Project Proposal

**Contact Information—** *Date Submitted:*

|  |  |  |
| --- | --- | --- |
| *Organization* |  |  |
| *Contact Person* |  | *Title* |  |
| *Street Address* |  |
| *City, State* |  | *Zip* |  |
| *Phone* |  | *Phone 2* |  |
| *Email* |  | *Fax* |  |

**Description of Project—**

*Please provide a description of your project, including project goals, resource needs, and funding requirements.*

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

**Alternative Fuel/Vehicle Type—**

*Please indicate which type of alternative fuels or vehicles are involved in your project (check all applicable).*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| ❑ | *Hybrid Electric Vehicles* | ❑ | *Light Duty Vehicles* | ❑ | *Fuel Station* | ❑ | *Biodiesel* |
| ❑ | *Plug-in Hybrid Electric Vehicles* | ❑ | *Medium Duty Vehicles* | ❑ | *Fuel Economy* | ❑ | *Ethanol* |
| ❑ | *Fuel Cell Vehicles* | ❑ | *Heavy Duty Vehicles* | ❑ | *Idle Reduction* | ❑ | *Natural Gas* |
| ❑ | *Flexible Fuel Vehicles (E85)* | ❑ | *Buses* | ❑ | *Emissions Reduction* | ❑ | *Propane* |
| ❑ | *Natural Gas Vehicles* | ❑ | *Off-road Vehicles* | ❑ | *Reduction in Miles Traveled* | ❑ | *Other* |  |
| ❑ | *Propane Vehicles* | ❑ | *Other* |  | ❑ | *Education/Outreach for Fleets* |  |  |

**Budget Proposal—**

*Please provide a budget proposal indicating what funds are needed and how they will be allocated.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | *Item* | *Quantity* | *Cost Per Unit* | *Total Unit Cost* |
| *1* |  |  |  |  |
| *2* |  |  |  |  |
| *3* |  |  |  |  |
| *4* |  |  |  |  |
| *5* |  |  |  |  |
| *6* |  |  |  |  |
| *7* |  |  |  |  |
| *8* |  |  |  |  |
| *9* |  |  |  |  |
| *10* |  |  |  |  |
| *11* |  |  |  |  |
| *12* |   |   |   |   |
| *13* |   |   |   |   |
| *14* |   |   |   |   |
| *15* |   |   |   |   |
| *16* |   |   |   |   |
| *17* |   |   |   |   |
| *18* |   |   |   |   |
| *19* |   |   |   |   |
| *20* |   |   |   |   |
|  |  |  | *Total* |   |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ❑ | *Fleet* | ❑ | *SLCFP Member* | ❑ | *Fuel Producer* | ❑ | *Fuel Provider/ Distributor* | ❑ | *Vehicle Provider* |  |
|  | *Date Received:* |  |

Office Use Only: