

Reducing Diesel Emissions for a Healthier Tennessee

2024 APPLICATION – TSE & eTRU



Applicant Organization Information

Organization Name _____ EIN/TIN _____

Address _____ DUNS #/CAGE Code _____

City _____ County _____ ST _____ Zip _____

Equipment – Please include as much information as you can. Use additional space/documents as needed and include with your submission.

	Equipment Name	Equipment Description	Number of Units	Expected Use Per Year (hours)	Expected Fuel Use Reduction Per Year (gallons)	Total Project Cost	Total Funding Amount Requested (up to appropriate % of cost share)
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
Total Funding Requested:							

Additional Project Information

Explain your plan or project. What are planning to do in requesting this equipment? Please explain the where, when, why, who, and how.

What are the expected community impacts of this project? Are there benefits beyond emissions reduction that you anticipate upon completion of this project?

Does your site have an idle reduction policy? If so, please explain here:

To ensure that the addition of this equipment is known in your region, how do you plan to communicate the addition of this equipment to your community?

Questions or Additional Information

Do you have any additional information you need to provide to ETCleanFuels, or do you have any questions you would like to pose?

Applicant Acknowledgements

You must check all of the below boxes to complete your application:

- By signing, I certify that the statements and information provided in this application are true and accurate to the best of my knowledge. If selected for funding, I agree to provide the required documentation and assurances necessary for funding.
- I certify that I understand the Title VI requirements of these federal funds and am submitting along with this completed application my organization's corresponding Title VI Pre-Audit Survey, Limited English Proficiency Policy, Nondiscrimination Policy, and Complaint Process (see Appendices A-D for appropriate templates).
- I certify that I, along with the officers, directors, owners, partners, employees, and agents of my organization am (are) not presently debarred, suspended, proposed for debarment, or declared ineligible for an award by any State or Federal agency. I recognize that ETCleanFuels will verify my organization's non-debarment status using the federal System for Award Management and will follow up with me on any findings.

Applicant Signature

Authorized Representative Name _____

Authorized Representative Signature _____

Title _____ Date _____

Email _____ Phone _____

Primary Contact for the Applicant

Name _____

Title _____

Phone _____

Email _____

By signing the application, applicants are certifying that the information provided is true to the best of their knowledge. ETCleanFuels reserves the right to request any additional documentation needed to verify the above information.