**Alternative Fuels Incentive Grant 2021**

**Project Specific Instructions**

PA Alternative Fuels Incentive Grant

Project Specific Step-by-Step Guide

Vehicle Retrofit and/or Purchase Instructions

Supplemental Application Form [Required]

* Other Funding Sources: Indicate other sources of funding applied for and the anticipated award dates, if applicable.
* Type of Alternative Fuel Vehicle: Identify the type of alternative fuel vehicle to be purchased or retrofitted with the grant. Please explain in the Project Narrative.
* Vehicle Registration: Indicate whether or not all proposed vehicles are currently or planned to be registered in PA. Indicate if the vehicles intend to maintain operating in Pennsylvania for no fewer than two years.
* Fueling Station: Indicate if this station(s) will have full unrestricted public access, will be accessible to entities other than the applicant but with restrictions, or will be private use only. Identify the location of the new or existing fueling station(s) to be primarily used by the vehicles. Please explain in the Project Narrative.
* Service Technician: Please identify the service technician that will be maintaining the vehicles for the duration of the grant term.
* Gasoline Gallon Equivalent Displacement as a result of project deployment: Please identify the annual fuel displacement anticipated by the project in Gasoline Gallon Equivalents. Details should be provided in the project narrative.
* Summary Statistics: Summarize the expected energy, economic and environmental results or benefits and define measures of success in quantitative terms in the Proposed Annual Project Summary Statistics tables.
* PA Economic Development Measures: Identify whether or not the manufacturer(s), installers(s), and/or the supplier/dealer(s) of the primary project components/equipment are located in Pennsylvania. If yes, list the name and address of each. Identify the manufacturer(s), installer(s), and/or supplier(s) of any secondary project components.
* Emergency Personnel: Indicate whether the vehicles are used by first-responder emergency personnel.
* Environmental Justice: Indicate whether the project will be located in or primarily servicing an Environmental Justice area. Further information on Environmental Justice areas can be found [here](https://www.dep.pa.gov/PublicParticipation/OfficeofEnvironmentalJustice/Pages/PA-Environmental-Justice-Areas.aspx).
* Strategic Expansion of Alternative Fueling Infrastructure: Indicate whether the vehicles will fuel at a new, publicly accessible fueling station or an existing public fueling station, within two miles of an interstate highway. Please explain in the Project Narrative.
* Emergency Response: Indicate whether the vehicles are used by in emergency response by personnel other than first-responders.

Detailed Project Narrative [Required]

Provide a detailed project narrative of no more than 10 pages on the provided Project Narrative Form. This narrative should focus on items identified in the general and specific evaluation criterion as well as the following items:

* + A description of the number and type of eligible vehicles to be purchased or retrofitted and if the vehicles will be owned or leased.
  + A description of the number and type (make, model, model year, mileage, fuel type, hours of operation) of any vehicles that are being replaced by this project.
  + A description of the applicant’s planned fleet management plan for the eligible vehicles (how long will the vehicles be operated in PA, hours of operation, schedule of replacement or resale).
  + Confirmation of the existence of fueling infrastructure that will be available to supply all vehicles to be supported with grant funds.
  + Whether the project includes the utilization of a fueling facility accessible to the public, and how the public will access the station.
  + Confirmation that proposed alternative fuel conversion systems are EPA or CARB compliant, or, if not yet compliant, when they are expected to be compliant.
  + Amount of GHG and NOx/SOx reductions per year that will be achieved by the project.
  + The applicant must identify a service tech or company that will work on the alternative fuel system during the ownership of the proposed vehicles.
  + An outreach and education plan to demonstrate how you will promote the environmental benefits of alternative fuels.
  + Will the project be implemented in an EJ Area or benefit a community located in an EJ Area? If so, please describe the community and how the project will beneficially impact the environmental and/or public health of an underserved community.
  + Does your organization have a history of community involvement where the grant will be implemented? Would this grant facilitate working with an underserved population and/or organization to address local environmental and/or public health issues? If so, please describe

Alternative Fuel Vehicle Summary Table [Required]

Note: Please use only the Excel spreadsheet provided. Do not submit as a PDF or Word document. All columns must be completed or your application may be deemed ineligible.

Provide the following information for all vehicles to be purchased or retrofitted.

* + Select the type of vehicle using the drop-down menu.
  + Using the drop-down menu, indicate whether the vehicle is a new alternative fuel vehicle purchase or a retrofit of a conventional vehicle to alternative fuel vehicle.
  + Indicate whether or not EPA and/or compliant certification system exists using the drop‑down menu. If “no” or “pending” answer is provided, provide an explanation in project narrative.
  + List the vehicle make.
  + List the vehicle model.
  + List the vehicle year.
  + Using the drop-down menu, indicate the vehicle class (see the table in the Definitions section of the 2021 AFIG Guidance for a table of vehicle classes).
  + List the Gross Vehicle Weight Rating (GVWR) of the vehicle in pounds (lbs).
  + Enter the vehicle’s odometer reading. Enter “0” for new vehicle purchases.
  + List the anticipated miles to be driven per year.

For Vehicle Retrofits, insert the actual miles per gallon (MPG) of the vehicle prior to retrofit. For Vehicle Purchases, insert a typical MPG found for a conventional fuel vehicle of this vehicle class. Vehicle Purchases examples:

* + A transportation organization may be planning to purchase a propane powered bus. Applicant’s records indicate that a typical diesel bus in their fleet has an average of 10 MPG. Applicant would insert 10 MPG into the Summary Table.
  + A business plans to purchase a mid-sized all-electric car. The applicant enters a typical MPG for mid-sized cars that use a conventional gasoline engine. In this case, a typical fuel economy may be 30MPG. Use the U.S. Department of Energy’s fuel economy website [www.fueleconomy.gov](http://www.fueleconomy.gov) to help make this determination based on vehicle class.

Enter the incremental purchase cost of a new vehicle over a comparable conventional fuel vehicle or the conversion cost of an existing vehicle.

* + A single application under this category may not exceed $300,000. Any AFIG application seeking funding to support the incremental cost to purchase alternative fuel fleet vehicles or convert vehicles to utilize alternative fuels may request awards as per the following table:

|  |  |  |  |
| --- | --- | --- | --- |
| **Battery Electric Vehicles (BEV):** | | | |
| **Vehicle Class** | **Battery System Capacity** | **% of Incremental Cost Eligible for Grant Request** | **Maximum Grant Award (per new vehicle)** |
| Class 1 and 2 | All BEV with capacity under 50 kWh | N/A | $2,000 |
| BEV with capacity above 50 kWh | N/A | $7,500 |
| Class 3-7 (excluding School and Transit Buses) | BEV with capacity between 50 and 100 kWh | 100% | $30,000 |
| BEV with capacity above 100 kWh | 100% | $40,000 |
| School and Transit Buses\* | BEV with capacity between 50 and 100 kWh | 100% | $75,000 |
| BEV with capacity above 100 kWh | 100% | $100,000 |
| Class 8 | BEV with capacity between 50 and 200 kWh | 75% | $75,000 |
| BEV with capacity above 200 kWh | 75% | $100,000 |

**\*Note: This grant program does not fund the total vehicle purchase cost. *Incremental cost* is defined as:**

* **The difference in cost between the base price of a conventional model vehicle and its alternative fuel model related to use of the alternative fuel or the cost to retrofit a conventional model vehicle to operate using alternative fuels.**

**For the purposes of Class 1 & 2 BEVs the program will award up to 100% of the maximum award amount.**

**The transit bus category only applies to medium and heavy-duty transit buses at least 29 feet in length. Body-on-chassis transit vehicles should apply based on vehicle class.**

|  |
| --- |
| **Other Alternative Fuel Types:** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Alternative Fuel Type** | **Vehicle Class** | **% of Incremental Cost\* Eligible for Grant Request** | **Maximum Grant Award (per new vehicle)** |
| CNG | Class 1 and 2 | Up to 100% | $7,500 |
| Class 3-8 | Up to 100% | $40,000 |
| RNG | Class 3-8 | Up to 100% | $40,000 |
| LNG | Class 1 and 2 | Up to 100% | $7,500 |
| Class 3-8 | Up to 100% | $40,000 |
| Propane | Class 1 and 2 | Up to 100% | $7,500 |
| Class 3-8 | Up to 100% | $40,000 |
| Biodiesel (>B20) | Class 1 and 2 | Up to 100% | $7,500 |
| Class 3-8 | Up to 100% | $40,000 |
| Hydrogen Fuel Cell | Class 1 and 2 | Up to 100% | $7,500 |
| Class 3-8 | Up to 100% | $40,000 |

**\*Note: This grant program does not fund the total vehicle purchase cost. *Incremental cost* is defined as:**

* **The difference in cost between the base price of a conventional model vehicle and its alternative fuel model related to use of the alternative fuel or the cost to retrofit a conventional model vehicle to operate using alternative fuels.**

Letters of Commitment [Required]

Attach any letters of financial commitment. These must be uploaded as attachments to the electronic application; hardcopies will not be accepted. Letters should clearly state the amount of incremental cost to be committed to the project.

Fueling Infrastructure Documentation [Required]

The application must contain documentation confirming the existence of fueling infrastructure available to supply eligible vehicles to be supported with grant funds.

For existing fueling stations, the applicant must provide a letter from the owner or operator of the station stating that the fueling station is or will be capable of supporting the projected fuel consumption within the grant period of performance.

For proposed new fueling stations, the applicant must provide a letter from the prospective owner and operator of the station stating the fueling station will be online and will be capable of supporting the projected fuel consumption within the grant period of performance.

Add more Attachments [Conditional]

Browse for any additional files the applicant would like to submit and upload these files. Ensure files are closed on the computer before attempting to upload them. After uploading, confirm that the correct documents to be uploaded were successfully entered into the Electronic Single Application (ESA) system.

Reminder: You must sign and certify the application:

Authorized Organizational Rep

Certification must be made by the appropriate person authorized to represent the applicant.

* + **Note**: Certification occurs after the applicant has finished the application and the system has verified that the application is complete. Please allow time for this step to ensure that the applicant is able to submit the application prior to the deadline.

Certification

Check the box stating that an executive officer agrees to the terms stated.

Submit Application

**Ensure all information is complete and accurate. Click the Submit this Application button.**

* Once you submit the application, you will no longer be able to make changes.
  + For questions or problems with the Electronic Single Application (ESA) system please contact the Grants Customer Service Center at 800-379-7448 or by email at:  
     [ra-dcedcs@state.pa.us](mailto:ra-dcedcs@state.pa.us).
  + For AFIG specific questions, contact the appropriate individual listed on the DEP Contacts Page 9.

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| |  |  |  |  | | --- | --- | --- | --- | | **Grants Customer Service Center**  **800-379-7448** | **COMMONWEALTH OF PENNSYLVANIA**  **SUPPLEMENTAL APPLICATION INFORMATION ALTERNATIVE FUELS INCENTIVE  GRANT PROGRAM  VEHICLE RETROFIT AND/OR PURCHASE** | | **DEP**  **Electronic Single Application (ESA)** | | \*Indicates required information | | <http://www.esa.dced.state.pa.us/> | | | | | | |
| **Application Information** | | | | |
| Web Application ID:\* | | | | |
| Applicant Legal Name:\* | | | | |
| Project Title:\* | | | | |
| **Supplemental Application Information – See Instructions for assistance** | | | | |
| Has this proposal been submitted to another source for funding?  Yes  No  Name of other source and anticipated award date: | | | | |
| Would the applicant accept federal funding to complete the project, if available?  Yes  No | | | | |
| What types of alternative fuel vehicles are being applied for?  CNG  RNG  LNG  Propane  Electric  Hydrogen  Biodiesel (specify blend)        Other: | | | | |
| Are all proposed vehicles currently or planned to be registered in PA?  Yes  No  For Yard Trucks, will the vehicles be operated in PA for at least two years?  Yes  No | | | | |
| Does the applicant intend to maintain operations in Pennsylvania for no fewer than two years?  Yes  No | | | | |
| What is the location of the primary fueling station?  Name of the owner or operator of the fueling station? | | | | |
| Is this station(s) new (to be constructed) or existing?  New  Existing | | | | |
| Check the applicable statement for the primary fuel station:  This station(s) is/will be accessible to the general public with unrestricted access. | | | | |
| This station(s) is/will be accessible to entities other than the applicant, but will have restrictions, such as station-specific access card, is on limited-access property, or has restricted hours. | | | | |
| This station(s) is/will be for the private use of the applicant only.  Who is the service technician for the vehicles? | | | | |
| Gasoline Displacement as a result of project deployment. | | | | |
|  | | *(Insert more rows if necessary)* | **Specify Type** | **Quantity** |
|  | | Gasoline Gallon Equivalents |  | gals/yr |

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| Environmental Benefit Data: If applicable, provide the answers to the following statements in the format of a table. Add additional rows if necessary. Fill in all blanks. Enter NA if not applicable. | | | | | | |
|  | *(Insert more rows if necessary)* | | **Specify Type** | | **Quantity** | |
|  | Air pollutant reduced: | | NOx | | (lbs/yr) | |
|  | Air pollutant reduced: | | CO2 | | (lbs/yr) | |
|  | | Pennsylvania Economic Development Measures | | | | |
|  | |  | **Yes/No** | | **If yes, list name and address** | |
|  | | Is the manufacturer of the project components / equipment in Pennsylvania? | Yes  No | |  | |
|  | | Is the installer of the project components / equipment in Pennsylvania? | Yes  No | |  | |
|  | | Is the supplier/dealer of the project components / equipment in Pennsylvania? | Yes  No | |  | |
| Will the vehicles be used by emergency personnel?  Yes  No | | | | | | |
| Does the project include either of the following fuel types?  ZEV  RNG | | | | | | |
| Is the project located in or service an Environmental Justice area?  Yes  No | | | | | | |
|  | | | | | | |
| Does the project include the construction of a new, publicly accessible fueling station, or expansion of an existing public fueling station, within two miles of an interstate highway?  Yes  No | | | | | | |
| Does the project include vehicles that will be used for emergency response situations?  Yes  No | | | | | | |

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| |  |  |  |  | | --- | --- | --- | --- | | **Grants Customer Service Center**  **800-379-7448** | **COMMONWEALTH OF PENNSYLVANIA**  **PROJECT NARRATIVE**  **ALTERNATIVE FUELS INCENTIVE**  **GRANT PROGRAM**  **VEHICLE RETROFIT AND/OR PURCHASE** | | **DEP**  **Electronic Single Application (ESA)** | | \*Indicates required information | | <http://www.esa.dced.state.pa.us/> | | |
| **Application Information** |
| Web Application ID:\* |
| Applicant Legal Name:\* |
| Project Title:\* |
| **Project Narrative** |
| **Instructions: Provide a detailed project narrative as described in the Step-by-Step Guide included in the Alternative Fuels Incentive Grant Program Guidelines** |
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PA Alternative Fuels Incentive Grant

Project Specific Step-by-Step Guide

Alternative Fuel Refueling Infrastructure Instructions

Supplemental Application Form [Required]

* DEP Staff: Provide the name of the DEP staff person with whom you discussed your application, if applicable.
* Alternative Fuel Infrastructure Type: Indicate what types of alternative fuel infrastructure are being applied for.
* Permits: Indicate whether any Federal, State or Local permit(s) will be required for the project. Please list any permits that are required.
* Facility or Infrastructure Projects: For projects that involve developing facilities and infrastructure, state law requires DEP to consider local comprehensive plans and zoning ordinances in funding decisions. All applicants must answer the related question on the application.
  + “Facilities” are buildings and other structures that involve new land development or result in a change to the existing use of land. “Infrastructure” is a permanent structure for transportation, storage or dispensing of alternative fuels.
* Other Funding Sources: Indicate other sources of funding applied for and the anticipated award dates, if applicable.
* Light and Medium Duty Fleet, or Light Duty Worksite and Home-Based, or Public Refueling: Identify if the project is a Light and Medium Duty Fleet Refueling, a Light Duty Worksite or Home-Based Refueling, or a Public Refueling project. Please refer to the eligibility, requirements and evaluation criteria. Please identify the primary and other expected users of the infrastructure.
* Project Duration: Identify the project duration in months.
* Fueling Station Location: Identify the location of this fueling station or stations.
* Fueling Station Owner: Identify the owner(s) or operator(s) of the fueling station(s).
* New or Expansion: Indicate whether this project is the construction of new fueling station(s) or the expansion of existing fueling station(s).
* Fueling Station Accessibility: Indicate if this station(s) will have full unrestricted public access, will be accessible to entities other than the applicant but with restrictions, or will be private use only. Please explain in the Project Narrative.
* Station Location: Indicate whether or not the station will be located within two roadway miles of an Interstate Highway. Indicate if the station will be located within five roadway miles of an alternative fuel corridor. Designated alternative fuel corridors in Pennsylvania include:

Electric Vehicle (EV) Signage Ready

a) I-95: Entire length of PA corridor.

b) I-70: From Hunker, PA to Washington, PA.

c) I-76: From Ohio border to Hunker, PA and from Mechanicsburg, PA to Philadelphia, PA.

d) I-276: From Western start of I-76 in King of Prussia to New Jersey border.

e) I-476: From Wilkes-Barre to Ridley, PA (intersection with I-95).

f) I-376: From Monroeville, PA (at the intersection of I-76) to Aliquippa, PA.

g) I-79: From Washington, PA to Slippery Rock, PA.

h) I-83: From PA/MD Border to New Cumberland, PA.

i) US-30/I-676: From Gettysburg, PA to PA/N border.

Electric Vehicle (EV) Signage Pending

j) I-80: Entire length of corridor.

k) I-70: From Maryland border to Breezewood, PA and from Washington, PA to Ohio border.

l) I-76: From Hunker to Mechanicsburg, PA.

m) I-476: From Wilkes-Barre to end in Chinchilla, PA (intersection with I-81).

n) I-79: From PA/WV border to Washington, PA, and from Slippery Rock, PA to Erie, PA.

o) I-376: From Aliquippa, PA to West Middlesex, PA (at the intersection with I-80).

p) I-90: Entire length of corridor.

q) I-78: From Jonestown, PA to the PA/NJ border.

r) I-81: From PA/MD border to PA/NY border.

s) I-83: From New Cumberland, PA to I-83/I-81 intersection.

t) I-84: From intersection of I-84/I-81 to the PA/NY border.

u) US-30/I-676 From Chambersburg, PA to Gettysburg, PA.

Compressed Natural Gas (CNG) Signage Ready

v) I-80: From Dubois, PA to Ohio border.

w) I-70: Entire length of corridor.

x) I-76: From Philadelphia to Ohio border.

y) I-276: Entire length of corridor.

z) I-476: Entire length of corridor.

aa) I-79: From Washington, PA to Cranberry, PA.

bb) I-90: Entire length of corridor.

cc) I-78: From Jonestown, PA to Allentown, PA.

dd) I-81: From Carlisle, PA to PA/NY border.

ee) US30/I-676: From York, PA to PA/NJ border.

Compressed Natural Gas (CNG) Signage Pending

ff) I-80: DuBois, PA to New Jersey border.

gg) I-79: From PA/WV border to Washington, PA, and from Cranberry, PA to Erie, PA.

hh) I-376: From Monroeville, PA (at the intersection of I-76) to West Middlesex, PA (at the intersection with I-80).

ii) I-78: From Allentown to PA/NJ border.

jj) I-81: From Carlisle to PA/MD border.

kk) I-83: From PA/MD border to intersection of I-83/I-81.

ll) US-30/I-676: From Chambersburg to York.

Propane (LPG) Signage Ready

mm) I-80: From Clarion, PA to Ohio border.

nn) I-70: Entire length of corridor.

Propane (LPG) Signage Pending

oo) I-80: Clarion, PA to New Jersey border.

pp) I-70: Entire length of corridor.

Hydrogen Signage Pending

qq) I-80: Entire length of PA corridor.

* Environmental Justice: Indicate whether the project will be located in or primarily servicing an Environmental Justice area. Further information on Environmental Justice areas can be found [here](https://www.dep.pa.gov/PublicParticipation/OfficeofEnvironmentalJustice/Pages/PA-Environmental-Justice-Areas.aspx).
* Energy Performance Outcomes: List the amount of gasoline anticipated to be annually displaced by the project and the amount of fuel anticipated to be dispensed per year in gasoline gallon equivalents.
* PA Economic Development Measures: Identify whether or not the manufacturer(s), installers(s), and/or the supplier/dealer(s) of the primary project components/equipment are located in Pennsylvania. If yes, list the name and address of each. Identify the manufacturer(s), installer(s), and/or supplier(s) of any secondary project components.
* Summary Statistics: Summarize the expected energy, economic and environmental results or benefits and define measures of success in quantitative terms in the Proposed Annual Project Summary Statistics tables.

Detailed Project Narrative [Required]

* Provide a detailed project narrative of no more than 10 pages on the provided Project Narrative Form. This narrative should focus on items identified in the general and specific evaluation criterion as well as the following items:
  + A detailed description of the project
  + The location and ownership of the fueling station(s).
  + The public accessibility of the fueling facility(s).
  + A statement regarding financial viability of the project including an identification of expected annual fuel dispensed, and an anticipated simple payback on the investment in number of years.
  + A description of all other public, state, federal and local funds applied for or obtained to be invested in the project.
  + A description of the vehicles and vehicle types which would primarily utilize the refueling facility
    - **Please Note**:
      * All light and medium duty fleet refueling projects must service at least one existing fleet of alternative fuel vehicles. Fleet vehicles described in the application must be a group of ten or more vehicles comprised of passenger cars, light duty trucks, buses and medium duty trucks up to 26,000 lbs. in gross vehicle weight owned by a single entity. (Class 1 through Class 6 vehicles)
      * All light duty worksite or home-based refueling projects must service at least one alternative fuel vehicle by the end of the period of performance. Alternative fuel vehicles using this refueling infrastructure may only be passenger cars or light duty trucks or light heavy duty trucks up to 10,000 lbs. in gross vehicle weight rating (Class 1 and Class 2a and Class 2b) Alternative fuel vehicles utilizing a home refueling project do not have to be fleet vehicles.
  + Equipment Disposition:
    - If applicable, Applicants should describe how property or equipment acquired with the grant will be disposed of or converted for continued Grantee use. The Grantee agrees that, for the term of the grant period of performance, including any extensions thereto, the Grantee will not lease, sell, transfer or assign any and all property and/or equipment, whether real or personal, that is purchased in whole or in part with grant funds provided by DEP. The Grantee agrees to obtain the prior written approval of DEP prior to leasing, selling, transferring or assigning such property and/or equipment, in whole or in part, during the Grant period of performance, including any extensions thereto.
  + Experience and Collaborations:
    - Applicants should describe their experience and ability to accomplish the scope of as well as the technical abilities and experience of any other organizations that will help to complete the project. Please specify the nature of any other organization’s participation. (the applicant may attach/upload resumés under “more attachments”)
  + An outreach and education plan to demonstrate how you will promote the environmental benefits of alternative fuels.

Detailed Budget Information [Required]

* Complete the Budget Summary and Detailed Budget Information: worksheet included with the application form. The worksheet included as part of the application form must be used. If additional clarification is to be provided, please include it in the detailed project narrative. The worksheet must be completed in full; and the Detailed Budget Information worksheet must be consistent with the Budget Summary.
  + **Budget Summary:** 
    - Grant funds requested (from DEP) are placed in the first column of the budget summary and matching funds (from the applicant) are to be placed in the second column of the budget summary.
    - The total of the grant funds requested (from DEP) in the budget summary should equal the total of the funds described in items 1-4 of the detailed budget.
    - The matching funds (from the applicant) identified in the budget summary should equal the total of any matching funds identified in the Match Section of the Detailed Budget worksheet.
  + **Detailed Budget:** 
    - The Detailed Budget Information worksheet is intended to support and provide detail to the budget summary.
    - Only grant funds requested are to be included in items 1-4 on the Detailed Budget worksheet.
      * **Note**: All costs incurred by the applicant’s contractor and then billed to the applicant should be identified on the worksheet under item 2.
    - Matching funds are only identified in the Match Section of the detailed budget worksheet.
      * Please identify the contributor,
      * Please reference the budget category by name, Personnel, Contractual, Equipment, Supplies.
      * Please provide a brief description, status and value.
      * **Please Note**: All in-kind and cash match contributions must be substantiated by commitment letters. Match cannot include funds or in-kind services provided by DEP. All match must be expended during the grant period of performance. Funds expended prior to the grant period of performance cannot be claimed as match.
* The following costs are not allowed under any circumstances:
  + Preparation of the AFIG application;
  + Land acquisition;
  + Permits;
  + Landscaping;
  + Advertising;
  + Business start-up costs;
  + Indirect costs (i.e. general administrative and overhead, contingency funds, etc.);
  + Travel, lodging, and subsistence;
  + Conference or meeting expenses including catering, conference equipment and room rental; and
  + Any other cost not deemed acceptable to DEP.

Letters of Commitment [Required]

* Attach any letters of financial commitment. These must be uploaded as attachments to the electronic application; hardcopies will not be accepted.

Add More Attachments [Conditional]

* Browse for any additional files the applicant would like to submit and upload these files. Ensure files are closed on the computer before attempting to upload them. After uploading, confirm that the uploads were successful and that the correct documents were uploaded.

Reminder: You must sign and certify the application.

Authorized Organizational Rep

* Certification must be made by the appropriate person authorized to represent the applicant.
  + **Note**: Certification occurs after the applicant has finished the application and the system has verified that the application is complete. Please allow time for this step to ensure that the applicant is able to submit the application prior to the deadline.

Certification

* Check the box stating that an executive officer agrees to the terms stated.

Submit Application

* Ensure all information is complete and accurate. Click the Submit this Application button.
* Once you submit the application, you will no longer be able to make changes.
  + For questions or problems with the Electronic Single Application (ESA) system please contact the Grants Customer Service Center at 800-379-7448 or by email at:  
     [ra-dcedcs@state.pa.us](mailto:ra-dcedcs@state.pa.us).
  + For AFIG specific questions, contact the appropriate individual listed on the DEP Contacts Page 9.

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| |  |  |  |  | | --- | --- | --- | --- | | **Grants Customer Service Center**  **800-379-7448** | * **COCOMMONWEALTH OF PENNSYLVANIA**   **SUPPLEMENTAL APPLICATION INFORMATION**  **ALTERNATIVE FUELS INCENTIVE GRANT**  **REFUELING INFRASTRUCTURE** | | **DEP**  **Electronic Single Application (ESA)** | | \*Indicates required information | | <http://www.esa.dced.state.pa.us/> | | | | | | | | | | |
| **Application Information** | | | | | | | | |
| Web Application ID:\* | | | | | | | | |
| Applicant Legal Name:\* | | | | | | | | |
| Project Title:\* | | | | | | | | |
| Please provide the name of the DEP staff person with whom you discussed your application, if any: | | | | | | | | |
| What types of alternative fuel infrastructure are being applied for?  CNG  RNG  LNG  Propane  Electric   Biodiesel (specify blend)        Other: | | | | | | | | |
| Does this project require permits?  Yes  No  Please list required permits:  If permits are required, and copies of the permits have been received, include them as an Attachment. If the permits have not been received, they will need to be submitted to DEP prior to request for payment. | | | | | | | | |
| Is your project consistent with county, municipal or multi-municipal comprehensive  plans or zoning ordinances?  Yes  No | | | | | | | | |
| Has this proposal been submitted to another source for funding?  Yes  No  Name of other source and anticipated award date: | | | | | | | | |
| Is the project a Light and Medium Duty Fleet Refueling project?  Yes  No  Please identify the primary Fleet of 10 or more vehicles (GVWR of less than 26,000 lbs) utilizing this fueling station:  Is the project a Light Duty Worksite or Home-based Refueling project?  Yes  No  Please identify the primary user of this fueling station:  Is the project a Public refueling project?  Yes  No | | | | | | | | |
| List other expected users of this fueling station: | | | | | | | | |
| Identify the project duration in months: | | | | | | | | |
| What is the location(s) of this fueling station? | | | | | | | | |
| Name of the owner or operator of this fueling station? | | | | | | | | |
| Is this station(s) new (to be constructed) or an expansion? | | | | | | | New  Expansion | |
| **Check the applicable statement for this fueling station:**  This station(s) is/will be accessible to the general public with unrestricted access.  This station(s) is/will be accessible to entities other than the applicant, but will have restrictions, such as station-specific access card, is on limited-access property, or has restricted hours.  This station(s) is/will be for the private use of the applicant only. | | | | | | | | |
| Is project located in or service an Environmental Justice Area?  Yes  No | | | | | | | | |
| Does the project include the construction of a new, publicly accessible fueling station, or expansion of an existing public fueling station, within two miles of an interstate highway?  Yes  No | | | | | | | | |
| Is the project located within five miles of a designated Alternative Fuel Corridor?  Yes  No  Identify the Corridor:  Number of miles off the highway exit to the proposed station(s): | | | | | | | | |
| Pennsylvania Economic Development Measures | | | | | | | | |
|  | |  | | **YES/No** | **If yes, list name and address** | | | |
|  | | | Is the manufacturer of the primary project components / equipment in Pennsylvania? | | Yes  No |  | | |
|  | | | Is the installer of the primary project components / equipment in Pennsylvania? | | Yes  No |  | | |
|  | | | Is the supplier/dealer of the primary project components / equipment in Pennsylvania? | | Yes  No |  | | |
|  | | | Are there any secondary project components / equipment manufactured in Pennsylvania? | | Yes  No |  | | |
| Indicate the Proposed Annual Project Summary Statistics your project will return when completed. Applicants should enter as much data as possible. Must be consistent with detailed statistics provided in the detailed project description. | | | | | | | | |
| Estimated Energy Performance outcomes of the project(s) | | | | | | | | |
| Gasoline Displacement as a result of project deployment. | | | | | | | | |
|  | *(Insert more rows if necessary)* | | **Specify Type** | | | | **Quantity** | |
|  | Gasoline Gallon Equivalents | |  | | | | gals/yr | |
| B. | Fuel Dispensed as a result of project deployment. | | | | | | | |
|  | *(Insert more rows if necessary)* | | **Specify Type** | | | | **Quantity** | |
|  | liquid fuel dispensed | |  | | | | gals/yr | |
|  | gaseous fuel dispensed | |  | | | | Thousand Cubic Feet/yr | |
|  | Electricity dispensed | |  | | | | mWh/yr | |

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| Environmental Benefit Data: Provide the answers to the following statements in the format of a table. Add additional rows if necessary. Fill in all blanks | | | | | | |
|  | *(Insert more rows if necessary)* | | **Specify Type** | **Quantity** | | |
|  | Air pollutant reduced: | | NOx | (lbs/yr) | | |
|  | Air pollutant reduced: | | CO2 | (lbs/yr) | | |
| Estimated Job Creation Measures | | | | | | |
| A. | | Jobs directly **created** – number of temporary and permanent jobs created by grant award funds and for how long (# years). Add more rows if needed. | | | | |
|  | | **List Job (Full-time/part-time temporary/permanent** | **Type (Describe)** | | | **Duration (# months)** |
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| |  |  |  |  | | --- | --- | --- | --- | | **Grants Customer Service Center**  **800-379-7448** | **COMMONWEALTH OF PENNSYLVANIA**  **PROJECT NARRATIVE**  **ALTERNATIVE FUELS INCENTIVE**  **GRANT PROGRAM**  **REFUELING INFRASTRUCTURE** | | **DEP**  **Electronic Single Application (ESA)** | | \*Indicates required information | | <http://www.esa.dced.state.pa.us/> | | |
| **Application Information** |
| Web Application ID:\* |
| Applicant Legal Name:\* |
| Project Title:\* |
| **Project Narrative** |
| **Instructions: Provide a detailed project narrative as described in the Step-by-Step Guide included in the Alternative Fuels Incentive Grant Program Guidelines** |
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| |  |  |  |  | | --- | --- | --- | --- | | **Grants Customer Service Center**  **800-379-7448** | **COMMONWEALTH OF PENNSYLVANIA**  **DETAILED BUDGET INFORMATION**  **ALTERNATIVE FUELS INCENTIVE GRANT**  **REFUELING INFRASTRUCTURE** | | **DEP**  **Electronic Single Application (ESA)** | | \*Indicates required information | | <http://www.esa.dced.state.pa.us/> | | | | | | | | | | | | | | | | | | | | | | |
| **Application Information** | | | | | | | | | | | | | | | | | | | | |
| Web Application ID:\* | | | | | | | | | | | | | | | | | | | | |
| Applicant Legal Name:\* | | | | | | | | | | | | | | | | | | | | |
| Project Title:\* | | | | | | | | | | | | | | | | | | | | |
| **Detailed Budget Information** | | | | | | | | | | | | | | | | | | | | |
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| **Budget Summary (Must be consistent with the Detailed Budget Worksheet below)** | | | | | | | | | | | | | | | | | | | | |
| **Category** | | | **Grant Request**  **(from DEP)** | | | | | **+** | **Match**  **(from Applicant)** | | | | | | **=** | | | **Project Cost**  **(Total)** | | |
| Personnel | | |  | | | | | **+** |  | | | | | | **=** | | |  | | |
| Contractual | | |  | | | | | **+** |  | | | | | | **=** | | |  | | |
| Equipment | | |  | | | | | **+** |  | | | | | | **=** | | |  | | |
| Supplies | | |  | | | | | **+** |  | | | | | | **=** | | |  | | |
| **Total for each column:** | | |  | | | | | **+** |  | | | | | | **=** | | |  | | |
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| Please complete the below detailed budget worksheet. Totals for each category should be entered on the application budget summary above. **Items 1-4 are for grant requested funds only. All matching funds should be listed in the Match table (Number 5 below).** | | | | | | | | | | | | | | | | | | | | |
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| **1. Personnel – Grant Request only** | | | | | | | | | | | | | | | | | | | | |
| **Individual** | | **Position** | | | | **Hourly Rate** | | | **Hours** | | | | | **Benefits** | | | | | | **Total Cost** |
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| **Total Salaries & Benefits** | |  | | | |  | | |  | | | | |  | | | | | |  |
| **2. Contractual (List specific item) – Grant Request only** | | | | | | | | | | | | | | | | | | | | |
| **Item** | | | | | | | | | | | | **Cost** | | | | | | | | |
| **Other (List specific item)** | | | | | | | | | | | |  | | | | | | | | |
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| **Total Contractual Expenses** | | | | | | | | | | | |  | | | | | | | | |
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| **3. Equipment – Grant Request only** | | | | | | | | | | | | | | | | | | | | |
| **Item** | | | | | **Quantity** | | | | | **Cost per Item** | | | | | | **Total Cost** | | | | |
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| **Total Equipment** | | | | |  | | | | |  | | | | | |  | | | | |
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| **4. Supplies (Non-Construction-Related Costs) – Grant Request only** | | | | | | | | | | | | | | | | | | | | |
| **Item** | | | | | | | **Quantity** | | | | | | **Cost Per Item** | | | | | | **Total Cost** | |
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| **Total Supplies** | | | | | | |  | | | | | |  | | | | | |  | |
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| **5. Match**  Please use the following table to calculate matching contributions of cash, goods and services to be entered on the application form. All items listed must be accompanied by a letter of commitment. **All match must be listed in this section only.** | | | | | | | | | | | | | | | | | | | | |
| **Contributor** | **Budget Category** | | | **Description** | | | | | | | **Status**  **(pending or secured)** | | | | | | **Value in Dollars** | | | |
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| **Total Match** |  | | |  | | | | | | |  | | | | | |  | | | |

PA Alternative Fuels Incentive Grant

Project Specific Step-by-Step Guide

Innovative Technology Instructions

Supplemental Application Form [Required]

* DEP Staff: Provide the name of the DEP staff person with whom you discussed your application, if applicable.
* Fuel Displaced: Indicate whether alternative fuels will be utilized in PA, and/or whether conventional fuels will be displaced or conserved. If yes, please provide details of any fuel purchase in the Project Narrative Form.
* Permits: Indicate whether any Federal, State or Local permit(s) will be required for the project. Please list any permits that are required
* Facility or Infrastructure Projects: For projects that involve developing facilities and infrastructure, state law requires DEP to consider local comprehensive plans and zoning ordinances in funding decisions. All applicants must answer the related question on the application.
  + “Facilities” are buildings and other structures that involve new land development or result in a change to the existing use of land that may involve research, development, processing of alternative fuels, or manufacturing of alternative fuel vehicles and related technologies. “Infrastructure” is a permanent structure for transportation, storage or dispensing of alternative fuels.
* Other Funding Sources: Indicate other sources of funding applied for and the anticipated award dates, if applicable.
* Project Duration: Identify the project duration in months. Note: no payment will be made for any expense incurred prior to the period of performance.
* PA Economic Development Measures: Identify whether or not the manufacturer(s), installers(s), and/or the supplier/dealer(s) of the primary project components/equipment are located in Pennsylvania. If yes, list the name and address of each. Identify the manufacturer(s), installer(s), and/or supplier(s) of any secondary project components.
* Summary Statistics: Summarize the expected energy, economic and environmental results or benefits and define measures of success in quantitative terms in the Proposed Annual Project Summary Statistics tables.
* Environmental Justice: Indicate whether the project will be located in or primarily servicing an Environmental Justice area. Further information on Environmental Justice areas can be found [here](https://www.dep.pa.gov/PublicParticipation/OfficeofEnvironmentalJustice/Pages/PA-Environmental-Justice-Areas.aspx). If the project will be located in or primarily servicing an Environmental Justice area, please list the municipality.

Detailed Project Narrative [Required]

* Provide a detailed project narrative of no more than 10 pages on the provided Project Narrative Form. This narrative should focus on items identified in the general and specific evaluation criterion as well as the following items:
  + Goals and objectives:
    - Describe the project’s goals and objectives, including energy, economic and environmental benefits.
  + Business Plan:
    - Applicants must show their ability to complete the project through a written business plan as well as show their need for funding through economic analysis and demonstration of cost-effectiveness. These elements should be provided in a concise manner that relates directly to the project.
  + Environmental and Energy Benefits:
    - Applicants should include a clear description of expected environmental and energy benefits. Such enumeration of benefits should include careful estimates and calculations. Estimates and calculations include the economics (e.g., the cost per gallon) and the environmental improvements (e.g., pounds of pollutant reduction). Provide data to demonstrate the project’s potential payback. Emphasis should be placed on reductions in greenhouse gases, nitrogen oxides, volatile organic compounds, sulfur oxides, and toxic pollutants. There are many websites that can help you determine the environmental benefits of reducing your conventional energy use. The following website is an example: [www.biodiesel.org/tools/calculator](http://www.biodiesel.org/tools/calculator). Others exist at [www.epa.gov](http://www.epa.gov).
  + Need for the Grant:
    - Applicants should identify the problem or need the proposal is intended to address. Explain why the problem or need exists, and how your proposal addresses the problem or need. Explain why your proposal should be funded, and elaborate on its cost-effectiveness and environmental and energy benefits. Provide literature references where appropriate.
  + Economic benefits:
    - Applicants should identify the economic benefit of the project. Potential benefits such as savings to consumers, and revenue generation for the commonwealth, reduced dependence on foreign oil, or decreased transportation, production or operating costs should be included and explained. Such enumeration of benefits should include careful estimates and calculations.
  + Experience and Collaborations:
    - Applicants should describe their experience and ability to accomplish the scope as well as the technical abilities and experience of any other organizations that will help to complete the project. Please specify the nature of any other organization’s participation. (the applicant may attach/upload resumes under “more attachments”)
  + Work Plan with Schedule:
    - Applicants should provide an implementation schedule identifying sub-tasks, schedule for their completion, and naming parties responsible for their accomplishment. If DEP or other permits will be required, include a schedule for applying and receiving these permits in the work plan.
  + Equipment Disposition:
    - If applicable, Applicants should describe how property or equipment acquired with the grant will be disposed of or converted for continued Grantee use. The Grantee agrees that, for the term of the grant period of performance, including any extensions thereto, the Grantee will not lease, sell, transfer or assign any and all property and/or equipment, whether real or personal, that is purchased in whole or in part with grant funds provided by DEP. The Grantee agrees to obtain the prior written approval of DEP prior to leasing, selling, transferring or assigning such property and/or equipment, in whole or in part, during the Grant period of performance, including any extensions thereto.
  + An outreach and education plan:
    - Applicants should describe how they will promote the environmental benefits of alternative fuels.

Detailed Budget Information [Required]

* Complete the Budget Summary and detailed budget Information worksheet included with the application form. The worksheet, included as part of the application form, must be used. If additional clarification is to be provided, please include it in the detailed project narrative. The budget worksheet must be completed in full and the detailed budget Information worksheet must be consistent with the Budget Summary.
  + Budget Summary:
    - Grant fund requests (from DEP) are placed in the first column of the budget summary.
    - Matching funds (from the applicant) are to be placed in the second column of the budget summary.
    - The total of the grant funds requested (from DEP) in the budget summary should equal the total of the funds described in items 1-4 of the detailed budget.
    - The matching funds (from the applicant) identified in the budget summary should equal the total of any matching funds identified in the match section of the detailed budget worksheet.
  + Detailed Budget:
    - The Detailed Budget Information worksheet is intended to support and provide detail to the budget summary.
    - Only grant funds requested are to be included in items 1-4 on the Detailed Budget worksheet.
      * **Note**: All costs incurred by the applicant’s contractor and then billed to the applicant should be identified on the worksheet under item 2.
    - Matching funds are only identified in the Match Section of the detailed budget worksheet.
      * Please identify the contributor
      * Please reference the budget category by name, Personnel, Contractual, Equipment, Supplies.
      * Please provide a brief description, status and value.
      * **Please Note**: All in-kind and cash match contributions must be substantiated by commitment letters. Match cannot include funds or in‑kind services provided by DEP. All match must be expended during the grant period of performance. Funds expended prior to the grant period of performance cannot be claimed as match.
    - The following costs are not allowed under any circumstances:
      * Preparation of the AFIG application;
      * Land acquisition;
      * Permits;
      * Landscaping;
      * Advertising;
      * Business start-up costs;
      * Indirect costs (i.e. general administrative and overhead, contingency funds, etc.);
      * Travel, lodging, and subsistence;
      * Conference or meeting expenses including catering, conference equipment and room rental; and
      * Any other cost not deemed acceptable to DEP.

Letters of Commitment [Required]

* Attach any letters of financial commitment. These must be uploaded as attachments to the electronic application; hardcopies will not be accepted.

Add more Attachments [Conditional]

* Browse for any additional files the applicant would like to submit and upload these files. Ensure files are closed on the computer before attempting to upload them. After uploading, confirm that the uploads were successful and that the correct documents were uploaded.

Reminder: You must sign and certify the application:

Authorized Organizational Rep

* Certification must be made by the appropriate person authorized to represent the applicant.
  + **Note**: Certification occurs after the applicant has finished the application and the system has verified that the application is complete. Please allow time for this step to ensure that the applicant is able to submit the application prior to the deadline.

Certification

* Check the box stating that an executive officer agrees to the terms stated.

Submit Application

* Ensure all information is complete and accurate. Click the Submit this Application button.
* Once you submit the application, you will no longer be able to make changes.
  + For questions or problems with the Electronic Single Application (ESA) system please contact the Grants Customer Service Center at 800-379-7448 or by email at:  
     [ra-dcedcs@state.pa.us](mailto:ra-dcedcs@state.pa.us).
  + For AFIG specific questions, contact the appropriate individual listed on the DEP Contacts Page 9.

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| |  |  |  |  | | --- | --- | --- | --- | | **Grants Customer Service Center**  **800-379-7448** | **COMMONWEALTH OF PENNSYLVANIA**  **SUPPLEMENTAL APPLICATION INFORMATION**  **ALTERNATIVE FUELS INCENTIVE GRANT**  **INNOVATIVE TECHNOLOGY** | | **DEP**  **Electronic Single Application (ESA)** | | \*Indicates required information | | <http://www.esa.dced.state.pa.us/> | | |
| **Application Information** |
| Web Application ID:\* |
| Applicant Legal Name:\* |
| Project Title:\* |
| **Supplemental Application Information** |
| Please provide the name of the DEP staff person with whom you discussed your application, if any: |
| Will the project result in alternative fuel utilized in PA, or conventional liquid fuels displaced:  Yes  No  If you answered yes, please provide details of any fuel purchase in the detailed project description described in the Project Narrative Form. |
| Does this project require a building permit?  Yes  No  If so, and a copy of a permit has been received, include it as an Attachment. If a permit has not been received, it will need to be submitted to DEP prior to request for payment. |
| Are facilities or infrastructure projects to be funded under this application?  Yes  No  If yes, is your project consistent with county, municipal or multi-municipal comprehensive plans or zoning ordinances?  Yes  No |
| Has this proposal been submitted to another source for funding?  Yes  No  Name of other source and anticipated award date: |
| May DEP share this proposal with other potential public or private funding sources?  Yes  No |
| Would the applicant accept federal funding to complete the project, if available?  Yes  No |
| Identify the project duration in months |

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| Pennsylvania Economic Development Measures | | | | | | | | | | | | | |
|  | |  | | **YES/No** | | | | **If yes, list name and address** | | | | | |
|  | | Is the manufacturer of the project components / equipment in Pennsylvania? | | Yes  No | | | |  | | | | | |
|  | | Is the installer of the project components / equipment in Pennsylvania? | | Yes  No | | | |  | | | | | |
|  | | Is the supplier/dealer of the project components / equipment in Pennsylvania? | | Yes  No | | | |  | | | | | |
| Indicate the Proposed Annual Project Summary Statistics your project will return when completed. Applicants should enter as much data as possible. Must be consistent with detailed statistics provided in the detailed project description. | | | | | | | | | | | | | |
| Estimated Energy Performance outcomes of the project(s) | | | | | | | | | | | | | |
| A. Energy and Fuel Savings as a result of project deployment. | | | | | | | | | | | | | |
|  | *(Insert more rows if necessary)* | | **Specify Type** | | | | | | **Quantity** | | | | |
|  | liquid fuel saved | |  | | | | | | gals/yr | | | | |
|  | solid fuel saved | |  | | | | | | tons/yr | | | | |
|  | gaseous fuel saved | |  | | | | | | MMcf/yr | | | | |
| B. | Energy and Fuel Generation as a result of project deployment. | | | | | | | | | | | | |
|  | *(Insert more rows if necessary)* | | **Specify Type** | | | | | | **Quantity** | | | | |
|  | liquid fuel generated | |  | | | | | | gals/yr | | | | |
|  | solid fuel generated | |  | | | | | | tons/yr | | | | |
|  | gaseous fuel generated | |  | | | | | | MMcf/yr | | | | |
| Environmental Benefit Data: If applicable, provide the answers to the following statements in the format of a table. Add additional rows if necessary. Fill in all blanks. Enter NA if not applicable. | | | | | | | | | | | | | |
|  | *(Insert more rows if necessary)* | | | | | | **Specify Type** | | | | **Quantity** | | |
|  | Air pollutant reduced | | | | | | NOx | | | | (lbs/yr) | | |
|  | Air pollutant reduced | | | | | | CO2 | | | | (lbs/yr) | | |
|  | Number of PA Citizens directly educated | | | | |  | | | | (persons/yr) | | |
| Estimated Job Creation Measures | | | | | | | | | | | | |
| A. | Jobs directly **created** – number of temporary and permanent jobs created by grant award funds and for how long (# years). Add more rows if needed. | | | | | | | | | | | |
|  | **List Job (Full-time/part-time temporary/permanent** | | | | **Type (Describe)** | | | | | | | **Duration (# years)** |
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| Is the project located in or service an Environmental Justice area?  Yes  No | | | | | | | | | | | | |
| If so, please identify the municipality: | | | | | | | | | | | | |

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| |  |  |  |  | | --- | --- | --- | --- | | **Grants Customer Service Center**  **800-379-7448** | **COMMONWEALTH OF PENNSYLVANIA**  **PROJECT NARRATIVE**  **ALTERNATIVE FUELS INCENTIVE**  **GRANT PROGRAM**  **INNOVATIVE TECHNOLOGY** | | **DEP**  **Electronic Single Application (ESA)** | | \*Indicates required information | | <http://www.esa.dced.state.pa.us/> | | |
| **Application Information** |
| Web Application ID:\* |
| Applicant Legal Name:\* |
| Project Title:\* |
| **Project Narrative** |
| **Instructions: Provide a detailed project narrative as described in the Step-by-Step Guide included in the Alternative Fuels Incentive Grant Program Guidelines** |
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| |  |  |  |  | | --- | --- | --- | --- | | **Grants Customer Service Center**  **800-379-7448** | **COMMONWEALTH OF PENNSYLVANIA**  **DETAILED BUDGET INFORMATION**  **ALTERNATIVE FUELS INCENTIVE GRANT**  **INNOVATIVE TECHNOLOGY** | | **DEP**  **Electronic Single Application (ESA)** | | \*Indicates required information | | <http://www.esa.dced.state.pa.us/> | | | | | | | | | | | |
| **Application Information** | | | | | | | | | |
| Web Application ID:\* | | | | | | | | | |
| Applicant Legal Name:\* | | | | | | | | | |
| Project Title:\* | | | | | | | | | |
| **Detailed Budget Information** | | | | | | | | | |
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| **Budget Summary (Must be consistent with the Detailed Budget Worksheet below)** | | | | | | | | | |
| **Category** | | **Grant Request**  **(from DEP)** | | **+** | **Match**  **(from Applicant)** | | **=** | **Project Cost**  **(Total)** | |
| Personnel | |  | | **+** |  | | **=** |  | |
| Contractual | |  | | **+** |  | | **=** |  | |
| Equipment | |  | | **+** |  | | **=** |  | |
| Supplies | |  | | **+** |  | | **=** |  | |
| **Total for each column:** | |  | | **+** |  | | **=** |  | |
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| Please complete the below detailed budget worksheet. Totals for each category should be entered on the application budget summary above. **Items 1-4 are for grant requested funds only.** **All matching funds should be listed in the Match table (Number 5 below).** | | | | | | | | | |
|  | | | | | | | | | |
| **1. Personnel – Grant Request only** | | | | | | | | | |
| **Individual** | **Position** | | **Hourly Rate** | | **Hours** | **Benefits** | | | **Total Cost** |
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| **Total Salaries & Benefits** |  | |  | |  |  | | |  |

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| **2. Contractual (List specific item) – Grant Request only** | | | | | | | | | | | |
| **Item** | | | | | | | **Cost** | | | | |
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| **Total Contractual Expenses** | | | | | | | | | | | |
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| **3. Equipment – Grant Request only** | | | | | | | | | | | |
| **Item** | | | **Quantity** | | **Cost per Item** | | | | **Total Cost** | | |
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| **Total Equipment** | | |  | |  | | | |  | | |
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| **4. Supplies (Non-Construction-Related Costs) – Grant Request only** | | | | | | | | | | | |
| **Item** | | | | **Quantity** | | | | **Cost Per Item** | | | **Total Cost** |
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| **Total Supplies** | | | |  | | | |  | | |  |
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| **5. Match**  Please use the following table to calculate matching contributions of cash, goods and services to be entered on the application form. All items listed must be accompanied by a letter of commitment. **All match must be listed in this section only.** | | | | | | | | | | | |
| **Contributor** | **Budget Category** | **Description** | | | | **Status**  **(pending or secured)** | | | | **Value in Dollars** | |
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| **Total Match** |  |  | | | |  | | | |  | |