**Alternative Fuels Incentive Grant 2024**

**Project Specific Instructions**

PA Alternative Fuels Incentive Grant

Project Specific Step-by-Step Guide

Vehicle Retrofit and/or Purchase Instructions

Supplemental Application Form [Required]

Note: If the information provided on this form is not complete, your application may be deemed ineligible.

* Other Funding Sources: Indicate other sources of funding applied for and the anticipated award dates, if applicable.
* Type of Alternative Fuel Vehicle: Identify the type of alternative fuel vehicle to be purchased or retrofitted with the grant. Please explain in the Project Narrative.
* Zero Emission Vehicles and Renewable Natural Gas: Indicate whether or not the project involves ZEV or RNG.
* Vehicle Registration: Indicate whether or not all proposed vehicles are currently or planned to be registered in PA. For Yard Truck projects, indicate if the vehicles intend to maintain operating in Pennsylvania for at least two years.
* Fueling Station: Indicate if this station(s) will have full unrestricted public access, will be accessible to entities other than the applicant but with restrictions, or will be private use only. Identify the location of the primary new or existing fueling station(s) to be used by the vehicles. Identify the location of any secondary fueling station(s) to be used by the vehicles. Please provide details in the Project Narrative.
* Service Technician: Please identify the service technician that will be maintaining the vehicles for the duration of the grant term.
* Gasoline Gallon Equivalent Displacement as a result of project deployment: Please identify the annual fuel displacement (identify type of fuel displaced - either diesel or gasoline) anticipated by the project in Gasoline Gallon Equivalents. Details should be provided in the project narrative.
* Summary Statistics: Summarize the expected energy, economic and environmental results or benefits and define measures of success in quantitative terms in the Proposed Annual Project Summary Statistics tables.
* PA Economic Development Measures: Identify whether or not the manufacturer(s), installers(s), and/or the supplier/dealer(s) of the primary project vehicles or conversion systems are located in Pennsylvania. If yes, list the name and address of each.
* Emergency Personnel: Indicate whether the vehicles are used by first-responder emergency personnel.
* Emergency Response: Indicate whether the vehicles are used by in emergency response by personnel other than first-responders.
* Environmental Justice: Indicate whether the project will be located in and/or primarily servicing an Environmental Justice area. Please list the EJ area(s) the project will be located in and or servicing. To check if your project is located in or serves an EJ area, please visit the [DEP Environmental Justice Area viewer.](https://gis.dep.pa.gov/PennEnviroScreen/) Further information on Environmental Justice areas can be found [here](https://www.dep.pa.gov/PublicParticipation/OfficeofEnvironmentalJustice/Pages/PA-Environmental-Justice-Areas.aspx).
* Pennsylvania Small Business: Indicate whether or not the applicant is a Pennsylvania Small Business. If yes, list the number of employees including parent companies and subsidiaries.
* Small Diverse Business or Veteran Business Enterprise: Indicate whether or not the applicant is a Small Diverse Business or Veteran Business Enterprise as defined by the [Department of General Services](https://www.dgs.pa.gov/Small%20Diverse%20Business%20Program/Pages/default.aspx).

Detailed Project Narrative [Required]

Note: If the information provided in the project narrative is not complete, your application may be deemed ineligible.

Provide a detailed project narrative of no more than 10 pages on the provided Project Narrative Form. This narrative should focus on items identified in the general and specific evaluation criterion as well as the following items:

* + A description of the number and type of eligible vehicles to be purchased or retrofitted.
  + A description of the number and type (make, model, model year, mileage, fuel type, hours of operation) of any vehicles that are being replaced by this project.
  + A description of what the vehicles will be used for.
  + A description of the applicant’s planned fleet management plan for the eligible vehicles (how long will the vehicles be operated in PA, hours of operation, schedule of replacement or resale).
  + Confirmation of the existence of fueling infrastructure that will be available to supply all vehicles to be supported with grant funds.
  + Whether the project includes the utilization of a fueling facility accessible to the public, and how the public will access the station.
  + Confirmation that proposed alternative fuel conversion systems are EPA or CARB compliant, or, if not yet compliant, when they are expected to be compliant.
  + Amount of GHG and NOx reductions per year that will be achieved by the project.
  + The applicant must identify a service tech or company that will work on the alternative fuel system during the ownership of the proposed vehicles.
  + An outreach and education plan to demonstrate how you will promote the environmental benefits of alternative fuels.
  + Will the project be implemented in an EJ Area or benefit a community located in an EJ Area? If so, please describe the community and how the project will beneficially impact the environmental and/or public health of an underserved community.
  + Does your organization have a history of community involvement where the grant will be implemented? Would this grant facilitate working with an underserved population and/or organization to address local environmental and/or public health issues? If so, please describe

Alternative Fuel Vehicle Summary Table [Required]

Note: Please use only the Excel spreadsheet provided. Do not submit as a PDF or Word document. All columns must be completed or your application may be deemed ineligible.

Provide the following information for all vehicles to be purchased or retrofitted.

* + Select the type of vehicle using the drop-down menu.
  + Using the drop-down menu, indicate whether the vehicle is a new alternative fuel vehicle purchase or a retrofit of a conventional vehicle to alternative fuel vehicle.
  + Indicate whether or not EPA and/or compliant certification system exists using the drop‑down menu. If “no” or “pending” answer is provided, provide an explanation in project narrative.
  + List the vehicle make.
  + List the vehicle model.
  + List the vehicle year.
  + Using the drop-down menu, indicate the vehicle class (see the table in the Definitions section of the 2024 AFIG Guidance for a table of vehicle classes).
  + List the Gross Vehicle Weight Rating (GVWR) of the vehicle in pounds (lbs).
  + List the anticipated miles to be driven per year.

For Vehicle Retrofits, insert the actual miles per gallon (MPG) of the vehicle prior to retrofit. For Vehicle Purchases, insert a typical MPG found for a conventional fuel vehicle of this vehicle class. Vehicle Purchases examples:

* + A transportation organization may be planning to purchase a propane powered bus. Applicant’s records indicate that a typical diesel bus in their fleet has an average of 10 MPG. Applicant would insert 10 MPG into the Summary Table.
  + A business plans to purchase a mid-sized all-electric car. The applicant enters a typical MPG for mid-sized cars that use a conventional gasoline engine. In this case, a typical fuel economy may be 30MPG. Use the U.S. Department of Energy’s fuel economy website [www.fueleconomy.gov](http://www.fueleconomy.gov) to help make this determination based on vehicle class.

Enter the incremental purchase cost of a new vehicle over a comparable conventional fuel vehicle or the conversion cost of an existing vehicle.

* + A single application under this category may not exceed $300,000. Any AFIG application seeking funding to support the incremental cost to purchase alternative fuel fleet vehicles or convert vehicles to utilize alternative fuels may request awards as per the following table:

|  |  |  |  |
| --- | --- | --- | --- |
| Battery Electric Vehicles (BEV): | | | |
| Vehicle Class | Battery System Capacity | % of Incremental Cost Eligible for Grant Request | Maximum Grant Award (per new vehicle) |
| Class 1 and 2 | All BEV with capacity under 50 kWh | N/A | $2,000 |
| BEV with capacity above 50 kWh | N/A | $7,500 |
| Class 3‑4 (excluding School and Transit Buses) | BEV with capacity between 50 and 100 kWh | 100% | $10,000 |
| BEV with capacity above 100 kWh | 100% | $20,000 |
| Class 5‑7 (excluding School and Transit Buses) | BEV with capacity between 50 and 100 kWh | 100% | $30,000 |
| BEV with capacity above 100 kWh | 100% | $40,000 |
| School and Transit Buses\* | BEV with capacity between 50 and 100 kWh | 100% | $75,000 |
| BEV with capacity above 100 kWh | 100% | $100,000 |
| Class 8 | BEV with capacity between 50 and 200 kWh | 75% | $75,000 |
| BEV with capacity above 200 kWh | 75% | $100,000 |

**\*Note: This grant program does not fund the total vehicle purchase cost. *Incremental cost* is defined as:**

* **The difference in cost between the base price of a conventional model vehicle and its alternative fuel model related to use of the alternative fuel or the cost to retrofit a conventional model vehicle to operate using alternative fuels.**

**For the purposes of Class 1 & 2 BEVs the program will award up to 100% of the maximum award amount.**

**The transit bus category only applies to medium and heavy-duty transit buses at least 29 feet in length. Body-on-chassis transit vehicles should apply based on vehicle class.**

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| **Other Alternative Fuel Types:** | | | |
| **Alternative Fuel Type** | **Vehicle Class** | **% of Incremental Cost\* Eligible for Grant Request** | **Maximum Grant Award (per new vehicle)** |
| CNG | Class 1 and 2 | Up to 100% | $7,500 |
| Class 3-8 | Up to 100% | $40,000 |
| RNG | Class 3-8 | Up to 100% | $40,000 |
| LNG | Class 1 and 2 | Up to 100% | $7,500 |
| Class 3-8 | Up to 100% | $40,000 |
| Propane | Class 1 and 2 | Up to 100% | $7,500 |
| Class 3-8 | Up to 100% | $40,000 |
| Biodiesel (>B20) | Class 1 and 2 | Up to 100% | $7,500 |
| Class 3-8 | Up to 100% | $40,000 |
| Hydrogen Fuel Cell | Class 1 and 2 | Up to 100% | $7,500 |
| Class 3-8 | Up to 100% | $40,000 |

**\*Note: This grant program does not fund the total vehicle purchase cost. *Incremental cost* is defined as:**

* **The difference in cost between the base price of a conventional model vehicle and its alternative fuel model related to use of the alternative fuel or the cost to retrofit a conventional model vehicle to operate using alternative fuels.**

Applicants who have previously converted a portion of their existing Pennsylvania fleet to alternative fuels may request the following maximum grant award per vehicle:

* 1-25% of your current existing fleet converted to alternative fuels may request up to 75% of the maximum award per vehicle
* 26-50% of your current existing fleet converted to alternative fuels may request up to 50% of the maximum award per vehicle
* 51-75% of your current existing fleet converted to alternative fuels may request up to 25% of the maximum award per vehicle
* 75% or greater of your current or existing fleet converted to alternative fuels may request up to 10% of the maximum award per vehicle

For the purposes of this solicitation, an existing Pennsylvania fleet is defined as the total number of Class 1&2 or Class 3+ vehicles at all of the applicant’s primary and subsidiary locations within the Commonwealth.

Documentation of existing Pennsylvania fleet converted to alternative fuels [Required]

* Provide documentation of the applicant’s existing Pennsylvania fleet and the percentage previously converted to alternative fuels, not including vehicles that are being applied for.
* If no portion of the applicant’s fleet has previously converted to alternative fuels, please provide a signed statement to that effect.

Letters of Commitment [Required]

Attach any letters of financial commitment. These must be uploaded as attachments to the electronic application; hardcopies will not be accepted. Letters should clearly state the amount of incremental cost to be committed to the project. The letters must state:

* + Applicant acknowledges that the DEP does not consider the following items as matching funds nor as eligible costs for the use of this funding: costs associated with preparation of the AFIG application; land acquisition; permits; landscaping; advertising; business start-up costs; indirect costs (i.e., general administrative and overhead, contingency funds, etc.); travel, lodging, subsistence; conference or meeting expenses including catering, conference equipment and room rental.
  + Applicant has funds available and in-hand to support the match funding identified in this application’s budget either through an already approved loan or cash on hand; or
  + Applicant has a third-party agreement to support the match funding identified in this application’s’ budget. A letter from that organization identifying the amount available must be provided.

Fueling Infrastructure Documentation [Required]

The application must contain documentation confirming the existence of fueling infrastructure available to supply eligible vehicles to be supported with grant funds.

* Documentation must indicate whether:
  + The applicant owns and/or operates fueling infrastructure to refuel the vehicles for which funds are requested; or
  + The applicant owns the land on which the fueling infrastructure will be constructed; or
  + The applicant has an agreement in place to use existing fueling infrastructure owned by a third party and a copy of the agreement will be provided; or
  + The applicant has an agreement in place to use the land for construction of fueling infrastructure by a third party and a copy of the agreement will be provided: or
  + The applicant will utilize existing public refueling infrastructure.

For existing fueling stations, the applicant must provide a letter from the owner or operator of the station stating that the fueling station is or will be capable of supporting the projected fuel consumption within the grant period of performance.

For proposed new fueling stations, the applicant must provide a letter from the prospective owner and operator of the station stating the fueling station will be online and will be capable of supporting the projected fuel consumption within the grant period of performance.

Documentation of Incremental Cost [Required]

Provide documentation of the incremental cost of the vehicles being applied for. This can be a comparison of the MSRPs of the alternative fuel vehicle and a comparable conventional vehicle or documentation of conversion cost to alternative fuels.

Worker Protection and Investment Certification Form [Required]

Complete and upload the Worker Protection and Investment Certification Form to ensure that every worker in Pennsylvania has a safe and healthy work environment and the protections afforded them through labor laws under [Executive Order 2021-06, Worker Protection and Investment](https://www.governor.pa.gov/wp-content/uploads/2021/10/20211021_EO_2021-06_Worker-Protection.pdf) (October 21, 2021).

Add more Attachments [Conditional]

Browse for any additional files the applicant would like to submit and upload these files. Ensure files are closed on the computer before attempting to upload them. After uploading, confirm that the correct documents to be uploaded were successfully entered into the Electronic Single Application (ESA) system.

Reminder: You must sign and certify the application:

Authorized Organizational Rep

Certification must be made by the appropriate person authorized to represent the applicant.

* + **Note**: Certification occurs after the applicant has finished the application and the system has verified that the application is complete. Please allow time for this step to ensure that the applicant is able to submit the application prior to the deadline.

Certification

Check the box stating that an executive officer agrees to the terms stated.

Submit Application

**Ensure all information is complete and accurate. Click the Submit this Application button.**

* Once you submit the application, you will no longer be able to make changes.
  + For questions or problems with the Electronic Single Application (ESA) system please contact the Enterprise Help Desk, PA Office of Administration at 833-448-0647 or by email at: [egrantshelp@pa.gov](mailto:egrantshelp@pa.gov)
  + For AFIG specific questions, contact the appropriate individual listed on the DEP Contacts on Page 14 of the Guidelines.

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| |  |  |  |  | | --- | --- | --- | --- | | **SUPPLEMENTAL APPLICATION INFORMATION**  **ALTERNATIVE FUELS INCENTIVE**  **GRANT PROGRAM**  **VEHICLE RETROFIT AND/OR PURCHASE** | | | | | **Grants Customer Service Center**  **833-448-0647** |  | **Electronic Single Application (ESA)** | | | \*Indicates required information | | | <http://www.esa.dced.state.pa.us/> | | | | |
| **Application Information** | | | |
| Web Application ID:\* | | | |
| Applicant Legal Name:\* | | | |
| Project Title:\* | | | |
| **Supplemental Application Information – See Instructions for assistance** | | | |
| Has this proposal been submitted to another source for funding?  Yes  No  Name of other source and anticipated award date: | | | |
| What types of alternative fuel vehicles are being applied for?  CNG  RNG  LNG  Propane  Electric  Hydrogen  Biodiesel (specify blend)  Other: | | | |
| Does the project include either of the following fuel types?  ZEV  RNG | | | |
| Are all proposed vehicles currently or planned to be registered in PA?  Yes  No  For Yard Trucks, will the vehicles be operated in PA for at least two years?  Yes  No | | | |
| Does the applicant intend to maintain operations in Pennsylvania for no fewer than two years?  Yes  No | | | |
| What is the location of the primary fueling station?  Name of the owner or operator of the fueling station? | | | |
| What is the location of the secondary fueling station?  Name of the owner or operator of the secondary fueling station?  Is the primary station new (to be constructed) or existing?  New  Existing | | | |
| Check the applicable statement for the primary fuel station:  This station(s) is/will be accessible to the general public with unrestricted access. | | | |
| This station(s) is/will be accessible to entities other than the applicant, but will have restrictions, such as station‑specific access card, is on limited‑access property, or has restricted hours. | | | |
| This station(s) is/will be for the private use of the applicant only.  Who is the service technician for the vehicles? | | | |
| Gasoline Displacement as a result of project deployment. | | | |
| *(Insert more rows if necessary)* | | **Specify Type** | **Quantity** |
|  | Gasoline Gallon Equivalents |  | gals/yr |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Environmental Benefit Data: Provide the answers to the following statements. Fill in all blanks. Enter NA if not applicable. | | | | | |
| *(Insert more rows if necessary)* | | | **Specify Type** | | **Quantity** |
|  | Amount Reduced Annually | | NOx | | (lbs/yr) |
|  | Amount Reduced Annually | | CO2 | | (lbs/yr) |
|  | Pennsylvania Economic Development Measures | | | | |
|  |  | **Yes/No** | | **If yes, MUST list name and address** | |
|  | Is the manufacturer of the vehicle or conversion system in Pennsylvania? | Yes  No | |  | |
|  | Is the installer of the vehicle conversion system in Pennsylvania? | Yes  No | |  | |
|  | Is the supplier/dealer of the vehicle or conversion system in Pennsylvania? | Yes  No | |  | |
| Will the vehicles be used by emergency personnel?  Yes  No | | | | | |
| Does the project include vehicles that will be used for emergency response situations?  Yes  No | | | | | |
|  | | | | | |
| Is the project located in an Environmental Justice area?  Yes  No  Will the project serve an Environmental Justice area?  Yes  No  Please list the Environmental Justice area(s) the project will be located in and or/serve: | | | | | |
| To check if your project is located in or serves an EJ area, please visit the [DEP Environmental Mapping and Screening Tool.](https://gis.dep.pa.gov/PennEnviroScreen/) | | | | | |
| Does the applicant meet the definition of a Pennsylvania Small Business as defined in the AFIG Program Guidelines?  Yes  No  Please list the applicant’s total number of employees including parent companies and subsidiaries: | | | | | |
| Is the applicant a Small Diverse Business or Veteran Business Enterprise as defined by the [Department of General Services](https://www.dgs.pa.gov/Small%20Diverse%20Business%20Program/Pages/default.aspx)?  Yes  No | | | | | |



PA Alternative Fuels Incentive Grant

Project Specific Step-by-Step Guide

Alternative Fuel Refueling Infrastructure Instructions

Supplemental Application Form [Required]

Note: If the information provided on this form is not complete, your application may be deemed ineligible.

* DEP Staff: Provide the name of the DEP staff person with whom you discussed your application, if applicable.
* Alternative Fuel Infrastructure Type: Indicate what types of alternative fuel infrastructure are being applied for.
* Permits: Indicate whether any Federal, State or Local permit(s) will be required for the project. Please list any permits that are required.
* Facility or Infrastructure Projects: For projects that involve developing facilities and infrastructure, state law requires DEP to consider local comprehensive plans and zoning ordinances in funding decisions. All applicants must answer the related question on the application.
  + “Facilities” are buildings and other structures that involve new land development or result in a change to the existing use of land. “Infrastructure” is a permanent structure for transportation, storage or dispensing of alternative fuels.
* Other Funding Sources: Indicate other sources of funding applied for and the anticipated award dates, if applicable.
* Medium Duty Fleet, or Light Duty Fleet Refueling: Identify if the project is a Medium Duty Fleet Refueling or a Light Duty Fleet Refueling project. Please refer to the eligibility, requirements and evaluation criteria. Please identify the primary and other expected users of the infrastructure.
* Project Duration: Identify the project duration in months.
* Fueling Station Location: Identify the location of this fueling station or stations.
* Fueling Station Owner: Identify the owner(s) or operator(s) of the fueling station(s).
* New or Expansion: Indicate whether this project is the construction of new fueling station(s) or the expansion of existing fueling station(s).
* Fueling Station Accessibility: Indicate if this station(s) will have full unrestricted public access, will be accessible to entities other than the applicant but with restrictions, or will be private use only. Please explain in the Project Narrative.
* Environmental Justice: Indicate whether the project will be located in and/or primarily servicing an Environmental Justice area. To check if your project is located in or serves an EJ area, please visit the [DEP Environmental Justice Area viewer.](https://padep-1.maps.arcgis.com/apps/webappviewer/index.html?id=f31a188de122467691cae93c3339469c) Further information on Environmental Justice areas can be found [here](https://www.dep.pa.gov/PublicParticipation/OfficeofEnvironmentalJustice/Pages/PA-Environmental-Justice-Areas.aspx).
* Pennsylvania Small Business: Indicate whether or not the applicant is a Pennsylvania Small Business. If yes, list the number of employees including parent companies and subsidiaries.
* Small Diverse Business or Veteran Business Enterprise: Indicate whether or not the applicant is a Small Diverse Business or Veteran Business Enterprise as defined by the [Department of General Services](https://www.dgs.pa.gov/Small%20Diverse%20Business%20Program/Pages/default.aspx).
* PA Economic Development Measures: Identify whether or not the manufacturer(s), installers(s), and/or the supplier/dealer(s) of the primary project components/equipment are located in Pennsylvania. If yes, list the name and address of each. Identify the manufacturer(s), installer(s), and/or supplier(s) of any secondary project components.
* Energy Performance Outcomes: List the amount of fuel (diesel or gasoline) anticipated to be annually displaced by the project in gasoline gallon equivalents and the amount of fuel anticipated to be dispensed per year in the appropriate units.
* Environmental Benefit Data: List the amount of NOx and CO2 that will reduced annually by the project.
* Estimated Job Creation Measures: Summarize the number of temporary and/or permanent jobs that will be created by the grant awards funds and how long those jobs will last in number of months.

Detailed Project Narrative [Required]

Note: If the information provided in the project narrative is not complete, your application may be deemed ineligible.

* Provide a detailed project narrative of no more than 10 pages on the provided Project Narrative Form. This narrative should focus on items identified in the general and specific evaluation criterion as well as the following items:
  + A detailed description of the project
  + The location and ownership of the fueling station(s).
  + The public accessibility of the fueling facility(s).
  + A statement regarding financial viability of the project including an identification of expected annual fuel dispensed, and an anticipated simple payback on the investment in number of years.
  + A description of all other public, state, federal and local funds applied for or obtained to be invested in the project.
  + A description of the vehicles and vehicle types which would primarily utilize the refueling facility
    - **Please Note**:
      * Medium duty fleet refueling projects must service at least one fleet of alternative fuel vehicles by the end of the period of performance. Fleet vehicles described in the application must be a group of ten or more vehicles comprised of light duty trucks, buses and medium duty trucks between 10,000 and 26,000 lbs. in gross vehicle weight owned by a single entity. (Class 3 through Class 6 vehicles)
      * All light duty fleet refueling projects must service at least one fleet of at least 2 alternative fuel vehicles by the end of the period of performance. Alternative fuel vehicles using this refueling infrastructure may only be passenger cars or light duty trucks or light heavy duty trucks up to 10,000 lbs. in gross vehicle weight rating (Class 1 and Class 2a and Class 2b).
  + Equipment Disposition:
    - If applicable, Applicants should describe how property or equipment acquired with the grant will be disposed of or converted for continued Grantee use. The Grantee agrees that, for the term of the grant period of performance, including any extensions thereto, the Grantee will not lease, sell, transfer or assign any and all property and/or equipment, whether real or personal, that is purchased in whole or in part with grant funds provided by DEP. The Grantee agrees to obtain the prior written approval of DEP prior to leasing, selling, transferring or assigning such property and/or equipment, in whole or in part, during the Grant period of performance, including any extensions thereto.
  + Experience and Collaborations:
    - Applicants should describe their experience and ability to accomplish the scope of as well as the technical abilities and experience of any other organizations that will help to complete the project. Please specify the nature of any other organization’s participation. (the applicant may attach/upload resumés under “more attachments”)
  + Amount of GHG and NOx reductions per year that will be achieved by the project and how these statistics were calculated.
  + An outreach and education plan to demonstrate how you will promote the environmental benefits of alternative fuels.

Detailed Budget Information [Required]

Note: If the information provided on this form is not complete, your application may be deemed ineligible.

* Complete the Budget Summary and Detailed Budget Information: worksheet included with the application form. The worksheet included as part of the application form must be used. If additional clarification is to be provided, please include it in the detailed project narrative. The worksheet must be completed in full; and the Detailed Budget Information worksheet must be consistent with the Budget Summary. The applicant must provide at least 50% match.
  + **Budget Summary:** 
    - Grant funds requested (from DEP) are placed in the first column of the budget summary and matching funds (from the applicant) are to be placed in the second column of the budget summary.
    - The total of the grant funds requested (from DEP) in the budget summary should equal the total of the funds described in items 1-4 of the detailed budget.
    - The matching funds (from the applicant) identified in the budget summary should equal the total of any matching funds identified in the Match Section of the Detailed Budget worksheet.
  + **Detailed Budget:** 
    - The Detailed Budget Information worksheet is intended to support and provide detail to the budget summary.
    - Only grant funds requested are to be included in items 1-4 on the Detailed Budget worksheet.
      * **Note**: All costs incurred by the applicant’s contractor and then billed to the applicant should be identified on the worksheet under item 2.
    - Matching funds are only identified in the Match Section of the detailed budget worksheet.
      * Please identify the contributor,
      * Please reference the budget category by name, Personnel, Contractual, Equipment, Supplies.
      * Please provide a brief description, status and value.
      * **Please Note**: All in-kind and cash match contributions must be substantiated by commitment letters. Match cannot include funds or in-kind services provided by DEP. All match must be expended during the grant period of performance. Funds expended prior to the grant period of performance cannot be claimed as match.
* The following costs are not allowed under any circumstances:
  + Preparation of the AFIG application;
  + Land acquisition;
  + Permits;
  + Landscaping;
  + Advertising;
  + Business start-up costs;
  + Indirect costs (i.e. general administrative and overhead, contingency funds, etc.);
  + Travel, lodging, and subsistence;
  + Conference or meeting expenses including catering, conference equipment and room rental; and
  + Any other cost not deemed acceptable to DEP.

Letters of Commitment [Required]

* Attach any letters of financial commitment. These must be uploaded as attachments to the electronic application; hardcopies will not be accepted. The letters must state:
  + Applicant acknowledges that the DEP does not consider the items listed above as matching funds nor as eligible costs for the use of this funding.
  + Applicant has funds available and in-hand to support the match funding identified in this application’s budget either through an already approved loan or cash on hand; or
  + Applicant has a third-party agreement to support the match funding identified in this application’s’ budget. A letter from that organization identifying the amount available must be provided.

Worker Protection and Investment Certification Form [Required]

Complete and upload the Worker Protection and Investment Certification Form to ensure that every worker in Pennsylvania has a safe and healthy work environment and the protections afforded them through labor laws under [Executive Order 2021-06, Worker Protection and Investment](https://www.governor.pa.gov/wp-content/uploads/2021/10/20211021_EO_2021-06_Worker-Protection.pdf) (October 21, 2021).

Add More Attachments [Conditional]

* Browse for any additional files the applicant would like to submit and upload these files. Ensure files are closed on the computer before attempting to upload them. After uploading, confirm that the uploads were successful and that the correct documents were uploaded.

Reminder: You must sign and certify the application.

Authorized Organizational Rep

* Certification must be made by the appropriate person authorized to represent the applicant.
  + **Note**: Certification occurs after the applicant has finished the application and the system has verified that the application is complete. Please allow time for this step to ensure that the applicant is able to submit the application prior to the deadline.

Certification

* Check the box stating that an executive officer agrees to the terms stated.

Submit Application

* Ensure all information is complete and accurate. Click the Submit this Application button.
* Once you submit the application, you will no longer be able to make changes.
  + For questions or problems with the Electronic Single Application (ESA) system please contact the Enterprise Help Desk, PA Office of Administration at 833-448-0647 or by email at: [egrantshelp@pa.gov](mailto:egrantshelp@pa.gov)
  + For AFIG specific questions, contact the appropriate individual listed on the DEP Contacts on Page 14 of the Guidelines.

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| |  |  |  |  | | --- | --- | --- | --- | | **SUPPLEMENTAL APPLICATION INFORMATION**  **ALTERNATIVE FUELS INCENTIVE GRANT**  **REFUELING INFRASTRUCTURE** | | | | | **Grants Customer Service Center**  **833-448-0647** |  | | **Electronic Single Application (ESA)** | | \*Indicates required information | | <http://www.esa.dced.state.pa.us/> | | | |
| **Application Information** | |
| Web Application ID:\* | |
| Applicant Legal Name:\* | |
| Project Title:\* | |
| Please provide the name of the DEP staff person with whom you discussed your application, if any: | |
| What types of alternative fuel infrastructure are being applied for?  CNG  RNG  LNG  Propane  Electric  Hydrogen  Biodiesel (specify blend)  Other: | |
| Does this project require permits?  Yes  No  Please list required permits:  If permits are required, and copies of the permits have been received, include them as an Attachment. If the permits have not been received, they will need to be submitted to DEP prior to request for payment. | |
| Is your project consistent with county, municipal or multi‑municipal comprehensive plans or zoning ordinances?  Yes  No | |
| Has this proposal been submitted to another source for funding?  Yes  No  Name of other source and anticipated award date: | |
| Identify below the type of fleet refueling project. The identified fleet(s) should provide a refueling commitment letter for upload with the application.  Is the project a Medium‑Duty Fleet Refueling project?  Yes  No  Please identify the primary Fleet of 10 or more vehicles (Class 3‑6, GVWR of between 10,000 and 26,000 lbs) utilizing this fueling station:  Is the project a Light-Duty Fleet Refueling project?  Yes  No  Please identify the primary Fleet of two (2) or more vehicles (Class 1 & 2, GVWR of under 10,0000 lbs) utilizing this fueling station: | |
| List other expected users of this fueling station: | |
| Identify the project duration in months: | |
| What is the location(s) of this fueling station? | |
| Name of the owner or operator of this fueling station? | |
| Is this station(s) new (to be constructed) or an expansion? | New  Expansion |

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| **Check the applicable statement for this fueling station:**  This station(s) is/will be accessible to the general public with unrestricted access.  This station(s) is/will be accessible to entities other than the applicant, but will have restrictions, such as station-specific access card, is on limited‑access property, or has restricted hours.  This station(s) is/will be for the private use of the applicant only. | | | | | | | | |
| Is the project located in an Environmental Justice area?  Yes  No  Will the project serve an Environmental Justice area?  Yes  No | | | | | | | | |
| Please list the Environmental Justice area(s) the project will be located in and or/serve:    To check if your project is located in or serves an EJ area, please visit the [DEP Environmental Mapping and Screening Tool.](https://gis.dep.pa.gov/PennEnviroScreen/)  Does the applicant meet the definition of a Pennsylvania Small Business as defined in the AFIG Program Guidelines?  Yes  No  Please list the applicant’s total number of employees including parent companies and subsidiaries:  Is the applicant a Small Diverse Business or Veteran Business Enterprise as defined by the [Department of General Services](https://www.dgs.pa.gov/Small%20Diverse%20Business%20Program/Pages/default.aspx)?  Yes  No | | | | | | | | |
| Pennsylvania Economic Development Measures | | | | | | | | |
|  | | | |  | | **YES/No** | **If yes, list name and address** | |
|  | | | Is the manufacturer of the primary project components / equipment in Pennsylvania? | | Yes  No |  | | |
|  | | | Is the installer of the primary project components / equipment in Pennsylvania? | | Yes  No |  | | |
|  | | | Is the supplier/dealer of the primary project components / equipment in Pennsylvania? | | Yes  No |  | | |
|  | | | Are there any secondary project components / equipment manufactured in Pennsylvania? | | Yes  No |  | | |
| Indicate the Proposed Annual Project Summary Statistics your project will return when completed. Applicants should enter as much data as possible. Must be consistent with detailed statistics provided in the detailed project description. | | | | | | | | |
| Estimated Energy Performance outcomes of the project(s) | | | | | | | | |
| Gasoline Displacement as a result of project deployment. | | | | | | | | |
| *(Insert more rows if necessary)* | | | | | **Specify Type** | | | **Quantity** |
|  | | | Gasoline Gallon Equivalents | |  | | | gals/yr |
| B. | | Fuel Dispensed as a result of project deployment. | | | | | | |
| *(Insert more rows if necessary)* | | | | | **Specify Type** | | | **Quantity** |
|  | | | liquid fuel dispensed | |  | | | gals/yr |
|  | | | gaseous fuel dispensed | |  | | | Thousand Cubic Feet/yr |
|  | | | Electricity dispensed | |  | | | mWh/yr |

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| Environmental Benefit Data: Provide the answers to the following statements. Fill in all blanks. Enter NA if not applicable. | | | | | | |
| *(Insert more rows if necessary)* | | | **Type** | **Quantity** | | |
|  | Amount Reduced Annually: | | NOx | (lbs/yr) | | |
|  | Amount Reduced Annually: | | CO2 | (lbs/yr) | | |
| Estimated Job Creation Measures | | | | | | | |
| A. | | Jobs directly **created** – number of temporary and permanent jobs created by grant award funds and for how long (# months). Add more rows if needed. | | | | |
| **List Job (Full‑time/part‑time and whether temporary/permanent** | | | | **Type (Describe)** | | | **Duration (# months)** |
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| |  |  |  |  | | --- | --- | --- | --- | | **Grants Customer Service Center**  **800-379-7448** | **COMMONWEALTH OF PENNSYLVANIA**  **PROJECT NARRATIVE**  **ALTERNATIVE FUELS INCENTIVE**  **GRANT PROGRAM**  **REFUELING INFRASTRUCTURE** | | **DEP**  **Electronic Single Application (ESA)** | | \*Indicates required information | | <http://www.esa.dced.state.pa.us/> | | |
| **Application Information** |
| Web Application ID:\* |
| Applicant Legal Name:\* |
| Project Title:\* |
| **Project Narrative** |
| **Instructions: Provide a detailed project narrative as described in the Step-by-Step Guide included in the Alternative Fuels Incentive Grant Program Guidelines** |
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| |  |  |  |  | | --- | --- | --- | --- | | **Grants Customer Service Center**  **800-379-7448** | **COMMONWEALTH OF PENNSYLVANIA**  **DETAILED BUDGET INFORMATION**  **ALTERNATIVE FUELS INCENTIVE GRANT**  **REFUELING INFRASTRUCTURE** | | **DEP**  **Electronic Single Application (ESA)** | | \*Indicates required information | | <http://www.esa.dced.state.pa.us/> | | | | | | | | | | | | | | | | | | | | | | |
| **Application Information** | | | | | | | | | | | | | | | | | | | | |
| Web Application ID:\* | | | | | | | | | | | | | | | | | | | | |
| Applicant Legal Name:\* | | | | | | | | | | | | | | | | | | | | |
| Project Title:\* | | | | | | | | | | | | | | | | | | | | |
| **Detailed Budget Information** | | | | | | | | | | | | | | | | | | | | |
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| **Budget Summary (Must be consistent with the Detailed Budget Worksheet below)** | | | | | | | | | | | | | | | | | | | | |
| **Category** | | | **Grant Request**  **(from DEP)** | | | | | **+** | **Match**  **(from Applicant)** | | | | | | **=** | | | **Project Cost**  **(Total)** | | |
| Personnel | | |  | | | | | **+** |  | | | | | | **=** | | |  | | |
| Contractual | | |  | | | | | **+** |  | | | | | | **=** | | |  | | |
| Equipment | | |  | | | | | **+** |  | | | | | | **=** | | |  | | |
| Supplies | | |  | | | | | **+** |  | | | | | | **=** | | |  | | |
| **Total for each column:** | | |  | | | | | **+** |  | | | | | | **=** | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | |
| Please complete the below detailed budget worksheet. Totals for each category should be entered on the application budget summary above. **Items 1-4 are for grant requested funds only. All matching funds should be listed in the Match table (Number 5 below).** | | | | | | | | | | | | | | | | | | | | |
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| **1. Personnel – Grant Request only** | | | | | | | | | | | | | | | | | | | | |
| **Individual** | | **Position** | | | | **Hourly Rate** | | | **Hours** | | | | | **Benefits** | | | | | | **Total Cost** |
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| **Total Salaries & Benefits** | |  | | | |  | | |  | | | | |  | | | | | |  |
| **2. Contractual (List specific item) – Grant Request only** | | | | | | | | | | | | | | | | | | | | |
| **Item** | | | | | | | | | | | | **Cost** | | | | | | | | |
| **Other (List specific item)** | | | | | | | | | | | |  | | | | | | | | |
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| **Total Contractual Expenses** | | | | | | | | | | | |  | | | | | | | | |
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| **3. Equipment – Grant Request only** | | | | | | | | | | | | | | | | | | | | |
| **Item** | | | | | **Quantity** | | | | | **Cost per Item** | | | | | | **Total Cost** | | | | |
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| **Total Equipment** | | | | |  | | | | |  | | | | | |  | | | | |
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| **4. Supplies (Non-Construction-Related Costs) – Grant Request only** | | | | | | | | | | | | | | | | | | | | |
| **Item** | | | | | | | **Quantity** | | | | | | **Cost Per Item** | | | | | | **Total Cost** | |
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| **Total Supplies** | | | | | | |  | | | | | |  | | | | | |  | |
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| **5. Match**  Please use the following table to calculate matching contributions of cash, goods and services to be entered on the application form. All items listed must be accompanied by a letter of commitment. **All match must be listed in this section only.** | | | | | | | | | | | | | | | | | | | | |
| **Contributor** | **Budget Category** | | | **Description** | | | | | | | **Status**  **(pending or secured)** | | | | | | **Value in Dollars** | | | |
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| **Total Match** |  | | |  | | | | | | |  | | | | | |  | | | |

PA Alternative Fuels Incentive Grant

Project Specific Step-by-Step Guide

Innovative Technology Instructions

Supplemental Application Form [Required]

Note: If the information provided on this form is not complete, your application may be deemed ineligible.

* DEP Staff: Provide the name of the DEP staff person with whom you discussed your application, if applicable.
* Fuel Displaced: Indicate whether alternative fuels will be utilized in PA, and/or whether conventional fuels will be displaced or conserved. If yes, please provide details of any fuel purchase in the Project Narrative Form.
* Permits: Indicate whether any Federal, State or Local permit(s) will be required for the project. Please list any permits that are required
* Facility or Infrastructure Projects: For projects that involve developing facilities and infrastructure, state law requires DEP to consider local comprehensive plans and zoning ordinances in funding decisions. All applicants must answer the related question on the application.
  + “Facilities” are buildings and other structures that involve new land development or result in a change to the existing use of land that may involve research, development, processing of alternative fuels, or manufacturing of alternative fuel vehicles and related technologies. “Infrastructure” is a permanent structure for transportation, storage or dispensing of alternative fuels.
* Other Funding Sources: Indicate other sources of funding applied for and the anticipated award dates, if applicable.
* Project Duration: Identify the project duration in months. Note: no payment will be made for any expense incurred prior to the period of performance.
* PA Economic Development Measures: Identify whether or not the manufacturer(s), installers(s), and/or the supplier/dealer(s) of the primary project components/equipment are located in Pennsylvania. If yes, list the name and address of each. Identify the manufacturer(s), installer(s), and/or supplier(s) of any secondary project components.
* Summary Statistics: Summarize the expected energy, economic and environmental results or benefits and define measures of success in quantitative terms in the Proposed Annual Project Summary Statistics tables.
* Environmental Justice: Indicate whether the project will be located in and/or primarily servicing an Environmental Justice area. To check if your project is located in or serves an EJ area, please visit the [DEP Environmental Justice Area viewer.](https://padep-1.maps.arcgis.com/apps/webappviewer/index.html?id=f31a188de122467691cae93c3339469c) Further information on Environmental Justice areas can be found [here](https://www.dep.pa.gov/PublicParticipation/OfficeofEnvironmentalJustice/Pages/PA-Environmental-Justice-Areas.aspx).
* Pennsylvania Small Business: Indicate whether or not the applicant is a Pennsylvania Small Business. If yes, list the number of employees including parent companies and subsidiaries.
* Small Diverse Business or Veteran Business Enterprise: Indicate whether or not the applicant is a Small Diverse Business or Veteran Business Enterprise as defined by the [Department of General Services](https://www.dgs.pa.gov/Small%20Diverse%20Business%20Program/Pages/default.aspx).

Detailed Project Narrative [Required]

Note: If the information provided in the project narrative is not complete, your application may be deemed ineligible.

* Provide a detailed project narrative of no more than 10 pages on the provided Project Narrative Form. This narrative should focus on items identified in the general and specific evaluation criterion as well as the following items:
  + Goals and objectives:
    - Describe the project’s goals and objectives, including energy, economic and environmental benefits.
  + Business Plan:
    - Applicants must show their ability to complete the project through a written business plan as well as show their need for funding through economic analysis and demonstration of cost-effectiveness. These elements should be provided in a concise manner that relates directly to the project.
  + Environmental and Energy Benefits:
    - Applicants should include a clear description of expected environmental and energy benefits. Such enumeration of benefits should include careful estimates and calculations. Estimates and calculations include the economics (e.g., the cost per gallon) and the environmental improvements (e.g., pounds of pollutant reduction). Provide data to demonstrate the project’s potential payback. Emphasis should be placed on reductions in greenhouse gases, nitrogen oxides, volatile organic compounds, sulfur oxides, and toxic pollutants. There are many websites that can help you determine the environmental benefits of reducing your conventional energy use. The following website is an example: [www.biodiesel.org/tools/calculator](http://www.biodiesel.org/tools/calculator). Others exist at [www.epa.gov](http://www.epa.gov).
  + Need for the Grant:
    - Applicants should identify the problem or need the proposal is intended to address. Explain why the problem or need exists, and how your proposal addresses the problem or need. Explain why your proposal should be funded, and elaborate on its cost-effectiveness and environmental and energy benefits. Provide literature references where appropriate.
  + Economic benefits:
    - Applicants should identify the economic benefit of the project. Potential benefits such as savings to consumers, and revenue generation for the commonwealth, reduced dependence on foreign oil, or decreased transportation, production or operating costs should be included and explained. Such enumeration of benefits should include careful estimates and calculations.
  + Experience and Collaborations:
    - Applicants should describe their experience and ability to accomplish the scope as well as the technical abilities and experience of any other organizations that will help to complete the project. Please specify the nature of any other organization’s participation. (the applicant may attach/upload resumes under “more attachments”)
  + Work Plan with Schedule:
    - Applicants should provide an implementation schedule identifying sub-tasks, schedule for their completion, and naming parties responsible for their accomplishment. If DEP or other permits will be required, include a schedule for applying and receiving these permits in the work plan.
  + Equipment Disposition:
    - If applicable, Applicants should describe how property or equipment acquired with the grant will be disposed of or converted for continued Grantee use. The Grantee agrees that, for the term of the grant period of performance, including any extensions thereto, the Grantee will not lease, sell, transfer or assign any and all property and/or equipment, whether real or personal, that is purchased in whole or in part with grant funds provided by DEP. The Grantee agrees to obtain the prior written approval of DEP prior to leasing, selling, transferring or assigning such property and/or equipment, in whole or in part, during the Grant period of performance, including any extensions thereto.
  + An outreach and education plan:
    - Applicants should describe how they will promote the environmental benefits of alternative fuels.

Detailed Budget Information [Required]

Note: If the information provided on this form is not complete, your application may be deemed ineligible.

* Complete the Budget Summary and detailed budget Information worksheet included with the application form. The worksheet, included as part of the application form, must be used. If additional clarification is to be provided, please include it in the detailed project narrative. The budget worksheet must be completed in full and the detailed budget Information worksheet must be consistent with the Budget Summary. The applicant must provide at least 50% match.
  + Budget Summary:
    - Grant fund requests (from DEP) are placed in the first column of the budget summary.
    - Matching funds (from the applicant) are to be placed in the second column of the budget summary.
    - The total of the grant funds requested (from DEP) in the budget summary should equal the total of the funds described in items 1-4 of the detailed budget.
    - The matching funds (from the applicant) identified in the budget summary should equal the total of any matching funds identified in the match section of the detailed budget worksheet.
  + Detailed Budget:
    - The Detailed Budget Information worksheet is intended to support and provide detail to the budget summary.
    - Only grant funds requested are to be included in items 1-4 on the Detailed Budget worksheet.
      * **Note**: All costs incurred by the applicant’s contractor and then billed to the applicant should be identified on the worksheet under item 2.
    - Matching funds are only identified in the Match Section of the detailed budget worksheet.
      * Please identify the contributor
      * Please reference the budget category by name, Personnel, Contractual, Equipment, Supplies.
      * Please provide a brief description, status and value.
      * **Please Note**: All in-kind and cash match contributions must be substantiated by commitment letters. Match cannot include funds or in‑kind services provided by DEP. All match must be expended during the grant period of performance. Funds expended prior to the grant period of performance cannot be claimed as match.
    - The following costs are not allowed under any circumstances:
      * Preparation of the AFIG application;
      * Land acquisition;
      * Permits;
      * Landscaping;
      * Advertising;
      * Business start-up costs;
      * Indirect costs (i.e. general administrative and overhead, contingency funds, etc.);
      * Travel, lodging, and subsistence;
      * Conference or meeting expenses including catering, conference equipment and room rental; and
      * Any other cost not deemed acceptable to DEP.

Letters of Commitment [Required]

* Attach any letters of financial commitment. These must be uploaded as attachments to the electronic application; hardcopies will not be accepted. The letters must state:
  + Applicant acknowledges that the DEP does not consider the items listed above as matching funds nor as eligible costs for the use of this funding.
  + Applicant has funds available and in-hand to support the match funding identified in this application’s budget either through an already approved loan or cash on hand; or
  + Applicant has a third-party agreement to support the match funding identified in this application’s’ budget. A letter from that organization identifying the amount available must be provided.

Worker Protection and Investment Certification Form [Required]

Complete and upload the Worker Protection and Investment Certification Form to ensure that every worker in Pennsylvania has a safe and healthy work environment and the protections afforded them through labor laws under [Executive Order 2021-06, Worker Protection and Investment](https://www.governor.pa.gov/wp-content/uploads/2021/10/20211021_EO_2021-06_Worker-Protection.pdf) (October 21, 2021).

Add more Attachments [Conditional]

* Browse for any additional files the applicant would like to submit and upload these files. Ensure files are closed on the computer before attempting to upload them. After uploading, confirm that the uploads were successful and that the correct documents were uploaded.

Reminder: You must sign and certify the application:

Authorized Organizational Rep

* Certification must be made by the appropriate person authorized to represent the applicant.
  + **Note**: Certification occurs after the applicant has finished the application and the system has verified that the application is complete. Please allow time for this step to ensure that the applicant is able to submit the application prior to the deadline.

Certification

* Check the box stating that an executive officer agrees to the terms stated.

Submit Application

* Ensure all information is complete and accurate. Click the Submit this Application button.
* Once you submit the application, you will no longer be able to make changes.
  + For questions or problems with the Electronic Single Application (ESA) system please contact the Enterprise Help Desk, PA Office of Administration at 833-448-0647 or by email at: [egrantshelp@pa.gov](mailto:egrantshelp@pa.gov)
  + For AFIG specific questions, contact the appropriate individual listed on the DEP Contacts on Page 14 of the Guidelines.

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| |  |  |  |  | | --- | --- | --- | --- | | **SUPPLEMENTAL APPLICATION INFORMATION**  **ALTERNATIVE FUELS INCENTIVE GRANT**  **INNOVATIVE TECHNOLOGY** | | | | | **Grants Customer Service Center**  **833-448-0647** |  | **Electronic Single Application (ESA)** | | | \*Indicates required information | | | <http://www.esa.dced.state.pa.us/> | |
| **Application Information** |
| Web Application ID:\* |
| Applicant Legal Name:\* |
| Project Title:\* |
| **Supplemental Application Information** |
| Does applicant have any outstanding obligations to the commonwealth?  Yes  No |
| Does applicant have any unresolved compliance issues with DEP?  Yes  No |
| Please provide the name of the DEP staff person with whom you discussed your application, if any: |
| Will the project result in alternative fuel utilized in PA, or conventional liquid fuels displaced:  Yes  No  If you answered yes, please provide details of any fuel purchase in the detailed project description described in the Project Narrative Form. |
| Does this project require a building permit?  Yes  No  If so, and a copy of a permit has been received, include it as an Attachment. If a permit has not been received, it will need to be submitted to DEP prior to request for payment. |
| Are facilities or infrastructure projects to be funded under this application?  Yes  No  If yes, is your project consistent with county, municipal or multi‑municipal comprehensive plans or zoning ordinances?  Yes  No |
| Has this proposal been submitted to another source for funding?  Yes  No  Name of other source and anticipated award date: |
| May DEP share this proposal with other potential public or private funding sources?  Yes  No |
| Identify the project duration in months |

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| Pennsylvania Economic Development Measures | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | **YES/No** | | | | **If yes, MUST list name and address** | | | | | | | | | |
|  | | | Is the manufacturer of the project components / equipment in Pennsylvania? | | | Yes  No | | | |  | | | | | | | | | |
|  | | | Is the installer of the project components / equipment in Pennsylvania? | | | Yes  No | | | |  | | | | | | | | | |
|  | | | Is the supplier/dealer of the project components / equipment in Pennsylvania? | | | Yes  No | | | |  | | | | | | | | | |
| Indicate the Proposed Annual Project Summary Statistics your project will return when completed. Applicants should enter as much data as possible. Must be consistent with detailed statistics provided in the detailed project description. | | | | | | | | | | | | | | | | | | | |
| Estimated Energy Performance outcomes of the project(s) | | | | | | | | | | | | | | | | | | | |
| A. Energy and Fuel Savings as a direct result of project deployment using reasonable assumptions for deployment within five (5) years. | | | | | | | | | | | | | | | | | | | |
| *(Insert more rows if necessary)* | | | | **Specify Type** | | | | | | | | | **Quantity** | | | | | | |
|  | | liquid fuel saved | | |  | | | | | | | | | gals/yr | | | | | | |
|  | | solid fuel saved | | |  | | | | | | | | | tons/yr | | | | | | |
|  | | gaseous fuel saved | | |  | | | | | | | | | MMcf/yr | | | | | | |
| B. | | Energy and Fuel Generation as a result of project deployment. | | | | | | | | | | | | | | | | | | |
| *(Insert more rows if necessary)* | | | | **Specify Type** | | | | | | | | | **Quantity** | | | | | | |
|  | | liquid fuel generated | | |  | | | | | | | | | gals/yr | | | | | | |
|  | | solid fuel generated | | |  | | | | | | | | | tons/yr | | | | | | |
|  | | gaseous fuel generated | | |  | | | | | | | | | MMcf/yr | | | | | | |
| Environmental Benefit Data: Provide the answers to the following statements. Fill in all blanks. Enter NA if not applicable. | | | | | | | | | | | | | | | | | | | |
| *(Insert more rows if necessary)* | | | | | | | | | **Type** | | | | | | **Quantity** | | | | |
|  | | Amount Reduced Annually | | | | | | | | | NOx | | | | | (lbs/yr) | | | | |
|  | | Amount Reduced Annually | | | | | | | | | CO2 | | | | | (lbs/yr) | | | | |
|  | | | Number of PA Citizens directly educated | | | | | | |  | | | | (persons/yr) | | | | | |
| Estimated Job Creation Measures | | | | | | | | | | | | | | | | | | | |
| A. | | | Jobs directly **created** – number of temporary and permanent jobs created by grant award funds and for how long (# years). Add more rows if needed. | | | | | | | | | | | | | | | | |
|  | | | **List Job (Full‑time/part‑time temporary/permanent** | | | | | | **Type (Describe)** | | | | | | | | | | **Duration (# years)** |
|  | | |  | | | | | |  | | | | | | | | | |  |
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| Is the project located in an Environmental Justice area?  Yes  No  Will the project serve an Environmental Justice area?  Yes  No  Please list the Environmental Justice area(s) the project will be located in and or/serve:    To check if your project is located in or serves an EJ area, please visit the [DEP Environmental Mapping and Screening Tool.](https://gis.dep.pa.gov/PennEnviroScreen/) | | | | | | | | | | | | | | | | | | | |
| Does the applicant meet the definition of a Pennsylvania Small Business as defined in the AFIG Program Guidelines?  Yes  No  Please list the applicant’s total number of employees including parent companies and subsidiaries:  Is the applicant a Small Diverse Business or Veteran Business Enterprise as defined by the [Department of General Services](https://www.dgs.pa.gov/Small%20Diverse%20Business%20Program/Pages/default.aspx)?  Yes  No | | | | | | | | | | | | | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  | | --- | --- | --- | --- | | **Grants Customer Service Center**  **800-379-7448** | **COMMONWEALTH OF PENNSYLVANIA**  **PROJECT NARRATIVE**  **ALTERNATIVE FUELS INCENTIVE**  **GRANT PROGRAM**  **INNOVATIVE TECHNOLOGY** | | **DEP**  **Electronic Single Application (ESA)** | | \*Indicates required information | | <http://www.esa.dced.state.pa.us/> | | |
| **Application Information** |
| Web Application ID:\* |
| Applicant Legal Name:\* |
| Project Title:\* |
| **Project Narrative** |
| **Instructions: Provide a detailed project narrative as described in the Step-by-Step Guide included in the Alternative Fuels Incentive Grant Program Guidelines** |
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| |  |  |  |  | | --- | --- | --- | --- | | **Grants Customer Service Center**  **800-379-7448** | **COMMONWEALTH OF PENNSYLVANIA**  **DETAILED BUDGET INFORMATION**  **ALTERNATIVE FUELS INCENTIVE GRANT**  **INNOVATIVE TECHNOLOGY** | | **DEP**  **Electronic Single Application (ESA)** | | \*Indicates required information | | <http://www.esa.dced.state.pa.us/> | | | | | | | | | | | |
| **Application Information** | | | | | | | | | |
| Web Application ID:\* | | | | | | | | | |
| Applicant Legal Name:\* | | | | | | | | | |
| Project Title:\* | | | | | | | | | |
| **Detailed Budget Information** | | | | | | | | | |
|  | | | | | | | | | |
| **Budget Summary (Must be consistent with the Detailed Budget Worksheet below)** | | | | | | | | | |
| **Category** | | **Grant Request**  **(from DEP)** | | **+** | **Match**  **(from Applicant)** | | **=** | **Project Cost**  **(Total)** | |
| Personnel | |  | | **+** |  | | **=** |  | |
| Contractual | |  | | **+** |  | | **=** |  | |
| Equipment | |  | | **+** |  | | **=** |  | |
| Supplies | |  | | **+** |  | | **=** |  | |
| **Total for each column:** | |  | | **+** |  | | **=** |  | |
|  | | | | | | | | | |
| Please complete the below detailed budget worksheet. Totals for each category should be entered on the application budget summary above. **Items 1-4 are for grant requested funds only.** **All matching funds should be listed in the Match table (Number 5 below).** | | | | | | | | | |
|  | | | | | | | | | |
| **1. Personnel – Grant Request only** | | | | | | | | | |
| **Individual** | **Position** | | **Hourly Rate** | | **Hours** | **Benefits** | | | **Total Cost** |
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| **Total Salaries & Benefits** |  | |  | |  |  | | |  |

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| **2. Contractual (List specific item) – Grant Request only** | | | | | | | | | | | |
| **Item** | | | | | | | **Cost** | | | | |
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| **Total Contractual Expenses** | | | | | | | | | | | |
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| **3. Equipment – Grant Request only** | | | | | | | | | | | |
| **Item** | | | **Quantity** | | **Cost per Item** | | | | **Total Cost** | | |
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| **Total Equipment** | | |  | |  | | | |  | | |
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| **4. Supplies (Non-Construction-Related Costs) – Grant Request only** | | | | | | | | | | | |
| **Item** | | | | **Quantity** | | | | **Cost Per Item** | | | **Total Cost** |
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| **Total Supplies** | | | |  | | | |  | | |  |
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| **5. Match**  Please use the following table to calculate matching contributions of cash, goods and services to be entered on the application form. All items listed must be accompanied by a letter of commitment. **All match must be listed in this section only.** | | | | | | | | | | | |
| **Contributor** | **Budget Category** | **Description** | | | | **Status**  **(pending or secured)** | | | | **Value in Dollars** | |
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| **Total Match** |  |  | | | |  | | | |  | |