### Interannual Project AND Final Project Reporting Template

# Burden Statement for EPA Form Number: 5900-690

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### Instructions

Per grant agreement terms and conditions, this reporting template should be submitted 1) at regular intervals as described in the program guidance throughout the project period of performance and 2) a Final Report (120-days after) the completion of the grant period. Please work with relevant parties (i.e., transportation contractor, port authority, etc.) to ensure information submitted is accurate. Information that is submitted on quarterly reports should NOT be changed in future quarterly report submissions unless approved by EPA. Please only update information for the specific period in which this report is being submitted. The grant recipient only needs to fill out shaded cells highlighted blue with a diagonal pattern (///). Cells highlighted yellow are simply for informative purposes and/or automated from other tabs in this spreadsheet. Additional fields may autopopulate with bold diagonal patterns (///), indicating that a response to those fields is not necessary, based on prior responses entered. Please complete tabs in this workbook according to the instructions below.

Excel Workbook Tab	<u>Definition</u>
1. Instructions	Basic instructions for all worksheets in this reporting workbook.
2. Cover Sheet	This Tab provides an overview of the Participant Details, lists Project Partners, Project Location Information, and subawardees, if applicable. All fields are required unless otherwise stated.
3. Amendments	The Amendments tab should be used to update any changes in vehicle or equipment numbers, charging or fueling infrastructure numbers, planned project activities and/or funding amounts post-award. Please update this tab on an annual basis at the end of each year of project performance and at project closeout.
4. Financial Summary	Financial summary for the entire grant period of performance. Please only complete shaded cells highlighted <b>blue</b> with a diagonal pattern (///) that contain grantee and original project budget information. Other cells on this worksheet will automatically feed from information in tabs 5-8 (Year 1-Year 4). If a modification to the grant is approved, please update the financial tabs accordingly.
5. Year 1	Financial summary for the first year of the project period. For each interannual report, please complete all financial and narrative descriptive cells highlighted <b>blue</b> with a diagonal pattern (///) for each reporting period required. Other cells in this worksheet are informative or may be automated from subsequent tabs. Below the financial information, please ensure to complete the programmatic questions regarding the grant.
6. Year 2	Financial summary for the second year of the project period if grant period of performance is longer than one year. For each interannual report, please complete all financial and narrative descriptive cells highlighted blue with a diagonal pattern (///) for each reporting period required. Other cells in this worksheet are informative or may be automated from subsequent tabs. Below the financial information, please ensure to complete the programmatic questions regarding the grant.
7. Year 3	Financial summary for the third year of the project period if grant period of performance is longer than two years. For each interannual report, please complete all financial and narrative descriptive cells highlighted blue with a diagonal pattern (///) for each reporting period required. Other cells in this worksheet are informative or may be automated from subsequent tabs. Below the financial information, please ensure to complete the programmatic questions regarding the grant.
8. Year 4	Financial summary for the third year of the project period if grant period of performance is longer than two years. For each interannual report, please complete all financial and narrative descriptive cells highlighted blue with a diagonal pattern (///) for each reporting period required. Other cells in this worksheet are informative or may be automated from subsequent tabs. Below the financial information, please ensure to complete the programmatic questions regarding the grant.

9. Clean Ports Priorities	The tab should be completed based upon environmental justice, community engagement, sustainability, workforce development, climate impact resiliency, and/or leveraging of additional external funds commitments defined in the proposed workplan. Please complete this tab during regular interannual reporting periods, if the proposed workplan committed to ANY environmental justice, community engagement, sustainability, workforce development, climate impact resiliency, and/or leveraging of additional external funds commitments as referred to in the evaluation metrics defined in the NOFO. During each interannual reporting period of the project period of performance, please complete updates on these defined project commitments. The final report submission for the project should contain the end results of environmental justice, community engagement, sustainability, workforce development, climate impact resiliency, and/or leveraging of additional external funds commitments completed during the project period.
10. Climate & Air Quality Plans	The tab should be completed for those projects featuring Climate and Air Quality Plans, and detail the affected locations and costs associated with each planning activity funded through the Climate and Air Quality Plans Funding. This tab should be updated interannually and reflect the work completed with these funds during the project period at final submission.
11a. Fleet Description	The Fleet Description should detail all new vehicles and equipment proposed under the project. The Fleet Description should be updated quarterly with all vehicle upgrades completed. Please only fill out shaded cells highlighted <b>blue</b> with a diagonal pattern (///). The sheet has capacity for 100 vehicles. Please refer to the Fleet Description data definitions on tab 14 (Data Dictionary) for additional guidance on each field.
11b. Scrappage Information	The Scrappage Information is only required for those project that have made a commitment to scrap and/or otherwise replace vehicles as part of their project plans. This data sheet captures current vehicle and equipment information, and links to the Fleet Description to autopopulate the corresponding 'new' vehicle or equipment. The Scrappage Information tab should be updated quarterly reflecting completed scrapped project. Please only fill out shaded cells highlighted <b>blue</b> with a diagonal pattern (///). The sheet has capacity for 100 vehicles. Please refer to the Fleet Description data definitions on tab 14 (Data Dictionary) for additional guidance on each field.
12. Infrastructure	The Infrastructure Description should detail all electric vehicle supply equipment (EVSE) and zero emission supporting infrastructure purchased under the project. The Infrastructure worksheet should be updated quarterly as zero emission supporting infrastructure components are procured and installed. Please only fill out shaded cells highlighted blue with a diagonal pattern (///); however, additional rows may be add as needed to capture all supporting infrastructure. Please refer to the Infrastructure data definitions on Tab 14 (Data Dictionary) for data field definitions. Reminder: All Level 2 EVSEs must be ENERGY STAR certified. All zero emission supporting infrastructure must comply with Build America, Buy America (BABA) requirements.
13. Final Report	Final project details including actual emission and programmatic results. Please only complete shaded cells highlighted <b>blue</b> with a diagonal pattern (///).
14. Data Dictionary	Please refer to the dictionary on this tab for support in completing the following tabs: Climate & Air Quality Plans (tab 10), Fleet Description (Tab 11a), Scrappage Information (Tab 11b), and Infrastructure (Tab 12).

Clean Ports Program

### **Project Reporting Template Cover Sheet**

### Instructions

Please enter in the required fields in blue, detailing an overview of the Participant Details, the complete list of Project Partners, Project Location Information, and subawardees, if applicable. 1

### **Table 1: Recipient & Project Details**

Recipient Organization Name		
	Street	
Recipient Address Information	City	
	State (Select from dropdown)	
	Zip Code	
	Name	
	Title/Role Phone	
Primary Contact Information		
	Email	
Recipient Type	Select from Dropdown	
Affiliate Port Authority (if applicable)		
SAM.gov Unique Entity ID (UEI)		
Grant Number		
Program and Fiscal Year	Select from Dropdown	
Project Type	Select from Dropdown	
<b>Tribal Applicant?</b> See NOFO Section III.A for specifications	Select from Dropdown	

### **Project Title**

### **Project Period of Performance**

For Zero Emissions Technology projects, project periods may be up to 4 years. For Climate & Air Quality Planning projects, project periods may be up to three years.

### **Short Project Description**

Briefly describe your project in one to three sentences only, especially noting the expected outputs and outcomes.

### **Total EPA Funding Requested**

### Total EPA Funding for ZE Equipment

This field will auto-populate upon completing 'Fleet Description' tab

### Port Sectors Affected

These fields will auto-populate with ✓ upo

Onroad

Cargo Handling Equipment & Nonroad

Locomotive

Ocean-Going Vessels & Harbor Craft

## Project Features Scrappage?

This field will auto-populate with ✓ based on responses to the "Scrappage Information Tab"

e 2: Project Partners				
ect Partner Organization Name		Primary Contact Informa	tion for Project Partner(s)	
	Name		Email	Phone
kample Partner Organization	Ali Raymond	Director of Advancement		
able 3a: Port Location(s)				
able 3: Project Location(s) able 3a: Port Location(s)  ort Name a Port spans more than 1 county, lease enter a new line for each nique county.	Project Site ID	Port Authority Name (if applicable)	<b>State</b> (Select from dropdown)	County (Select from dropdown)
ort Name a Port spans more than 1 county, ease enter a new line for each nique county.		Port Authority Name (if applicable)		
ort Name a Port Spans more than 1 county, ease enter a new line for each nique county.			(Select from dropdown)	(Select from dropdown)  Miami-Dade County  please provide state first
ort Name a Port Spans more than 1 county, ease enter a new line for each nique county.	:		(Select from dropdown)	(Select from dropdown)  Miami-Dade County  please provide state first please provide state first
ort Name a Port spans more than 1 county, ease enter a new line for each	Primary Place of Performance		(Select from dropdown)	(Select from dropdown)  Miami-Dade County  please provide state first please provide state first please provide state first
ort Name a Port spans more than 1 county, ease enter a new line for each nique county.	Primary Place of Performance 2 3 4		(Select from dropdown)	(Select from dropdown)  Miami-Dade County  please provide state first
ort Name a Port spans more than 1 county, ease enter a new line for each inque county.	Primary Place of Performance 2 3		(Select from dropdown)	(Select from dropdown)  Miami-Dade County  please provide state first
rt Name n Port spans more than 1 county, case enter a new line for each ique county.	Primary Place of Performance 2 3 4 5 6		(Select from dropdown)	(Select from dropdown)  Miami-Dade County  please provide state first
ort Name a Port spans more than 1 county, ease enter a new line for each ique county.	Primary Place of Performance 2 3 4 5 6 7		(Select from dropdown)	Miami-Dade County please provide state first
ort Name a Port spans more than 1 county, ease enter a new line for each inque county.	Primary Place of Performance 2 3 4 5 6		(Select from dropdown)	Miami-Dade County please provide state first
ort Name a Port Spans more than 1 county, ease enter a new line for each nique county.	Primary Place of Performance 2 3 4 5 6 7		(Select from dropdown)	Miami-Dade County please provide state first

<b>Site Name</b> If an Additional Site spans more than 1 county, please enter a new line for each unique county.	Project Site ID	Port(s) Served by Location (separate additional ports by semicolon)	<b>State</b> (Select from dropdown)	County (Select from dropdown)
Hialeah Fueling Depot	Additional Site 1.	Port of Miami; Port Everglades	FL	Miami-Dade County
	Additional Site 1			please provide state first
	Additional Site 2			please provide state first
	Additional Site 3			please provide state first
	Additional Site 4			please provide state first
	Additional Site 5			please provide state first
	Additional Site 6			please provide state first
	Additional Site 7			please provide state first
	Additional Site 8			please provide state first
	Additional Site 9			please provide state first
	Additional Site 10			please provide state first
Table 4: Subawardee (if applicable)				
Subawardee Name	Subawardee Unique ID (if applicable)	Primary	Contact Information for Sub	pawardee
Subawardee Organization 1	501	Name	Email	Phone

\ll fields below are required unless o	therwise stated.
One descriptive sentence only	
Project Start Date	
Project End Date	

\$ -	Total EPA Funding for Fueling Infrastructure This field will auto-populate upon completing 'Infrastructure' tab	\$ -	Total EPA Funding for Climate and Air Quality Planning Activities This field will auto-populate upon completing the Climate & Air Quality Planning Tab	\$ -
n completing 'Fleet Description'	Fueling Infrastructure Affected These fields will auto-populate with 🗸 u 'Infrastructure' tab.	upon completing	List of Climate and Air Quality F These fields will auto-populate v	
	Electric Vehicle Service Equipment (EVSE)		Emissions Inventory and/or Accounting Practice	
	Shore Power Infrastructure		Emissions Reduction Strategy Analysis	
	Hydrogen Fueling Infrastructure		Development of Emissions Reduction Target	
	On-site Power Generation		Plan for Reducing Future Port Emissions	
	Battery Energy Storage System		Port Resiliency Assessment	

ype of Organization		Nature of Partnership with Awardee	Role in Project	
elect from Dropdown	If Other, describe		Select from Dropdown	If Other, describe
ther	Non-governmental Organization	Trustee of Funds	Other	Site Manager
		Estimate of the Share of		
ity	Description of Project Activity at Port (if known)	Estimate of the Share of Project Activity at this site (For Climate and Air Quality Planning projects only; enter- value between 0-1, where 1 is 100%)	County Contains 7 Nonattainment Area?	County Contains Maintenance Area?
	Description of Project Activity at Port (if known)  Deployment of ZE equipment	Project Activity at this site (For Climate and Air Quality Planning projects only; enter value between 0-1, where 1 is	a Nonattainment Area?	County Contains Maintenance Area?
	(if known)	Project Activity at this site (For Climate and Air Quality Planning projects only; enter value between 0-1, where 1 is 100%)	a Nonattainment Area?	Maintenance Area?
<b>ity</b> ⁄liami	(if known)	Project Activity at this site (For Climate and Air Quality Planning projects only; enter value between 0-1, where 1 is 100%)	a Nonattainment Area?	Maintenance Area?
	(if known)	Project Activity at this site (For Climate and Air Quality Planning projects only; enter value between 0-1, where 1 is 100%)	a Nonattainment Area?	Maintenance Area?
	(if known)	Project Activity at this site (For Climate and Air Quality Planning projects only; enter value between 0-1, where 1 is 100%)	a Nonattainment Area?	Maintenance Area?
	(if known)	Project Activity at this site (For Climate and Air Quality Planning projects only; enter value between 0-1, where 1 is 100%)	a Nonattainment Area?	Maintenance Area?
	(if known)	Project Activity at this site (For Climate and Air Quality Planning projects only; enter value between 0-1, where 1 is 100%)	a Nonattainment Area?	Maintenance Area?
	(if known)	Project Activity at this site (For Climate and Air Quality Planning projects only; enter value between 0-1, where 1 is 100%)	a Nonattainment Area?	Maintenance Area?

City

Estimate of the Share of Project Activity at this site

Description of Project Activity at Port (if known)

Estimate of the Share of Project Activity at this site
(For Climate and Air Quality County Contains Planning projects only; enter a Nonattainment Area? value between 0-1, where 1 is 100%)

County Contains Maintenance Area?

Miami	Deployment of EVSE	100%	Yes	Yes	

Ту	Type of Organization		Project Site Name	Rol
Select from Dropdown	If Other, describe	Select from Dropdown	Auto populates from Table 3 and 3b	Select from Dropdown



County Contains Environmental Justice and Disadvantaged Communities, as defined in Section 4 of NOFO?

No	Yes	

County Contains Environmental
Justice and Disadvantaged
Communities, as defined in Section
4 of NOFO?

No	Yes
e in Project	
lf Other, describe	

Please use this tab to indicate any changes in planning activities, vehicle or equipment numbers, as well as numbers of infrastructure ite performance.

Were there any changes to planning activities, vehicle or equipment numbers, number of infrastructure items, and/or funding amounts in Year 1 of the project period of performance? If yes, please indicate the change(s) using the table below.

Were there any changes to planning activities, vehicle or equipment numbers, number of infrastructure items, and/or funding amounts in Year 2 of the project period of performance? If yes, please indicate the change(s) using the table below.

Were there any changes to planning activities, vehicle or equipment numbers, number of infrastructure items, and/or funding amounts in Year 3 of the project period of performance? If yes, please indicate the change(s) using the table below.

Were there any changes to planning activities, vehicle or equipment numbers, number of infrastructure items, and/or funding amounts in Year 4 of the project period of performance? If yes, please indicate the change(s) using the table below.

Table 5	Post-Award	Amendments
Table 5.	POSI-AWaru	Amenaments

			Changes to Climate and Air Quality Plann
Amendment Number	Update Year (select from dropdown)	Type of Amendment (Select from dropdown)	Original Planning Activity
Ex 1	Year 1 Update	Changes to Climate and Air Quality Planning Activities	Equipment inventory for on-road, locomotive, and nonroad sectors at port
Ex 2	Year 1 Update	Changes to Zero Emission Vehicle or Equipment Deployment	NA
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

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### Amendments

# Instructions

 $\epsilon$ ms, and/or funding amounts post-award. Use one row per amendment made; more rows may be added if needed. Fill out this tab at the end of  $\epsilon$ 

## Number of Amendments By Year

(Y or N)	
(Y or N)	
(Y or N)	
(Y or N)	

	by rear
Project Year 1	0
Project Year 2	0
Project Year 3	0
Project Year 4	0

ling Activities	Changes to Zero Emissions Equipmen	Changes to Zero Emissions Equipment Deployment								
Updated Planning Activity	Original Vehicle or Equipment Type	Updated Vehicle or Equipment Type	Original Quantity of Vehicle or Equipment Type							
Equipment inventory for on-road and nonroad sectors at port	NA	NA	NA							
NA	Company A RTG Electric Crane v2000	Company A RTG Electric Crane v3000	25							

each year of project

# Change in Funding Amount by Year

\$ -
\$ ,
\$ -
\$ -

	Corresponding EPA Funding Changes										
Updated Quantity of Vehicle or Equipment Type	Original Funding Request Amount			Updated Funding Request Amount		Change in Funding Amount	Project Site ID (Select from dropdown)				
NA	\$	150,000	\$	115,000	\$	35,000	Primary Place of Performance				
20	\$	1,250,000	\$	1,300,000	\$	(50,000)	Primary Place of Performance				
					\$	-					
					\$	-					
					\$	-					
					\$	-					
					\$	-					
					\$	-					
					\$	-					
					\$	-					
					\$	-					
					\$	-					
					\$	-					
					\$	-					
					\$	-					
					\$	-					
					\$	-					

Port or Associated Site Name (Autopopulates based on Cover Page)	Subawardee (if applicable; select from list)
River Port of State X	N/A
River Port of State X	N/A

Clean Ports Program

# Financial Summary - Project Lifetime

Grant Recipient	
Grant Number	
Program and Fiscal Year	
Project Period of Performance	
Project Title	

EPA Project Award Amount	\$ -
Total Non-CP Project Costs	\$ -
Total Applicant Funds	\$ -
Total Additional Leveraged Funds	\$ -
EPA Funds Expended to Date	\$ -
EPA Funds Remaining	\$ -

	Table 6. Summary Rate of Expenditure												
	Record project budget funds ONLY from approved final workplan. All other numbers will reflect automatically from subsequent tabs.												
Project Budget							Total Exper	ses to Date			Remainin	g Balance	
Financial Summary	EPA Funds	Applicant Funds	Additional Leveraged Funds	Total Projec Cost	et	EPA Funds	Applicant Funds	Additional Leveraged Funds	Total Project Cost	EPA Funds	Applicant Funds	Additional Leveraged Funds	Total Project Cost
Personnel				\$	-	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Fringe Benefits				\$	-	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Travel				\$	-	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Equipment				\$	- [	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Supplies				\$	-	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Contractual				\$	- [	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subawards				\$ -	-	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other				\$	-	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Direct Cost Total	\$ -	\$ -	\$ -	\$	- 1	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Indirect Charges	\$ -	\$ -	\$ -	\$	-	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTALS	\$ -	\$ -	\$ -	\$	-	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

					No	Entry Needed		nnual Rate of Ex will reflect auto	•	subsequent ta	bs.	
		Yea	ar 1			Yea	ar 2			Year 3 (if a	pplicable)	
Financial Summary	EPA Funds	Applicant Funds	Additional Leveraged Funds	Total Project Cost	EPA Funds	Applicant Funds	Additional Leveraged Funds	Total Project Cost	EPA Funds	Applicant Funds	Additional Leveraged Funds	Total Project Cost
Personnel	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Fringe Benefits	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Travel	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Supplies	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Contractual	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subawards	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Direct Cost Total	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Indirect Charges	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTALS	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Year 4 (if applicable)							
EPA Funds	Applicant Funds	Additional Leveraged Funds	Total Project Cost				
\$ -	\$ -	\$ -	\$ -				
\$ -	\$ -	\$ -	\$ -				
\$ -	\$ -	\$ -	\$ -				
\$ -	\$ -	\$ -	\$ -				
\$ -	\$ -	\$ -	\$ -				
\$ -	\$ -	\$ -	\$ -				
\$ -	\$ -	\$ -	\$ -				
\$ -	\$ -	\$ -	\$ -				
\$ -	\$ -	\$ -	\$ -				

4. Financial Summary

\$ -	\$ -	\$ -	\$ -
\$ -	\$ -	\$ -	\$ -

Clean Ports Program

### Financial and Narrative Summary - Year 1

Grant Recipient	Total EPA Funds Expended: Year 1	\$
Grant Number	Reporting Cadence	
Project Title	Project Reporting Period	

### Table 10. Year 1 Annual Rate of Expenditure

Record and update project expenses at each interval according to the reporting cadence determined by your Project Officer. Previous fields sh upon the Reporting Cadence field, selected above.

		Quar	ter 1		Quarter 2			
Enter Dates For this Reporting Period								
	EPA Funds	Applicant Funds	Additional Leveraged Funds	Total Project Cost	EPA Funds	Applicant Funds	Additional Leveraged Funds	Total Project Cost
Personnel				\$ -				\$ -
Fringe Benefits				\$ -				\$ -
Travel				\$ -				\$ -
Equipment				\$ -				\$ -
Supplies				\$ -				\$ -
Contractual				\$ -				\$ -
Other				\$ -				\$ -
Direct Cost Total	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Indirect Charges				\$ -				\$ -
TOTALS	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

# Table 11. Project Updates - Narrative Responses Record and update project updates below.

Please paste the planned activities, outputs, and outcome from the submitted workplan information. Provide updates and if any changes occu column, please use the dropdown to indicate if the activity is 1) Not yet started, 2) In progress, or 3) Completed.

Anticipated Outputs	Anticipated Outcomes		Progres:
		Q1	Q2
	Anticipated Outputs	Anticipated Outcomes  Anticipated Outcomes	

Please provide programmatic and narrative financial updates on the project. As quarterly reports are submitted, indicate updates or changes f quarter. If yes, please provide an explanation in the subsequent cell.

Question Quarter 1 Update Quarter 2 Update		
--	--	--

Provide a comparison of actual accomplishments to the objectives established for the reporting period.	
2. If anticipated outputs/outcomes and/or timelines/milestones are not met, why not? Did you encounter any problems during the reporting period which may interfere with meeting project objectives?	
3. If any additional external leveraged funds are reported for this Reporting Period in Table 5 above, identify the source of the funds.	
4. Have there been any major personnel changes during this reporting period?	
5. Did any public relations events regarding this grant take place during the reporting period?	
6. Are you using websites or other tools used to relay information about this grant to the public?	
7. What project activities are planned for the next reporting period?	
8. Was any program income generated during the reporting period? Identify amount of program income, how it was generated, and how the program income was/will be used.	
9. Have any vehicles or activities changed from those included in the final workplan?	
10. Do you have any other comments or feedback?	

	-
Quarterly	

ould remain and edits should be made to the whenever interannual reports are submitted. Note the table will update based

	Quai	rter 3			Q	uarter 4	
EPA Funds	Applicant Funds	Additional Leveraged Funds	Total Project Cost	EPA Funds	Applicant Funds	Additional Leveraged Funds	Total Project Cost
			\$ -				\$ -
			\$ -				\$ -
			\$ -				\$ -
			\$ -				\$ -
			\$ -				\$ -
			\$ -				\$ -
			\$ -				\$ -
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
			\$ -				\$ -
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

 $rred,\,please\,provide\,that\,information\,accordingly.\,In\,the\,'Progress\,to\,Date'$ 

to Date		Progress Notes
Q3	Q4	Write below, as appropriate.

Qu	arter 3 Update	Quarter 4 Update

Clean Ports Program

### Financial and Narrative Summary - Year 1

Grant Recipient	
Grant Number	
Project Title	

Total EPA Funds Expended: Year 1

Reporting Cadence

Project Reporting Period

### Table 10. Year 1 Annual Rate of Expenditure

Record and update project expenses quarterly. Previous fields should remain and edits should be made to the quarterly report being submitte

notes a una aparate project experience quantities, in the content and content								
		Quar	ter 1		Quarter 2			
Enter Dates For this Reporting Period								
	EPA Funds	Mandatory Cost Share	Additional Leveraged Funds	Total Project Cost	EPA Funds	Mandatory Cost Share	Additional Leveraged Funds	Total Project Cost
Personnel				\$ -				\$ -
Fringe Benefits				\$ -				\$ -
Travel				\$ -				\$ -
Equipment				\$ -				\$ -
Supplies				\$ -				\$ -
Contractual				\$ -				\$ -
Other				\$ -				\$ -
Direct Cost Total	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Indirect Charges				\$ -				\$ -
TOTALS	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

# Table 11. Project Updates - Narrative Responses Record and update project updates below.

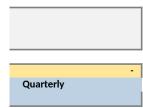
Please paste the planned activities, outputs, and outcome from the submitted workplan information. Provide updates and if any changes occu column, please use the dropdown to indicate if the activity is 1) Not yet started, 2) In progress, or 3) Completed.

Activities	ctivities Anticipated Outputs Anticipated Outcomes			Progres
			Q1	Q2

Please provide programmatic and narrative financial updates on the project. As quarterly reports are submitted, indicate updates or changes f quarter. If yes, please provide an explanation in the subsequent cell.

Ouestion	Quarter 1 Update	Quarter 2 Update

Provide a comparison of actual accomplishments to the objectives established for the reporting period.	
2. If anticipated outputs/outcomes and/or timelines/milestones are not met, why not? Did you encounter any problems during the reporting period which may interfere with meeting project objectives?	
3. If any additional external leveraged funds are reported for this Reporting Period in Table 5 above, identify the source of the funds.	
Have there been any major personnel changes during this reporting period?	
5. Did any public relations events regarding this grant take place during the reporting period?	
6. Are you using websites or other tools used to relay information about this grant to the public?	
7. What project activities are planned for the next reporting period?	
8. Was any program income generated during the reporting period? Identify amount of program income, how it was generated, and how the program income was/will be used.	
9. Have any vehicles or activities changed from those included in the final workplan?	
10. Do you have any other comments or feedback?	



d. Note the table will update based upon the Reporting Cadence field, selected above.

Quarter 3			Quarter 4				
EPA Funds	Mandatory Cost Share	Additional Leveraged Funds	Total Project Cost	EPA Funds	Mandatory Cost Share	Additional Leveraged Funds	Total Project Cost
			\$ -				\$ -
			\$ -				\$ -
			\$ -				\$ -
			\$ -				\$ -
			\$ -				\$ -
			\$ -				\$ -
			\$ -				\$ -
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
			\$ -				\$ -
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

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s to Date		Progress Notes
Q3	Q4	Write below, as appropriate.

Quarter 3 Update	Quarter 4 Update

Clean Ports Program

### Financial and Narrative Summary - Year 3

Grant Recipient	
Grant Number	
Project Title	

Total EPA Funds Expended: Year 3

Reporting Cadence

Project Reporting Period

### Table 10. Year 3 Annual Rate of Expenditure

Record and update project expenses quarterly. Previous fields should remain and edits should be made to the quarterly report being submitte

		Quarter 1				Quarter 2		
Enter Dates For this Reporting Period								
	EPA Funds	Mandatory Cost Share	Additional Leveraged Funds	Total Project Cost	EPA Funds	Mandatory Cost Share	Additional Leveraged Funds	Total Project Cost
Personnel				\$ -				\$ -
Fringe Benefits				\$ -				\$ -
Travel				\$ -				\$ -
Equipment				\$ -				\$ -
Supplies				\$ -				\$ -
Contractual				\$ -				\$ -
Other				\$ -				\$ -
Direct Cost Total	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Indirect Charges				\$ -				\$ -
TOTALS	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

# Table 11. Project Updates - Narrative Responses Record and update project updates below.

Please paste the planned activities, outputs, and outcome from the submitted workplan information. Provide updates and if any changes occu column, please use the dropdown to indicate if the activity is 1) Not yet started, 2) In progress, or 3) Completed.

Activities	Anticipated Outputs	Anticipated Outcomes		Progres
			Q1	Q2

Please provide programmatic and narrative financial updates on the project. As quarterly reports are submitted, indicate updates or changes parater. If yes, please provide an explanation in the subsequent cell.

Ouestion	Quarter 1 Update	Quarter 2 Update

Provide a comparison of actual accomplishments to the objectives established for the reporting period.	
2. If anticipated outputs/outcomes and/or timelines/milestones are not met, why not? Did you encounter any problems during the reporting period which may interfere with meeting project objectives?	
3. If any additional external leveraged funds are reported for this Reporting Period in Table 5 above, identify the source of the funds.	
Have there been any major personnel changes during this reporting period?	
5. Did any public relations events regarding this grant take place during the reporting period?	
6. Are you using websites or other tools used to relay information about this grant to the public?	
7. What project activities are planned for the next reporting period?	
8. Was any program income generated during the reporting period? Identify amount of program income, how it was generated, and how the program income was/will be used.	
9. Have any vehicles or activities changed from those included in the final workplan?	
10. Do you have any other comments or feedback?	



d. Note the table will update based upon the Reporting Cadence field, selected above.

Quarter 3				Q	uarter 4		
EPA Funds	Mandatory Cost Share	Additional Leveraged Funds	Total Project Cost	EPA Funds	Mandatory Cost Share	Additional Leveraged Funds	Total Project Cost
			\$ -				\$ -
			\$ -				\$ -
			\$ -				\$ -
			\$ -				\$ -
			\$ -				\$ -
			\$ -				\$ -
			\$ -				\$ -
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
			\$ -				\$ -
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

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ate		Progress Notes	
Q3	Q4	Write below, as appropriate.	

Ouarter 3 Update	Quarter 4 Update

Clean Ports Program

### Financial and Narrative Summary - Year 4

Grant Recipient	Total EPA Funds Expended: Year 4
Grant Number	Reporting Cadence
Project Title	Project Reporting Period

### Table 10. Year 4 Annual Rate of Expenditure

Record and update project expenses quarterly. Previous fields should remain and edits should be made to the quarterly report being submitte

	<u> </u>							
		Quarter 1			Quarter 2			
Enter Dates For this Reporting Period								
	EPA Funds	Mandatory Cost Share	Additional Leveraged Funds	Total Project Cost	EPA Funds	Mandatory Cost Share	Additional Leveraged Funds	Total Project Cost
Personnel				\$ -				\$ -
Fringe Benefits				\$ -				\$ -
Travel				\$ -				\$ -
Equipment				\$ -				\$ -
Supplies				\$ -				\$ -
Contractual				\$ -				\$ -
Other				\$ -				\$ -
Direct Cost Total	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Indirect Charges				\$ -				\$ -
TOTALS	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

# Table 11. Project Updates - Narrative Responses Record and update project updates below.

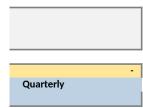
Please paste the planned activities, outputs, and outcome from the submitted workplan information. Provide updates and if any changes occu column, please use the dropdown to indicate if the activity is 1) Not yet started, 2) In progress, or 3) Completed.

Activities	Anticipated Outputs	Anticipated Outcomes		Progres
			Q1	Q2

Please provide programmatic and narrative financial updates on the project. As quarterly reports are submitted, indicate updates or changes f quarter. If yes, please provide an explanation in the subsequent cell.

Ouestion	Quarter 1 Update	Quarter 2 Update

Provide a comparison of actual accomplishments to the objectives established for the reporting period.	
2. If anticipated outputs/outcomes and/or timelines/milestones are not met, why not? Did you encounter any problems during the reporting period which may interfere with meeting project objectives?	
3. If any additional external leveraged funds are reported for this Reporting Period in Table 5 above, identify the source of the funds.	
Have there been any major personnel changes during this reporting period?	
5. Did any public relations events regarding this grant take place during the reporting period?	
6. Are you using websites or other tools used to relay information about this grant to the public?	
7. What project activities are planned for the next reporting period?	
8. Was any program income generated during the reporting period? Identify amount of program income, how it was generated, and how the program income was/will be used.	
9. Have any vehicles or activities changed from those included in the final workplan?	
10. Do you have any other comments or feedback?	



d. Note the table will update based upon the Reporting Cadence field, selected above.

Quarter 3			Quarter 4				
EPA Funds	Mandatory Cost Share	Additional Leveraged Funds	Total Project Cost	EPA Funds	Mandatory Cost Share	Additional Leveraged Funds	Total Project Cost
			\$ -				\$ -
			\$ -				\$ -
			\$ -				\$ -
			\$ -				\$ -
			\$ -				\$ -
			\$ -				\$ -
			\$ -				\$ -
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
			\$ -				\$ -
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

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s to Date		Progress Notes		
Q3	Q4	Write below, as appropriate.		

Quarter 3 Update	Quarter 4 Update

	U. S. Environmental Protection Agency				
Clean Ports Program					
	Clean Port Program Priorities				
Grant Recipient					
Program FY					
Grant Number					
Project Title					
	Instructions				
external funds actions or commitments in your application, as referred to in the evi shaded in yellow will automatically populate based on information entered in earli indicate on the first question below. Please use the drop downs for columns to ind	tice, community engagement, sustainability, workforce development, climate impact resiliency, or leve raluation metrics defined in section V.A. Evaluation Criteria in the NOFO. Only cells shaded in blue need lier tabs. If planned activities or commitments changed between the submitted application and appro dicate any updates that occurred during the reporting period indicating continued progress towards col s, as appropriate. Please take care to ensure all questions are answered; the final question is on row 13	to be filled out; cells wed workplan, please mmitments. At the end of			
Did any planned activities or commitments change between the submitted appli	cation and the approved workplan?	(Y or N or N/A)			
If no, please jump to the next section, "Environmental Justice and Disadvantaged Creduced due to partial funding).	Communities." If yes, please provide context and details to the approved changes (example: the number	er of drayage trucks was			
	Environmental Justice and Disadvantaged Communities				
1a. Did the workplan demonstrate that the project will benefit communities loc Section IV.A. of the NOFO?	cated in a low-income disadvantaged community area within a nonattainment area , as described in	(Y or N or N/A)			
Did the workplan demonstrate that the project will benefit communities local IV.A. of the NOFO?	ated in a low-income disadvantaged community area with air toxics concerns, as described in Section	(Y or N or N/A)			
3a. Did the workplan demonstrate that input was sought, and the proposed proenvironmental justice concerns?	oject is responsive to comments and concerns of near-port communities, especially with respect to	(Y or N or N/A)			
3b. If yes to the above, how did the workplan demonstrate engagement with the planning, and performance of the project?	he communities identified above, especially local residents, to ensure their meaningful participation w	ith respect to the design,			
4a. Did the workplan demonstrate a plan from the applicant and/or project par justice concerns, during the execution of project activities?	rtners to meaningfully engage with near-port communities, especially those with to environmental	(Y or N or N/A)			
4b. If yes to the above, describe the plan to meaningfully engage with near-por	t communities during the execution of project activities.				

(Y or N or N/A)

5a. Did the workplan demonstrate a plan from the applicant and/or project partners to establish a long-term policy or process for meaningful community engagement to get their input on port operations and projects that impact air quality and to address their concerns?

	5b. Did the applicant and/or project partners commit to establishing a long-term policy or process for meaningful community engagement to get their input on port operations and projects that impact air quality and to address their concerns?						
	5c. If yes to either of the above, describe the proposed policy or process, and steps planned to implement the policy or process by the end of the project period.						
	Table 17. Community E	ngagement					
	Did the workplan demonstrate actions and/or commitments to engage communities? If no, please jump to rest of this section.	o the next section, "Project Sustainab	ility". If yes, please complete the	(Y or N or N/A)			
	1. How did the workplan demonstrate engagement with the communities identified above, especially local r performance of the project?	residents, to ensure their meaningful	participation with respect to the des	sign, planning, and			
	Policy/Process to Engage Communities and Point of Contact	Application	Status Update	Quarter Completed			
	1. Did the workplan for this project demonstrate that the recipient and/or project partner(s) has an existing clear point of contact in a public platform (e.g., newsletter, website) for community issues and complaints (specific to air quality or broader) and a publicly documented policy or process to engage communities and get their input on operations and projects that impact air quality? The process could be a meeting in the past year and/or a policy or process to have a meeting or otherwise get input (e.g., a standing citizens advisory committee). Please include any narrative details in question 2.	(Y or N or N/A)					
	1.a. If no, did the workplan for this project demonstrate that the recipient and/or project partner(s) commit to completing one before the end of the project period?	(Y or N or N/A)					
	1.b. To date, has the recipient and/or project partner(s) completed this commitment?		Select Status	Select Quarter			
2. Please provide any additional details and/or a status update to be provided for this category, including but not limited to the URL(s) where the public can find the clear point of co process; a description of the point of contact and policy or process; and any other relevant information. Please use the drop downs under 'Please Select One' to indicate which year to completed. Note: Do not delete data from prior quarterly reports. If providing updates for multiple quarters in one year, please indicate all updates in the same cell.							
				Please Select One			

	Table 18. Project	Sustainability			
	the workplan demonstrate actions and/or commitments to promote sustainable project results and be please complete the rest of this section.	enefits? If no, please jump to the next s	ection, "Workforce Development". If	(Y or N or N/A)	
	1. How did the workplan demonstrate that project results and benefits will be sustainable and that the aports after EPA funding for the project has ended?	applicant and project partners have the a	bility to promote and continue effor	ts to reduce emissions at	
	For Zero-Emission Projects Only	Application	Status Update	Quarter Completed	
	A1. Did the workplan for this project demonstrate coordination and/or consultation with utilities on the feasibility of the project? This could include, but is not limited to, discussion with utilities on project charging needs, project upgrade needs, project costs, rates for future service, and/or the timeframe for necessary upgrades. Please include any narrative details in question A3.	(Y or N or N/A)			
	A2.a. If no, did the workplan for this project demonstrate that the recipient and/or project partner(s) commit to such coordination before the end of the project period?	(Y or N or N/A)			
	A2.b. To date, has the recipient and/or project partner(s) completed this commitment?		Select Status	Select Quarter	
	A3. Please provide additional details and any relevant status updates for this section, including but not I discussions with utilities, and any project decisions impacted by these discussions. Please use the drop c data from prior quarterly reports. If providing updates for multiple quarters in one year, please indicate	lowns under 'Please Select One' to indica			
				Please Select One	
	For Climate and Air Quality Planning Projects Only	Application	Status Update	Quarter Completed	
	B1. Did the workplan for this project demonstrate coordination and/or consultation with affected port(s) and near-port community(ies) to implement or act on the planning conducted by this project? This could include, but is not limited to, discussion with utilities on project charging needs, efforts to sustain community engagement after the end of the project, establishment of community engagement policies, and/or identification of immediate next steps after planning is complete. project upgrade needs, project costs, rates for future service, and/or the timeframe for necessary upgrades. Please include any narrative details in question B3.	(Y or N or N/A)			

B2.a. If no, did the workplan for this project demonstrate that the recipient and/or project partner(s) commit to such coordination before the end of the project period?	(Y or N or N/A)		
B2.b. To date, has the recipient and/or project partner(s) completed this commitment?		Select Status	Select Quarter
B3. Please provide additional details and any relevant status updates for this section. Please use the dro delete data from prior quarterly reports. If providing updates for multiple quarters in one year, please in		licate which year the update was cor	npleted. <i>Note: Do not</i>
			Please Select One
			Please Select One
			Please Select One
Table 40 Washing	- Development		
Table 19. Workford	•	D '''	
Did the workplan demonstrate actions and/or commitments to promote workforce development? If no, yes, please complete the rest of this section.	please jump to the next section, Project	Resilience to Climate Impacts . If	(Y or N or N/A)
1. How did the workplan demonstrate a plan to prepare the workforce for the project?			
	Application	Status Update	Quarter Completed
2. Did the workplan for this project demonstrate that current drivers, operators, mechanics, electricians and other essential personnel have received training to safely operate and maintain the new vehicles, equipment, and infrastructure? This could include the establishment of workforce training programs for zero emission vehicles and equipment and ZE charging or fueling infrastructure. Please include any narrative details in question 6.			
2.a. If no, did the workplan for this project demonstrate that the recipient and/or project partner(s) commit to ensuring current drivers, mechanics, electricians, and other essential personnel receive training to safely operate and maintain the new vehicles, equipment, and infrastructure before the end			

(Y or N or N/A)

Select Status

Select Quarter

2.b. To date, has the recipient and/or project partner(s) completed this commitment?

3. Did the workplan for this project demonstrate that the recipient and/or project partner(s) have clarified protections to ensure existing workers are not replaced or displaced because of new technologies? Please include any narrative details in question 6.

	3.a. If no, did the workplan for this project demonstrate that the recipient and/or project partner(s) commit to clarifying protections to ensure existing workers are not replaced for displaced because of new technologies before the end of the project period?	(Y or N or N/A)		
	3.b. To date, has the recipient and/or project partner(s) completed this commitment?		Select Status	Select Quarter
	4. Did the workplan for this project demonstrate that the recipient and/or project partner(s) have increased the availability of domestic manufacturing and workforce for zero- and near-zero emission vehicles, engines, and other key components (e.g., batteries)? Please include any narrative details in question 6.	(Y or N or N/A)		
	4.a. If no, did the workplan for this project demonstrate that the recipient and/or project partner(s) commit to increasing the availability of domestic manufacturing and workforce for zero- and near-zero emission vehicles, engines, and other key components (e.g., batteries) before the end of the project period?	(Y or N or N/A)		
	4.b. To date, has the recipient and/or project partner(s) completed this commitment?		Select Status	Select Quarter
	5. Did the workplan for this project demonstrate that the recipient and/or project partner(s) have other measures and/or policies in place to promote workforce development? If yes, please describe the other measures and/or policies in more detail below. Please include any narrative details in question 6.	(Y or N or N/A)		
	5.a. If no, did the workplan for this project demonstrate that the recipient and/or project partner(s) commit establishing measures and/or policies to promote workforce development before the end of the project period?	(Y or N or N/A)		
	5.b. To date, has the recipient and/or project partner(s) completed this commitment?		Select Status	Select Quarter
	6. Please provide additional details and any relevant status updates for this section, including but not lim availability of domestic manufacturing and workforce, and/or descriptions of any additional policies and project period. Please use the drop downs under 'Please Select One' to indicate which year the update w quarters in one year, please indicate all updates in the same cell.	measures to promote workforce develop	pment, as well as any changes made	to these throughout the
				Please Select One
				Please Select One
				Please Select One
	Table 20. Project Resilienc	e to Climate Impacts		
_				
	the workplan demonstrate actions and/or commitments to promote project resilience to climate impaternal Funds". If yes, please complete the rest of this section.	acts? If no, please jump to the next section	on, "Leveraging of Additional	(Y or N or N/A)
			, , ,	(Y or N or N/A)

	Application	Status Update	Quarter Completed		
2. Did the workplan for this project demonstrate that the recipient and/or project partner(s) have assessed and implemented climate change adaptation considerations to help ensure that the project achieves its expected outcomes even as the climate changes? This could include assessing project vulnerability to local climate impacts when making siting decision and operational plans, ensuring fleets and equipment are protected from climate change impacts, and/or protecting infrastructure from storm damage. Please include any narrative details in question 4.	(Y or N or N/A)				
2.a. If no, did the workplan for this project demonstrate that the recipient and/or project partner(s) commit to assessing and implementing climate change adaptation considerations before the end of the project period?	(Y or N or N/A)				
2.b. To date, has the recipient and/or project partner(s) completed this commitment?		Select Status	Select Quarter		
3. Did the workplan for this project demonstrate that the recipient and/or project partner(s) have other measures and/or policies in place to promote project resilience to climate impacts? If yes, please describe the other measures and/or policies in more detail below. <i>Please include any narrative details in question 4</i> .	(Y or N or N/A)				
3.a. If no, did the workplan for this project demonstrate that the recipient and/or project partner(s) commit establishing measures and/or policies to promote project resilience to climate impacts before the end of the project period?	(Y or N or N/A)				
3.b. To date, has the recipient and/or project partner(s) completed this commitment?		Select Status	Select Quarter		
4. Please provide additional details and any relevant status updates for this section, including but not lim assessments, and/or descriptions of any additional policies and measures to promote project resilience to the drop downs under 'Please Select One' to indicate which year the update was completed. Note: Do no please indicate all updates in the same cell.	o climate impacts, as well as any change	es made to these throughout the pro	ject period. Please use		
			Please Select One		
			Please Select One		
			Please Select One		
Table 21. Leveraging of Add	itional External Funds				
Did the workplan demonstrate that the recipient has leveraged or plans to leverage additional external funds in order to support proposed project activities? If no, please jump to the next section. "Other" If we please complete the rest of this section					

# Table 21. Leveraging of Additional External Funds Did the workplan demonstrate that the recipient has leveraged or plans to leverage additional external funds in order to support proposed project activities? If no, please jump to the next section, "Other", If yes, please complete the rest of this section. 1. How did the workplan demonstrate that the recipient has leveraged or plans to leverage additional external funds in order to support proposed project activities, as well as how these funds will be used to contribute to the performance and success of the project? (Y or N or N/A)

2. Please provide updates on proposed or secured additional external funds using the rows below. This should include additional external leveraged funds, but should not include applicant funds. Refer to the following definitions when selecting Status: "Not Yet Started:" Funding is proposed but the application process has not yet begun "In Progress:" The funding application or selection process is underway, but funds have not been awarded "Awarded:" Funding has been officially awarded "Not Awarded:" Funding that had been applied for was not awarded Note: Please add additional rows as needed. Source Name Amount (\$) Status **Quarter Awarded** Please Select One Select Quarter Please Select One **Select Quarter** Please Select One Select Quarter Please Select One **Select Quarter** Please Select One Select Quarter Please Select One Select Quarter Please Select One Select Quarter 3. Are there any updates to be provided or additional information for any proposed or secured additional external funds? If yes, please provide additional details and a status update below, including a description of how any secured funds are being used to support proposed project activities and how they are contributing to the performance and success of the project. If any proposed funding was not awarded, use the space provided to indicate your plans to make up for these funds. Please use the drop downs under Please Select One' to indicate which year the update was completed. Note: Do not delete data from prior quarterly reports. If providing updates for multiple quarters in one year, (Y or N or N/A) please indicate all updates in the same cell. Please Select One Please Select One **Please Select One** 

IER: Please provide any additional details or comments regarding environmental justice, community engagement, sustainability, workforce development, resiliency to climate impacts, or lever itional external funds of the project.	raged

U. S. Enviro
Clean Ports Program   Clir
Climat

Grant Recipient	
Program FY	
Grant Number	
Project Title	

### Instructions

Complete the following table for those projects featuring Climate and Air Quality Plans, and detail the affected locations and costs associated with each the work completed with these funds during the project period at final submission. For more details about each field, please see the data dictionary (Tal

Table 22: Climate and Air Quality Planning Activity Details

rabic 22. Cililate and	d Air Quality Planning Activity Details			
	Type of Planning Activity (select from dropdown)	If Other Planning Activity not listed, describe	Primary Port Affected by Planning Activity (select from dropdown)	If Primary location of activity is not at a port, provide the Name of the Additional Project Location (select from dropdown)
Example Planning Activity	Port Resiliency Assessment		Port of Miami	
Planning Activity 1				
Planning Activity 2				
Planning Activity 3				
Planning Activity 4				
Planning Activity 5				
Planning Activity 6				
Planning Activity 7				
Planning Activity 8				
Planning Activity 9				
Planning Activity 10				
Planning Activity 11				
Planning Activity 12				
Planning Activity 13				
Planning Activity 14				

Planning Activity 15		
Planning Activity 16		
Planning Activity 17		
Planning Activity 18		
Planning Activity 19		
Planning Activity 20		

planning activity funded through the Climate and Air Quality Plans Funding. This tab should be updated interannually at each regularly reporting b 14).

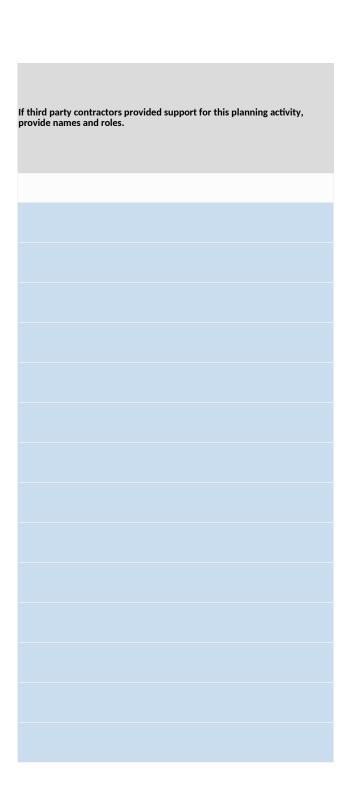
Project Site ID	State	County	Percentage of Planning Activity Affecting Site (enter value 0-1, where 1 = 100%)	City	Secondary Port Affected by Planning Activity (select from dropdown, if applicable).
Primary Place of Performance	FL	Miami-Dade County	50%	Miami	

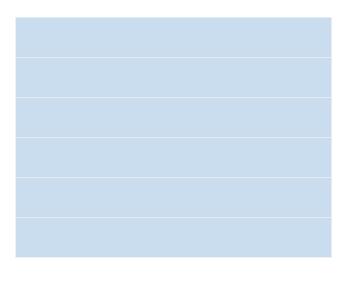
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If Secondary location of activity is not at a port, provide the Name of the Additional Project Location (select from dropdown)	Project Site ID.	State,	<b>County</b> .	Percentage of Planning Activity Affecting Site (enter value 0-1).	City.
Hialeah Fueling Depot	Additional Site 1	FL	Miami-Dade County	45%	Miami

Additional Counties where Planning Takes Place	% of Planning Affecting Additional Counties	Outcome of Planning Activity
Broward County, FL; Monroe County, FL	4% in Broward County; 1% in Monroe County	

Publicly Available Documentation of Outcome (e.g., link to published emissions inventory, link to page with community outreach policy, etc.)	Total Cost of P Activity	lanning	Total EPA Funds Expen Activity	ded for Planning
	\$	125,000.00	\$	100,000.00





The Fleet Description should detail all vehicles, vessels, and other mobile source equipment that will be purcle entered. Please list ALL port and other locations where the project will take place in this worksheet. You do Norefer to the Fleet Description data definitions on tab 14 (Data Dictionary) for additional guidance on each fie

# Table 23. New Vehicle, Equipment, or Engine Information

# Table 23a: Vehicle/Equipment Overview

Vehicle or Equipment	<b>Equipment Type</b> (select from dropdown)	Vehicle or Equipment Target Fleet (select from dropdown; must select Type first)	Vocation (select from dropdown; onroad & marine only)
Example New Vehicle	Onroad	Short Haul - Combination	Drayage
Vehicle/ Equipment 1			
Vehicle/ Equipment 2			
Vehicle/ Equipment 3			
Vehicle/ Equipment 4			
Vehicle/ Equipment 5			
Vehicle/ Equipment 6			
Vehicle/ Equipment 7			
Vehicle/ Equipment 8			
Vehicle/ Equipment 9			
Vehicle/ Equipment 10			
Vehicle/ Equipment 11			
Vehicle/ Equipment 12			
Vehicle/ Equipment 13			
Vehicle/ Equipment 14 Vehicle/ Equipment 15			
Vehicle/ Equipment 16			
Vehicle/ Equipment 17			
Vehicle/ Equipment 18			
Vehicle/ Equipment 19			
Vehicle/ Equipment 20			
Vehicle/ Equipment 21			
Vehicle/ Equipment 22			
Vehicle/ Equipment 23			
Vehicle/ Equipment 24			
Vehicle/ Equipment 25			
Vehicle/ Equipment 26			
Vehicle/ Equipment 27			
Vehicle/ Equipment 28			
Vehicle/ Equipment 29			
Vehicle/ Equipment 30			
Vehicle/ Equipment 31			
Vehicle/ Equipment 32			
Vehicle/ Equipment 33 Vehicle/ Equipment 34			
Vehicle/ Equipment 35			
Vehicle/ Equipment 36			
Vehicle/ Equipment 37			
Vehicle/ Equipment 38			
Vehicle/ Equipment 39			
Vehicle/ Equipment 40			
Vehicle/ Equipment 41			
Vehicle/ Equipment 42			
Vehicle/ Equipment 43			
Vehicle/ Equipment 44			
Vehicle/ Equipment 45			
Vehicle/ Equipment 46			

Vehicle/ Equipment 47		
Vehicle/ Equipment 48		
Vehicle/ Equipment 49		
Vehicle/ Equipment 50		
Vehicle/ Equipment 51		
Vehicle/ Equipment 52		
Vehicle/ Equipment 53		
Vehicle/ Equipment 54		
Vehicle/ Equipment 55		
Vehicle/ Equipment 56		
Vehicle/ Equipment 57		
Vehicle/ Equipment 58		
Vehicle/ Equipment 59		
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Vehicle/ Equipment 71		
Vehicle/ Equipment 72		
Vehicle/ Equipment 73		
Vehicle/ Equipment 74		
Vehicle/ Equipment 75		
Vehicle/ Equipment 76		
Vehicle/ Equipment 77		
Vehicle/ Equipment 78		
Vehicle/ Equipment 79		
Vehicle/ Equipment 80		
Vehicle/ Equipment 81		
Vehicle/ Equipment 82		
Vehicle/ Equipment 83		
Vehicle/ Equipment 84		
Vehicle/ Equipment 85		
Vehicle/ Equipment 86		
Vehicle/ Equipment 87		
Vehicle/ Equipment 88		
Vehicle/ Equipment 89		
Vehicle/ Equipment 90		
Vehicle/ Equipment 91		
Vehicle/ Equipment 92		
Vehicle/ Equipment 93		
Vehicle/ Equipment 94		
Vehicle/ Equipment 95		
Vehicle/ Equipment 96		
Vehicle/ Equipment 97		
Vehicle/ Equipment 98		
Vehicle/ Equipment 99		
Vehicle/ Equipment 100		

### U. S. Environmental Protection Agency

Clean Ports Program | Zero-Emission Technology Deployment Competition Fleet Description

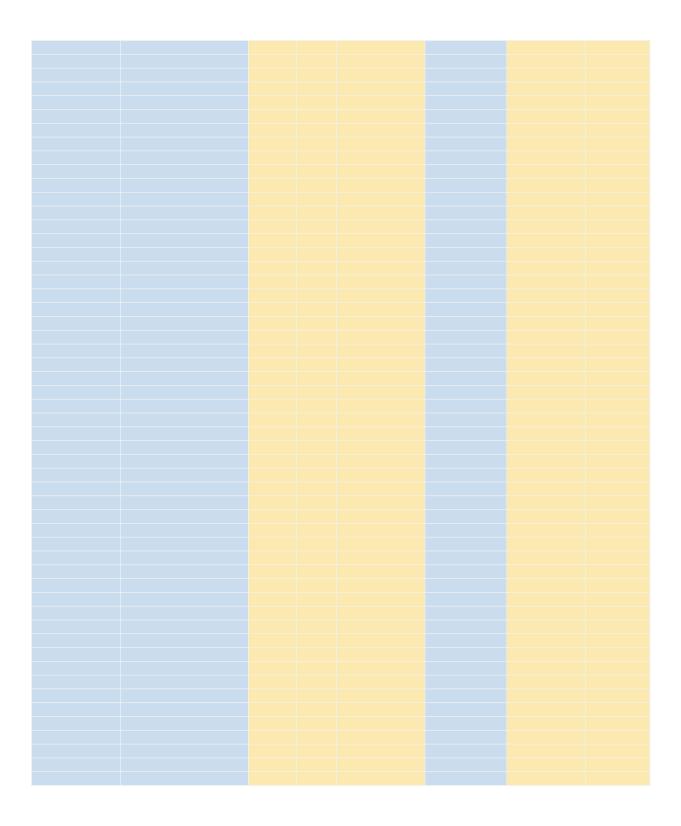
### Instructions

hased as part of the project. Please only fill out shaded cells highlighted blue with a diagonal pattern (///); field in yellow will be autopopulate VOT need to make a separate worksheet for each port featured in the project. This Fleet Description is connected to the Scrappage and Disposeld.

			Table 23b: Place(s) of Pei Primary Place of Performa
If Other, Describe	<b>Upgrade Type</b> (select from dropdown)	Fleet Owner	Vehicle or Equipment Operates in Multiple Performance Locations Within this project? (Yes/No)
	New Vehicle - Battery Electric	Sarah Smith	Yes

d, and some fields will be hashed out if they are not applicable based on the information al Information (Tab 11b). The sheet has capacity for 100 vehicles or equipment. Please

rformance							
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ince							
					Davasutana of		
Primary Port	If Primary location of vehicle/equipment is not at a port, provide the Name of the Additional Project Location (select from dropdown)				Percentage of Time operated in County		
(select from dropdown, if applicable)	port, provide the Name of the	Project Site ID	State	County	County	City	Zip Code
aropaown, If	Additional Project Location	Site ID			(enter value 0-1, where 1= 100%)		
иррпсиые)	(select from dropdown)				where 1= 100%)		
Port of Miami	Hialeah Fueling Depot				50%		



Secondary Place of	f Performance (if applicable)					
Secondary Port (select from dropdown, if applicable).	If Secondary location of vehicle/equipment is not at a port, provide the Name of the Additional Project Location (select from dropdown)	Project Site ID <sub>3</sub>	State <sub>3</sub>	County.	Percentage of Time operated in County (enter value 0-1, where 1= 100%).	City.
					45%	

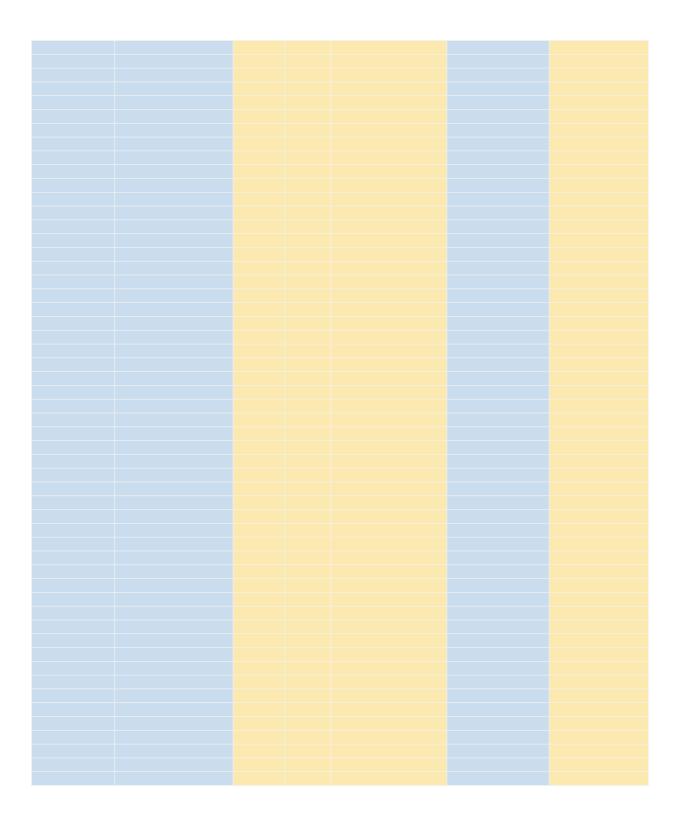
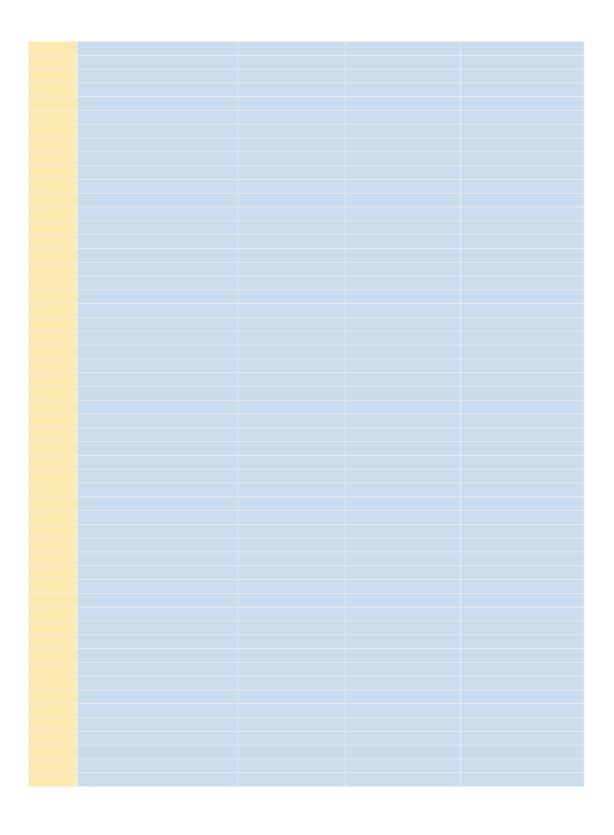


Table 23c: Details of New Vehicle, Vessel, and/or Equipn

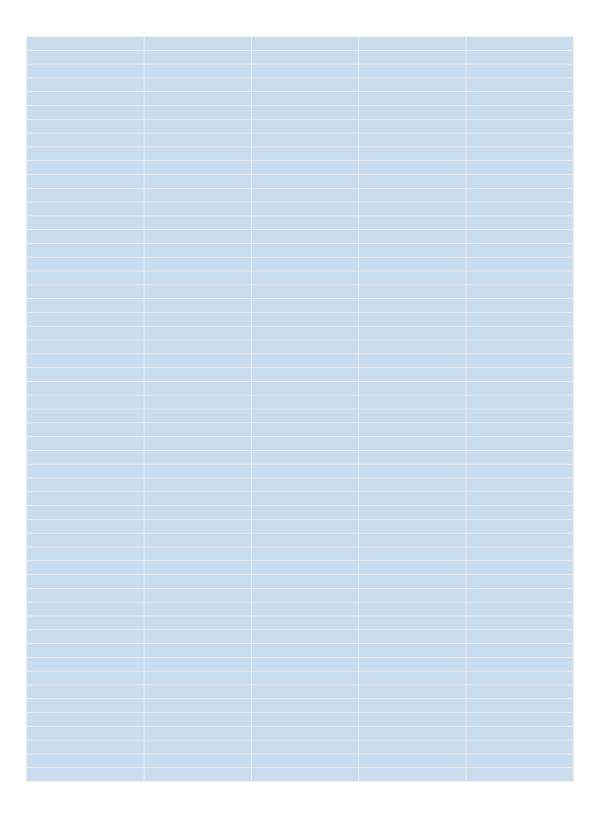
Additional Location Details (if applicable)

Zip Code。	Additional Counties where Vehicle Operates	% of time operated in each Additional County	<b>Vehicle Class</b> (Onroad vehicles only)	<b>Vehicle GVWR</b> (Onroad Vehicle Only)
	Broward County, FL; Monroe County, FL	4% in Broward County; 1% in Monroe County	Class 7	12000



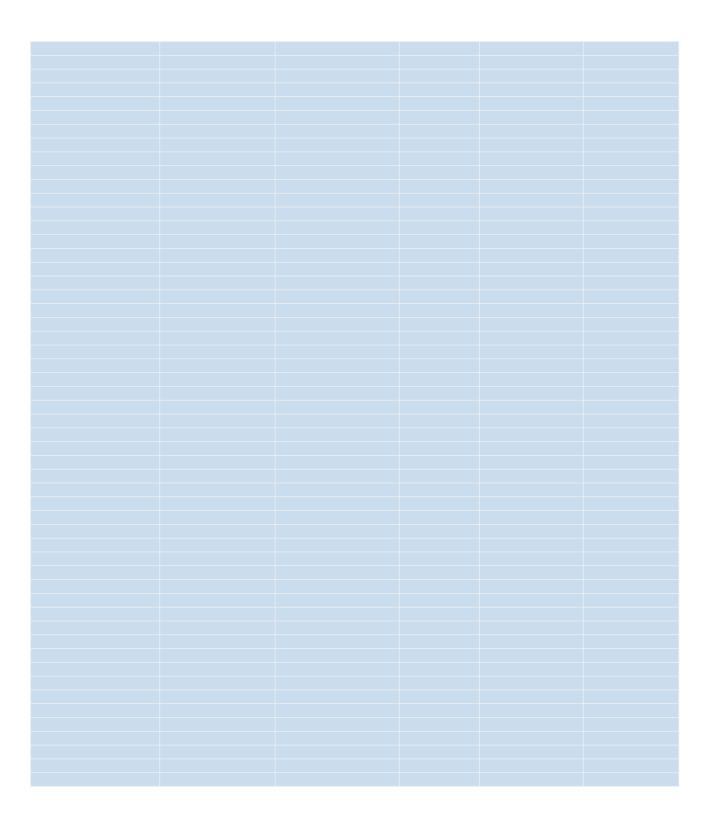
### nent

Vehicle or Equipment Manufacturer	Vehicle or Equipment Model	Vehicle or Equipment Model Year	Powertrain Family Name	Vehicle or Equipment Identification Number
Manufacturer Name	Model Name or #	2023	ABC	1234567890ABCDEFG

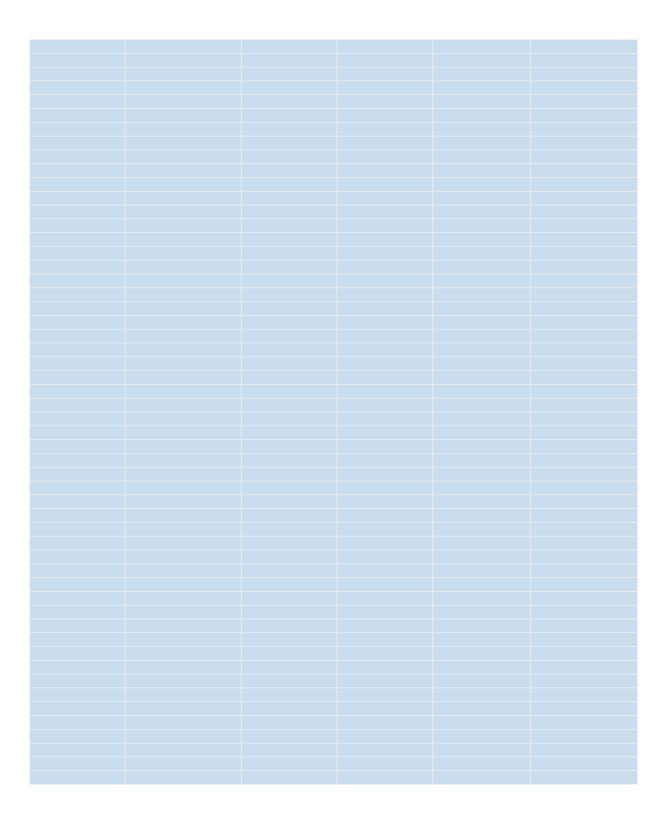


# Table 23d. Engine Repower Details (if applicable)

Acquisition or Equipme (\$ of Cost po	Cost per Vehicle ent er Unit)	Total EPA Funds Expended Per Vehicle or Equipment Acquisition (\$ of Total Cost per Unit)	Engine Make	Engine Model	Engine Model Year	Engine Horsepower
\$	150,000.00	\$ 112,000.00	ZE Engine Co.	ZE 1000	2023	750



Engine Family Name		Number of Propulsion Engines (Marine and Harbor Craft Only)	Number of Auxiliary Engines (Marine and Harbor Craft Only)	Total Acquisition Cost per Engine (\$ of Cost per Unit)	EPA Funds Expended for Engine Acquisition (\$ of Cost per Unit)
ABC	4548155	2	2	\$ 375,000.00	\$ 300,000.00



Total Funds Expended for Labor Cost related to Engine Installation or Repower (Only applies to ZE repowers)	EPA Funds Expended for Labor Cost related to Engine Installation or Repower (Only applies to ZE repowers)	Total Combined Acquisition and Labor Costs per Engine	Total Federal EPA Funds Expended for Acquisition and Installation	Vehicle Annual Hours of Operation (Nonroad Equipment)
\$ 50,000.00	\$ 25,000.00	\$ 425,000.00	\$ 325,000.00	10,000

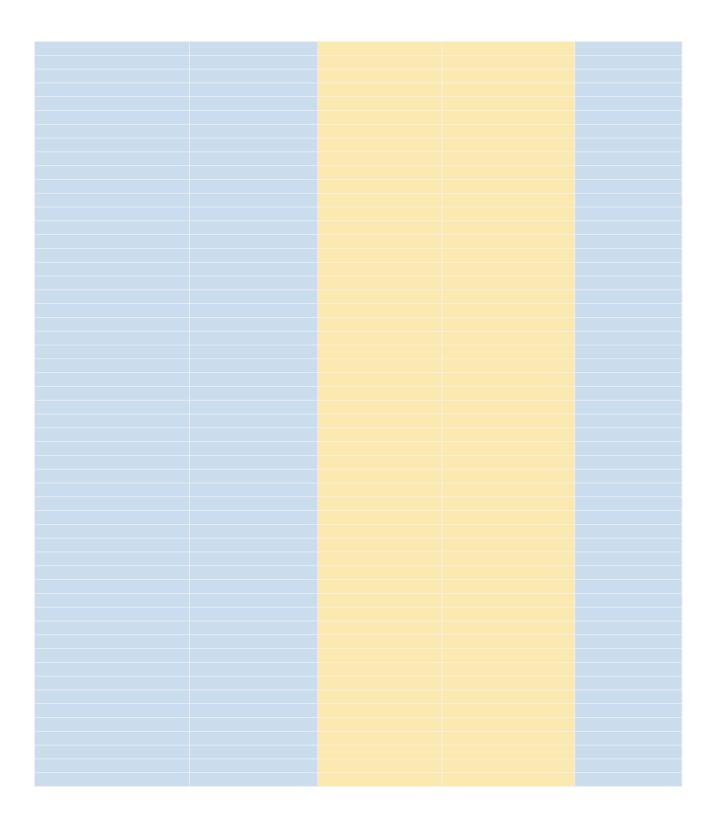
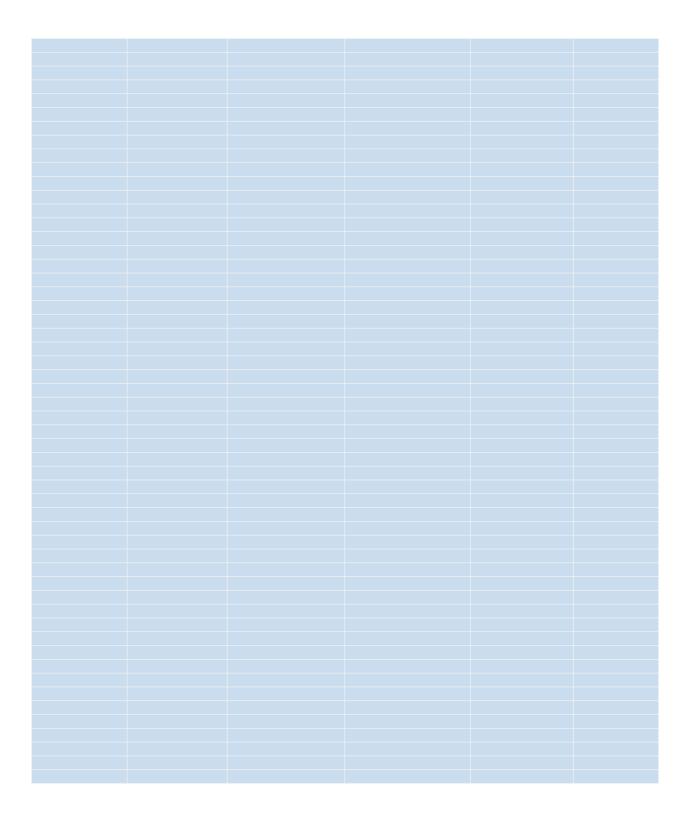
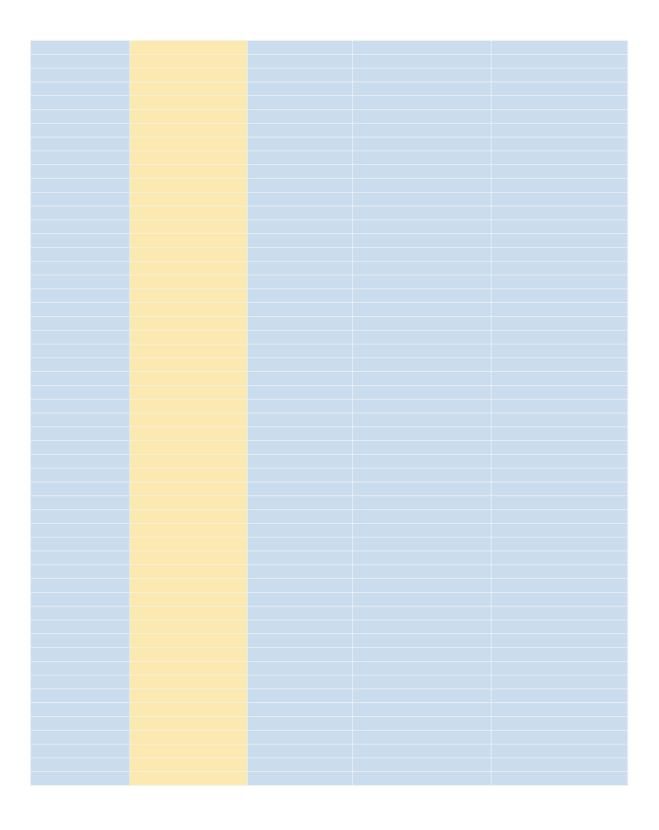


	Table 23e. Vehicle or Equipment Activity Data		Table 23f. Details for Battery Electric Vehicles or Equipment			
Annual idling hours	Vehicle Annual Miles Traveled (miles per vehicle; Onroad Only)	Annual hoteling hours (Marine and Harbor Craft Only)	Vehicle or Equipment Capable of Bidirectional Charging? (Yes/No/NA)	Manufacturer of Battery Pack	Number of Battery Packs	
12,000	100,000	300	Yes	Battery & Co.	6	

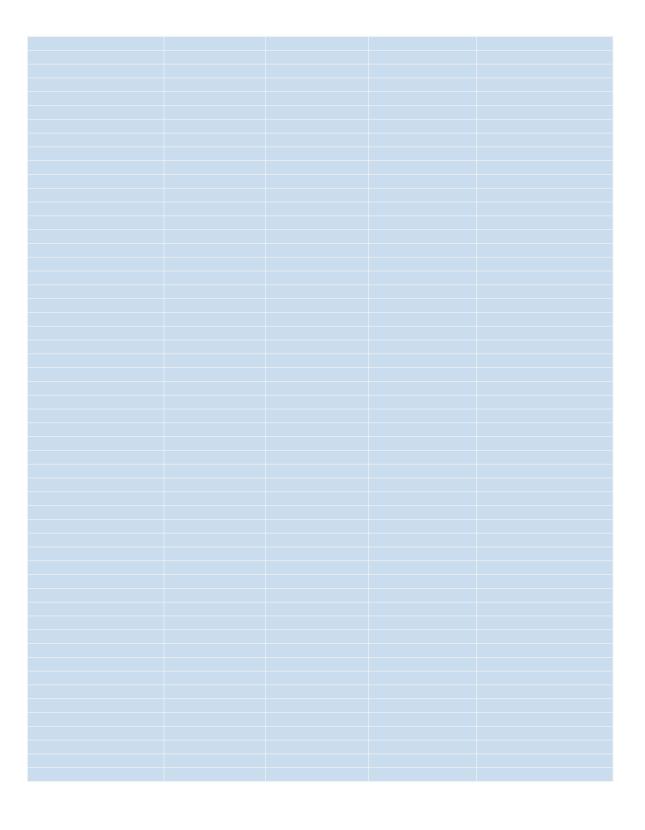


Battery Capacity per Battery Pack (kWh)	Vehicle or Equipment Total Battery Capacity, (kWh)	Rated Charging Power (kW)	Estimated Range in Miles (for Onroad Battery Electric only)	Estimated Range in Hours (for Nonroad Battery Electric only)
90	540	360	200	16



## Table 23g. Battery Warranty

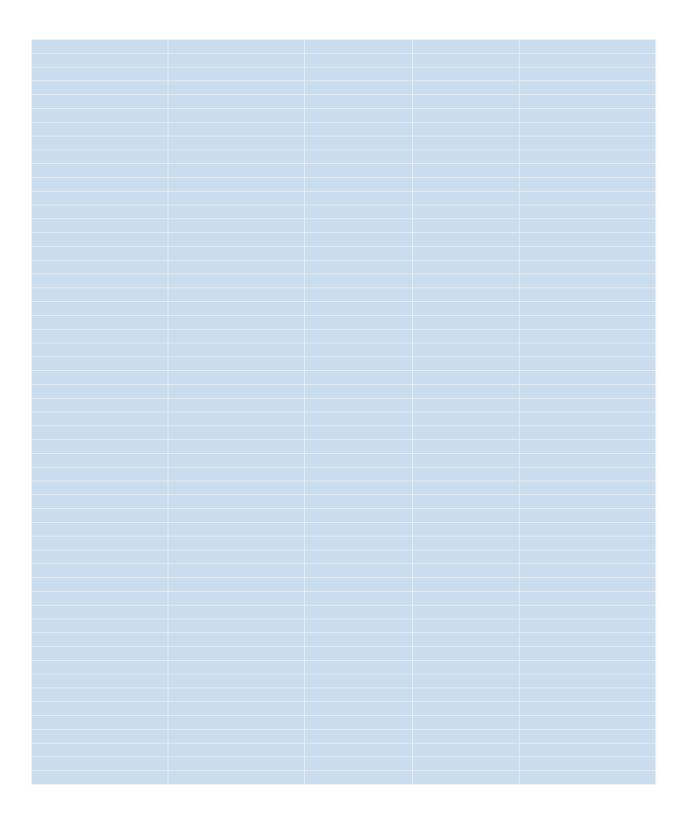
Is the Battery Warranty Included? (Yes/No)	Battery Warranty: Number of Years	Battery Warranty: Number of Miles	Battery Warranty: Total kWh of Energy discharge over Warranty Period	Vehicle or Equipment Equipped with Battery Thermal Management System? (Yes/No)
Yes	8	120,000	125	Yes



Dowertrain Warranty Included?	Powertrain Warranty: Number	Powertrain Warranty	Powertrain Warranty	Manufacturer of Fuel Cell
Powertrain Warranty Included? (Yes/No)	of Years	Number of Miles	Powertrain Warranty: Number of Hours	System (if known)
Yes	8	150,000	160,000	Fuel Cell Co.

Table 23h. Powertrain Warranty

Table 23i. Vehicle or Equipment



Information - Hydrogen Fuel Ce	I	Table 23j. Emergency Power Systems		
Fuel Cell Capacity (kW)	Hydrogen Fuel Tank Capacity (kg)	Vehicle or Equipment Equipped with Internal Combustion Engine (ICE) Emergency Power Unit? (Yes/No)	ICE Emergency Power Type (if not applicable, then NA)	
140	800	Yes	diesel powered generator	

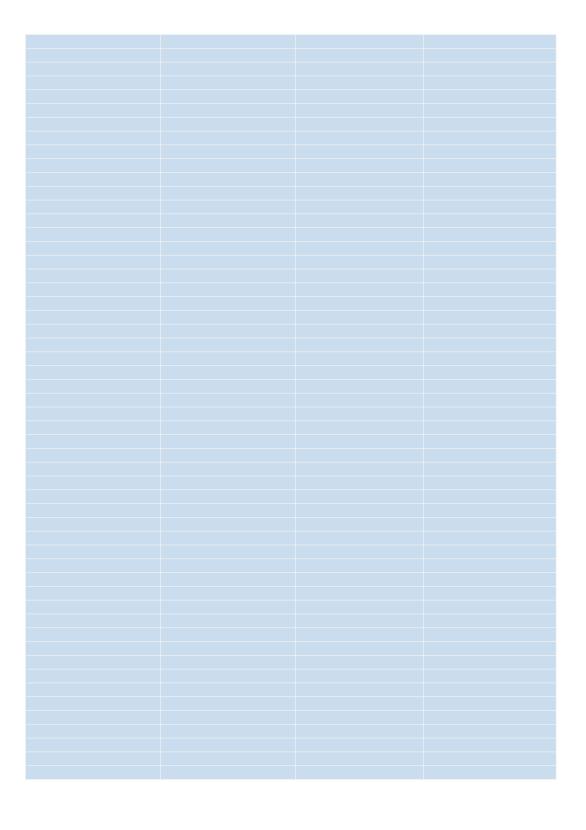


Table 23k.	Optional	<b>Future of</b>	Transportation	Research
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Vehicle or Equipment Equipped with Telematics? (Yes/No)	EPA or its partners may contact me about participating in research opportunities to provide vehicle/equipment or charging/fueling data that could inform future transportation work. (Yes/No)	If Yes, Telematics Primary Point of contact (Name and email)
Yes	Yes	Sarah Smith, smith.sarah@HSD.edu

#### Instruction

The Scrappage and/or Disposal Information table should detail all vehicles and pieces of equipment that will be scrapped or otherwise replaced under the connected to the Fleet Description (Tab 11a). The sheet has capacity for 100 vehicles or equipment. Please refer to the Data Dictionary for additional guic

# Table 24. Current Vehicle or Equipment Committed for Scrappage Information

 Table 24a. Basic Fleet Information and Place(s) of Performance | Note: Yellow fields for the Basic Fleet Information will Automa

Current Vehicle or Equipment	Corresponding New Vehicle, Equipment, or Engine (select from dropdown)	Equipment Type	Vehicle or Equipment Target Fleet	Vocation	Upgrade Type
Example Old Vehicle	Example New Vehicle	Onroad	Short Haul - Combination		New Vehicle - Battery Electric
Current Vehicle or Equipment 1		#NAME?			
Current Vehicle or Equipment 2					
Current Vehicle or Equipment 3					
Current Vehicle or Equipment 4					
Current Vehicle or Equipment 5					
Current Vehicle or Equipment 6					
Current Vehicle or Equipment 7					
Current Vehicle or Equipment 8					
Current Vehicle or Equipment 9					
Current Vehicle or Equipment 10					
Current Vehicle or Equipment 11					
Current Vehicle or Equipment 12					
Current Vehicle or Equipment 13					
Current Vehicle or Equipment 14					
Current Vehicle or Equipment 15					
Current Vehicle or Equipment 16					
Current Vehicle or Equipment 17					
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Current Vehicle or Equipment 25 Current Vehicle or Equipment 20 Current Vehicle or Equipment 31 Current Vehicle or Equipment 32 Current Vehicle or Equipment 33 Current Vehicle or Equipment 34 Current Vehicle or Equipment 34 Current Vehicle or Equipment 35 Current Vehicle or Equipment 36 Current Vehicle or Equipment 47 Current Vehicle or Equipment 48 Current Vehicle or Equipment 48 Current Vehicle or Equipment 49 Current Vehicle or Equipment 49 Current Vehicle or Equipment 49 Current Vehicle or Equipment 50 Current Vehicle or Equipment 5				
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Equipment 32 Current Vehicle or Equipment 33 Current Vehicle or Equipment 34 Current Vehicle or Equipment 35 Current Vehicle or Equipment 36 Current Vehicle or Equipment 36 Current Vehicle or Equipment 37 Current Vehicle or Equipment 37 Current Vehicle or Equipment 39 Current Vehicle or Equipment 39 Current Vehicle or Equipment 40 Current Vehicle or Equipment 40 Current Vehicle or Equipment 41 Current Vehicle or Equipment 42 Current Vehicle or Equipment 44 Current Vehicle or Equipment 45 Current Vehicle or Equipment 46 Current Vehicle or Equipment 47 Current Vehicle or Equipment 48 Current Vehicle or Equipment 49 Current Vehicle or Equipment 50 Current Vehicle o				
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### ection Agency

nology Deployment Competition

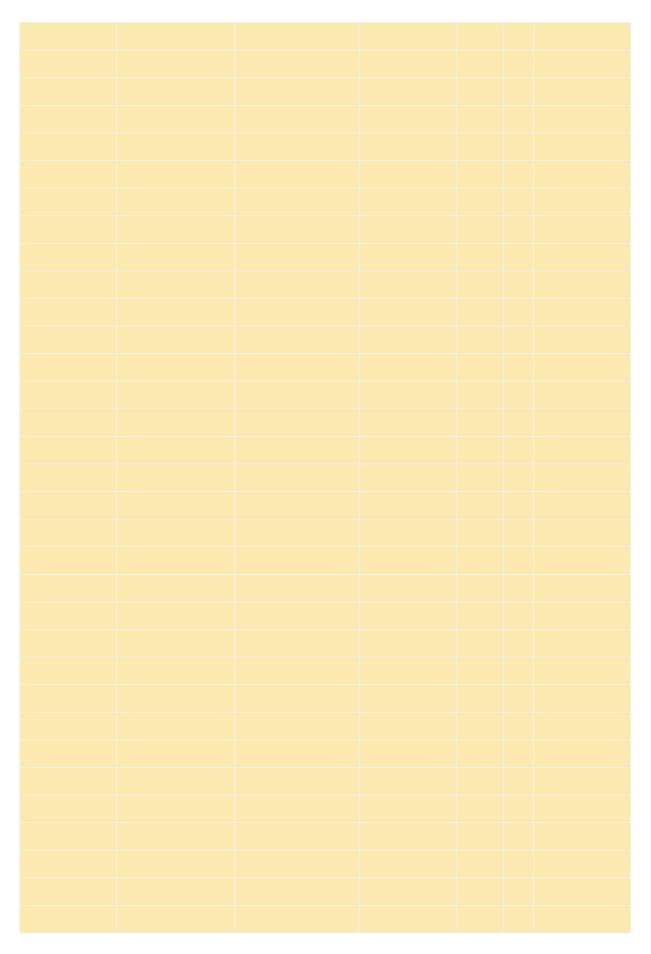
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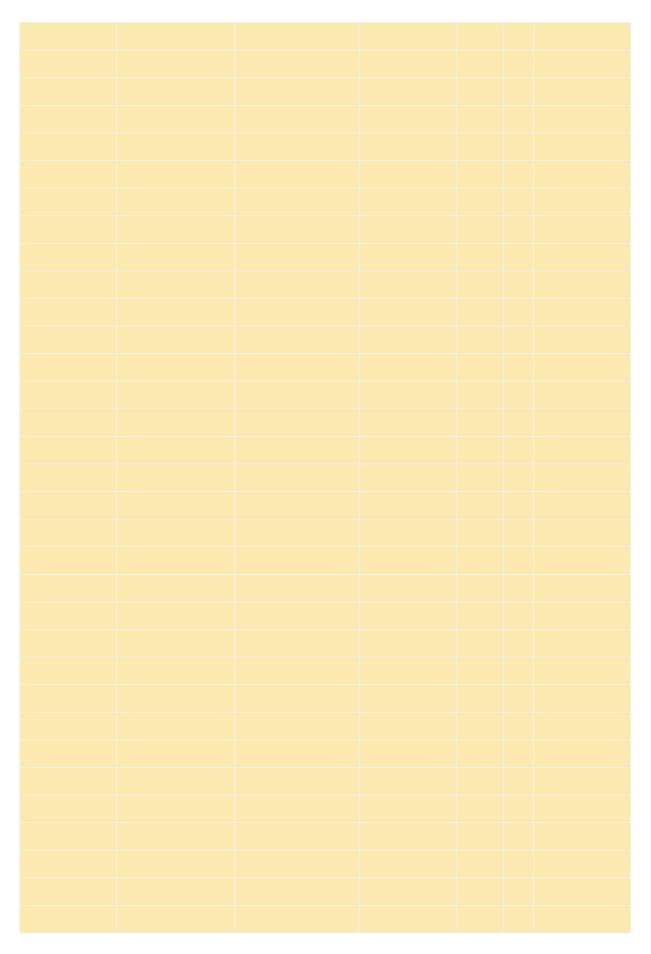
project. Please only fill out shaded cells highlighted blue with a diagonal pattern (///). This Scrappage and/or Disposal Information table is lance on each field.

itically Populate upon selecting the corresponding new equipment

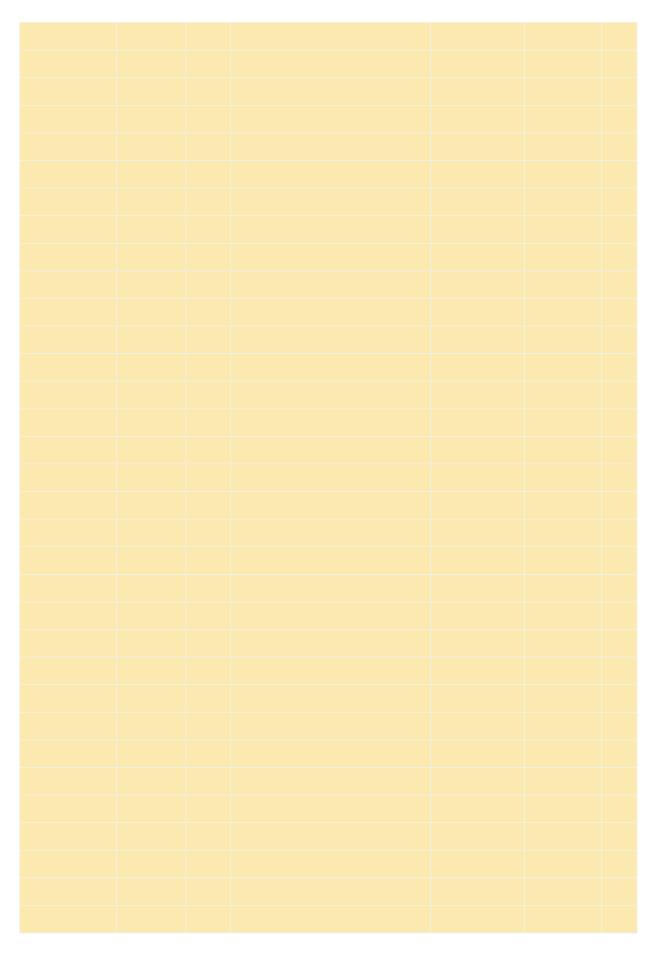
Primary Place of Performance

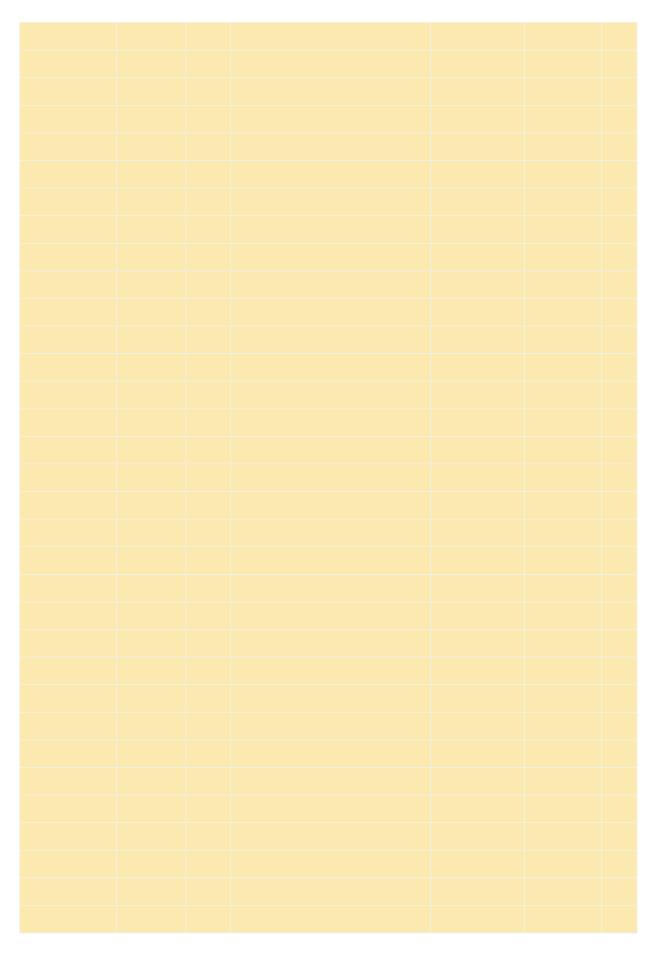
	Vehicle or Equipment	Frimary Place of Performance				
Fleet Owner	Vehicle or Equipment Operates in Multiple Performance Locations Within this project? (Yes/No)	Primary Port	Project Site Name	Project Site ID	State	County
Sarah Smith	Yes	Port of Miami	Hialeah Fueling Depot	C	0	0





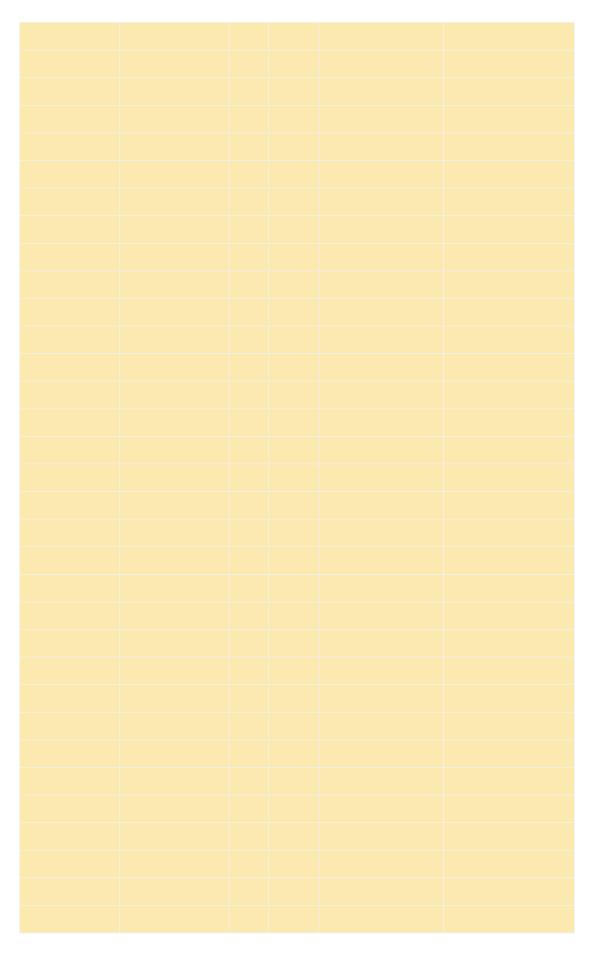
				Secondary Place of Per	formance (if applic	able)
Percentage of Time operated in County	City	Zip Code	Secondary Port (select from dropdown, if applicable).	Project Site Name。	Project Site ID.	State,
50%	6 C	) C	0	0	0	0





# Additional Location Details (if applicable)

County,	Percentage of Time operated in County (enter value 0-1, where 1= 100%).	City.	Zip Code。	Additional Counties where Vehicle Operates	% of time operated in each Additional County
C	) 45%	0	0	Broward County, FL; Monroe County, FL	4% in Broward County; 1% in Monroe County



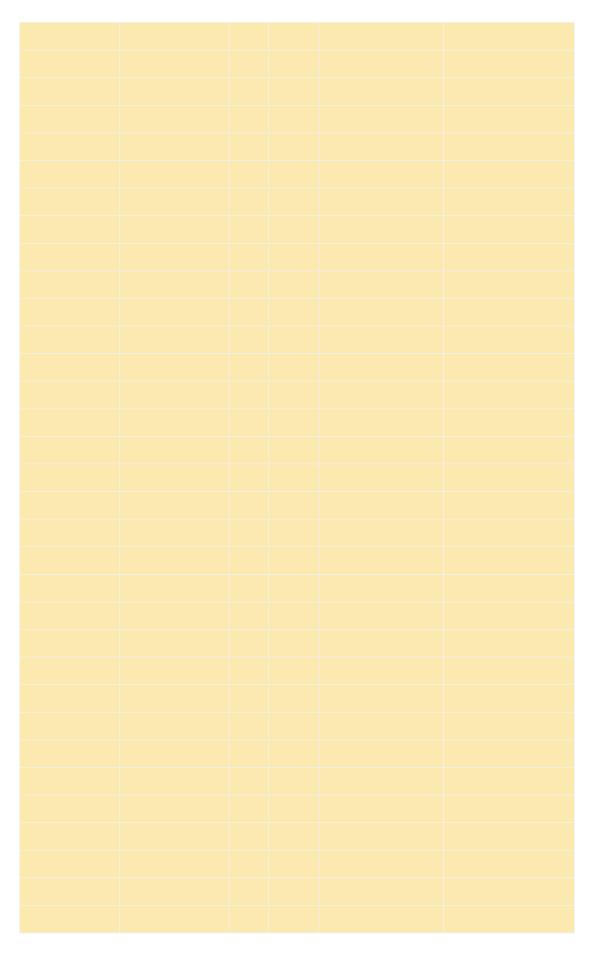
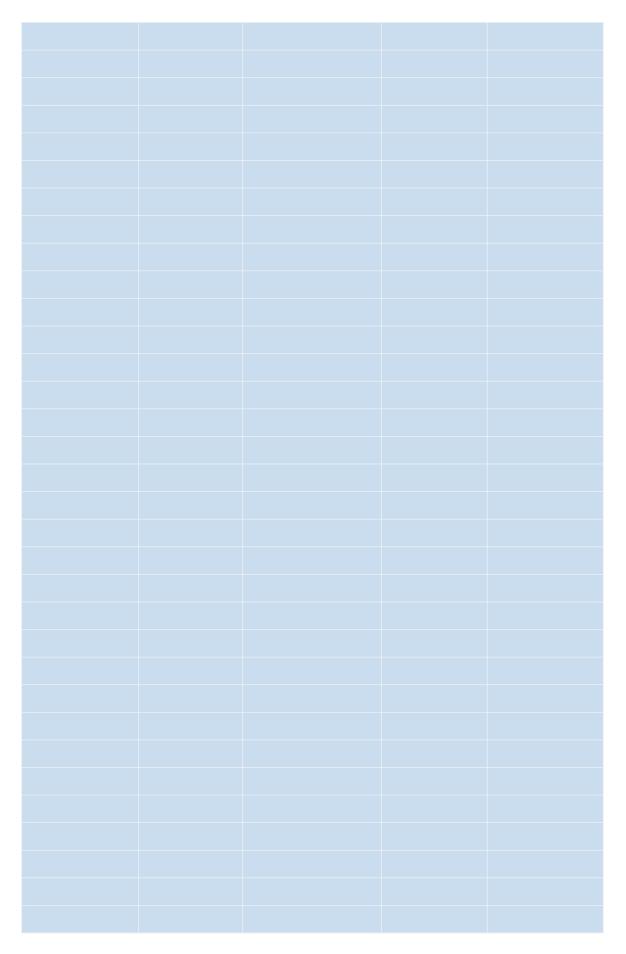
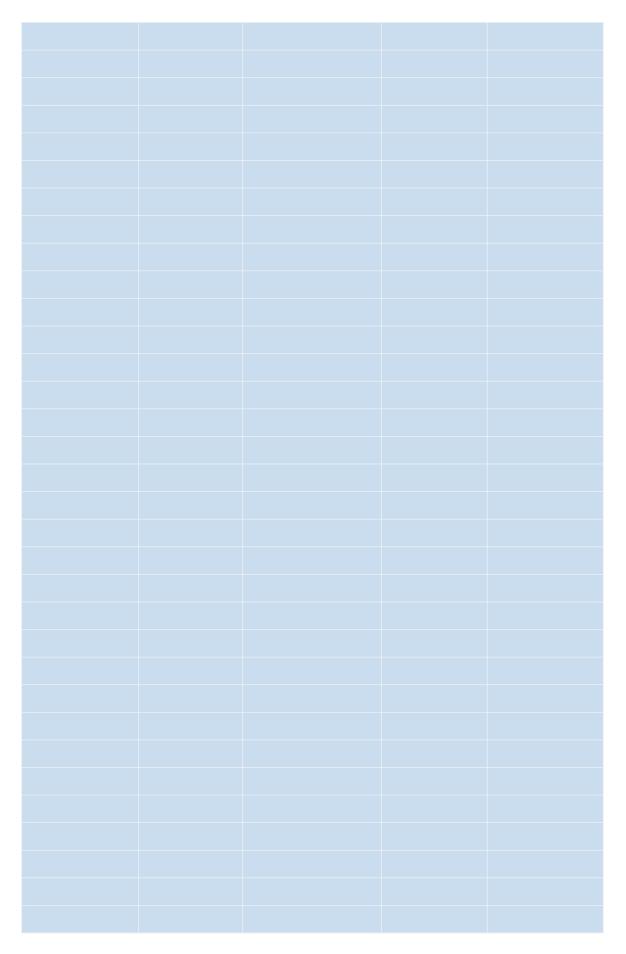


Table 24b. Current Vehicle or Equipment Specifications

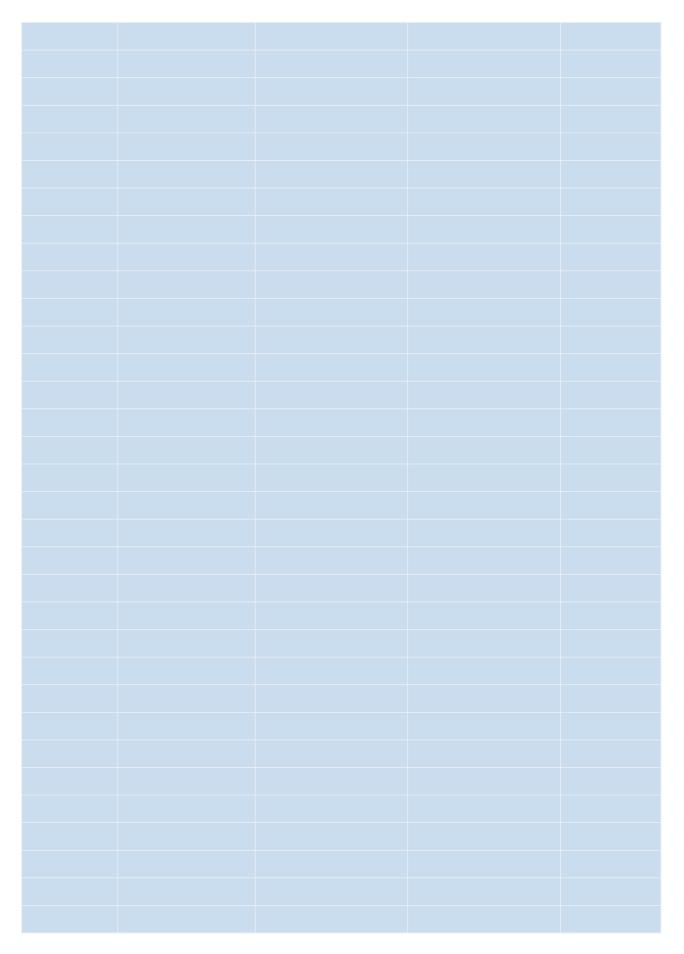
Current Vehicle Class (Onroad Current Vehicles only)	Current Vehicle GVWR (Onroad Current Vehicle Only)	Current Vehicle or Equipment Manufacturer	Current Vehicle or Equipment Model	Current Vehicle or Equipment Model Year
Class 7	12000	Manufacturer Name	Taurus	1995

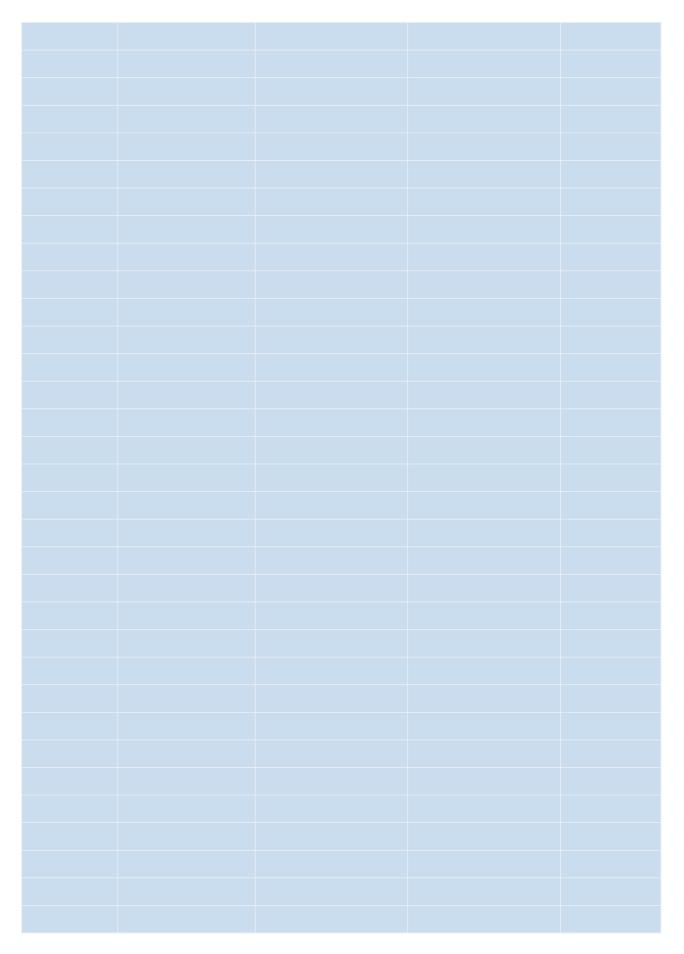




## Table 24c. Current Engi

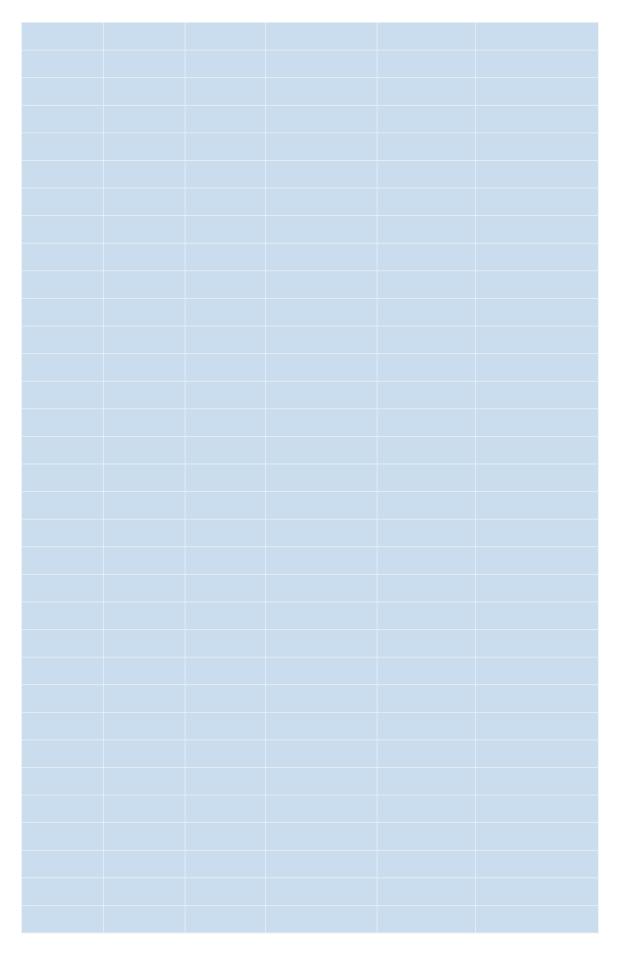
Current Powertrain Family Name	Current Vehicle or Equipment Identification Number	Method of Vehicle or Equipment Disposal	If not scrapped, provide state and county where vehicle will operate	Engine Serial Number(s)
ABC	1234567890ABCDEFG	Scrapped	Maricopa County, AZ	4548154

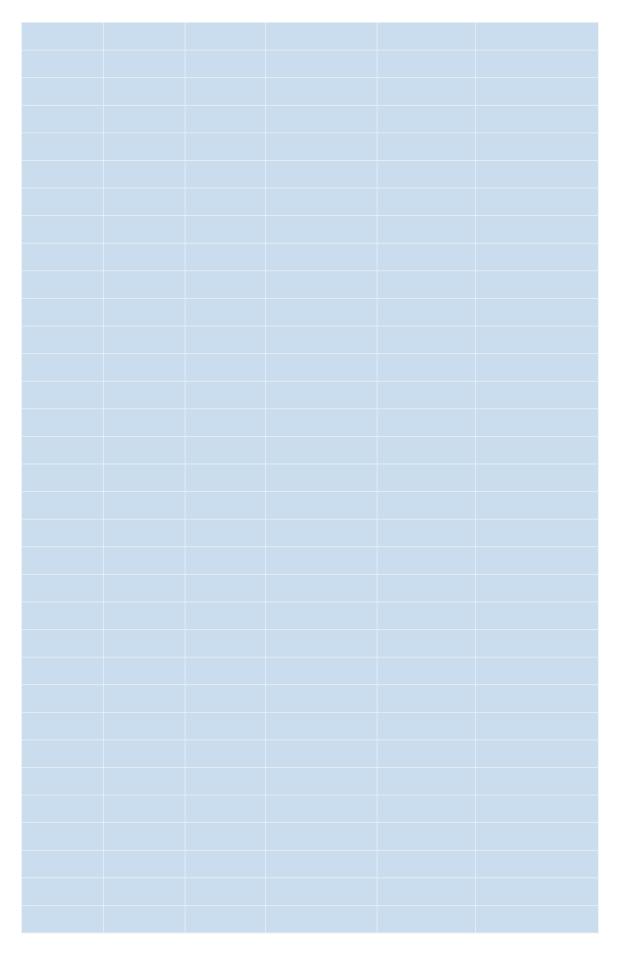




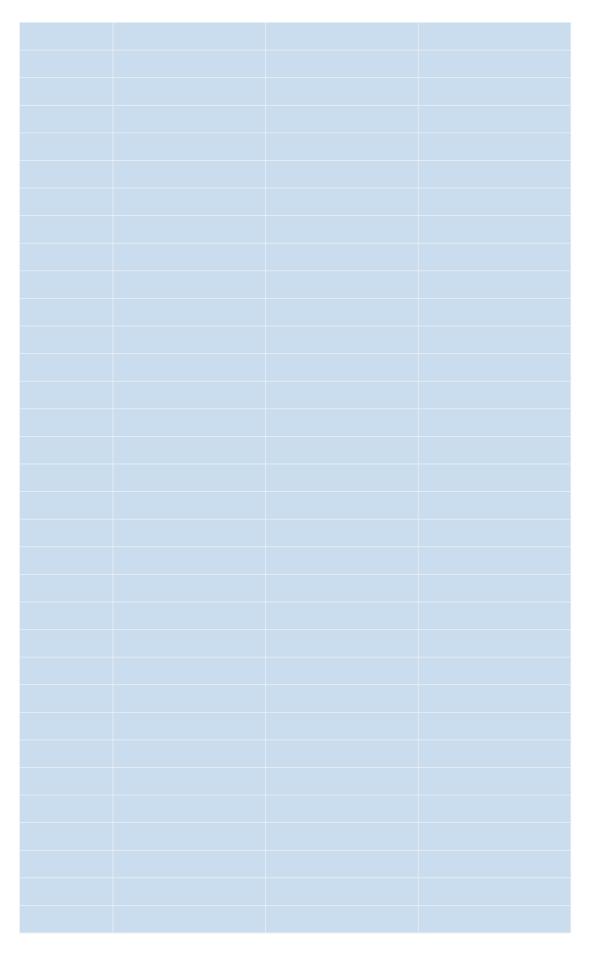
## ne Information

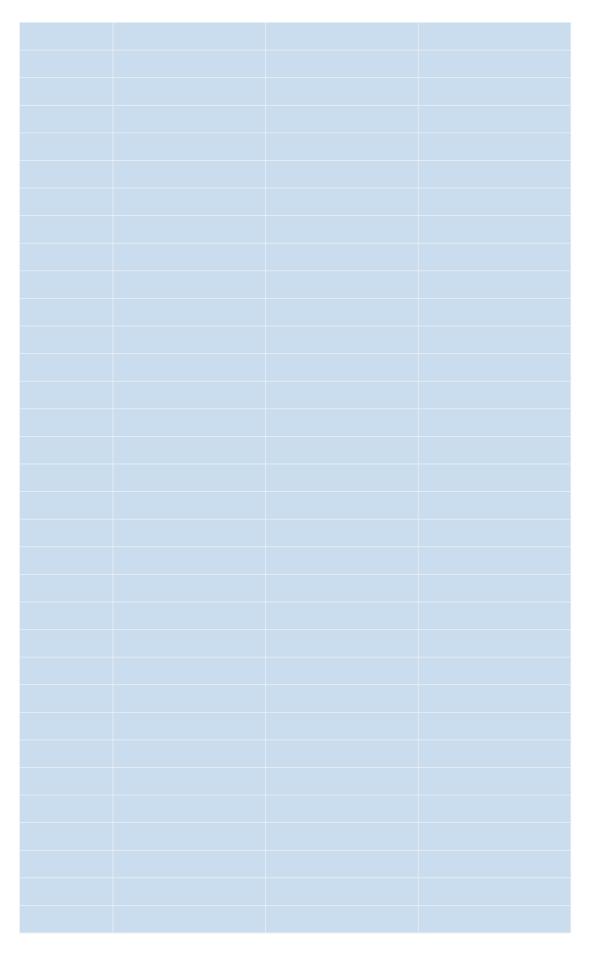
Engine Make	Engine Model	Engine Model Year	Engine Tier (nonroad, locomotive, and marine only)	Tier 4 Standards (Tier 4 only)	Engine After-Treatment Technology (Tier 4 nonroad only)
ABC	ABC1000	1995	Tier 2	N/A	No DPF, Yes SCR



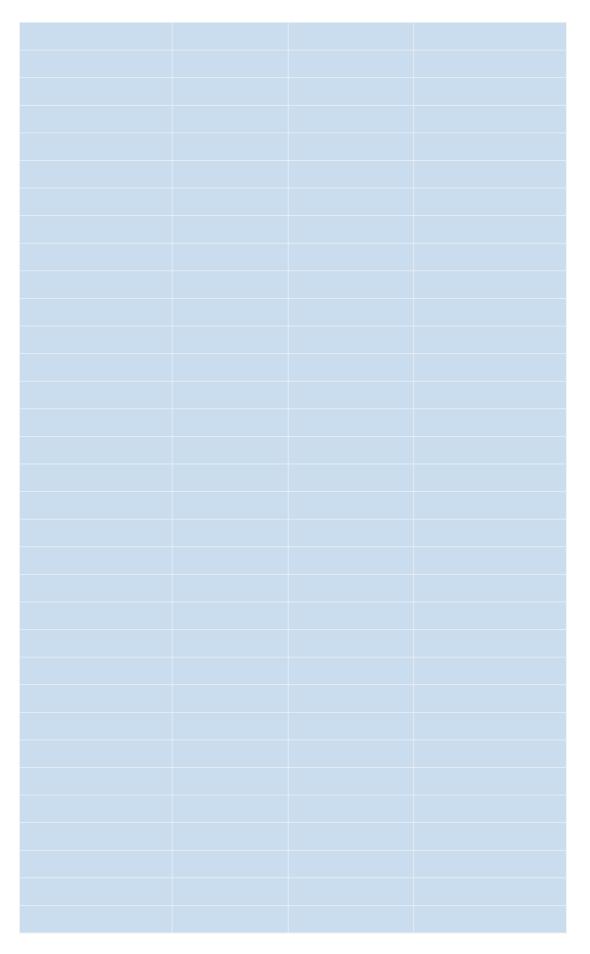


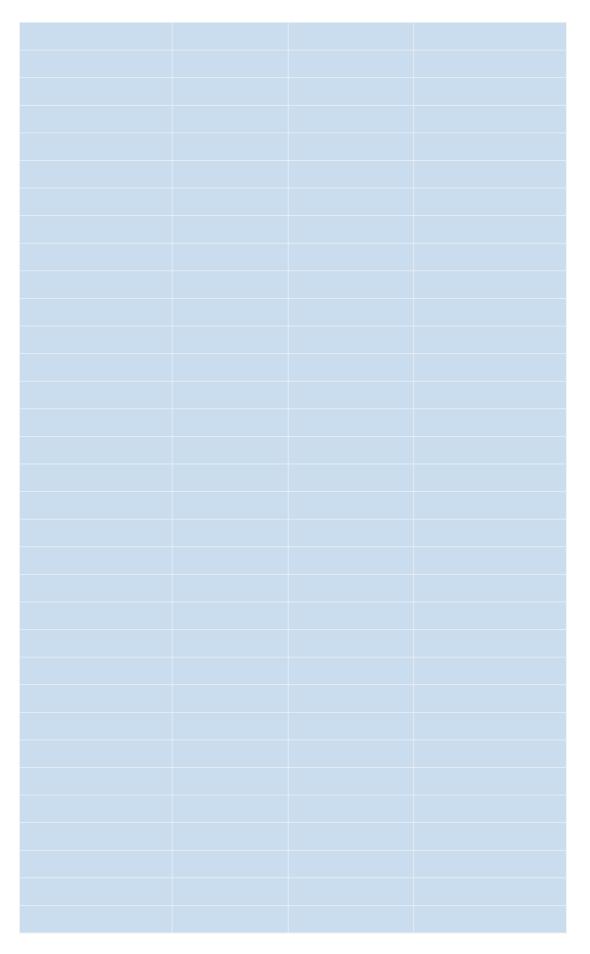
Engine Horsepower	Engine Cylinder Displacement (liters/cylinder; marine only)	Engine Number of Cylinders (# of cylinders per engine; marine only)	Engine Total Displacement (liters per engine; marine only)
660	5.0 <= size <15.0	N/A	N/A





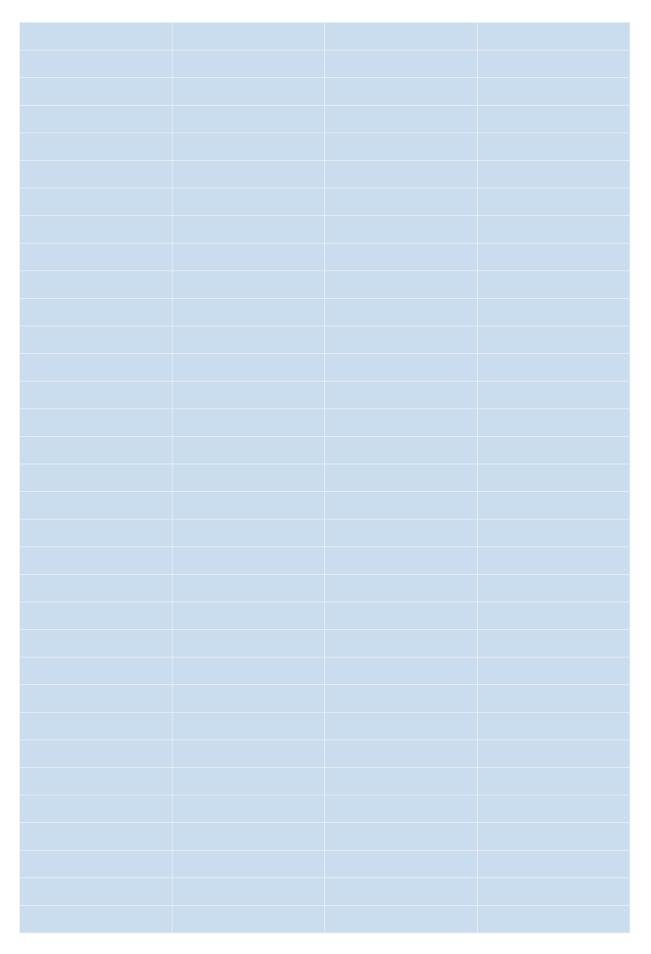
Engine Family Name (if unregulated, then NA)	Baseline Engine Fuel Type	Total # of Propulsion Engines (per vessel; marine only)	Total # of Auxiliary Engines (per vessel; marine only)
N/A	ULSD (diesel)	N/A	N/A

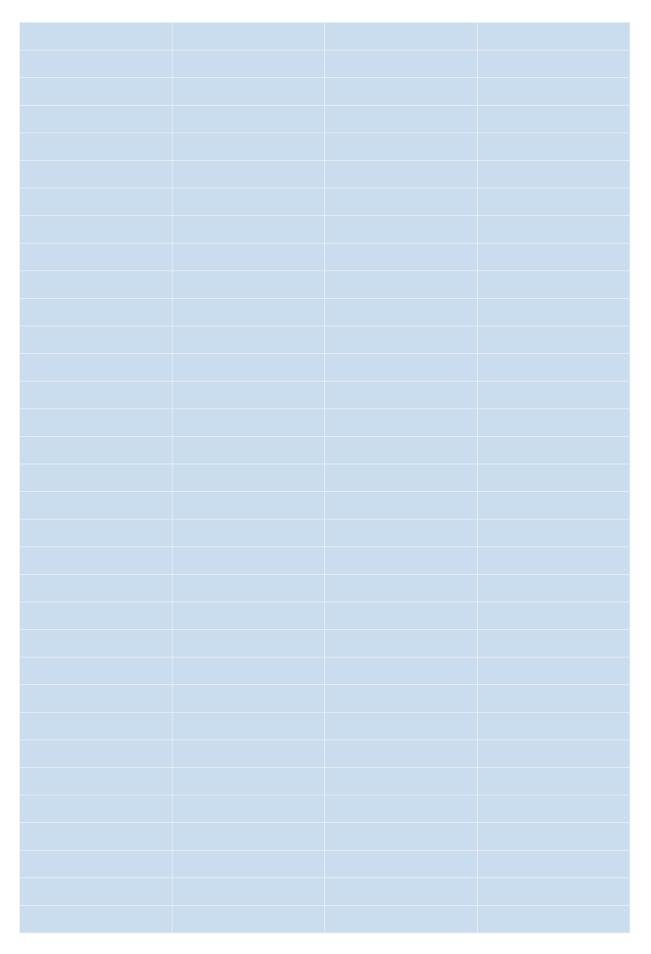




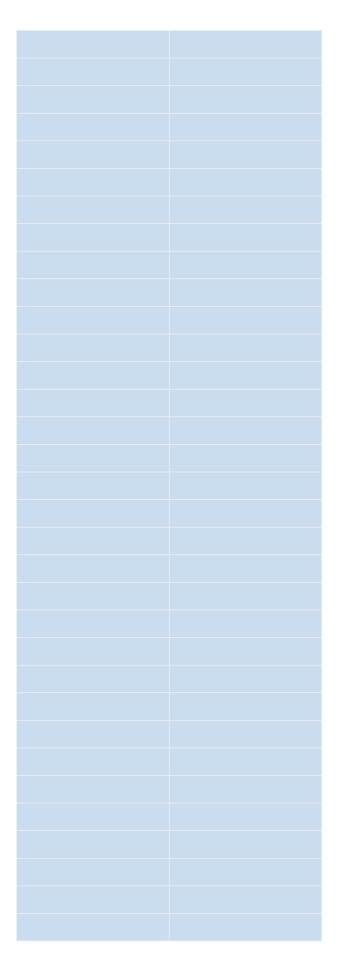
## Table 24d. Current Annual Vehicle Activity Data & Estimated Remaining Life

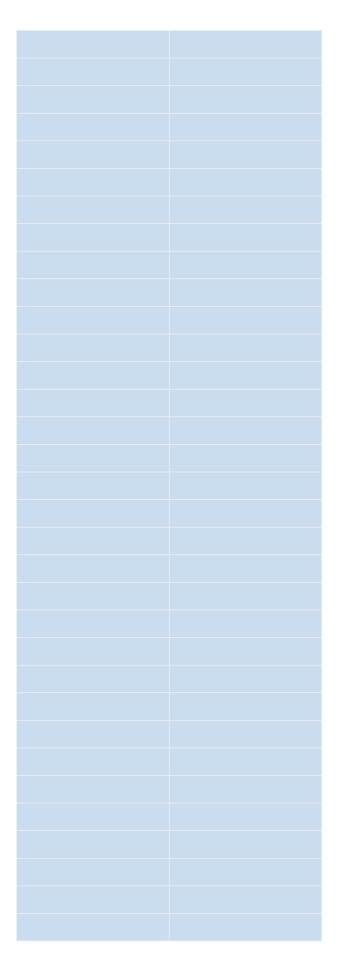
Annual Amount of Fuel Used (gallons/year per engine):	Annual Usage Hours (hours per year per engine; includes idling hours; nonroad, locomotive, and marine only)	Annual Miles Traveled (miles per vehicle; onroad only):	Annual Idling Hours (hours per engine; on-highway only)
6000	3000	12000	1500

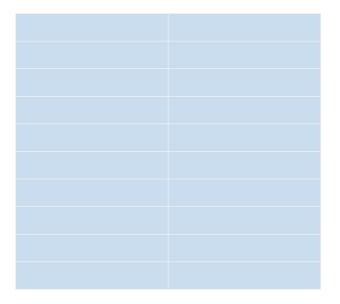




Annual Hoteling Hours (hours per year per engine; class 8 long-haul combination only)	Remaining Life of Baseline Engine/Vehicle (years per engine; total # of years of engine life remaining at time of upgrade action):
N/A	3







### U. S. Environmental Protection Agency

Clean Ports Program | Zero-Emission Technology Deployment Co

Infrastructure Description

#### Instructions

Below are 5 tables (25-29), and one text response. Please complete all applicable tables. The electric vehicle supply equipment (EVSE) & ot equipment and supporting infrastructure purchased under the project. Table 26 focuses on shore power systems, Table 27 covers hydroge covers battery energy storage systems, and the bottom text response focuses on any other eligible infrastructure activity funded by this gr. For all tables, the infrastructure needs to be listed by location of installation as well as primary port area of service. For example, if Port Ard separate EVSE Groups. Similarly, for large port areas, if EVSE are being installed in two different locations, the EVSE needs to appear as two infrastructure are procured and installed. Please only fill out shaded cells highlighted blue with a diagonal pattern (///); additional rows marows in the tables below. Please refer to the Infrastructure data definitions on Tab 14 (Data Dictionary) for data field definitions. Reminder shore power, hydrogen fueling stations, on-site power generation systems, and battery energy storage systems (BESS) must comply with B BABA.

### Build America, Buy America (BABA) requirements

On August 16, 2022, the Inflation Reduction Act ("IRA"), Pub. L. No. 117-169, which includes the Build America, Buy America Act (BABA), Pu May 14, 2022, all of the iron, steel, manufactured products, and construction materials used in infrastructure project are produced in the U "infrastructure," then BABA requirements apply to the infrastructure project, regardless of whether or not the infrastructure project was t award recipient will be using another source of funding, whether in part or wholly, for the infrastructure project. For more information, pla

Table 25. Electric Vehicle Supply Equipment (EVSE) & Other Electric Charging Equipment (not including vessel shore power) Table 25a. EVSE & Charger Overview

	Type of Charger	If Level 2, is it ENERGY STAR certified	EVSE or Other EV Charger Manufacturer	EVSE or Other EV Charger Model	EVSE or Other EV Charger Manufacture Year
Example EV Infrastructure	Level 2	Yes	Manufacturer Name	Model Name	2023
EVSE Group 1					
EVSE Group 2					
EVSE Group 3					
EVSE Group 4					
EVSE Group 5					
EVSE Group 6					
EVSE Group 7					
EVSE Group 8					
EVSE Group 9					
EVSE Group 10					

Table 26. Shore Power Equipment Information
Table 26a. Shore Power Equipment Information & Demand Overview

	Type of Shore Power Connection	Total Voltage Service Provided (select from dropdown)	Total Voltage Service Provided, if not listed	Manufacturer	Model
Example Shore Power Infrastructure	High voltage shore power connection (HVSC)	6.6 kV	10 kV	Manufacturer Name	Model Name
Shore Power Group 1					
Shore Power Group 2					
Shore Power Group 3					

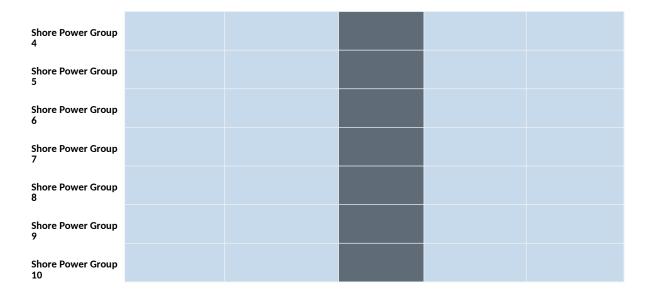


Table 27. Hydrogen Fueling Station Information

Table 27a. Hydrogen Fueling Station Information Overview

Type of Station

(Select from

	dropdown)	dropdown)	pressure, other)	Other, specify below	Capacity (kg)
Example Hydrogen Fueling Station	Gas	Above Ground	H35		1,200
Hydrogen fueling station 1					
Hydrogen fueling station 2					
Hydrogen fueling station 3					
Hydrogen fueling station 4					
Hydrogen fueling station 5					
Hydrogen fueling station 6					
Hydrogen fueling station 7					
Hydrogen fueling station 8					
Hydrogen fueling station 9					
Hydrogen fueling station 10					

**Refilling Pressure** 

(H35, H70, dual

Refilling Pressure: If

Type of Hydrogen

Storage (select from

Table 28. On-Site Power Generation Equipment Information | Note: If the on-site power generation includes an energy storage system, in Table 28a. On-Site Power Generation Equipment Information

Type of energy generation

Manufacturer of On-site Model of On-site **Power Generation** 

**Power Generation** 

Manufacture Year of Generation Capacity **On-site Power** Generation

of the system (please indicate kW or MW)

**Total Hydrogen** 

Storage Tank

Example On-site Power Generation	Solar	Manufacturer Name	Model Name	2023	15 kW
On-site Power Generation 1					
On-site Power Generation 2					
On-site Power Generation 3					
On-site Power Generation 4					
On-site Power Generation 5					
On-site Power Generation 6					
On-site Power Generation 7					
On-site Power Generation 8					
On-site Power Generation 9					
On-site Power Generation 10					

# Table 29. Battery Energy Storage System (BESS) Equipment Information Table 29a. BESS Equipment Overview

	Type of Battery	Manufacturer of BESS	Model of BESS	Manufacture Year of BESS	<b>Total Energy Capacity</b> (please indicate unit; kWh or MWh)
BESS Example	Lithium-Ion	Manufacturer Name	Model Name	2023	36 kWh
BESS Group 1					
BESS Group 2					
BESS Group 3					
BESS Group 4					
BESS Group 5					
BESS Group 6					
BESS Group 7					

BESS Group 9						
DESC Current 40						
BESS Group 10						
Are there any other i	nfrastructure projects a	associated with this grant	that are not listed a	bove? (select Yes or No)		
If no, please leave this	s section blank. If yes, p	lease provide details in the	box below on the ir	nfrastructure project and	l describe how BABA co	

BESS Group 8

mpetition

her electric charging information (Table 25) should detail all EVSE and other charging n fueling stations, Table 28 captures on-site power generation systems, Table 29 ant.

an A and Port Area B are procuring the same EVSE, the EVSE will appear as two separate EVSE Groups. The Infrastructure worksheet should be updated quarterly as ay be added as needed to capture all equipment, and may be accessed by unhiding: All Level 2 EVSEs must be ENERGY STAR certified. All infrastructure including EVSE, uild America, Buy America (BABA) requirements. See below for more information on

Iblic Law 117-58, §§ 70901-52, was signed into law. BABA requires that on or after Jnited States. If award recipient will be installing, upgrading, or replacing he primary basis for the award. Additionally, BABA requirements apply even if the ease visit https://www.epa.gov/cwsrf/build-america-buy-america-baba.

					Table 25b. Location of Cl
EVSE or Other EV Charger Maximum Output Power (kW)		Is the EVSE or Other EV Charger Capable of Bidirectional Charging?	Will the Vehicle/Equipment and EVSE or Other EV Charger be Used for Vehicle to Grid (V2G)?	Number of EVSE or Other EV Charger Units	State (select from dropdown)
24	2	No	No	2	VA

Typical Engine Tier of Vessels Using Shore Power		Vessel Calls to	Average Hotel Hours per Vessel Call per Berth where Shore Power Installed	Maximum Output Power (kW)	
Tier 1	Marine Gas Oil (MGO, 0.10% S)	500	72	 !	24

Total Number of Dispensers	Maximum Dispensing Flow Rate per Hose (kg/min)	Total Dispensing Capacity of the Station (kg/min)	Total Number of Cooling Systems	Total Number of Compressors	Number of Storage Tanks
	6	2 12	2 2	2 2	3

formation for such system needs to be documented in the table below this one.

Table 28b. On-Site Power Generation Location Details

State County (select from dropdown) City Zip Code Street Address dropdown) Who owns the equipment?

VA	Arlington County	Alexandria	22305	400 1st Street	Port of Houston

Maximum Continuous Discharge AC Power (kW)	Maximum Continuous Discharge DC Power (kW)	Is the Battery Warranty Included? (Yes/No)	Battery Warranty: Number of Years	Battery Warranty: Total Discharged Energy (please indicate unit; kWh or MWh)	Energy Retention at the End of Warranty Period (%)
1200	2400	Yes	8	20000 MWh	70%

ompliance was determined.	

narging Infrastructure					
County (select from dropdown)	City	Zip Code	Street Address of Charger(s)	Who owns the charger?	
Arlington County	Alexandria	22305	400 1st Street	City of Houston	

# Table 26b. Location of Shore Power Infrastructure

Estimated Annual Total Energy Dispersed in MW-h	Number of Plugs per Shore Power Pedestal	Number of Shore Power Pedestals	r <b>State</b> (select from dropdown)	County (select from dropdown)
1 MW-h	;	2	2 VA	Arlington County

### Table 27b. H2 Dispenser Pedestal Details

Number of Dispenser Number of H Pedestals Pedestal	Maniitactiirer	Model	Dispenser Pedestal Manufacture Year
---	----------------	-------	--

### Table 28c. On-Site Power Generation Installation Det

Generation serve multiple ports within this application?

Primary Location
Secondary Locations
Served by On-site served by On-site power
Power generation: Associated
Associated Ports
Ports (use a colon Ports (use a colon between facilities)

Description of Installation Work Performed

**Installation of Power** Generation Infrastructure Performed by

Yes	Port Houston	Port of Galveston, UP Englewood Yard	XYZ PowerGen Co.

# Table 29b. Location of BESS Infrastructure

Number of Units	State (select from dropdown)	<b>County</b> (select from dropdown)	City	Zip Code
2	VA	Arlington County	Alexandria	22305

			Table 25c. Charging Manageme	nt Service Details
Does the EVSE or Other EV Charger serve multiple port areas within this application?	Primary Port Served by EVSE and/or EV Charger	Secondary Locations served by EVSE and/or EV Charger (use semicolon to separate between multiple port locations)	Name of Charging Management Service Provider (NA if not applicable)	Does the Infrastructure Equipment Cost Include Charging Management Service? (Yes/No)
Yes	Port Houston	Port of Galveston; UP Englewood Yard	Charge Manage & Co.	Yes

				Table 26c. Shore Power II
City	Zip Code	Port Facility where Shore Power Installed	Who owns the Shore Power Infrastructure?	Description of Installation Work, including all equipment installed
Alexandria	223	305 Port of Houston	Port of Houston	Upgrades to the electrical panel, wiring, housing, and installation of two LVSC pedestals

Table 27c. H2 Storage Tank Table 27d. H2 Compressor

Manufacturer	Model	Manufacture Year	Manufacturer	Model
--------------	-------	------------------	--------------	-------

ST001	2023	Cool Engineering Co.	H2+HD
	ST001	ST001 2023	ST001 2023 Cool Engineering Co.

:ails	Table 28d. BABA Compliance

Date(s) On-Site Power Generation Equipment was Manufactured

Completion Date of the On-site Power Generation Installation (mm/dd/yyyy)

Date of the On-site Power Generation Operational (mm/dd/yyyy)

Is On-Site Power Generation and related Equipment, Housing, and all Accessories BABA Compliant?

If No, Partly Compliant, or Unsure, explain

equipment: 3/2024; housing: 6/2023	6/28/2024	8/28/2024	Yes - Housing, Wiring, Cables, and All Accessories are BABA Compliant	

Street Address	Who owns the equipment?	Does the BESS serve multiple port facilities within this application?	Primary Location Served by BESS: Associated Port	Secondary Locations served by BESS: Associated Port(s) (use a colon between facilities)
400 1st Street	Port of Houston	Yes	Port Houston	Port of Galveston, UP Englewood Yard

Table 25c. Infrastructure Installation Information				
If Charging Management Service not included in cost, but is acquired, what is the cost and frequency of charges?	Description of Installation Work, including all equipment installed	Installation Work Performed By	Installation was conducted by an individual who meets the infrastructure electrician requirements as outlined in the program guidance?	
\$250 per charger per month	Upgrades to the electrical panel, wiring, and installation for two DCFC	XYZ Electric Co.	Yes - Certification from EVITP	

# Installation Work Performed By Equipment was Manufactured (mm/dd/yyyy) XYZ Electric Co. Date (s) Shore Power Equipment was Manufactured (mm/dd/yyyy) Date of Shore Power Installation (mm/dd/yyyy) Operational (mm/dd/yyyy) 8/28/2024 8/28/2024

# Table 27e. H2 Cooling System

Manufacture Year	Manufacturer	Model	Manufacture Year

2023 Cool and Beyond	Cool H2+ Mark I	2023

# Table 28e. On-Site Power Generation Cost Summary

No - Infrastructure meets all BABA requirements	\$ 45,000.00	\$ 45,000.00	\$ 7,000.00

# Table 29c. BESS Installation Details

Description of Installation Work Performed	BESS Installation Performed by	Date(s) BESS and related Equipment was Manufactured	Completion Date of the BESS Installation (mm/dd/yyyy)
	Battery & Co.	battery: 3/2024; housing: 6/2023	6/28/2024

Date EVSE or Other EV Charger was Manufactured (mm/dd/yyyy)		Date EVSE or Other EV Charger Operational (mm/dd/yyyy)	Is the EVSE or Other EV Charger and associated Equipment, Housing, and all Accessories BABA Compliant?
3/28/2024	6/28/2024	8/28/2024	Yes - Equipment, Housing, Wiring, Cables, and All Accessories are BABA Compliant

Table 26d. Shore Power BAB	A Details		Table 26e. Shore Power Cost Sumr
Equipment, Housing, and all Accessories BABA Compliant?	If No, Partly Compliant, or Unsure, explain	Is waiver being used to fulfill BABA compliance for this infrastructure?	
Yes - Equipment, Housing, Wiring, Cables, and All Accessories are BABA Compliant		No - Infrastructure meets all BABA requirements	\$ 16,000.00

Table 27f. Service Details

Does the fueling station serve multiple port facilities fueling station: Associated Port within this application? Facility

Secondary Locations served by fueling station: Associated Port (use a semicolon between facilities)

**Estimated Annual Total H2** Dispensed in kg

Yes	Port Houston	Port of Galveston; UP Englewood Yard	200,000
163	Torthouston	Yard	200,000

**Total Funds Expended for All** Total EPA Funds Expended Installation Cost Generation Related Expenses (e.g., Permits, Shipping, etc.)

**Total EPA Funds Expended for All** other Eligible On-Site Power Generation Related Expenses (e.g., Permits, Shipping, etc.)

Description of Other Eligible On-Site Power Generation Related **Expenses** 

\$ 5,000.00	\$ 100.00	\$ 100.00	permit

Table 29	d. BABA	Compliance
----------	---------	------------

Date BESS Operational (mm/dd/yyyy)	Is BESS and related Equipment, Housing, and all Accessories BABA Compliant?	If No, Partly Compliant, or Unsure, explain	Is a waiver being used to fulfill BABA compliance for the On-site Power Generation?
8/28/2024	Yes - Housing, Wiring, Cables, and All Accessories are BABA Compliant		No - Infrastructure meets all BABA requirements

Table 25d. EVSE BABA Details				
If No, Partly Compliant, or Unsure, explain	Is waiver being used to fulfill BABA compliance for the Infrastructure Project	Does the Infrastructure Equipment Cost Include Installation?		
	No - Infrastructure meets all BABA requirements	No		

nary				
Total EPA Shore Pow	. Funds Expended Per ver Pedestal	Does the Infrastructure Equipment Cost Include Installation?	Total Funds Expe Shore Power Gro	nded Installation Cost for up
\$	12,000.00	No	\$	12,000.00

### Table 27g. Location of H2 Station

Who owns the H2 Fueling Station?

**State** (select from dropdown)

County (select from dropdown)

Port of Houston	VA	Arlington County

Table 28f. Optional Participation in Future of Tra

Total Funds Expended on Onsite Power Generation Equipment, Installation, and other Eligible Expenses

Total EPA Funds Expended on On-site Power Generation Equipment, Installation, and other Eligible Expenses

EPA or its partners may contact me about participating in research opportunities to provide On-Site Generation usage data that could inform future transportation work.

(Yes/No)

\$ 52,100.00	\$ 50,100.00	) Yes
\$ -	\$ -	
\$ -	\$	
\$ -	\$ -	

# Table 29e. BESS Cost Summary

# Total Equipment Cost Expended Total EPA Funds Expended Per Per Unit Acquisition Unit Acquisition

# **Total Cost Expended for BESS Acquisition**

\$ 48,000.00	\$ 20,000.00	\$ 96,000.00
		-
		-
		-
		\$
		\$
		\$
		\$

\$ -
\$ -
\$ -

Table 25e. EVSE Cost Summary				
EVSE or Other EV Charger Equipment Cost only Per Unit:	Total EPA Funds Expended Per EVSE or Other EV Charger Unit	Total Funds Expended for EVSE or Other EV Charger		
\$ 16,000.00	\$ 12,000.00	\$ 32,000.00		
		\$ -		
		-		
		\$ -		
		\$ -		
		\$ -		
		\$ -		
		\$ -		
		\$ -		
		\$ -		

City Zip Code Street Address

Alexandria	22305	400 1st Street

ansportation Research

Sarah Smith, Smith.Sarah@hsd.edu

# Total EPA Funds Expended for BESS Acquisition Total Funds Expended Installation Cost Installation Cost:

\$ 40,000.00	\$ 12,000.00	\$ 10,000.00
\$ -		

\$ -	
\$ -	
\$ -	

Total EPA Funds Expended for EVSE or Other EV Charger	Total Funds Expended on Installation Cost	Total EPA Funds Expended on Installation Cost
\$ 24,000.00	\$ 12,000.00	\$ 7,000.00
\$ -		
\$		
\$ -		
\$ -		
\$ -		
\$ -		
\$ -		
\$ -		
\$		
\$ -		

Description of Other Eligible Shore Power Related Expenses	Total Funds Expended for Shor Equipment Acquisition (total # of pedestals x Funds Expended/pedestal)	re Power	Total EPA Funds Expended Power Equipment Acquisit (total # of pedestals x EPA Expended/pedestal)	ion
Electrical Permit (\$250); shipping (\$500)	\$	32,000.00	\$	24,000.00

Table 27h. Installation Details

Description of Installation Work Performed H2 Fueling Station Installation Performed Date(s) of Fueling Station & by: Equipment was Manufactured

XYZ H2 Solutions	compressor: 12/2023; housing: 3/2024

Total Funds Expended for All other Eligible BESS Related Expenses (e.g., Permits, Shipping, etc.)

Total EPA Funds Expended for All other Eligible BESS Related Expenses (e.g., Permits, Shipping, etc.)

Description of Other Eligible BESS Related Expenses

\$ 100.00	\$ 100.00	permit

				Total Funds Expended	on
Total Funds Expended for All other Eligible EVSE or Other EV Charger Related Expenses (e.g., Permits, Shipping, etc.)	Total EPA Funds Expende other Eligible EVSE or Oth Charger Related Expense: Permits, Shipping, etc.)	ner EV	Description of Other Eligible EVSE or Other EV Charger Administrative Expenses	EVSE or Other EV Char Equipment, Installatio and Other Eligible EVS Other EV Charger Rela Expenses	ger n, E or
\$ 750.0	\$	25.00	Electrical Permit (\$250); shipping (\$500)	\$ 44,75	50.00
				\$	-
				\$	-
				\$	-
				\$	
				\$	_
				\$	-
				\$	-
				\$	-
				\$	-
Total Funds Expended for Shore Power Equipment Acquisition, Installation, and Other Costs	Total EPA Funds Expende Shore Power Equipment Acquisition & Installation Other Costs		EPA Cost Share Expended For Shore Power Equipment	EPA Cost Share for Sho Power Installation	ore
\$ 44,750.0	) \$ 3	1,000.00	75%		58%

# Table 27i. BABA Compliance

Date of H2 Fueling Station Installation (mm/dd/yyyy)

Date H2 Fueling Station Operational (mm/dd/yyyy) Are the Hydrogen Fueling and related Equipment, Housing, and all Accessories BABA Compliant?

If No, Partly Compliant, or Unsure, explain

6/28/2024	8/28/2024	res - Housing, vviring, Cables, and All Accessories are BABA Compliant	

# Research .

Total Funds Expended on BESS Equipment, Installation, and Other Eligible Expenses	Total EPA Funds Expended BESS Equipment, Installation, and Other Eligible Expenses	EPA or its partners may contact me about participating in research opportunities to provide BESS usage data that could inform future transportation work. (Yes/No)	If Yes, Primary Point of contact (Name and email)
\$ 108,100.00	\$ 50,100.00	Yes	Sarah Smith, Smith.Sarah@hsd.edu
\$ -	\$ -		
\$ -	\$ -		
\$ -	\$ -		
\$ -	-		
\$ -	-		
\$ -	-		
\$ -	\$ -		

\$ - \$	-	
\$ - \$	-	
\$ - \$	_	

otal FPA Funds on FVSF or		
other EV Charger quipment, Installation, and other Eligible EVSE or Other	EPA or its partners may contact me about participating in research opportunities to provide Shore Power usage data that could inform future transportation work. (Yes/No)	If Yes, Primary Point of contact (Name and email)
31,025.00	Yes	Sarah Smith, Smith.Sarah@hsd.edu
-		
-		
-		
-		
-		
-		
-		
-		
-		
-		

	Table 26f. Optional Participation in	Future of Transportation Research
Overall EPA Cost Share for Shore Power Equipment	EPA or its partners may contact me about participating in research opportunities to provide Shore Power usage data that could inform future transportation work. (Yes/No)	If Yes, Primary Point of contact (Name and email)
6	9% <b>Yes</b>	Sarah Smith, Smith.Sarah@hsd.edu



# Table 27j. Funding Details

Is a waiver being used to fulfill BABA compliance for the H2 Fueling Infrastructure?

Total Funds Expended Per H2 Fueling per Pedestal Acquisition:

Total EPA Funds Expended Per H2 Fueling per Pedestal Acquisition:

Total Funds Expended Per Additional H2 Supporting Infrastructure (e.g., tanks, pipes, compressors, cooling systems):

No - Infrastructure meets all BABA requirements	\$ 200,0	000.00 \$	150,000.00	\$ 100,000.00

Total EPA Funds Expended Per Additional H2 Supporting Infrastructure (e.g., tanks, pipes, compressors, cooling systems):

Total Funds Expended Installation Cost

Total EPA Funds Expended Installation Cost:

\$ 80,000.00	\$ 25,000.00	\$ 12,000.00

Total Funds Expended for All other Eligible H2 Fueling Infrastructure Acquisition & Installation Related Expenses (e.g., Permits, Shipping, etc.)

Total EPA Funds Expended for All other Eligible H2 Fueling Infrastructure Acquisition & Installation Related Expenses (e.g., Permits, Shipping, etc.)

\$ 100.00	\$ 100.00

### Table 27k. Optional Future of Transp

Description of Other Eligible H2 Fueling Related
Expenses

Total Funds Expended for H2 Infrastructure Acquisition, Installation, and Other Eligible
Expenses
(total # of pedestals x Total Funds
Expended/pedestal + supporting infrastructure + installation + other eligible expenses)

Total EPA Funds Expended for H2 Infrastructure Acquisition, Installation, and Other Eligible

Expenses
(total # of pedestals x Federal Funds
Expended/pedestal + supporting
infrastructure installation + other
eligible expenses)

permit	\$ 725,100.00	\$ 542,000.00
	\$ -	\$ -
	\$ -	\$ -
	\$ -	\$ -
	\$ -	\$ -
	\$ -	\$ -
	\$ -	\$ -
	\$ -	\$ -
	\$ -	\$ -
	\$ -	\$ -
	\$ -	\$ -

ortation Research	

EPA or its partners may contact me about participating in research opportunities to provide Hydrogen Usage data that could inform future transportation work. (Yes/No)

If Yes, Primary Point of contact for data access (Name and email)

Yes	Sarah Smith, Smith.Sarah@hsd.edu

# U. S. Environmental Protection Agency Clean Ports Program Final Report: Financial and Narrative Summary **Grant Recipient EPA Project Award Amount Grant Number** Total Cost Share Amount Program and Fiscal Year Total Project Costs (Federal. + Cost Share) **Project Period of Performance** EPA Funds Expended to Date **EPA Funds Remaining** Project Title Table 30a. Project Updates - Narrative Responses Record final project information. Please paste the planned activities, outputs, and outcome from the last interannual report. Please indicate the final results below. Activities **Anticipated Outputs Anticipated Outcomes** ACT

		U. S. Environmental Protection Agency		
		Clean Ports Program		
		Final Report: Financial and Narrative Summary		
Grant Recipient		EPA Project Award Amount		
Grant Number		Total Cost Share Amount	\$	
Program and Fiscal Year		Total Project Costs (Federal. + Cost Share)	\$	
Project Period of Performance		EPA Funds Expended to Date	\$	
Project Title		EPA Funds Remaining	\$	
	Table 30b. Project	Updates - Programmatic and Narrative Financial	Results of Project	

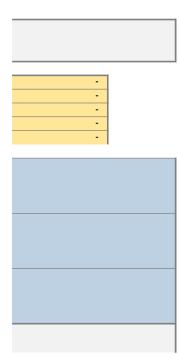
	U. S. Environmental Protection Agency
	Clean Ports Program
	Final Report: Financial and Narrative Summary
Grant Recipient	EPA Project Award Amount \$
Grant Number	Total Cost Share Amount \$
Program and Fiscal Year	Total Project Costs (Federal. + Cost Share) \$
Project Period of Performance	EPA Funds Expended to Date \$
Project Title	EPA Funds Remaining \$
Please provide programmatic and narrative financial results on the project.	
Question	Answer
Provide a narrative description of the project.	
Explain the reason for any differences in proposed versus actual outputs/outcomes identified in Table 15 above.	
3. Provide a narrative discussion of the actual project results (outputs and outcomes) and how the results are quantified. These may include, but are not limited to:  2  Number of replaced or retrofitted engines/vehicles/equipment and/or hours of idling reduced;  2  Adoption of an idle-reduction policy or changes in driver behavior regarding idling practices  3  Dissemination of the project information and increased knowledge via list serves, websites, journals, and press/outreach events (provide web links where applicable);  2  Widespread adoption of the implemented technology;  3  Increased public awareness of project and results	

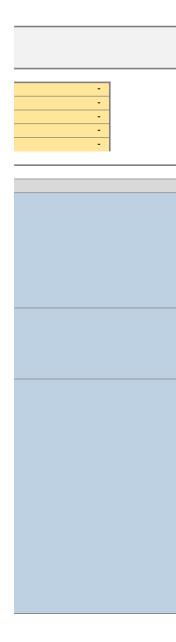
Grant Recipient Grant Number Program and Fiscal Year Project Period of Performance Project Title	U. S. Environmental Protection Agency Clean Ports Program Final Report: Financial and Narrative Summary  EPA Project Award Amount Total Cost Share Amount Total Project Costs (Federal. + Cost Share) EPA Funds Expended to Date EPA Funds Remaining \$	
4. Provide information on subrecipients and vendors:  2 Subrecipient information (name, award amount, project description);  2 Vendor information (name, payment amount, good/services provided);		
5. Provide a narrative discussion of the successes and lessons learned for the entire project.		
6. If any cost-share or additional leveraged funds are reported, identify the source of the funds.		
7. Was any program income generated during the project period? Identify amount of program income, how it was generated, and how the program income was used.		

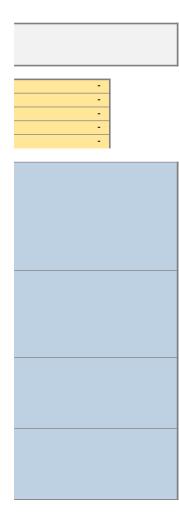
	U. S. Environmental Protection Agency	
	Clean Ports Program	
	Final Report: Financial and Narrative Summary	
Grant Recipient Grant Number Program and Fiscal Year Project Period of Performance Project Title	EPA Project Award Amount  Total Cost Share Amount  Total Project Costs (Federal. + Cost Share)  EPA Funds Expended to Date  EPA Funds Remaining  \$	
8. For projects involving vehicle/equipment replacement, please provide: a) Evidence that the replacement activity is an "early replacement," and woul not have occurred during the project period through normal attrition (i.e. without the financial assistance provided by EPA). Supporting evidence can include verification that the vehicles or equipment replaced had useful life lef and fleet characterization showing fleet age ranges and average turnover rate per the vehicle or fleet owner's budget plan, operating plan, standard procedures, or retirement schedule; and b) Evidence of appropriate scrappage, sale, or vehicle donation (if applicable) including the engine serial number and/or the vehicle identification number (VIN). *Include Attachments as Necessary	ft es	
9. For projects that take place in an area affected by, or that include affected vehicles, engines or equipment affected by, Federal, State or local law mandating emissions reductions, provide evidence that emission reductions funded with EPA funds were implemented prior to the effective date of the mandate and/or are in excess of (above and beyond) those required by the applicable mandate. *Include Attachments as Necessary		
10. Did you include at least one photo of successful, new equipment(s) or vehicle(s) employed? If yes, please indicate if you approve of permission for EPA's future use of the photo(s) in future internal and external documents including, but not limited to Reports to Congress and case studies highlighting CP success stories.		

		U. S. Environmental Protection Agency	
		Clean Ports Program	
		Final Report: Financial and Narrative Summary	
Grant Recipient		EPA Project Award Amount \$	
Grant Number		Total Cost Share Amount \$	
Program and Fiscal Year		Total Project Costs (Federal. + Cost Share) \$	
Project Period of Performance		EPA Funds Expended to Date \$	
Project Title		EPA Funds Remaining \$	
11. Do you have any other comments or feedback?			
		Table 30c. Project Updates - Subaward Reporting Requirements (if applicable)	
	Pleas	se provide subaward information on the project and an explanation in each cell bel	ow.
Question		Answer	
Summaries of results of reviews of financial and pro reports.	grammatic		
Summaries of findings from site visits and/or desk reensure effective subrecipient performance.	eviews to		
Environmental results the subrecipient achieved			
Summaries of audit findings and related pass-througe management decisions	gh entity		
Actions the pass-through entity has taken to correct such as those specified at 2 CFR 200.332, 2 CFR 200.2 CFR 200.339 Remedies for Noncompliance	t deficiencies .208 and the		

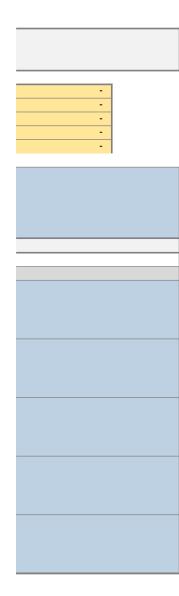
-
-
•
UAL Results
OAL RESUITS











Type of Planning Activity (select from dropdown) If Other Planning Activity not listed, describe Primary Port Affected by Planning Activity (select from dropdown) If Primary location of activity is not at a port, provide the Name of the Additional Project Location (select from dropdown) **Project Site ID** State County Percentage of Planning Activity Affecting Site (enter value 0-1, where 1 = 100%) City Secondary Port Affected by Planning Activity (select from dropdown, if applicable) If Secondary location of activity is not at a port, provide the Name of the Additional Project Location (select from dropdown) Project Site ID. State, County, Percentage of Planning Activity Affecting Site (enter value 0-1). City. **Additional Counties where Planning Takes Place** % of Planning Affecting Additional Counties **Outcome of Planning Activity**  $\textbf{Publicly Available Documentation of Outcome} \ (\textit{e.g., link to} \\$ published emissions inventory, link to page with community outreach policy, etc.) **Total Cost of Planning Activity Total EPA Funds Expended for Planning Activity** If third party contractors provided support for this planning activity, provide names and roles. Table 23. New Vehicle, Equipment, or Engine Information Table 23a: Vehicle/Equipment Overview **Equipment Type** (select from dropdown) Vehicle or Equipment Target Fleet (select from dropdown; must select Type first) **Vocation** (select from dropdown; onroad & marine only)

This data dictionary contains details for all fields found on Tabs 1

If Other, Describe

Fleet Owner Vehicle or Equipment Operates in Multiple Performance Locations Within this project? (Yes/No) **Primary Port** (select from dropdown, if applicable) If Primary location of vehicle/equipment is not at a port, provide the Name of the Additional Project Location (select from dropdown) **Project Site ID** State County Percentage of Time operated in County (enter value 0-1, where 1= 100%) City Zip Code **Secondary Port** (select from dropdown, if applicable). If Secondary location of vehicle/equipment is not at a port, provide the Name of the Additional Project Location (select from dropdown) Project Site ID. State, County. Percentage of Time operated in County (enter value 0-1, where 1= 100%) Zip Code, **Additional Counties where Vehicle Operates** % of time operated in each Additional County **Vehicle Class** (Onroad vehicles only) Vehicle GVWR (Onroad Vehicle Only) Vehicle or Equipment Manufacturer Vehicle or Equipment Model Vehicle or Equipment Model Year **Powertrain Family Name** Vehicle or Equipment Identification Number **Acquisition Cost per Vehicle or Equipment** (\$ of Cost per Unit)

Engine Make Engine Model Engine Model Year Engine Horsepower

Acquisition (\$ of Total Cost per Unit)

Total EPA Funds Expended Per Vehicle or Equipment

**Upgrade Type** (select from dropdown)

## **Engine Family Name**

**Engine Serial Number** 

**Number of Propulsion Engines** 

(Marine and Harbor Craft Only)

**Number of Auxiliary Engines** 

(Marine and Harbor Craft Only)

**Total Acquisition Cost per Engine** 

(\$ of Cost per Unit)

**EPA Funds Expended for Engine Acquisition** 

(\$ of Cost per Unit)

Total Funds Expended for Labor Cost related to Engine

Installation or Repower

(Only applies to ZE repowers)

**EPA Funds Expended for Labor Cost related to Engine** Installation or Repower (Only applies to ZE repowers)

**Total Combined Acquisition and Labor Costs per Engine** 

Total Federal EPA Funds Expended for Acquisition and Installation

**Vehicle Annual Hours of Operation** 

(Nonroad Equipment)

**Annual idling hours** 

Vehicle Annual Miles Traveled

(miles per vehicle; Onroad Only)

**Annual hoteling hours** (Marine and Harbor Craft Only)

Table 2

**Vehicle or Equipment Capable of Bidirectional Charging?** 

(Yes/No/NA)

**Manufacturer of Battery Pack** 

**Number of Battery Packs** 

Battery Capacity per Battery Pack (kWh)

Vehicle or Equipment Total Battery Capacity, (kWh)

Rated Charging Power (kW)

**Estimated Range in Miles** 

(for Onroad Battery Electric only)

Estimated Range in Hours (for Nonroad Battery Electric only)

Is the Battery Warranty Included? (Yes/No)

**Battery Warranty: Number of Years Battery Warranty: Number of Miles Battery Warranty: Number of Hours** 

Battery Warranty: Total kWh of Energy discharge over

**Warranty Period** 

Vehicle or Equipment Equipped with Battery Thermal

Management System? (Yes/No)

Powertrain Warranty Included? (Yes/No)

**Powertrain Warranty: Number of Years** 

**Powertrain Warranty: Number of Miles** 

**Powertrain Warranty: Number of Hours** 

Table 23

Manufacturer of Fuel Cell System (if known)

Fuel Cell Capacity (kW)

Hydrogen Fuel Tank Capacity (kg)

Vehicle or Equipment Equipped with Internal Combustion

Engine (ICE) Emergency Power Unit? (Yes/No)

ICE Emergency Power Type (if not applicable, then NA)

Vehicle or Equipment Equipped with Telematics? (Yes/No)

EPA or its partners may contact me about participating in research opportunities to provide vehicle/equipment or charging/fueling data that could inform future transportation work. (Yes/No)

If Yes, Telematics Primary Point of contact (Name and email)

## Table 24. Current Vehicle or Equipment Committed for Scrappa

## Table 24a. Basic Fleet Information and Place(s) of Performan

## **Current Vehicle or Equipment**

**Corresponding New Vehicle, Equipment, or Engine** (select from dropdown)

**Equipment Type** (select from dropdown)

**Vehicle or Equipment Target Fleet** (select from dropdown; must select Type first)

Vocation (select from dropdown; onroad & marine only)

**Upgrade Type** (select from dropdown)

Fleet Owner

Vehicle or Equipment Operates in Multiple Performance Locations Within this project? (Yes/No)

Primary Place of Performance

Primary Port (select from dropdown, if applicable)

**Project Site Name** 

**Project Site ID** 

State

County

Percentage of Time operated in County (enter value 0-1, where 1= 100%)

City

Zip Code

Secondary Place of Performance (if applicable)

Secondary Port (select from dropdown, if applicable).

Project Site Name,

Project Site ID.

State.

County

**Percentage of Time operated in County** (enter value 0-1, where 1= 100%).

City.

Zip Code,

Additional Location Details (if applicable)

**Additional Counties where Vehicle Operates** 

% of time operated in each Additional County

Current Vehicle Class (Onroad Current Vehicles only)

**Current Vehicle GVWR** (Onroad Current Vehicle Only)

Current Vehicle or Equipment Manufacturer

Current Vehicle or Equipment Model

**Current Vehicle or Equipment Model Year** 

Current Powertrain Family Name
Current Vehicle or Equipment Identification Number

Method of Vehicle or Equipment Disposal

If not scrapped, provide state and county where vehicle will operate

Engine Serial Number(s)

**Engine Make** 

Engine Model

**Engine Model Year** 

Engine Tier (nonroad, locomotive, and marine only)

Tier 4 Standards (Tier 4 only)

**Engine After-Treatment Technology (**Tier 4 nonroad only)

## **Engine Horsepower**

**Engine Cylinder Displacement** (liters/cylinder; marine only)

**Engine Number of Cylinders** (# of cylinders per engine; marine only)

**Engine Total Displacement** (liters per engine; marine only)

Engine Family Name (if unregulated, then NA)

**Baseline Engine Fuel Type** 

Total # of Propulsion Engines (per vessel; marine only)

Total # of Auxiliary Engines (per vessel; marine only)

Annual Amount of Fuel Used (gallons/year per engine):

**Annual Usage Hours** (hours per year per engine; includes idling hours; nonroad, locomotive, and marine only)

Annual Miles Traveled (miles per vehicle; onroad only):

Annual Idling Hours (hours per engine; on-highway only)

**Annual Hoteling Hours** (hours per year per engine; class 8 long-haul combination only)

Remaining Life of Baseline Engine/Vehicle (years per engine; total # of years of engine life remaining at time of upgrade action):

## Table 25: Electric Vehicle Supply Equipment (EVSE) & Other E

Type of Charger

If Level 2, is it ENERGY STAR certified

EVSE or other EV charger Manufacturer

EVSE or other EV charger Model

EVSE or other EV charger Manufacture Year

EVSE Maximum Output Power (kW)

Number of Plugs on EVSE or other EV charger

Is the EVSE or other EV charger Capable of Bidirectional Charging?

Will the Vehicle/Equipment and EVSE or other EV charger be Used for Vehicle-to-Grid (V2G)?

Number of EVSE or other EV Charger Units

State

County

City

Zip Code

Street Address
Who owns the charger?

Does the EVSE or other EV charger serve multiple port areas within this application?

Primary Location Served by the infrastructure: Associated Port Area

Secondary Locations served by the infrastructure: Associated Port Areas (use a semicolon between facilities)

[shore power]

Port Facility where Shore Power Installed

Name of Charging Management Service Provider (NA if not applicable)

Does the Infrastructure Equipment Cost Include Charging Management Service? (Yes/No)

If Charging Management Service not included in cost, but is acquired, what is the cost and frequency of charges?

Description of Installation Work, including all equipment installed

Installation Work Performed By

Installation was conducted by an individual who meets the infrastructure electrician requirements as outlined in the program guidance?

Date(s) the EVSE or other EV charger Equipment was Manufactured (mm/dd/yyyy)

Date of the infrastructure Installation (mm/dd/yyyy)

Date of the EVSE or other EV charger Completely Operational (mm/dd/yyyy)

Are the EVSE or other EV charger and associated equipment, Housing, and all Accessories BABA Compliant?

If No, Partly Compliant, or Unsure, explain

Is waiver being used to fulfill BABA compliance for this infrastructure?

Does the Infrastructure Equipment Cost Include Installation? EVSE or Other EV Charger Equipment Cost only Per Unit: Total EPA Funds Expended Per EVSE or Other EV Charger Unit

Total Funds Expended for EVSE or Other EV Charger Total EPA Funds Expended for EVSE or Other EV Charger Total Funds Expended on Installation Cost Total EPA Funds Expended on Installation Cost

Total Funds Expended for All other Eligible EVSE or Other EV Charger Related Expenses (e.g., Permits, Shipping, etc.)

Total EPA Funds Expended for All other Eligible EVSE or Other EV Charger Related Expenses (e.g., Permits, Shipping, etc.)

Description of Other Eligible EVSE or Other EV Charger Administrative Expenses

Total Funds Expended on EVSE or Other EV Charger Equipment, Installation, and Other Eligible EVSE or Other EV Charger Related Expenses

Total EPA Funds on EVSE or Other EV Charger Equipment, Installation, and Other Eligible EVSE or Other EV Charger Related Expenses

EPA or its partners may contact me about participating in research opportunities to provide charger usage data that could inform future transportation work. (Yes/No)

If Yes, Primary Point of contact (Name and email)

## Table 26. Shore Power Equipment Information

Type of Shore Power Connection

Total Voltage Service Provided

Total Voltage Service Provided, if Not Listed

Manufacturer

Model

Manufacture Year

Typical Engine Tier of Vessels Using Shore Power

Fuel Type of Vessels Using Shore Power

Number of Annual Vessel Calls to Berth where Shore Power Installed

Average Hotel Hours per Vessel Call per Berth where Shore Power Installed

Number of Vessel Berths that can be served by Shore Power Pedestal

Maximum Output Power (kW)

Estimated Annual Total Energy Provided in MW-h

Number of Plugs per Shore Power Pedestal Number of Shore Power Pedestals

State

County

City

Zip Code

Port Facility where Shore Power Installed

Who owns the infrastructure?

Description of Installation Work, including all equipment installed

Installation Work Performed By

Date(s) the shore power Equipment was Manufactured (mm/dd/yyyy)

Date of shore power Installation (mm/dd/yyyy)

Date of shore power Completely Operational (mm/dd/yyyy)

Are the shore power equipment, Housing, and all Accessories BABA Compliant?

If No, Partly Compliant, or Unsure, explain

Is waiver being used to fulfill BABA compliance for this infrastructure?

Equipment Cost only Per Shore Power Pedestal Total EPA Funds Expended Per Shore Power Pedestal

Does the Infrastructure Equipment Cost Include Installation?

Total Funds Expended Installation Cost for Shore Power Group

Total EPA Funds Expended Installation Cost for Shore Power

Total Funds Expended for All other Eligible Shore Power Acquisition & Installation Related Expenses (e.g., Permits, Shipping, etc.)

Total EPA Funds Expended for All other Eligible Shore Power Acquisition & Installation Related Expenses (e.g., Permits, Shipping, etc.)

Description of Other Eligible Shore Power Related Expenses

Total Funds Expended for Shore Power Equipment Acquisition

(total # of pedestals x Funds Expended/pedestal)

Total EPA Funds Expended for Shore Power Equipment Acquisition (total # of pedestals x EPA Funds Expended/pedestal)

Total Funds Expended for Shore Power Equipment Acquisition, Installation, and Other Costs

Total EPA Funds Expended for Shore Power Equipment Acquisition & Installation, and Other Costs

EPA Cost Share Expended For Shore Power Equipment

EPA Cost Share for Shore Power Installation

Overall EPA Cost Share for Shore Power Equipment

EPA or its partners may contact me about participating in research opportunities to provide Shore Power usage data that could inform future transportation work. (Yes/No) If Yes, Primary Point of contact (Name and email)

## Table 27. Hydrogen Fueling Station Information

Type of Station (Select from dropdown) Type of Hydrogen Storage (select from dropdown) Refilling Pressure (H35, H70, dual pressure, other) Refilling Pressure: If Other, specify below Total Hydrogen Storage Tank Capacity (kg)

Total Number of Dispensers

Maximum Dispensing Flow Rate per Hose (kg/min)
Total Dispensing Capacity of the Station (kg/min)

Total Number of Cooling Systems Total Number of Compressors Number of Storage Tanks Number of Dispenser Pedestals

Number of Hoses per Pedestal

Manufacturer

Model

Dispenser Pedestal Manufacture Year

Manufacturer

Model

Manufacture Year

Manufacturer

Model

Manufacture Year

Manufacturer

Model

Manufacture Year

Does the fueling station serve multiple port facilities within this application?

Primary Location Served by fueling station: Associated Port Facility

Secondary Locations served by fueling station: Associated

(use a semicolon between facilities)

Estimated Annual Total H2 Dispensed in kg

Who owns the H2 Fueling Station?

State

(select from dropdown)

County

(select from dropdown)

City

Zip Code

Street Address

Description of Installation Work Performed H2 Fueling Station Installation Performed by:

Date(s) of Fueling Station & Equipment was Manufactured

Date of H2 Fueling Station Installation (mm/dd/yyyy)

Date H2 Fueling Station Operational

(mm/dd/yyyy)

Are the Hydrogen Fueling and related Equipment, Housing, and all Accessories BABA Compliant?

If No, Partly Compliant, or Unsure, explain

Is a waiver being used to fulfill BABA compliance for the H2 Fueling Infrastructure?

Total Funds Expended Per H2 Fueling per Pedestal Acquisition:

Total EPA Funds Expended Per H2 Fueling per Pedestal Acquisition:

Total Funds Expended Per Additional H2 Supporting Infrastructure (e.g., tanks, pipes, compressors, cooling systems):

Total EPA Funds Expended Per Additional H2 Supporting Infrastructure (e.g., tanks, pipes, compressors, cooling systems):

Total Funds Expended Installation Cost
Total EPA Funds Expended Installation Cost:

Total Funds Expended for All other Eligible H2 Fueling Infrastructure Acquisition & Installation Related Expenses (e.g., Permits, Shipping, etc.)

Total EPA Funds Expended for All other Eligible H2 Fueling Infrastructure Acquisition & Installation Related Expenses (e.g., Permits, Shipping, etc.)

Description of Other Eligible H2 Fueling Related Expenses

Total Funds Expended for H2 Infrastructure Acquisition, Installation, and Other Eligible Expenses (total # of pedestals x Total Funds Expended/pedestal + supporting infrastructure + installation + other eligible expenses)

Total EPA Funds Expended for H2 Infrastructure Acquisition, Installation, and Other Eligible Expenses (total # of pedestals x Federal Funds Expended/pedestal + supporting infrastructure installation + other eligible expenses)

EPA or its partners may contact me about participating in research opportunities to provide Hydrogen Usage data that could inform future transportation work. (Yes/No)

If Yes, Primary Point of contact for data access (Name and email)

## Table 28. On-Site Power Generation Equipment Information

Type of energy generation

Manufacturer of On-site Power Generation

Model of On-site Power Generation

Manufacture Year of On-site Power Generation

Generation Capacity of the system (please indicate kWh or MWh per hour)

State

(select from dropdown)

County

(selecť from dropdown)

City

Zip Code

Street Address

Who owns the equipment?

Does the On-Site Power Generation serve multiple ports within this application?

Primary Location Served by On-site Power generation: Associated Ports

Secondary Locations served by On-site power generation: Associated Ports (use a colon between facilities)

Description of Installation Work Performed

Installation of Power Generation Infrastructure Performed by

Date(s) On-Site Power Generation Equipment was Manufactured

Completion Date of the On-site Power Generation Installation (mm/dd/yyyy)

Date of the On-site Power Generation Operational (mm/dd/yyyy)

Is On-Site Power Generation and related Equipment, Housing, and all Accessories BABA Compliant?

If No, Partly Compliant, or Unsure, explain

Is a waiver being used to fulfill BABA compliance for the Onsite Power Generation?

Equipment Cost only Per Power Generation System

Total EPA Funds Expended Per Power Generation System

Total Funds Expended Installation Cost
Total EPA Funds Expended Installation Cost

Total Funds Expended for All other Eligible On-Site Power Generation Related Expenses (e.g., Permits, Shipping, etc.)

Total EPA Funds Expended for All other Eligible On-Site Power Generation Related Expenses (e.g., Permits, Shipping, etc.)

Description of Other Eligible On-Site Power Generation Related Expenses

Total Funds Expended on On-site Power Generation Equipment, Installation, and other Eligible Expenses

Total EPA Funds Expended on On-site Power Generation Equipment, Installation, and other Eligible Expenses

EPA or its partners may contact me about participating in research opportunities to provide On-Site Generation usage data that could inform future transportation work. (Yes/No)

If Yes, Primary Point of contact (Name and email)

## Table 29. Battery Energy Storage System (BESS) Equipment I

Type of Battery

Manufacturer of BESS

Model of BESS

Manufacture Year of BESS

Total Energy Capacity (please indicate unit; kWh or MWh)

Maximum Continuous Discharge AC Power (kW)

Maximum Continuous Discharge DC Power (kW)

Is the Battery Warranty Included? (Yes/No)

Battery Warranty: Number of Years

Battery Warranty: Total Discharged Energy (please indicate

unit; kWh or MWh)

Energy Retention at the End of Warranty Period (%)

Number of Units

State

(select from dropdown)

County

(selecť from dropdown)

City

Zip Code

Street Address

Who owns the equipment?

Does the BESS serve multiple port facilities within this application?

Primary Location Served by BESS: Associated Port Secondary Locations served by BESS: Associated Port(s) (use a colon between facilities)

Description of Installation Work Performed
BESS Installation Performed by
Date(s) BESS and related Equipment was Manufactured
Completion Date of the BESS Installation (mm/dd/yyyy)
Date BESS Operational (mm/dd/yyyy)

If No, Partly Compliant, or Unsure, explain

Is a waiver being used to fulfill BABA compliance for the Onsite Power Generation?

Total Equipment Cost Expended Per Unit Acquisition

Total EPA Funds Expended Per Unit Acquisition

Total Cost Expended for BESS Acquisition

Total EPA Funds Expended for BESS Acquisition

Total Funds Expended Installation Cost

Total EPA Funds Expended Installation Cost:

Total Funds Expended for All other Eligible BESS Related Expenses (e.g., Permits, Shipping, etc.)

Total EPA Funds Expended for All other Eligible BESS Related Expenses (e.g., Permits, Shipping, etc.)

Description of Other Eligible BESS Related Expenses

Total Funds Expended on BESS Equipment, Installation, and Other Eligible Expenses

Total EPA Funds Expended BESS Equipment, Installation, and Other Eligible Expenses

EPA or its partners may contact me about participating in research opportunities to provide BESS usage data that could inform future transportation work. (Yes/No)

If Yes, Primary Point of contact (Name and email)

## **U. S. Environmental Protection Agency**

Clean Ports Program | Data Dictionary

0, 11a, 11b, and 12.

### Tab 10. Climate & Air Quality Plans

### **Table 22: Climate and Air Quality Planning Activity Details**

Select the type of planning activity from the dropdown menu. Options include: Emissions Inventory and/or Accounting Practice, Emissions Reduction Strategy Analysis, Development of Emissions Reduction Target, Plan for Reducing Future Port Emissions, Port Resiliency Assessment, Plan to Increase Resilience of Port, Formal Stakeholder Engagement, Workforce Planning Analysis, and Other Activity.

If Other Activity is selected for the previous field, enter the planning activity in this field.

Select the primary port affected by each planning activity from the dropdown menu, which will be populated with fields from the Cover Sheet (Tab 2, Table 3a.)

If the primary location of the activity is not at a port, provide the primary site affected by each planning activity from the dropdown menu, which will be populated with fields from the Cover Sheet (Tab 2, Table 3b.)

No action needed; this field will auto-populate based on the response to the prior fields using the information entered into the Cover Sheet

No action needed; this field will auto-populate based on the response to the prior fields using the information entered into the Cover Sheet

No action needed; this field will auto-populate based on the response to the prior fields using the information entered into the Cover Sheet

Enter the percentage of the planning activity that will affect the site listed by entering a value from 0 to 1, where 1 = 100%.

No action needed; this field will auto-populate based on the response to the prior fields using the information entered into the Cover Sheet

If the planning activity affects more than one area, select the secondary port affected by each planning activity from the dropdown menu, which will be populated with fields from the Cover Sheet (Tab 2, Table 3a.)

If the planning activity affects more than one area and it is not at a port listed, provide the secondary site affected by each planning activity from the dropdown menu, which will be populated with fields from the Cover Sheet (Tab 2, Table 3b.)

No action needed; this field will auto-populate based on the response to the prior fields using the information entered into the Cover Sheet

No action needed; this field will auto-populate based on the response to the prior fields using the information entered into the Cover Sheet

No action needed; this field will auto-populate based on the response to the prior fields using the information entered into the Cover Sheet

Enter the percentage of the planning activity that will affect the site listed by entering a value from 0 to 1, where 1 = 100%.

No action needed; this field will auto-populate based on the response to the prior fields using the information entered into the Cover Sheet

If the listed planning activity spans additional counties or sites not otherwise listed, please list these counties here, using a semicolon to separate between different counties.

If the listed planning activity spans additional counties or sites not otherwise listed, please list the relative share of the planning activity affecting these additional counties, using a semicolon to separate between different counties and percentages of activities in parentheses.

In 1-2 sentences, describe the anticipated or actual outcome of the planning activity. For examples of outcomes, please refer to the Program NOFO.

For each outcome listed in the prior field with a publicly-facing product or deliverable, please list the name and web address of the publicly facing product. Enter the total cost of the planning activity

Enter the total EPA funds used for the planning activity

For activities that involved third-party contractors, please list the name and roles of each third party as it relates to the listed activity.

## Tab 11a. Fleet Description

Using the dropdown menu, select the equipment type sector from the following options: Onroad, Locomotive, Vessel, and Cargo\_Handling\_Equipment\_and\_Other\_Nonroad

Using the dropdown menu, select the specific type of vehicle or equipment fleet; note the dropdown menu shown is a function of the prior field (e.g., Onroad will only show relevant onroad vehicles, etc.).

Using the dropdown menu, select the vocation that best describes the use of the vessel or onroad vehicle. Note this field is hatched out for locomotives and Cargo Handling Equipment

If Other Target Fleet or Vocation selected in the prior fields, provide a brief description of the vehicle and/or equipment and its vocation related to this project.

Using the dropdown menu, select the type of upgrade or replacement that best describes this vehicle or equipment; options include: New Vehicle - Battery Electric, New Vehicle - Fuel Cell, New Locomotive - Battery Electric, New Locomotive - Fuel Cell, New Vessel - Battery Electric, New Vessel - Battery Electric, New Locomotive - Fuel Cell, New Engine - Battery Electric, New Engine - Fuel Cell, New Cargo Handling Equipment - Fuel Cell, New Cargo Handling Equipment - Fuel Cell, and Other List the name and/or organization that owns the new vehicle or equipment

#### Table 23b: Place(s) of Performance

Select Yes/No based on i

#### Primary Place of Performance

Select the primary port affected by each vehicle or equipment's operation from the dropdown menu, which will be populated with fields from the Cover Sheet (Tab 2. Table 3a.)

If the primary location of the vehicle or equipment's operation is not at a port, provide the primary site affected by each vehicle from the dropdown menu, which will be populated with fields from the Cover Sheet (Tab 2, Table 3b.)

No action needed; this field will auto-populate based on the response to the prior fields using the information entered into the Cover Sheet

No action needed; this field will auto-populate based on the response to the prior fields using the information entered into the Cover Sheet

No action needed; this field will auto-populate based on the response to the prior fields using the information entered into the Cover Sheet

Enter the percentage of the time the vehicle or equipment will operate at the site listed by entering a value from 0 to 1, where 1 = 100%.

No action needed; this field will auto-populate based on the response to the prior fields using the information entered into the Cover Sheet

No action needed; this field will auto-populate based on the response to the prior fields using the information entered into the Cover Sheet Secondary Place of Performance (if applicable)

If there is a secondary place of performance that's also a port where this vehicle or equipment is expected to operate, select the port from the list of options on the dropdown menu, which will be populated with fields from the Cover Sheet (Tab 2, Table 3a).

If there is a secondary place of performance that's also not a port where this vehicle or equipment is expected to operate, select the additional location of operation from the list of options on the dropdown menu, which will be populated with fields from the Cover Sheet (Tab 2, Table 3b).

No action needed; this field will auto-populate based on the response to the prior fields using the information entered into the Cover Sheet

No action needed; this field will auto-populate based on the response to the prior fields using the information entered into the Cover Sheet

No action needed; this field will auto-populate based on the response to the prior fields using the information entered into the Cover Sheet

Enter the percentage of the time the vehicle or equipment will operate at the site listed by entering a value from 0 to 1, where 1 = 100%.

No action needed; this field will auto-populate based on the response to the prior fields using the information entered into the Cover Sheet

No action needed; this field will auto-populate based on the response to the prior fields using the information entered into the Cover Sheet Additional Location Details (if applicable)

List the names of the additional counties where the vehicle operates; separate multiple counties using a semicolon

List the relative share of time each vehicle or equipment operates in the additional counties listed in the field before

### Table 23c: Details of New Vehicle, Vessel, and/or Equipment

Select from the dropdown menu the Vehicle/Equipment Class for onroad vehicles, as appropriate.

Enter the vehicle's gross vehicle weight rating (only required for Onroad Vehicles)

Enter the manufacturer of the New Vehicle

Enter the model of the New vehicle

Enter the model year of the new vehicle or equipment

Enter the powertrain family name for the new vehicle or equipment

Enter the unique identifier for the vehicles; where applicable, provide a Vehicle Identification Number (VIN), or similar unique vehicle identifier

Enter the total cost expended for acquiring this vehicle or equipment

Enter the total EPA funds from this grant expended for acquiring this vehicle or equipment

## Table 23d. Engine Repower Details (if applicable)

Enter the manufacturer of the existing Engine.

Enter the model of the existing Engine.

Enter the model year of this engine set.

Enter the average horsepower of the engine/equipment.

Enter the Engine Family name of the existing Engine. NOTE: unregulated engines will not have an Engine Family Name, and can be listed as 'N/A'

Enter the engine Serial # for each vehicle or engine to be scrapped/replaced.

Enter the total number of propulsion engines on the vessel.

Enter the total number of auxiliary engines on the vessel.

Enter the total cost expended for acquiring each engine

Enter the total EPA funds from this grant expended for acquiring each engine

Enter the total cost expended on labor related to this engine installation and/or repower

Enter the total EPA funds from this grant expended on labor related to this engine installation and/or repower

No action needed; this field will automatically sum the previously listed acquisition and labor costs listed previously

No action needed; this field will automatically sum the previously listed acquisition and labor costs listed previously

### Table 23e. Vehicle or Equipment Activity Data

Enter the average number of hours the equipment operates per year per vehicle (only required for Nonroad equipment)

Enter the average number of hours the vehicle idles per year.

Enter the average number of vehicle miles traveled per year per vehicle (only required for Onroad vehicles)

Enter the average number of hoteling hours per year, per engine (only required for vessels)

## 3f. Details for Battery Electric Vehicles or Equipment (only required for Battery Electric Equipment)

Provide information about if the vehicle or equipment is capable of bidirectional charging, by selecting, yes, no, or non applicable, if new vehicle/vessel is not a battery electric.

Name of the Battery Manufacturer

Number of battery packs on the vehicle. If not known, enter  ${\bf 1}$ 

Listed battery capacity per battery pack; if only entire capacity known, enter that value here, and 1 as the battery pack.

No action needed: This field multiplies the number of battery packs by the capacity per battery pack

Enter the rated charging power in kW

For onroad battery electric vehicles only, enter in the estimated range in miles

For non-road battery electric equipment only, enter the estimated number of hours of operation

### Table 23g. Battery Warranty (only required for Battery Electric Equipment)

Using the dropdown menu, select yes or no if a battery warranty is included.

If the battery includes a warranty, indicate the number of years the coverage is valid for

For onroad battery electric vehicle only - If the battery includes a warranty, indicate the number of miles the coverage is valid for

For non-road battery electric equipment only - If the battery includes a warranty, indicate the number of hours of operation the coverage is valid for

If the battery includes a warranty, indicate the total amount of discharged energy (kWh) the coverage is valid for

Using the dropdown menu, select yes or no if the vehicle is equipped with a battery thermal management system.

### Table 23h. Powertrain Warranty

Using the dropdown menu, select yes or no if a powertrain warranty is included.

If the powertrain includes a warranty, indicate the number of years the coverage is valid for

If the powertrain includes a warranty, indicate the number of miles the coverage is valid for (on-road)

If the powertrain includes a warranty, indicate the number of hours of operation the coverage is valid for (non-road)

## 3i. Vehicle or Equipment Information - Hydrogen Fuel Cell (only required for H2 Fuel Cell Equipment)

Name of the fuel cell system Manufacturer

Maximum output power of fuel cell system in kW

Capacity of the vehicle's hydrogen fuel tank in kg

## Table 23j. Emergency Power Systems

Select yes or no reflecting the vehicle's capabilities

Describe the engine(s) and circumstances under which Emergency Power is used

Table 23k. Optional Future of Transportation Research

Select yes or no reflecting the vehicle's capabilities

Select from the dropdown menu if EPA or its partners may contact you regarding shore power research.

If you selected "Yes" for the previous column, please enter your name and e-mail.

## Tab 11b. Scrappage Information

### ge Information

ice | Note: Yellow fields for the Basic Fleet Information will Automatically Populate upon selecting the corresponding new equipment

Dropdown menu with the Vehicle/Equipment IDs from Tab 11a, Table 23; select the vehicle or equipment that will be the 'Replacement' for each scrapped or disposed of vehicle you will describe in Table 24.

No action needed; this field autopopulates based on responses entered in Tab 11a, Table 23 No action needed; this field autopopulates based on responses entered in Tab 11a, Table 23

No action needed; this field autopopulates based on responses entered in Tab 11a, Table 23 No action needed; this field autopopulates based on responses entered in Tab 11a, Table 23 No action needed; this field autopopulates based on responses entered in Tab 11a, Table 23 No action needed; this field autopopulates based on responses entered in Tab 11a, Table 23

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No action needed; this field autopopulates based on responses entered in Tab 11a, Table 23 No action needed; this field autopopulates based on responses entered in Tab 11a, Table 23 No action needed; this field autopopulates based on responses entered in Tab 11a, Table 23 No action needed; this field autopopulates based on responses entered in Tab 11a, Table 23 No action needed; this field autopopulates based on responses entered in Tab 11a, Table 23 No action needed; this field autopopulates based on responses entered in Tab 11a, Table 23

## **Table 24b. Current Vehicle or Equipment Specifications**

Enter current vehicle's classification (only required for Onroad Vehicles)

Enter current vehicle's gross vehicle weight rating in lbs. (only required for Onroad Vehicles)

Enter the manufacturer of the existing vehicle or equipment

Enter the model of the existing vehicle or equipment

Enter the model year of the existing vehicle or equipment

Enter the name of the existing vehicle's or equipment's powertrain family

Enter the Serial number or VIN number for each engine or vehicle

Enter the method the vehicle was disposed of. See Program Guidance for eligible methods of disposal (e.g., scrappage)

Enter the state and county the current vehicle will operate if it is not scrapped.

### **Table 24c. Current Engine Information**

Enter the engine serial number

Enter the manufacturer of the existing Engine.

Enter the model of the existing Engine.

Enter the model year of this engine set.

Enter the engine tier using the dropdown menu

If you selected "Tier 4" for the previous answer, provide details about which Tier 4 standards the existing engine met

Describe any after-treatment technology

Enter the average horsepower of the engine/equipment.

Use the dropdown menu to select the engine cylinder displacement

Enter the number of cylinders

Use the dropdown menu to select the engine cylinder displacement

Enter the engine family name

Use the dropdown menu to select the fuel type

Enter the number of propulsion engines

Enter the number of auxiliary engines

## Table 24d. Current Annual Vehicle Activity Data & Estimated Remaining Life

Enter the amount of fuel used by current vehicle annually

Enter the amount of hours used by current vehicle annually; limited only to non-road (including cargo-handling equipment), locomotives, and marine vessels only.

Enter the amount of miles traveled by current vehicle annually; limited only to on-road vehicles

Enter the amount of idling hours used by current vehicle annually; limited only to on-road

Enter the amount of hoteling hours by current vehicle annually; limited only to Class 8 long-haul combination on-road trucks only

Enter the estimated number of years of remaining life of the vehicle or engine.

### Tab 12. INFRASTRUCTURE

### lectric Charging Equipment (not including vessel shore power)

### Table 25a. Electric Vehicle Supply Equipment (EVSE) Overview

Enter the type of charger, either Level 2 (AC charging up to 19.2 kW), DC Fast Charging, or Other (including non-standard or megawatt charging system).

Confirm and select yes if applicable. Please see https://www.energystar.gov/

Enter the manufacturer of the charging equipment

Enter the model name of the charging equipment.

Enter the year the charging equipment was manufactured.

Enter the maximum power output of the charging equipment, measured in kilowatts.

Enter the number of plugs installed on each unit of the charging equipment.

Select yes or no into the cell to specify whether the charging equipment is capable of bidirectional charging.

Select yes or no into the cell to specify whether the vehicles/equipment and charging equipment will be used for vehicle-to-grid (V2G) services. Enter the quantity of charging equipment unit

## Table 25b. Location of Charging Infrastructure

Select the two letter postal code for the state in which the charging equipment will be located.

Enter the county in which the charging equipment will be located.

Enter the city in which the charging equipment will be located.

Enter the zip code in which the charging equipment will be located.

Enter the street address in which the charging equipment will be located.

Enter the name of the port or organization that owns the charger equipment.

Select whether or not the charging equipment serve more than one port area within the project submitted in this application.

Enter the name of the port area in which the charging equipment will primarily serve.

Enter the name of the <u>other</u> port areas in which the charging equipment will serve. If it will serve multiple secondary port areas, list all and separate with a semicolon (e.g., Port of Galveston; Port of Corpus Christi).

Enter the name of the port area in which the shore power infrastructure is installed.

Enter the name of the charging management service provider.

Select whether or not the equipment cost includes the cost of the charging management service.

If Charging Management Service not included in the grant cost, but is acquired, what is the cost and frequency of charges paid by the award recipient.

Table 25d. Charging Infrastructure Installation Details

Describe the work done during installation, including all equipment that became part of the installed EVSE or other EV charging system. List the name of the company (or companies) performing the installation of the EVSE or other EV charging system.

Select the electrician category

Enter the date (or date range) the EVSE or other EV charging system was manufactured.

Enter the date (or date range) the charger system was installed.

Enter the date by which the charger system became fully operational.

#### Table 25e. EVSE BABA Details

Select from the dropdown menu which parts of the infrastructure project are BABA compliant.

For the previous column, explain which parts are not compliant or enter N/A.

Select from the dropdown menu how BABA requirements are being met for the infrastructure project.

### **Table 25f. EVSE Cost Summary**

Select whether or not the equipment cost includes installation of the EVSE or other EV charger system. Enter the equipment cost for each unit of the charging infrastructure system.

Enter the EPA funds expended for the equipment in each unit of the EVSE or other EV charging system.

No action - autopopulated

No action - autopopulated

Enter the total amount of funds expended for installation of all the units in the charging infrastructure system.

Enter the total amount of EPA funds expended for installation of all the units in the charging infrastructure system.

Enter the total amount of funds expended for all other eligible expensed related to the charging infrastructure project in this application, including permits, shipping, etc.

Enter the total amount of EPA funds expended for all other eligible expensed related to the charging infrastructure project in this application, including permits, shipping, etc.

Describe the items corresponding to the previous two columns.

No action - autopopulated

## No action - autopopulated

## Table 25g. Optional Participation in Future Transportation Research

Select from the dropdown menu if EPA or its partners may contact you regarding charging usage research. If you selected "Yes" for the previous column, please enter your name and e-mail.

## Table 26a. Shore Power Equipment Information & Demand Overview

Select the type of shore power connection, either high-voltage (HVSC) or low-voltage (LVSC).

Select the total voltage provided from the dropdown menu, if listed.

Enter the total voltage service provided if the amount is not listed in the dropdown menu.

Enter the manufacturer of the shore power system.

Enter the model name of the shore power system.

Enter the year the shore power system was manufactured.

Select the typical engine tier of vessels using the shore power system.

Select the fuel type of vessels using the shore power system.

Enter the number of annual vessel calls per berth where the shore power system is installed.

Enter the average hotel hours per vessel call per berth where the shore power system in installed.

Enter the number of vessel berths that can be served by the shore power system.

Enter the maximum power output of the shore power system, measured in kilowatts.

Enter the estimated total annual energy output of the shore power system in megawatt-hours.

Enter the number of available plugs per shore power pedestal installed.

Enter the total number of shore power pedestals installed.

## Table 26b. Location of Shore Power Infrastructure

Select the two letter postal code for the state in which the charging equipment will be located.

Enter the county in which the charging equipment will be located.

Enter the city in which the charging equipment will be located.

Enter the zip code in which the charging equipment will be located.

Enter the name of the port facility in which the shore power infrastructure is installed.

Enter the name of the port or organization that owns the charging equipment.

## Table 26c. Shore Power Infrastructure Installation Information

Describe the work done during installation, including all equipment that became part of the installed shore power system. List the name of the company (or companies) performing the installation of the shore power system.

Enter the date (or date range) the shore power system was manufactured.

Enter the date (or date range) the shore power system was installed.

Enter the date by which the shore power system became fully operational.

## Table 26d. Shore Power BABA Details

Select from the dropdown menu which parts of the shore power infrastructure project are BABA compliant.

For the previous column, explain which parts are not compliant or enter N/A.

Select from the dropdown menu how BABA requirements are being met for the shore power infrastructure project.

### **Table 26e. Shore Power Cost Summary**

Enter the equipment cost for each unit of the shore power infrastructure system.

Enter the EPA funds expended for the equipment in each shore power pedestal.

Select whether or not the equipment cost includes installation of the shore power equipment.

No action - autopopulated

No action - autopopulated

Enter the total amount of funds expended for acquisition and installation of all the units in the shore power system.

Enter the total amount of EPA funds expended for acquisition and installation of all the units in the shore power system.

Describe the items corresponding to the previous two columns.

Enter the total amount of funds expended for all items related to acquiring shore power system.

Enter the total amount of EPA funds expended for all items related to acquiring shore power system.

No action - autopopulated

No action - autopopulated No action - autopopulated No action - autopopulated

No action - autopopulated

Table 26f. Optional Participation in Future Transportation Research

Select from the dropdown menu if EPA or its partners may contact you regarding shore power usage research. If you selected "Yes" for the previous column, please enter your name and e-mail.

## Table 27a. Hydrogen Fueling Station Information Overview

Select from the dropdown menu what type of hydrogen fueling station is installed under this project.

Select from the dropdown menu what type of hydrogen storage is installed under this project.

Select from the dropdown menu the refilling pressure level of supported by the hydrogen fueling equipment.

If you selected "Other" for the previous column, please enter the refilling pressure information.

Enter the capacity of the hydrogen storage tank in kilograms.

Enter the total number of dispenser hoses installed on the hydrogen fueling station.

Enter the maximum hydrogen dispensing flow rate per dispenser hose in kilograms per minute.

Enter the total capacity of hydrogen dispensing flow rate for the hydrogen fueling station in kilograms per minute.

Enter the total number of cooling systems installed on the hydrogen fueling station.

Enter the total number of compressors installed on the hydrogen fueling station.

Enter the total number of hydrogen storage tanks installed on the hydrogen fueling station.

Enter the total number of hydrogen dispenser pedestals installed on the hydrogen fueling station.

## Table 27b. H2 Dispenser Pedestal Details

Enter then umber of dispenser hoses installed on each pedestal of the hydrogen fueling station.

Enter the manufacturer of the hydrogen dispensing pedestal equipment.

Enter the model name of the hydrogen dispensing pedestal equipment.

Enter the year the hydrogen dispensing pedestal equipment was manufactured.

## Table 27c. H2 Storage Tank

Enter the manufacturer of the hydrogen storage tank.

Enter the model name of the hydrogen storage tank.

Enter the year the hydrogen storage tank was manufactured.

### Table 27d. H2 Compressor

Enter the manufacturer of the compressor.

Enter the model name of the compressor.

Enter the year the compressor was manufactured.

## Table 27e. Cooling System

Enter the manufacturer of the cooling system.

Enter the model name of the cooling system.

Enter the year the cooling system was manufactured.

### **Table 27f. Service Details**

Select whether or not the hydrogen fueling station serve more than one port area within the project submitted in this application.

Enter the name of the port area in which the hydrogen fueling station will primarily serve.

Enter the name of the <u>other</u> port areas in which the hydrogen fueling station will serve. If it will serve multiple secondary port areas, list all and separate with a semicolon (e.g., Port of Galveston; Port of Corpus Christi).

Enter the estimated amount of total annual hydrogen dispensed from the fueling station in kilograms.

Enter the name of the port or organization that owns the hydrogen fueling equipment.

## Table 27g. Location of Hydrogen Fueling Station

Select the two letter postal code for the state in which the hydrogen fueling station will be located.

Enter the county in which the hydrogen fueling station will be located.

Enter the city in which the hydrogen fueling station will be located.

Enter the zip code in which the charging equipment hydrogen fueling station will be located.

Enter the street address in which the hydrogen fueling station will be located.

### Table 27h. Installation Details

Describe the work done during installation, including all equipment that became part of the installed hydrogen fueling station.

List the name of the company (or companies) performing the installation of the hydrogen fueling station.

Enter the date (or date range) the hydrogen fueling station and equipment was manufactured.

Enter the date (or date range) the hydrogen fueling station was installed.

Enter the date by which the hydrogen fueling station became fully operational.

### Table 27i. BABA Compliance

Select from the dropdown menu which parts of the hydrogen fueling infrastructure project are BABA compliant.

For the previous column, explain which parts are not compliant or enter N/A.

Select from the dropdown menu how BABA requirements are being met for the hydrogen fueling infrastructure project.

## Table 27j. Funding Details

Enter the total funds expended for acquiring each unit of the hydrogen fueling pedestal.

Enter the total EPA funds expended for acquiring each unit of the hydrogen fueling pedestal.

Enter the total funds expended for acquiring additional supporting infrastructure such as tanks, compressors, pipes, cooling systems, etc.

Enter the total EPA funds expended for acquiring additional supporting infrastructure such as tanks, compressors, pipes, cooling systems, etc. Enter the total amount of funds expended for installation of all the units in the hydrogen fueling station.

Enter the total amount of EPA funds expended for installation of all the units in the hydrogen fueling station.

Enter the total amount of funds expended for acquisition and installation of all the units in the hydrogen fueling system.

Enter the total amount of EPA funds expended for acquisition and installation of all the units in the hydrogen fueling system.

Describe the items corresponding to the previous two columns.

No action - autopopulated

No action - autopopulated

### Table 27k. Optional Future of Transportation Research

Select from the dropdown menu if EPA or its partners may contact you regarding hydrogen usage research.

If you selected "Yes" for the previous column, please enter your name and e-mail.

#### Table 28a. On-Site Power Generation Equipment Information

Select from the dropdown menu the renewable source of energy for power generation: solar or wind.

Enter the name of the manufacturer of the on-site power generation system.

Enter the model name of the on-site power generation system.

Enter the year the on-site power generation system was manufactured.

Enter the energy generation capacity of the on-site power generation system.

## Table 28b. On-Site Power Generation Location Details

Select the two letter postal code for the state in which the on-site power generation system will be located.

Enter the county in which the on-site power generation system will be located.

Enter the city in which the on-site power generation system will be located.

Enter the zip code in which the on-site power generation system will be located.

Enter the street address in which the on-site power generation system will be located.

Enter the name of the port or organization that owns the on-site power generation system.

Select whether or not the on-site power generation system serves more than one port area within the project submitted in this application.

Enter the name of the port area in which the on-site power generation system will primarily serve.

Enter the name of the other port areas in which the on-site power generation system will serve. If it will serve multiple secondary port areas, list all and separate with a semicolon (e.g., Port of Galveston; Port of Corpus Christi).

# Table 28c. On-Site Power Generation Installation Details

Describe the work done during installation, including all equipment that became part of the installed on-site power generation system.

List the name of the company (or companies) performing the installation of the on-site power generation system.

Enter the date (or date range) the on-site power generation system and equipment was manufactured.

Enter the date (or date range) the on-site power generation system was installed.

Enter the date by which the on-site power generation system became fully operational.

### Table 28d. BABA Compliance

Select from the dropdown menu which parts of the on-site power generation infrastructure project are BABA compliant.

For the previous column, explain which parts are not compliant or enter N/A.

Select from the dropdown menu how BABA requirements are being met for the on-site power generation infrastructure project.

## Table 28e. On-Site Power Generation Cost Summary

Enter the equipment cost for each unit of the one-site power generation infrastructure system.

Enter the EPA funds expended for each unit of one-site power generation infrastructure system.

Enter the total amount of funds expended for installation of all the units in the one-site power generation infrastructure system.

Enter the total amount of EPA funds expended for installation of all the units in the one-site power generation infrastructure system.

Enter the total amount of funds expended for acquisition and installation of all the units in the shore power system.

Enter the total amount of EPA funds expended for acquisition and installation of all the units in the one-site power generation infrastructure system.

Describe the items corresponding to the previous two columns.

No action - autopopulated

No action - autopopulated

### Table 28f. Optional Participation in Future of Transportation Research

Select from the dropdown menu if EPA or its partners may contact you regarding on-site power generation usage research.

If you selected "Yes" for the previous column, please enter your name and e-mail.

### nformation

## Table 29a. Battery Electric Storage System (BESS) Equipment Overview

Select the type of battery

Enter the manufacturer of the BESS equipment.

Enter the model name of the BESS equipment.

Enter the year the BESS equipment was manufactured.

Enter the total energy capacity of the BESS system and indicate the unit of energy (kWh or MWh)

Enter the maximum continuous discharge alternative current power in kW

Enter the maximum continuous discharge direct current power in kW

Using the dropdown menu, select whether or not a battery warranty is included.

If the battery includes a warranty, indicate the number of years the coverage is valid for

If the battery includes a warranty, indicate the total amount of discharged energy (kWh) the coverage is valid for

Enter the minimum amount of energy that the battery will be able to store and discharge, in percent (%) of the new battery energy capacity rating.

Enter the number of BESS units installed in this infrastructure project.

## Table 29b. Location of BESS Infrastructure

Select the two letter postal code for the state in which the BESS equipment will be located.

Enter the county in which the BESS equipment will be located.

Enter the city in which the BESS equipment will be located.

Enter the zip code in which the BESS equipment will be located.

Enter the street address in which the BESS equipment will be located.

Enter the name of the port or organization that owns the BESS equipment.

Select whether or not the BESS equipment serves more than one port area within the project submitted in this application.

Enter the name of the port area in which the BESS equipment will primarily serve.

Enter the name of the other port areas in which the BESS equipment will serve. If it will serve multiple secondary port areas, list all and separate with a semicolon (e.g., Port of Galveston; Port of Corpus Christi).

## Table 29c. BESS Installation Details

Describe the work done during installation, including all equipment that became part of the installed BESS.

List the name of the company (or companies) performing the installation of the BESS.

Enter the date (or date range) the BESS equipment was manufactured.

Enter the date (or date range) the BESS was installed.

Enter the date by which the BESS equipment became fully operational.

## Table 29d. BABA Compliance

Select from the dropdown menu which parts of the BESS infrastructure project are BABA compliant.

For the previous column, explain which parts are not compliant or enter N/A.

Select from the dropdown menu how BABA requirements are being met for the BESS infrastructure project.

## Table 29e. BESS Cost Summary

Enter the equipment cost for each unit of the BESS.

Enter the EPA funds expended for the equipment in each BESS unit.

Enter the total amount of funds expended for all items related to acquiring BESS.

Enter the total amount of EPA funds expended for all items related to acquiring BESS.

Enter the total amount of funds expended for acquisition and installation of all the units in the shore power system.

Enter the total amount of EPA funds expended for acquisition and installation of all the units in the shore power system.

Enter the total amount of funds expended for all other eligible BESS-related expenses such as permits, shipping of equipment, etc.

Enter the total amount of EPA funds expended for all other eligible BESS-related expenses such as permits, shipping of equipment, etc. Describe the items corresponding to the previous two columns.

No action - autopopulated

No action - autopopulated

## Table 29f. Optional Participation in Future of Transportation Research

Select from the dropdown menu if EPA or its partners may contact you regarding BESS usage research. If you selected "Yes" for the previous column, please enter your name and e-mail.