

Connecticut Department of Transportation

2007 - Connecticut Clean Fuel Program

Application Form

Section 1:

<i>Applicant's name</i>	
<i>Organization/Affiliation</i>	
<i>Mailing address</i>	
<i>Phone</i>	<i>Fax</i>

Who to contact for further information on the proposal

<i>Name</i>		
<i>Organization/Affiliation</i>		
<i>Mailing address</i>		
<i>Phone</i>	<i>Fax</i>	<i>Email</i>

Section 2:

Summary of Existing Operations

Description of the organization

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A description of the existing fleet operation including existing vehicle types, existing fueling stations used, specific operational tasks per vehicle type, and miles driven per year per vehicle type.

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Section 3:

Proposed AFV / CFV Purchase(s)

A detailed list of vehicles the applicant is proposing for reimbursement under the CCF program.

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If applicable, will the vehicle(s) require an alternative fuel station? YES NO

If yes, where will the vehicle(s) be fueled and how many miles away is the fueling station?

Where?	Distance?
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Section 4:

Specialized Vehicle Purchases

Provide any relevant information that would determine the award amount including the OEM invoice price for the proposed purchase and an OEM invoice price of a similar make and model.

Make	Model	OEM Invoice of Proposed	OEM Invoice of Similar	Other Information

Section 5:

Purpose and Need

Provide a project summary to include the following information:

Will the purchase of this AFV/CFV replace an existing vehicle or expand current fleet operations? If expanding, please describe your needs for expansion.

Who will be the primary operator of the vehicle and who will benefit?

What are the organizational benefits of this purchase?

Please describe how the AFV/CFV will be used including specific tasks, estimated yearly mileage, and estimated hours of operation.

Section 6:

Enhance Public Awareness

A secondary goal of this program is an education and outreach effort to enhance public awareness of alternative fuel technologies. Explain how the applicant will foster this effort.

Section 7:

Optional

Please provide any additional information that would assist the committee. (One page maximum)