



Massachusetts Department of Environmental Protection
Bureau of Waste Prevention
Transportation Management Programs
MassCleanDiesel: Clean Markets Program Round II Grant Application

A. Applicant Information

1. Name of Company

2. Address 1

3. Address 2

4. City/Town

5. State

6. Zip Code

7. Mailing Address 1 (if different from above)

8. Mailing Address 2

9. City/Town

10. State

11. Zip Code

12. Contact Person Name

13. Contact Person Title

14. Contact Person Telephone Number

15. Contact Person Email Address

B. Fleet Supervisor Information

Check if same as above.

1. Fleet Supervisor Name

2. Fleet Supervisor Title

3. Fleet Supervisor Telephone Number

4. Fleet Supervisor Email Address

C. Certification

"I am the corporate official with authority to apply for and accept state grants, and I certify that the information provided here is accurate to the best of my knowledge."

Signature

Print Name

Title

Telephone Number

Email Address

Date (MM/DD/YYYY)



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D. Vehicle/Trailer Description Worksheet

(Vehicle/Trailer # of included in this application)

Describe the vehicle/trailer for which you are requesting technology. Use additional pages as necessary.

1. Check the box that best describes your vehicle/trailer	<input type="checkbox"/> Single Body Truck <input type="checkbox"/> Truck Tractor, No Sleeper <input type="checkbox"/> Truck Tractor w/Sleeper <input type="checkbox"/> Detached Trailer w/Diesel TRU		
2. Vehicle/Trailer Unit #		10. Diesel Engine Serial Number (S/N)	
3. Vehicle/Trailer <u>Year</u> , <u>Make</u> & <u>Model</u>		11. Diesel Engine <u>Year</u> , <u>Make</u> & <u>Model</u>	
4. Vehicle/Trailer Identification Number (VIN)		12. EPA Engine Family Number	
5. License Plate Number		13. Diesel Engine Horsepower (hp)	
6. State of Registration		14. Vehicle/Trailer Retirement Date (MM/YYYY)	
7. Gross Vehicle Weight (GVW)		15. Annual Miles or Hours	
8. Annual Idling Hours (Vehicles Only)		16. MA Market(s), Warehouse(s) & Distribution Ctr(s) Serviced & Town/City Located in	
9. Fuel Used/Year (Gallons)			

E. Requested Technology - Indicate below the technology or technologies you are requesting for the vehicle/trailer described above.

[1] Requested Technology	[2] Retrofit Type	[3] Technology Make	[4] Technology Model	[5] Estimated Cost (Purchase, Installation and Mileage) of Technology	[6] Your % Cost Share Requirement	[7] Your Cost Share (Estimated Cost of Technology x Your % Cost Share Requirement)	[8] TOTAL Grant Funding Request (Estimated Cost - Your Cost Share)
Auxiliary Power Unit (APU) and Retrofit	<input type="checkbox"/> DOC <input type="checkbox"/> DPF	APU: Retrofit:	APU: Retrofit:	APU: \$ Retrofit: \$	0%	\$	\$
Retrofit Only	<input type="checkbox"/> DOC <input type="checkbox"/> DPF			\$	0%	\$	\$
Electric TRU (eTRU)	N/A			\$	25%	\$	\$
TOTAL				\$		\$	\$

TRU = Transportation Refrigeration Unit

DOC = Diesel Oxidation Catalyst
DPF = Diesel Particulate Filter



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F. Summary of All Requested Technology

Insert the TOTALS from Columns 5, 7, and 8 of Section E for each technology requested.

Vehicle/Trailer	[5] TOTAL, <i>Estimated Cost (Purchase, Installation & Mileage) of Technology</i>	[7] TOTAL, <i>Your Cost Share</i>	[8] TOTAL, <i>Grant Funding Request</i>
1	\$	\$	\$
2	\$	\$	\$
3	\$	\$	\$
4	\$	\$	\$
5	\$	\$	\$
6	\$	\$	\$
7	\$	\$	\$
8	\$	\$	\$
9	\$	\$	\$
10	\$	\$	\$
TOTAL	\$	\$	\$

G. Electric TRUs (Only applicants for electric TRUs need to complete this section.)

- Have you obtained a licensed electrical contractor to assess your facility for the installation of electrical service or an upgrade to the existing electrical service?
 Yes No
- Does your facility require new electrical infrastructure or an upgrade to the existing electrical service to support your requested eTRU(s)?
 New Service Required Upgrade Required No Upgrade Required Don't Know
- If applicable, attach a copy of the licensed electrical contractor's written estimate for installing new electrical service or an upgrade to your existing electrical service. Electricity supply installation or upgrade costs are not funded by this grant program.
 Estimate Attached Not Applicable
- Please explain, generally, your retirement schedule for your **diesel** TRUs.
