



Department of Environment, Great Lakes, and Energy Fuel Transformation Program
Volkswagen State Mitigation Trust

**Airport Ground Support Equipment, Forklifts and Port Cargo Handling
Equipment Re-power and Replacement Grants**

Grant Proposal Cover Sheet

Project Name:		
Grant Amount: \$	Match Amount: \$	Project Total: \$
Estimated Project Start Date:		Project End Date:

Applicant must operate an office in Michigan

Name of Organization/Applicant:		
Street Address:		
City:	State:	Zip:
Name/Title of Project Manager:		
Manager Phone Number:	Manager Fax Number:	
Organization E-Mail Address:		
Manager E-Mail Address:		
Federal ID Number (Required):		
Applicant Type (Check appropriate box): <input type="checkbox"/> Government (Public) <input type="checkbox"/> Non-Government (Private)		

Total number of equipment to be re-powered and/or replaced?
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What type of Project is this?

Airport Ground Support Equipment

Forklifts and/or Port Cargo Handling Equipment

Both

Owner of Airport Ground Support Equipment, Forklifts
or Port Cargo Handling Equipment Name and Phone Number

Owner Name:

Owner Phone Number:

List all counties where vehicles/equipment in this project operate (Impact Area):

Are any of the counties listed in this project in one or more priority area? (Check all that apply)

- Allegan Berrien Livingston Macomb Monroe Muskegon
 Oakland St. Clair Washtenaw Wayne

Are any of the counties listed in this project in one or more urban county? (Check all that apply)

- Bay Berrien Calhoun Clinton Eaton Genesee Ingham
 Jackson Kalamazoo Kent Lapeer Livingston Macomb
 Midland Monroe Muskegon Oakland Ottawa Saginaw
 St. Clair Washtenaw Wayne

Are there any counties listed in this project that are designated high asthma burden? (check all that apply)

- Eaton Genesee Jackson Kent Macomb
 Oakland Saginaw St. Clair Washtenaw Wayne

Is your project located in an Environmental Justice Area? (self identify) Yes No

The individual signing below certifies that they are authorized to sign this application on behalf of their agency and has the authority to accept a grant. The individual also agrees that the following requirements are and will be met:

1. The old equipment must be currently operating and performing its intended function. Old equipment must have traveled in the geographic area described in this application and the new equipment must continue to operate in this same geographic area.
2. All equipment proposed to be disabled in this project was in use 24 months immediately prior to the date of application.

Signature:

Date: _____

Name/Title:

Agency Name:



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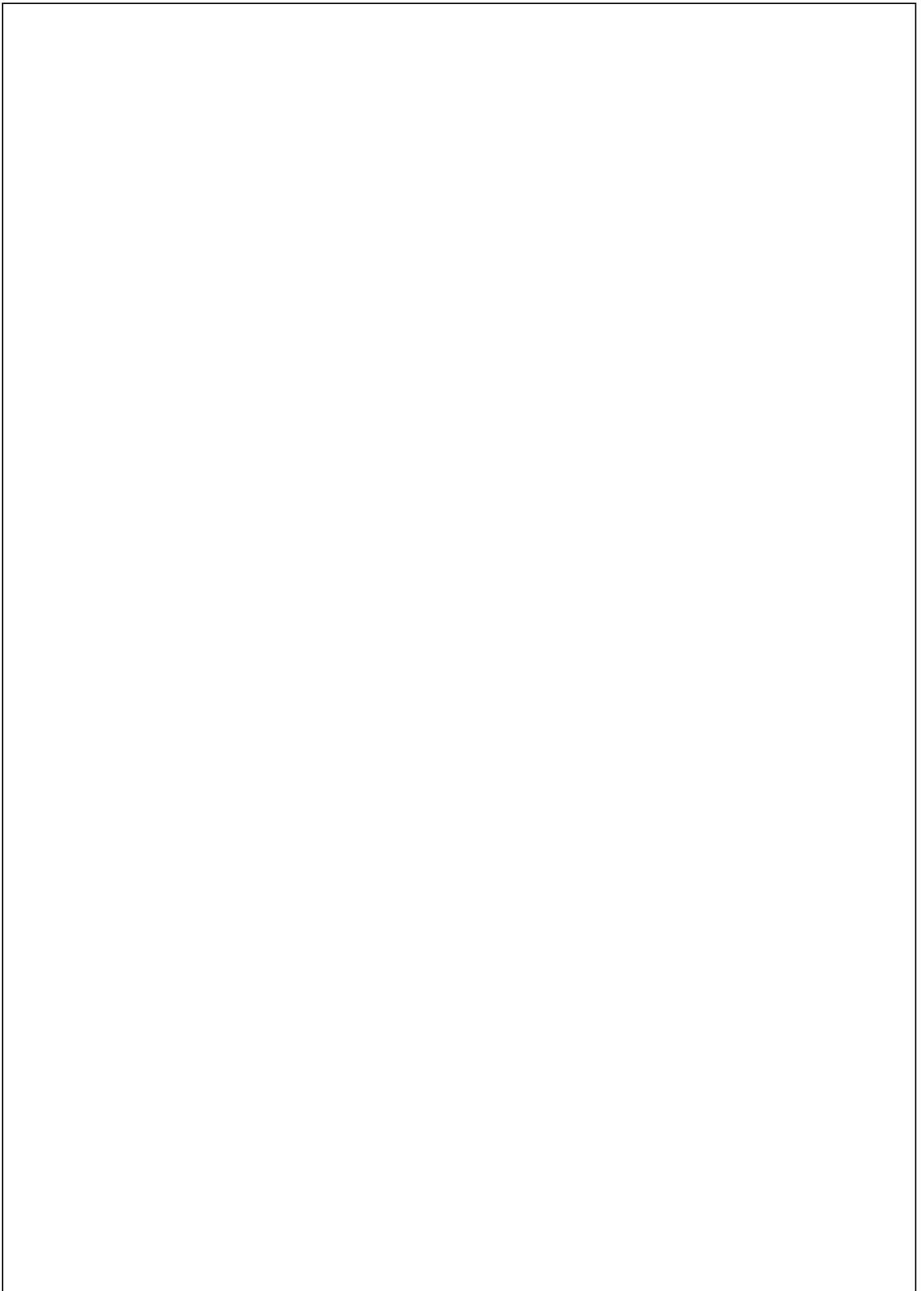
Grant Proposal Template

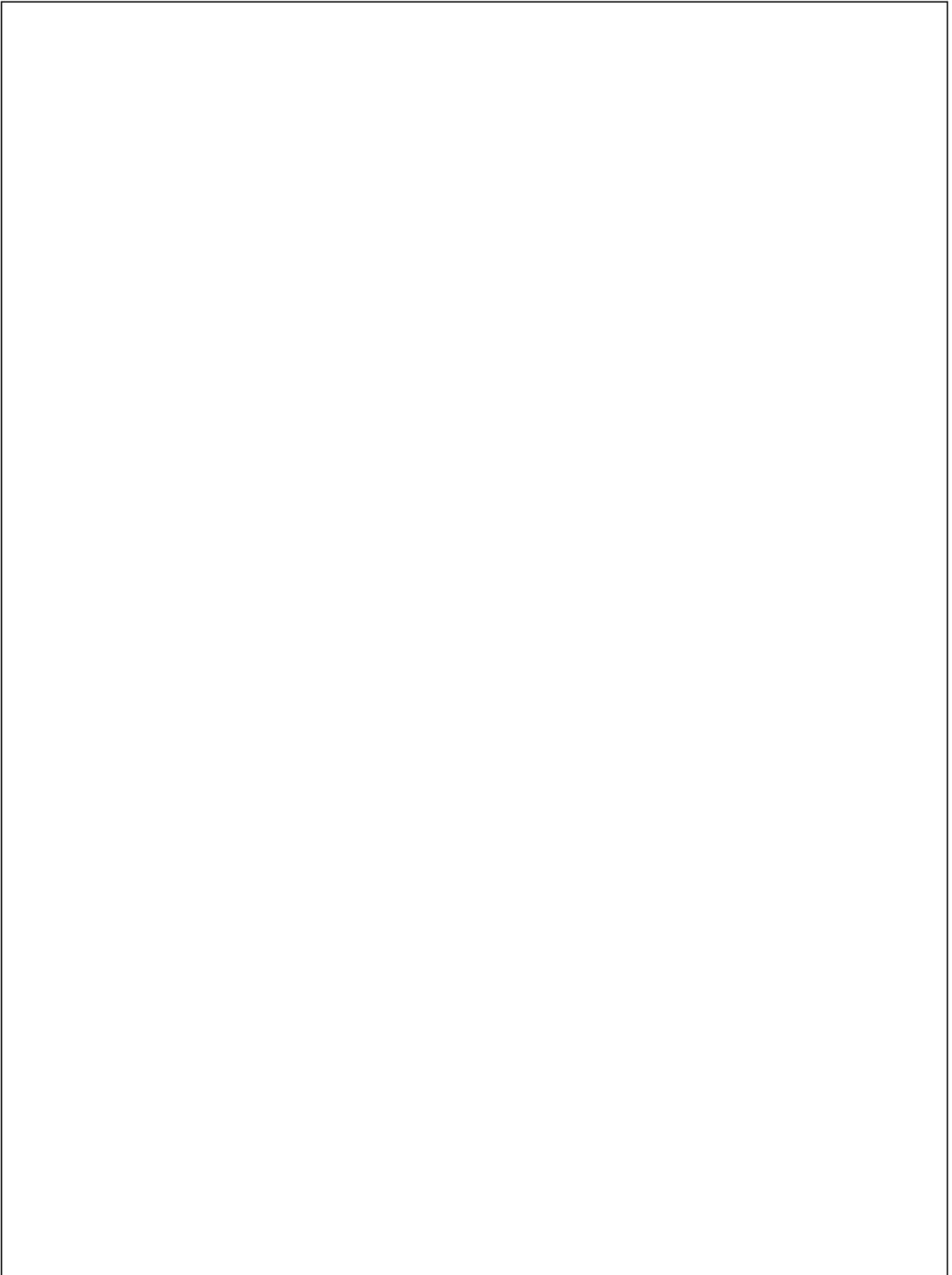
Project Name:
Name of organization/applicant:

A. Project Narrative

In the box provided on the following two pages, provide an explanation of:

- The tier of the engines and whether the vehicle/equipment is re-powered or replaced.
- The type of vehicles/equipment, how, when, and where they will be used, including a brief description of duty cycle and hours of operation.
- How this project will help to support positive economic growth.
- How the project will create a use case scenario for emerging technology or use existing technology in a novel way.
- The availability of electric charging in the areas where vehicles/equipment will operate.
- The technology and/or procedures that will be used to track and verify the use and movements at specified Michigan location.
- The technology and/or procedures the applicant will use to track and ensure that the vehicles/equipment will be maintained in accordance with manufacturers specifications.
- An explanation of the project funding source(s) and project partners if applicable.



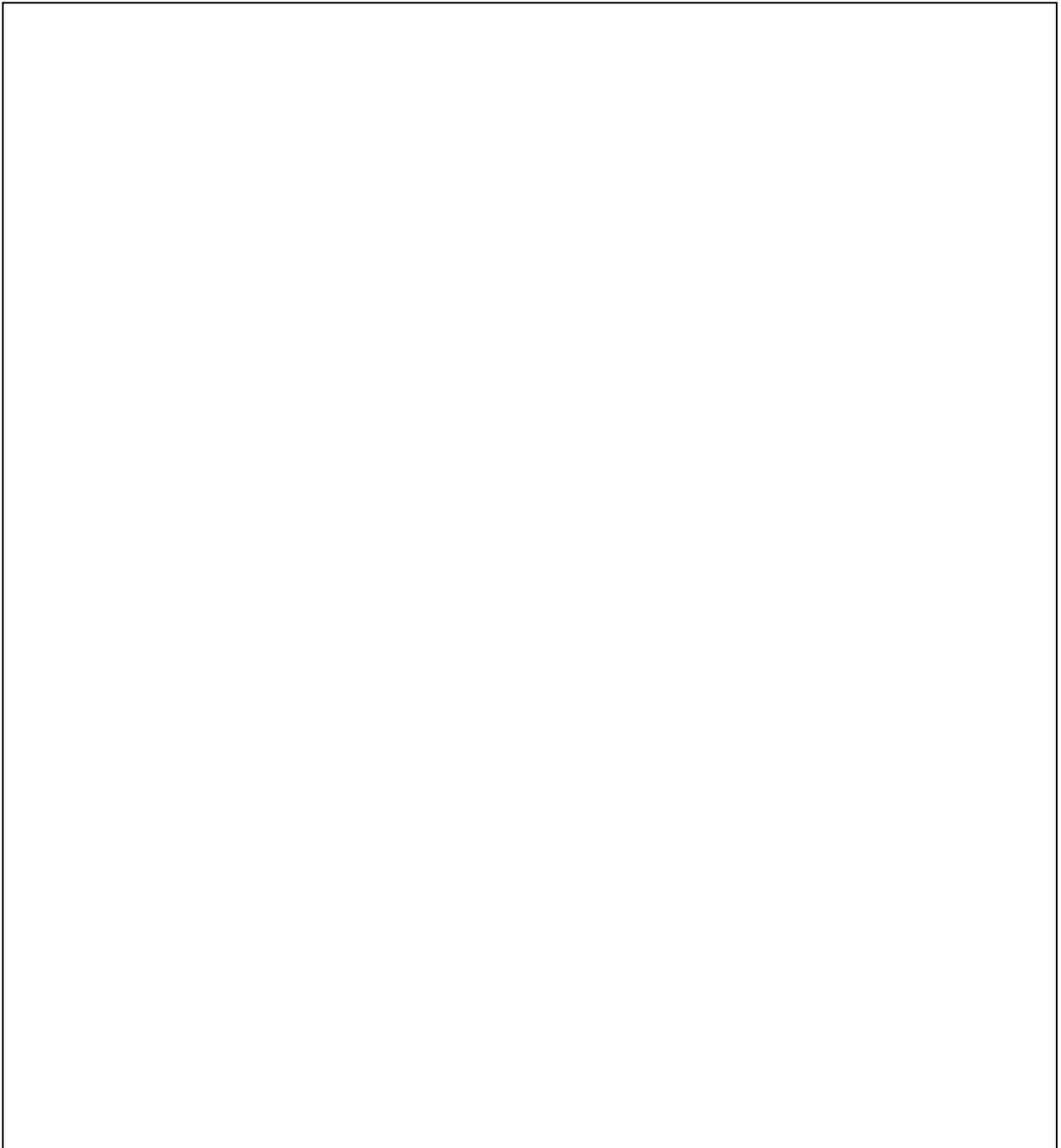


B. Performance Measures

The applicant should develop performance measures for tracking and reporting progress toward completing their project on schedule.

The description of performance measures should address the following:

- How progress toward purchasing new equipment or re-power system and disabling old equipment or engines will be tracked.
- How oversight of project partners' work on the project will be conducted. (If applicable)
- How will project information be made available to the public.

A large, empty rectangular box with a thin black border, occupying the lower half of the page. It is intended for the applicant to provide detailed information regarding the performance measures listed above.

C. Project Staff and Partner Roles and Responsibilities

Use Table 1 below to list project staff, their title, affiliated organization, and their role/responsibility with the project. (Maximum of 10)

Name of Project Staff	Title of Staff	Organization	Role/Responsibility

Table 1

C. Timeline

Use the table below to enter a timeline of project tasks and the person(s) responsible to complete each task as applicable. The project should be completed within a three-year period. Note that any person listed in the timeline must also be listed in Table 1 above.

Month/Year	Task	Person Responsible	Deliverable
	Order new vehicles, equipment, or engines.		Invoices
	Install charging station		Invoices
	Receive and pay for new equipment/vehicle		Proof of payment (cancelled check)
	Decommission old vehicles/engines		Photos and other required documentation
TBD per grant agreement	Complete and submit semi-annual report(s)		Semi-annual report
	Request 1 st reimbursement		Reimbursement request documentation
	Any remaining reimbursement and final report. (Finish Project)		Final Report and reimbursement documentation

Table 2

D. Previous Grant Experience

Using table 3 below, if applicable, enter the information requested regarding past grant experience. Enter up to three examples

Name of Previous Grant Project	Start and End Date of Grant	Name of Grantor/Agency	Grant Amount

Table 3

E. Sustainable Tracking

Provide a short description of any active participation in sustainable programs or use of tools associated with tracking, measuring, documenting, data sharing or benchmarking fleet environmental footprints. Examples include but are not limited to previous route planning or route analysis to maximize fleet efficiency.

E. Sustainable Tracking





- F.** Attach photos of the engine name plate that includes specifications or Tier for each vehicle/engine that will be disabled as part of this project.
- G.** Attach proof of ownership documents.
- H.** Attach recent records that document example of amount of hours operated over 12 months for each vehicle/equipment that will be disabled. NOTE: Please identify which records apply to which equipment.
- I.** Attach letters of support from the applicant and any partners that are written on company letterhead, signed, and dated.
- J.** Attach the completed Fleet Data Sheet.
- K.** Attach a copy of the completed budget form.