U. S. Environmental Protection Agency
Diesel Emissions Reduction Act (DERA) Grant Program
Project Quarterly *AND* Final Reporting Template

Burden Statement for EPA Form: 5900-691

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Instructions

Per grant agreement terms and conditions, this reporting template should be submitted 1) quarterly throughout the project period of performance and 2) a Final Report (120-days after) the completion of the grant period. 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 quarter 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 orange are simply for informative purposes and/or automated from other tabs in this spreadsheet. Please complete tabs in this workbook according to the instructions below.

Excel Workbook Tab	Definition
1. Instructions	Basic instructions for all worksheets in this reporting workbook.
2. Financial Summary	Financial summary for the entire grant period of performance. Please only complete shaded cells highlighted blue with a diagonal pattern (///) that contain grantee and original project budget information. Other cells on this worksheet will automatically feed from information in tabs 3-7 (Year 1-Year 5). If a modification to the grant is approved, please update the financial tabs accordingly.
3. Year 1	Financial summary for the first year of the project period. For each quarterly report, please complete all financial and narrative descriptive cells highlighted blue with a diagonal pattern (///) for each quarter the report is submitted. 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. Note: VW Mitigation Funds should only be used as a voluntary cost share for the State program. Also, some Tribal and territory grantees may be exempt from the mandatory cost share.
4. Year 2	Financial summary for the second year of the project period if grant period of performance is longer than one year. For each quarterly report, please complete all shaded financial and narrative descriptive cells highlighted blue with a diagonal pattern (///) for each quarter the report is submitted. 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. Note: VW Mitigation Funds should only be used as a voluntary cost share for the State program. Also, some Tribal and territory grantees may be exempt from the mandatory cost share.
5. Year 3	Financial summary for the third year of the project period if grant period of performance is longer than two years. For each quarterly report, please complete all shaded financial and narrative descriptive cells highlighted blue with a diagonal pattern (///) for each quarter the report is submitted. 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. Note: VW Mitigation Funds should only be used as a voluntary cost share for the State program. Also, some Tribal and territory grantees may be exempt from the mandatory cost share.
6. Year 4 *(Tab Hidden)*	Financial summary for the fourth year of the project period, if needed. If project period of performance lasts more than three years, please unhide this tab by right clicking on '1. Instructions', select '...Unhide', and click 'Year 4'. For each quarterly report, please complete all shaded financial and narrative descriptive cells highlighted blue with a diagonal pattern (///) for each quarter the report is submitted. 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. Note: VW Mitigation Funds should only be used as a voluntary cost share for the State program. Also, some Tribal and territory grantees may be exempt from the mandatory cost share.
7. Year 5 *(Tab Hidden)*	Financial summary for the fifth year of the project period, if needed. If project period of performance lasts more than four years, please unhide this tab by right clicking on '1. Instructions', select '...Unhide', and click 'Year 5'. For each quarterly report, please complete all shaded financial and narrative descriptive cells highlighted blue with a diagonal pattern (///) for each quarter the report is submitted. 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. Note: VW Mitigation Funds should only be used as a voluntary cost share for the State program. Also, some Tribal and territory grantees may be exempt from the mandatory cost share.

8. Amendments	The Amendments tab should be used to update any changes in vehicle or equipment quantities, infrastructure quantities, or other activities, and their corresponding changes in to 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.
9. DERA 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, 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 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. Fleet Description	The tab should be completed based upon the final workplan fleet sheet submitted and approved by EPA. The Fleet Description should be updated quarterly with any revisions to vehicle and engine information. Please refer to additional information on field definitions in tab 13 (Data Dictionary).
11. Infrastructure	The tab should be completed based upon the final workplan infrastructure submitted and approved by EPA. The Infrastructure tab should be updated quarterly with any revisions to zero emission charging and/or fueling infrastructure information. Please refer to additional information on field definitions in tab 13 (Data Dictionary).
12. Final Report	Final project details including actual emission and programmatic results. Please only complete shaded cells highlighted blue with a diagonal pattern (///). Emissions results should be copy and pasted from DEQ results.
13. Data Dictionary	Please refer to the dictionary on this tab for support in completing the Fleet Description (tab 8) and Infrastructure Description (tab 9).

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Grant Recipient	
Project Period of Performance	**[START DATE] - [END DATE]**
Grant Number	
Project Title	
DERA Program	

DERA Grant Fiscal Summary TOTAL Year #1 + Year #2	
EPA Project Award Amount Total	**$ -**
Total Cost Share Amount	**$ -**
Total Project Costs (EPA + Cost Share)	**$ -**
EPA Funds Expended to Date	**$ -**
EPA Funds Remaining	**$ -**

Record project budget funds ONLY from

Financial Summary	**Total Project Budget**				
	EPA Funds	Mandatory Cost Share	Voluntary Cost Share		Total Project Cost
			VW Mitigation Funds (State program ONLY)	Other Funds	
Personnel	$ -	$ -	$ -	$ -	**$ -**
Fringe Benefits	$ -	$ -	$ -	$ -	**$ -**
Travel	$ -	$ -	$ -	$ -	**$ -**
Equipment	$ -	$ -	$ -	$ -	**$ -**
Supplies	$ -	$ -	$ -	$ -	**$ -**
Contractual	$ -	$ -	$ -	$ -	**$ -**
Subawards	$ -	$ -	$ -	$ -	**$ -**
Participant Support Costs (e.g., Rebates)	$ -	$ -	$ -	$ -	**$ -**
Other	$ -	$ -	$ -	$ -	**$ -**
Direct Cost Total	$ -	$ -	$ -	$ -	**$ -**
Indirect Charges	$ -	$ -	$ -	$ -	**$ -**
TOTALS	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**

Financial Summary	EPA Funds	Mandatory Cost Share	Voluntary Cost Share		Total Project Cost
			VW Mitigation Funds (State program ONLY)	Other Funds	
Personnel					$ -
Fringe Benefits					$ -
Travel					$ -
Equipment					$ -
Supplies					$ -
Contractual					$ -
Subawards					$ -
Participant Support Costs (e.g., Rebates)					$ -
Other					$ -
Direct Cost Total	$ -	$ -	$ -	$ -	$ -
Indirect Charges		$ -	$ -	$ -	$ -
TOTALS	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**

No Entry Nee

Financial Summary	Year 1				
	EPA Funds	Mandatory Cost Share	Voluntary Cost Share		Total Project Cost
			VW Mitigation Funds (State program ONLY)	Other Funds	
Personnel	$ -	$ -	$ -	$ -	$ -
Fringe Benefits	$ -	$ -	$ -	$ -	$ -
Travel	$ -	$ -	$ -	$ -	$ -
Equipment	$ -	$ -	$ -	$ -	$ -
Supplies	$ -	$ -	$ -	$ -	$ -
Contractual	$ -	$ -	$ -	$ -	$ -
Subawards	$ -	$ -	$ -	$ -	$ -
Participant Support Costs (e.g., Rebates)	$ -	$ -	$ -	$ -	$ -
Other	$ -	$ -	$ -	$ -	$ -
Direct Cost Total	$ -	$ -	$ -	$ -	$ -
Indirect Charges	$ -	$ -	$ -	$ -	$ -
TOTALS	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**

	Year 4

Financial Summary	EPA Funds	Mandatory Cost Share	Voluntary Cost Share		Total Project Cost
			VW Mitigation Funds (State program ONLY)	Other Funds	
Personnel	$ -	$ -	$ -	$ -	$ -
Fringe Benefits	$ -	$ -	$ -	$ -	$ -
Travel	$ -	$ -	$ -	$ -	$ -
Equipment	$ -	$ -	$ -	$ -	$ -
Supplies	$ -	$ -	$ -	$ -	$ -
Contractual	$ -	$ -	$ -	$ -	$ -
Subawards	$ -	$ -	$ -	$ -	$ -
Participant Support Costs (e.g., Rebates)	$ -	$ -	$ -	$ -	$ -
Other	$ -	$ -	$ -	$ -	$ -
Direct Cost Total	$ -	$ -	$ -	$ -	$ -
Indirect Charges	$ -	$ -	$ -	$ -	$ -
TOTALS	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**

U. S. Environmental Protection Agency
Diesel Emissions Reduction Act (DERA) Grant Program
Financial Summary - Project Lifetime

DERA Grant Fiscal Summary Year #1	
Program Fiscal Year	
EPA Project Award Amount Year #1	**$ -**
Total Cost Share Amount	**$ -**
Total Voluntary Cost Share	**$ -**
Total Mandatory Cost Share Amount	**$ -**
Total Project Costs (EPA + Cost Share)	**$ -**

DERA Grant Fiscal Summary Year #2 (If applicable)	
Program Fiscal Year	
EPA Project Award Amount Year #2	**$ -**
Total Cost Share Amount	**$ -**
Total Voluntary Cost Share	**$ -**
Total Mandatory Cost Share Amount	**$ -**
Total Project Costs (EPA + Cost Share)	**$ -**

Table 1. Summary Rate of Expenditure
approved final workplan. All other numbers will reflect automatically from subsequent tabs.

Total Expenses to Date					R	
EPA Funds	Mandatory Cost Share	Voluntary Cost Share: VW Mitigation Funds (State program ONLY)	Voluntary Cost Share: Other Funds	Total Project Cost	EPA Funds	Mandatory Cost Share
$ -	$ -	$ -	$ -	**$ -**	$ -	$ -
$ -	$ -	$ -	$ -	**$ -**	$ -	$ -
$ -	$ -	$ -	$ -	**$ -**	$ -	$ -
$ -	$ -	$ -	$ -	**$ -**	$ -	$ -
$ -	$ -	$ -	$ -	**$ -**	$ -	$ -
$ -	$ -	$ -	$ -	**$ -**	$ -	$ -
$ -	$ -	$ -	$ -	**$ -**	$ -	$ -
$ -	$ -	$ -	$ -	**$ -**	$ -	$ -
$ -	$ -	$ -	$ -	**$ -**	$ -	$ -
$ -	$ -	$ -	$ -	**$ -**	$ -	$ -
$ -	$ -	$ -	$ -	**$ -**	$ -	$ -
$ -	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**

EPA Budget Details by Fiscal Year

					T	
		Voluntary Cost Share				
EPA Funds	Mandatory Cost Share	VW Mitigation Funds (State program ONLY)	Other Funds	Total Project Cost	EPA Funds	Mandatory Cost Share
				$ -	$ -	$ -
				$ -	$ -	$ -
				$ -	$ -	$ -
				$ -	$ -	$ -
				$ -	$ -	$ -
				$ -	$ -	$ -
				$ -	$ -	$ -
				$ -	$ -	$ -
				$ -	$ -	$ -
$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -
$ -	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**

Table 2. Annual Rate of Expenditure

ded - ALL numbers will reflect automatically from subsequent tabs.

Year 2						
		Voluntary Cost Share				
EPA Funds	Mandatory Cost Share	VW Mitigation Funds (State program ONLY)	Other Funds	Total Project Cost	EPA Funds	Mandatory Cost Share
$ -	$ -	$ -	$ -	$ -	$ -	$ -
$ -	$ -	$ -	$ -	$ -	$ -	$ -
$ -	$ -	$ -	$ -	$ -	$ -	$ -
$ -	$ -	$ -	$ -	$ -	$ -	$ -
$ -	$ -	$ -	$ -	$ -	$ -	$ -
$ -	$ -	$ -	$ -	$ -	$ -	$ -
$ -	$ -	$ -	$ -	$ -	$ -	$ -
$ -	$ -	$ -	$ -	$ -	$ -	$ -
$ -	$ -	$ -	$ -	$ -	$ -	$ -
$ -	$ -	$ -	$ -	$ -	$ -	$ -
$ -	$ -	$ -	$ -	$ -	$ -	$ -
$ -	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**

Year 5

EPA Funds	Mandatory Cost Share	Voluntary Cost Share		Total Project Cost
		VW Mitigation Funds (State program ONLY)	Other Funds	
$ -	$ -	$ -	$ -	$ -
$ -	$ -	$ -	$ -	$ -
$ -	$ -	$ -	$ -	$ -
$ -	$ -	$ -	$ -	$ -
$ -	$ -	$ -	$ -	$ -
$ -	$ -	$ -	$ -	$ -
$ -	$ -	$ -	$ -	$ -
$ -	$ -	$ -	$ -	$ -
$ -	$ -	$ -	$ -	$ -
$ -	$ -	$ -	$ -	$ -
$ -	$ -	$ -	$ -	$ -
$ -	**$ -**	**$ -**	**$ -**	**$ -**

Remaining Balance

Voluntary Cost Share		Total Project Cost
VW Mitigation Funds (State program ONLY)	Other Funds	
$ -	$ -	**$ -**
$ -	$ -	**$ -**
$ -	$ -	**$ -**
$ -	$ -	**$ -**
$ -	$ -	**$ -**
$ -	$ -	**$ -**
$ -	$ -	**$ -**
$ -	$ -	**$ -**
$ -	$ -	**$ -**
$ -	$ -	**$ -**
$ -	$ -	**$ -**
$ -	**$ -**	**$ -**

otal Project Budget

Voluntary Cost Share		Total Project Cost
VW Mitigation Funds (State program ONLY)	Other Funds	
$ -	$ -	**$ -**
$ -	$ -	**$ -**
$ -	$ -	**$ -**
$ -	$ -	**$ -**
$ -	$ -	**$ -**
$ -	$ -	**$ -**
$ -	$ -	**$ -**
$ -	$ -	**$ -**
$ -	$ -	**$ -**
$ -	$ -	**$ -**
$ -	$ -	**$ -**
$ -	**$ -**	**$ -**

Year 3

Voluntary Cost Share		Total Project Cost
VW Mitigation Funds (State program ONLY)	Other Funds	
$ -	$ -	$ -
$ -	$ -	$ -
$ -	$ -	$ -
$ -	$ -	$ -
$ -	$ -	$ -
$ -	$ -	$ -
$ -	$ -	$ -
$ -	$ -	$ -
$ -	$ -	$ -
$ -	$ -	$ -
$ -	$ -	$ -
$ -	**$ -**	**$ -**

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Diesel Emissions Reduction Act (DERA)
Financial and Narrative Summar

Grant Recipient	
Grant Number	
Project Title	

Total EPA Func
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Project Report

Table 3. Year 1 Annual Rate of Expenditure

Record and update project expenses at each interval according to the reporting cadence determined by yo

Enter Dates for this Reporting Period	**Quarter 1**				
	EPA Funds Expended the Reporting Period	Mandatory Cost Share Expended the Reporting Period	Voluntary Cost Share Expended this Reporting Period		Total Project Cost
			VW Mitigation Funds (State program only)	Other Funds	
Personnel					$ -
Fringe Benefits					$ -
Travel					$ -
Equipment					$ -
Supplies					$ -
Contractual					$ -
Subawards					$ -
Participant Support Costs (e.g., Rebates)					$ -
Other					$ -
Direct Cost Total	$ -	$ -	$ -	$ -	$ -
Indirect Charges					$ -
TOTALS	$ -	$ -	$ -	$ -	$ -

Please paste the planned activities, outputs, and outcome from the submitted workplan information. Provi
progress, or 3) Completed. Please indicate the fiscal year of DERA grant funds used for the activity describe

Fiscal Year	Activities

Please provide programmatic and narrative financial updates on the project. As quarterly reports are subn
explanation in the subsequent cell.

Question	Quarter 1 Update
Provide a comparison of accomplishments with the anticipated outputs/outcomes and timelines /milestones specified in the project Work Plan. Please include financial, technical, and programmatic.	

Have any vehicles in this project changed from the last quarter? (i.e. vehicles added to the Fleet Description or taken off the Fleet Description)	
Did you award any rebates or subawards during the reporting period? If so, list the recipients and how much funding they received.	
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?	
If any cost-share or additional leveraged funds are reported for this Reporting Period in Table 3 above, identify the source of the funds.	
Have there been any major personnel changes during this reporting period?	
Did any public relations events regarding this grant take place during the reporting period?	
Are you using websites or other tools used to relay information about this grant to the public?	
What project activities are planned for the next reporting period?	

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.	
(State program only)What is the URL for the state website listing the total number and dollar amount of subawards, rebates, or loans provided, as well as a breakdown of the technologies funded? Please also list any other state websites used for outreach related to the State DERA Grant Program.	
Do you have any other comments or feedback?	

Please provide subaward updates on the project. As quarterly reports are submitted, indicate updates or c
cell.

Question	Quarter 1 Update
Summaries of results of reviews of financial and programmatic reports.	
Summaries of findings from site visits and/or desk reviews to ensure effective subrecipient performance.	
Environmental results the subrecipient achieved	
Summaries of audit findings and related pass-through entity management decisions	
Actions the pass-through entity has taken to correct deficiencies such as those specified at 2 CFR 200.332, 2 CFR 200.208 and the 2 CFR 200.339 Remedies for Noncompliance	

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y - Year 1

ds Expended: Year 1	**$ -**
ence	**Quarterly**
ing Period	

our Project Officer. Previous fields should remain and edits should be made to the whenever interanr

Quarter 2					
EPA Funds Expended the Reporting Period	Mandatory Cost Share Expended the Reporting Period	Voluntary Cost Share Expended this Reporting Period		Total Project Cost	EPA Funds Expended this Reporting Period
		VW Mitigation Funds (State program only)	Other Funds		
				$ -	
				$ -	
				$ -	
				$ -	
				$ -	
				$ -	
				$ -	
				$ -	
				$ -	
$ -	$ -	$ -	$ -	$ -	$ -
				$ -	
$ -	$ -	$ -	$ -	$ -	$ -

Table 4. Project Updates - Narrative Responses

Record and update project updates below.

ide updates and if any changes occurred, please provide that information accordingly. In the 'Progre
ed within the table.

	Anticipated Outcomes	
		Q1

nitted, indicate updates or changes for each quarter. For each quarter, please indicate if there was a

	Quarter 2 Update	Quarter 3 Updat

Subaward Reporting Requirements

hanges for each quarter. For each quarter, please indicate if there was a change from the previous c

	Quarter 2 Update	Quarter 3 Updat

nual reports are submitted. Note the table will update based upon the Reporting Cadence field, selected a

Quarter 3					
Mandatory Cost Share Expended this Reporting Period	Voluntary Cost Share Expended this Reporting Period		Total Project Cost	EPA Funds Expended this Reporting Period	Mandatory Cost Share Expended this Reporting Period
	VW Mitigation Funds (State program only)	Other Funds			
			$ -		
			$ -		
			$ -		
			$ -		
			$ -		
			$ -		
			$ -		
			$ -		
			$ -		
$ -	$ -	$ -	$ -	$ -	$ -
			$ -		
$ -	$ -	$ -	$ -	$ -	$ -

ss to Date' column, please use the dropdown to indicate if the activity is 1) Not yet started, 2) In

Progress to Date			Progress Notes
Q2	**Q3**	**Q4**	**Write below, as appropriate.**

change from the previous quarter. If yes, please provide an

e	**Quarter 4 Update**

quarter. If yes, please provide an explanation in the subsequent

e	Quarter 4 Update

bove.

Quarter 4		
Voluntary Cost Share Expended this Reporting Period		Total Project Cost
VW Mitigation Funds (State program only)	Other Funds	
		$ -
		$ -
		$ -
		$ -
		$ -
		$ -
		$ -
		$ -
		$ -
$ -	$ -	$ -
		$ -
$ -	$ -	$ -

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Diesel Emissions Reduction Act (DERA)
Financial and Narrative Summar

Grant Recipient	
Grant Number	
Project Title	

Total EPA Func
Reporting Cad
Project Report

Table 3. Year 2 Annual Rate of Expenditure

Record and update project expenses at each interval according to the reporting cadence determined by yo

Enter Dates for this Reporting Period	**Quarter 1**				
	EPA Funds Expended the Reporting Period	Mandatory Cost Share Expended the Reporting Period	Voluntary Cost Share Expended this Reporting Period		Total Project Cost
			VW Mitigation Funds (State program only)	Other Funds	
Personnel					$ -
Fringe Benefits					$ -
Travel					$ -
Equipment					$ -
Supplies					$ -
Contractual					$ -
Subawards					$ -
Participant Support Costs (e.g., Rebates)					$ -
Other					$ -
Direct Cost Total	$ -	$ -	$ -	$ -	$ -
Indirect Charges					$ -
TOTALS	$ -	$ -	$ -	$ -	$ -

Please paste the planned activities, outputs, and outcome from the submitted workplan information. Provi
progress, or 3) Completed. Please indicate the fiscal year of DERA grant funds used for the activity describe

Fiscal Year	Activities

Please provide programmatic and narrative financial updates on the project. As quarterly reports are subn
explanation in the subsequent cell.

Question	Quarter 1 Update
Provide a comparison of accomplishments with the anticipated outputs/outcomes and timelines /milestones specified in the project Work Plan. Please include financial, technical, and programmatic.	

Have any vehicles in this project changed from the last quarter? (i.e. vehicles added to the Fleet Description or taken off the Fleet Description)	
Did you award any rebates or subawards during the reporting period? If so, list the recipients and how much funding they received.	
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?	
If any cost-share or additional leveraged funds are reported for this Reporting Period in Table 3 above, identify the source of the funds.	
Have there been any major personnel changes during this reporting period?	
Did any public relations events regarding this grant take place during the reporting period?	
Are you using websites or other tools used to relay information about this grant to the public?	
What project activities are planned for the next reporting period?	

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.	
(State program only)What is the URL for the state website listing the total number and dollar amount of subawards, rebates, or loans provided, as well as a breakdown of the technologies funded? Please also list any other state websites used for outreach related to the State DERA Grant Program.	
Do you have any other comments or feedback?	

Please provide subaward updates on the project. As quarterly reports are submitted, indicate updates or c
cell.

Question	Quarter 1 Update
Summaries of results of reviews of financial and programmatic reports.	
Summaries of findings from site visits and/or desk reviews to ensure effective subrecipient performance.	
Environmental results the subrecipient achieved	
Summaries of audit findings and related pass-through entity management decisions	
Actions the pass-through entity has taken to correct deficiencies such as those specified at 2 CFR 200.332, 2 CFR 200.208 and the 2 CFR 200.339 Remedies for Noncompliance	

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y - Year 2

ds Expended: Year 2	**$ -**
ence	**Quarterly**
ing Period	

our Project Officer. Previous fields should remain and edits should be made to the whenever interanr

Quarter 2					
EPA Funds Expended the Reporting Period	Mandatory Cost Share Expended the Reporting Period	Voluntary Cost Share Expended this Reporting Period		Total Project Cost	EPA Funds Expended this Reporting Period
		VW Mitigation Funds (State program only)	Other Funds		
				$ -	
				$ -	
				$ -	
				$ -	
				$ -	
				$ -	
				$ -	
				$ -	
				$ -	
$ -	$ -	$ -	$ -	$ -	$ -
				$ -	
$ -	$ -	$ -	$ -	$ -	$ -

Table 4. Project Updates - Narrative Responses

Record and update project updates below.

ide updates and if any changes occurred, please provide that information accordingly. In the 'Progre
ed within the table.

	Anticipated Outcomes	
		Q1

nitted, indicate updates or changes for each quarter. For each quarter, please indicate if there was a

	Quarter 2 Update	Quarter 3 Updat

Subaward Reporting Requirements

hanges for each quarter. For each quarter, please indicate if there was a change from the previous c

	Quarter 2 Update	Quarter 3 Updat

nual reports are submitted. Note the table will update based upon the Reporting Cadence field, selected a

Quarter 3					
Mandatory Cost Share Expended this Reporting Period	Voluntary Cost Share Expended this Reporting Period		Total Project Cost	EPA Funds Expended this Reporting Period	Mandatory Cost Share Expended this Reporting Period
	VW Mitigation Funds (State program only)	Other Funds			
			$ -		
			$ -		
			$ -		
			$ -		
			$ -		
			$ -		
			$ -		
			$ -		
			$ -		
$ -	$ -	$ -	$ -	$ -	$ -
			$ -		
$ -	$ -	$ -	$ -	$ -	$ -

ss to Date' column, please use the dropdown to indicate if the activity is 1) Not yet started, 2) In

Progress to Date			Progress Notes
Q2	**Q3**	**Q4**	**Write below, as appropriate.**

change from the previous quarter. If yes, please provide an

e	**Quarter 4 Update**

quarter. If yes, please provide an explanation in the subsequent

e	Quarter 4 Update

bove.

Quarter 4		
Voluntary Cost Share Expended this Reporting Period		Total Project Cost
VW Mitigation Funds (State program only)	Other Funds	
		$ -
		$ -
		$ -
		$ -
		$ -
		$ -
		$ -
		$ -
		$ -
$ -	$ -	$ -
		$ -
$ -	$ -	$ -

U. S. Environmental Protectior
Diesel Emissions Reduction Act (DERA)
Financial and Narrative Summar

Grant Recipient	
Grant Number	
Project Title	

Total EPA Func
Reporting Cad
Project Report

Table 3. Year 3 Annual Rate of Expenditure

Record and update project expenses at each interval according to the reporting cadence determined by yc

Enter Dates for this Reporting Period	**Quarter 1**				
	EPA Funds Expended the Reporting Period	Mandatory Cost Share Expended the Reporting Period	Voluntary Cost Share Expended this Reporting Period		Total Project Cost
			VW Mitigation Funds (State program only)	Other Funds	
Personnel					$ -
Fringe Benefits					$ -
Travel					$ -
Equipment					$ -
Supplies					$ -
Contractual					$ -
Subawards					$ -
Participant Support Costs (e.g., Rebates)					$ -
Other					$ -
Direct Cost Total	$ -	$ -	$ -	$ -	$ -
Indirect Charges					$ -
TOTALS	$ -	$ -	$ -	$ -	$ -

Please paste the planned activities, outputs, and outcome from the submitted workplan information. Provi
progress, or 3) Completed. Please indicate the fiscal year of DERA grant funds used for the activity describe

Fiscal Year	Activities

Please provide programmatic and narrative financial updates on the project. As quarterly reports are subn
explanation in the subsequent cell.

Question	Quarter 1 Update
Provide a comparison of accomplishments with the anticipated outputs/outcomes and timelines /milestones specified in the project Work Plan. Please include financial, technical, and programmatic.	

Have any vehicles in this project changed from the last quarter? (i.e. vehicles added to the Fleet Description or taken off the Fleet Description)	
Did you award any rebates or subawards during the reporting period? If so, list the recipients and how much funding they received.	
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?	
If any cost-share or additional leveraged funds are reported for this Reporting Period in Table 3 above, identify the source of the funds.	
Have there been any major personnel changes during this reporting period?	
Did any public relations events regarding this grant take place during the reporting period?	
Are you using websites or other tools used to relay information about this grant to the public?	
What project activities are planned for the next reporting period?	

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.	
(State program only)What is the URL for the state website listing the total number and dollar amount of subawards, rebates, or loans provided, as well as a breakdown of the technologies funded? Please also list any other state websites used for outreach related to the State DERA Grant Program.	
Do you have any other comments or feedback?	

Please provide subaward updates on the project. As quarterly reports are submitted, indicate updates or c
cell.

Question	Quarter 1 Update
Summaries of results of reviews of financial and programmatic reports.	
Summaries of findings from site visits and/or desk reviews to ensure effective subrecipient performance.	
Environmental results the subrecipient achieved	
Summaries of audit findings and related pass-through entity management decisions	
Actions the pass-through entity has taken to correct deficiencies such as those specified at 2 CFR 200.332, 2 CFR 200.208 and the 2 CFR 200.339 Remedies for Noncompliance	

ı Agency
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y - Year 3

ds Expended: Year 3	**$ -**
ence	**Quarterly**
ing Period	

our Project Officer. Previous fields should remain and edits should be made to the whenever interanr

Quarter 2					
EPA Funds Expended the Reporting Period	Mandatory Cost Share Expended the Reporting Period	Voluntary Cost Share Expended this Reporting Period		Total Project Cost	EPA Funds Expended this Reporting Period
		VW Mitigation Funds (State program only)	Other Funds		
				$ -	
				$ -	
				$ -	
				$ -	
				$ -	
				$ -	
				$ -	
				$ -	
				$ -	
$ -	$ -	$ -	$ -	$ -	$ -
				$ -	
$ -	$ -	$ -	$ -	$ -	$ -

Table 4. Project Updates - Narrative Responses

Record and update project updates below.

ide updates and if any changes occurred, please provide that information accordingly. In the 'Progre
ed within the table.

	Anticipated Outcomes	
		Q1

nitted, indicate updates or changes for each quarter. For each quarter, please indicate if there was a

	Quarter 2 Update	Quarter 3 Updat

Subaward Reporting Requirements

hanges for each quarter. For each quarter, please indicate if there was a change from the previous c

	Quarter 2 Update	Quarter 3 Updat

nual reports are submitted. Note the table will update based upon the Reporting Cadence field, selected a

Quarter 3					
Mandatory Cost Share Expended this Reporting Period	Voluntary Cost Share Expended this Reporting Period		Total Project Cost	EPA Funds Expended this Reporting Period	Mandatory Cost Share Expended this Reporting Period
	VW Mitigation Funds (State program only)	Other Funds			
			$ -		
			$ -		
			$ -		
			$ -		
			$ -		
			$ -		
			$ -		
			$ -		
			$ -		
$ -	$ -	$ -	$ -	$ -	$ -
			$ -		
$ -	$ -	$ -	$ -	$ -	$ -

ss to Date' column, please use the dropdown to indicate if the activity is 1) Not yet started, 2) In

Progress to Date			Progress Notes
Q2	**Q3**	**Q4**	**Write below, as appropriate.**

change from the previous quarter. If yes, please provide an

e	**Quarter 4 Update**

quarter. If yes, please provide an explanation in the subsequent

e	Quarter 4 Update

bove.

Quarter 4		
Voluntary Cost Share Expended this Reporting Period		Total Project Cost
VW Mitigation Funds (State program only)	Other Funds	
		$ -
		$ -
		$ -
		$ -
		$ -
		$ -
		$ -
		$ -
		$ -
$ -	$ -	$ -
		$ -
$ -	$ -	$ -

U. S. Environmental Protectior
Diesel Emissions Reduction Act (DERA)
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Grant Recipient	
Grant Number	
Project Title	

Total EPA Func
Reporting Cad
Project Report

Table 3. Year 4 Annual Rate of Expenditure

Record and update project expenses at each interval according to the reporting cadence determined by yc

Enter Dates for this Reporting Period	**Quarter 1**				
	EPA Funds Expended the Reporting Period	Mandatory Cost Share Expended the Reporting Period	Voluntary Cost Share Expended this Reporting Period		Total Project Cost
			VW Mitigation Funds (State program only)	Other Funds	
Personnel					$ -
Fringe Benefits					$ -
Travel					$ -
Equipment					$ -
Supplies					$ -
Contractual					$ -
Subawards					$ -
Participant Support Costs (e.g., Rebates)					$ -
Other					$ -
Direct Cost Total	$ -	$ -	$ -	$ -	$ -
Indirect Charges					$ -
TOTALS	$ -	$ -	$ -	$ -	$ -

Please paste the planned activities, outputs, and outcome from the submitted workplan information. Provi
progress, or 3) Completed. Please indicate the fiscal year of DERA grant funds used for the activity describe

Fiscal Year	Activities

Please provide programmatic and narrative financial updates on the project. As quarterly reports are subn
explanation in the subsequent cell.

Question	Quarter 1 Update
Provide a comparison of accomplishments with the anticipated outputs/outcomes and timelines /milestones specified in the project Work Plan. Please include financial, technical, and programmatic.	

Have any vehicles in this project changed from the last quarter? (i.e. vehicles added to the Fleet Description or taken off the Fleet Description)	
Did you award any rebates or subawards during the reporting period? If so, list the recipients and how much funding they received.	
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?	
If any cost-share or additional leveraged funds are reported for this Reporting Period in Table 3 above, identify the source of the funds.	
Have there been any major personnel changes during this reporting period?	
Did any public relations events regarding this grant take place during the reporting period?	
Are you using websites or other tools used to relay information about this grant to the public?	
What project activities are planned for the next reporting period?	

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.	
(State program only)What is the URL for the state website listing the total number and dollar amount of subawards, rebates, or loans provided, as well as a breakdown of the technologies funded? Please also list any other state websites used for outreach related to the State DERA Grant Program.	
Do you have any other comments or feedback?	

Please provide subaward updates on the project. As quarterly reports are submitted, indicate updates or c
cell.

Question	Quarter 1 Update
Summaries of results of reviews of financial and programmatic reports.	
Summaries of findings from site visits and/or desk reviews to ensure effective subrecipient performance.	
Environmental results the subrecipient achieved	
Summaries of audit findings and related pass-through entity management decisions	
Actions the pass-through entity has taken to correct deficiencies such as those specified at 2 CFR 200.332, 2 CFR 200.208 and the 2 CFR 200.339 Remedies for Noncompliance	

ı Agency
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y - Year 4

ds Expended: Year 4	**$ -**
ence	**Quarterly**
ing Period	

our Project Officer. Previous fields should remain and edits should be made to the whenever interanr

Quarter 2					
EPA Funds Expended the Reporting Period	Mandatory Cost Share Expended the Reporting Period	Voluntary Cost Share Expended this Reporting Period		Total Project Cost	EPA Funds Expended this Reporting Period
		VW Mitigation Funds (State program only)	Other Funds		
				$ -	
				$ -	
				$ -	
				$ -	
				$ -	
				$ -	
				$ -	
				$ -	
				$ -	
$ -	$ -	$ -	$ -	$ -	$ -
				$ -	
$ -	$ -	$ -	$ -	$ -	$ -

Table 4. Project Updates - Narrative Responses

Record and update project updates below.

ide updates and if any changes occurred, please provide that information accordingly. In the 'Progre
ed within the table.

	Anticipated Outcomes	
		Q1

nitted, indicate updates or changes for each quarter. For each quarter, please indicate if there was a

	Quarter 2 Update	Quarter 3 Updat

Subaward Reporting Requirements

hanges for each quarter. For each quarter, please indicate if there was a change from the previous c

	Quarter 2 Update	Quarter 3 Updat

nual reports are submitted. Note the table will update based upon the Reporting Cadence field, selected a

Quarter 3					
Mandatory Cost Share Expended this Reporting Period	Voluntary Cost Share Expended this Reporting Period		Total Project Cost	EPA Funds Expended this Reporting Period	Mandatory Cost Share Expended this Reporting Period
	VW Mitigation Funds (State program only)	Other Funds			
			$ -		
			$ -		
			$ -		
			$ -		
			$ -		
			$ -		
			$ -		
			$ -		
			$ -		
$ -	$ -	$ -	$ -	$ -	$ -
			$ -		
$ -	$ -	$ -	$ -	$ -	$ -

ss to Date' column, please use the dropdown to indicate if the activity is 1) Not yet started, 2) In

Progress to Date			Progress Notes
Q2	**Q3**	**Q4**	**Write below, as appropriate.**

change from the previous quarter. If yes, please provide an

e	**Quarter 4 Update**

quarter. If yes, please provide an explanation in the subsequent

e	Quarter 4 Update

bove.

Quarter 4		
Voluntary Cost Share Expended this Reporting Period		Total Project Cost
VW Mitigation Funds (State program only)	Other Funds	
		$ -
		$ -
		$ -
		$ -
		$ -
		$ -
		$ -
		$ -
		$ -
$ -	$ -	$ -
		$ -
$ -	$ -	$ -

U. S. Environmental Protectior
Diesel Emissions Reduction Act (DERA)
Financial and Narrative Summar

Grant Recipient	
Grant Number	
Project Title	

Total EPA Func
Reporting Cad
Project Report

Table 3. Year 5 Annual Rate of Expenditure

Record and update project expenses at each interval according to the reporting cadence determined by yc

Enter Dates for this Reporting Period	**Quarter 1**				
	EPA Funds Expended the Reporting Period	Mandatory Cost Share Expended the Reporting Period	Voluntary Cost Share Expended this Reporting Period		Total Project Cost
			VW Mitigation Funds (State program only)	Other Funds	
Personnel					$ -
Fringe Benefits					$ -
Travel					$ -
Equipment					$ -
Supplies					$ -
Contractual					$ -
Subawards					$ -
Participant Support Costs (e.g., Rebates)					$ -
Other					$ -
Direct Cost Total	$ -	$ -	$ -	$ -	$ -
Indirect Charges					$ -
TOTALS	$ -	$ -	$ -	$ -	$ -

Please paste the planned activities, outputs, and outcome from the submitted workplan information. Provi
progress, or 3) Completed. Please indicate the fiscal year of DERA grant funds used for the activity describe

Fiscal Year	Activities

Please provide programmatic and narrative financial updates on the project. As quarterly reports are subn
explanation in the subsequent cell.

Question	Quarter 1 Update
Provide a comparison of accomplishments with the anticipated outputs/outcomes and timelines /milestones specified in the project Work Plan. Please include financial, technical, and programmatic.	

Have any vehicles in this project changed from the last quarter? (i.e. vehicles added to the Fleet Description or taken off the Fleet Description)	
Did you award any rebates or subawards during the reporting period? If so, list the recipients and how much funding they received.	
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?	
If any cost-share or additional leveraged funds are reported for this Reporting Period in Table 3 above, identify the source of the funds.	
Have there been any major personnel changes during this reporting period?	
Did any public relations events regarding this grant take place during the reporting period?	
Are you using websites or other tools used to relay information about this grant to the public?	
What project activities are planned for the next reporting period?	

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.	
(State program only)What is the URL for the state website listing the total number and dollar amount of subawards, rebates, or loans provided, as well as a breakdown of the technologies funded? Please also list any other state websites used for outreach related to the State DERA Grant Program.	
Do you have any other comments or feedback?	

Please provide subaward updates on the project. As quarterly reports are submitted, indicate updates or c
cell.

Question	Quarter 1 Update
Summaries of results of reviews of financial and programmatic reports.	
Summaries of findings from site visits and/or desk reviews to ensure effective subrecipient performance.	
Environmental results the subrecipient achieved	
Summaries of audit findings and related pass-through entity management decisions	
Actions the pass-through entity has taken to correct deficiencies such as those specified at 2 CFR 200.332, 2 CFR 200.208 and the 2 CFR 200.339 Remedies for Noncompliance	

ı Agency
) Grant Program
y - Year 5

ds Expended: Year 5	**$ -**
ence	**Quarterly**
ing Period	

our Project Officer. Previous fields should remain and edits should be made to the whenever interanr

Quarter 2					
EPA Funds Expended the Reporting Period	Mandatory Cost Share Expended the Reporting Period	Voluntary Cost Share Expended this Reporting Period		Total Project Cost	EPA Funds Expended this Reporting Period
		VW Mitigation Funds (State program only)	Other Funds		
				$ -	
				$ -	
				$ -	
				$ -	
				$ -	
				$ -	
				$ -	
				$ -	
				$ -	
$ -	$ -	$ -	$ -	$ -	$ -
				$ -	
$ -	$ -	$ -	$ -	$ -	$ -

Table 4. Project Updates - Narrative Responses

Record and update project updates below.

ide updates and if any changes occurred, please provide that information accordingly. In the 'Progre
ed within the table.

	Anticipated Outcomes	
		Q1

nitted, indicate updates or changes for each quarter. For each quarter, please indicate if there was a

	Quarter 2 Update	Quarter 3 Updat

Subaward Reporting Requirements

hanges for each quarter. For each quarter, please indicate if there was a change from the previous c

	Quarter 2 Update	Quarter 3 Updat

nual reports are submitted. Note the table will update based upon the Reporting Cadence field, selected a

Quarter 3					
Mandatory Cost Share Expended this Reporting Period	Voluntary Cost Share Expended this Reporting Period		Total Project Cost	EPA Funds Expended this Reporting Period	Mandatory Cost Share Expended this Reporting Period
	VW Mitigation Funds (State program only)	Other Funds			
			$ -		
			$ -		
			$ -		
			$ -		
			$ -		
			$ -		
			$ -		
			$ -		
			$ -		
$ -	$ -	$ -	$ -	$ -	$ -
			$ -		
$ -	$ -	$ -	$ -	$ -	$ -

ss to Date' column, please use the dropdown to indicate if the activity is 1) Not yet started, 2) In

Progress to Date			Progress Notes
Q2	**Q3**	**Q4**	**Write below, as appropriate.**

change from the previous quarter. If yes, please provide an

e	**Quarter 4 Update**

quarter. If yes, please provide an explanation in the subsequent

e	Quarter 4 Update

bove.

Quarter 4		
Voluntary Cost Share Expended this Reporting Period		Total Project Cost
VW Mitigation Funds (State program only)	Other Funds	
		$ -
		$ -
		$ -
		$ -
		$ -
		$ -
		$ -
		$ -
		$ -
$ -	$ -	$ -
		$ -
$ -	$ -	$ -

Please use this tab to indicate any changes in planning activities, vehicle or equipment nu

Were there any changes to planned activities, including vehicle or equipment numbers, n amounts in Year 1 of the project period of performance? If yes, please indicate the chang
Were there any changes to planned activities, including vehicle or equipment numbers, n amounts in Year 2 of the project period of performance? If yes, please indicate the chang
Were there any changes to planned activities, including vehicle or equipment numbers, n amounts in Year 3 of the project period of performance? If yes, please indicate the chang
Were there any changes to planned activities, including vehicle or equipment numbers, n amounts in Year 4 of the project period of performance? If yes, please indicate the chang
Were there any changes to planned activities, including vehicle or equipment numbers, n amounts in Year 5 of the project period of performance? If yes, please indicate the chang

Table 13. Post-Award Amendments

	Update Year *(select from dropdown)*	**Type of Amendment** *(Select from dropdown)*
Ex 1	Year 1 Update	Changes to Vehicle or Equipment Deployment
Ex 2	Year 1 Update	Changes to Other Planned Activities
1		
2		
3		
4		
5		
6		
7		
8		

9		
10		
11		
12		
13		
14		
15		

U. S. Environmental Protection Agency
Diesel Emissions Reduction Act (DERA) Grant Program
Amendments

Instructions

mbers, as well as numbers of infrastructure items, and/or funding amounts post-award. Use one row

umber of infrastructure items, and/or funding e(s) using the table below.	(Y or N)
umber of infrastructure items, and/or funding e(s) using the table below.	(Y or N)
umber of infrastructure items, and/or funding e(s) using the table below.	(Y or N)
umber of infrastructure items, and/or funding e(s) using the table below.	(Y or N)
umber of infrastructure items, and/or funding e(s) using the table below.	(Y or N)

Changes to Vehicle, Equipment, or Eligible Infrastructure Deployment

Original Vehicle, Equipment, or Eligible Infrastructure Type	**Updated Vehicle, Equipment, or Eligible Infrastructure Type**
Company A RTG Electric Crane v2000	Company A RTG Electric Crane v3000

per amendment made. Fill out this tab at the end of each year of project performance.

	Number of Amendments By Year	Change in Funding Amount by Year
Project Year 1	0	$ -
Project Year 2	0	$ -
Project Year 3	0	$ -
Project Year 4 (if applicable)	0	$ -
Project Year 5 (if applicable)	0	$ -

		Other Changes	Corresponding Func
Original Quantity of Vehicle, Equipment, or Eligible Infrastructure Type	**Updated Quantity of Vehicle, Equipment, or Eligible Infrastructure Type**	**If other changes selected, describe**	**Original Funding Request Amount**
25	20		$ 1,250,000
		Decreased personnel funding required	$ 15,000

ding Changes

Updated Funding Request Amount	Change in Funding Amount
$ 1,300,000	$ (50,000)
$ 12,000	$ 3,000
	$ -
	$ -
	$ -
	$ -
	$ -
	$ -
	$ -
	$ -

	$ -
	$ -
	$ -
	$ -
	$ -
	$ -
	$ -

U. S. Environmental Protection A
Diesel Emissions Reduction Act (DERA) G
DERA Priorities

Grant Recipient	
Program FY	
Grant Number	
Project Title	

Instructions

Please complete this tab if your organization committed to ANY environmental justice, community engageme leveraging of additional external funds actions or commitments in your application, as referred to in the eval need to be filled out; cells shaded in yellow will automatically populate based on information entered in earli ***application and approved workplan, please indicate on the first question below.*** *Please use the drop downs indicating continued progress towards commitments. At the end of each of the sections below, there is a cell* ***responses, please include at least 1-2 sentences.*** *Please take care to ensure all questions are answered; the*

Did any planned activities or commitments change between the submitted application and the approved v

If no, *please jump to the next section, "Environmental Justice and Disadvantaged Communities."* If yes, pleas school buses was reduced due to partial funding).

Table 14. Environmental Justice and Disadvant

1. Did the workplan demonstrate that the project will benefit nonattainment, maintenance, and/or areas Guide?

2. Did any of the beneficiaries from the workplan decide to no longer participate in the project? If yes, ple withdrew their participation from the project, and if applicable, please note what beneficiary was chosen *needed.*

Withdrawn Beneficiary	Project location *(State, County)*	Nonattainment, Maintenance, or Area of Air Toxics Concern?	Date of Withdrawal
		(Y or N or N/A)	Select Reporting Period
		(Y or N or N/A)	Select Reporting Period
		(Y or N or N/A)	Select Reporting Period
		(Y or N or N/A)	Select Reporting Period
		(Y or N or N/A)	Select Reporting Period
		(Y or N or N/A)	Select Reporting Period

	Table 15. Community Engagem
	Did the workplan demonstrate actions and/or commitments to engage communities? *If no, please jump* complete the rest of this section.
	1. How did the workplan demonstrate engagement with the communities identified above, especially loc planning, and performance of the project?
	Policy/Process to Engage Communities and Point of Contact
	1. Did the workplan for this project demonstrate that the recipient and/or project partner(s) has an existi contact in a public platform (e.g., newsletter, website) for community issues and complaints (specific to a broader) and a publicly documented policy or process to engage communities and get their input on oper projects that impact air quality? The process could be a meeting in the past year and/or a policy or proces meeting or otherwise get input (e.g., a standing citizens advisory committee). *Please include any narrative question 2.*
	1.a. If no, did the workplan for this project demonstrate that the recipient and/or project partner(s) comr one before the end of the project period?
	1.b. To date, has the recipient and/or project partner(s) completed this commitment?
	2. Please provide any additional details and/or a status update to be provided for this category, including and policy or process; a description of the point of contact and policy or process; and any other relevant i when the update was completed. *Note: Do not delete data from prior quarterly reports. If providing upda*
	3. Does the recipient have a publicly available baseline mobile source emission inventory for PM2.5 and/c
	3.a. If no, does the recipient commit to completing one before the end of the project period?
	3.b. Please provide any additional details.

4. Does the recipient have a publicly available plan to reduce mobile source emissions that includes speci
completed after 2017?

4.a. If no, will the recipient have a documented commitment to have a publicly available plan to reduce m
and/or NOx emission targets BEFORE the end of the project period?

4.b. Please provide any additional details.

Table 16. Project Sustainabili

Did the workplan demonstrate actions and/or commitments to promote sustainable project results and be
Development". If yes, please complete the rest of this section.

1. How did the workplan demonstrate that project results and benefits will be sustainable and that the ap
reduce emissions from school buses after EPA funding for the project has ended?

A. Zero-Emission Projects *For non-ZE projects, skip to part B.*

A1. Did the workplan for this project demonstrate coordination and/or consultation with utilities on the f
project? This could include, but is not limited to, discussion with utilities on project charging needs, proje
project costs, rates for future service, and/or the timeframe for necessary upgrades. Please include any n
question A2.

A1.a. If no, did the workplan for this project demonstrate that the recipient and/or project partner(s) com
coordination before the end of the project period?

A1.b. To date, has the recipient and/or project partner(s) completed this commitment?

A2. Please provide additional details and any relevant status updates for this section, including but not lin
and frequency of discussions with utilities, and any project decisions impacted by these discussions. Pleas
was completed. *Note: Do not delete data from prior quarterly reports. If providing updates for multiple qu*

B. Non Zero-Emission Projects

B1. Did the workplan for this project demonstrate that the recipient and/or project partner(s) have existir policies? *Please include any narrative details in question B4.*

B1.a. If no, did the workplan for this project demonstrate that the recipient and/or project partner(s) com one before the end of the project period?

B1.b. To date, has the recipient and/or project partner(s) completed this commitment?

B2. Did the workplan for this project demonstrate that the recipient and/or project partner(s) have contra requiring the use of cleaner, more efficient vehicles and equipment? *Please include any narrative details i*

B2.a. If no, did the workplan for this project demonstrate that the recipient and/or project partner(s) com one before the end of the project period?

B2.b. To date, has the recipient and/or project partner(s) completed this commitment?

B3. Did the workplan for this project demonstrate that the recipient and/or project partner(s) have adopt strategies to promote and continue efforts to reduce diesel emissions? If yes, please describe the other p detail below. *Please include any narrative details in question B4.*

B3.a. If no, did the workplan for this project demonstrate that the recipient and/or project partner(s) com one or more strategies before the end of the project period?

B3.b. To date, has the recipient and/or project partner(s) completed this commitment?

B4. Please provide additional details and any relevant status updates for this section, including but not lim any additional diesel emission reduction strategies, as well as any changes made to these throughout the when the update was completed. *Note: Do not delete data from prior quarterly reports. If providing upda*

Table 17. Workforce Developm

Did the workplan demonstrate actions and/or commitments to promote workforce development? *If no, p*
Climate Impacts". If yes, please complete the rest of this section.

1. How did the workplan demonstrate a plan to prepare the workforce for the project?

2. Did the workplan for this project demonstrate that current drivers, mechanics, electricians, and other e have received training to safely operate and maintain the new vehicles and infrastructure? This could incl establishment of workforce training programs for zero emission vehicles and charging infrastructure. Plea narrative details in question 6.

2.a. If no, did the workplan for this project demonstrate that the recipient and/or project partner(s) comr current drivers, mechanics, electricians, and other essential personnel receive training to safely operate a new buses and infrastructure before the end of the project period?

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 clarifie ensure existing workers are not replaced or displaced because of new technologies? *Please include any n question 6.*

3.a. If no, did the workplan for this project demonstrate that the recipient and/or project partner(s) comr protections to ensure existing workers are not replaced for displaced because of new technologies before project period?

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

4. Did the workplan for this project demonstrate that the recipient and/or project partner(s) have increas of domestic manufacturing and workforce for zero- and near-zero emission vehicles, engines, and other k (e.g., batteries)? *Please include any narrative details in question 6.*

4.a. If no, did the workplan for this project demonstrate that the recipient and/or project partner(s) comr
the availability of domestic manufacturing and workforce for zero- and near-zero emission vehicles, engir
components (e.g., batteries) before the end of the project period?

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

5. Did the workplan for this project demonstrate that the recipient and/or project partner(s) have other n
policies in place to promote workforce development? If yes, please describe the other measures and/or p
detail below. *Please include any narrative details in question 6.*

5.a. If no, did the workplan for this project demonstrate that the recipient and/or project partner(s) comr
measures and/or policies to promote workforce development before the end of the project period?

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

6. Please provide additional details and any relevant status updates for this section, including but not limi
taken to increase the availability of domestic manufacturing and workforce, and/or descriptions of any ac
any changes made to these throughout the project period. Please use the drop downs under 'Please Selec
from prior quarterly reports. If providing updates for multiple quarters in one year, please indicate all upd

Table 18. Project Resilience to Climat

Did the workplan demonstrate actions and/or commitments to promote project resilience to climate impa
Additional External Funds". If yes, please complete the rest of this section.

1. How did the workplan demonstrate planning or action taken towards building project resilience and re

2. Did the workplan for this project demonstrate that the recipient and/or project partner(s) have assesse implemented climate change adaptation considerations to help ensure that the project achieves its expec even as the climate changes? This could include assessing project vulnerability to local climate impacts wl

2.a. If no, did the workplan for this project demonstrate that the recipient and/or project partner(s) comr and implementing climate change adaptation considerations before the end of the project period?

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 other n policies in place to promote project resilience to climate impacts? If yes, please describe the other measu in more detail below. *Please include any narrative details in question 4.*

3.a. If no, did the workplan for this project demonstrate that the recipient and/or project partner(s) comr measures and/or policies to promote project resilience to climate impacts before the end of the project p

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

4. Please provide additional details and any relevant status updates for this section, including but not limi impacted by these assessments, and/or descriptions of any additional policies and measures to promote p throughout the project period. Please use the drop downs under 'Please Select One' to indicate when the If providing updates for multiple quarters in one year, please indicate all updates in the same cell.

Table 19. Leveraging of Additional Ext

Did the workplan demonstrate that the recipient has leveraged or plans to leverage additional external *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 ext funds will be used to contribute to the performance and success of the project?

2. Please provide updates on proposed or secured additional external funds using the rows below. This sh
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 (

3. Are there any updates to be provided or additional information for any proposed or secured additional
and a status update below, including a description of how any secured funds are being used to support pr
to the performance and success of the project. If any proposed funding was not awarded, use the space p
funds. Please use the drop downs under 'Please Select One' to indicate when the update was completed.
providing updates for multiple quarters in one year, please indicate all updates in the same cell.

gency
rant Program

ent, sustainability, workforce development, climate impact resiliency, or uation metrics defined in the NOFO or Program Guide. Only cells shaded in ***blue*** *er tabs.* ***If planned activities or commitments changed between the submitted*** *; for columns to indicate any updates that occurred during the reporting period to provide additional narrative responses, as appropriate.* ***For narrative*** *final question is on row 148 of this sheet.*

vorkplan?	
e provide context and details to the approved changes (example: the number of	

taged Communities	
of air toxics concern as defined in the NOFO or Program	**(Y or N or N/A)**
ease use the rows below to indicate which beneficiaries as a replacement. *Note: Please add additional rows as*	**(Y or N or N/A)**

Brief Description of Reason for Withdrawal	**Replacement Beneficiary (use "N/A" if beneficiary not replaced)**	**Project location *(State, County)***	**Nonattainment, Maintenance, or Area of Air Toxics Concern?**
			(Y or N or N/A)
			(Y or N or N/A)
			(Y or N or N/A)
			(Y or N or N/A)
			(Y or N or N/A)
			(Y or N or N/A)

ent	
o to the next section, "Project Sustainability". If yes, please	**0**

al residents, to ensure their meaningful participation with respect to the design,

	Application	Status Update	Reporting Period Completed
ng clear point of ir quality or ations and ss to have a *e details in*	**(Y or N or N/A)**		
nit to completing	**(Y or N or N/A)**		
		Select Status	**Select Reporting Period**

but not limited to the URL(s) where the public can find the clear point of contact nformation. Please use the drop downs under 'Please Select One' to indicate *tes for multiple quarters in one year, please indicate all updates in the same cell.*

	Please Select One
	Please Select One
	Please Select One
or NOx that was completed after 2016?	**N/A**
	N/A

fic PM2.5 and/or NOx emission targets that was	N/A
nobile source emissions that includes specific PM2.5	N/A
ity	
enefits? *If no, please jump to the next section, "Workforce*	0

plicant and project partners have the ability to promote and continue efforts to

	Application	Status Update	Reporting Period Completed
easibility of the ct upgrade needs, arrative details in	(Y or N or N/A)		
mit to such	(Y or N or N/A)		
		Select Status	Select Reporting Period

nited to describing the extent of coordination with utilities, noting the timing se use the drop downs under 'Please Select One' to indicate when the update *uarters in one year, please indicate all updates in the same cell.*

			Please Select One
			Please Select One
			Please Select One
	Application	Status Update	Reporting Period Completed

ng idle reduction	**(Y or N or N/A)**		
mit to completing	**(Y or N or N/A)**		
		Select Status	**Select Reporting Period**
act specifications *in question B4.*	**(Y or N or N/A)**		
mit to completing	**(Y or N or N/A)**		
		Select Status	**Select Reporting Period**
ed other policies in more	**(Y or N or N/A)**		
mit to adopting	**(Y or N or N/A)**		
		Select Status	**Select Reporting Period**

nited to descriptions of idle reduction policies, contract specifications, and/or project period. Please use the drop downs under 'Please Select One' to indicate *tes for multiple quarters in one year, please indicate all updates in the same cell.*

	Please Select One
	Please Select One
	Please Select One

nent	
lease jump to the next section, "Project Resilience to	**0**

	Application	Status Update	Reporting Period Completed
essential personnel lude the ase include any	**(Y or N or N/A)**		
nit to ensuring and maintain the	**(Y or N or N/A)**		
		Select Status	**Select Reporting Period**
d protections to *arrative details in*	**(Y or N or N/A)**		
nit to clarifying e the end of the	**(Y or N or N/A)**		
		Select Status	**Select Reporting Period**
ed the availability ey components	**(Y or N or N/A)**		

nit to increasing nes, and other key	(Y or N or N/A)		
		Select Status	Select Reporting Period
neasures and/or policies in more	(Y or N or N/A)		
nit establishing	(Y or N or N/A)		
		Select Status	Select Reporting Period

ted to details on training programs, protections for existing workers, measures
dditional policies and measures to promote workforce development, as well as
ct One' to indicate when the update was completed. *Note: Do not delete data*
ates in the same cell.

	Please Select One
	Please Select One
	Please Select One

te Impacts	
cts? *If no, please jump to the next section, "Leveraging of*	0

ducing vulnerabilities to climate impacts?

	Application	Status Update	Reporting Period Completed
ed and cted outcomes hen making siting	(Y or N or N/A)		
nit to assessing	(Y or N or N/A)		
		Select Status	Select Reporting Period
neasures and/or res and/or policies	(Y or N or N/A)		
nit establishing period?	(Y or N or N/A)		
		Select Status	Select Reporting Period

ted to details on climate impact assessments, descriptions of project decisions project resilience to climate impacts, as well as any changes made to these update was completed. Note: Do not delete data from prior quarterly reports.

	Please Select One
	Please Select One
	Please Select One

ernal Funds	
funds in order to support proposed project activities? *If*	0

ernal funds in order to support proposed project activities, as well as how these

ıould include additional external leveraged funds, but should *not* include

$)	Status	Reporting Period Awarded
	Please Select One	**Select Reporting Period**
	Please Select One	**Select Reporting Period**
	Please Select One	**Select Reporting Period**
	Please Select One	**Select Reporting Period**
	Please Select One	**Select Reporting Period**
	Please Select One	**Select Reporting Period**
	Please Select One	**Select Reporting Period**
	Please Select One	**Select Reporting Period**
	Please Select One	**Select Reporting Period**
	Please Select One	**Select Reporting Period**
external funds? If yes, please provide additional details ·oposed project activities and how they are contributing ɔrovided to indicate your plans to make up for these *Note: Do not delete data from prior quarterly reports. If*		**(Y or N or N/A)**
		Please Select One

U. S. Environmental Protection Ag
Diesel Emissions Reduction Act (DERA) Gr
Fleet Description

INSTRUCTIONS: This Fleet Description should detail all vehicles and engines impacted under the project. The fiel
vehicle and engine upgrades completed. This Fleet Description is broken into two sections: 1) Current Vehicle an
parentheses in the table below. Please refer to the Fleet Description data definitions on tab 12 (Data Dictionary)
Each vehicle/engine group column below can represent one or more similar pieces of equipment operating in th
Note: Individual marine vessels must be listed in separate vehicle/engine group columns. If both auxiliary and pr

Table 15. CURRENT VEHICLE AND ENGINE INFORMATION

15a. Basic Fleet Information				**15b. Current Vehicle Informati**	
Vehicle	**Group Name**	**Fleet Owner**	**Publicly or Privately Owned** *(select from dropdown)*	**Equipment Type** *(select from dropdown)*	**Target Fleet** *(select from dropdown)*
Example Vehicle	Sample	Company A	Publicly Owned	Onroad	Transit Bus
Vehicle 1					
Vehicle 2					
Vehicle 3					
Vehicle 4					
Vehicle 5					
Vehicle 6					
Vehicle 7					
Vehicle 8					
Vehicle 9					
Vehicle 10					
Vehicle 11					
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Vehicle 97					
Vehicle 98					
Vehicle 99					
Vehicle 100					

gency
ant Program

Grant Recipient
Grant Number
Project Title

ds below align with EPA's Diesel Emission Quantifier (DEQ), a requirement for the application, workplan, and final
d Engine Information and 2) New Vehicle and Engine Upgrade Information. All rows of data are required, unless s
for additional guidance on each field.
e same fleet. You can copy and paste additional columns as needed to capture all vehicle/engine groups. Please i
opulsion engines on an individual vessel are part of a project, these different engine types must be listed in separ

on

Vehicle Class *(onroad vehicles, as defined in data dictionary)*	**Vehicle or Engine Group Sector**	**Vocation**	**Vehicle Identification Number (VIN)**	**Vehicle Make**	**Vehicle Model**	**Baseline Vehicle Model Year**
Class 6	Municipal	Other	1234567891011	Ford	Taurus	1995

reports as part of program grant requirements. The Fleet Description should be updated quarterly with all
specified as not being applicable to the Equipment Type or Target Fleet. These exceptions are highlighted in

ndicate in the Financial Information row the fiscal year of funds used for the activity described within the table.
ate vehicle/engine group columns.

15c. Current Engine Information

Engine Serial Number(s)	Engine Make	Engine Model	Engine Model Year	Engine Tier *(nonroad, locomotive, and marine only)*
4548154	ABC	ABC	1995	Tier 2

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)*
N/A	No DPF, Yes SCR	660	5.0 <= size <15.0	N/A

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)*
N/A	N/A	ULSD (diesel)	N/A	N/A

Table 15d. Current Annual Vehicle Activity Data

Annual Amount of Fuel Used *(gallons/year per engine for nonroad and marine; gallons/year per vehicle for onroad and locomotives)*	**Annual Usage Hours** *(hours per year per engine; includes idling hours; nonroad, locomotive, and marine only)*	**Current Odometer** (in miles)	**Annual Miles Traveled** *(miles per vehicle; on-highway only)*	**Annual Idling Hours** *(hours per engine; on-highway only)*
6000	3000	150000	12000	1500

Table 15e. Place of Performance

		Primary Place of Perfor		
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)*	**State** *(select from dropdown)*	**County** *(select from dropdown)*	**City(s)**
N/A	3	AZ	Maricopa County	Phoenix

mance

Percent of Time Operated in County *(enter value 0-1)*	**Zip Code(s)**	**State** *(select from dropdown)*	**County** *(select from dropdown)*
85%	85364;85365	AZ	Yuma County

Secondary Place of Performance *(if applicable)* | Additional Locatic

City(s)	Percent of Time Operated in County *(enter value 0-1)*	Zip Code(s)	Additional Counties where Vehicle Operates
Yuma	15%	85364;85365	Pima County, AZ; La Paz County, AZ

	Table 15. NEW VEHICLE AND ENGINE UPGRADE INFORMATION		
on Details *(if applicable)*	15a. Upgrade Information		
% of time operated in each Additional County	**Year of Upgrade Action**	**Upgrade Type** *(select from dropdown)*	**Upgrade Specific** *(select from dropdown after selecting Upgrade Type)*
5% in Pima; 5% in La Paz	2018	Emission_Control_Devices	Diesel Oxidation Catalyst + Diesel Particulate Filter

15b. Vehicle Replacement and/or Upgrade Information

Class *(onroad vehicles, as defined in data dictionary; select from dropdown)*	**Vehicle Identification Number (VIN) for New Vehicle** *(if original vehicle replaced)*	**New Vehicle Fuel Type** *(if original vehicle replaced; select from dropdown)*	**New Vehicle Manufacturer** *(if original vehicle replaced)*
Class 6	1234567890ABCDE	Hybrid	New Vehicle Manufacturer Co.

New Vehicle Model *(if original vehicle replaced)*	**New Vehicle Model Year** *(if original vehicle replaced)*	**New Vehicle GVWR** *(if original vehicle replaced)*	**Upgrade or Replacement Vehicle/Equipment Cost only Per Unit**	**Upgrade Labor Cost only Per Unit**
Model Name or #	2023	12000	$ 150,000.00	$ 25,000.00

15c. New Engine Information (

Total Cost Per Unit *(equipment plus labor)*	**Total Federal Funds Expended Per Unit** *($ of Total Cost per Unit)*	**Federal Cost Share Expended Per Unit** *(% of Total Cost per Unit)*	**New Engine Model Year**	**New Engine Serial Number**
$ 175,000.00	$ 50,000.00	28.57%	2018	4548155

(if replaced)

New Engine Tier *(nonroad, locomotive, and marine only)*	**Tier 4 Standards** *(Tier 4 only)*	**New Engine After-Treatment Technology** *(Tier 4 nonroad only)*	**New Engine Horsepower**
Tier 2	N/A	No DPF, Yes SCR	750

New Engine Duty Cycle *(line-haul locomotive only)*	**New Engine Cylinder Displacement** *(liters per cylinder per engine; marine only)*	**New Engine Total Displacement** *(liters per engine; marine only)*
N/A	5.0 <= size <15.0	N/A

New Engine Number of Cylinders *(per engine; marine only)*	**New Engine Family Name**	**New Engine Fuel Type** *(select from dropdown)*
N/A	ABC	ULSD (diesel)

15d. New Annual Vehicle Activity Data

New Annual Idling Hours *(hours per vehicle; on-highway only)*	**New Annual Hoteling Hours** *(hours per vehicle; class 8 long-haul combination only)*	**New Annual Fuel Volume** *(estimated gallons of fuel/year per engine for new gas, diesel, hybrid, LPG or CNG)*
N/A	N/A	6000

		15e. New Vehicle Battery Informati
New Vehicle Equipped with Auxiliary Heater? *(Yes/No)*	**Auxiliary Heater Type** *(if applicable)*	**Capable of Bidirectional Charging?** *(if Battery Electric or Hybrid)*
Yes	Spheros Thermo 300	Yes

on (Hybrid & Battery Electric Only)

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)
Battery & Co.	*6*	*90*	*540*	*360*

		15f. Warranty Information	
Estimated Range in Miles *(for Onroad Battery Electric only)*	**Estimated Range in Hours** *(for Nonroad Battery Electric only)*	**Is the Battery Warranty Included?** *(for Battery Electric only)*	**Battery: indicate Number of Years Covered** *(for Battery Electric only)*
200	*16*	Yes	8

Battery: Number of Miles Covered by Warranty *(for Battery Electric only)*	**Battery: Total kWh of battery discharge Covered by Warranty** *(for Battery Electric only)*	**Powertrain Warranty Included?** *(Yes/No)*
150000	200000	Yes

15g. Optional Participation in Future of Tr

Powertrain: Number of Years *(if included)*	**Powertrain: Number of Miles** *(if included)*	**Is the vehicle/equipment equipped with Telematics?** *(Yes/No/Not Sure)*
5	100000	Yes

ransportation Research

EPA or its partners may contact me about participating in research opportunities to provide vehicle/equipment data that could inform future transportation work. *(Yes/No)*	**If Yes, Telematics Primary Point of contact** *(Name and email)*
Yes	Sarah Smith; Smith.Sarah@HSD.edu

The EVSE Equipment Information (Table 16) should detail all electric vehicle supply equipment (
however, additional rows may be add as needed to capture all equipment. Please refer to the E
EVSE and other infrastructure projects must comply with Build America, Buy America (BABA) re

On November 16, 2021, the Infrastructure Investment and Jobs Act ("IIJA"), Pub. L. No. 116-58,
2022, all of the iron, steel, manufactured products, and construction materials used in infrastru
apply to the infrastructure project, regardless of whether or not the infrastructure project was t
part or wholly, for the infrastructure project. For more information, please visit https://www.ep

Table 16: Electric Vehicle Supply Equipment Information

Table 16a. EVSE Equipment Information Overview

	Type of Charger	If Level 2, is it ENERGY STAR certified	EVSE Manufacturer
Example EV Infrastructure	Level 2	Yes	*Manufacturer Name*
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 17: Shore Power Information

Table 17a. 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**
Example Shore Power Infrastructure	High voltage shore power connection (HVSC)	6.6 kV	10 kV
Shore Power Group 1			
Shore Power Group 2			
Shore Power Group 3			
Shore Power Group 4			
Shore Power Group 5			
Shore Power Group 6			
Shore Power Group 7			
Shore Power Group 8			
Shore Power Group 9			
Shore Power Group 10			

Are there any other infrastructure projects associated with this grant that are not listed above

If no, *please leave this section blank.* If yes, please provide details in the box below on the infras

U. S. Environmental Protection Agency
Diesel Emissions Reduction Act (DERA) Grant Program
Infrastructure Description

Instructions

EVSE) and supporting infrastructure purchased under the project. Please only fill out shaded
V Infrastructure data definitions on Tab 11 (Data Dictionary) for data field definitions. Reminc
quirements. See below for more information on BABA.

Build America, Buy America (BABA) requirements

which includes the Build America, Buy America Act (BABA), Public Law 116-58, §§ 70901-52, v
cture project are produced in the United States. If award recipient will be installing, upgradin
the primary basis for the award. Additionally, BABA requirements apply even if the award rec
a.gov/cwsrf/build-america-buy-america-baba.

EVSE Model	EVSE Manufacture Year	Is the EVSE BABA Compliant?	EVSE Maximum Output Power *(kW)*
Model Name	2023	Yes	24

Manufacturer	Model	Manufacture Year	Typical Engine Tier of Vessels Using Shore Power
Manufacturer Name	*Model Name*	2023	Tier 1

e (e.g. electrified parking space, stationary generator or other stationary equipment)?

tructure project and describe how BABA compliance was determined.

cells highlighted blue with a diagonal pattern (///);
der: All Level 2 EVSEs must be ENERGY STAR certified. All

was signed into law. BABA requires that on or after May 14,
g, or replacing "infrastructure," then BABA requirements
ipient will be using another source of funding, whether in

Number of Plugs on EVSE	Is the EVSE Capable of Bidirectional Charging?	Will the Vehicle/Equipment and EVSE be Used for Vehicle to Grid (V2G)?	Number of EVSE Units	EVSE Equipment Cost *only* Per Unit:
2	No	No	2	$ 18,000.00

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)*
Marine Gas Oil (MGO, 0.10% S)	500	72	1	24

Total Federal Funds Expended Per EVSE Unit	Total Federal Funds Expended for EVSE	Date of EVSE was Manufactured (mm/dd/yyyy)	Date of EVSE Installation (mm/dd/yyyy)	Date EVSE Operational *(mm/dd/yyyy)*
$ 12,000.00	$ 24,000.00	*3/28/2024*	6/28/2024	8/28/2024

Table 17b. Location of Shore Power Infrastructu

Estimated Annual Total Energy Provided in MW-h	**Number of Plugs per Shore Power Pedestal**	**Number of Shore Power Pedestals**	**State** *(select from dropdown)*	**County** *(select from dropdown)*
1 MW-h	2	2	VA	Arlington County

Table 16b. Location of EV Infrastructure

State *(select from dropdown)*	**County** *(select from dropdown)*	**City**
VA	Arlington County	Alexandria

re

City	Zip Code	Port Facility where Shore Power Installed
Alexandria	22305	Port of Guam

Zip Code	Street Adress of Charger(s)	Who owns the charger?
22305	400 1st Street	Walton School District

Table 17c. Installation Details

Who owns the Shore Power Infrastructure?	Total Funds Expended Installation Cost for Shore Power Group	Total Federal Funds Expended Installation Cost for Shore Power Group
Port of Guam	$ 120,000.00	$ 70,000.00

Table 16c. Charging Management Service Providers		
Anticipated User(s) of the charger	**Name of Charging Management Service Provider (NA if not applicable)**	**Does the Infrastructure Equipment Cost Include Charging Management Service?** *(Yes/No)*
Electric school buses serving Walton School District	*Charge Manage & Co.*	*Yes*

Does the Infrastructure Equipment Cost Include Installation?	Description of Installation Work, including all equipment installed	Installation Work Performed By
No	Upgrades to the electrical panel, wiring, and installation for two DCFC	XYZ Electric Co.

Table 16d. Infrastructure Installation Information		
If Charging Management Service not included in cost, but is acquired, what is the cost and frequency of charges?	**Total Funds Expended on Installation Cost**	**Total EPA Funds Expended on Installation Cost**
$250 per charger per month	$ 12,000.00	$ 7,000.00

Date(s) Shore Power Equipment was Manufactured (mm/dd/yyyy)	Date Equipment Installed	Date Equipment Fully Operational
5/25/2023	6/24/2024	8/24/2024

Does the Infrastructure Equipment Cost Include Installation?	Description of Installation Work
No	Upgrades to the electrical panel, wiring, and installation for two DCFC

Table 17d. Shore Power BABA Details

Is waiver being used to fulfill BABA compliance for this infrastructure?	Are the Shore Power Equipment, Housing, and all Accessories BABA Compliant?
No - Infrastructure meets all BABA requirements	Yes - Housing, Wiring, Cables, and All Accessories are BABA Compliant

Installation Work Performed By	Installation was conducted by an individual who meets the infrastructure electrician requirements as outlined in the program guidance?
XYZ Electric Co.	Yes - Certification from EVITP

Table 17e. Shore Power Cost Summary

If No, Partly Compliant, or Unsure, explain	Equipment Cost *only* Per Shore Power Pedestal:
	$ 18,000.00

Table 16e. EVSE Cost Summary

Is waiver being used to fulfill BABA compliance for this infrastructure?	Total EPA Funds Expended on EVSE Equipment and Installation	Total Funds Expended on EVSE Equipment and Installation
No - Infrastructure meets all BABA requirements	$31,000.00	$48,000.00

Total Federal Funds Expended Per Shore Power Pedestal	Total Federal Funds Expended for All Shore Power Equipment *(total # of pedestals x Federal Funds Expended/pedestal)*	Federal Cost Share Expended For Shore Power Equipment
$ 12,000.00	$ 24,000.00	67%
	$ -	
	$ -	
	$ -	
	$ -	
	$ -	
	$ -	
	$ -	
	$ -	
	$ -	
	$ -	
	$ -	

Table 16f. Optional Participation in Futur

Federal Cost Share Expended Per Unit *(% of Total Cost per EVSE)*	**EPA or its partners may contact me about participating in research opportunities to provide EVSE data that could inform future transportation work.** *(Yes/No)*
65%	Yes

Table 17f. Optional Participation in Futur

Federal Cost Share for Shore Power Installation	EPA or its partners may contact me about participating in research opportunities to provide EVSE data that could inform future transportation work. *(Yes/No)*
58%	Yes

e of Transportation Research

If Yes, Telematics Primary Point of contact (Name and email)
Sarah Smith, Smith.Sarah@hsd.edu

e of Transportation Research

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

Sarah Smith, Smith.Sarah@hsd.edu

Grant Recipient	**0**
Grant Number	**0**
Project Title	**0**
DERA Program	

Table 18. Final I

Record final project information for DEQ results. Each fiscal year of funding should be reported separa the second fiscal year should be reported in the second results table). Tip: Copy

Please select fiscal ye

Annual Results (short tons)	**NOx**	**PM2.5**
Baseline for Upgraded Vehicles/Engines		
Amount Reduced After Upgrades		
Percent Reduced After Upgrades		
Lifetime Results (short tons)		
Baseline for Upgraded Vehicles/Engines		
Amount Reduced After Upgrades		
Percent Reduced After Upgrades		
Lifetime Cost Effectiveness ($/short ton reduced)		
Capital Cost Effectiveness (unit & labor costs only)		
Total Cost Effectiveness (includes all project costs)		

Please select fiscal ye

Annual Results (short tons)	**NOx**	**PM2.5**
Baseline for Upgraded Vehicles/Engines		
Amount Reduced After Upgrades		
Percent Reduced After Upgrades		
Lifetime Results (short tons)		
Baseline for Upgraded Vehicles/Engines		
Amount Reduced After Upgrades		
Percent Reduced After Upgrades		

Grant Recipient	**0**
Grant Number	**0**
Project Title	**0**
DERA Program	

Lifetime Cost Effectiveness ($/short ton reduced)

Capital Cost Effectiveness (unit & labor costs only)		
Total Cost Effectiveness (includes all project costs)		

Please paste the planned activities, outputs, and outcome from the last quarterly report. Please indicat

Fiscal Year	Activities
Please select fiscal year from the drop down menu.	
Please select fiscal year from the drop down menu.	
Please select fiscal year from the drop down menu.	
Please select fiscal year from the drop down menu.	
Please select fiscal year from the drop down menu.	

Grant Recipient	**0**
Grant Number	**0**
Project Title	**0**
DERA Program	
Please select fiscal year from the drop down menu.	
Please select fiscal year from the drop down menu.	
Please select fiscal year from the drop down menu.	
Please select fiscal year from the drop down menu.	
Please select fiscal year from the drop down menu.	
Please select fiscal year from the drop down menu.	

Grant Recipient	**0**
Grant Number	**0**
Project Title	**0**
DERA Program	

Please provide programmatic and narrative financial results on the project.

Question	
Provide a narrative description of the project and summarize the accomplishments that occurred during the grant period.	
Did you award any rebates or subawards during the grant period? If so, list the recipients, how much funding they received, and the good/services provided.	
Provide a comparison of actual accomplishments with the anticipated outputs/outcomes and timelines/milestones specified in the original project Work Plan. This information may include: ? Number of replaced or retrofitted engines/vehicles/equipment and/or hours of idling reduced; ? Adoption of an idle-reduction policy or changes in driver behavior regarding idling practices ? Dissemination of the project information and increased knowledge via list serves, websites, journals, and press/outreach events (provide web links where applicable); ? Widespread adoption of the implemented technology; ? Increased public awareness of project and results ? Other	

Grant Recipient	**0**
Grant Number	**0**
Project Title	**0**
DERA Program	

If anticipated outputs/outcomes and/or timelines/milestones from the original submitted proposal were not met, why not? Did you encounter any problems during the grant period which may have precluded you from meeting the project objectives?	
How did you remedy any problems? Detail how and the date you had to address any problems that changed the original work plan and/or work plan schedule.	
Provide a narrative discussion of the successes and lessons learned for the entire project.	
If any cost-share funds are reported, identify the source of the funds.	
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.	

Grant Recipient	**0**
Grant Number	**0**
Project Title	**0**
DERA Program	

For projects involving vehicle/equipment replacement and repowers provide:
1) Evidence that the replacement activity is an "early replacement," and would 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 left and fleet characterization showing fleet age ranges and average turnover rates per the vehicle or fleet owner's budget plan, operating plan, standard procedures, or retirement schedule; and
2) Evidence of appropriate scrappage or remanufacture, including the engine serial number and/or the vehicle identification number (VIN). **Include Attachments as Necessary*

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*

Grant Recipient	**0**
Grant Number	**0**
Project Title	**0**
DERA Program	

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 DERA success stories.	
(State program only) What is the URL for the state website listing the total number and dollar amount of subawards, rebates, or loans provided, as well as a breakdown of the technologies funded? Please also list any other state websites used for outreach related to the State DERA Grant Program.	
Do you have any other comments or feedback?	

	Table
	Please provide subaw
Question	
Summaries of results of reviews of financial and programmatic reports.	

Grant Recipient	**0**
Grant Number	**0**
Project Title	**0**
DERA Program	

Summaries of findings from site visits and/or desk reviews to ensure effective subrecipient performance.	
Environmental results the subrecipient achieved	
Summaries of audit findings and related pass-through entity management decisions	
Actions the pass-through entity has taken to correct deficiencies such as those specified at 2 CFR 200.332, 2 CFR 200.208 and the 2 CFR 200.339 Remedies for Noncompliance	

U. S. Environmental Protection Agency
DERA Grant Report
Final Report: Financial and Narrative Summary

Total EPA Funds Awarded	**$**
Total Voluntary Cost Share	**$**
Total Mandatory Cost Share Amount	**$**
Total Project Costs (Fed. + Cost Share)	**$**
Federal (EPA) Funds Expended to Date	**$**
Federal (EPA) Funds Remaining	**$**

Emissions - Actual Results

tely (emission results for the first fiscal year should be reported in the first results table and emissio
and paste results from the Diesel Emission Quantifier Results webpage or excel export file.

ear from the drop down menu.

HC	CO	CO2	Fuel

ear from the drop down menu.

HC	CO	CO2	Fuel

U. S. Environmental Protection Agency
DERA Grant Report
Final Report: Financial and Narrative Summary

Total EPA Funds Awarded	**$**
Total Voluntary Cost Share	**$**
Total Mandatory Cost Share Amount	**$**
Total Project Costs (Fed. + Cost Share)	**$**
Federal (EPA) Funds Expended to Date	**$**
Federal (EPA) Funds Remaining	**$**

Table 19. Project Updates - Narrative Responses
Record final project information.
e the final results below. Please select the fiscal year of funds used for the activity described in the t

	Anticipated Outputs	Anticipated Outcome

U. S. Environmental Protection Agency
DERA Grant Report
Final Report: Financial and Narrative Summary

Total EPA Funds Awarded	**$**
Total Voluntary Cost Share	**$**
Total Mandatory Cost Share Amount	**$**
Total Project Costs (Fed. + Cost Share)	**$**
Federal (EPA) Funds Expended to Date	**$**
Federal (EPA) Funds Remaining	**$**

Table 20. Additional Questions

U. S. Environmental Protection Agency
DERA Grant Report
Final Report: Financial and Narrative Summary

Total EPA Funds Awarded	**$**
Total Voluntary Cost Share	**$**
Total Mandatory Cost Share Amount	**$**
Total Project Costs (Fed. + Cost Share)	**$**
Federal (EPA) Funds Expended to Date	**$**
Federal (EPA) Funds Remaining	**$**

Answer

U. S. Environmental Protection Agency
DERA Grant Report
Final Report: Financial and Narrative Summary

Total EPA Funds Awarded	**$**
Total Voluntary Cost Share	**$**
Total Mandatory Cost Share Amount	**$**
Total Project Costs (Fed. + Cost Share)	**$**
Federal (EPA) Funds Expended to Date	**$**
Federal (EPA) Funds Remaining	**$**

U. S. Environmental Protection Agency

DERA Grant Report

Final Report: Financial and Narrative Summary

Total EPA Funds Awarded	**$**
Total Voluntary Cost Share	**$**
Total Mandatory Cost Share Amount	**$**
Total Project Costs (Fed. + Cost Share)	**$**
Federal (EPA) Funds Expended to Date	**$**
Federal (EPA) Funds Remaining	**$**

U. S. Environmental Protection Agency
DERA Grant Report
Final Report: Financial and Narrative Summary

Total EPA Funds Awarded	**$**
Total Voluntary Cost Share	**$**
Total Mandatory Cost Share Amount	**$**
Total Project Costs (Fed. + Cost Share)	**$**
Federal (EPA) Funds Expended to Date	**$**
Federal (EPA) Funds Remaining	**$**

21. Subaward Reporting Requirements (if applicable)

vard information on the project and an explanation in each cell below.

Answer

U. S. Environmental Protection Agency
DERA Grant Report
Final Report: Financial and Narrative Summary

Total EPA Funds Awarded	**$**
Total Voluntary Cost Share	**$**
Total Mandatory Cost Share Amount	**$**
Total Project Costs (Fed. + Cost Share)	**$**
Federal (EPA) Funds Expended to Date	**$**
Federal (EPA) Funds Remaining	**$**

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Fleet Description Data Fields: Please refer to the following data field dic
CU
Group Name
Fleet Owner
Publicly or Privately Owned?
Place of Performance
- State(s):
- County(s):
- City(s):
- Zip Code(s):
- % of Time operated in each Zip Code (Total to Equal 100%)
Equipment Type
Target Fleet
Class
Vehicle or Engine Group Sector:
Vocation
Vehicle Identification Number(s):
Vehicle Make
Vehicle Model
Baseline Vehicle Model Year:
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
Engine Horsepower:
Engine Cylinder Displacement (liters/cylinder; marine only):
Engine Number of Cylinders (# of cylinders per engine):
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; on-highway 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):
Year of Upgrade Action:
Upgrade Type:
Upgrade Specific:
Class (onroad vehicles):
VIN for New Vehicle(s):
Total Cost per Unit (equipment cost plus labor):
Upgrade Equipment Cost only per unit:
Upgrade Labor Cost only per unit:
Total Federal Funds Expended per Unit ($ Total Cost per Unit):
Federal Cost Share Expended per Unit (% Total Cost per Unit):
New Engine Model Year:
New Engine Tier (nonroad, locomotive, and marine only):
Tier 4 Standards (Tier 4 only):
New Engine After-Treatment Technology (Tier 4 nonroad only):
New Engine Horsepower:
New Engine Duty Cycle (line-haul locomotive only):
New Engine Cylinder Displacement (liters per cylinder per engine; marine only):
New Engine Total Displacement (liters per engine; marine only)
New Engine Number of Cylinders (per engine; marine only):
New Engine Family Name:
New Engine Fuel Type:
Annual Idling Hours Reduced (hours per vehicle; on-highway only):
Annual Hoteling Hours Reduced (hours per vehicle; class 8 long-haul combination only):
New Annual Fuel Volume (estimated gallons/year per engine):
Type of Charger
If Level 2, is it ENERGY STAR certified

EVSE Manufacturer
EVSE Model
EVSE Manufacture Year
Is the EVSE BABA Compliant?
EVSE Maximum Output Power (kW)
Number of Plugs on EVSE
Is the EVSE Capable of Bidirectional Charging?
Will the Bus and EVSE be Used for V2G?
EVSE Number of Units
EVSE Equipment Cost only Per Unit:
Total Federal Funds Expended Per EVSE Unit
Total Federal Funds Expended for EVSE
Date of EVSE Installation (mm/dd/yyyy)

State
County
City
Zip Code
Street Adress
Who owns the charger?
Does the EVSE serve multiple school districts within this application?
Name of the School District(s) the EVSE will serve (use a colon between school districts)
NCES ID of School District that the EVSE will serve (use a colon between school districts)

Total Funds Expended Installation Cost
Total Federal Funds Expended Installation Cost
Does the Infrastructure Equipment Cost Include Installation?
Description of Installation Work
Installation Work Performed By
Installation was conducted by an individual who meets the infrastructure electrician requirements as outlined in the program guidance?
Is waiver being used to fulfill BABA compliance for the Infrastructure Project
Total Federal Funds Expended Equipment and Installation

Sho

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
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 *(select from dropdown)*
County *(select from dropdown)*
City
Zip Code
Port Facility where Shore Power Installed
Who owns the Shore Power Infrastructure?
Total Funds Expended Installation Cost for Shore Power Group
Total Federal Funds Expended Installation Cost for Shore Power Group
Does the Infrastructure Equipment Cost Include Installation?
Description of Installation Work, including all equipment installed
Installation Work Performed By
Date Equipment Installed
Date Equipment Fully Operational
Is waiver being used to fulfill BABA compliance for this infrastructure?
Are the Shore Power Equipment, Housing, and all Accessories BABA Compliant?
If No, Partly Compliant, or Unsure, explain
Equipment Cost only Per Shore Power Pedestal:
Total Federal Funds Expended Per Shore Power Pedestal
Total Federal Funds Expended for All Shore Power Equipment (total # of pedestals x Federal Funds Expended/pedestal)
Federal Cost Share Expended For Shore Power Equipment
Federal Cost Share for Shore Power Installation
O
EPA or its partners may contact me about participating in research opportunities to provide shore power data that could inform future transportation work. (Yes/No)
If Yes, Primary Point of contact (Name and email)

tionary for support in completing tab 9 (Fleet Description).
URRENT VEHICLE AND ENGINE UPGRADE INFORMATION
Basic Fleet Information
Enter the group name of the fleet.
Enter the first and last name of the individual or organization that owns the fleet.
If the vehicles are part of a public fleet or benefit the public (i.e. a private school bus company contracted by a public school; drayage vehicles that serve a port; private construction equipment contracted to a public works project, etc.) enter "Publicly", otherwise enter "Privately".
Enter the next four fields for each vehicle's place(s) of performance.
Enter the two letter postal code for the state in which the vehicle(s) will operate.
Enter the county in which the vehicle(s) will operate.
Enter the city in which the vehicle(s) will operate.
Enter the zip code which the vehicle(s) will operate.
Enter the percent of time the vehicle group operates in each zip code, if there is more than one. For example, 80% of time in 85310 and 20% of time in 85308.
Enter the vehicle type from the dropdown, OnRoad Vehicle, NonRoad Equipment, Locomotive, or Marine.
Select the target fleet from the dropdown menu.
Select from the dropdown menu the Vehicle/Equipment Class for onroad vehicles, as appropriate.
Using the drop down, enter the sector associated with the vehicle or engine group.
Select the vocation type from the dropdown menu.
Current Vehicle Information
Enter the Serial number or VIN number for each engine or vehicle
Enter the manufacturer of the existing vehicle
Enter the model of the existing vehicle
Enter the model year of the existing vehicle.
Current Engine Information
Enter the engine Serial # for each vehicle or engine to be scrapped/replaced.
Enter the manufacturer of the existing Engine.
Enter the model of the existing Engine.
Enter the model year of this engine set.
For REPOWERS AND UPGRADES ONLY, Select from the dropdown menu the Current Tier Level.
For tier 4 only engines, please use the drop down to indicate interim for final.
Enter the appropriate drop down for collection on emission control technologies for the current engine.
Enter the average horsepower of the engine/equipment.
Enter the engine displacement per cylinder in liters.
Enter the number of cylinders per engine.
Enter the engine displacement per cylinder in liters.
Enter the Engine Family name of the existing Engine. NOTE: unregulated engines will not have an Engine Family Name. Engine Optional for Idle Reduction, Aerodynamic Technology, Low Rolling Resistance Tires, and Fuels projects.
Select the type of fuel that is currently being used (prior to any clean diesel activity change).
Enter the total number of propulsion engines on the vessel.
Enter the total number of auxiliary engines on the vessel.
Current Annual Vehicle Data
Enter the amount of fuel used in gallons/year.

Enter the average number of hours the equipment is used per year.
Enter the average number of vehicle miles traveled per year per vehicle.
Enter the average number of hours the vehicle idles per year.
Enter the average number of hoteling hours per year, per engine.
Enter the remaining life of baseline engine/vehicle in years at the time of the upgrade action
NEW VEHICLE AND ENGINE UPGRADE INFORMATION
Upgrade Information
Enter the year in which the upgrade will take place (i.e., if in 2010, you're replacing a 1995 bus with a 2007 bus, the upgrade year is 2010.)
Enter the type of upgrade that will take place from the dropdown menu.
Using the drop down, enter the specific type of upgrade that will take place during the project.
Using the drop down list provided, select the appropriate vehicle class (for onroad vehicles only).
Please enter the vehicle identification numbers for the new vehicle(s) being replaced.
Automated cell that will sum the upgrade equipment cost (row 55) and labor cost (row 56).
Enter the cost of the technology or equipment cost per unit.
Enter the cost of installing or labor cost of the technology per unit.
Enter the federal funds expended in dollars per unit.
Automated cell that will calculate the federal cost share based upon the federal funds expended entered in row 57.
New Engine Information
For REPLACEMENTS AND REPOWERS ONLY, Enter the model year of the new vehicle/engine.
For REPLACEMENTS, REPOWERS AND UPGRADES ONLY, Select from the dropdown menu the new Tier Level.
For tier 4 only engines, please use the drop down to indicate interim for final.
Enter the appropriate drop down for collection on emission control technologies for the new engine.
Enter the new horsepower of the engine or equipment.
Please enter the new engine duty cycle - for line-haul locomotive ONLY.
Enter the new engine displacement per cylinder in liters.
Select from the dropdown menu the displacement per cylinder in liters.
Enter the number of cylinders in the new engine.
For REPLACEMENTS AND REPOWERS ONLY, Enter the Engine Family Name of the new engine.
Select the type of fuel that is for the new engine or vehicle.
New Annual Vehicle Data
For IDLE REDUCTION STRATEGIES ONLY, Enter the average number of idling hours reduced for the engine.
Enter the average number of hoteling hours per year, per engine.
Please enter the new annual fuel volume, in gallons. New Annual Fuel Volume should be from new engine efficiency, not changes in use.
10. INFRASTRUCTURE
EVSE Equipment Information
Enter the type of charger, either Level 2 (AC charging up to 19.2 kW) or DC Fast Charging.
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.
Select an option. EVSE manufactured on or after July 1, 2024 must be meet BABA requirements.
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 buses and charging equipment will be used for vehicle-to-grid (V2G) services.
Enter the quantity of charging equipment unit
Enter the cost of the charging equipment per unit.
Enter the total Federal funds expend for charging equipment per unit.
No action - autopopulated
Enter the date on which the EVSE is permanently affixed.
Location of EV 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 school district or organization that owns the charging equipment.
Select yes or no
Enter the name of the school district in which the EVSE will serve. If it will serve multiple school districts, list all and separate with a colon (e.g., Hampton School District: Edgewood School District).
Enter the name of the National Center for Education Statistics (NCES) ID associated with the school district in which the EVSE will serve. If it will serve multiple school districts, list all NCES IDs and separate with a colon (e.g., 1234567: 7654321).
Infrastructure Installation Information
Enter the total installation costs for the charging equipment for the EV infrastructure group column.
Enter the total Federal funds expended for installation costs for the charging equipment for the EV infrastructure group column.
Please enter yes or no into the cell to specify whether the indicated cost of the charging equipment above includes any installation expenses.
Enter a description of the work performed to install the charging equipment, such as design and engineering, trenching, wiring and electrical upgrades, labor, and permitting.
Enter the name(s) of the organization(s) that performed the installation work described above.
Select electrician category
If a waiver is being used to meet BABA compliance requirements, select the waiver type
Automated cell that will calculate the total Federal Funds expended for the charging equipment and installation for an EV Infrastructure Group.
re Power Equipment Information and 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 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.

Location of Shore Power Infrastructure

Select the state where the shore power system is installed.
Select the county where the shore power system is installed.
Enter the name of the city where the shore power system is installed.
Enter the zip code of the location where the shore power system is installed.
Enter the name of the port facility where the shore power system is installed.
Enter the name of the organization that owns the shore power system.

Installation Details

Enter the total cost for installation of the shore power system.
Enter the total amount of federal funds expended for installation of the shore power system.
Select whether or not the equipment cost includes installation of the shore power system.
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 installed.
Enter the date by which the shore power system became fully operational.
Select from the dropdown menu how BABA requirements are being met for the shore power project.

Select from the dropdown menu which parts of the shore power project are BABA compliant.
For the previous column, explain which parts are not compliant or enter N/A.

Shore Power Cost Summary

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

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

ptional Participation in Future Transportation Research

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.