

Ohio Alternative Fuel Vehicle Conversion Grant Program 2017

Fleet Data Reporting Spreadsheet for Proposed NEW Vehicle Purchases



Applicant Organization: _____

Project Director Contact Name: _____

Vehicle Information: List the type of new alternative-fueled vehicles proposed for purchase with this AFV grant, one line per vehicle. Add lines as needed.

Make	Model	Model Year	Gross Vehicle Weight Rating (lbs)	Engine Horse Power	*AFV Option (see key)	Certified by? (EPA or ARB)	**EPA Certification # or CARB Executive Order#	Estimated Miles to be driven annually	OH County where to be registered	***Adjusted Purchase Price (Quote)	****Grant Request Amount	*****Odometer reading (fill in at time of purchase)	Date of odometer reading	VIN # (This column to be filled in after new vehicle purchase)

<p><u>*AFV Option Key:</u> CNG: runs solely on CNG LNG: runs solely on LNG LPG: runs solely on LPG, including butane or propane Bi/DU: runs in Bi-Fuel or Dual Fuel configuration. Explain in narrative. OTH = Other. Explain in narrative.</p>	<p>***Adjusted purchase price means the portion of the purchase price of a new AFV attributable to parts and equipment used for the storage of alternative fuel, delivery of alternative fuel to the motor, and the exhaust of gases from combustion of alternative fuel. Include a quote itemizing these components.</p>
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** Enter US EPA Certification Number or California Air Resources Board Executive Order Number for the new vehicle engine.
 **** Grant Request Amount for each vehicle shall be **the lesser of**: 50% of the adjusted purchase price of the new AFV, or \$25,000.
 ***** Note that this form will be submitted again, with the last three columns filled in, when an approved grant recipient submits a request for reimbursement.