



Massachusetts Department of Environmental Protection

Bureau of Air and Waste

Transportation Management Programs

MassCleanDiesel: Clean Markets Program Round III Grant Application - eTRUs

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. Trailer Description Worksheet

(Trailer # _____ of _____ included in this application)

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

1. Check the box that best describes your trailer	<input type="checkbox"/> Detached Trailer w/Diesel Transportation Refrigeration Unit (TRU)		
2. Trailer Unit #		9. Diesel TRU Horsepower (hp)	
3. Trailer <u>Year</u> , <u>Make</u> & <u>Model</u>		10. Planned Diesel TRU Retirement Date (MM/YYYY)	
4. Trailer Identification Number (VIN)		11. Annual Hours of Use	
5. License Plate Number		12. Fuel Used/Year (Gallons)	
6. State of Registration		13. MA Market(s), Warehouse(s) & Distribution Center(s) Serviced & Town/City Located in	
7. Diesel TRU Serial Number			
8. Diesel TRU <u>Year</u> , <u>Make</u> & <u>Model</u>			

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

[1] Requested Technology	[2] Technology Make	[3] Technology Model	[4] Estimated Cost (Purchase, Installation and Mileage) of Technology	[5] Your % Cost Share Requirement	[6] Your Cost Share (Estimated Cost of Technology x Your % Cost Share Requirement)	[7] TOTAL Grant Funding Request (Estimated Cost - Your Cost Share)
Electric TRU (eTRU)			\$	60%	\$	\$



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F. Summary of All Requested Technology

Insert the amounts from Columns 4, 6, and 7 of Section E for each trailer.

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

G. Electric TRUs

1. 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

2. 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

3. 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

4. Please explain, generally, your retirement schedule for your **diesel** TRUs.
