

FORM 1: SIGNATURES AND CONTACTS

Part 1: Signature Page

Applicant/Company Name:

Type of Company:

Fleet Owner

Independent
Owner

Other:

Identification Number (nine digit # as given by the Secretary of State Office)

--	--	--	--	--	--	--	--	--	--

If you identify as an independent owner/operator AND **do not** have a Secretary of State identification number, please attach a W-9.

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 Qualifying vessel, must be harbored in the principal Rhode Island mooring area as indicated on the registration issued by the Office of Boat Registration.
Initial _____	For vessel engine 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 engine or technology until receiving an executed Grant Agreement and approval from the Program Manager. Any new engine 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 vessel prior to scrappage and new engine or 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 date I signed the form. I further understand that prior to incorporating these forms and information into a reimbursement 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 (Attach to FORM 1)

1. TYPE OF APPLICATION

There are two (2) categories of emissions reduction projects that qualify for funding under the DERA Fund.

Each qualifying vessel 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 Engine
	Replacement of Whole Vessel
	= 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 VESSEL

(Be sure to provide a copy of each item in the checklist below for each supplemental application form (Form 3))

<input type="checkbox"/>	Coast Guard Documentation or Boat Registration (current year)
<input type="checkbox"/>	Replacement Engine Data Sheet
<input type="checkbox"/>	If Applicable, Current Engine Data Sheet
<input type="checkbox"/>	If Applicable, Boat Title (Required if using Boat Registration)
<input type="checkbox"/>	If Applicable, Commercial Fishing License or Landing License

FORM 3: APPLICATION FORM

(*SUBMIT ONE PER QUALIFYING VEHICLE, ENGINE, EQUIPMENT)

THE FOLLOWING SECTIONS SHOULD BE COMPLETED ACCORDING TO THE TYPE OF PROJECT, THIS FORM (FORM-3) AND APPROPRIATE SECTIONS SHOULD BE COMPLETED FOR EACH PIECE OF EQUIPMENT.

Section 1 & 2- Existing Vessel, Engine, and Equipment Information & Project Financials is required for all applications.

Fill out Section 3 below with engine replacement information.

1. EXISTING VEHICLE, ENGINE, EQUIPMENT INFORMATION

Engine Tier Rating: (Select one) <input type="checkbox"/> Unregulated/Tier 0 <input type="checkbox"/> Tier 1 <input type="checkbox"/> Tier 2	Fuel Type: (select one) <input type="checkbox"/> Diesel <input type="checkbox"/> Biodiesel(B5) <input type="checkbox"/> Biodiesel(B20)	Ignition Type: (select one) <input type="checkbox"/> Compression <input type="checkbox"/> Spark
Hull Identification Number (HIN):		
Vessel Model Year:		
Number of Engines (Total):		
Number of Engines to be Replaced:		
Engine Make and Model Year:		
Bore – Stroke – Number of Cylinders		
Engine Horsepower:		
Propulsion or Auxiliary:		
Estimated annual fuel consumption:		
Estimated annual operating hours:		
Estimated percent of fish landed in Rhode Island (%):		
Estimated remaining years that this vessel/engine would be used if not being scrapped for this project:		

2. PROJECT FINANCIALS

Estimated Labor Costs:	Estimated Equipment Costs (if doing an engine plus generator replacement, please break down cost for both pieces of equipment):

3. REPLACEMENT ENGINE INFORMATION

Engine Make:		
Engine Model:		
Engine Year:		
What Tier is the Engine?	<input type="checkbox"/> Tier 3	<input type="checkbox"/> Tier 4
Engine Horsepower:		
New estimated annual fuel consumption:		