



PUGET SOUND

Clean Air Agency

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. Locomotive Replacement	
<input type="checkbox"/> Replacement	
<input type="checkbox"/> Upgrade Kit	
<input type="checkbox"/> Conversion	
2. <i>Will these projects include switching to an alternative fuel?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Fuel Type:</i>
3. <i>Fleet Type:</i> <input type="checkbox"/> Public <input type="checkbox"/> Private	4. <i>Location of Fleet Operations:</i>
5a. <i>Project Description:</i>	
5b. <i>Does your project involve the installation of fueling infrastructure?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
6a. <i>Project Partners: List the partners that will work on this project, including your company/agency.</i>	
6b. <i>Are you and/or your partners experienced with preparing grant applications?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
7a. <i>Estimated Start Date:</i>	7b. <i>Estimated Completion Date:</i>
8. <i>Total Project Cost:</i>	8a. <i>Requested Funding:</i>
9. <i>Has your agency/company previously received a federal grant?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
10. <i>Has your fleet participated in other green activities? If yes, please list activities:</i>	
11. <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.

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

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

Engine Replacement or Engine Upgrade Kit

Engine Tier:	Manufacturer:	Model:	Year:	Size (hp):
Annual Hours of Operation per Locomotive:		No. of Engines per Locomotive:		
Proposed Fuel Type After Repower/Upgrade: <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 locomotive):				
Estimated Item Cost:		Requested Funding:		

Locomotive Replacement Type

Engine Tier:	Manufacturer:	Model:	Year:	Size (hp):
Annual Hours of Operation per Locomotive:		No. of Engines per Locomotive:		
Proposed Fuel Type After Repower/Upgrade: <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 locomotive):		No. of Replacements:		
Estimated Item Cost:		Requested Funding:		