



Diesel Emission Reduction Grant Application Cover Sheet

Project Title: _____

Project Manager: _____

Organization/Business Name: _____

Government Non/profit University/College For-profit Other

Mailing Address: _____

City: _____ County: _____ Zip: _____

Telephone: _____ FAX: _____

Email: _____

Alternate Contact Person: _____

Alternative Contact Telephone: _____ Alternative Contact Email: _____

Amount Requested: \$ _____

Amount of Matching Funds: *Capital* \$ _____ *In-kind* \$ _____

Project Summary: _____

	Date: _____
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Signature of Authorized Representative (Signature certifies authority to represent this organization in this application. Unsigned applications will not be accepted.)

Instructions for Diesel Emission Reduction Grant Application

1. Fill out each section of the form using the information below:

Project Title – Name that the project will be called.

Project Manager – Name of the person who is the primary contact and developer of the proposal.

Organization/Business name – Name of the entity that is submitting a proposal. Then please check which box best describes your organization/business.

Mailing Address – Address of Organization/Business submitting a proposal including the City, County, and Zip

Telephone, Fax, and Email – Project manager's telephone number, fax number, and email.

Alternate Contact Person – Name of an alternate contact for the project.

Alternate Contact Telephone – Phone number of alternate contact person.

Alternate Contact Email – Email of alternate contact person.

Amount Requested – Amount of money requested by entity to complete the proposed project, not including matching funds.

Amount of Matching Funds – Capital funds is money that will be directly used to assist in paying for a project. In-kind funds can be services performed or other contributions that assist in the implementation of a project, not just the direct expenditure of funds.

Project Summary – Please provide a short description of the proposed project, including what emission reduction strategies are involved and any partners included.

Signature of Authorized Representative – Must be signed by someone who has the authority to represent this organization and dated.

2. Submit the form to Brian Barnes (barnesbk@dhec.sc.gov) or by mail/hand-delivered to:
Brian Barnes
SC DHEC – BAQ
2600 Bull Street
Columbia, SC 29201