



Mark Parkinson, Governor  
Roderick L. Bremby, Secretary

DEPARTMENT OF HEALTH  
AND ENVIRONMENT

www.kdheks.gov

Division of Environment

American Recovery and Reimbursement Act application  
for the Kansas Clean Diesel Grant Program

Date of Application: \_\_\_\_\_

\_\_\_\_\_  
Name of Applicant Organization

\_\_\_\_\_  
Address City State ZIP County

\_\_\_\_\_  
Contact Person (responsible for project management) Title

(\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Telephone Number Fax Number

\_\_\_\_\_  
E-mail Address

If you have a designated fiscal agent who is different from the authorized representative:

Name: \_\_\_\_\_

FEIN (IRS) Number (if different from that given below): \_\_\_\_\_

Address to mail payments to: \_\_\_\_\_

Type of Fleet:

- Private Company  County  Township  Municipality  School District
- Other \_\_\_\_\_

Size of Fleet:

- Large = 5 or more diesel vehicles  Small = Fewer than 5 diesel vehicles

Project Category (select all that apply):

- Idle Reduction
- Engine Retrofit (add-on technology)
- Cleaner Fuels Use
- Aerodynamic Technologies
- Low Rolling Resistance Tires
- Engine Repower
- Engine upgrade
- Vehicle Replacement

### **1. Project Description**

Please provide a detailed description of project (i.e., what will this grant money be used for to reduce diesel emissions and retain your companies jobs). See instructions for more information. Please be specific.

## 2. Technology Employed by Project

Please provide a description of which technology will be employed in project (e.g., diesel oxidation catalysts, auxiliary power units, engine/vehicle replacements including make/model/year).

## 3. Budget Summary Information

Calculate each category of costs from the Budget Worksheet and total below:

	Requested Funding	Cost-Share/In-Kind	Project Total
EQUIPMENT/VEHICLES	\$ _____	\$ _____	\$ _____
INSTALLATION	\$ _____	\$ _____	\$ _____
<b>TOTAL</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>
Percentage of Total	_____ +	_____ = 100%	

## 4. Project Timeline

All proposed projects should be completed before the end of the State Fiscal Year 2010 (June 30, 2010). List the proposed project **START DATE** \_\_\_\_\_ and the **COMPLETION DATE** \_\_\_\_\_.

*I certify that all proposed activities will be carried out; that all grant money received will be utilized solely for the purposes for which it is intended; that records documenting the planning process and implementation will be maintained and submitted when requested, and KDHE is hereby granted access to inspect project sites and/or records.*

\_\_\_\_\_  
Print Name of Authorized Representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

FEIN (IRS) Tax Number \_\_\_\_\_