



**Application For A Zero Emission Vehicle Fleet Incentive Grant:
Applicant Information and Project Proposal (Form A)**

Fall/Winter 2002 Solicitation

This form must be completed by all applicants.
Complete and submit with required documents to:
California Air Resources Board, MSCD/ZEV
Attention: Program Manager, Fleet ZIP
P.O. Box 2815, Sacramento, California 95812

ARB USE ONLY

District:

Project Size:

Eligibility:

PURPOSE: Information contained in Form A and, if applicable, Form B will be used by the Air Resources Board for determining applicant eligibility, to evaluate and rank projects, approve grants, process grant allocations and to prepare Information Returns (Form 1099).

A. APPLICANT INFORMATION

Applicant:

Mailing Address:

City:	County:	State:	ZIP Code:
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Street Address (If different):

City:	County:	State:	ZIP Code:
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Contact Person:	Title
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Telephone:	FAX:	E-Mail
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Secondary Contact Person:

Telephone:	FAX:	E-Mail
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Type of Applicant (Check one only):

<input type="checkbox"/> Federal Government Agency (Form B also required)	<input type="checkbox"/> Non-Profit Organization
<input type="checkbox"/> State Government Agency (Form B also required)	<input type="checkbox"/> Corporation/Business
<input type="checkbox"/> Local Government Agency	<input type="checkbox"/> Sole Proprietor
	<input type="checkbox"/> Partnership, Estate or Trust

Taxpayer ID Number (Required):	California Business License Number:
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B. PROJECT PROPOSAL SUMMARY

Total Grant Amount Requested (\$):	Number of Vehicles Proposed for the Project (If 11 or over, Form B also required):
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Will project vehicles be allocated to a fleet operator other than the Applicant? (If yes, skip section C and D on this form and complete Form B. If no, continue completing Form A) No Yes

Primary Type of Vehicle Application/Use (Check one): <input type="checkbox"/> On Public Roads <input type="checkbox"/> Off Public Roads						
If planned use of project vehicles off public roads is greater than 50% of total project vehicle miles, please describe the environment or setting where the vehicles will be used and, if applicable, the type of vehicles or mode of transportation replaced.						
Number of Light-duty Vehicles in Existing Fleet(s) (total and by fuel type):						
Total	=	gasoline or diesel	+	alternative fuel	+	battery electric or H ₂ fuel cell
Brief description of applicant's primary function, purpose, or nature of business and general geographic area of service:						
Summary of proposed project (include identity of other fleet operators, project goals, and the planned fleet applications that the project vehicles will serve):						
C. PROPOSED GARAGING LOCATION(S), SERVICE AREA AND COMMUNITY BENEFIT INFORMATION						
Garaging Location(s) of Project Vehicles: (for additional vehicles use form MSCD ZEV-08C)						
				Meets EJ Criteria per State of Local Contact Yes or No		
Facility Name and Street Address	City	County	ZIP Code			
Is any garaging location a private residence? <input type="checkbox"/> No <input type="checkbox"/> Yes	If local environmental justice (EJ) criteria is not available or is not met for any garaging location, does it meet alternative EJ criteria? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, attach supporting documentation that you have developed).					

Estimate of miles to be traveled by all project vehicles:

<input type="text"/> miles	<i>average daily</i>	<input type="text"/> miles	<i>average monthly</i>	<input type="text"/> miles	<i>average annual</i>
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Estimate of vehicle use (as percent of average annual miles traveled):

<input type="text"/> %	<i>freeway</i>	+	<input type="text"/> %	<i>on public streets (non-freeway)</i>	+	<input type="text"/> %	<i>off public streets</i>	=	100%
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E. PUBLIC EDUCATION AND OUTREACH INFORMATION

Describe any public educational or outreach components included in the project.

F. PROJECT PARTNERSHIP INFORMATION

Do Project Partnerships exist? No Yes (Please identify and describe contributions below.)

Project Partners

Contributions

What tangible benefits will the Project Partners bring to the community? (e.g. supporting local businesses/organizations, supplying public charging stations, etc.)?

Are the Project Partners' proposed contributions necessary for a successful project? No Yes
 If yes, please explain.

G. ADDITIONAL INFORMATION:

Provide any additional information that you think will be useful in evaluating your proposal.

H. CERTIFICATION OF INFORMATION

I hereby certify that the proposed project meets the requirements and criteria stated in the program guidelines approved on April 25, 2002 by the California Air Resources Board and that all information provided in this application (Form A and, if applicable, Form B) supplements and attachments are true and correct.

Applicant or Authorized Representative (Please Print):	Title:
Signature:	Date:

FOR ARB USE ONLY

Proposed Project Size: <input type="checkbox"/> Community <input type="checkbox"/> Fleet	Score:	Rank:	Grant Award/Allocation <input type="checkbox"/> None <input type="checkbox"/> District <input type="checkbox"/> State at-large
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APPROVALS

Grant Approval Number:	Grant Amount:
Printed Name:	Title:
Program Manager Signature:	Date:
Printed Name:	Title:
Signature:	Date:



Application For A Zero Emission Vehicle Fleet Incentive Grant: Supplemental Information (Form B)

ARB USE ONLY

Form B is required if applicant is a federal or state agency, the proposed project consists of 11 or more vehicles, or the proposed project vehicles will be allocated to a fleet operator other than the applicant.

Applicant:

Contact Name and Telephone:

A. PROJECT ADMINISTRATION INFORMATION AND IMPLEMENTATION STRATEGY

Describe how the proposed project will be administered.

Identify how the proposed project will be funded (include both the vehicles and the infrastructure).

Briefly describe any agreements, orders or commitments for proposed project vehicles (attach copies of relevant documents).

B. INFORMATION ON VEHICLES ALLOCATED TO OTHER ENTITY (Complete a separate sheet for each entity):						
Entity:						
Mailing Address:						
City:	County:	State:	ZIP Code:			
Contact Person:		Title:				
Telephone Number:	FAX:	E-mail:				
Entity's primary function, purpose, nature or business and geographic area of service:						
Type of Entity (Check one only):		<input type="checkbox"/> Non-Profit Organization				
<input type="checkbox"/> Federal Government Agency		<input type="checkbox"/> Corporation/Business				
<input type="checkbox"/> State Government Agency		<input type="checkbox"/> Sole Proprietor				
<input type="checkbox"/> Local Government Agency		<input type="checkbox"/> Partnership, Estate or Trust				
Taxpayer ID Number (If applicable):		California Business License Number:				
Number of Vehicles in Existing Fleet:						
<div style="border: 1px solid black; display: inline-block; padding: 5px 15px;">Total</div>	=	<div style="border: 1px solid black; display: inline-block; padding: 5px 15px;">gasoline or deisel</div>	+	<div style="border: 1px solid black; display: inline-block; padding: 5px 15px;">alternative fuel</div>	+	<div style="border: 1px solid black; display: inline-block; padding: 5px 15px;">battery electric or H2 fuel cell</div>
GARAGING LOCATION OF ALLOCATED PROJECT VEHICLE(S) (for addtioanal vehicles use form MSCD ZEV-08C)						
Facility Name and Street Address	City	County	ZIP Code	Meets EJ Criteria per State of Local Contact Yes or No		
Is any garage location a private residence? <input type="checkbox"/> No <input type="checkbox"/> Yes		If local environmental justice (EJ) criteria is not available or is not met for any garaging location, does it meet alternative EJ criteria? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, attach supporting documentation that you have developed).				
Describe geographic area to be served by project vehicles(e.g., within 10 mile radius of garage location; all or part of service area):						
Is the geographic area to be served in an area that meets local environmental justice criteria? (Please check all that applicable response(s) and attach supporting documentation).						
<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Partial Inclusion <input type="checkbox"/> Local EJ criteria no available <input type="checkbox"/> Meets alternative EJ Criteria						

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PROJECT VEHICLE ALLOCATION

Make	Model and Year:	Number of Vehicles	Purchase (P) Lease (L) - Number of Months	Estimated Cost per Vehicle (MSRP)	Grant Request per Vehicle (\$)
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By what date is it anticipated that all project vehicles will be placed in-service? If a phased schedule, please provide number of vehicles and projected date of placement for each phase.

Describe the primary function(s) of proposed project vehicles (e.g. daily fleet use, local delivery route, business-related travel, employee commute, rental, taxi or shuttle service):

Describe the vehicle charging strategy for the project (include the number of new chargers proposed to be installed, the number of existing chargers and new and existing charging station locations).

Estimate of miles to be traveled by all project vehicles:

<input type="text"/> miles	average daily	<input type="text"/> miles	average monthly	<input type="text"/> miles	average annual
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Estimate of vehicle use (as percent of average annual miles traveled):

<input type="text"/> %	freeway	+	<input type="text"/>	on public streets + (non-freeway)	+	<input type="text"/>	off public streets = 100%
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Describe any educational or outreach to be performed by the participating entity.