

**Project Quarterly AND Final Reporting Template**

**Burden Statement for EPA Form 5900-683**

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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. Please work with relevant parties (i.e., transportation contractor, bus dealer, etc.) to ensure information submitted is accurate. Information that is submitted on quarterly reports should NOT be changed in future quarterly report submissions unless approved by EPA. Please only update information for the specific 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 **yellow** are automatically populated based on previous responses in this spreadsheet. Additionally, some fields will automatically hash out (///) in the event they are inapplicable based on previous descriptions. Please complete tabs in this workbook according to the instructions below; all fields are required, unless otherwise stated.

**If you have questions about applicability of a particular fields or tables, please reach out to your Project Officer and refer to your grant's Terms and Conditions.**

<b>Excel Workbook Tab</b>	<b>Description</b>
<b>1. Instructions</b>	Basic instructions for all worksheets in this reporting workbook.
<b>2. Work Plan</b>	The tab should be completed by the time you submit your first quarterly report and reflects the approved work plan. Please complete shaded cells highlighted <b>blue</b> . Cells highlighted <b>yellow</b> are automatically populated based on previous responses in this spreadsheet; note for Table 1b, these responses will be autocompleted based on your entries on the Fleet Description tab (tabs 9a and 9b) and Infrastructure tab (10). For school district applicants, only the first row of Table 2 will be completed. Refer to the Data Dictionary tab 12 for additional guidance on each field.
<b>3. Amendments</b>	The Amendments tab should be used to update any changes in vehicle numbers, charger numbers, and/or funding amounts post-award. Please update this tab on an annual basis at the end of each year of project performance and at project closeout using the shade cells highlighted in <b>blue</b> . Cells highlighted <b>yellow</b> are automatically populated based on previous responses in this spreadsheet.
<b>4. Financial Summary</b>	Financial summary for the entire grant period of performance. Please complete shaded cells highlighted <b>blue</b> that contain grantee and original project budget information. <b>Yellow</b> cells on this worksheet will automatically feed from information in tabs 5-7 (Year 1-Year 3). If a modification to the grant is approved, please update the financial tabs accordingly.
<b>5. Year 1</b>	Financial summary for the first year of the project period. For each quarterly report, please complete all financial and narrative descriptive cells highlighted <b>blue</b> for each quarter the report is submitted. Cells highlighted <b>yellow</b> are automatically populated based on previous responses in this spreadsheet. Below the financial information, please ensure to complete the programmatic questions regarding the grant.
<b>6. Year 2</b>	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 <b>blue</b> for each quarter the report is submitted. Cells highlighted <b>yellow</b> are automatically populated based on previous responses in this spreadsheet. Below the financial information, please ensure to complete the programmatic questions regarding the grant.
<b>7. Year 3</b>	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 <b>blue</b> for each quarter the report is submitted. Cells highlighted <b>yellow</b> are automatically populated based on previous responses in this spreadsheet. Below the financial information, please ensure to complete the programmatic questions regarding the grant.

<b>8. CHDV Priorities</b>	<p>The tab should be completed based upon community engagement, project sustainability, workforce development, extreme weather resiliency, and/or leveraging of additional external funds commitments defined in the final workplan. Please complete this tab QUARTERLY, if the final workplan committed to ANY, community engagement, project sustainability, workforce development, extreme weather resiliency, and/or leveraging of additional external funds commitments as referred to in the evaluation metrics defined in the NOFO. During each quarterly 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 community engagement, project sustainability, workforce development, extreme weather resiliency, and/or leveraging of additional external funds commitments completed during the project period.</p>
<b>9. Fleet Description (9a and 9b)</b>	<p>The Fleet Description should detail all vehicles impacted under the project. The Fleet Description should be updated quarterly with all vehicle upgrades completed during that quarter. Please fill out shaded cells highlighted <b>blue</b>. Cells highlighted <b>yellow</b> are automatically populated based on previous responses in this spreadsheet. You do NOT need to make a separate worksheet for each school district or fleet. This Fleet Description is broken into two tabs: Tab 9a. Current Vehicle Information and Tab 9b. New Vehicle Upgrade Information. Each sheet has capacity for up to 250 vehicles. Please refer to the Fleet Description data definitions on tab 12 (Data Dictionary) for additional guidance on each field.</p>
<b>10. Infrastructure</b>	<p>The Infrastructure Description should detail all electric vehicle supply equipment (EVSE) and other eligible supporting infrastructure purchased under the project. The Infrastructure worksheet should be updated quarterly as EVSEs and other eligible supporting infrastructure are procured and installed. Please fill out shaded cells highlighted <b>blue</b> and add additional rows as needed to capture all units. Cells highlighted <b>yellow</b> are automatically populated based on previous responses in this spreadsheet. Please refer to the Infrastructure data definitions on Tab 12 (Data Dictionary) for data field definitions. Reminder: All Level 2 EVSEs must be ENERGY STAR certified. All EVSE and infrastructure must comply with Build America, Buy America (BABA) requirements.</p>
<b>11. Final Report</b>	<p>Final project details including actual programmatic results. Please complete shaded cells highlighted <b>blue</b>. Cells highlighted <b>yellow</b> are automatically populated based on previous responses in this spreadsheet.</p>
<b>12. Data Dictionary</b>	<p>Please refer to the dictionary on this tab for support in completing the Current and New Fleet Descriptions (tab 9a and tab 9b) and the Infrastructure tab (tab 10).</p>

**U. S. Environmental Protection Agency**  
**Clean Heavy-Duty Vehicles (CHDV) Grant**  
**Work Plan**

**Instructions**

Please complete Tables 1-4 below on this tab using information from your approved workplan. The grant recipient must fill out shaded cells highlighted **blue**. Cells highlighted **yellow** are automatically populated based on previous responses in this spreadsheet or from fields that will be populated in the Financial Summary tab (Tab 4.)

<b>Table 1a. Project Overview</b>	
<b>Field</b>	<b>Response</b>
Grant Recipient	
Grant Number	
Project Period of Performance - Start date (mm/dd/yyyy)	
Project Period of Performance - End date (mm/dd/yyyy)	
Project Title	
Project Sub-Program	
EPA Project Award Amount	
Estimated EPA Funds for All Vehicles	\$ -
Estimated EPA Funds for Class 6 or 7 Electric School Buses	
Estimated EPA Funds for Class 6 or 7 Vocational Battery Electric Vehicles	
Estimated EPA Funds for Class 6 or 7 Hydrogen Fuel Cell Vocational Vehicles	
Estimated EPA Funds for EV Chargers and/or H2 Fueling Infrastructure	\$ -
Estimated EPA Funds for AC Level 2 Chargers	
Estimated EPA Funds for DC Level 3 Chargers	
Estimated EPA Funds for H2 Fueling Infrastructure	
Estimated EPA Funds for Other Infrastructure (BESS, On-Site Power Generation, or other eligible infrastructure components)	

<b>Table 1b. Project Summary and Approach</b>	
<b>Question</b>	<b>Answer</b>
Did any planned activities or commitments change between the submitted application and the approved workplan? If yes, please provide context and details to the approved changes (example: the number of electric vehicles was reduced due to partial funding).	
Does the project include school buses?	
Does the project include non-school-bus zero-emission Class 6/7 vehicles?	
If you intend to purchase hydrogen fuel-cell electric vehicles (FCEV), may we contact you about them?	
Please use the space provided to add a short narrative description of the project summary and approach to cover anything not captured in Table 2. Work Plan. Language from the Project Summary and Approach section of the application may be used here.	

**Table 1c. Financial Summary** (Values will be auto-populated based on values entered into the Financial Summary Tab and Annual Reporting Tabs (Tabs 4-7).

<b>Award Component</b>	<b>Value</b>
<b>Federal Project Award Amount</b>	\$ -
<b>Reported EPA Funds for Vehicles</b>	\$ -
Reported EPA Funds for Class 6 or 7 Electric School Buses	
Reported EPA Funds for Class 6 or 7 Vocational Battery Electric Vehicles	
Reported EPA Funds for Class 6 or 7 Hydrogen Vocational Vehicles	
<b>Reported EPA Funds for Infrastructure</b>	\$ -
Reported EPA Funds for EV Chargers	\$ -
Reported EPA Funds for AC Level 2 Chargers	\$ -
Reported EPA Funds for DC Level 3 Chargers	\$ -
Reported EPA Funds for H2 Fueling Infrastructure	\$ -
Reported EPA Funds for Other Infrastructure (BESS, On-Site Power Generation, or other eligible infrastructure components)	\$ -

**Table 2. Work Plan**

Please complete the following table of information. For school district applicants, only the first row in Table 2a. will be completed. For state, other information for each school district that will be served by the new buses in Table 2a. and all non-school-bus grantees in Table 2b. Please refer to the

**Table 2a: School Bus Sub-Program Grantee Summary**

[illegible]

◀ Access additional rows to Table 2b by selecting the "+" button here.

**Table 2b: Vocational Vehicles Sub-Program Grantee Summary**

[illegible]

◀ Access additional rows to Table 2b by selecting the "+" button here.

**Table 3. CHDV Priorities**

CHDV Priority	Question
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A. Community Engagement	<b>Does the workplan demonstrate actions and/or commitments to engage communities?</b> <i>If no, please jump to the next section, "Project Sustainability."</i> If yes, please complete the rest of this section.
A. Community Engagement	1. How does the workplan demonstrate engagement with the communities identified above, especially local residents, to ensure their meaningful participation with respect to the design, planning, and performance of the project?
B. Project Sustainability	<b>Does the workplan demonstrate actions and/or commitments to promote sustainable project results and benefits?</b> <i>If no, please jump to the next section, "Workforce Development."</i> If yes, please complete the rest of this section.
B. Project Sustainability	1. How does the workplan demonstrate that project results and benefits will be sustainable and that the applicant and project partners have the ability to promote and continue efforts to reduce emissions from vehicles after EPA funding for the project has ended?
C. Workforce Development	<b>Does the workplan demonstrate actions and/or commitments to promote workforce development?</b> <i>If no, please jump to the next section, "Project Resilience to Extreme Weather."</i> If yes, please complete the rest of this section.
C. Workforce Development	1. How does the workplan demonstrate a plan to prepare the workforce for the project?
D. Project Resilience	<b>Does the workplan demonstrate actions and/or commitments to promote project resilience to extreme weather?</b> <i>If no, please jump to the next section, "Leveraging of Additional External Funds."</i> If yes, please complete the rest of this section.
D. Project Resilience	1. How does the workplan demonstrate planning or action taken towards building project resilience and reducing vulnerabilities to extreme weather?
E. Leveraging of Additional External Funds	<b>Does the workplan demonstrate that the recipient has leveraged or plans to leverage additional external funds in order to support proposed project activities?</b> <i>If no, please jump to the next table, "Timeline and Milestones."</i> If yes, please complete the rest of this section.
E. Leveraging of Additional External Funds	1. How does the workplan demonstrate that the recipient has leveraged or plans to leverage additional external funds in order to support proposed project activities, as well as how these funds will be used to contribute to the performance and success of the project?

Table 4. Timeline and Milestones	
<p>Please use the rows below to indicate key project milestones and activities, the timeline for each, and the responsible party for each milestone and activity. Timeline can be represented either as the expected month(s) each activity/milestone will take place (ex., September 2024, September 2024 - December 2024, etc.), or, if applicable, can be represented with descriptors such as "continuous," "ongoing," or otherwise described in relation to other activities and milestones (ex., 1 month after activity X). Note: Additional rows may be accessed by selecting the "+" at the bottom of the table.</p>	
Timeline	Responsible Party


◀ Access additional rows to Table 4 by selecting the "+" button here.

Agency  
Grant Program

For municipal, and nonprofit school transportation association applicants, please provide  
Data Dictionary (tab 12) for additional guidance on each field.

[illegible][illegible]

Answer 1                      Answer 2



(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)	

Milestone/Activity	


	Proposed Fleet + Infrastructure

[illegible][illegible]


[illegible][illegible]


### Proposed Number of Battery Energy Storage Systems (BESS)

[illegible][illegible]



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Clean Heavy-Duty Ve  
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Instructions

Recipients must agree to carry out the project in accordance with the final approved workplan. Recipients are required to r defined in 2 CFR §200.308. Proposed modifications to the approved workplan, including additions, deletions, or changes in approval. Depending on the type of changes, a formal amendment to the award may be necessary. **If the EPA project offic captured in the this tab. Fill out this tab at the end of each year of project performance and select the relevant year of tl from the EPA project officer. The Amendments tab does not need to be completed if the project is carried out in accordance**

Table 5a. Post-Award Amendments			
Update Year	Type of Amendment	Grantee Name	NCES ID (If applicable)
(Select Year)	(Select Amendment Type)		
(Select Year)	(Select Amendment Type)		
(Select Year)	(Select Amendment Type)		
(Select Year)	(Select Amendment Type)		
(Select Year)	(Select Amendment Type)		
(Select Year)	(Select Amendment Type)		
(Select Year)	(Select Amendment Type)		
(Select Year)	(Select Amendment Type)		
(Select Year)	(Select Amendment Type)		
(Select Year)	(Select Amendment Type)		
(Select Year)	(Select Amendment Type)		
(Select Year)	(Select Amendment Type)		
(Select Year)	(Select Amendment Type)		
(Select Year)	(Select Amendment Type)		
(Select Year)	(Select Amendment Type)		
(Select Year)	(Select Amendment Type)		
(Select Year)	(Select Amendment Type)		
(Select Year)	(Select Amendment Type)		
(Select Year)	(Select Amendment Type)		
(Select Year)	(Select Amendment Type)		

**Table 5b. Change in funding by project year** (Values will auto-populate based on data entered in table 5a)

Project Year	Number of Amendments By Year	Change in Funding Amount by Year
Project Year One	0	0
Project Year Two	0	0
Project Year Three	0	0

Environmental Protection Agency  
Vehicles (CHDV) Grant Program  
Amendments

Request prior written approval from EPA for any budget or program plan revisions, as the schedule, shall be submitted in a timely manner to the EPA project officer for their approval. **For approved modifications to the approved workplan, any changes must be made by the update.** The Amendments tab does not supersede or replace written approval with the final approved workplan.

Original Vehicle or Eligible Infrastructure Component Type	Updated Vehicle or Eligible Infrastructure Component Type	Original Quantity of Vehicle or Eligible Infrastructure Component

[illegible]

Change in Funding Amount	
\$	-
\$	-
\$	-
\$	-
\$	-
\$	-
\$	-
\$	-
\$	-
\$	-
\$	-
\$	-
\$	-
\$	-
\$	-
\$	-
\$	-
\$	-
\$	-

**U. S. Environmental Protection Agency**  
Clean Heavy-Duty Vehicles (CHDV) Grant Program  
**Financial Summary - Project Lifetime**

**Instructions**

Financial summary for the entire grant period of performance. Please complete shaded cells highlighted **blue** that contain grantee and original project budget information. **Yellow** cells on this worksheet entered in tabs 5-7 (Year 1-Year 3). If a modification to the grant is approved, please update the financial tabs accordingly.

**Table 6. Summary Rate of Expenditure**

*Record project budget funds ONLY from approved final workplan. All other numbers will reflect automatically from subsequent tabs.*

Financial Summary	Project Budget				Total Expenses to Date				EPA Funds Remaining Balance
	EPA Funds Project Budget	Mandatory Cost Share Project Budget	Voluntary Cost Share Project Budget	Total Project Cost Project Budget	EPA Funds Expenses to Date	Mandatory Cost Share Expenses to Date	Voluntary Cost Share Expenses to Date	Total Project Cost Expenses to Date	
Personnel				\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Fringe Benefits				\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Travel				\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Equipment				\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Supplies				\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Contractual				\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Construction				\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other				\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Direct Cost Total	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Indirect Charges				\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>TOTALS</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

**Table 6a. Summary Rate of Expenditure of Other Leveraged Funds**

	Project Budget	Total Expenses to Date	Remaining Balance
Other Leveraged Funds			

**Table 7. Annual Rate of Expenditure**

*No Entry Needed - ALL numbers will reflect automatically from subsequent tabs.*

Financial Summary	Year 1				Year 2				EPA Funds Year 3
	EPA Funds Year 1	Mandatory Cost Share Year 1	Additional Leveraged Funds Year 1	Total Project Cost Year 1	EPA Funds Year 2	Mandatory Cost Share Year 2	Additional Leveraged Funds Year 2	Total Project Cost Year 2	
Personnel	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Fringe Benefits	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Travel	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Supplies	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Contractual	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Construction	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Direct Cost Total	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Indirect Charges	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

TOTALS	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
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Table 7a. Annual Rate of Expenditure of Other Leveraged Funds

	Year 1		Year 2		Year 3
Other Leveraged Funds					

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et will automatically populate based on information

Remaining Balance		
Mandatory Cost Share Remaining Balance	Voluntary Cost Share Remaining Balance	Total Project Cost Remaining Balance
\$ -	\$ -	\$ -
\$ -	\$ -	\$ -
\$ -	\$ -	\$ -
\$ -	\$ -	\$ -
\$ -	\$ -	\$ -
\$ -	\$ -	\$ -
\$ -	\$ -	\$ -
\$ -	\$ -	\$ -
\$ -	\$ -	\$ -
\$ -	\$ -	\$ -
\$ -	\$ -	\$ -


Year 3 (if applicable)		
Mandatory Cost Share Year 3	Additional Leveraged Funds Year 3	Total Project Cost Year 3
\$ -	\$ -	\$ -
\$ -	\$ -	\$ -
\$ -	\$ -	\$ -
\$ -	\$ -	\$ -
\$ -	\$ -	\$ -
\$ -	\$ -	\$ -
\$ -	\$ -	\$ -
\$ -	\$ -	\$ -
\$ -	\$ -	\$ -
\$ -	\$ -	\$ -

\$	-	\$	-	\$	-



<b>Instructions</b>
Financial summary for the first year of the project period. For each quarterly report, please complete all financial and narrative descriptive information for the first year of the project period. Cells highlighted yellow are automatically populated based on previous responses in this spreadsheet. please ensure to complete the programmatic questions regarding the grant.

Table 8. Year 1 Annual Rate of Expenditure

Record and update project expenses at each interval according to the reporting cadence determined by your Project Officer. Previous file

Reporting Period	Jan-June of Year 1		
Enter Dates For this Reporting Period in the blue cells			
	EPA Funds Reporting Period 1	Mandatory Cost Share Reporting Period 1	Voluntary Cost Share Reporting Period 1
Personnel			
Fringe Benefits			
Travel			
Equipment			
Supplies			
Contractual			
Construction			
Other			
Direct Cost Total	\$ -	\$ -	\$ -
Indirect Charges			
TOTALS	\$ -	\$ -	\$ -

Table 8a. Year 1 Other Leveraged Funds

Reporting Period	Jan-June of Year 1	
Other Leveraged Funds		

Table 9. Project Updates - Narrative Responses

**Record and update project updates below.**

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

[illegible]**Table 10. Project Questions**

Please provide programmatic and narrative financial updates on the project. As quarterly reports are submitted, indicate updates or changes for each quarter. For each quarter, please indicate if there was a change from the previous quarter. If yes, please provide an explanation in the subsequent cell.

Question	Jan-June of Year 1 Update	July-Sept of Year 1 Update	Oct-Dec of Year 1 Update
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1. Provide a comparison of actual accomplishments to the objectives established for the reporting period.			
2. If anticipated outputs/outcomes and/or timelines/milestones are not met, why not? Did you encounter any problems during the reporting period which may interfere with meeting project objectives?			
3. If any additional voluntary leveraged funds are reported for this Reporting Period in Table 8 above, identify the source of the funds.			
4. Have there been any major personnel changes during this reporting period?			
5. Did any public relations events regarding this grant take place during the reporting period?			
6. Are you using websites or other tools used to relay information about this grant to the public?			
7. What project activities are planned for the next reporting period?			
8. Was any program income generated during the reporting period? Identify amount of program income, how it was generated, and how the program income was/will be used.			
9. Have any vehicles or activities changed from those included in the final workplan?			
10. Do you have any other comments or feedback?			

**U. S. Environmental Protection Agency**  
Clean Heavy-Duty Vehicles (CHDV) Grant Program  
***Financial and Narrative Summary - Year 1***

ve cells highlighted blue for each  
Below the financial information.

*Iids should remain and edits should be made to the whenever interannual reports are submitted.*

## July-Sept of Year 1

Total Project Cost Reporting Period 1	EPA Funds Reporting Period 2	Mandatory Cost Share Reporting Period 2	Voluntary Cost Share Reporting Period 2
\$ -			
\$ -			
\$ -			
\$ -			
\$ -			
\$ -			
\$ -			
\$ -			
\$ -	\$ -	\$ -	\$ -
\$ -			
\$ -	\$ -	\$ -	\$ -

## July-Sept of Year 1

occurred, please provide that information accordingly. In the 'Progress to Date' column, please use

### Progress Notes

[illegible]

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	Oct-Dec of Year 1		
Total Project Cost Reporting Period 2	EPA Funds Reporting Period 3	Mandatory Cost Share Reporting Period 3	Voluntary Cost Share Reporting Period 3
\$ -			
\$ -			
\$ -			
\$ -			
\$ -			
\$ -			
\$ -			
\$ -			
\$ -	\$ -	\$ -	\$ -
\$ -			
\$ -	\$ -	\$ -	\$ -
	July-Sept of Year 2		

Total Project Cost9 Reporting Period 3	
\$	-
\$	-
\$	-
\$	-
\$	-
\$	-
\$	-
\$	-
\$	-
\$	-
\$	-
\$	-

### Instructions

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 for each quarter the report is submitted. Cells highlighted yellow are automatically populated based on previous responses in this spreadsheet. Below the financial information, please ensure to complete the programmatic questions regarding the grant.

**Table 11. Year 2 Annual Rate of Expenditure**

Record and update project expenses at each interval according to the reporting cadence determined by your Project Officer. Previous fields

Reporting Period	Jan-March of Year 2		
Enter Dates For this Reporting Period in the <i>blue</i> cells			
	EPA Funds Reporting Period 1	Mandatory Cost Share Reporting Period 1	Voluntary Cost Share Reporting Period 1
Personnel			
Fringe Benefits			
Travel			
Equipment			
Supplies			
Contractual			
Construction			
Other			
Direct Cost Total	\$ -	\$ -	\$ -
Indirect Charges			
TOTALS	\$ -	\$ -	\$ -

Table 11a. Year 2 Other Leveraged Funds

Reporting Period	Jan-March of Year 2	
Other Leveraged Funds		

**Table 12. Project Updates - Narrative Responses**

**Record and update project updates below.**

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

[illegible]

Table 13. Project Questions

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

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

**U. S. Environmental Protection Agency**  
Clean Heavy-Duty Vehicles (CHDV) Grant Program  
**Financial and Narrative Summary - Year 2**

Ids should remain and edits should be made to the whenever interannual reports are submitted.

**April-June of Year 2**

Total Project Cost Reporting Period 1	EPA Funds Reporting Period 2	Mandatory Cost Share Reporting Period 2	Voluntary Cost Share Reporting Period 2
\$ -			
\$ -			
\$ -			
\$ -			
\$ -			
\$ -			
\$ -			
\$ -			
\$ -			
\$ -	\$ -	\$ -	\$ -
\$ -			
\$ -	\$ -	\$ -	\$ -

**April-June of Year 2**

occurred, please provide that information accordingly. In the 'Progress to Date' column, please use the dropdown to indicate if the

			Progress Notes
April-June of Year 2	July-Sept of Year 2	Oct-Dec of Year 2	Write below, as appropriate.



ages for each quarter. For each

**Oct-Dec of Year 2 Update**


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	July-Sept of Year 2		
Total Project Cost Reporting Period 2	EPA Funds Reporting Period 3	Mandatory Cost Share Reporting Period 3	Voluntary Cost Share Reporting Period 3
\$ -			
\$ -			
\$ -			
\$ -			
\$ -			
\$ -			
\$ -			
\$ -			
\$ -	\$ -	\$ -	\$ -
\$ -			
\$ -	\$ -	\$ -	\$ -

	July-Sept of Year 2		

|

	Oct-Dec of Year 2		
<b>Total Project Cost<sup>9</sup> Reporting Period 3</b>	<b>EPA Funds Reporting Period 4</b>	<b>Mandatory Cost Share Reporting Period 4</b>	<b>Voluntary Cost Share Reporting Period 4</b>
\$ -			
\$ -			
\$ -			
\$ -			
\$ -			
\$ -			
\$ -			
\$ -			
\$ -	\$ -	\$ -	\$ -
\$ -			
\$ -	\$ -	\$ -	\$ -

  

	Oct-Dec of Year 2

Total Project Cost Reporting Period 4	
\$	-
\$	-
\$	-
\$	-
\$	-
\$	-
\$	-
\$	-
\$	-
\$	-
\$	-
\$	-

### Instructions

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 for each quarter the report is submitted. Cells highlighted yellow are automatically populated based on previous responses in this spreadsheet. Below the financial information, please ensure to complete the programmatic questions regarding the grant.

**Table 14. Year 3 Annual Rate of Expenditure**

*Record and update project expenses at each interval according to the reporting cadence determined by your Project Officer. Previous file*

Reporting Period	Jan-March of Year 3		
Enter Dates For this Reporting Period in the <span style="color: blue;">blue</span> cells			
	EPA Funds Reporting Period 1	Mandatory Cost Share Reporting Period 1	Voluntary Cost Share Reporting Period 1
Personnel			
Fringe Benefits			
Travel			
Equipment			
Supplies			
Contractual			
Construction			
Other			
Direct Cost Total	\$ -	\$ -	\$ -
Indirect Charges			
TOTALS	\$ -	\$ -	\$ -

Table 14a. Year 2 Other Leveraged Funds

Reporting Period	Jan-March of Year 3	
Other Leveraged Funds		

Table 15. Project Updates - Narrative Responses

**Record and update project updates below.**

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

[illegible]

Table 16. Project Questions

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

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

**April-June of Year 3**

Total Project Cost Reporting Period 1	EPA Funds Reporting Period 2	Mandatory Cost Share Reporting Period 2	Voluntary Cost Share Reporting Period 2
\$ -			
\$ -			
\$ -			
\$ -			
\$ -			
\$ -			
\$ -			
\$ -			
\$ -	\$ -	\$ -	\$ -
\$ -			
\$ -	\$ -	\$ -	\$ -

April-June of Year 3

### Progress Notes

[illegible]

ages for each quarter. For each

Oct-Dec of Year 3 Update






	Oct-Dec of Year 3		
<b>Total Project Cost<sup>9</sup> Reporting Period 3</b>	<b>EPA Funds Reporting Period 4</b>	<b>Mandatory Cost Share Reporting Period 4</b>	<b>Voluntary Cost Share Reporting Period 4</b>
\$ -			
\$ -			
\$ -			
\$ -			
\$ -			
\$ -			
\$ -			
\$ -			
\$ -	\$ -	\$ -	\$ -
\$ -			
\$ -	\$ -	\$ -	\$ -

  

	Oct-Dec of Year 3

Total Project Cost Reporting Period 4	
\$	-
\$	-
\$	-
\$	-
\$	-
\$	-
\$	-
\$	-
\$	-
\$	-
\$	-
\$	-
\$	-

Please complete this tab if your organization committed to ANY community engagement, project sustainability, workforce development. This tab will automatically populate based on information entered in earlier tabs. Please use the drop downs for columns to indicate a final question is on row 127 of this sheet.

Table 17. Community Engagement	
Question	Answer 1
Did the workplan demonstrate actions and/or commitments to engage communities? If no, please jump to Table 18. If yes, please complete the rest of this section.	Please complete Tab 2 before completing this Tab
1. How did the workplan demonstrate engagement with the communities identified above, especially local residents, to ensure their meaningful participation with respect to the design, planning, and performance of the project?	Please complete Tab 2 before completing this Tab
2. Did the workplan for this project demonstrate that the recipient and/or project partner(s) has an existing clear point of contact in a public platform (e.g., newsletter, website) for community issues and complaints (specific to air quality or broader) and a publicly documented policy or process to engage communities and get their input on operations and projects that impact air quality? The process could be a meeting in the past year and/or a policy or process to have a meeting or otherwise get input (e.g., a standing citizens advisory committee). Please include any narrative details in question 3.	(Y or N or N/A)
2.a. If no, did the workplan for this project demonstrate that the recipient and/or project partner(s) commit to completing one before the end of the project period?	(Y or N or N/A)
2.b. To date, has the recipient and/or project partner(s) completed this commitment?	
3. Please provide any additional details and/or a status update to be provided for this category, including but not limited to the URL(s) where the public can find the clear point of contact and policy or process; a description of the point of contact and policy or process; and any other relevant information. Please use the drop downs under 'Please Select One' to indicate which quarter.	
Community Engagement Update 1	
Community Engagement Update 2	
Community Engagement Update 3	
Community Engagement Update 4	
Community Engagement Update 5	
Community Engagement Update 6	
Community Engagement Update 7	
Community Engagement Update 8	

Community Engagement Update 9	
Community Engagement Update 10	
Please provide any additional details or comments regarding community engagement	

Table 18. Project Sustainability	
Question	Answer 1
Did the workplan demonstrate actions and/or commitments to promote sustainable project results and benefits? If no, please jump to Table 19. If yes, please complete the rest of this section.	Please complete Tab 2 before completing this Tab
1. How did the workplan demonstrate that project results and benefits will be sustainable and that the applicant and project partners have the ability to promote and continue efforts to reduce emissions from vehicles after EPA funding for the project has ended?	Please complete Tab 2 before completing this Tab
2. Zero-Emission Projects	(Y or N or N/A)
2a. Did the workplan for this project demonstrate coordination and/or consultation with utilities or refueling partners on the feasibility of the project? This could include, but is not limited to, discussion with utilities or refueling partners on project charging needs, project upgrade needs, project costs, rates for future service, and/or the timeframe for necessary upgrades. Please include any narrative details in question 4.	(Y or N or N/A)
2b. If no, did the workplan for this project demonstrate that the recipient and/or project partner(s) commit to such coordination before the end of the project period?	(Y or N or N/A)
3. 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 limited to describing the extent of coordination with utilities, noting the timing and frequency of discussions with utilities, and any project decisions impacted by these discussions. Please use the drop downs under 'Please Select One' to indicate which quarter.	
Project Sustainability Update 1	
Project Sustainability Update 2	
Project Sustainability Update 3	
Project Sustainability Update 4	
Project Sustainability Update 5	
Project Sustainability Update 6	
Project Sustainability Update 7	
Project Sustainability Update 8	
Project Sustainability Update 9	

Project Sustainability Update 10	
Please provide any additional details or comments regarding project sustainability	

Table 19. Workforce Development	
Question	Answer 1
Did the workplan demonstrate actions and/or commitments to promote workforce development? If no, please jump to Table 20. If yes, please complete the rest of this section.	Please complete Tab 2 before completing this Tab
1. How did the workplan demonstrate a plan to prepare the workforce for the project?	Please complete Tab 2 before completing this Tab
2. Did the workplan for this project demonstrate that current drivers, mechanics, electricians, and other essential personnel have received training to safely operate and maintain the new vehicles and infrastructure? This could include the establishment of workforce training programs for zero emission vehicles and charging infrastructure. Please include any narrative details in question 6.	(Y or N or N/A)
2.a. If no, did the workplan for this project demonstrate that the recipient and/or project partner(s) commit to ensuring current drivers, mechanics, electricians, and other essential personnel receive training to safely operate and maintain the new vehicles and infrastructure before the end of the project period?	(Y or N or N/A)
2.b. To date, has the recipient and/or project partner(s) completed this commitment?	
3. Did the workplan for this project demonstrate that the recipient and/or project partner(s) have clarified protections to ensure existing workers are not replaced or displaced because of new technologies? Please include any narrative details in question 6.	(Y or N or N/A)
3.a. If no, did the workplan for this project demonstrate that the recipient and/or project partner(s) commit to clarifying protections to ensure existing workers are not replaced for displaced because of new technologies before the end of the project period?	(Y or N or N/A)
3.b. To date, has the recipient and/or project partner(s) completed this commitment?	
4. Did the workplan for this project demonstrate that the recipient and/or project partner(s) have increased the availability of domestic manufacturing and workforce for zero-emission vehicles, engines, and other key components (e.g., batteries)? Please include any narrative details in question 6.	(Y or N or N/A)
4.a. If no, did the workplan for this project demonstrate that the recipient and/or project partner(s) commit to increasing the availability of domestic manufacturing and workforce for zero- and near-zero emission vehicles, engines, and other key components (e.g., batteries) before the end of the project period?	(Y or N or N/A)
4.b. To date, has the recipient and/or project partner(s) completed this commitment?	
5. Did the workplan for this project demonstrate that the recipient and/or project partner(s) have other measures and/or policies in place to promote workforce development? If yes, please describe the other measures and/or policies in more detail below. Please include any narrative details in question 6.	(Y or N or N/A)
5.a. If no, did the workplan for this project demonstrate that the recipient and/or project partner(s) commit establishing measures and/or policies to promote workforce development before the end of the project period?	(Y or N or N/A)
5.b. To date, has the recipient and/or project partner(s) completed this commitment?	
6. Please provide additional details and any relevant status updates for this section, including but not limited to details on training programs, protections for existing workers, measures taken to increase the availability of domestic manufacturing and workforce, and/or descriptions of any additional policies and measures to promote workforce development, as well as any changes made to these throughout the project period. Please use the drop downs under 'Please Select One' to indicate which quarter.	

Workforce Development Update 1	
Workforce Development Update 2	
Workforce Development Update 3	
Workforce Development Update 4	
Workforce Development Update 5	
Workforce Development Update 6	
Workforce Development Update 7	
Workforce Development Update 8	
Workforce Development Update 9	
Workforce Development Update 10	
Please provide any additional details or comments regarding workforce development.	

<b>Table 20. Project Resilience</b>	
<b>Question</b>	<b>Answer 1</b>
Did the workplan demonstrate actions and/or commitments to promote project resilience to extreme weather? If no, please jump to Table 21. If yes, please complete the rest of this section.	Please complete Tab 2 before completing this Tab
1. How did the workplan demonstrate planning or action taken towards building project resilience and reducing vulnerabilities to extreme weather?	Please complete Tab 2 before completing this Tab
	(Y or N or N/A)
2. Did the workplan for this project demonstrate that the recipient and/or project partner(s) have assessed and implemented extreme weather adaptation considerations to help ensure that the project achieves its expected outcomes even in the face of extreme weather? This could include assessing project vulnerability to local extreme weather when making siting decision and operational plans, ensuring fleets and equipment are protected from extreme weather and/or protecting infrastructure from storm damage and/or extreme weather. Please include any narrative details in question 4.	
	(Y or N or N/A)
2.a. If no, did the workplan for this project demonstrate that the recipient and/or project partner(s) commit to assessing and implementing extreme weather adaptation considerations before the end of the project period?	
2.b. To date, has the recipient and/or project partner(s) completed this commitment?	
	(Y or N or N/A)
3. Did the workplan for this project demonstrate that the recipient and/or project partner(s) have other measures and/or policies in place to promote project resilience to extreme weather? If yes, please describe the other measures and/or policies in more detail below. Please include any narrative details in question 4.	
	(Y or N or N/A)
3.a. If no, did the workplan for this project demonstrate that the recipient and/or project partner(s) commit establishing measures and/or policies to promote project resilience to extreme weather before the end of the project period?	
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 limited to details on extreme weather impact assessments, descriptions of project decisions impacted by these assessments, and/or descriptions of any additional policies and measures to promote project resilience to extreme weather, as well as any changes made to these throughout the project period. Please use the drop downs under 'Please Select One' to indicate which quarter.	
Project Resilience Update 1	
Project Resilience Update 2	
Project Resilience Update 3	
Project Resilience Update 4	
Project Resilience Update 5	
Project Resilience Update 6	
Project Resilience Update 7	
Project Resilience Update 8	
Project Resilience Update 9	
Project Resilience Update 10	
Please provide any additional details or comments regarding resiliency to extreme weather impacts.	

**Table 21. Leveraging of Additional External Funds**

*Leveraged funds refers to additional, external funds where an applicant or grantee is providing additional resources to support or complete project activities.*

Question	Answer 1
Did the workplan demonstrate that the recipient has leveraged or plans to leverage additional external funds in order to support proposed project activities? If yes, please complete the rest of this section.	Please complete Tab 2 before completing this Tab
1. How did the workplan demonstrate that the recipient has leveraged or plans to leverage additional external funds in order to support proposed project activities, as well as how these funds will be used to contribute to the performance and success of the project?	Please complete Tab 2 before completing this Tab
2. Please provide updates on proposed or secured additional external funds using the rows below. This should include additional external leveraged funds, but should not include applicant funds. Place the Source Name in the 'Answer 1' field and 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	
External leveraged funds source 1	
External leveraged funds source 2	
External leveraged funds source 3	



External leveraged funds source 4	
External leveraged funds source 5	
External leveraged funds source 6	
External leveraged funds source 7	
External leveraged funds source 8	
External leveraged funds source 9	
External leveraged funds source 10	
<p>3. Are there any updates to be provided or additional information for any proposed or secured additional external funds? If yes, please provide additional details and a status update below, including a description of how any secured funds are being used to support proposed project activities and how they are contributing to the performance and success of the project. If any proposed funding was not awarded, use the space provided to indicate your plans to make up for these funds. Please use the drop downs under 'Please Select One' to indicate which quarter.</p>	
Leveraging of Additional External Funds Update 1	
Leveraging of Additional External Funds Update 2	
Leveraging of Additional External Funds Update 3	
Leveraging of Additional External Funds Update 4	
Leveraging of Additional External Funds Update 5	
Leveraging of Additional External Funds Update 6	
Leveraging of Additional External Funds Update 7	
Leveraging of Additional External Funds Update 8	
Leveraging of Additional External Funds Update 9	
Leveraging of Additional External Funds Update 10	
Please provide any additional details or comments regarding leveraged additional external funds of the project.	

**U. S. Environmental Protection Agency**  
Clean Heavy-Duty Vehicles (CHDV) Grant Program  
**CHDV Priorities**

**Instructions**

ent, extreme weather resiliency, or leveraging of additional external funds actions or commitments in your application, as referred to in the evaluation i  
y updates that occurred during the reporting period indicating continued progress towards commitments. At the end of each of the sections below, th

Status Update	Quarter Completed
Select Status	Select Quarter
	Select Quarter
	Select Quarter
	Select Quarter
	Select Quarter
	Select Quarter
	Select Quarter
	Select Quarter
	Select Quarter

	Select Quarter
	Select Quarter

Status Update	Quarter Completed
Select Status	Select Quarter
	Select Quarter
	Select Quarter
	Select Quarter
	Select Quarter
	Select Quarter
	Select Quarter
	Select Quarter
	Select Quarter
	Select Quarter
	Select Quarter

	Select Quarter

Status Update	Quarter Completed
Select Status	Select Quarter
Select Status	Select Quarter
Select Status	Select Quarter
Select Status	Select Quarter

	Select Quarter
	Select Quarter
	Select Quarter
	Select Quarter
	Select Quarter
	Select Quarter
	Select Quarter
	Select Quarter
	Select Quarter
	Select Quarter

Status Update	Quarter Completed
Select Status	Select Quarter
Select Status	Select Quarter

	Select Quarter
	Select Quarter
	Select Quarter
	Select Quarter
	Select Quarter
	Select Quarter
	Select Quarter
	Select Quarter
	Select Quarter
	Select Quarter

Implement the project above and beyond the EPA grant funds.		
Status Update	Quarter Completed	Amount (\$)
Select Status	Select Quarter	
Select Status	Select Quarter	
Select Status	Select Quarter	

Select Status	Select Quarter	
Select Status	Select Quarter	
Select Status	Select Quarter	
Select Status	Select Quarter	
Select Status	Select Quarter	
Select Status	Select Quarter	
Select Status	Select Quarter	
	Select Quarter	
	Select Quarter	
	Select Quarter	
	Select Quarter	
	Select Quarter	
	Select Quarter	
	Select Quarter	
	Select Quarter	
	Select Quarter	
	Select Quarter	

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metrics defined in section V.A. Evaluation Criteria in the NOFO. Only cells shaded in blue need to be filled out; cells shaded in  
ere is a cell to provide additional narrative responses, as appropriate. Please take care to ensure all questions are answered; the

--



**U. S. Environmental Protection Agency**  
**Clean Heavy-Duty Vehicles (CHD)**  
**Current Fleet Description**

**Instructions**

The Current Fleet Description table should detail all vehicles that will be scrapped, sold, or donated under this project. The Current Fleet Description table should be filled out with a diagonal pattern (///). The Current Vehicle needs to be paired with the replacement vehicle sub-group, if two or more vehicles will be replaced by a single ZE vehicle, list each vehicle on a separate line and New Vehicle 1, New Vehicle 2 would be selected multiple times from the dropdown in column C. The sheet has capacity for 300 vehicles on each field.

Note: the Current Vehicle Activity Data data should be included in the reporting template during the first reporting period in which the contact your PO for further guidance.

**Table 22. CURRENT VEHICLE INFORMATION**

**22a. Basic Fleet Information**

Vehicle	Is this vehicle a part of a group of vehicles that will be replaced by a single ZE vehicle? (vocational vehicles sub-program only)	Corresponding New Vehicle (select 'New Vehicle XX' from 'New Fleet Description' table, provided in dropdown)	Group Name
Example Vehicle	Example: No	Example: New Vehicle 67	Example: ESBs for District A
Current Vehicle 1			
Current Vehicle 2			
Current Vehicle 3			
Current Vehicle 4			
Current Vehicle 5			
Current Vehicle 6			
Current Vehicle 7			
Current Vehicle 8			
Current Vehicle 9			
Current Vehicle 10			
Current Vehicle 11			
Current Vehicle 12			
Current Vehicle 13			
Current Vehicle 14			
Current Vehicle 15			
Current Vehicle 16			
Current Vehicle 17			
Current Vehicle 18			
Current Vehicle 19			
Current Vehicle 20			
Current Vehicle 21			
Current Vehicle 22			
Current Vehicle 23			
Current Vehicle 24			
Current Vehicle 25			
Current Vehicle 26			
Current Vehicle 27			
Current Vehicle 28			
Current Vehicle 29			
Current Vehicle 30			
Current Vehicle 31			
Current Vehicle 32			
Current Vehicle 33			
Current Vehicle 34			
Current Vehicle 35			
Current Vehicle 36			
Current Vehicle 37			
Current Vehicle 38			
Current Vehicle 39			
Current Vehicle 40			
Current Vehicle 41			
Current Vehicle 42			

Current Vehicle 43			
Current Vehicle 44			
Current Vehicle 45			
Current Vehicle 46			
Current Vehicle 47			
Current Vehicle 48			
Current Vehicle 49			
Current Vehicle 50			
Current Vehicle 51			
Current Vehicle 52			
Current Vehicle 53			
Current Vehicle 54			
Current Vehicle 55			
Current Vehicle 56			
Current Vehicle 57			
Current Vehicle 58			
Current Vehicle 59			
Current Vehicle 60			
Current Vehicle 61			
Current Vehicle 62			
Current Vehicle 63			
Current Vehicle 64			
Current Vehicle 65			
Current Vehicle 66			
Current Vehicle 67			
Current Vehicle 68			
Current Vehicle 69			
Current Vehicle 70			
Current Vehicle 71			
Current Vehicle 72			
Current Vehicle 73			
Current Vehicle 74			
Current Vehicle 75			
Current Vehicle 76			
Current Vehicle 77			
Current Vehicle 78			
Current Vehicle 79			
Current Vehicle 80			
Current Vehicle 81			
Current Vehicle 82			
Current Vehicle 83			
Current Vehicle 84			
Current Vehicle 85			
Current Vehicle 86			
Current Vehicle 87			
Current Vehicle 88			
Current Vehicle 89			
Current Vehicle 90			
Current Vehicle 91			
Current Vehicle 92			
Current Vehicle 93			
Current Vehicle 94			
Current Vehicle 95			
Current Vehicle 96			
Current Vehicle 97			
Current Vehicle 98			
Current Vehicle 99			
Current Vehicle 300			

← Click + to access additional rows. Please do not insert or delete rows.

tion Agency  
(V) Grant Program  
ption

ent Description tab should be updated quarterly with any new information that becomes available during the quarter. ent vehicle listed on the New Fleet Description tab by selecting the 'New Vehicle' from the dropdown in column C. For l then select the corresponding New Vehicle in column C. For example, if Current Vehicles 1-3 were going to replace es. Please refer to the Current Fleet Description data definitions in the Data Dictionary (Tab 12) for additional guidance

e data become available and are only reported once during the project. If you do not have data available, please

[illegible]



[illegible]



[illegible]

[illegible]



[illegible]



[illegible]

[illegible]

[illegible]

[illegible]

**s) of Performance:** Populate the location details for the county in which each vehicle primarily operates.

**nce**

[illegible]





[illegible]



[illegible]



[illegible]



**U. S. Environmental Protection Agency**  
**Clean Heavy-Duty Vehicles (CHDV) Grant**  
**New Fleet Description**

**Instructions**

The New Fleet Description should detail all vehicles that will be purchased under the project. The New Fleet Description should be with a diagonal pattern (///). The sheet has capacity for 250 vehicles. Please refer to the Fleet Description data definitions on tab 1. Note: the New Vehicle Activity Data data should be included in the reporting template during the first reporting period in which the available, please contact your PO for further guidance.

**Table 23. NEW REPLACEMENT VEHICLE INFORMATION**

**23a. Upgrade Vehicle Information**

<b>Vehicle</b>	<b>Group Name (optional)</b>	<b>Year of Upgrade Action</b>	<b>New Vehicle Fleet Owner</b>
Example Vehicle	Example: ESB for District A	Example: 2025	Example: Walton School District
New Vehicle 1			
New Vehicle 2			
New Vehicle 3			
New Vehicle 4			
New Vehicle 5			
New Vehicle 6			
New Vehicle 7			
New Vehicle 8			
New Vehicle 9			
New Vehicle 10			
New Vehicle 11			
New Vehicle 12			
New Vehicle 13			
New Vehicle 14			
New Vehicle 15			
New Vehicle 16			
New Vehicle 17			
New Vehicle 18			
New Vehicle 19			
New Vehicle 20			
New Vehicle 21			
New Vehicle 22			
New Vehicle 23			
New Vehicle 24			
New Vehicle 25			
New Vehicle 26			
New Vehicle 27			
New Vehicle 28			
New Vehicle 29			
New Vehicle 30			
New Vehicle 31			
New Vehicle 32			
New Vehicle 33			
New Vehicle 34			
New Vehicle 35			
New Vehicle 36			
New Vehicle 37			
New Vehicle 38			
New Vehicle 39			
New Vehicle 40			
New Vehicle 41			
New Vehicle 42			
New Vehicle 43			
New Vehicle 44			

New Vehicle 45			
New Vehicle 46			
New Vehicle 47			
New Vehicle 48			
New Vehicle 49			
New Vehicle 50			
New Vehicle 51			
New Vehicle 52			
New Vehicle 53			
New Vehicle 54			
New Vehicle 55			
New Vehicle 56			
New Vehicle 57			
New Vehicle 58			
New Vehicle 59			
New Vehicle 60			
New Vehicle 61			
New Vehicle 62			
New Vehicle 63			
New Vehicle 64			
New Vehicle 65			
New Vehicle 66			
New Vehicle 67			
New Vehicle 68			
New Vehicle 69			
New Vehicle 70			
New Vehicle 71			
New Vehicle 72			
New Vehicle 73			
New Vehicle 74			
New Vehicle 75			
New Vehicle 76			
New Vehicle 77			
New Vehicle 78			
New Vehicle 79			
New Vehicle 80			
New Vehicle 81			
New Vehicle 82			
New Vehicle 83			
New Vehicle 84			
New Vehicle 85			
New Vehicle 86			
New Vehicle 87			
New Vehicle 88			
New Vehicle 89			
New Vehicle 90			
New Vehicle 91			
New Vehicle 92			
New Vehicle 93			
New Vehicle 94			
New Vehicle 95			
New Vehicle 96			
New Vehicle 97			
New Vehicle 98			
New Vehicle 99			
New Vehicle 300			

← Click + to access additional rows. Please do not insert or delete rows.



Agency	
Grant Program	

updated quarterly with all vehicle upgrades completed. Please fill out all shaded cells highlighted **blue** 2 (Data Dictionary) for additional guidance on each field.

e data become available and are only reported once during the project. If you do not have data

[illegible]



9b. New Fleet Description  
82 of 100



[illegible]



[illegible]





## 23f. Warranty Information

[illegible]



[illegible]



[illegible]



[illegible]





[illegible]



### 23h. Optional Participation in Future of Transportation Research

[illegible]



### 23i. Vehicle Ownership and BABA Compliance

[illegible]



[illegible]





The tables on this tab capture aspects of eligible infrastructure included in this project. The EVSE Equipment Information (Table 24); site Power Generation Equipment (Table 25); Battery Energy Storage System (BESS) Equipment Information (Table 26); and Hydro third-party and large school districts awardees, the infrastructure needs to be listed by school district and/or city. That is, if School Groups. The EV Infrastructure worksheet should be updated semi-annually as EVSEs and supporting infrastructure are procured and field definitions. Reminder: All Level 2 EVSEs must be ENERGY STAR certified.

On November 15, 2021, the Infrastructure Investment and Jobs Act ("IIJA"), Pub. L. No. 117-58, which includes the Build America, Buy American Act, was signed into law. If the EPA award funds part of a project that includes the installation, upgrading, or replacement of

Table 24: Electric Vehicle Supply Equipment Information		
	Table 24a. EVSE Information Overview and Funding Source	
	Type of Charger	If Level 2, is it ENERGY STAR certified
Example EV Infrastructure	Example: AC Level 2	Example: Yes
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		
EVSE Group 11		
EVSE Group 12		
EVSE Group 13		
EVSE Group 14		
EVSE Group 15		

EVSE Group 16		
EVSE Group 17		
EVSE Group 18		
EVSE Group 19		
EVSE Group 20		
EVSE Group 21		
EVSE Group 22		
EVSE Group 23		
EVSE Group 24		
EVSE Group 25		
EVSE Group 26		
EVSE Group 27		
EVSE Group 28		
EVSE Group 29		
EVSE Group 30		

Table 25. On-Site Power Generation Equipment Information		
Note: If the on-site power generation includes an energy storage system, information for such system needs to be documented in the Table 25a. On-Site Power Generation Equipment Overview, Cost, and Installation		
	Type of energy generation	Manufacturer of On-site Power Generation
Example On-site Power Generation	Example: Solar	Example: Manufacturer Name
On-site Power Generation 1		
On-site Power Generation 2		
On-site Power Generation 3		
On-site Power Generation 4		
On-site Power Generation 5		

On-site Power Generation 6		
On-site Power Generation 7		
On-site Power Generation 8		
On-site Power Generation 9		
On-site Power Generation 10		

Table 26. Battery Energy Storage System (BESS) Equipment Information		
Table 26a. Battery Energy Storage System (BESS) Equipment Overview, Cost, and In		
	Type of Battery	Manufacturer of BESS
BESS Example	Example: Lithium-Ion	Example: Manufacturer Name
BESS Group 1		
BESS Group 2		
BESS Group 3		
BESS Group 4		
BESS Group 5		
BESS Group 6		
BESS Group 7		
BESS Group 8		
BESS Group 9		
BESS Group 10		

Table 27. Hydrogen Fueling Station Information		
Table 27a. Hydrogen Fueling Station Inf		
	Type of Station (select from dropdown)	Type of Hydrogen Storage (select from dropdown)
Example: Hydrogen Fueling Station	Example: Gas	Example: Above Ground

Hydrogen fueling station 1		
Hydrogen fueling station 2		
Hydrogen fueling station 3		
Hydrogen fueling station 4		
Hydrogen fueling station 5		
Hydrogen fueling station 6		
Hydrogen fueling station 7		
Hydrogen fueling station 8		
Hydrogen fueling station 9		
Hydrogen fueling station 10		

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

If no, please leave the following section blank. If yes, please provide details in the box below on the infrastructure project, EPA funds use

Other Infrastructure Description:

**U. S. Environmental Protection Agency**  
**Clean Heavy-Duty Vehicles (CHDV) Grant Program**  
*Infrastructure Description*

### Instructions

I should detail all electric vehicle supply equipment (EVSE) and supporting infrastructure purchased under the project that gen Fueling Station Information (Table 27). Other infrastructure components included in the project, that uses any source District A and School District B are procuring the same EVSE, the EVSE will appear as two separate EVSE Groups. Similarly, d installed. Please only fill out shaded cells highlighted blue with a diagonal pattern (///); however, additional rows may be

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

Buy America Act (BABA), Public Law 117-58, §§ 70901-52, was signed into law. BABA requires that on or after May 14, 2022, infrastructure, then BABA applies to the entire infrastructure project. For more information, please visit <https://www.epa.gov/baba>.

[illegible]

the table below this one.

[illegible]

[illegible]

Refilling Pressure <i>(select from dropdown)</i>	Refilling Pressure: If Other, specify below	Total Hydrogen Storage Tank Capacity (kg)
Example: H35		Example: 1,200


Select Yes or No
<div>Used for this infrastructure, and describe how BABA compliance was determined.</div> <div>EPA Funds for Other Eligible Infrastructure not listed in tables above:</div> <div></div>



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EPA Form Number: 5900-683

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Equipment Cost only Per Power Generation System	Are Applicant funds being used to purchase on-site power generation equipment? (Yes/No)	If yes, list the amount in dollars of Applicant Funds used to purchase on-site power generation equipment
Example: \$45,000	Example: No	Example: No



--

Equipment Cost only Per Unit:	Are Applicant funds being used to purchase BESS equipment? (Yes/No)	If yes, list the amount in dollars of Applicant Funds used to purchase BESS equipment
Example: \$45,000	Example: No	Example: No


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Total Number of Dispensers	Maximum Dispensing Flow Rate per Hose (kg/day)	Total Dispensing Capacity of the Station (kg/day)
Example: 6	Example: 2	Example: 12


[illegible]

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Total EPA Funds Expended Per on-site power generation equipment	Total Funds Expended Installation Cost	Are Applicant funds being used for Installation Cost? (Yes/No)
Example: \$45,000	Example: \$7,000	Example: No

[illegible]

<b>Total Number of Cooling Systems</b>	<b>Total Number of Compressors</b>	<b>Number of Storage Tanks</b>
Example: 2	Example: 2	Example: 3




[illegible]

[illegible]


If yes, list the amount in dollars of Applicant Funds used for Installation Cost	Total EPA Funds Expended Installation Cost:	Date(s) BESS and related Equipment was Manufactured

Example: No	Example: \$10,000	Example: battery: 3/2024; housing: 6/2024
-------------	-------------------	---

Table 27b. H2 Dispenser Pedestal Details

Number of Dispenser Pedestals	Number of Hoses per Pedestal	H2 Dispenser Pedestal Manufacturer
Example: 3	Example: 2	Example: H2 Hoses & Co.


<b>Total EPA Funds Expended for EVSE</b>	<b>Date of EVSE Manufacture (mm/dd/yyyy)</b>	<b>Date of EVSE Installation (mm/dd/yyyy)</b>
Example: \$24,000	Example: 5/27/2024	Example: 6/29/2024
\$ -		
\$ -		
\$ -		
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\$ -		
\$ -		
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		Table 25b. Location of On-site Power
Date the On-site Power Generation was Installation (mm/dd/yyyy)	Date the On-site Power Generation was Operational (mm/dd/yyyy)	State
Example: 6/28/2024	Example: 7/31/2024	Example: VA


Table 26b. Location of BESS Infrastructure		
Date of BESS Installation (mm/dd/yyyy)	Date BESS Operational (mm/dd/yyyy)	State
Example: 6/29/2024	Example: 7/31/2024	Example: VA

Table 27c. H2 Storage Tank		
H2 Dispenser Pedestal Model	H2 Dispenser Pedestal Manufacture Year	H2 Storage Tank Manufacturer
Example: Magic Hose 1	Example: 2023	Example: H2 Super Tank




[illegible]

## er Generation Infrastructure

County	City	Zip Code
Example: Arlington County	Example: Alexandria	Example: 22305

[illegible]

		Table 27d. H2 Compressor
H2 Storage Tank Model	H2 Storage Tank Manufacture Year	H2 Compressor Manufacturer
Example: ST001	Example: 2023	Example: Cool Engineering Co.


[illegible]


Table 25c. Ownership and Anticipated Users of On-Site Power Generation Infrastructure		
Street Address	Who owns the equipment?	Anticipated Users of On-Site Power Generation Infrastructure
Example: 400 1st Street	Example: Walton School District	Example: Walton School District & NoVA Community College

[illegible]

		Table 27e. H2 Cooling System (refrigeration and heat exchanger)
H2 Compressor Model	H2 Compressor Manufacture Year	H2 Cooling System Manufacturer
Example: H2+HD	Example: 2023	Example: Cool and Beyond




Table 24c. Owners &amp; Anticipated Users of EVSE

[illegible]

Table 25d. BABA Compliance		
Structure	Table 25d. BABA Compliance	
If serving school districts, Name of the School District(s) the On-site Power Generation will serve	If serving school districts, NCES ID of School District that the On-site Power Generation will serve	Is the on-site Power Generator subject to BABA?
Example: Walton School District	Example: 1234567	Example: Yes
		No
		No
		No
		No
		No

		No
		No
		No
		No
		No

Table 26d. BABA Compliance		
If serving school districts, Name of the School District the BESS will serve	If serving school districts, NCES ID of School District that the BESS will serve	Is the BESS subject to BABA?
Example: Walton School District	Example: 1234567	Example: Yes
		No
		No
		No
		No
		No
		No
		No
		No
		No
		No

Table 27f. Service Details		
H2 Cooling System Model	H2 Cooling System Manufacture Year	Annual Total H2 Dispensed (kg)
Example: Cool H2+ Mark I	Example: 2023	Example: 200,000


[illegible]

<b>Is the on-site Power Generator BABA Compliant? (Select Options)</b>	<b>Is a waiver being used to fulfill BABA compliance for the On-site Power Generation?</b>	<b>If 'Yes - Other EPA Waiver' selected, explain</b>
Example: Yes - This infrastructure is BABA compliant	Example: No - Infrastructure meets all BABA requirements	Please describe


[illegible]

Table 27g. Location of H2 Station		
Who owns the H2 Fueling Station?	State (select from dropdown)	County (select from dropdown)
Example: Port of Houston	Example: VA	Example: Arlington County




[illegible]


Totals

Total EPA Funds Expended - Equipment and Installation

Example: \$50,000	
\$	-
\$	-
\$	-
\$	-
\$	-

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

Totals	
Total EPA Funds Expended - Equipment and Installation	
Example: \$30,000	
\$	-
\$	-
\$	-
\$	-
\$	-
\$	-
\$	-
\$	-
\$	-
\$	-

City	Zip Code	Street Address
Example: Alexandria	Example: 22305	Example: 400 1st Street


[illegible]


Table 27h. Installation Details		
Description of H2 Fueling Station Installation Work Performed	H2 Fueling Station Installation Performed by:	Date of H2 Fueling Station Installation (mm/dd/yyyy)
Please describe	Example: XYZ H2 Solutions	Example: 6/28/2024




[illegible]


Table 27i. Funding Details			
Date H2 Fueling Station Operational (mm/dd/yyyy)	H2 Fueling Infrastructure equipment Cost	Are Applicant funds being used to purchase H2 Fueling Infrastructure equipment? (Yes/No)	If yes, list the amount in dollars of Applicant Funds used to purchase H2 Fueling Infrastructure equipment
Example: 8/28/2024	Example: \$16,000	Example: No	Example: \$2,000


[illegible]

No			
No			
No			
No			
No			
No			
No			
No			
No			
No			
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No			
No			

Total EPA Funds Expended for H2 Fueling Infrastructure Equipment	Total Funds Expended for H2 Fueling Infrastructure Installation	Does the H2 Fueling Infrastructure Equipment Cost Include Installation?	Are Applicant Funds being used for H2 Fueling Infrastructure Installation costs? (Yes/No)
Example: \$24,000	Example: \$12,000	Example: No	Example: No




Table 24f. EVSE Cost Summary		
Table 24g. Optional Participation in the Future of Transportation Research		
Total EPA Funds Expended on EVSE Equipment and Installation	Can EPA or its partners contact this fleet about participating in research opportunities to provide EVSE data that could inform future transportation work? <i>(Yes/No)</i>	If Yes, Charge Management Service Primary Point of contact <i>(name and email)</i>
Example: \$31,000	Example: Yes	Example: Sarah Smith, Smith.Sarah@hsd.edu
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\$	-		

Table 27j. H2 Fueling Infrastructure BABA Com		
If yes, list the amount in dollars of Applicant Funds used for H2 Fueling Infrastructure costs	Total EPA Funds Expended for H2 Fueling Infrastructure Installation Costs	Is the Hydrogen Fueling Infrastructure subject to BABA?
Example: \$2,000	Example: \$7,000.00	Example: Yes

		No
		No
		No
		No
		No
		No
		No
		No
		No
		No

[illegible]

[illegible]

Compliance		
Is the Hydrogen Fueling Infrastructure BABA Compliant? <i>(select from dropdown)</i>	Is a waiver being used to fulfill BABA compliance for the H2 Fueling Infrastructure? <i>(select from dropdown)</i>	If 'Yes - Other EPA Waiver' selected, explain
Example: Yes - This Infrastructure is BABA Compliant	Example: No - Infrastructure meets all BABA requirements	Please describe




[illegible]


Table 27k. H2 Fueling Infrastructure Cost Summary

Total EPA Funds Expended on H2 Fueling Infrastructure Equipment and Installation

Example: \$31,000

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

[illegible]


[illegible]




[illegible]

[illegible]

[illegible]


**U. S. Environmental Protection Agency**  
Clean Heavy-Duty Vehicles (CHDV) Grant Program  
**Final Report: Financial and Narrative Summary**

**Table 28. Project Updates - Narrative Responses**  
**Record final project information.**

*Please paste the planned activities, outputs, and outcome from the last quarterly report. Please indicate the final results below.*

Activities	Anticipated Outputs	Anticipated Outcomes	ACTUAL Results

**U. S. Environmental Protection Agency**  
Clean Heavy-Duty Vehicles (CHDV) Grant Program  
***Final Report: Financial and Narrative Summary***

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**Table 29: Additional Questions**

**U. S. Environmental Protection Agency**  
Clean Heavy-Duty Vehicles (CHDV) Grant Program  
**Final Report: Financial and Narrative Summary**

*Please provide programmatic and narrative financial results on the project.*

Question	Answer
1. Provide a narrative description of the project.	
2. Explain the reason for any differences in proposed versus actual outputs/outcomes identified in Table 25 above.	
<p>3. Provide a narrative discussion of the actual project results (outputs and outcomes) and how the results are quantified. These may include, but are not limited to:</p> <ul style="list-style-type: none"> <li>• Number of replaced vehicles;</li> <li>• Dissemination of the project information and increased knowledge via list serves, websites, journals, and press/outreach events (provide web links where applicable);</li> <li>• Widespread adoption of the implemented technology;</li> <li>• Increased public awareness of project and results</li> <li>• Other</li> </ul>	
<p>4. Provide information on subrecipients and vendors:</p> <ul style="list-style-type: none"> <li>• Sub-recipient information (name, award amount, project description);</li> <li>• Vendor information (name, payment amount, good/services provided);</li> </ul>	
5. Provide a narrative discussion of the successes and lessons learned for the entire project.	

**U. S. Environmental Protection Agency**  
Clean Heavy-Duty Vehicles (CHDV) Grant Program  
**Final Report: Financial and Narrative Summary**

6. If any cost-share or additional External funds are reported, identify the source of the funds.	
7. Was any program income generated during the project period? Identify amount of program income, how it was generated, and how the program income was used.	
8. For projects that take place in an area affected by, or that include affected vehicles 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. <i>*Include Attachments as Necessary</i>	
9. Did you include at least one photo of successful, new 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 CHDV success stories.	
10. Do you have any other comments or feedback?	



**Fleet Description Data Fields: Please refer to the following data field dictionary for support in completing tabs 2, 9a, 9b and 10**

<b>Tab 2. Work Plan</b>	
School Bus Grantee Summary	
Prioritized	Select yes if the school district listed on the 2024 CHDV Prioritized School District List.
Self-Certified as Prioritized	If the school district self-certifies as Prioritized, indicate which of the three criteria the school district is using to self-certify.
Non-Attainment or Maintenance Area	Select yes if grantee's vehicles operate in a non-attainment or Maintenance area.
<b>Tab 4. Financial Summary</b>	
Funding Information	
EPA Funds	Federal project award amount approved from final work plan.
Other Leveraged Funds	Non-EPA funds that support the proposed project activities such as public private-partnerships, grants from other entities, or the issuance of school bonds.
<b>Tab 9a. Current Fleet Description</b>	
<b>Table 22. Current Vehicle Information</b>	
Basic Vehicle Information	
Is this vehicle a part of a group of vehicles that will be replaced by a single ZE vehicle? (vocational vehicles sub-program only)	For vocational vehicles sub-program only, select yes or no from dropdown menu based if the vehicle described in the row will be replaced by a single zero-emissions vehicle
Corresponding New Vehicle (select 'New Vehicle XX' from 'New Fleet Description' table, provided in dropdown)	Use the dropdown menu to identify which new vehicle will be used to replace the current vehicle in this project
Group Name	Enter the name of the vehicle group to which this vehicle belongs
Current Fleet Owner	Enter the first and last name and email address of the individual or organization that owns the fleet.
Publicly or Privately Owned (select from dropdown)	Use the dropdown menu to select if the vehicle is publicly or privately owned.
Current Vehicle Information	
Vehicle Type (select from dropdown)	Use the dropdown menu to select the vehicle type
Vehicle Class (select from dropdown)	Select the class size from the dropdown menu. Note, class size is based on the vehicle's GVWR.
Vehicle Vocation (select from dropdown)	Use the dropdown menu to select the vehicle vocation
Vehicle Group Sector (select from dropdown)	Use the dropdown menu to select the vehicle sector.
Vehicle Identification Number	Enter the VIN number for each vehicle.
Vehicle Manufacturer	Enter the manufacturer of the existing vehicle.
Vehicle Model	Enter the model of the existing vehicle.
Current Vehicle Model Year	Enter the model year of the existing vehicle.
Current Engine Fuel Type	Select the type of fuel that is currently being used (prior to upgrade).
Engine Family Name	Enter the Engine Family name of the existing Engine. NOTE: unregulated engines will not have an Engine Family Name. If unregulated, then enter "N/A."
GVWR	Enter the gross vehicle weight rating (GVWR) of the existing vehicle.
Current Vehicle Activity Information	
Annual Miles Traveled	Enter the average number of vehicle miles traveled per year per vehicle in the past two years.
Annual Idling Hours	Enter the average number of hours the vehicle idles in the past two years.
Current Odometer	Enter the existing vehicle's current odometer reading, in miles.
Annual Amount of Fuel Used	Enter the amount of fuel used in gallons/year in the last two years.
Remaining Life of Baseline Vehicle	Enter the remaining life of baseline engine/vehicle in years at the time of the upgrade action.
Evidence of Early Replacement	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) can include verification that the vehicles 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.
Vehicle Disposition Process	
Vehicle Disposition/Replacement Process	Select a vehicle disposition option. Please see Section III.D of the Notice of Funding Opportunity for disposition requirements by existing bus model year.
If sold or donated, provide the <u>state</u> in which the vehicle is expected to primarily operate (For Vehicles Model Year 2011 and newer; if known, select from dropdown)	If vehicle is sold or donated, enter the state in which the vehicle is expected to primarily operate in
If sold or donated, provide the <u>county</u> in which the vehicle is expected to primarily operate (For Vehicles Model Year 2011 and newer; if known, select from dropdown)	If vehicle is sold or donated, enter the county in which the vehicle is expected to primarily operate in
Provide evidence of appropriate scrappage, sale, or vehicle donation	Evidence includes the engine serial numbers and/or the vehicle identification numbers (VIN). *Include Attachments as Necessary; refer to the CHDV Eligibility and Scrappage Statement for details.
Current Vehicle Place(s) of Performance	
School District Name (if applicable)	Enter the name of the school district in which the current bus in which the bus to be scrapped, sold, or donated has operated in primarily.
NCES ID (if applicable)	Enter the name of the National Center for Education Statistics (NCES) ID associated with the school district in which the current bus to be scrapped, sold, or donated has operated in primarily.
State (select from dropdown)	Select the two letter postal code for the state in which the bus to be scrapped, sold, or donated has primarily operated in.
County (select from dropdown)	Enter the county in which the bus to be scrapped, sold, or donated has primarily operated in.
Percentage of Time operated in County	Enter the percent of time the bus to be scrapped, sold, or donated has operated in each county.
Place of Performance: City	Enter the city in which the bus to be scrapped, sold, or donated has primarily operated in.

Zip Code	Enter the zip code in which the bus to be scrapped, sold, or donated primarily operated in. If there is more than one, separate using a colon.
School District Name (if applicable) <u>2</u>	Enter the name of the school district in which the current bus in which the bus to be scrapped, sold, or donated has operated in secondarily.
NCES ID (if applicable) <u>2</u>	Enter the name of the National Center for Education Statistics (NCES) ID associated with the school district in which the current bus to be scrapped, sold, or donated has operated in secondarily.
State <u>2</u>	Select the two letter postal code for the state in which the bus to be scrapped, sold, or donated has secondarily operated in.
County <u>3</u>	Enter the county in which the bus to be scrapped, sold, or donated has secondarily operated in.
Percentage of Time operated in County <u>2</u>	Enter the percent of time the bus to be scrapped, sold, or donated has operated in each county.
Place of Performance: City <u>3</u>	Enter the city in which the bus to be scrapped, sold, or donated has secondarily operated in.
Zip Code <u>2</u>	Enter the zip code in which the bus to be scrapped, sold, or donated secondarily operated in. If there is more than one, separate using a colon.
Additional Counties where Vehicle Operates	Enter in the additional counties in which the vehicle has operated in. If it has operated in multiple counties beyond those previously listed, record all and separate using a colon (e.g., Polk: Butler).
Percentage of time operated in each Additional County	Enter in the additional time operated in each additional county. If it has operated in multiple counties beyond those previously listed, record all and separate using a colon (Polk - 80%; Butler 20%).
<b>Tab 9b. New Fleet Description</b>	
<b>Table 23. New Replacement Vehicle Information</b>	
<b>Upgrade Vehicle Information</b>	
Group Name (optional)	Enter the name of the vehicle group to which this vehicle belongs
Year of Upgrade Action	Enter the year the upgrade happened.
New Vehicle Fleet Owner	Enter the first and last name and email address of the individual or organization that owns the fleet.
New Vehicle Class (select from dropdown)	Select the class size from the dropdown menu. Note, class size is based on the vehicle's GVWR.
VIN for New Vehicle(s)	Enter the vehicle identification numbers (VIN) of the new vehicle.
New Vehicle Manufacturer	Enter the manufacturer of the new vehicle.
New Vehicle Model	Enter the model of the new vehicle.
New Vehicle Model Year	Enter the model year of the new vehicle.
New Vehicle Fuel Type	Select the fuel type of the new vehicle.
New Vehicle GVWR	Enter the gross vehicle weight rating (GVWR) of the new vehicle.
<b>Upgrade Cost</b>	
Upgrade Cost per Vehicle	Enter the cost of vehicle in dollars per unit.
Total Federal Funds Expended Per Vehicle (\$ of Total Cost per Unit)	Enter the federal funds expended per vehicle in dollars per unit.
<b>New Vehicle Activity Information</b>	
New Vehicle Annual Miles Traveled (miles per vehicle)	Enter the average number of vehicle miles traveled per year per new vehicle.
New Vehicle Equipped with Auxiliary Heater? (Yes/No)	Select yes or no to specify whether the vehicle is equipped with an auxiliary heater.
Auxiliary Heater Type (if not applicable, then N/A)	If bus has an auxiliary heater, enter the type.
<b>New Vehicle Battery Information (Battery Electric Vehicles only)</b>	
Capable of Bidirectional Charging? (Yes/No/N/A)	Select yes or no into the cell to specify whether the vehicle is capable of bidirectional charging.
Manufacturer of Battery Pack	For battery electric vehicles, enter the manufacturer of the battery pack
Number of Battery Packs	For battery electric vehicles, enter the number of battery packs
Battery Capacity per Battery Pack (kWh)	For battery electric vehicles, enter the battery capacity per battery pack
Vehicle Total Battery Capacity (kWh)	For battery electric vehicles, enter the vehicle's total battery capacity
Rated Charging Power (kW)	For battery electric vehicles, enter the rated charging power in kW
Estimated Range in Miles	For battery electric vehicles, enter the estimated range in miles
<b>New Vehicle Fuel Cell Information (for Fuel Cell EVs only)</b>	
Manufacturer of Fuel Cell System (if known)	For hydrogen fuel cell electric vehicles, enter the manufacturer of the hydrogen fuel cell system
Fuel Cell Stack Capacity (kW)	for hydrogen fuel cell electric vehicles, enter the hydrogen fuel cell stack capacity in kW
Hydrogen Fuel Tank Capacity (kg)	For hydrogen fuel cell electric vehicles, enter the hydrogen fuel tank capacity in kg
<b>Warranty Information</b>	
Is the Battery or Fuel Cell System Warranty Included? (Yes/No)	Select yes or no into the cell to specify whether the vehicle battery or hydrogen fuel cell system warranty is included.

Number of Years Covered by Battery or Fuel Cell System Warranty	If the battery or fuel cell system includes a warranty, indicate the number of years the coverage is valid for
Number of Miles Covered by Battery or Fuel Cell System Warranty	If the battery or fuel cell system includes a warranty, indicate the number of miles the coverage is valid for
Total kWh of Battery or Fuel Cell System Discharge Covered by Warranty	Enter the total kWh of battery discharge
Powertrain Warranty Included? (Yes/No)	Select yes or no into the cell to specify whether a powertrain battery warranty is included.
Number of Years Covered by Powertrain Warranty	If the powertrain includes a warranty, indicate the number of years the coverage is valid for
Number of Miles Covered by Powertrain Warranty	If the powertrain includes a warranty, indicate the number of miles the coverage is valid for
<b>New Vehicle Place(s) of Performance</b>	
School District Name (if applicable)	Enter the name of the school district in which the new vehicle will operate in primarily.
NCES ID (if applicable)	Enter the name of the National Center for Education Statistics (NCES) ID associated with the school district in which the current new vehicle has operated in primarily.
State (select from dropdown)	Select the two letter postal code for the state in which the new vehicle will primarily operate in.
County (select from dropdown)	Enter the county in which the new vehicle will primarily operate in.
Percentage of Time operated in County	Enter the percent of time the new vehicle has operated in each county.
Place of Performance: City_2	Enter the city in which the new vehicle will primarily operate in.
Zip Code_3	Enter the zip code in which the new vehicle will primarily operate in. If there is more than one, separate using a colon.
School District Name (if applicable)_2	Enter the name of the school district in which the current vehicle in which the new vehicle will operate in secondarily.
NCES ID (if applicable)_2	Enter the name of the National Center for Education Statistics (NCES) ID associated with the school district in which the current new vehicle will operate in secondarily.
State (select from dropdown)_2	Select the two letter postal code for the state in which the new vehicle will secondarily operate in
County (select from dropdown)_2	Enter the county in which the new vehicle will secondarily operate in
Percentage of Time operated in County_2	Enter the percent of time the new vehicle will operate in each county.
Place of Performance: City_2	Enter the city in which the new vehicle will secondarily operated in.
Zip Code_2	Enter the zip code in which the new vehicle will secondarily operated in. If there is more than one, separate using a colon.
Additional Counties where Vehicle Operates_3	Enter in the additional counties in which the new vehicle is expected to operate in. If it will operate in multiple counties beyond those two previously listed, record all here and separate using a colon (e.g., Polk: Butler).
Percentage of Time operated in each Additional County_3	Enter in the additional time operated in each additional county. If it will operate in multiple counties beyond those two previously listed, record all and separate using a colon (Polk - 80%: Butler 20%).
<b>Optional Participation in the Future of Transportation Research</b>	
Is the vehicle/equipment equipped with Telematics? (Yes/No/Not Sure)	Select yes or no into the cells it specify whether the vehicle is equipped with telematics.
If Yes, Telematics Primary Point of Contact (name and email)	Select yes or no.
Can EPA or its partners contact me about participating in research opportunities to provide vehicle or infrastructure data that could inform future transportation work? (Yes/No)	Enter First and Last name and email address.
<b>Vehicle Ownership and BABA Compliance</b>	
Publicly or Privately Owned (select from dropdown)	Use the dropdown menu to select if the vehicle is publicly or privately owned.
Does the vehicle serve a public function?	Use the dropdown menu to select if the vehicle serves a public function
Is the vehicle subject to BABA?	Use the dropdown menu to select if the vehicle is subject to BABA
Is the vehicle BABA Compliant?	Use the dropdown menu to select if the vehicle is BABA Compliant
Is a waiver being used to fulfill BABA compliance for the vehicle?	If a waiver is being used to meet BABA compliance requirements, select the waiver type
If "Yes - Other EPA Waiver", explain	Enter which waiver is being used to meet BABA requirements.
<b>Tab 10. Infrastructure</b>	
<b>Table 24. Electric Vehicle Supply Equipment Information</b>	
<b>EVSE Equipment Information</b>	
Type of Charger	Enter the type of charger, either Level 2 (AC charging up to 19.2 kW) or DC Fast Charging.
If Level 2, is it ENERGY STAR certified	Confirm and select yes if applicable. Please see <a href="https://www.energystar.gov/">https://www.energystar.gov/</a>
EVSE Manufacturer	Enter the manufacturer of the charging equipment
EVSE Model	Enter the model name of the charging equipment.
EVSE Manufacture Year	Enter the year the charging equipment was manufactured.
EVSE Maximum Output Power (kW)	Enter the maximum power output of the charging equipment, measured in kilowatts.
Number of Plugs per EVSE unit	Enter the number of plugs installed on each unit of the charging equipment.
Is the EVSE Capable of Bidirectional Charging?	Select yes or no into the cell to specify whether the charging equipment is capable of bidirectional charging.
Will the Vehicle and EVSE be Used for Vehicle to Grid (V2G)?	Select yes or no into the cell to specify whether the buses and charging equipment will be used for vehicle-to-grid (V2G) services.
EVSE Number of Units	Enter the quantity of charging equipment unit
EVSE Equipment Cost only Per Unit	Enter the cost of the charging equipment per unit.
Are Federal funds being used to purchase EVSE equipment?	Enter yes or no for whether federal funds are being used to purchase EVSE equipment.
Are applicant funds being used to purchase EVSE equipment?	Enter yes or no for whether applicant funds are being used to purchase EVSE equipment.
Are state funds being used to purchase EVSE equipment?	Enter yes or no for whether state funds are being used to purchase EVSE equipment.

Are local funds being used to purchase EVSE equipment?	Enter yes or no for whether local funds are being used to purchase EVSE equipment.
Are other funds being used to purchase EVSE equipment?	Enter yes or no for whether other funds are being used to purchase EVSE equipment.
Is Program Income being used to purchase EVSE equipment?	Enter yes or no for whether program income is being used to purchase EVSE equipment.
Total EPA Funds Expended Per EVSE Unit	Enter the total EPA funds expended for charging equipment per unit.
Total EPA Funds Expended for EVSE	No action - autopopulated
Total Other Leveraged Funds Expended for EVSE	No action - autopopulated
Date of EVSE Manufacture (mm/dd/yyyy)	Enter the date on which the EVSE was manufactured.
Date of EVSE Installation (mm/dd/yyyy)	Enter the date on which the EVSE is permanently affixed.
Date EVSE Operational (mm/dd/yyyy)	Enter the date when the EVSE became operational.
<b>Location of EV Infrastructure</b>	
State	Select the two letter postal code for the state in which the charging equipment will be located.
County	Select the county in which the charging equipment will be located.
City	Enter the city in which the charging equipment will be located.
Zip Code	Enter the zip code in which the charging equipment will be located.
Street Address	Enter the street address in which the charging equipment will be located.
Who owns the charger?	Enter the name of the school district or organization that owns the charging equipment.
Anticipated user(s) of the charger.	Enter the types of users expected to utilize the charger.
If serving school districts, does the EVSE serve multiple school districts within this application?	Select yes, no, or "N/A" if not serving school districts.
Name of the School District(s) the EVSE will serve (use a colon between school districts)	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).
NCES ID of School District that the EVSE will serve (use a colon between school districts)	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).
<b>Charging Management Service</b>	
Name of Charging Management Service Provider	Enter the name of the charging management service provider.
Does the Infrastructure Equipment Cost Include Charging Management Service?	Please enter yes or no into the cell to specify whether the indicated cost of the charging equipment above includes any charging management expenses.
If charging management service is not included in cost, but is acquired, what is the cost and frequency of charges?	Please enter the cost of any charging management services and how frequently they are billed.
<b>Infrastructure Installation Information, funding source, and BABA compliance</b>	
Total Funds Expended for EVSE Installation	Enter the total installation costs for the EVSE.
Are Federal funds being used for EVSE Installation costs?	Enter yes or no for whether federal funds are being used for EVSE installation.
Are applicant funds being used for EVSE Installation Costs?	Enter yes or no for whether applicant funds are being used for EVSE installation.
Are state funds being used for EVSE installation costs?	Enter yes or no for whether state funds are being used for EVSE Installation.
Are local funds being used for EVSE installation costs?	Enter yes or no for whether local funds are being used for EVSE Installation.
Are other funds being used for EVSE Installation costs?	Enter yes or no for whether other funds are being used for EVSE Installation.
Is Program Income being used for EVSE installation costs	Enter yes or no for whether program income is being used for EVSE Installation.
Total EPA Funds Expended for EVSE Installation Costs	Enter the total amount of EPA funds expended for EVSE installation costs.
Total Other Leveraged Funds Expended for EVSE Installation Costs	No action - autopopulated
Does the Infrastructure Equipment Cost Include Installation?	Please enter yes or no into the cell to specify whether the indicated cost of the charging equipment above includes any installation expenses.
Description of Installation Work	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.
Installation Work Performed By	Enter the name(s) of the organization(s) that performed the installation work described above.
Installation was conducted by an individual who meets the infrastructure electrician requirements as outlined in the program guidance?	Select electrician category
Is this infrastructure BABA Compliant?	Select an option. EVSE manufactured on or after July 1, 2024 must be meet BABA requirements.
Is a waiver being used to fulfill BABA compliance for the Infrastructure Project	If a waiver is being used to meet BABA compliance requirements, select the waiver type

If 'yes -other EPA waiver' selected, explain	Enter which waiver is being used to meet BABA requirements.
<b>EVSE Cost Summary</b>	
Total Federal Funds Expended Equipment and Installation	Automated cell that will calculate the total Federal Funds expended for the charging equipment and installation for an EV Infrastructure Group.
Total Other Leveraged Funds Equipment and Installation	Automated cell that will calculate the total Leveraged Funds expended for the charging equipment and installation for an EV Infrastructure Group.
<b>Optional Participation in the Future of Transportation Research</b>	
EPA or its partners may contact me about participating in research opportunities to provide bus or EVSE data that could inform future transportation work.	Enter yes or no if EPA may contact you regarding potential research opportunities.
If Yes, Charge Management Service Primary Point of contact (Name and email)	Enter the name and email of the primary charge management service POC.
<b>EVSE Unit Serial Number (Applies to EVSE Units Purchased with EPA Funds)</b>	
Serial Number Unit 1 - 250	Enter the Serial Number for each EVSE unit purchased with EPA Funds in columns BG- KV
<b>Table 25. On-Site Power Generation Equipment Information</b>	
<b>On-Site Power Generation Equipment Overview, Cost, and Installation</b>	
Type of energy generation	Select a type of energy generation, solar or wind.
Manufacturer of On-site Power generation	Enter the manufacturer (s) of the system.
Model of on-site power generation	Enter the model name of the on-site generation system.
Manufacture year of on-site power generation	Enter the year the system was manufactured.
Generation Capacity of the system	Enter the generation capacity of the system as either kW or MW. Please indicate unit of measurement.
Equipment Cost only Per Power Generation System	Enter the equipment cost of the on-site power generation system.
Are Federal funds being used to purchase on-site power generation?	Enter yes or no for whether federal funds are being used to purchase on-site power generation equipment.
Are applicant funds being used to purchase on-site power generation?	Enter yes or no for whether applicant funds are being used to purchase on-site power generation equipment.
Are state funds being used to purchase on-site power generation?	Enter yes or no for whether state funds are being used to purchase on-site power generation equipment.
Are local funds being used to purchase on-site power generation?	Enter yes or no for whether local funds are being used to purchase on-site power generation equipment.
Are other funds being used to purchase on-site power generation?	Enter yes or no for whether other funds are being used to purchase on-site power generation equipment.
Is Program Income being used to purchase on-site power generation?	Enter yes or no for whether program income is being used to purchase on-site power generation equipment.
Total EPA funds expended per on-site power generation equipment	Enter the total EPA funds expended for the on-site power generation equipment.
Total Other Leveraged Funds Expended for EVSE	No action - autopopulated
Total Funds Expended cost Installation	Enter the total installation costs for the on-site power generation system.
Are federal funds being used for Installation costs?	Enter yes or no for whether federal funds are being used for on-site power generation installation.
Are applicant funds being used for EVSE Installation Costs?	Enter yes or no for whether applicant funds are being used for on-site power generation installation.
Are state funds being used for EVSE installation costs?	Enter yes or no for whether state funds are being used for on-site power generation Installation.
Are local funds being used for EVSE installation costs?	Enter yes or no for whether local funds are being used for on-site power generation Installation.
Are other funds being used for EVSE Installation costs?	Enter yes or no for whether other funds are being used for on-site power generation Installation.
Is Program Income being used for EVSE installation costs	Enter yes or no for whether program income is being used for on-site power generation Installation.
Total EPA Funds Expended for EVSE Installation Costs	Enter the total amount of EPA funds expended for on-site power generation installation costs.
Total Other Leveraged Funds Expended for EVSE Installation Costs	No action - autopopulated
Date(s) On-Site Power Generation Equipment was Manufactured	Enter the date the system was manufactured.
Date the On-site Power Generation was Installation (mm/dd/yyyy)	Enter the date the system was installed.
Date the On-site Power Generation was Operational (mm/dd/yyyy)	Enter the date the system became operational.
<b>Location of On-site Power Generation Infrastructure</b>	
State	Select the two letter postal code for the state in which the on-site power generation will be located.
County	Select the county in which the on-site power generation will be located.
City	Enter the city in which the on-site power generation will be located.

Zip Code	Enter the zip code in which the on-site power generation will be located.
Street Address	Enter the street address in which the on-site power generation will be located.
<b>Ownership and Anticipated Users of On-Site Power Generation Infrastructure</b>	
Who owns the equipment?	Enter the name of the organization that owns the on-site power generation system.
Anticipated user(s) of the on-site power generation infrastructure.	Enter the types of users expected to utilize the system.
If serving school districts, does the system serve multiple school districts within this application?	Select yes, no, or "N/A" if not serving school districts.
Name of the School District(s) the system will serve (use a colon between school districts)	Enter the name of the school district in which the system will serve. If it will serve multiple school districts, list all and separate with a colon (e.g., Hampton School District: Edgewood School District).
NCES ID of School District that the EVSE will serve (use a colon between school districts)	Enter the name of the National Center for Education Statistics (NCES) ID associated with the school district in which the system will serve. If it will serve multiple school districts, list all NCES IDs and separate with a colon (e.g., 1234567: 7654321).
<b>BABA Compliance</b>	
Is this infrastructure BABA Compliant?	Select an option.
Is a waiver being used to fulfill BABA compliance for the Infrastructure Project	If a waiver is being used to meet BABA compliance requirements, select the waiver type
If 'yes -other EPA waiver' selected, explain	Enter which waiver is being used to meet BABA requirements.
<b>Totals</b>	
Total Federal Funds Expended Equipment and Installation	Automated cell that will calculate the total Federal Funds expended for the on-site power generation system.
Total Other Leveraged Funds Equipment and Installation	Automated cell that will calculate the total Leveraged Funds expended for the on-site power generation system.
<b>Table 26. Battery Energy Storage System (BESS) Equipment Information</b>	
<b>BESS Equipment Overview, Cost, and Installation</b>	
Type of Battery	Select a type of battery from dropdown options.
Manufacturer of BESS	Enter the manufacturer (s) of the system.
Model of BESS	Enter the model name of the BESS.
Manufacture Year of BESS	Enter the year the system was manufactured.
Energy Capacity ( <i>please indicate kWh or MWh</i> )	Enter the generation capacity of the system as either kWh or MWh. Please indicate unit of measurement.
Equipment Cost <i>only</i> Per Unit:	Enter the equipment cost of each BESS unit
Are Federal funds being used to purchase BESS equipment? (Yes/No)	Enter yes or no for whether federal funds are being used to purchase BESS equipment.
Are Applicant funds being used to purchase BESS equipment? (Yes/No)	Enter yes or no for whether applicant funds are being used to purchase BESS equipment.
Are State funds being used to purchase BESS equipment? (Yes/No)	Enter yes or no for whether state funds are being used to purchase BESS equipment.
Are Local funds being used to purchase BESS equipment? (Yes/No)	Enter yes or no for whether local funds are being used to purchase BESS equipment.
Are Other funds being used to purchase BESS equipment? (Yes/No)	Enter yes or no for whether other funds are being used to purchase BESS equipment.
Is Program Income being used to purchase BESS equipment? (Yes/No)	Enter yes or no for whether program income is being used to purchase BESS equipment.
Total EPA Funds Expended Per Unit	Enter the total EPA funds expended for the BESS equipment.
Total Other Leveraged Funds Expended Per Unit	No action - autopopulated
Total Funds Expended Installation Cost	Enter the total installation costs for the BESS system.
Are Federal funds being used for Installation Cost? (Yes/No)	Enter yes or no for whether federal funds are being used for BESS installation.
Are Applicant funds being used for Installation Cost? (Yes/No)	Enter yes or no for whether applicant funds are being used for BESS installation.
Are State funds being used for Installation Cost? (Yes/No)	Enter yes or no for whether state funds are being used for BESS installation.
Are Local funds being used for Installation Cost? (Yes/No)	Enter yes or no for whether local funds are being used for BESS installation.
Are Other funds being used for Installation Cost? (Yes/No)	Enter yes or no for whether other funds are being used for BESS installation.
Is Program Income being used for Installation Cost? (Yes/No)	Enter yes or no for whether program income is being used for BESS installation.

Total EPA Funds Expended - Installation Cost:	Enter the total amount of EPA funds expended for BESS installation costs.
Total Other Leveraged Funds Expended - Installation Cost	No action - autopopulated
Date(s) BESS and related Equipment was Manufactured	Enter the date the system was manufactured.
Date of BESS Installation (mm/dd/yyyy)	Enter the date the system was installed.
Date BESS Operational (mm/dd/yyyy)	Enter the date the system became operational.
<b>Location of BESS Infrastructure</b>	
State	Select the two letter postal code for the state in which the BESS will be located.
County	Select the county in which the BESS will be located.
City	Enter the city in which the BESS will be located.
Zip Code	Enter the zip code in which the BESS will be located.
Street Address	Enter the street address in which the BESS will be located.
<b>Ownership and Anticipated Users of BESS Infrastructure</b>	
Who owns the equipment?	Enter the name of the organization that owns the BESS system.
Anticipated Users of BESS	Enter the types of users expected to utilize the system.
If serving school districts, Name of the School District the BESS will serve	Enter the name of the school district in which the system will serve. If it will serve multiple school districts, list all and separate with a colon (e.g., Hampton School District: Edgewood School District).
If serving school districts, NCES ID of School District that the BESS will serve	Enter the name of the National Center for Education Statistics (NCES) ID associated with the school district in which the system will serve. If it will serve multiple school districts, list all NCES IDs and separate with a colon (e.g., 1234567: 7654321).
<b>BABA Compliance for BESS Infrastructure</b>	
Is the BESS subject to BABA?	Select from the dropdown menu if the equipment is subject to BABA
Is the BESS BABA Compliant?	Select from the dropdown menu how BABA compliance is met
Is a waiver being used to fulfill BABA compliance for the BESS?	If a waiver is being used to meet BABA compliance requirements, select the waiver type
If 'Yes - Other EPA Waiver' selected, explain	Enter which waiver is being used to meet BABA requirements, if 'Other EPA Waiver' selected in the prior field
<b>Totals for BESS Infrastructure</b>	
Total EPA Funds Expended - Equipment and Installation	Automated cell that will calculate the total Federal Funds expended for the BESS system.
Total Other Leveraged Funds Expended - Equipment and Installation	Automated cell that will calculate the total Leveraged Funds expended for the BESS system.
<b>Table 27. Hydrogen Fueling Station Information</b>	
<b>Hydrogen Fueling Station Information Overview</b>	
Type of Station (Select from dropdown)	Select from the dropdown menu what type of hydrogen fueling station is installed under this project.
Type of Hydrogen Storage (select from dropdown)	Select from the dropdown menu what type of hydrogen storage is installed under this project.
Refilling Pressure (select from dropdown)	Select from the dropdown menu the refilling pressure level of supported by the hydrogen fueling equipment.
Refilling Pressure: If Other, specify below	If you selected "Other" for the previous column, please enter the refilling pressure information.
Total Hydrogen Storage Tank Capacity (kg)	Enter the capacity of the hydrogen storage tank in kilograms.
Total Number of Dispensers	Enter the total number of dispenser hoses installed on the hydrogen fueling station.
Maximum Dispensing Flow Rate per Hose (kg/day)	Enter the maximum hydrogen dispensing flow rate per dispenser hose in kilograms per day.
Total Dispensing Capacity of the Station (kg/day)	Enter the total capacity of hydrogen dispensing flow rate for the hydrogen fueling station in kilograms per day.
Total Number of Cooling Systems	Enter the total number of cooling systems installed on the hydrogen fueling station.
Total Number of Compressors	Enter the total number of compressors installed on the hydrogen fueling station.
Number of Storage Tanks	Enter the total number of hydrogen storage tanks installed on the hydrogen fueling station.
Number of Dispenser Pedestals	Enter the total number of hydrogen dispenser pedestals installed on the hydrogen fueling station.
<b>H2 Dispenser Pedestal Details</b>	
Number of Hoses per Pedestal	Enter then umber of dispenser hoses installed on each pedestal of the hydrogen fueling station.
H2 Dispenser Pedestal Manufacturer	Enter the manufacturer of the hydrogen dispensing pedestal equipment.
H2 Dispenser Pedestal Model	Enter the model name of the hydrogen dispensing pedestal equipment.
H2 Dispenser Pedestal Manufacture Year	Enter the year the hydrogen dispensing pedestal equipment was manufactured.
<b>H2 Storage Tank</b>	
H2 Compressor Manufacturer	Enter the manufacturer of the hydrogen storage tank.
H2 Compressor Model	Enter the model name of the hydrogen storage tank.
H2 Compressor Manufacture Year	Enter the year the hydrogen storage tank was manufactured.
<b>H2 Compressor</b>	
H2 Compressor Manufacturer	Enter the manufacturer of the compressor.
H2 Compressor Model	Enter the model name of the compressor.
H2 Compressor Manufacture Year	Enter the year the compressor was manufactured.
<b>H2 Cooling System (exchanger)</b>	
H2 Cooling System Manufacturer	Enter the manufacturer of the compressor.
H2 Cooling System Model	Enter the model name of the compressor.
H2 Cooling System Manufacture Year	Enter the year the compressor was manufactured.

<b>Service Details</b>	
Annual Total H2 Dispensed (kg)	Enter the estimated amount of total annual hydrogen dispensed from the fueling station in kilograms.
Who owns the H2 Fueling Station?	Enter the name of the organization that owns the hydrogen fueling equipment.
<b>Location of H2 Station</b>	
State (select from dropdown)	Select the two letter postal code for the state in which the hydrogen fueling station will be located.
County (select from dropdown)	Enter the county in which the hydrogen fueling station will be located.
City	Enter the city in which the hydrogen fueling station will be located.
Zip Code	Enter the zip code in which the hydrogen fueling station will be located.
Street Address	Enter the street address in which the hydrogen fueling station will be located.
<b>Installation Details</b>	
Description of H2 Fueling Station Installation Work Performed	Describe the work done during installation, including all equipment that became part of the installed hydrogen fueling station.
H2 Fueling Station Installation Performed by:	List the name of the company (or companies) performing the installation of the hydrogen fueling station.
Date of H2 Fueling Station Installation (mm/dd/yyyy)	Enter the date (or date range) the hydrogen fueling station was installed.
Date H2 Fueling Station Operational (mm/dd/yyyy)	Enter the date by which the hydrogen fueling station became fully operational.
<b>Funding Details</b>	
H2 Fueling Infrastructure Equipment Cost	Enter the cost of the H2 fueling infrastructure equipment, not including installation
Does the H2 Fueling Infrastructure Equipment cost include installation?	Please enter yes or no into the cell to specify whether the indicated cost of the H2 fueling infrastructure equipment includes any installation expenses.
Are Federal funds being used to purchase H2 fueling infrastructure equipment?	Enter yes or no for whether federal funds are being used to purchase H2 Fueling Infrastructure equipment.
Are applicant funds being used to purchase H2 Fueling infrastructure equipment?	Enter yes or no for whether applicant funds are being used to purchase H2 Fueling Infrastructure equipment.
Are state funds being used to purchase H2 Fueling infrastructure equipment?	Enter yes or no for whether state funds are being used to purchase H2 Fueling Infrastructure equipment.
Are local funds being used to purchase H2 Fueling infrastructure equipment?	Enter yes or no for whether local funds are being used to purchase H2 Fueling Infrastructure equipment.
Are other funds being used to purchase H2 Fueling infrastructure equipment?	Enter yes or no for whether other funds are being used to purchase H2 Fueling Infrastructure equipment.
Is Program Income being used to purchase H2 Fueling infrastructure equipment?	Enter yes or no for whether program income is being used to purchase H2 Fueling Infrastructure equipment.
Total EPA Funds Expended for H2 Fueling Infrastructure equipment.	Enter the total amount of EPA funds being used for H2 fueling infrastructure equipment.
Total Other Leveraged Funds Expended for H2 Fueling Infrastructure Equipment	Automated cell that will calculate the total Leveraged Funds expended for the H2 Fueling infrastructure equipment.
Total Funds expended for H2 Fueling Infrastructure Installation	Enter the cost of the H2 fueling infrastructure installation.
Are Federal funds being used for H2 fueling infrastructure installation costs?	Enter yes or no for whether federal funds are being used to purchase H2 Fueling Infrastructure installation.
Are Applicant funds being used for H2 fueling infrastructure installation costs?	Enter yes or no for whether applicant funds are being used to purchase H2 Fueling Infrastructure installation.
Are state funds being used for H2 fueling infrastructure installation costs?	Enter yes or no for whether state funds are being used to purchase H2 Fueling Infrastructure installation.
Are local funds being used for H2 fueling infrastructure installation costs?	Enter yes or no for whether local funds are being used to purchase H2 Fueling Infrastructure installation.
Are other funds being used for H2 fueling infrastructure installation costs?	Enter yes or no for whether other funds are being used to purchase H2 Fueling Infrastructure installation.
Is program income being used for H2 fueling infrastructure installation costs?	Enter yes or no for whether program income is being used to purchase H2 Fueling Infrastructure installation.
Total EPA Funds Expended for H2 Fueling Infrastructure installation.	Enter the total amount of EPA funds being used for H2 fueling infrastructure installation.
Total Other Leveraged Funds Expended for H2 Fueling Infrastructure installation	Automated cell that will calculate the total Leveraged Funds expended for the H2 Fueling infrastructure installation.
<b>H2 Fueling Infrastructure BABA Compliance</b>	
Is the Hydrogen Fueling Infrastructure BABA Compliant? (select from dropdown)	Select from the dropdown menu which parts of the hydrogen fueling infrastructure project are BABA compliant.
Is a waiver being used to fulfill BABA compliance for the H2 Fueling Infrastructure? (select from dropdown)	Select from the dropdown menu how BABA requirements are being met for the hydrogen fueling infrastructure project.
If 'Yes-Other EPA waiver' selected, explain	Enter which waiver is being used to meet BABA requirements.
<b>H2 Fueling Infrastructure Cost Summary</b>	
Total EPA Funds Expended for H2 Fueling Infrastructure equipment and installation.	Automated cell that will calculate the total EPA Funds expended for the H2 fueling infrastructure equipment and installation.
Total Other Leveraged Funds Expended for H2 Fueling Infrastructure Equipment and Installation	Automated cell that will calculate the total Leveraged Funds expended for the H2 fueling infrastructure equipment and installation.

For more information on BABA compliance please see the following link:

[Build America, Buy America Act \(BABA\) Implementation Procedures for EPA Office of Transportation and Air Quality Federal Financial A](#)