

FORM 1: SIGNATURES AND CONTACTS

Part 1: Signature Page

Applicant/Company Name:

Type of Company:

- Licensed Motor Carrier
 Fleet Owner
 Independent Owner
 Leasing Company
 Other: _____

Identification Number (nine digit # as given by the Secretary of State Office)

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Certifications

I have read the Application and Grant Eligibility Requirements and agree to **ALL** the following terms and conditions by initialing each of the following sections:

- | | |
|---------------|---|
| Initial _____ | Applicant fully understands that the RIDEM State DERA Fund is a five (5) year program commitment. |
| Initial _____ | For the duration of the program commitment, the Participant Replacement Truck or Qualifying Truck, must perform fifty percent (50%) or more of vehicle miles traveled, or hours of operation within the State of Rhode Island. |
| Initial _____ | For truck replacement purchases that utilize alternative fuel technology (hybrid-diesel electric, CNG, or BEV), it is the applicant's responsibility to identify if locations for fueling/charging infrastructure for the new equipment is readily available. |
| Initial _____ | Applicant fully understands that the RIDEM State DERA Fund is a cost sharing program, and it is the applicant's responsibility to cover the remaining balance after the reimbursement grant amount has been applied. |
| Initial _____ | Applicant will not purchase the new truck or technology until receiving an executed Grant Agreement and approval from the Program Manager. Any new truck or technology purchased prior to Grant Agreement execution is ineligible for the reimbursement amount. |
| Initial _____ | The Program Manager maintains the right to inspect the old truck prior to vehicle scrappage and new technology replacement, at any time during the Grant Agreement period. |
| Initial _____ | I have read and agree to the conditions and requirements of the RIDEM State DERA Fund as stated in this program document and the State Clean Diesel Grant Program Information Guide. |

AUTHORIZED OFFICIAL: APPLICANT OR EMPLOYEE OF THE APPLICANT AUTHORIZED TO APPLY

I hereby certify that to the best of my knowledge and belief all information provided in this application and any attachments is true and correct. If the application was prepared by a third party, I certify that I have read the complete application after all forms and information were completed. I agree with the information provided, and the date provided below is the data I signed the form. I further understand that prior to incorporating these forms and information into a rebate Grant Agreement, the data and information may be revised by RIDEM Project Manager for accuracy and that our acceptance of a Grant Agreement will constitute agreement with those revisions. Failure to sign the application or signing it with a false statement may make the submitted offer or any resulting Grant Agreements voidable. Intentional falsification of these forms will be prosecuted to the extent allowed under law and may be used as an adverse factor in future awards.

Signature of Authorized Official:

Print Name of Authorized Official:

Date:

FORM 1: SIGNATURES AND CONTACTS

Part 2: Designation of Officials and Access to Records Location

AUTHORIZED OFFICIAL: The person signing this application		
Name:		
Title:		
Mailing address:		
Physical address:		
Main Phone Number:	Secondary Number:	
Fax Number:	Email Address:	
DESIGNATED PROJECT REPRESENTATIVE: The applicant or an employee of the applicant who will serve as the contact and will be responsible for receiving and submitting the funding participant agreement documents, including annual usage reports.		
<input type="checkbox"/> Same as authorized		
Name:		
Title:		
Mailing address:		
Physical address:		
Main Phone Number:	Secondary Number:	
Fax Number:	Email Address:	
FINANCIAL OFFICER (IF APPLICABLE)		
<input type="checkbox"/> Same as authorized		
Name:		
Title:		
Mailing address:		
Physical address:		
Main Phone Number:	Secondary Number:	
Fax Number:	Email Address:	
DESIGNATED LOCATION FOR RECORDS ACCESS AND REVIEW BY RIDEM OR ITS REPRESENTATIVE		
Physical Address:		Phone:
City:	State:	ZIP Code:

FORM 2: APPLICATION COVER SHEET

1. TYPE OF APPLICATION

Only vehicle replacement projects qualify for funding under the DERA Fund.

Each qualifying vehicle will require a separate supplemental application form (See Form 3).

INDICATE BELOW THE NUMBER OF SUPPLEMENTAL APPLICATION FORMS (FORM 3) THAT ARE INCLUDED:

	Replacement of Vehicle
= TOTAL NUMBER OF SUPPLEMENTAL APPLICATION FORMS (FORM 3) ATTACHED.	

DESCRIPTION OF FLEET DRIVER TRAINING PROGRAM(S) OR HOW PROPOSED PROJECT IS PART OF A LARGER STRATEGY TO ADDRESS EMISSIONS REDUCTIONS FROM HEAVY-DUTY VEHICLES.

To improve performance or get free online training visit: <https://www.epa.gov/smartway/smartway-truck-carrier-partner-resources>

Insert a brief paragraph that summarizes your truck/fleet driver training program(s), implementation strategy and timeframe, and/or how the project is part of a larger strategy to reduce truck/fleet emissions.

2. ATTACHMENT CHECKLIST FOR EACH TRUCK

(Be sure to provide a copy of each item in the checklist below for each supplemental application form (Form 3))

<input type="checkbox"/>	Vehicle Registration (current year)
<input type="checkbox"/>	Truck Title
<input type="checkbox"/>	Insurance Coverage (Auto Liability, current year)
<input type="checkbox"/>	Replacement Truck/Engine Data Sheet
<input type="checkbox"/>	If Applicable, Demonstration of Cost Share

FORM 3: APPLICATION FORM (*SUBMIT ONE PER QUALIFYING VEHICLE, ENGINE, EQUIPMENT)

THE FOLLOWING SECTIONS SHOULD BE COMPLETED ACCORDING TO THE TYPE OF PROJECT, THIS FORM (FORM-3) AND APPROPRIATE SECTIONS SHOULD BE COMPLETED FOR EACH PIECE OF EQUIPMENT.

Section 1 & 2- Existing Vehicle, Engine, and Equipment Information & Project Financials is required for all applications.

Fill out Section A below with vehicle replacement information.

1. EXISTING VEHICLE INFORMATION

Gross Vehicle Weight Rating (GVWR): (select one)

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Class 5 (16,001 to 19,500 lbs. GVWR) | <input type="checkbox"/> Class 6 (19,501 to 26,000 lbs. GVWR) | <input type="checkbox"/> Class 7 (26,001 to 33,000 lbs. GVWR) | <input type="checkbox"/> Class 8 (33,001 lbs. GVWR or greater) |
|---|---|---|--|

Fuel Type: (select one)

- | | | | |
|---------------------------------|--|--|---|
| <input type="checkbox"/> Diesel | <input type="checkbox"/> Biodiesel(B5) | <input type="checkbox"/> Biodiesel (B20) | <input type="checkbox"/> Other (Not eligible for funding) |
|---------------------------------|--|--|---|

Vehicle Make:

Vehicle Identification Number (VIN):

Vehicle Model Year:

Engine Make:

Engine Model Year:

- If doing diesel to diesel replacement *Must be 1996-2009, including drayage
- If doing an all-electric or low-NOx replacement *Must be 1996-newer
- If doing a Clean Alt Fuel Conversion *Must be 1996-newer

Engine Family Name (12-digits):

Engine Horsepower:

Current Odometer Reading on Truck:

Estimated remaining years that this vehicle would be used if not being scrapped for this project:

Estimated annual VMT:

Estimated annual hours of idling:

Estimated annual VMT in RI:

Estimated annual fuel consumption:

FORM 3: APPLICATION FORM
(*SUBMIT ONE PER QUALIFYING VEHICLE, ENGINE, EQUIPMENT)

<p><u>Drayage Only</u> (all other vehicles put N/A):</p> <ul style="list-style-type: none"> Does the truck meet the drayage definition: any Class 8 (GVWR greater than 33,000) highway vehicle operating on or transgressing through port or intermodal rail yard property for the purpose of loading, unloading or transporting cargo, such as containerized, bulk or break-bulk goods? 	
<ul style="list-style-type: none"> Has this truck completed 150 trips over the last twenty-four months to a Port? 	
<ul style="list-style-type: none"> Has this truck driven at least 7,000 miles during the twelve months during and twenty-four months prior to the upgrade? <p>*If the answer is no to any of the drayage questions, then the truck is not eligible for upgrade per the Request for Proposals eligibility requirements</p>	
2. PROJECT FINANCIALS	
Estimated Equipment Costs:	Estimated Labor Costs:
A. REPLACEMENT VEHICLE INFORMATION	
Fuel Type:	
Make:	
Model:	
Model Year 2019+ or (2015+ for drayage)	<input type="checkbox"/> Yes If No, does not qualify for funding.
Tractor and/or Trailer is a SmartWay Designated model	<input type="checkbox"/> Yes To determine visit, https://www.epa.gov/verified-diesel-tech/smartway-designated-tractors-and-trailers <input type="checkbox"/> N/A