

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 Vehicle or Qualifying Vehicle, must perform five hundred (500) hours of operation per year within the State of Rhode Island. (250 hours for agricultural pumps). |
| Initial _____ | For vehicle 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 vehicle 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 vehicle 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 Diesel Emission Reduction Act 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.

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 VEHICLE (IF APPLICABLE)

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

Non-Road DERA APPLICATION

COMPANY NAME:

APPLICANT NAME:

EMAIL:

PHONE NUMBER:

NUMBER OF POTENTIAL VEHICLES:

(Please submit a new application for every different vehicle)

EXISTING VEHICLE(S) INFORMATION

(NON ROAD ONLY) Current Engine Tier

Tier 0/Unregulated

Tier 1

Tier 2

Tier 3

Tier 4

(NON ROAD) Fuel Type: (select one)

Diesel

Biodiesel

(ON ROAD ONLY) Gross Vehicle Weight Rating (GVWR): (select one)

Class 5 (16,001 to 19,500 lbs. GVWR)

Class 6 (19,501 to 26,000 lbs. GVWR)

Class 7 (26,001 to 33,000 lbs. GVWR)

Class 8 (33,001 lbs. GVWR or greater)

(ON ROAD) Fuel Type: (select one)

Diesel

Biodiesel

Number of Trips to Port:

Under 150 per year

Equal or Over 150 per year

Vehicle/Equipment Make:

Vehicle Identification Number (VIN):
(If available)

Vehicle/Equipment Model Year:

Engine Make:

NON ROAD Engine Model Year:

- Tier 0-2 can be replaced by a Tier 4
- Tier 3 can only be replaced with a Tier 4
- Tier 4 can only be replaced by a ZEV

ON ROAD Engine Model Year:

- If 2010 or newer only available for Zero Emission or Low-NOx replacement

Engine Family Name (12-digits):

Engine Horsepower:

(ON ROAD) Current Odometer Reading on Truck:

(ON ROAD) Estimated annual VMT (miles):

(ON ROAD) Estimated annual VMT in Providence-Warwick Metro Area:

Engine Cylinder Displacement: (If available)	
Engine Number of Cylinders: (If available)	
(NON ROAD) Estimated annual hours of active use:	
Estimated annual hours of idling:	
Estimated annual fuel consumption (gallons):	

REPLACEMENT VEHICLE(S) INFORMATION

(NON ROAD) New Engine Tier: <input type="checkbox"/> Tier 3 <input type="checkbox"/> Tier 4 <input type="checkbox"/> ZEV <input type="checkbox"/> Fuel Cell	
Fuel Type:	
Make:	
Model:	
(NON ROAD and ON ROAD) Model Year: (2021+ required, 2017+ for DRAYAGE only)	
Estimated cost of new vehicle/engine : (includes parts, equipment, labor, taxes, etc.)	
New estimated annual fuel consumption:	