Diesel Retrofit Grant Application

Name of Community: _____

Address: _____
                (street)   (city)   (zip)

County: _____

Contact
Name: _____   Title: _____

Phone: _____   Fax: _____

Email: _____

Population of Village/Town/City (select one)

_____	Less than 20,000	_____	20,001-50,000	_____	50,001-100,000
_____	100,001-200,000	_____	200,001-300,000	_____	Over 300,000

Vehicle Type of Proposed Retrofit: _____

Total Number of Vehicle Type in Fleet: _____

Number of Vehicles For Which Funds are Being Sought: _____

Amount of Funds Requested for Equipment: $ - _____

Amount of Funds Requested for ULSD or B20: $ - _____

Matching Funds: $ - _____

Total Project Cost: $ - _____

Authorized Signature of Person Representing the Community

Signature: _____   Title: _____

Print Name and Title: _____

Fuel Cost Calculation Worksheet

This form is to be used by communities that choose to include Ultra-Low Sulfur Fuel (ULSD) or 20% biodiesel (B20) fuel in their proposal. Please complete the information below and include this form with your application.

Type of fuel (ULSD or B20):   _____

Volume of fuel storage tank: _____ gallons

Average frequency of taking fuel
deliveries: _____ days

Number of vehicles that will be using the fuel: _____

Estimated monthly fuel consumption for these
vehicles: _____ gallons

Average incremental cost of fuel per gallon
(estimate):   _____ cents

Time period for project: _____ months

Projected start of fuel use: _____
                                      (month/year)

Projected end of fuel use: _____
                                      (month/year)

Amount of requested funding for fuel: $ _____
(estimated consumption X incremental cost X time period)

Clean Air Counts Diesel Retrofit Grant Program
Vehicle List

Name of Community: _____

Engine Manufacturer	Model Year	Vehicle Application	Annual Miles	Date Acquired	Project # Years Remaining in Fleet	Catalyst Installation	Part. Filter Installation	Type of Clean Diesel	New Engine Purchase	Non-Idling Equipment	Cost for Equipment