

## **APPENDIX A**

# **B20 Biodiesel School Bus Grant Program Application**



# B20 Biodiesel School Bus Grant Program Application

Agency/School/District \_\_\_\_\_

Superintendent/Director \_\_\_\_\_

Responsible Transportation Official \_\_\_\_\_

Contact Mailing Address \_\_\_\_\_

County \_\_\_\_\_

Contact Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Tax Identification Number \_\_\_\_\_

Eligibility Documentation Attached (Proof that Applicant is Primary or Secondary School, School District or MRDD Agency)

Type of Fleet Operation (check both if district owns buses AND also uses contract services)

- Buses Owned by District
- Transportation services contracted to private entity

Service Provider \_\_\_\_\_ Contact \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Type of Refueling Facilities (check both if applicable)

- School Bus Fleet Garage or Similar Refueling Site(s) Used
- Retail site(s) Used (List Retail Site(s) on attachment)

Buses Garaged (check primary means of storage)

- District Bus Compound;
- Private Homes of Operators
- Other

Total Number of Buses (District Owned & Private Contractors) \_\_\_\_\_

Annual Diesel Fuel Consumed (Previous Year Total, if typical) \_\_\_\_\_

Number of Buses to Use B20w \_\_\_\_\_



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Estimated Amount of B20 to be Consumed \_\_\_\_\_

Estimated per gallon Incremental cost of B20 (see attachment) \_\_\_\_\_

Total Incremental Cost of B20 Use \_\_\_\_\_

Total Estimated Cost of B20 \_\_\_\_\_

Total Grant Requested (\$25,000 Maximum) \_\_\_\_\_

As an authorized agent of the Applicant, I hereby submit this Application to the State of Ohio, Department of Development, Ohio Energy Office. I understand that any false statement in this record may subject the Applicant and me to criminal prosecution and forfeiture of current and future financial assistance benefits. I understand that additional information may be requested. I also understand that this application in no way constitutes a commitment of funds by the State of Ohio for any of its programs.

I hereby represent, to the best of my knowledge and belief, that the application, including its attachments, is true, complete and accurately describes the proposed activity/project for which financial assistance is being sought. I further agree to inform the Ohio Department of Development of any changes in the foregoing information, which may occur prior to the time the Applicant and the Ohio Department of Development execute an agreement awarding funds in respect of this application. I hereby authorize the Ohio Department of Development to contact the Ohio Environmental Protection Agency and the Ohio Department of Taxation to review their respective records relating to applicant and report to the Ohio Department of Development the status of any pending unresolved claims, liabilities or deficiencies.

Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Note: to be signed by Superintendent, Director of Transportation or official of equivalent rank.



**For Bulk Refueling Facilities**

List companies from which cost estimates were obtained, and circle the company selected to supply B20 based on bids received. The bids need to indicate cost for B20, cost for regular diesel, and incremental cost for B20 over regular diesel. The company selected must be the lowest estimated incremental cost for B20 unless:

- The cost for B20 from the supplier with the lowest incremental cost is 5 cents or more higher than a competitor's price for B20
- The low bidder is not able to provide proof that its biodiesel blend meets ASTM specification
- Another compelling reason – reference attached explanation.

If only one bidder is listed, provide documentation that the applicant is currently bound by a contract to purchase fuel from only one supplier.

Company Name \_\_\_\_\_ Contact \_\_\_\_\_

B20 Price \_\_\_\_\_ Regular Diesel Price \_\_\_\_\_ Incremental Cost \_\_\_\_\_

Company Name \_\_\_\_\_ Contact \_\_\_\_\_

B20 Price \_\_\_\_\_ Regular Diesel Price \_\_\_\_\_ Incremental Cost \_\_\_\_\_

Company Name \_\_\_\_\_ Contact \_\_\_\_\_

B20 Price \_\_\_\_\_ Regular Diesel Price \_\_\_\_\_ Incremental Cost \_\_\_\_\_

**Retail Refueling Facilities to be Used**

List at least three current and known future facilities that might be used.

Station Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

B20 Price \_\_\_\_\_ Regular Diesel Price \_\_\_\_\_

Station Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

B20 Price \_\_\_\_\_ Regular Diesel Price \_\_\_\_\_

Station Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

B20 Price \_\_\_\_\_ Regular Diesel Price \_\_\_\_\_