



1. Briefly describe the type of diesel vehicle for which you will reduce emissions and the function of same. Please include engine model year and gross vehicle weight rating.

2. How many diesel vehicles do you plan to  
replace? \_\_\_\_\_  
install idle reduction technology? \_\_\_\_\_
3. Amount requested to complete this project \$\_\_\_\_\_
4. Amount of matching funds provided \$\_\_\_\_\_
5. What entity owns, operates, and maintains the vehicles? \_\_\_\_\_
6. What type of entity is this (non-profit, government or government contractor, private, etc.)? \_\_\_\_\_
7. What is the average age of the vehicles in your fleet? \_\_\_\_\_
8. At what age are vehicles in this fleet usually replaced? \_\_\_\_\_
9. If applying for passenger vehicles, please provide the annual number of individuals riding the vehicles to be outfitted or replaced. \_\_\_\_\_
10. For vehicles that function primarily in neighborhoods (refuse trucks, utility vehicles, etc.), please provide the number of households served annually by vehicles to be outfitted or replaced. \_\_\_\_\_
11. I understand that our fleet is required to keep the vehicle(s) replaced and/or equipment installed through this grant in service for a minimum of five years. If the vehicle becomes inoperable or is sold to another entity before the five years are up, DEQ must be notified of the change.  
Please check one:  Yes  No

12. I understand that matching funds are required and that the applicant is responsible for and has adequate funding for this request.

Please check one:  Yes  No

13. I understand that quarterly reporting will be required from the project start date through one year after the installation of the technology and/or the delivery of the new vehicle.

Please check one:  Yes  No

14. I understand that all eligible replacement projects must be early attrition projects. Early attrition refers to a project where a vehicle is replaced before that vehicle is scheduled to be replaced. Therefore, any replaced vehicle that is due to be replaced, scheduled to be replaced, or has a life expiration date before September 30, 2021 is not eligible for FY 2017 Oklahoma Clean Diesel Grant Program funds.

Please check one:  Yes  No

15. Provide a detailed project timeline.

16. **(For schools and school contractors only)** Briefly describe your existing or proposed idle reduction policy. If no policy exists and you do not plan to instate one, please explain why. Failure to instate an idle reduction policy may be cause for disqualification and is a requirement for school bus fleets.




17. Briefly describe your competitive bid process.

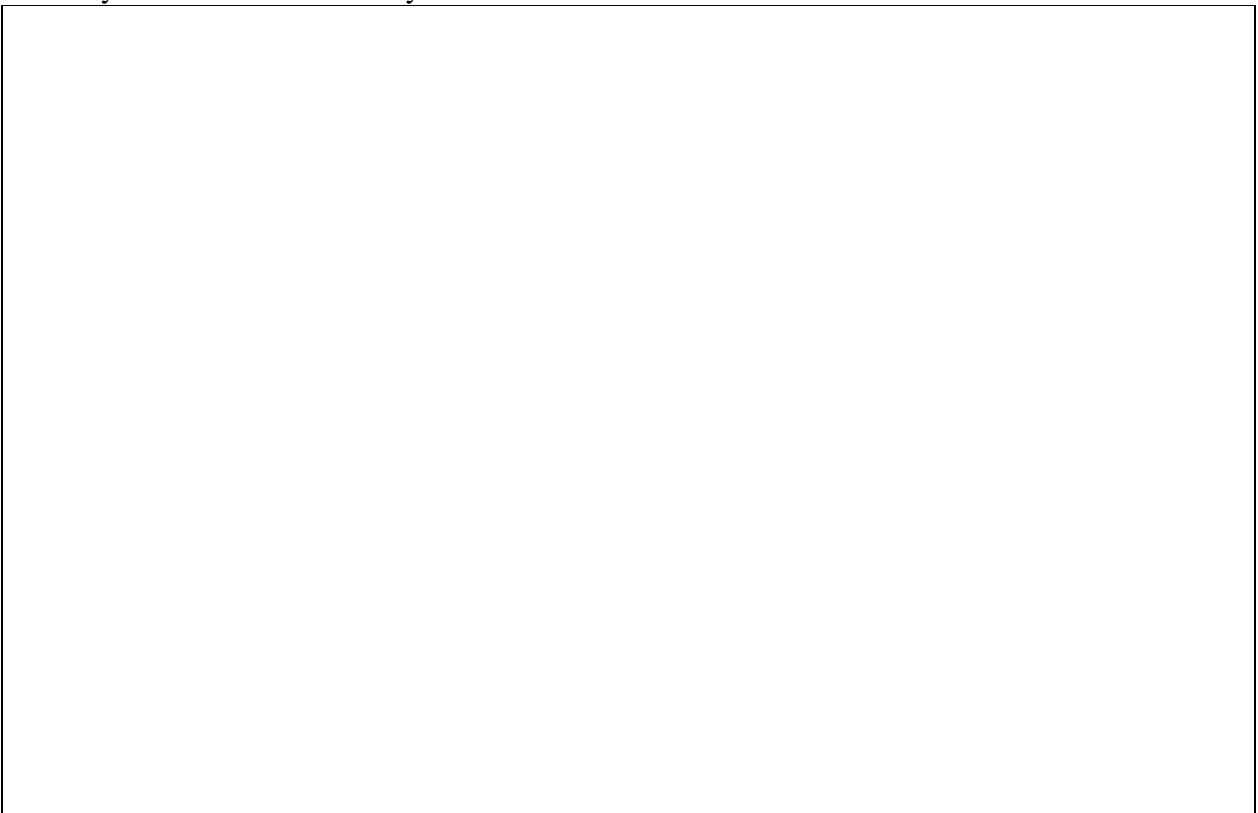
18. In which counties does your school district, municipality, or company operate?

19. Explain the extent to which the proposed project will reduce environmental risks to sensitive populations and other populations with disproportionately high environmental impacts. Sensitive populations include children, the elderly, and populations with cardiac or respiratory disease. Populations which receive disproportionately high environmental impacts include those which work or reside near heavy traffic or sources of significant point-source pollution.

20. Describe your ability to complete the project in a timely manner.



21. Provide a thorough budget describing estimated costs for purchase and installation. Additional sheets may be attached if necessary.



22. Certification

The undersigned is an official authorized to represent the applicant. The person signing this document must have the authority to contractually bind the applicant or be the designated fiscal agent.

*I certify that all proposed activities will be carried out; that all grant money received will be utilized solely for the purposes for which it is intended; that records documenting the planning process and implementation will be maintained and submitted when requested, and DEQ is hereby granted access to inspect project sites and/or records. It is understood that if this project is selected an MOA with DEQ will be executed.*

\_\_\_\_\_  
Print Name of Authorized Representative

\_\_\_\_\_  
Title

/ /

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

Taxpayer ID # \_\_\_\_\_