

MARINE ENGINE REPLACEMENT APPLICATION

FORM 1: APPLICATION
Part 1: Signature Page

Applicant/Company Name:

Type of Company:

Fleet Owner

Independent
Owner

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 Qualifying vessel, must be harbored in the principal Rhode Island mooring area as indicated on the registration issued by the Office of Boat Registration.

Initial _____

For vessel engine 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 engine or technology until receiving an executed Grant Agreement and approval from the Program Manager. Any new engine 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 vessel prior to scrappage and new engine or 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 date I signed the form. I further understand that prior to incorporating these forms and information into a reimbursement 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:

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Print Name of Authorized Official:

Title:

Date:

MARINE ENGINE REPLACEMENT APPLICATION

FORM 1: APPLICATION
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.

Same as authorized

Name:	
Title:	
Mailing address:	
Physical address:	
Main Phone Number:	Secondary Number:
Fax Number:	Email Address:

FINANCIAL OFFICER (IF APPLICABLE)

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 (Attach to FORM 1)

1. TYPE OF APPLICATION

There is one (1) category of emissions reduction projects that qualify for funding under the DERA Fund.

Each qualifying vessel 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 Engine (Form 3-Section A)
	= TOTAL NUMBER OF SUPPLEMENTAL APPLICATION FORMS (FORM 3) ATTACHED.

AS A RESULT OF THIS PROJECT WHAT ELSE WOULD OR COULD YOU DO TO ADDRESS EMISSIONS REDUCTIONS AND ADD GREENER PRACTICES. (USE TO THE SPACE BELOW FOR RESPONSES)

2. ATTACHMENT CHECKLIST FOR EACH VESSEL

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

<input type="checkbox"/>	Boat Registration (current year) or Coast Guard Documentation
<input type="checkbox"/>	Boat Title
<input type="checkbox"/>	If Applicable, Commercial Fishing License or Landing License
<input type="checkbox"/>	If Applicable, Demonstration of Cost Share

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**FORM 3: SUPPLEMENTAL 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.

Fill out: Section 1 & 2- Existing Vessel, Engine, and Equipment Information & Project Financials is required for all applications.

1. EXISTING VEHICLE, ENGINE, EQUIPMENT INFORMATION

Engine Tier Rating: (Select one) <input type="checkbox"/> Unregulated/Tier 0 <input type="checkbox"/> Tier 1 <input type="checkbox"/> Tier 2 <input type="checkbox"/> Tier 3 or 4 (Not eligible for funding)	Fuel Type: (select one) <input type="checkbox"/> Diesel <input type="checkbox"/> Biodiesel(B5) <input type="checkbox"/> Biodiesel(B20)
Hull Identification Number (HIN):	
Vessel Model Year:	
Number of Engines (Total):	
Number of Engines to be Replaced:	
Engine Make:	
Engine Model Year:	
Engine Horsepower:	
Propulsion or Auxiliary:	
Estimated annual fuel consumption:	
Estimated annual operating hours:	
Estimated percent of fish landed in Rhode Island (%):	

2. PROJECT FINANCIALS

Write the estimated costs of the project in the space below (If doing an engine plus generator replacement, please break down cost for both pieces of equipment)

3. REPLACEMENT ENGINE INFORMATION

Engine Make:	
Engine Model:	
Engine Year:	
Is the Engine a Tier 3/4 engine?	<input type="checkbox"/> Yes If No, does not qualify for funding.
Engine Horsepower:	
Is the engine EPA certified?	<input type="checkbox"/> Yes To determine click here! <input type="checkbox"/> N/A