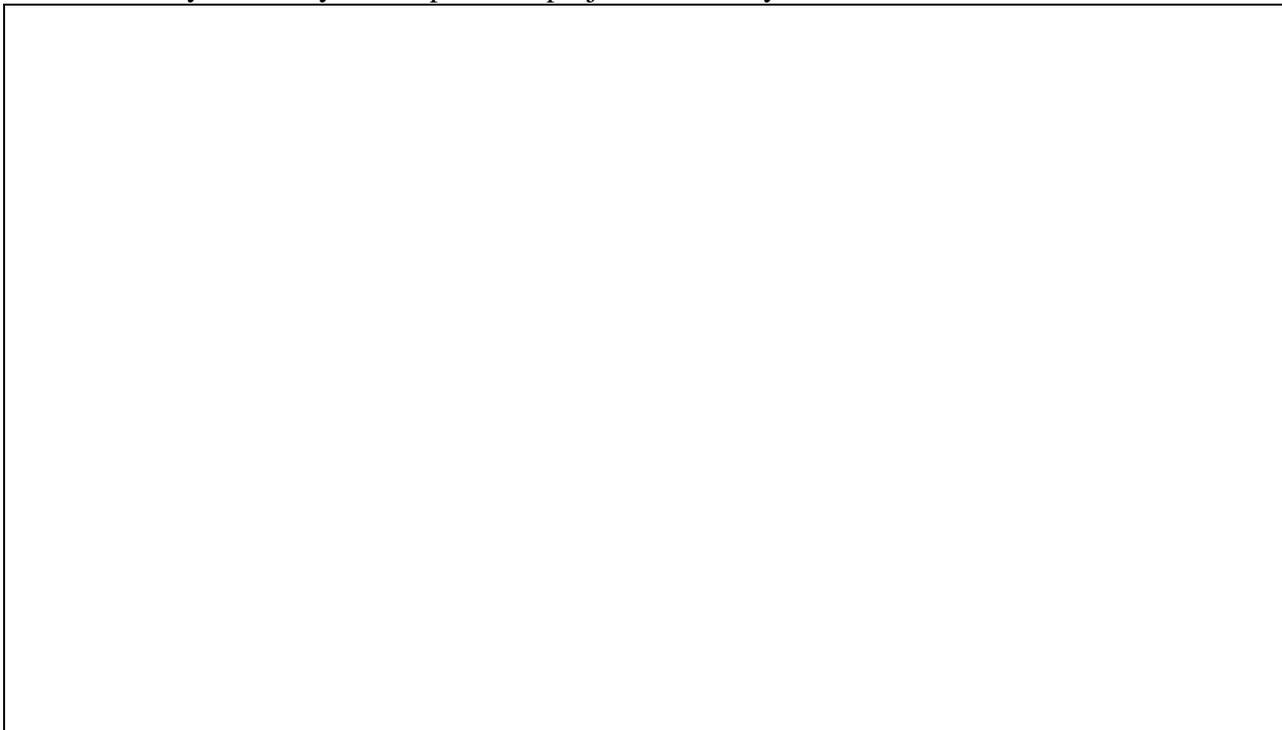
24. In which counties does your school district, municipality, or company operate?

A large, empty rectangular box with a thin black border, intended for the user to list the counties where their school district, municipality, or company operates.

25. Explain the extent to which the proposed project will reduce environmental risks to sensitive populations and other populations with disproportionately high and poor human health or environmental impacts.



26. Describe your ability to complete the project in a timely manner.



27. Provide a thorough budget describing estimated costs for purchase and installation. Additional sheets may be attached if necessary.

28. Certification

The undersigned is an official authorized to represent the applicant. The person signing this document must have the authority to contractually bind the applicant or be the designated fiscal agent.

*I certify that all proposed activities will be carried out; that all grant money received will be utilized solely for the purposes for which it is intended; that records documenting the planning process and implementation will be maintained and submitted when requested, and DEQ is hereby granted access to inspect project sites and/or records. It is understood that if this project is selected an MOA with DEQ will be executed.*

\_\_\_\_\_  
Print Name of Authorized Representative

\_\_\_\_\_  
Title

/ /

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

Taxpayer ID # \_\_\_\_\_