



**2010 Oklahoma Clean Diesel Grant Program Application  
 [EPA Agreement DS 96685301]**

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 vehicle, engine or equipment for which you will reduce emissions and the function of same.

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

Replace	_____	Install Idle Reduction Technology	_____
Repower	_____	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, matching funds are required and that the company is responsible for and has adequate funding for this request.

Please check one: ( Yes /  No)

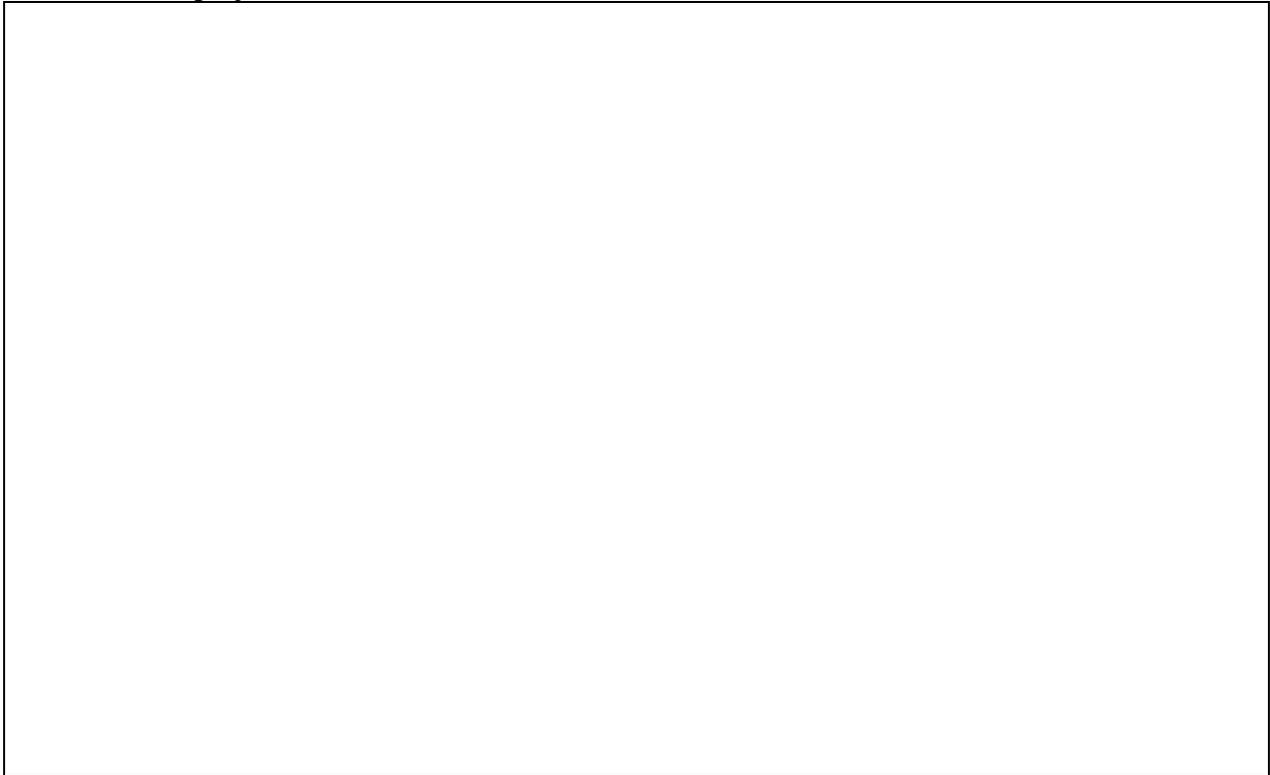
15. I understand that quarterly reporting will be required through 2011 or project completion, whichever comes last.

Please check one: ( Yes /  No)

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

17. Please provide a short project description.

18. Provide a project timeline.



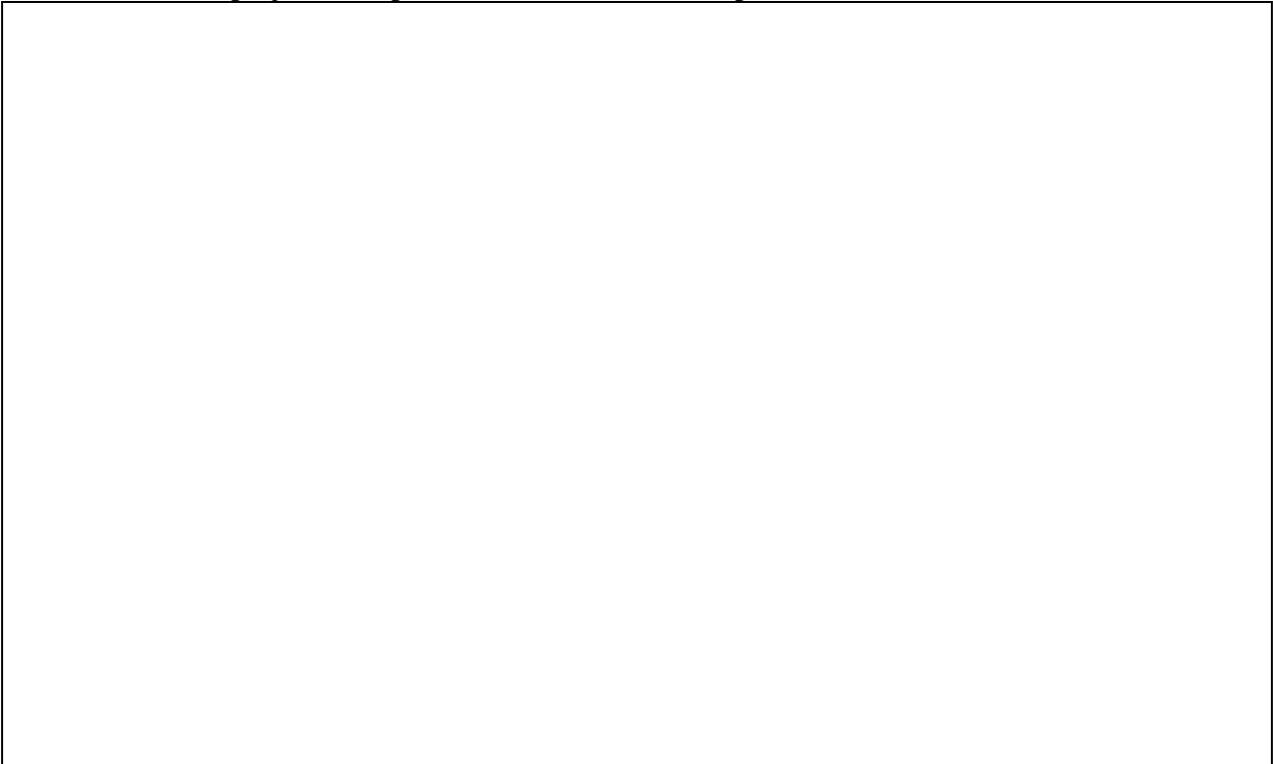
19. Briefly describe your existing or proposed Idle Reduction Policy. If no policy exists and you plan not to instate one, explain why. Failure to instate an idle reduction policy may be cause for disqualification and is a requirement for bus and trucking fleets.



20. Briefly describe your competitive bid process.



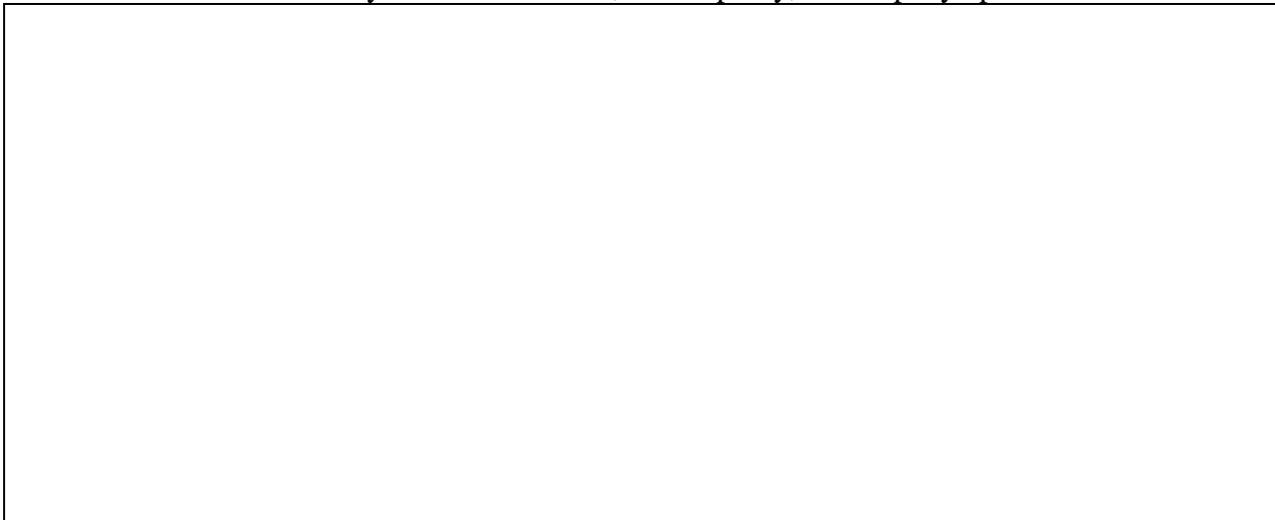
21. Describe the project's outputs (ex. # of retrofits or replacements, emission reductions, etc.).



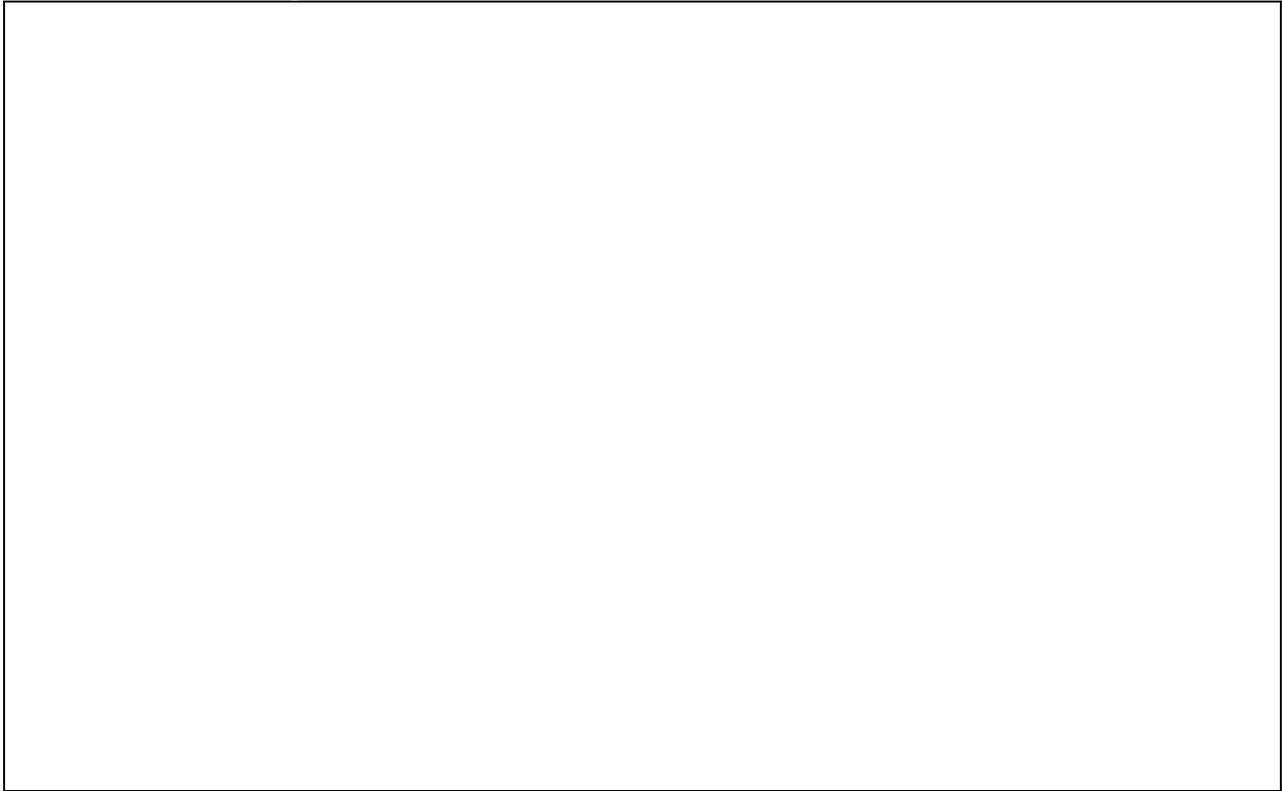
22. Describe the project's outcomes (ex. environmental and health benefits achieved).

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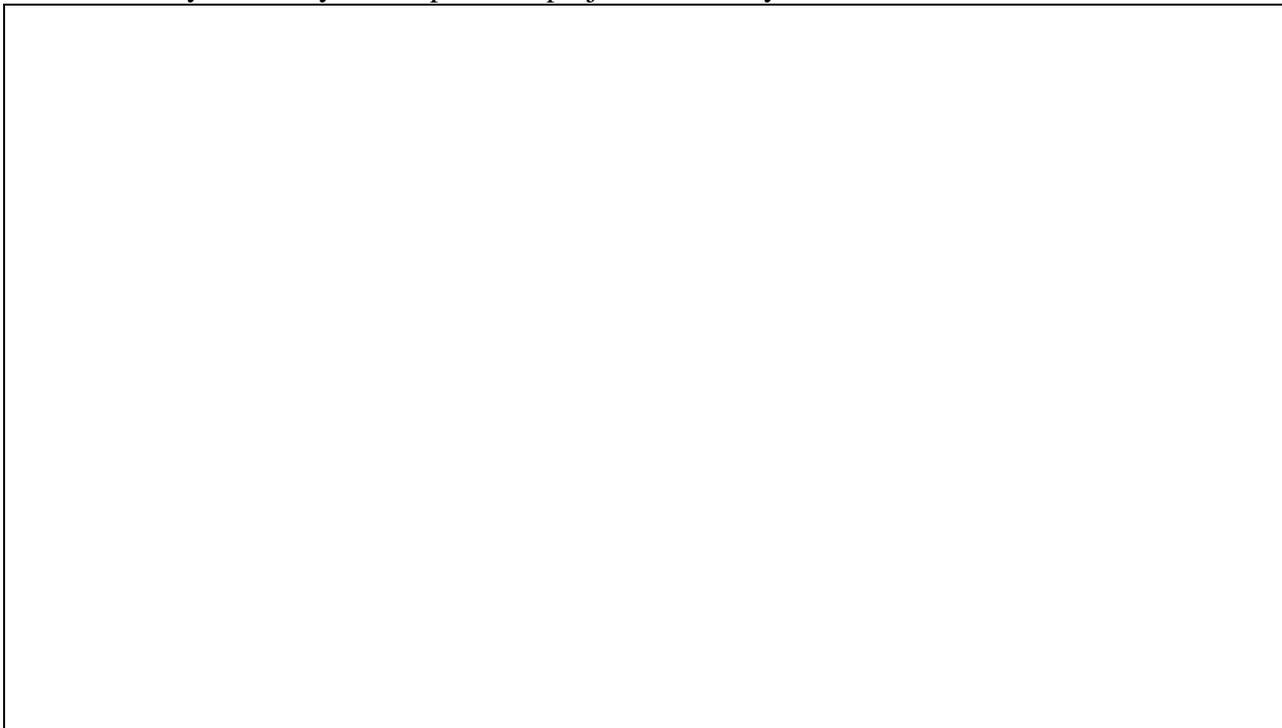
23. In which counties does your school district, municipality, or company operate?

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24. 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.



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



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

27. 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 # \_\_\_\_\_