

Application Form

Maryland Natural Gas Refilling Station Grant Program

Martin O'Malley, Governor

Anthony G. Brown, Lt. Governor

Abigail Hopper, Director

Please Fill Out Form Electronically, Print, Sign and Return to MEA

All Required Fields on this Form Must be Filled Out Completely

Incomplete or Illegible Applications Will Be Returned To The Primary Point of Contact; No Exceptions

A. Primary Point of Contact (PPC) Information

PPC	First Name	Last Name	Company Name		Federal Tax ID #	
	Phone			Email		
Address Information	Mailing Address			Suite/Apt/Bldg		
	City			State	Zip	Plus 4
	U.S. Congressional District	State Legislative District		County		

If You Do Not Know Your Zip Plus 4 Code Look Up Here: <http://zip4.usps.com/zip4/welcome.jsp>

If You Do Not Know Your Congressional or Maryland Legislative District Look Up Here: <http://mdelect.net>

B. Funding Request Information

****Only use eligible costs as indicated in the program guidelines in calculating C2 and C3**

(C1) Total Project Cost (C2+C3)	(C2) Applicant Cost Contribution	(C3) Requested Grant Amount
Applicant Percent Cost Share (C2/C1)	Est. Gallons of Displaced Petrochemicals	

C. Project Application Check List

Does proposed station have a minimum flow rate of 8 GGE per minute?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will proposed station sell natural gas at a pressure of at least 3,600 psi?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the proposed station location described and justified as being in a preferred geographic area in Attachment A?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will proposed station locations be operable and accessible to the public on a 24/7 basis?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will the station be equipped with emergency generator, transfer switch and associated wiring?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will payment infrastructure be installed that allows for generally accepted credit card transactions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will proposed station comply with Americans with Disabilities Act accessibility standards?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does applicant agree to coordinate the wayfinding and site signage with the Maryland State Highway Administration, in accordance with State policies?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does applicant agree to provide quarterly reports during 5 year grant period?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will station remain operable for a period of at least 5 years from completion of grant agreement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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D. Application Form Required Attachment Checklist- Applications, including all attachments may not exceed 25 pages.

<input type="checkbox"/>	<u>Attachment A</u> - Project Narrative
<input type="checkbox"/>	<u>Attachment B</u> - Implementation Staff Biographies
<input type="checkbox"/>	<u>Attachment C</u> - Location and Budget Breakdown Spreadsheet
<input type="checkbox"/>	<u>Attachment D</u> - Property Owner Letters of Support (if applicable) and *SDAT Printout for each station address
<input type="checkbox"/>	<u>Attachment E</u> - Americans with Disabilities Act/Accessibility Standard specifications
<input type="checkbox"/>	<u>Attachment F</u> - Operation and Maintenance Plan/Schedule
<input type="checkbox"/>	<u>Attachment G</u> - Signage Plan
<input type="checkbox"/>	<u>Attachment H</u> - Implementation Timeline
<input type="checkbox"/>	<u>Attachment I</u> - Financial Commitment Narrative documenting financial commitments from banks or investors
<input type="checkbox"/>	<u>Attachment J</u> - Narrative describing any experience installing, operating, or maintaining a natural gas refilling station

*SDAT- State Department of Assessment and Taxation- <http://sdattax.com/RealProperty/Pages/default.aspx>

E. Applicant Signature

I solemnly affirm under penalties of law that I am authorized to make representations of behalf of the applicant, that the contents of the foregoing application are true to the best of my knowledge, information and belief. I acknowledge that MEA or an authorized representative may contact me in the future regarding re-filling behavior and overall natural gas driving satisfaction.

Print Name	Print Title
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Date Signed

Authorized Signature: _____

Submit this application and the required supporting documentation as soon as possible to:
-Attention- Natural Gas Refilling Station Grant Program
Maryland Energy Administration
60 West Street, Suite 300
Annapolis, MD 21401