

# 2019 North Carolina VW Settlement Program

## Phase I Diesel Bus and Vehicle Programs Application

Please note applications are not considered confidential business information. All rebate applications and associated documentation are public record per North Carolina General Statutes §132-1, except for “confidential” or “trade secret” data as defined and classified in North Carolina General Statutes §66-152(3) and must be indicated as such by the applicant at the time of the initial rebate application submittal.

### Applicant Contact Information

|  |       |  |
|--|-------|--|
| Project Title                            |       | NCID   |
|  |       |  |
| Organization Name                        |       | Organization Tax Identification Number (TIN) |
|  |       |  |
| Organization Mailing Address             |       |  |
|  |       |  |
| City                                     | State | Zip Code                                     |
|  |       |  |
| Authorized Representative Name           |       |  |
|  |       |  |
| Authorized Representative E-mail Address |       | Authorized Representative Phone Number       |
|  |       |  |
| Project Manager Name (primary contact)   |       |  |
|  |       |  |
| Project Manager E-mail Address           |       | Project Manager Phone Number                 |
|  |       |  |
| Financial Contact Name                   |       |  |
|  |       |  |
| Financial Contact E-mail Address         |       | Financial Contact Phone Number               |
|  |       |  |

### Project Details

|                        |  |                         |
|------------------------|--|-------------------------|
| Program Type           |  | Eligible Applicant Type |
|                        |  |                         |
| Vehicle/Equipment Type |  | Project Type            |
|                        |  |                         |



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**Project Location** (where equipment will be stored and/or used)

|                |        |          |
|----------------|--------|----------|
| Street Address |        |          |
|                |        |          |
| City           | County | Zip Code |
|                |        |          |

**Project Budget**

| Budget Item  | Project Total | Requested Funds | Matching Funds (Your Org) | Other Funding | Other Funding (Specify) |
|--|---------------|-----------------|---------------------------|---------------|-------------------------|
| New equipment/vehicle/engine   |               |                 |                           |               |                         |
| Infrastructure costs (only for all-electric vehicle replacement or repower)* |               |                 |                           |               |                         |
| Other  |               |                 |                           |               |                         |
| <b>Total Project Budget</b>  |               |                 |                           |               |                         |

\*Please include as an attachment, the itemized costs for any requested charging infrastructure costs associated with an all-electric replacement or repower project. One charger allowed per vehicle replacement or repower.



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**Project Details** (Questions 1-5 are required. The applications with "see attached" in lieu of complete applications will NOT be considered. Optional attachments should use the naming structure detailed in the Required Attachments section.)

1. Please provide a detailed description of the proposed project.



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2. Explain how this request fits into North Carolina's Beneficiary Mitigation Plan.

3. What is the likelihood that the project will incentivize future indirect NO<sub>x</sub> and other emission reductions? That is, will this be the beginning or continuation of a transition of the fleet to an alternative fuel or electricity? If so, please provide details.



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4. Are there any societal co-benefits of the project? Are there any “sensitive” populations including, but not limited to asthmatics, children, or the elderly that are likely to be directly benefited by the project?

5. Project Feasibility: Provide a description of how you as the applicant have the necessary technical, managerial, procurement, and financial capability and experience to execute on your proposed project.

6. Use this space for any additional information that you believe will be helpful in evaluating the project.  
(Optional)



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### Certification

The undersigned is an official authorized to represent the applicant. The person signing this document must have the authority to legally bind the applicant or be the designated fiscal agent.

*I certify that all proposed activities will be carried out; that all 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 DEQ is hereby granted access to inspect project sites and/or records. It is understood that if this project is selected a contract with DEQ will be executed. I further attest that at least 70% of the equipment's operation will occur in North Carolina for the next 5 years.*

|   |       |
|---|-------|
| Print Name of Authorized Representative | Title |
|   |       |
| Signature of Authorized Representative  | Date  |
|   |       |

### Required Attachments

Please attach the following documents with the filenames as indicated in the parenthesis. If the filenames are other than provided in parenthesis, the application will be returned for corrections.

1. All applicants must download and complete the application worksheet titled **2019VWRFPDiesel.xls** and rename to include your organization name and project title as follows:  
**([organization\_name]\_[project\_title]\_VWDiesel\_application.xls).**
2. Any nonprofit applicants required to obtain a Charitable Solicitation License from the North Carolina Department of the Secretary of State must provide a copy of the license and name the file with your organization name and project title as follows:  
**([organization\_name]\_[project\_title]\_VWDiesel\_nonprofit\_license.pdf).**
3. Save this file and rename to include your organization name and project title as follows:  
**([organization\_name]\_[project\_title]\_VWDiesel\_application.pdf).**
4. Optional attachments should be named to include your organization name, project title, general description as follows: **([organization\_name]\_[project\_title]\_VWDiesel\_support.pdf).**
5. For projects requesting funding for charging infrastructure with an all-electric replacement or repower, please include an itemized budget. (One charger allowed for each vehicle replacement or repower requested.) Name this attachment to include your organization name and project title as follows: **([organization\_name]\_[project\_title]\_VWDiesel\_charging\_budget.pdf).**

All files and any additional supporting documentation must be emailed to:  
[svc.NCVWApplication@ncdenr.gov](mailto:svc.NCVWApplication@ncdenr.gov) no later than **5:00 p.m. Eastern Time on September 30, 2019.**

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NCDEQ Internal Use Only

Receipt Date and Time: \_\_\_\_\_  
Application ID: \_\_\_\_\_  
Assigned to: \_\_\_\_\_

