

United States Department of Agriculture

Rural Development

Higher Blends Infrastructure Incentive Program (HBIIP)

Online Grant Application Instruction Guide

United States Department of Agriculture Rural Business-Cooperatitve Service

Revised – August 2023

Record of Changes

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1. Introduction

The Higher Blends Infrastructure Incentive Program (HBIIP) is a program to expand the availability of ethanol and biodiesel by incentivizing the expansion of sales or renewable fuels.

The HBIIP grant program includes infrastructure projects for transportation fueling facilities and fuel distribution facilities.

2. Overview

2.1. Purpose

The purpose of this document is to provide HBIIP applicants and grant writers instructions for accessing and using the online HBIIP grant application.

2.2. Assumptions

The content of this document has been developed based on its general purpose and the following assumptions:

- This document is not intended to be a comprehensive set of instructions. It, along with the features provided in the online application system should collectively provide applicants the information needed to complete and submit a grant application.
- Completion of the online grant application will not be started prior to the user reading this document.
- The Company has reviewed all resources provided in Notice of Funding Opportunity published on August 23, 2022, in the Federal Register. This includes an explanation of the Grant Period.

2.3. Additional Support

Questions or clarifications should be directed by contacting the HBIIP Program team at HBIIP@usda.gov.

3. Preparing to Apply

3.1. What will you need

When selecting an Applicant Type the selection should reflect the company at the time of application. For example, if the company currently consists of 10 or fewer fueling stations but the proposed project will increase the number of stations beyond 10, "Owner of 10 or fewer fueling stations" should be selected for the Applicant Type.

- Identification of an Applicant Type to describe the company. Below are the possible options:
 - Owner of 10 or fewer fueling stations; or
 - Owner of more than 10 fueling stations; or
 - Fleet fueling station facility/facilities; or

- Fuel distribution facility (Terminal operation, Midstream Partner, Heating oil distribution facility; or equivalent entity); or
- Home heating oil distribution facility (80% or greater annual throughput volume is home heating oil, and the project is home heating oil related).
- Information to describe the company and employees/third-party grant writers
- A taxpayer Identification number, Unique Entity Identifier (UEI), and UEI expiration date
- Company Address
- Congressional District (based on the Company address/zip code)
- An indication if the company has been delinquent on any Federal debt and supporting documents to explain the debt and delinquency
- Contact information for an individual that the USDA should contact regarding additional information that may be required
- Information describing the individual Authorized Representative responsible for validating the information included in your online grant application
- Information regarding the State's intent to review the application under Executive Order 12372
- A proposed start and end date and brief description for the applicable infrastructure project
- Fueling station information -- Address, Contact, Congressional District, Priority Scoring Criteria, Historical or Projected Data (for existing or new stations), and Proposed Activities, for each station included in the project. (Only for fueling station projects)
- Fuel distribution facility information -- Address, Contact, Congressional District and Fuel Data) for the facility included in the project (Only for Fuel Distribution Facility infrastructure projects)
- Project Financial Information (Budget Costs and Estimated Funding)
- Attachments
 - Signed 424 D Assurances Construction Programs
 - Signed Matching Funds Certification
 - Loan Delinquency Support Documents (if delinquency is indicated in application)
 - HBIIP Project Technical Report
 - Environmental Review Documents
 - Other supporting documents
 - Signed Grant Application

3.2. Internet Browser

The online HBIIP grant application system operates best in Google Chrome.

3.3. Confidentiality

This grant program is a competitive process. Your data is regarded as proprietary to your organization and the HBIIP Grant Application System will secure from the view of other applicants.

If you elect to use a Third-Party Grant Writer to complete your application, although your data will be secured within the HBIIP Grant Application System from competing companies and their employees, you must bear all responsibility to ensure confidentiality among third parties.

4. Indicating Intent to Participate & Requesting Access

The first step to participating in the HBIIP grant program is to indicate intent to participate and request access for your company employees and third-party grant writers that will be responsible for completing the grant application using the online system. This will require some advanced preparation.

4.1. Gather the information needed

To indicate intent to participate you will need the following information about your company:

- Your company's legal name
- The company's Taxpayer Identification Number
- The company's UEI Number and expiration date (See Section 3.1)
- The company's Applicant Type (See Section 3.1)

Each individual needing access to the online grant application system will require a USDA eAuthentication account. USDA eAuthentication accounts can be requested at:

https://www.eauth.usda.gov/home/

To request access to the online HBIIP grant application system for the individuals that will be completing the grant application:

For each individual:

- Last Name
- First Name
- eAuth ID
- Email Address

4.2. Request to Participate

Submit the company information and user information gathered in Section 4.1 by emailing <u>HBIIP@usda.gov</u>.

The HBIIP company account and user accounts will be created, and the requested users will be associated with the HBIIP company account. Each user will receive a user notification email indicating that their account has been created and a link to the online HBIIP grant application system.

Upon receiving the user notification email the user should copy the URL link and paste it into the URL address bar in the Google Chrome browser and click enter.

4.3. User Access Next Steps

Upon approval and setup of each user's access, each user will receive an email from the HBIIP@usda.gov.

The email will provide a URL to access the system and instructions for doing so. Each user should copy the URL and paste it into the address bar of their Google Chrome internet browser and hit enter.

5. Accessing the HBIIP Grant Application System

When presented with the following page, the user should enter their eAuthentication User Id and password and click Log In with Password.



After successfully authenticating, the online grant application system will display the HBIIP Disclaimer page. The user must click the Finish button to access the online grant application system. Issues experienced with authenticating should be submitted to the USDA's Rural Development Help Desk by calling 1-800-457-3642 and following the prompts.

A single company can only have one grant application. The page will include only the application for the user's company. Third-party grant writers may see multiple applications for different companies if they have been engaged by more than one company to create their grant application.

To begin completing or continuing a grant application, click on the Edit button for the applicable application. The online application system will display the grant application with the Company Applicant Information tab selected.

6. Navigating the HBIIP Grant Application System

6.1. Menu Options

The online grant application system includes menu options in the form of links, forms, and tabs.

6.2. Required Data

Required data is reflected with an asterisk on the left of the data label name. For example, Company Congressional District is required and labeled as *Company Congressional District.

6.3. Saving Your Data

Each tab of the grant application includes the data fields for the grant application. The Save button should be used before leaving a tab or form to ensure your data is retained.

The online grant application system is designed to ensure that the user may not complete all the grant application at the same time or by the same individual. Different individuals can work on different parts of the application concurrently but two users working on the same data at the same time will result in the data representing what the last user to Save entered.

6.4. Application Tracking Progress

The Application Overview page below provides a quick method of tracking the progress of the application. The page includes all the sections and attachments required for your application to be considered complete. A check mark will appear for each section that has been completed. When all the sections have check marks the Finalize Application button will be enabled.

Company Information	Application Information	Project Information	Stations	Financial Information	Attachments	Application Overview
✓ <u>Company Inf</u>	ormation					
Applicant Info	rmation					
Contact						
Authorized Re	epresentative					
> Application I	nformation					
> Project Inform	mation					
> Station Inform	mation					
> Financial Info	ormation					
> Attachments	i					
Finalize Application						

7. Completing the Application

7.1. Applicant Types

The specific Applicant Type is used to define the of data requirements and the attachments that are required for the application. The table below provides an explanation of the data requirements for each of the Applicant Types.

Applicant Type(s)	Required Data/Attachments
Owner of 10 or fewer fueling stations Owner of more than 10 fueling stations Fleet fueling station facility/facilities	 All company (applicant, contact and authorized representative), application tab, project, fueling station, financial (budget costs and estimated funding) information and the following attachments: Signed 424 D Certification Signed Matching Funds Certification Loan Delinquency (if response to loan delinquency question on Applicant Information tab is "Yes") Technical Report Environmental Review Documents Signed Grant Application
Fuel distribution facility (Terminal operation, Midstream Partner, Heating oil distributor), Home heating oil distribution facility (80% or greater annual throughput volume is home heating oil, and the project is home heating oil related)	 All company (applicant, contact and authorized representative), application tab, project, fueling station, financial (budget costs and estimated funding) information and the following attachments: Signed 424 D Certification Signed Matching Funds Certification Loan Delinquency (if response to loan delinquency question on Applicant Information tab is "Yes") Technical Report Environmental Review Documents Signed Grant Application

Table 7.1 - Applicant Type/Required Data

7.2. Company Information

7.2.1. Applicant Information

Clicking on the Company Information tab and then the Applicant Information tab will display the Applicant Information.

HBIIP Appilo	ation Listing HBIIP Appilo	ations 🗸 HBIIP Auti	norlzed Representa 🗸	HBIIP Conta	icts 🤍 HBIIP Proje	ct Informations 🦄	2015-		mi	1.1114	11 11
any Information	Application Information	Project Information	Financial Information	Stations	Attachments						
pplicant Information	Contact Authorize	d Representative									
* Legal Company Nar	ne										
Dustin Fleet Fuel											
* Taxpayer Identificat	ion Number (TIN)										
8675309											
* DUNS/Unique Entit	y Identifier										
8675309											
* SAM/CAGE Code											
67876787											
* Applicant Type											
	on facility/facilities										
* NAICS Code	asoline/Gasohol Puel Mercha									*	
* Address Line 1 90 Troy Road Address Line 2 * City Troy * County/Parish						* Stat	e County FIPS Code			•	
Madlson			•			11	0				
* Country											
United States										*	
* Zip/Postal Code						Zip/P	ostal Code (last 4)				
62061											
* Company Departme	ent Name										
Sexton Distro	(Sector)										
* Company Division N Gas	lame										
* Company Congress	and District										
IL-14	unar pistfict 😈										
Is the Applicant Delin) Yes) No	quent on Any Federal Debt? (If	Yes, upload explanation o	n attachments page)								

7.2.1.1. Legal Company Name (Required)

The legal company name is set based on the information provided in the HBIIP Online Access Request form and is not editable.

7.2.1.2. Taxpayer Identification Number (Required)

The taxpayer identification number is set based on the information provided in the HBIIP Online Access Request form and is not editable.

7.2.1.3. Unique Entity Identifier (Required)

The Unique Entity Identifier is set based on the information provided in the HBIIP Online Access Request form and is not editable.

7.2.1.4. Intentionally left blank

7.2.1.5. Applicant Type (Required)

The Applicant Type is set to the value provided in the HBIIP Online Access Request form and is not editable.

7.2.1.6. NAICS (North American Industry Classification System) Code (Required)

Select the appropriate NAICS code from the list of values. If you select Other, provide the NAICS code in the text box provided.

7.2.1.7. Company Address

7.2.1.7.1. Address Line 1 (Required)

Self-explanatory.

Address Line 2 (Optional) Self-explanatory.

7.2.1.7.2. **City** (Required) Self-explanatory.

7.2.1.7.3. **State/Territory** (Required) Self-explanatory.

7.2.1.7.4. **County/Parish** (Required) Self-explanatory.

7.2.1.7.5. **County FIPS Code** (Required) The County FIPS Code is determined by the system using the selected County/Parish.

7.2.1.7.6. **Country** (Required) The Country is set by the system and is not editable.

7.2.1.7.7. Zip/Postal Code (Required)

Self-explanatory.

7.2.1.7.8. Zip/Postal Code (plus 4) (Optional)

Self-explanatory.

7.2.1.7.9. Company Department Name (Required)

Enter the name of the primary organizational department that will undertake the assistance activity.

7.2.1.7.10. Company Division Name (Required)

Enter the name of the primary organizational division that will undertake the assistance activity.

7.2.1.7.11. Company Congressional District (Required)

Enter the Congressional District number based on the Company location.

Your entry in the grant application should be formatted as "State-District Number." For example, IL-15.

7.2.1.7.1. Is the Applicant Delinquent on Any Federal Debt? (If yes, upload explanation on attachments page) (Required)

If the response is "Yes," upload a Loan Delinquency attachment on the Attachments tab, providing an explanation of the delinquency.

7.2.2. Company Contact Information

Clicking on the Company Information tab will display the Company tabs. Click on the Contact tab to provide the name and contact information of the person to be contacted on matters involving the application.

11111 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		~ / ~ /		/ / / / / /			111111 1 1 1 1 1	
any Information	Application Ir	nformation	Project Information	Facilities	Financial Information	Attachments	Application Over	view
plicant Information	Contact	Authorize	d Representative					
ame and contact inf	ormation of p	erson to be c	ontacted on matters in	volving this a	application			
Prefix			* First Name					
			abc					
Middle Name								
* Last Name								
def								
Suffix								
Title								
q								
ч								
Organizational Affiliat	ion:							
* Telephone Number								Telephone Extension
777-888-9999								9999
Fax Number								* Email
999-999-9999								abc@test.com

7.2.1.8. Prefix (Optional)

Self-explanatory.

7.2.1.9. First Name (Required)

Self-explanatory.

7.2.1.10. Middle Name (Required)

Self-explanatory.

7.2.1.11. Last Name (Required)

Self-explanatory.

7.2.1.12. Suffix (Optional)

Self-explanatory.

7.2.1.13. Title (Optional)

Enter the job title of the Company contact.

7.2.1.14. Organizational Affiliation (Optional)

Enter the organizational affiliation of the Company contact.

7.2.1.15. Telephone Number (Required)

Enter the telephone number of the Company contact. The telephone number must be formatted as "123-456-7890".

7.2.1.16. Telephone Extension (Optional)

Self-explanatory.

7.2.1.17. Fax Number (Optional)

Self-explanatory.

7.2.1.18. Email (Required)

Self-explanatory.

7.2.2. Company Authorized Representative Information

Clicking on the Company Information tab will display the Company tabs. Click on the Authorized Representative tab to provide the name and contact information of the person authorized to verify all the information on the application is valid. Upon providing the information, click the Save button to save the information to your application.

ny Information Application In	formation Project Information Stat	ions Financial Information	Attachments	Application Overview	
icant Information Contact	Authorized Representative				
thorized Representative O					
Prefix	* First Name				
	Tester				
Middle Name					
12 122					
*Last Name ABC					
Suffix					
Title					
Organizational Affiliation:					
* Telephone Number				т	elephone Extension
658-999-4454					5845
* Fax Number					Email
455-456-8584					abctester@test.com

7.2.2.1. Prefix (Optional)

Self-explanatory.

7.2.2.2. First Name (Required)

Self-explanatory.

7.2.2.3. Middle Name (Required)

Self-explanatory.

7.2.2.4. Last Name (Required)

Self-explanatory.

7.2.2.5. Suffix (Optional)

Self-explanatory.

7.2.2.6. Title (Optional)

Self-explanatory.

7.2.2.7. Organizational Affiliation (Optional)

Populate with entity name if different than applicant entity.

7.2.2.8. Telephone Number (Required)

Self-explanatory.

7.2.2.9. Telephone Extension (Optional)

Self-explanatory.

7.2.2.10. Fax Number (Optional)

Self-explanatory.

7.2.2.11. Email (Required)

Self-explanatory.

7.3. Application Information

Clicking on the Application Information tab will display the Application Information needed for your application. Upon providing the information, click the Save button.

any Information	Application Information	Project Information	Facilities	Financial Information	Attachments	Application Overview
Name of Federal Ag	ency					
Rural Business-0	Cooperative Service					
Catalog of Federal [Oomestic Assistance Number					
10.754						
CFDA Title						
The Higher Blen	ds Infrastructure Incentive Prog	ram (HBIIP)				
Funding Opportunit	y Title					
Higher Blends Ir	frastructure Incentive Program	Window 6				
Solicitation Window	Description					
HBIIP Window 6						
Solicitation Window	Start Date					
Jun 15, 2023						曲
Solicitation Window	End Date					
Dec 31, 2023						
Submission Type						
Application						
Application Type						
HBIIP						
Application Status						
Submitted In W	ndow					
Application Status D	ate/Time					
August 14 2023	02:53:53 PM					

This section is prefilled and cannot be edited.

7.4. Project Information

Clicking on the Project Information tab will display the Project description information needed for the application. Upon providing the information, click the Save button to save the information to the application.

* Proposed Project Start Date: Oct 30, 2020 • * Proposed Project End Date: Oct 31, 2021 * Descriptive Title: Test2	
Oct 30, 2020 • * Proposed Project End Date: • Oct 31, 2021 • * Descriptive Title: •	
Oct 31, 2021 * Descriptive Title:	i
* Descriptive Title:	
	≣
Test2	
Save	

7.4.1. Proposed Project Start Date (Required)

Self-explanatory.

7.4.2. Proposed Project End Date (Required)

Self-explanatory.

7.4.3. Descriptive Title (Required)

Enter a brief description of the proposed project.

7.5. Fueling Station Information

Enter the following information for each fueling station included in the project.

7.5.1. Creating a Fueling Station

Clicking on the Stations tab will display the Stations List page. Click the Add Station button to create a station. Any stations that have been created will listed at the bottom of the page and station rollups on the top.

NOTE: The Stations page will be accessible once the Project Information has been completed and saved.

Company Information	Application Information	Project Information	Stations	Financial Information	Attachments	Application Overview		
					A	pplication	Rollup Totals	
Priority Score 1.4213								
Amount of Grant Re \$216	quest						Non-Federal Cost Share Amount \$216	
Total Eligible Project \$431	Cost							
Administrator Priori	ties						HBIIP Project Contribution 307	
Total Cost: Equipme \$431	nt (All except USTS/Systems) A	ll Fueling Systems					Total Cost: Underground Storage Tanks/Systems, Existing Fueling Stations \$0	
田田 Stations (1)							
STATION NAME		s	TATION SCO	RE		CONGR	SSIONAL DISTRICT	ACTIONS
StationOne		1	.4213			tr-09		•

Station Information					
Station Name					
"Station Type					
Select an Option					
Station Address					
*Address Line 1					
Address Line 2					
* City		* State			
		Select and	Option		
* County/ Parish		State/County	FIPS Code		
Select an Option	*				
* Zip/Postal Code	Zip/Postal Code (last 4)			* Country	
				United States	
Congressional District 0					

Complete the following fields and click the Create Station button to create and save the station.

7.5.1.1. Station Name (Required)

Self-explanatory.

7.5.1.2. Station Type (Required)

Select a station type. Select "Existing" for a station being modified to store and dispense higher blends of fuel. Select "New" to describe a station being newly constructed during the grant period to store and dispense higher blends of fuel.

7.5.1.3. Station Address

7.5.1.3.1. Address Line 1 (Required) Self-explanatory.

7.5.1.3.2. Address Line 2 (Optional) Self-explanatory.

7.5.1.3.3. **City** (Required) Self-explanatory.

7.5.1.3.4. **State/Territory** (Required) Self-explanatory.

7.5.1.3.5. **County/Parish** (Required) Self-explanatory.

7.5.1.3.6. **County FIPS Code** (Required) The County FIPS Code is determined by the system using the selected County/Parish.

7.5.1.3.7. **Zip/Postal Code** (Required) Self-explanatory.

7.5.1.3.8. **Zip/Postal Code (plus 4)** (Optional) Self-explanatory.

7.5.1.3.9. Country (Required)The Country is set by the system and is not editable.

7.5.1.4. Congressional District

Enter the Congressional District number for where the station is located. For example, please enter as IL-15.

7.5.2. Fueling Station Basic Information

Clicking on the actions arrow on the Stations List page and selecting Edit will display the Fueling Station. Clicking on the Fueling Station Basic Information will display the Basic Information page for the station. Enter the applicable data and click the Save button to record this information.

manuary hofemation Application Information Proposed Activities Basic hofemation Proposed Activities Station Proposed Index Station Name Proposed Activities * Adverse Use 1 ************************************	kaki klomano kaki klomanoo klomanoo klo	and a second sec				
shar Type To the set of the set	hand and a set of the	mpany mormation	Application Information Project Information Station	s Financial Information Attachments	Application Overview	
star Type Terms Cales Lander Second Research Profession Research	hand and a set of the	0.1.1.6				
Now * Pauling Station Kama # station Kama * Address Line 1 * 11 liset dyn * Address Line 2 * Comparison Kama * Address ViRABNA * Comparison Kama Kama * Comparison Kama Kama Kapilean* 0 * Context Linformation Kama Kama Kapilean* 0 * Context Linformation Kama Kama Kapilean* 0 * Satison Kama		Basic Information	Contact Information Projected Data Proposed Activit	Ities		
Padrag Station Name st st st station Physical Address *Adress Line 1 111 est dy *Adress Line 2 *Adress Line 2 *Over 1 station Physical Address *Over 1 *	Telego Station Name test test test test test test test te	Station Type				
bit Station Physical Address *Adress Line 1 111 test dip Adress Line 2 *Op *Statin Frentory faifac County Frent Code Adress URGNIA *Oproprise Vision Dates of Code *Construction States of Code *Construction Code *States Test Code *Construction Code *States Test Code *States Test Code *Construction Code *States Test Code <	ted Accomparies of the set of th	New				
Setion Physical Address * Address Line 1 111 lists dy Address Line 2 Colv faitax * Outprise faitax * Outprise * Outpris	shares and	• Fueling Station Nam	e			
Addees Line 1 If test city Addees Line 2 Context line 2 Addees Line 2 Context line 2 Context line 2 Context line 3 Cont	Addess Line 1 11 lead dig 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	test				
*Addess Line 1 It test oby Addess Line 2 *Cdry *State/Fintfory Linfark *County Pranh County *County *Cou	Addess Line 1 11 lead dig 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
111 test ckp Address Line 2 • Ckp * State/Territory Tarfax VA * County FIPS Code VA Al Contides VIRGINIA © • County FIPS Code © Al Contides VIRGINIA © • County FIPS Code © • County First Contraction © • Sole Station © • Sole Station Sole Station	11 last dy taties Line 2	Station Physica	Address			
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Save		va-01 Contact Informa				

7.5.2.1. Station Name (Required)

The station name is not editable after the station has been created.

7.5.2.2. Station Type (Required)

Select a station type. Select "Existing" for a station being modified to store and dispense higher blends of fuel. Select "New" to describe a station being added, newly constructed during the grant period, to store and dispense higher blends of fuel.

7.5.2.3. Station Address

7.5.2.3.1. Address Line 1 (Required)

Self-explanatory.

7.5.2.3.2. Address Line 2 (Optional) Self-explanatory.

7.5.2.3.3. **City** (Required) Self-explanatory.

7.5.2.3.4. **State/Territory** (Required) Self-explanatory.

7.5.2.3.5. **County/Parish** (Required) Self-explanatory.

7.5.2.3.6. County FIPS Code (Required)

The County FIPS Code is determined by the system using the selected County/Parish.

7.5.2.3.7. **Zip/Postal Code** (Required)

Self-explanatory.

7.5.2.3.8. Zip/Postal Code (plus 4) (Optional)

Self-explanatory.

7.5.2.3.9. Country (Required)

The Country is set by the system and is not editable.

7.5.2.4. Congressional District (Required)

Enter the Congressional District number for where the station is located. For example, IL-15.

7.5.2.5. Telephone Number (Required)

Enter the telephone number for the station.

7.5.2.6. Telephone Extension (Optional)

Self-explanatory.

7.5.2.7. Fax Number (Optional)

Self-explanatory.

7.5.2.8. Priority Scoring Criteria

The following options are available. Check all that apply to the station.

- Interstate Corridor (Select if the fueling station is within 1 mile of an Interstate highway, is readily accessible and is easily visible from the Interstate. NOTE: If checked, a text box will appear titled "Interstate Corridor Name.")
- Sole Station (Select this option if there is no other station within a one-mile radius of this location.)
- Western States (Select this option if the fueling station is in one of the following states: Arkansas, Arizona, California, Colorado, Idaho, Iowa, Kansas, Louisiana, Minnesota, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, or Wyoming.)
- New England States (Select this option if the fueling station is in one of the following states: Maine, Vermont, New Hampshire, Massachusetts, Connecticut, or Rhode Island.)

7.5.2.9. Is Application Subject to Review by State Under Executive Order 12372? (Required) Select a response from the two options and enter a date, as applicable.

To determine which response you should provide, please review the Single Point of Contact List for Executive Order 12372 requirements under the To Apply tab on the HBIIP website. If the state in which the project is located is on the list, select the first option to indicate the date you provide the information to the contact listed.

7.5.3. Fueling Station Contact Information

Company Information	Application Information	Project Information	Stations	Financial Information	Attachments	Application Overview	Ŷ
Basic Information C	Contact Information P	rojected Data Prop	osed Activities				
Name and contact infor	rmation of person to be	contacted on matters i	nvolving this sta	ition			
Contact Information	on Same as Applicant?(D					
Prefix							* First Name
							Complete this field.
Middle Name							
* Last Name							
Suffix							
* Telephone Number							Telephone Extension
Fax Number							
* Email							
-							
	Same as Applicant? 👩						
Yes							
Save							

Click on the Fueling Station Contact Information tab will display the station's contact information. Complete the applicable data and click Save.

7.5.3.1. Prefix (Optional)

Self-explanatory.

7.5.3.2. **First Name** (Required) Self-explanatory.

7.5.3.3. Middle Name (Required) Self-explanatory.

7.5.3.4. Last Name (Required) Self-explanatory.

7.5.3.5. Suffix (Optional)

Self-explanatory.

7.5.3.6. **Telephone Number** (Required) Self-explanatory.

7.5.3.7 **Telephone Extension** (Optional)

Self-explanatory.

7.5.3.7. Fax Number (Optional)

Self-explanatory.

7.5.3.8. **Email** (Required) Self-explanatory.

7.5.3.9. Station Mailing Address

7.5.3.9.1. Address Line 1 (Required) Self-explanatory.

7.5.3.9.2. Address Line 2 (Optional) Self-explanatory.

7.5.3.9.3. City (Required)

Self-explanatory.

7.5.3.9.4. State/Territory (Required)

Self-explanatory.

7.5.3.9.5. County/Parish (Required)

Self-explanatory.

7.5.3.9.6. County FIPS Code (Required)

The County FIPS Code is determined by the system using the selected County/Parish.

7.5.3.9.7. **Zip/Postal Code** (Required) Enter the Zip/Postal Code for station's mailing address.

7.5.3.9.8. Zip/Postal Code (plus 4) (Optional)

Self-explanatory.

7.5.3.9.9. Country (Required)

The Country is set by the system and is not editable.

7.5.3.10. Congressional District (Required)

Enter the Congressional District number for the station's mailing address. For example, enter as IL-15.

7.5.4. Existing Fueling Station Historical Data

Historical data is required for each existing fueling station. Clicking on the Historical Data tab for an existing Fueling Station will display the Historical Data information form. Complete the Historical Data and click the Save button to record the information.

	Amount of Grant Requested	Non Federal Cost Share Amount	Total Eligible Project Cost	HBIIP Project Contribution	Administrator Priorities Targeted Assistance Prior
isic Information Contac	t Information Historical Data Proposed Activities				
	3 YEAR AVERAGE	3 YEAR TOTAL	2019	2018	2017
fotal gallons of ALL fuels sold	5,000	15,000	\$,000	\$,000	5,000
fotal gallons of E10 fuel sold	1,000	3,000	1,000	1,000	1,000
fotal gallons of E15 fuel sold	1,000	3,000	1,000	1,000	1,000
fotal gallons of 185 fuel sold	1,000	3,000	1,000	1,000	1,000
fotal gallons of diesel fuel sold	1,000	3,000	1,000	1,000	1,000
fotal fuel sales evenue	\$1,000.00	\$3,000.00	\$1,000	\$1,000	\$1,000
otal Number of Existing Fuel D	Xspensers				
100					
otal number of existing refuel	ing positions				
100					
Number of HBIIP refueling pos	itions proposed				
100					
lumber of E85 refueling positi	ons proposed				
iumber of B20 refueling positi	ons proposed				
100					

7.5.4.1. Total gallons of All fuels sold (Required)

Enter the total gallons of all fuels sold by the station in 2021, 2020 and 2019. Zero is an acceptable value.

7.5.4.2. Total gallons of E10 fuel sold (Required)

Enter the total gallons of E10 fuels sold by the station in 2021, 2020 and 2019. Zero is an acceptable value.

7.5.4.3. Total gallons of E15 fuel sold (Required)

Enter the total gallons of E15 fuels sold by the station in 2021, 2020 and 2019. Zero is an acceptable value.

7.5.4.4. Total gallons of E85 fuel sold (Required)

Enter the total gallons of E85 fuels sold by the station in 2021, 2020 and 2019. Zero is an acceptable value.

7.5.4.5. Total gallons of diesel fuel sold (Required)

Enter the total gallons of diesel fuel sold by the station in 2021, 2020 and 2019. Zero is an acceptable value.

7.5.4.6. Total fuel sales revenue (Required)

Enter the total fuel sales revenue for the station in 2021, 2020 and 2019. Zero is an acceptable value.

7.5.4.7. Total Number of Existing Fuel Dispensers (Required)

Enter the total number of existing fuel dispensers for the station. Zero is an acceptable value.

7.5.4.8. Total Number of existing refueling positions (Required)

Enter the total number of existing refueling positions for the station. Zero is an acceptable value.

7.5.4.9. Number of HBIIP refueling positions proposed (Required)

Enter the number of HBIIP refueling positions proposed for the station. Zero is an acceptable value.

7.5.4.10. Number of E85 refueling positions proposed (Required)

Enter the number of E85 refueling positions proposed for the station. Zero is an acceptable value.

7.5.4.11. Number of B20 refueling positions proposed (Required)

Enter the number of B20 refueling positions proposed for the station. Zero is an acceptable value.

7.5.5. New Fueling Station Projected Data

Projected data is required for each new fueling station. Clicking on the Fueling Station's Project Data tab will display the Projected Data information form. Complete the applicable information.

1 Soney Answer (F) See Answer M.Course 1144 SUS	Toke Eights Misser (201) 352a	TRUTTLAND AND	UK REDUKTION
Enterate (prior Interate Epical Sea Present Acting			
Projected Fuel Sales			
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Project Children and Anna Project Springer			
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Filminn.			

7.5.5.1. Projected Fuel Sales - Projected gallons of All fuels sold (Required)

Enter the projected gallons of all fuels sold by the station annually.

7.5.5.2. Projected Fuel Sales - Projected total gallons of E10 fuel sold (Required)

Enter the projected gallons of E10 sold by the station annually.

7.5.5.3. Projected Fuel Sales - Projected total fuel sales revenue (Required)

Enter the projected total fuel sales revenue for the station annually.

7.5.5.4. Proposed Fueling Positions - Total Number of Fuel Dispensers proposed (Required)

Enter the projected total number of fuel dispensers proposed for the station.

7.5.5.5. **Proposed Fueling Positions - Total Number of E15/E25 refueling positions proposed** (Required)

Enter the total number of E15/E25 refueling positions proposed for the station.

7.5.5.6. Proposed Fueling Positions - Number of E85 refueling positions proposed (Required)

Enter the number of E85 refueling positions proposed for the station.

7.5.5.7. **Proposed Fueling Positions - Number of B20 refueling positions proposed** (Required) Enter the number of B20 refueling positions proposed for the station.

7.5.5.8. **Proposed Fueling Positions – Total number of refueling positions proposed** (Required) Enter the total number of refueling positions proposed for the station.

7.5.6. Existing Fueling Station Proposed Activities

Clicking on the Proposed Activities for an existing Fueling Station will display the Proposed Activities information form. Complete the information and save.

		Rederal Cost Share Amount		Total Engine Project Cost		HETP Project Contribution		Administrator Priorities	Targeted Assistance Pro
Information Contact Information Historical Data	Proposed Activities								
pensers									
al Number	REPLACE OR ADD NEW E25 (FOR E33) DESPENSER		V EES DESPENSER (NOT IN CALIFORNIA)		ALIFORNIA LOW CARBON FUEL STANDARD	RETROPTIT EXISTING DISPENSER TO SELL RAC	BLEVEED ESS (NOTE -MOST		1014LDISPENSERS/PUMPS
oencers.	2,000	2.000		2,000		2,000		2,000	10,000
nber of Koted	2.000	2.000		2,000		2.000		2.000	10.000
enses iber of									
nder of red sensers	2,000	2,000		2,000		2,000		2,000	10,000
iber of									
kand Ing Kons	2/00	2,000		2,000		2,000		2,000	10,000
where f	2,000	2.000		2,000		2,000		2,000	10,000
ing tiom									
rage geel Circl	\$2,000	\$2,000		\$2,000		\$2,000		\$2,000	\$20,000
Aching NJ									
arketing ministreet	\$2,000	\$2,000		12,000		\$2,000		\$2,000	\$25,000
sai Gost denai Cost	54,000,000	\$4,000,000		\$4,000,000		54,000,000		\$4,000,000	\$20,000,000
	\$2,000,000	\$2,000,000		\$2,000,000		12,000,000		32,000,000	111,000,000
rount on Federat									
nd Share mount	12,000,000	\$2,000,000		12,000,000				12,000,000	\$25,000,000
deal Cold	50%	52%		50%				50%	
hare excentage	50%	52%		50%		50%		50%	50%
con Federal Cost Share	50%	52%		50%		50%		50%	50%
scentage									
orage Tanks			INSTALL/REPLACE UNDERGED JND/ABOVED						REQUIRED EVETEMS INCLUDING IN HOUSE BLENDING SYSTEM
ul Number			0	and the statest statest and second	57575.055		0		
percen rage Capped Cost									
nage capters can			D				0		
al Civil			50				\$2		
deral Cost Share Amount			50				50		
on Redenit Cosi Share Amount			50				50		
deal Cost Share Percentage			25%				25%		
on Federal Cost Share Percentage			73%				73%		
apped Cost Linits			\$300,000.00				\$120,000,00		
tai Proposed Activities									
2 (sol) 20,000,000									
0,000,000					\$25,000,000				
eni Cost Shara Parsantaga Dila					Non Pasient Cost Users Devertage 50%				
1.000									

7.5.6.1. Existing Fueling Station Proposed Activities - Dispensers

Enter the appropriate value for 7.6.5.1.1 through 7.6.5.1.6 for each of the following categories:

- Replace or Add New E25 (for E15) dispenser
- Replace or Add New E85 dispenser (Not in California)
- Install E85 Dispensers for California Low Carbon Fuel Standard requirements
- Retrofit existing dispenser to sell rack blended E15 (Note Most stations not suited for this activity.)
- Replace or Add New B20 dispenser
- Other for rail and marine fleet facility applicants only

7.5.6.2. Dispensers - Total Number of Dispensers (Required)

Enter the total number of dispensers for each of the categories above for the station. Zero is an acceptable value.

7.5.6.3. Dispensers - Number of Dedicated Dispensers (Required)

Enter the number of dedicated dispensers for each of the categories above for the station. Zero is an acceptable value.

7.5.6.4. Dispensers - Number of Shared Dispensers (Required)

Enter the number of shared dispensers for each of the categories above for the station. Zero is an acceptable value.

7.5.6.5. Dispensers - Number of Dedicated Fueling Positions (Required)

Enter the number of dedicated fueling positions for each of the categories above for the station. Zero is an acceptable value.

7.5.6.6. Dispensers - Number of Shared Fueling Positions (Required)

Enter the number of shared fueling positions for each of the categories above for the station. Zero is an acceptable value.

7.5.6.7. Dispensers - Average Capped Cost (Required)

Enter the average capped cost for each of the categories above for the station. Zero is an acceptable value. Capped cost limits are as follows (per dispenser):

- 1) Replace or add new E25 (for E15) dispenser: \$50,000
- 2) Replace or add new E85 dispenser (not in California): \$63,000
- 3) Replace or add E85 dispensers for California Low Carbon Fuel Standard Requirements: \$130,000
- 4) Retrofit existing dispenser to sell rack blended E15: \$41,000
- 5) Replace or add B20 dispenser (not in California): \$63,000; Replace or add B20 dispenser (California): \$130,000
- 6) Other: no set capped cost

7.5.6.8. Existing Fueling Station Proposed Activities – Matching Fund Marketing Commitment

Enter the appropriate value for each of the following categories:

- Replace or Add New E25 (for E15) dispenser
- Replace or Add New E85 dispenser (Not in California)
- Install E85 Dispensers for California Low Carbon Fuel Standard requirements
- Retrofit existing dispenser to sell rack blended E15 (Note Most stations not suited for this activity.)

- Replace or add B20 dispenser
- Other for rail and marine fleet facility applicants only

The limit to Matching Fund Marketing commitment is 10% of the Non-Federal Cost Share amount.

7.5.6.9. Existing Fueling Station Proposed Activities – Storage Tanks

Enter the appropriate value for 7.6.5.2.1 and 7.6.5.2.2 for each of the following categories:

- Install/Replace Underground/Aboveground Storage Tank(s) and Required Systems
- Install/Replace Biodiesel Underground/Aboveground Storage Tank(s) and Required Systems including In-House Blending System
- Other for rail and marine fleet facility applicants only

7.5.6.10. Storage Tanks - Total Number of Dispensers (Required)

Enter the total number of dispensers for each of the categories above for the station. Zero is an acceptable value.

7.5.6.11. Storage Tanks - Average Capped Cost (Required)

Enter the average capped cost for each of the categories above for the station. Zero is an acceptable value. Capped cost limits are as follows (limits are per tank):

- 1) To install/replace underground/aboveground storage tank(s) and required systems: \$168,000; for those located in California: \$300,000
- 2) To install/replace biodiesel underground/aboveground storage tank(s) and required systems including in-house blending system: \$200,000; for those located in California: \$350,000
- 3) Other no set capped cost

7.5.7. New Fueling Station Proposed Activities

Clicking on the Proposed Activities for a new Fueling Station will display the Proposed Activities information form. Complete the information and click Save to record the information.

Hy Scon Amount of Grant Requested 358(22):486 \$262	Non-Roderal Cost Share Are \$562	toral lighte Project Cost S104	HETP Project Cardination 70,379,099,999	Administrator Pron 15.300.000,000	tas
aic Information Contact Information Projected Data Proposed Activ	6es				
Dispensers					
Total Number	INSTALL NEW E25 (FOR E35) DISPENSER	INSTALL NEW ERS DESPENSER (NOT IN CALIFORNIA)	INSTALL EBS DISPENSERS FOR CALIFORNEA LOW CARBON FUEL STANDARD RE	DQUCKEMENTS DISTALL NEW 020 DISPENSER	101AL DISPENSORS/PUMPS
Total Number Dispensers	9	0			
Number of Dedicated Dispenses	9	9	9		36
Number of Shand Dispenses	9	9	9		36
Number of Dedicated Rusling Positions					(m.
Number of Shared Reling Polition	9	0	9	9	26
Average Capped Cost Ø	79	19		99	336
Mishing Find Converse 0	39	30	39	99	336
Total Cost	580	584	581	581	5324
Federal Cost Share Amount	541	341	541	541	5162
Non Federal Cott Share Amount	541	341	541	541	5162
Redenal Cost Share Percentage	30%	30%	52%	50%	50%
Non Federal Cost Share Percentage	50%	52%	10%	50%	50%
total Proposed Activities					
\$394					
elene Cast Staw America \$262					
5502 derd Cod State Vecontage			5312 Non-Indexe Cost State Recentage		
ederal Lood State Metantilage 50%			SON NORTH COLUMN RECEIVING		
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Higher Blends Infrastructure Incentive Program Online Grant Application Instruction Guide

7.5.7.1. New Fueling Station Proposed Activities - Dispensers

Enter the appropriate value for 7.6.5.1.1 through 7.6.5.1.6 for each of the following categories:

- Replace or Add New E25 (for E15) dispenser
- Replace or Add New E85 dispenser (Not in California)
- Install E85 Dispensers for California Low Carbon Fuel Standard requirements
- Install new B20 dispenser
- Other for rail and marine fleet facility applicants only

7.5.7.2. Dispensers - Total Number of Dispensers (Required)

Enter the total number of dispensers for each of the categories above for the station. Zero is an acceptable value.

7.5.7.3. Dispensers - Number of Dedicated Dispensers (Required)

Enter the number of dedicated dispensers for each of the categories above for the station. Zero is an acceptable value.

7.5.7.4. Dispensers - Number of Shared Dispensers (Required)

Enter the number of shared dispensers for each of the categories above for the station. Zero is an acceptable value.

7.5.7.5. **Dispensers - Number of Dedicated Fueling Positions** (Required)

Enter the number of dedicated fueling positions for each of the categories above for the station. Zero is an acceptable value.

7.5.7.6. Dispensers - Number of Shared Fueling Positions (Required)

Enter the number of shared fueling positions for each of the categories above for the station. Zero is an acceptable value.

7.5.7.7. Dispensers - Average Capped Cost (Required)

Enter the average capped cost for each of the categories above for the station. Zero is an acceptable value. Capped cost limits are as follows (per dispenser):

- 1) Add new E25 (for E15) dispenser: \$50,000
- 2) Add new E85 dispenser (not in California): \$63,000
- 3) Add E85 dispensers for California Low Carbon Fuel Standard Requirements: \$130,000
- 4) Add B20 dispenser (not in California): \$63,000; Add B20 dispenser (California): \$130,000
- 5) Other no set capped cost

7.5.7.8. New Fueling Station Proposed Activities – Matching Fund Marketing Commitment

Enter the appropriate value for each of the following categories:

- Replace or Add New E25 (for E15) dispenser
- Replace or Add New E85 dispenser (Not in California)
- Install E85 Dispensers for California Low Carbon Fuel Standard requirements
- Install new B20 dispenser
- Other for rail and marine fleet facility applicants only

The limit to Matching Fund Marketing commitment is 10% of the Non-Federal Cost Share amount.

7.5.8. Deleting a Fueling Station

Clicking on the actions arrow on the Stations List page and selecting Delete for a fueling station will display a confirmation dialog to ensure you intend to delete the selected fueling station. Click "Yes" to confirm and the fueling station will be deleted.

Company Information Application Information Project Informati	tion Stations Financial Information Attachments Applica	ation Overview	
	Applic	cation Rollup Totals	
Priority Score 13.0257			
Amount of Grant Request \$68,600		Non-Federal Cost Share Amount \$137,400	
Total Eligible Project Cost \$206,000			
Administrator Priorities 184,167		HBIIP Project Contribution 709,393	
Total Cost: Equipment (All except USTS/Systems) All Fueling \$146,000	y Systems	Total Cost: Underground Storage Tanks/Systems, Existing Fueling Stations \$60,000	
開町 Stations (2)			Add Stations
STATION NAME	STATION SCORE	CONGRESSIONAL DISTRICT	ACTIONS
test 1	162.0727	va-01	Y
test 2	0.0342	ca-04	v

7.6. Fuel Distribution Facility Information

7.6.1. Fuel Distribution Facility Basic Information

Clicking on the Facility tab will display the Facility Basic Information Tab. Complete the Facility Basic Information and click Save.

Company Information	Application Information	Project Information	Facilities Financial	Information Atta	achments App	plication Overview	1		
Basic Information	Contact Information	Fuel Data							
Facility Type									*
*Fueling Facility Nam	e								
test 1									
Applicant Type									
Fuel distribution fa	acility								
Facility Physical	I Address								
* Address Line 1									
111 test									
Address Line 2									
* City							* State/Territory		
tysons							VA		v
* County/Parish						0	County FIPS Code		
All Counties VIRG	BINIA					*	0		
* Zip/Postal Code				Zip/Postal Code (la	ast 4)			* Country	
32322								United States 💌	
* Congressional Distri	ict 🛈								
va-01									
Contact Informat	tion Same as Applicant?	D							
This application		er Executive Order 12372? State under Executive Orde ot been selected by the Sta		r on					

7.6.1.1. Facility Physical Address

7.6.1.1.1. Address Line 1 (Required)

Self-explanatory.

7.6.1.1.2. Address Line 2 (Optional)

Self-explanatory.

7.6.1.1.3. City (Required)

Self-explanatory.

7.6.1.1.4. State/Territory (Required)

Self-explanatory.

7.6.1.1.5. County/Parish (Required)

Self-explanatory.

7.6.1.1.6. County FIPS Code (Required)

The County FIPS Code is determined by the system using the selected County/Parish.

7.6.1.1.7. **Zip/Postal Code** (Required) Self-explanatory.

7.6.1.1.8. Zip/Postal Code (plus 4) (Optional)

Self-explanatory.

7.6.1.1.9. Country (Required)

The Country is set by the system and is not editable.

7.6.1.2. Congressional District (Required)

Enter the Congressional District number for where the facility is located. For example, IL-15.

7.6.1.3. Telephone Number (Required)

Self-explanatory.

7.6.1.4. **Telephone Extension** (Optional)

Self-explanatory.

7.6.1.5. Fax Number (Optional)

Self-explanatory.

7.6.1.6. **Is Application Subject to Review by State Under Executive Order 12372?** (Required) Select a response from the two options and enter a date, as applicable.

To determine which response you should provide, please review the Single Point of Contact List for Executive Order 12372 requirements under the To Apply tab on the HBIIP website. If the state in which the project is located is on the list, select the first option to indicate the date you provide the information to the contact listed.

7.6.2. Fuel Distribution Facility Contact Information

Clicking on the Facility Contact tab will display the Facility Contact Information form. Complete the Contact Information and click Save to record the information.

Company Information Application Information Project Information Facilities Financial Information	Attachments Application Overview	
Basic Information Contact Information Fuel Data		
Name and contact information of person to be contacted on matters involving this distribution facility.		
wante and contact mormation of person to be contacted on matters involving this distribution facility.		
Contact Information Same as Applicant?		
No.		
Profix	* First Name	
	tester	
Middle Name		
*Last Name		
one		
Suffix		
* Telephone Number	Telephone Extension	
- Telephone Number 888-999-9999	9699	
Fax Number	0000	
999-999-9999		
*Email		
tester1@test.com		
Mailing Address Same as Applicant?		
No		
Distribution FacilityMailing Address		
*Address Line 1		
1234 test city		
Address Line 2		
	Alth Tester	
*City fairfax	* State/Territory VA	×
* County/Parish	County FIPS Code	*
Countyr anon	County FIFO Caug	

7.6.2.1. **Prefix** (Optional)

Self-explanatory.

7.6.2.2. First Name (Required)

Self-explanatory.

7.6.2.3. Middle Name (Required)

Self-explanatory.

7.6.2.4. Last Name (Required)

Self-explanatory.

7.6.2.5. Suffix (Optional)

Self-explanatory.

7.6.2.6. Telephone Number (Required)

Self-explanatory.

7.6.2.7. Telephone Extension (Optional)

Self-explanatory.

7.6.2.8. Fax Number (Optional)

Self-explanatory.

7.6.2.9. **Email** (Required) Self-explanatory.

7.6.2.10. Distribution Facility Mailing Address

7.6.2.10.1. Address Line 1 (Required) Self-explanatory.

7.6.2.10.2. Address Line 2 (Optional) Self-explanatory.

7.6.2.10.3. **City** (Required) Self-explanatory.

7.6.2.10.4. **State/Territory** (Required) Self-explanatory.

7.6.2.10.5. **County/Parish** (Required) Self-explanatory.

7.6.2.10.6. County FIPS Code (Required)The County FIPS Code is determined by the system using the selected County/Parish.

7.6.2.10.7. **Zip/Postal Code** (Required) Self-explanatory.

7.6.2.10.8. Zip/Postal Code (plus 4) (Optional)

Self-explanatory.

7.6.2.10.9. Country (Required)

The Country is set by the system and is not editable.

7.6.2.11. Congressional District (Required)

Enter the Congressional District number for the facility's mailing address. For example, IL-15.

7.6.3. Fuel Distribution Facility Fuel Data

Fuel data is required for the Fuel Distribution Facility. Clicking on the Fuel Data tab will display the Fuel Data form. Complete the Fuel Data and click Save to record the information.

Company Information	Application Informati	on Project	Information Facilities	Financial Information	Attachments	Application Overview		
Basic Information	Contact Information	Fuel Data						
A				-11.6				
*2022 Gallons	gnput volume for	past 3 yea	rs 2020 - 2022, for	all fuels				
5								
* 2021 Gallons								
5								
*2020 Gallons								
5								
* Total Volume (Gallor	2020 - 2022							
15	15) 2020 - 2022							
	ime (Gallons) 2020 - 2022							
5	ine (Galons) 2020 - 2022							
	tal increase in th	roughput/v	olume of HBIIP fu	el, as substantiate	d by			
* Validated demand (0		loughpub			uby			
5								
* Market drivers (Gall	ons Added)							
5	,							
* Documented Incenti	ves (Gallons Added)							
5								
* Project sustainability	(Gallons Added)							
5								
* Investment to consu	mer education and marketi	ng (Gallons Adde	d)					
5								
* Partnerships (Gallor	is Added)							
5								
* Total Incremental In	crease (Gallons)							
30								
Requested Fe	deral Funds							
* Amount of Grant Re								
\$5.00								
HBIIP Priority	Score							
*Priority Score								
7.0000								
Save								

7.6.3.1. Annual throughput volume for past 3 years for all fuels

7.6.3.1.1. Year One Gallons

Enter the total annual throughput volume in gallons for all fuels in 2021.

7.6.3.1.2. Year Two Gallons

Enter the total annual throughput volume in gallons for all fuels in 2020.

7.6.3.1.3. Year Three Gallons

Enter the total annual throughput volume in gallons for all fuels in 2019.

7.6.3.2. The incremental increase in throughput/volume of HBIIP fuel, as substantiated by

7.6.3.2.1. Validated demand (Gallons Added)

Enter the additional incremental increase in throughput/volume of HBIIP fuel, as substantiated by in gallons.

7.6.3.2.2. Market drivers (Gallons Added)

Enter the market drivers in gallons added. These are the underlying economic and technological forces that compel consumers to purchase products and pay for services.

7.6.3.2.3. Documented Incentives (Gallons Added)

Enter the documented incentives in gallons. These are known national, state, and/or local policy and/or market incentives available to the business.

7.6.3.2.4. Project sustainability (Gallons Added)

Enter the project sustainability in gallons. These are the environmental, social, and economic factors/reasons the business with thrive beyond the HBIIP project period.

7.6.3.2.5. Investment to consumer education and marketing (Gallons Added)

Enter the additional gallons investment to consumer education and marketing.

7.6.3.2.6. Partnerships (Gallons Added)

Enter the gallons added for partnerships. This is tied to significant long-term supplier and/or customer arrangements and/or agreements.

7.6.3.3. Amount of Grant Request

Enter the total requested federal funds. This number cannot exceed \$5,000,000 and should match the Estimated Funding Source Federal (Section 7.8.2.1 below) on the Estimated Funding tab.

7.7. Financial Information

7.7.1. Budget Costs

Clicking on the Financial Information tab will display the Budget Costs form. Zero is an acceptable value in each of these fields. Complete the Budget Costs information and save.

Budget Costs Estimated Funding			
		FEDERAL FUNDING	
COST CLASSIFICATION	(A) TOTAL COST	(B) COSTS NOT ALLOWABLE FOR PARTICIPATION	(C) TOTAL ALLOWABLE COSTS
1. Administrative and legal expenses	\$5,000	50	\$5,000
2. Land, structures, rights-of-way, appraisals, etc.	\$10,000	\$10,000	So
3. Relocation expenses and payments	\$20,000	\$20,000	50
4. Architectural and engineering fees	\$2,000	50	\$2,000
5. Other architectural and engineering fees	\$5,000	50	\$5,000
6. Project inspection fees	\$4,000	50	\$4,000
7. Site work	\$68,000	\$0	568,000
8. Demolition and removal	\$50,000	50	\$50,000
9. Construction	\$34,000	50	\$34,000
10. Equipment	\$34,000	50	\$34,000
11. Miscellaneous	\$5,000	50	\$5,000
12. SUBTOTAL (sum of lines 1- 10 +11)	\$237,000	\$30,000	\$207,000
13. Contingencies	\$5,000	\$5,000	\$0
14. SUBTOTAL	\$242,000	\$35,000	\$207,000
15. Project (program) income			
16. TOTAL PROJECT COSTS (subtract #15 from #14)	\$242,000	\$35,000	\$207,000
 Federal assistance requested, calculate as follows: Enter eligible costs from line 16c and multiply X 50%. 			\$103,500

7.7.1.1. Administrative and legal expenses (Required)

Self-explanatory.

7.7.1.2. Land, structures, rights-of-way, appraisals, etc. (Required)

Self-explanatory.

7.7.1.3. Relocation expenses and payments (Required)

Self-explanatory.

7.7.1.4. Architectural and engineering fees (Required)

Self-explanatory.

7.7.1.5. Other architectural and engineering fees (Required)

Self-explanatory.

7.7.1.6. Project inspection fees (Required)

Self-explanatory.

7.7.1.7. Site work (Required)

Self-explanatory.

7.7.1.8. Demolition and removal (Required)

Self-explanatory.

7.7.1.9. Construction (Required)

Self-explanatory.

7.7.1.10. Equipment (Required)

This field is calculated based 7.8.1.11 and 7.8.1.12.

7.7.1.11. Equipment (all except UST/Systems) All Fueling Stations (Required)

Enter the total costs of USTS and other infrastructure for the project.

NOTE: This can be found in the Total Cost: Equipment (All except USTS/Systems) All Fueling Systems field on the Application Stations Rollup page.

7.7.1.12. Underground Storage Tanks/Systems, Existing Fueling Stations (Required)

Enter the total costs of underground storage tanks/systems, existing fueling stations for the project.

NOTE: This can be found in the Total Cost: Underground Storage Tanks/Systems, Existing Fueling Stations field on the Application Stations Rollup page.

7.7.1.13. Miscellaneous (Required)

Self-explanatory.

7.7.1.14. Contingencies (Required)

Self-explanatory.

7.7.1.15. Federal assistance requested, calculate as follows

This value is calculated based on the budget costs you have entered and will default the Estimated Funding Source Federal on the Estimated Funding tab.

7.7.2. Estimated Funding Sources

Applicant, state, local and other estimated funding are matching funds. The **sum** of the applicant, state, local and other estimated funding must be equal to or greater than the estimated federal funding requested.

Clicking on the Estimated Funding tab will display the Estimated Funding information form. Complete the Estimated Funding information and click Save.

pany Information Application Information	on Project Information Financial Information Facility Information Attachments
Budget Costs Estimated Funding	
Funding Source	'Amount
Federal	\$103,500
Applicant	\$200,000
State	51
Local	\$1
Other	51
TOTAL	\$303,503
Save	

Higher Blends Infrastructure Incentive Program Online Grant Application Instruction Guide

7.7.2.1. Estimated Funding Source Federal (Required)

Automatically populates until the page is saved, the amount from "Amount of Grant Request" field found under the Application Roll Up Totals from the Stations or Facilities tab. This value can be editable and must not exceed \$5,000,000.

7.7.2.2. Estimated Funding Source Applicant (Required)

Enter the estimated funding to be provided by the applicant. The matching funds must be equal to or greater than federal funds.

7.7.2.3. Estimated Funding Source State (Required)

Enter the estimated funding to be provided by the State. An entry must be made. If zero, enter 0.

7.7.2.4. Estimated Funding Source Local (Required)

Enter the estimated funding to be provided by the local government. An entry must be made. If zero, enter 0.

7.7.2.5. Estimated Funding Source Other (Required)

Enter the estimated funding to be provided by other sources. An entry must be made. If zero, enter 0.

7.8. Attachments

Completing your online application will require you to upload various required documents. The specific types of attachments will be dependent on the applicant type of your organization and the details of your specific grant application. Below is a brief explanation of each attachment type.

- Signed Matching Funds Certification
- Loan Delinquency Support
- Technical Report
- Environmental Review Documents
- Supporting Documents
- Signed HBIIP Grant Application

7.8.1. Uploading an Attachment

The online application system provides two methods for uploading an attachment: 1) Clicking the Upload Files button and 2) Dragging and dropping a file into the online application.

All uploads must be in PDF format, and each cannot exceed 5 megabytes in file size. Upon clicking on the Attachments tab, the Attachments form will be displayed. The possible attachments are listed by attachment type.

Compa	iny Information	Application Information	tion Project Information	Facilities	Financial Information	Attachments	Application Overview	
	Signed SF	424 D Certificat	ion					
	Attach only PDF(no more than 5 MB).						
	Attachment	····/,						
		0 1 7						
	1 Upload File	es Or drop files						
	TITLE		FILE TYPE		CREATED BY		SIZE(BYTES)	ATTACHMENT TYPE
	> Signed Ma	atching Funds C	ertification					
	> Loan Delir	nquency						
	> Technical	Report						
	> Environme	ental Review Do	cuments					
	. Currentin	- December 1						
	> Supportin	g Documents						

Clicking on the arrow to the left of the attachment type will expose the ability to upload or drop an attachment to the online application.

NOTE: It is important that the attachment be uploaded to the appropriate attachment type area. For example, upload a Signed SF 424 D Certification document to the Signed SF 424 D Certification area. Failure to do so could result in the online application system not recognizing that the required attachment has been uploaded. Applications that have not been finalized cannot be submitted.

Company Information	Application Informa	tion Project Information	Facilities	Financial Information	Attachments	Application Overview	
-	(no more than 5 MB).						
TITLE		FILE TYPE		CREATED BY		SIZE(BYTES)	ATTACHMENT TYPE
> Signed Ma	atching Funds C	ertification					
> Loan Delir	nquency						
> Technical	Report						
> Environm	ental Review Do	cuments					
> Supportin	g Documents						

7.8.2. Uploading using the Upload Files Button

To upload a file using the Upload button, click on the Upload Files button. The system will display the Windows Common File dialog. Browse to the appropriate file and click the Open button. The online application system will display the Upload Files dialog.

📀 Open			C				×
← → ~ ↑ 📕 > Thi	is PC > OS (C:) > My Grant Application Materials			~ Ū	Search My Grant Applica	ation	٩
Organize 🔹 New folde					1 -		?
📜 Intel 🔷	Name	Date modified	Туре	Size			
📜 ITS	👼 HBIIP Grant Application Attachment.pdf	5/3/2020 9:54 AM	PDF File	31 KE	3		
My Grant Appli PerfLogs Program Files Program Files Ssm SWSetup Temp							
File nam	e: HBIIP Grant Application Attachment.pdf			~	All Files (*.*) Open	Cancel	~

	Upload Files	
PDF	HBIIP Grant Application Attachment 31 KB	O
1 of 1 file	e uploaded	Done

Click the Done button and the online application system will display the file under the attachment type that you selected and assign the file the appropriate Attachment Type. This attachment type will be used to determine if a particular type of document has been uploaded.

Company Information Application Information Project Information	Financial Information	Stations Attachments						
 ✓ Signed SF 424 D Certification (no more than 5 MB). Attachment 								
TITLE	FILE TYPE	CREATED BY	SIZE(BYTES)	ATTACHMENT TYPE				
HBIIP Grant Application Attachment	PDF	Robert Burns	31367	Signed SF 424 D Certification				
> Signed Matching Funds Certification					•			
> Loan Delinquency					•			
> Technical Report								
> Fuel Distribution Facility Feasibility/Business Plan								
> Environmental Review Documents								
> Supporting Documents								

7.8.3. Dragging and Dropping into the Online Application

To upload a file using the Drag and Drop option, browse to the file using the Windows Explorer Common File Dialog. Select the file and drag and drop it over the drop files button. The online application system will display the Upload Files dialog.



Click the Done button and the online application system will display the file under the attachment type as selected and assign the file the appropriate Attachment Type. This attachment type will be used to determine if a particular type of document has been uploaded.

Company Information Application Information Project Information Financial Information Stations	Attachments				
✓ Signed SF 424 D Certification					Ŧ
(no more than 5 MB).					
Attachment					
TITLE	FILE TYPE	CREATED BY	SIZE(BYTES)	ATTACHMENT TYPE	
HBIIP Grant Application Attachment	PDF	Robert Burns	31367	Signed SF 424 D Certification	
HBIIP Grant Application Attachment - Copy	PDF	Robert Burns	31367	Signed SF 424 D Certification	
> Signed Matching Funds Certification					v
> Loan Delinquency					¥
> Technical Report					
> Fuel Distribution Facility Feasibility/Business Plan					
> Environmental Review Documents					
> Supporting Documents					

7.8.4. Downloading an Attachment

To download an uploaded attachment, click on the title of the attachment in the attachment list. the online application system will display the view dialog below with an eye in the center when hovering over it. Click on the eye to preview the document and the online application will display the Download link at the top of the page.



Clicking the Download link will display the Windows Common File Dialog. Browse to the desired file folder and click Save.

Save As								×
$\leftarrow \rightarrow \land \uparrow$	> This PC > Downlo	oads			~ Ŭ	Search Download	ls	٩
Organize 🕶 Ner	w folder						1 •	?
🗸 🧢 This PC	^ Name	^	Date modified	Туре	Size			
 3D Objects Image: Desktop Documents Downloads Music Image: Pictures 	×			Working on it				
	HBIIP Grant Applicat							~
 Hide Folders 						<u>S</u> ave	Cance	el

7.8.5. Removing an Attachment

To remove an uploaded attachment, click on the title in the attachment list. The online application system will display the view dialog below with an eye in the center when hovering over it. Click on the eye to preview the document and the online application will display a downward arrow at the top of the page and right of the Public Link option. Click the downward arrow and a dropdown of options will be displayed. Click on the Delete option at bottom of the list.

HBIP - ACTIVE WORKING COPY × Eightning Experience	Salesforce × +	- 🗆 ×
\leftarrow \rightarrow C \triangle (a wdc-usdahbiipint.lightning.force.c	om/lightning/cmp/c_HBIIP_AppTabSection?c_recordId=001r000000UxzrAAD&c_appId=a7Or00000004lqkEAE	* 🛛 🗄
HBIIP Grant Application Attachment	🛃 Download 🔥 Share 🔗 Public Link 💌	× * * * *
HBIIP Application Listing HBIIP Applic		· ·
Company Information Application Information Pr	To remove an attachment	
 ✓ Signed SF 424 D Certification (no more than 5 MB). Attachment ▲ Upload Files Or drop files 		
TITLE HBIIP Grant Application Attachment		MENT TYPE F 424 D Certification
HBIIP Grant Application Attachment - Copy		F 424 D Certification
> Signed Matching Funds Certification		
> Loan Delinquency		
> Technical Report		
> Fuel Distribution Facility Feasibility/Busine		
> Environmental Review Documents		
> Supporting Documents	▲ Page 1 of 1 🐨 🛠	

The online application system will display the Delete File dialog.

below. Click the Delete button and the selected attachment will be removed from the online application.

Delete File?
Deleting a file also removes it from any records or posts it's attached to.
Cancel Delete

8. Finalizing the Application

To view the progress of your application, navigate to the Application Overview page. When all the sections of the application have check marks, the Finalize Application button will be enabled. Clicking the Finalize Application will display the Submit Application page.

Company Information	Application Information	Project Information	Stations	Financial Information	Attachments	Application Overview
✓ <u>Company Inf</u>	ormation					
Applicant Info	rmation					
Contact						
Authorized Re	epresentative					
> Application I	nformation					
> Project Inform	mation					
> Station Infor	mation					
> Financial Info	ormation					
> Attachments						
Finalize Application						

9. Producing the State Submittal for Submission to the State

If you selected the first option for 7.3.1 you are required to submit a copy of the State Submittal to your State. The Submit Application page will include a link to download the State Submittal PDF for submittal to the State. (See Section 7.3.1).

10. Signing the Application

Submittal of the online application requires the Authorized Representative to download, sign, date, scan and upload the signed online application as an Attachment Type of Signed Grant Application. A link to the Federal Submittal is provided for download on the Submit Application page.

11. Submitting the Application

Once the signed grant application has been uploaded, click the Submit Application button to submit your application for consideration.