

APPENDIX A

Alternative Fuel Transportation NOFA #10 - 05

Required Application Forms

- **Application Information Form**
- **Program Narrative and Key Personnel**
- **Budget Information Form**
- **Financial Liability and Certification Form**
- **Tax Information Disclosure Authorization Form**
- **Vendor Information Form**
- **W-9 Form**

Ohio Department of Development
Ohio Energy Resources Division
77 South High Street, 26th Floor
Columbus, Ohio 43215-6130
Attn: Alternative Fuel Transportation Program
614-466-6797
aef@development.ohio.gov

**State of Ohio, Department of Development
Application Information Form**

Applicant Name: _____

Company Name: (if applicable) _____

Address: _____

City: _____

State: _____

Zip: _____

-

Contact Person: _____

Title: _____

County: _____

Telephone: _____

Fax: _____

E-Mail Address: _____

Website Address: _____

Tax ID No: _____

NAICS # _____

Is your business currently certified as :

MBE (Minority Business Enterprise)

EDGE (Encouraging Diversity Growth & Equity)

If yes to either, please provide a copy of your certification.

As an authorized agent of the Applicant, I hereby submit this Application to the State of Ohio, Department of Development. I understand that any false statement in this record may subject the Applicant and Signer to criminal prosecution. I understand that additional information may be requested. I also understand that this document in no way constitutes a commitment of funds by the State of Ohio for any of its programs.

I hereby represent and certify that the foregoing and attached information, to the best of my knowledge and belief, is true, complete and accurately describes the proposed activity/project for which the financial assistance is being sought. I am aware of Ohio Revised Code Sections 9.66(C) and 2921.13(D)(1) which outline penalties for falsification which could result in the return of all monies received and the forfeiture of all current and future financial assistance benefits as well as a fine of not more than \$1,000 and/or a term of imprisonment of not more than one hundred and eighty (180) days. 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. Further, I hereby authorize the Ohio Department of Development to contact the Ohio Environmental Protection Agency to confirm statements contained within this application and to review applicable confidential records.

The undersigned warrants, certifies and represents that certain information in their application may be subject to the Public Records Act.

Applicant Signature

Typed Name

Title

Date

Program Narrative and Key Personnel

Answer the following required questions on separate sheets and attach this page as the cover page with the applicant name listed at the top.

Include each question listed below, highlighted in BOLD and underlined, followed by your response written in normal font (as modeled below).

Page limit is a minimum of 4 pages and a maximum of 10 pages. Any pages over the limit will not be scored.

All pages must be numbered consecutively using the format "Page [#] of [total number of pages]" (e.g., Page 2 of 10).

1. **Summarize your project in 2-3 brief paragraphs to include:**

- Description of overall project goals.
- Brief description of work to be performed under project.

2. **Describe your project in detail. Include the following information:**

- Detailed description of work to be performed under project.
- Detailed list of equipment planned to be purchased under project.
- Description of the site, including a map, site plan and location of the facility.
- Description of the retail outlet including brand name, size, and access (if applicable).
- Attach photograph(s) of existing equipment/ infrastructure at proposed site.
- Provide evidence of demand in the market in which the proposed facilities or terminals would be located.
- Provide evidence of fuel supply in the market which will be utilized by the proposed facilities or terminals.
- Describe vehicle traffic in the area and why this is a good site for a blended biodiesel/ blended gasoline refueling facility, or fuel blending facility.
- Proximity of project location to an interstate or other heavily traveled route (Based upon the driving distance from facility to nearest state route or interstate highway.)
- Applicant estimate of how long station will be in operation (which must be committed to in the executed grant agreement).
- Provide an estimate of the number of new direct full time equivalent (FTE) positions that will be created as a result of the project (1.0 FTE = 2080 hours per year).
- Provide an estimate of the number of direct full time equivalent (FTE) positions that will be retained as a result of the project (1.0 FTE = 2080 hours per year).
- Whether the blended biodiesel/ blended gasoline refueling facility be publicly accessible.
- Provide warranty information for all equipment coming into direct contact with fuel.

3. **Describe your team's relevant experience. Include the following information:**

- Key personnel names and description of relevant experience

4. **Are you requesting additional funds for educational and promotional material and activities? If "yes", provide the following information:**

- Description of planned educational/ promotional strategy, materials, activities, and schedule.

5. Provide target dates to achieve the following project milestones:

Task	Target Date
Grant executed/ Project start *	
Site preparation – begin task	
Site preparation – task completed	
Installation and conversion work at each site – begin task	
Installation and conversion work at each site – complete task	
Facility (including all newly installed equipment) – fully operational	
Promotional activities – begin task	
Promotional activities – complete task	
End of retail fuel sales reporting period	

* Note: Allow up to six (6) weeks from date of submission of complete applications for notification of approval/ rejection. Allow an additional two (2) weeks for grant execution of approved applications.

Budget Information Form

Applicant's Name: _____

Proposed Project Date: From: _____ To: _____

Proposed Project Location: _____

SUMMARY OF BUDGET:

Expense

	Budget Categories	Budget Amount
1.	Personnel	\$
2.	Equipment	\$
3.	Contractual/ Subaward	\$
4.	Educational/ promotional efforts (if applicable)	\$

Total Project Cost: \$ _____

Income

	Budget Categories	Budget Amount
5.	Funds requested from State	\$
6.	Income provided by applicant ($\geq 20\%$ of Total Project Income)	\$
7.	Income provided by other sources	\$

Total Project Income: \$ _____

Detail on each of the budget categories should be provided on the next pages titled Explanation of Budget Categories attached. Use additional sheets if necessary.

EXPLANATION OF BUDGET CATEGORIES:

1. PERSONNEL:

Identify positions to be supported, under the proposed award. Key personnel should be identified by title. All other personnel should be identified either by title or a group category. State the projected amount of hours to be expended, the base pay rate, total direct personnel compensation and identify the rate basis (e.g. actual salary, labor distribution report, state civil rates, etc.).

Title	Hours	Pay Rate	Total Compensation	Rate Basis
Total personnel costs:		\$		

2. EQUIPMENT:

Identify all equipment planned to be purchased and installed under project. Equipment purchase requires separate prior written grantor approval. Itemized quotes for all equipment must be provided on vendor letterhead with application.

List all of the proposed equipment below.

Equipment Item	Qty	Unit	Cost
Total equipment costs:		\$	

3. CONTRACTUAL/ SUBAWARD:

List all contractors used in the project and indicate the purpose of each contractor's participation and the total estimated costs for each. Note: Board members and/or employees of the organization are not eligible for contractor services. Itemized quotes for all subcontractor expenses must be provided on subcontractor letterhead with application.

Name/Organization	Purpose	Total Projected Costs
Total contractual/ subaward costs:		\$

4. EDUCATIONAL/ PROMOTIONAL EFFORTS (IF APPLICABLE):

Identify all program-related income sources, under the proposed award. In-kind match may also be included.

General Description	Cost	Justification of Need
Total of educational/ promotional effort costs:		\$

5. INCOME REQUESTED FROM STATE:

Enter funds requested from State under this NOFA.

\$

6. INCOME PROVIDED BY APPLICANT:

Identify all program-related income provided by the applicant. In-kind match may also be included.

Income	Anticipated	Committed	Total Amount
Total income provided by applicant:			\$

7. INCOME PROVIDED BY OTHER SOURCES:

Identify all program-related income provided by the other sources. In-kind match may also be included.

Income	Anticipated	Committed	Total Amount
Total income provided by other sources:			\$

Financial Liability and Certification

Financial Liability:

Explain any outstanding financial liabilities the applicant and/or company have with state or local governments in Ohio. Whether or not the amounts are being contested in a court of law, does the applicant and/or company owe:

a.) Any delinquent taxes to the State of Ohio (the "State"), a state agency, or a political subdivision of the State such as a city or county?

Yes No

b.) Any monies to the State or a state agency for the administration or enforcement of the environmental laws of the State?

Yes No

c.) Any other monies to the State, a state agency, or a political subdivision of the State that are past due?

Yes No

d.) Is the company the subject of any existing tax lien?

Yes No

Certification:

Has the applicant, related companies, or any officers:

a.) Been convicted of a felony

Yes No

b.) Been convicted of or enjoined from any violation of state or federal securities law?

Yes No

c.) Been a party to any consent order or entry with respect to an alleged state or federal securities law violation?

Yes No

d.) Been a defendant in a civil or criminal action?

Yes No

If you have answered yes to any of the above, please provide a detailed explanation including, but not limited, to the location, amounts, and case identification numbers (if applicable) on a separate sheet.

Government and Non-Profits: Provide a copy of the most recent audit report or annual report.

Tax Information Disclosure Authorization

_____ (the individual/company) hereby **irrevocably** authorizes the Tax Commissioner of the Ohio Department of Taxation or any agent designated by the Tax Commissioner of the Ohio Department of Taxation from the date below until _____ (**one year from the date below**) to disclose to the Director of the Ohio Department of Development or any designated employee of the Director the amounts of any or all outstanding liabilities for corporation franchise tax, individual income tax, employer withholding tax, sales, use tax, excise tax, or commercial activity tax which are currently unpaid and certified to the Attorney General of the State of Ohio for collection.

The Applicant expressly waives notice of the disclosure(s) to the Ohio Department of Development by either the Tax Commissioner of the Ohio Department of Taxation or by any agent designated by the Tax Commissioner of the Ohio Department of Taxation. **The applicant expressly waives the confidentiality provisions of the Ohio law which would otherwise prohibit disclosure and agrees to hold the Department of Taxation and its employees harmless with respect to the limited disclosure authorized herein.**

This authorization is to be liberally interpreted and construed; any ambiguity shall be resolved in favor of the Tax Commissioner or the Ohio Department of Taxation. This authorization is binding on any and all heirs, beneficiaries, survivors, assigns, executors, administrators, successors, receivers, trustees, or other fiduciaries.

A photocopy of this authorization is as valid as the original.

Name of Applicant (including any DBA)

Signed: _____

Title: _____

Date: _____

INSTRUCTIONS TO APPLICANT: Please fill in the Tax Identification Numbers on the next page.

Applicant Full Legal Name and Address

Names and Addresses of any Affiliates

(If necessary, attach a separate form for each affiliate listing each of the numbers set forth below.)

Federal Tax Identification Number

Ohio Franchise Tax I.D. Number or other Ohio Tax I.D. Number



Vendor Information Form

All applicable parts of the form must be completed by the vendor and returned to Ohio Shared Services signed.

SECTION 1 – PLEASE SPECIFY TYPE OF ACTION

- NEW (W-9 OR W-8ECI FORM ATTACHED) ADDITIONAL ADDRESS (PROVIDE COPY OF INVOICE OR LETTER)
- CHANGE OF ADDRESS (PROVIDE ADDRESS TO BE REPLACED IN THE COMMENTS BOX ON NEXT PAGE)
- CHANGE OF TIN (NEW W-9 AND LETTER OF EXPLANATION OF CHANGE ATTACHED)
- CHANGE OF NAME (NEW W-9 AND LETTER OF EXPLANATION OF CHANGE ATTACHED)
- CHANGE OF PAYTERMS CHANGE OF CONTACT CHANGE OF PO DISPATCH METHOD

SECTION 2 – PLEASE PROVIDE VENDOR INFORMATION

LEGAL BUSINESS NAME: (MUST MATCH W-9 OR W-8ECI FORM)

BUSINESS NAME, TRADE NAME, DOING BUSINESS AS: (IF DIFFERENT THAN ABOVE)

TAXPAYER ID # (TIN):

BUSINESS ENTITY: NOTE: IF SOLE PROPRIETOR, THE INDIVIDUAL'S NAME MUST APPEAR IN LEGAL BUSINESS NAME

- CORPORATION PARTNERSHIP SOLE PROPRIETOR
- NON PROFIT INDIVIDUAL OTHER (PLEASE

EXPLAIN)

INDUSTRY CLASSIFICATION:

STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODE

NORTH AMERICAN INDUSTRY CLASSIFICATION SYSTEM (NAICS) CODE

SECTION 3 – PLEASE PROVIDE COMPLETE ADDRESS

ADDRESS:

COUNTY:

CITY:

STATE:

ZIP CODE:

SECTION 4 – REMIT TO ADDRESS (IF DIFFERENT THAN ABOVE)

ADDRESS:

CITY:

STATE:

ZIP CODE:

SECTION 5 – CONTACT INFORMATION AND PERSON TO RECEIVE PURCHASE ORDER

NAME:

WEB SITE:

PHONE:

FAX:

E-MAIL:

SECTION 6 – IS YOUR BUSINESS CURRENTLY CERTIFIED AS? (PLEASE CHECK)

MBE (MINORITY BUSINESS ENTERPRISE) EDGE (ENCOURAGING DIVERSITY, GROWTH, & EQUITY) N/A

SECTION 7 – PAYMENT TERMS (PLEASE CHECK ONE, OTHERWISE NET 30 WILL BE APPLIED BY DEFAULT)

2/10 NET 30 NET 30 NET 45 NET 60 NET 90

SECTION 8 – PURCHASE ORDER DISTRIBUTION-OTHER THAN USPS MAIL (INPUT E-MAIL ADDRESS OR FAX # BELOW)

E-MAIL:

FAX:

SECTION 9 – PLEASE SIGN & DATE

SIGNATURE:

DATE:

SECTION 10 – AGENCY CONTACT INFORMATION

AGENCY NAME:

PHONE NUMBER:

E-MAIL:

COMMENTS:

SUBMIT FORM TO:

Mail: Ohio Shared Services
4310 E. Fifth Ave. Columbus, OH 43219
Fax number: (614) 485-1039
E-mail: vendor@ohio.gov

QUESTIONS? PLEASE CONTACT:

Phone: 1 (877) OHIO - SS1 (1-877-644-6771)
1 (614) 338-4781
E-mail: vendor@ohio.gov

Request for Taxpayer Identification Number and Certification

**Give form to the
requester. Do not
send to the IRS.**

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return)	
Business name, if different from above	
Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ ----- <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code	
List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number
or
Employer identification number

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here	Signature of U.S. person ▶	Date ▶
------------------	----------------------------	--------

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,