# Semiannual Project and Final Project Reporting Template

### Burden Statement for EPA Form Number: PFN 5900-721

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#### Instructions

Per the grant agreement terms and conditions, this reporting template should be submitted 1) semi-annually throughout the project period of performance as described in the program guidance and 2) as a Final Report 120-days after the completion of the grant period. Please work with relevant parties (i.e., transportation contractor, port authority, etc.) to ensure information submitted is accurate. Information that is submitted in semi-annual reports should NOT be changed in future report submissions unless approved by the EPA. Please only update information for the specific period in which this report is being submitted.

The grant recipient only needs to fill out shaded cells highlighted blue with a diagonal pattern (///). Cells highlighted yellow are simply for informative purposes and/or automated from other tabs in this spreadsheet. Additional fields may autopopulate with **bold** diagonal patterns (///), indicating that a response to those fields is not necessary based on prior responses entered. Please complete tabs in this workbook according to the instructions below.

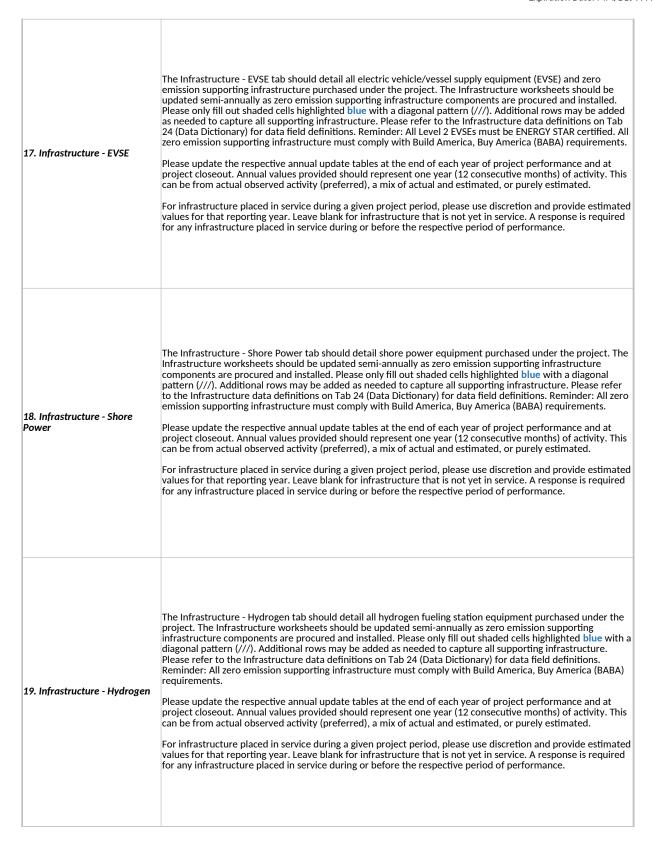
Please keep the following in mind when working with the Reporting Template to avoid errors:

- When downloading and saving a copy of the file, save the Excel files as '.xlsx' files to ensure optimal performance and functionality.
- For best performance, do not delete any tabs from the workbook, as there are hidden tabs used for auto-populating select fields.
- Be cautious when copy/pasting information into the provided templates, as there may be formula and/or formatting that can be overwritten. When pasting, we recommend pasting only values into the workbook.
- In the event the workbook does not auto-populate as intended, information can be added to the yellow fields manually.
- Recipients may add additional rows to the template by right clicking on the row number and selecting insert (rather than just adding a few cells). Alternatively, recipients may add additional information below the tables in the template.

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.

Table 1: Tab Descriptions	
Excel Workbook Tab	Definition
1. Instructions	Basic instructions for all worksheets in this reporting workbook.
2. Recipient & Project Details	Recipient and project details. All fields are required.
3. Project Partners	Partner organizations involved in the project, including all statutory partners and collaborating entities. All fields are required, if applicable.
4. Subawardees	Subawardees involved in the project. All fields are required, if applicable.
5. Port Facility Locations	Project locations that are port/port facilities. All fields are required.
6. Additional Locations	Any project locations that are <i>not</i> port/port facilities. All fields are required, if applicable.
7. Amendments & Other Revisions	The Amendments & Other Revisions tab should be used to update any changes in vehicle or equipment numbers, charging or fueling infrastructure numbers, planned project activities and/or funding amounts postaward. Please update this tab at least on an annual basis at the end of each year of project performance and at project closeout, even if no changes occur during the performance period.
8. Financial Summary	Financial summary for the entire grant period of performance. Please only complete shaded cells highlighted blue with a diagonal pattern (///) that contain grantee and original project budget information. Other cells on this worksheet will automatically feed from information in tabs 9-12 (Year 1-Year 4). If a modification to the grant is approved, please update the financial tabs accordingly.
9. Year 1	Financial summary for the first year of the project period for <b>all</b> project activities. For each semi-annual report, please complete all financial and narrative descriptive cells highlighted <b>blue</b> with a diagonal pattern (///) for each reporting period required. Other cells in this worksheet are informative or may be automated from subsequent tabs. Below the financial information, please complete the programmatic questions regarding the grant.

10. Year 2	Financial summary for the second year of the project period for <b>all</b> project activities, if grant period of performance is longer than one year. For each semi-annual report, please complete all financial and narrative descriptive cells highlighted <b>blue</b> with a diagonal pattern (///) for each reporting period required. Other cells in this worksheet are informative or may be automated from subsequent tabs. Below the financial information, please complete the programmatic questions regarding the grant.
11. Year 3	Financial summary for the third year of the project period for <b>all</b> project activities, if grant period of performance is longer than two years. For each semi-annual report, please complete all financial and narrative descriptive cells highlighted blue with a diagonal pattern (///) for each reporting period required. Other cells in this worksheet are informative or may be automated from subsequent tabs. Below the financial information, please complete the programmatic questions regarding the grant.
12. Year 4	Financial summary for the fourth year of the project period for <b>all</b> project activities, if grant period of performance is longer than three years. For each semi-annual report, please complete all financial and narrative descriptive cells highlighted <b>blue</b> with a diagonal pattern (///) for each reporting period required. Other cells in this worksheet are informative or may be automated from subsequent tabs. Below the financial information, please complete the programmatic questions regarding the grant.
13. Workplan Commitments	The tab should be completed based upon community engagement, project sustainability, workforce development, resiliency, and/or leveraging of additional external funds commitments defined in the proposed workplan. Please complete this tab during regular semi-annual reporting periods if the proposed workplan committed to any community engagement, project sustainability, workforce development, resiliency, and/or leveraging of additional external funds commitments as referred to in the evaluation metrics defined in the Notice of Funding Opportunity. During each semi-annual 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, resiliency, and/or leveraging of additional external funds commitments completed during the project period.
14. Additional External Funds	Summary of external funds leveraged as part of the project in addition to funding provided by the recipient and the EPA.
15. New Fleet Description	The New Fleet Description should detail all new vehicles and equipment proposed under the project and should be updated semi-annually with all vehicle upgrades completed. Please only fill out shaded cells highlighted blue with a diagonal pattern (///). Please refer to the New Fleet Description data definitions on tab 24 (Data Dictionary) for additional guidance on each field. Reminder: All zero emission equipment and vehicles must comply with Build America, Buy America (BABA) requirements.  Please update the respective annual update tables at the end of each year of project performance and at project closeout. Annual values provided should represent one year (12 consecutive months) of equipment activity. This can be from actual observed activity (preferred), a mix of actual and estimated, or purely estimated.  For equipment placed in service during a given project period, please use discretion and provide estimated values for that reporting year. Leave blank for equipment that is not yet in service. A response is required for any equipment placed in service during or before the respective period of performance.
16. Scrappage Information	The Scrappage Information tab is only required for projects that have made a commitment to scrap and/or otherwise replace vehicles as part of their project plans. This data sheet captures current vehicle and equipment information and links to the New Fleet Description to autopopulate the corresponding 'new' vehicle or equipment. The Scrappage Information tab should be updated semi-annually reflecting completed scrapped project. Please only fill out shaded cells highlighted blue with a diagonal pattern (///). Please refer to the data definitions on tab 24 (Data Dictionary) for additional guidance on each field.



20. Infrastructure - Power Gen	The Infrastructure - On-site Power tab should detail all on-site power generation equipment purchased under the project. The Infrastructure worksheets should be updated semi-annually as zero emission supporting infrastructure components are procured and installed. Please only fill out shaded cells highlighted blue with a diagonal pattern (///). Additional rows may be added as needed to capture all supporting infrastructure. Please refer to the Infrastructure data definitions on Tab 24 (Data Dictionary) for data field definitions. Reminder: All zero emission supporting infrastructure must comply with Build America, Buy America (BABA) requirements.  Please update the respective annual update tables at the end of each year of project performance and at project closeout. Annual values provided should represent one year (12 consecutive months) of activity. This can be from actual observed activity (preferred), a mix of actual and estimated, or purely estimated.  For infrastructure placed in service during a given project period, please use discretion and provide estimated values for that reporting year. Leave blank for infrastructure that is not yet in service. A response is required for any infrastructure placed in service during or before the respective period of performance.
21. Infrastructure - BESS	The Infrastructure - BESS tab should detail battery energy storage system equipment purchased under the project. The Infrastructure worksheets should be updated semi-annually as zero emission supporting infrastructure components are procured and installed. Please only fill out shaded cells highlighted blue with a diagonal pattern (///). Additional rows may be added as needed to capture all supporting infrastructure. Please refer to the Infrastructure data definitions on Tab 24 (Data Dictionary) for data field definitions. Reminder: All zero emission supporting infrastructure must comply with Build America, Buy America (BABA) requirements.  Please update the respective annual update tables at the end of each year of project performance and at project closeout. Annual values provided should represent one year (12 consecutive months) of activity. This can be from actual observed activity (preferred), a mix of actual and estimated, or purely estimated.  For infrastructure placed in service during a given project period, please use discretion and provide estimated values for that reporting year. Leave blank for infrastructure that is not yet in service. A response is required for any infrastructure placed in service during or before the respective period of performance.
22. Infrastructure - Other	The Infrastructure - Other tab should detail any other eligible infrastructure activity funded under the project. The Infrastructure worksheets should be updated semi-annually as zero emission supporting infrastructure components are procured and installed. Please only fill out shaded cells highlighted blue with a diagonal pattern (///). Please refer to the Infrastructure data definitions on Tab 24 (Data Dictionary) for data field definitions. Reminder: All zero emission supporting infrastructure must comply with Build America, Buy America (BABA) requirements.
23. Final Report	Final project details including actual programmatic results. Please only complete shaded cells highlighted blue with a diagonal pattern (///).
24. Data Dictionary	Please refer to the dictionary on this tab for support in completing the reporting workbook.

## U. S. Environmental Protection Agency

Clean Ports Program | Zero-Emission Technology Deployment Competition

\*\*Recipient & Project Details\*\*

#### Instructions

Please enter the requested information in the blue shaded cells; yellow fields will populate automatically based on inputs from subsequent tabs. Refer to the definitions on Tab 24 (Data Dictionary) for additional guidance on each field in this tab.

Table 2a: Recipient & Project Details							
		Recipient A	ddress Information			Primary Conta	
Recipient Organization Name	Street	City	<b>State</b> (select from dropdown)	Zip Code	Name	Title/Role	
Example: Organization Alpha	Example: Main Street	Example: Miami	Example: FL	Example: 33101	Example: Ali Raymond	Example: Director of A	

ct Information					
Phone	Email		Affiliate Port Authority (if applicable)	SAM.gov Unique Entity ID (UEI)	EPA Grant Number
Example: 111-111-123	Example: firstname.la	Example: Port Authorit	Example: Port Authorit	Example: ###########	Example: #######

	For Zero-Emission Te	t <b>Period</b> chnology Deployment may be up to four years.	
Project Title	Project Start Date	Project End Date	Short Project Description Briefly describe your project in one to three sentences only, especially noting the expected outputs and outcomes.
Example: Clean Port Implementation Project	Example: 01/01/2025	Example: 12/30/2025	Example: This project will update and electrify port equipment, reduc

					These fields will aut	loyment Project Scop to-populate with an Marigate to the resp	Cupon completing t	he linked tabs. or each category of eq
the SF-424A in cell 5(e) under Section A – Budget Summary and	Total Recipient Costs This value should be consistent with the amount included on the SF-424A in cell 5(f) under Section A - Budget Summary and SF-424 in Section 18.b-e	and Total Recipient Costs	Total Funding for ZE Equipment This field will auto- populate upon completing the 'Fleet Description' tab.	Total Funding for Charging and/or Fueling Infrastructure This field will autopopulate upon completing the 'Infrastructure' tabs.	Onroad Vehicles	Cargo Handling Ed	qLocomotive and	R:Marine and Harbo
Example: \$3,000,000	Example: \$25,000	Example: X	Example: X	Example: X	Example: X	Example: X	Example: X	Example: X
		\$ -	\$ -	\$ -				

uipment & infrast	ructure						
Project Feature	s SElectric Vehicle /	\Shore Power Infra	<u>a Hydrogen Fueling</u>	Solar and Wind Po	Battery Energy St	Other Infrastructu	Small Water Port Project? (See NOFO Section II.B for specifications) (select Yes/No from dropdown)
Example: X	Example: X	Example: X	Example: X	Example: X	Example: X	Example: X	Example: No

Example: No	Example: No	Example: Yes	

grant.

Does the recipient use LOGINK or any other prohibited logistics platform as described in NOFO Section III.D.?

(select Yes/No from dropdown)

I would like to be contacted by the EPA or its partners about participating in research opportunities to provide vehicle/equipment and/or infrastructure activity data from equipment included in this

(select Yes from dropdown if interested)

**Dry Port Project?** (See NOFO section I.B. for specifications) (select Yes/No from dropdown)

## U. S. Environmental Protection Agency

Clean Ports Program | Zero-Emission Technology Deployment Competition

Project Partners

#### Instructions

Please enter the requested information in the blue shaded cells. Refer to the definitions on Tab 24 (Data Dictionary) for additional guidance on each field in this tab. Users should include, at a minim workplan. You do not need to include recipients of Participant Support Costs. More details about subawardees should be captured in Tab 4 (Subawardees).

Table 3a: Project Partners								
	Primary Contact Information for Project Partner(s)							
roject Partner Organization Name	Primary Contact Information for Project Partner(s): <b>Name</b>	Primary Contact Information for Project Partner(s): <b>Title/Role</b>	Primary Contact Information for Project Partner(s): <b>Email</b>	Primary Contact Information for Project Partner(s): <b>Phone</b>				
xample: Partner Organization	Example: Ali Raymond	Example: Director of Advancement	Example: firstname.lastname@org.org	Example: 111-111-1111				

EPA Form Number: PFN 5900-721

um, all statutory partners and collaborating entities mentioned in the

Тур	e of Organization		
rpe of Organization elect from dropdown)	<b>Type of Organization</b> If Other selected for Type of Organization, describe	Nature of Partnership with Recipient Role in Project (select from dropdown) Describe	Is this partner a subawardee? (select Yes/No from dropdown)
ample: Other	Example: Non-governmental Organ	izatiorExample: Collaborating Entity (non-statut Example: Site Manager	Example: Yes

EPA Form Number: PFN 5900-721

# U. S. Environmental Protection Agency Clean Ports Program Subawardees (if applicable)

## Instructions

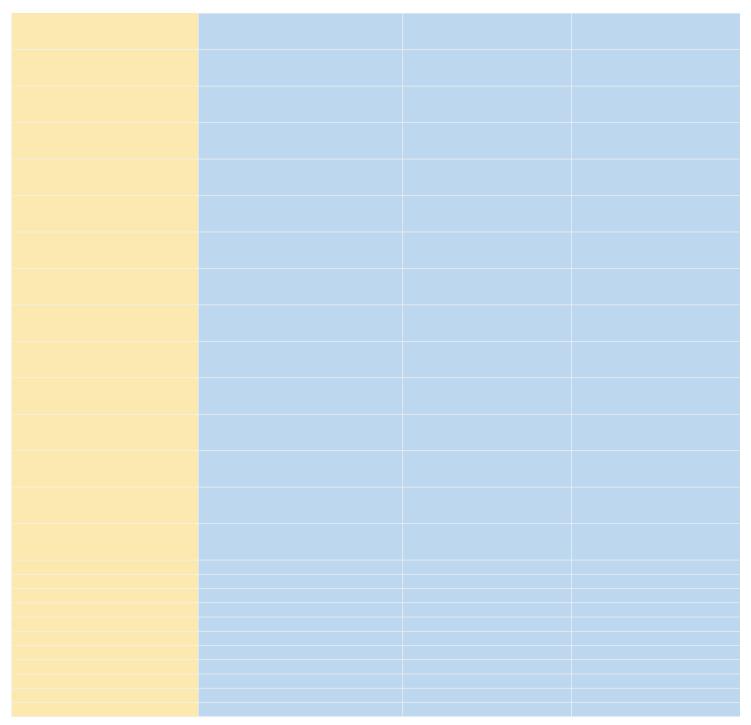
Please enter the requested information in the blue shaded cells. Refer to the definitions on Tab 24 (Data Dictionary) for additional guidance on each field in this tab

## **Table 4. Subawardees** (if applicable)

Table 4a: Subawardee Profile

Subawardee Organization Name will auto-populate with Subawardees entered on Table 3 (Column J, 'Is this project partner a subawardee?')

Subawardee Organization Name	Subawardee Unique ID (e.g., SAM.gov UEI)	<b>Role in Project</b> (select from dropdown)	<b>Role in Project</b> If Other selected for Role in Project, describe
Example: Subawardee Organization 1	Example: SO1	Example: Other	
#NAME?			



. To add additional rows to this table, right click on the numbered row and select "Insert Row".

	Table 4b. Year 1 Project Updates - Subaward Reporting Requirements			
	Please provide subaward information on	Please provide subaward information on the project and an explanation in each cell below.		
Subaward Funding Amount	Summaries of results of reviews of financial and programmatic reports Year 1	Summaries of findings from site visits and/or desk reviews to ensure effective subrecipient performance Year 1	Environmental results the subrecipient achieved Year 1	
Example: \$50,000				

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OMB Control Number: 2060-0754 Expiration Date: MM/DD/YYYY

		Table 4c. Year 2 Project Updates - Subaw	ard Reporting Requirements
		Please provide subaward information on the project and an explanation in each c	
Summaries of audit findings and related pass-through entity management decisions Year 1	Actions the pass-through entity has taken to correct deficiencies such as those specified at 2 CFR 200.332, 2 CFR 200.208 and the 2 CFR 200.339 Remedies for Noncompliance Year 1	Summaries of results of reviews of financial and programmatic reports Year 2	Summaries of findings from site visits and/or desk reviews to ensure effective subrecipient performance Year 2

OMB Control Number: 2060-0754 Expiration Date: MM/DD/YYYY

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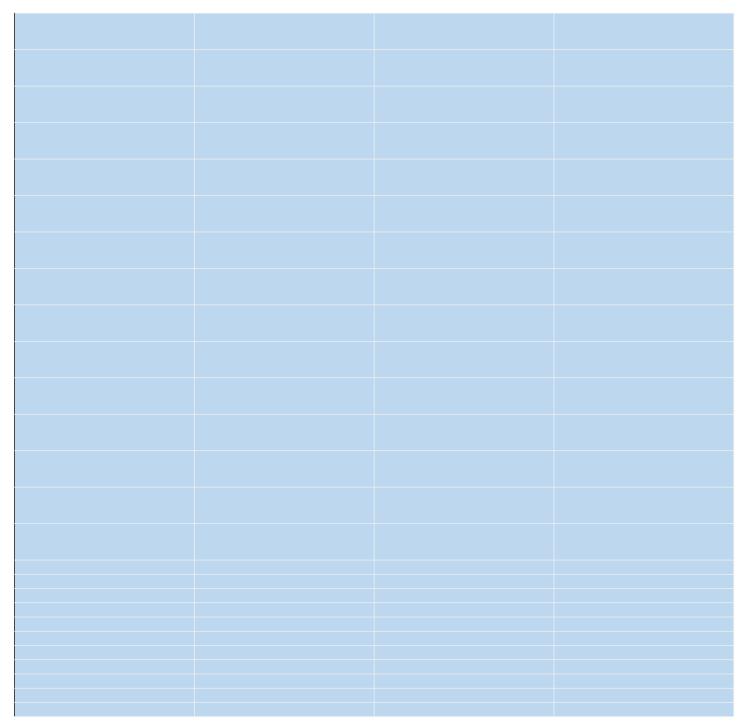
	1	

OMB Control Number: 2060-0754 Expiration Date: MM/DD/YYYY

			Table 4d. Year 3 Project Updates - Subawa
)W.			Please provide subaward information on the
Environmental results the subrecipient achieved Year 2	Summaries of audit findings and related pass-through entity management decisions Year 2	Actions the pass-through entity has taken to correct deficiencies such as those specified at 2 CFR 200.332, 2 CFR 200.208 and the 2 CFR 200.339 Remedies for Noncompliance Year 2	Summaries of results of reviews of financial and programmatic reports Year 3

rd Reporting Requirements				
project and an explanation in each cell bel	low.			
Summaries of findings from site visits and/or desk reviews to ensure effective subrecipient performance Year 3	Environmental results the subrecipient achieved Year 3	Summaries of audit findings and related pass-through entity management decisions Year 3	Actions the pass-through entity has taken to correct deficiencies such as those specified at 2 CFR 200.332, 2 CFR 200.208 and the 2 CFR 200.339 Remedies for Noncompliance Year 3	

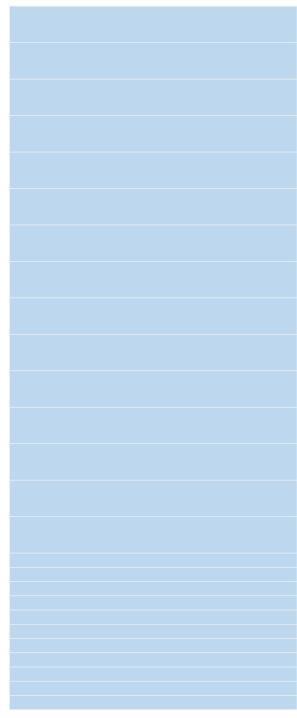
lease provide subaward information on t	he project and an explanation in each cell be	low.	
ummaries of results of reviews of nancial and programmatic reports ear 4	Summaries of findings from site visits and/or desk reviews to ensure effective subrecipient performance Year 4	Environmental results the subrecipient achieved Year 4	Summaries of audit findings and related pass-through entity management decisions Year 4



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Expiration	Date:	MM	/DD	/YYYY

Actions the pass-through entity has taken to correct deficiencies such as those specified at 2 CFR 200.332, 2 CFR 200.208 and the 2 CFR 200.339 Remedies for Noncompliance Year 4



OMB Control Number: 2060-0754
Expiration Date: MM/DD/YYY

Please enter the requested information in the blue shaded cells; yellow fields will populate automatically based on inputs into guidance on each field in this tab.

For purposes of the Clean Ports Program, a port is either a water port or a dry port, as defined below:

- ► Water port: places on land alongside navigable water (e.g., oceans, rivers, or lakes) with one or more facilities in close proxi
- ▶ Dry port: an intermodal truck-rail facility that is included in the 2024 Federal Highway Administration's (FHWA) Intermodal day, or comprising more than 20 percent of freight volumes handled by any mode within a State.

# Table 5: Project Location(s)

Table 5a: Port/Port Facility Location(s)

Port/Port Facility Name If a port or port facility spans more than one county, please enter a new line for each unique county.

**Project Site ID** 

Port Authority Name (if applicable)

Example: Port of X	Example: Project ID	Example: Port Authority of Port X
	Primary Place of Performance	
	2	
	3	
	4	
	5	
	6	
	7	
	8	
	9	
	10	
	11	
	12	
	13	
	14	
	15	
	16	
	17	
	18	
	19	
	20	

# U. S. Environmental Protection Agency

Clean Ports Program

Port/Port Facility Location(s)

### Instructions

blue cells. To add additional rows to this table, right click on the numbered row and select "Insert Row". Refer to the definition

mity for the loading and unloading of passengers or cargo from ships, ferries, and other commercial vessels. This includes facil Connector Database based on meeting the criteria set in 23 CFR 470. These criteria include having more than 50,000 20-foot e

<b>State</b> (select from dropdown)	<b>County</b> (select from dropdown)	City
Example: FL	Example: Miami-Dade County	Example: Miami
	please provide state first	

s on Tab 24 (Data Dictionary) for additional

ities that support non-commercial Tribal equivalent units per year or 100 trucks per

> The sum of all the values in column H across both Table 5a on this sheet and Table 6a on the next sheet should equal 100%. Please check values.

Estimate of the Share of Overall Project
Activity at this Site

Description of Project Activity at Port/Port (For each project location, enter a value between 0-100% based on the percentage of the total grant activities taking place at that location.)

**County FIPS Code EPA Region** 

Example: Replace 50 diesel-powered terminal tractors with equivalent battery Example: EPA Example: 100% Example: 12086 Region 4 electric models

Does this county contains a PM2.5 or Ozone Nonattainment Area?	Does this county contains a Severe or Extreme Ozone Nonattainment Area?	Does this county contains a PM2.5 or Ozone Maintenance Area?	Does this county contain an area with High Ambient Diesel PM Concentration?
Example: No	Example: No	Example: No	Example: Yes

Please enter the requested information in the blue shaded cells; yellow fields will populate automatically based on inputs into blue guidance on each field in this tab.

**Table 6a: Additional Project Locations**Use this table to identify additional project locations found outside of the ports and port facilities listed in Table 5a.

~		
Site	Na	me

If an Additional Site spans more than 1 county, please enter a new line for each unique county.

**Project Site ID** 

**Port(s)/Port Facilities Served by Location** (separate additional ports by semicolon)

Example: Hialeah Fueling Depot	Example Additional Site A	Example: Port of Miami; Port Everglades
	Additional Site 1	
	Additional Site 2	
	Additional Site 3	
	Additional Site 4	
	Additional Site 5	
	Additional Site 6	
	Additional Site 7	
	Additional Site 8	
	Additional Site 9	
	Additional Site 10	
	Additional Site 11	
	Additional Site 12	
	Additional Site 13	
	Additional Site 14	
	Additional Site 15	
	Additional Site 16	
	Additional Site 17	
	Additional Site 18	
	Additional Site 19	
	Additional Site 20	

U. S. Environmental Protection A Clean Ports Program Additional Location(s)	gency	
<b>Instructions</b> cells. To add additional rows to this	table, right click on the numbered row and s	elect "Insert Row". Refer to the definitions on Tab
<b>State</b> (select from dropdown)	<b>County</b> (select from dropdown)	City
Example: FL	Example: Miami-Dade County	Example: Miami
	please provide state first	

please provide state first

'4 (Data Dictionary) for additional			
	The sum of all the values in column H across both Table 5a on the previous sheet and Table 6a on this sheet should equal 100%. Please check values.		
Description of Project Activity at Site (if known)	Estimate of the Share of Overall Project Activity at Site (For each project location, enter a value between 0-100% based on the percentage of the total grant activities taking place at that location.)	County FIPS Code	EPA Region
Example: EV Infrastructure Planning	Example: 100%	Example: 12086	Example: EPA Region 4

Does this county contains a PM2.5 or Ozone Nonattainment Area?	Does this county contains a Severe or Extreme Ozone Nonattainment Area?	Does this county contains a PM2.5 or Ozone Maintenance Area?	Does this county contain an area with High Ambient Diesel PM Concentration?
Example: No	Example: No	Example: No	Example: Yes

U. S. Environmenta Clean Por Amendments δ

Instr

Please use this tab to indicate any changes in planning activities, vehicle or equipment numbers, number of infrastructure items, an automatically based on inputs into blue cells. Use one row per amendment made; more rows may be added if needed. Fill out this t each field in this tab. This tab includes multiple tables which may require scrolling down or across to access.

Table 7a. Post-Award Amendment and Modification Overview

Year	Were there any changes to planning activities, vehicle or equipment numbers, number of infrastructure items, and/or funding amounts in each year of the project period of performance? (Select 'Yes' or 'No' from below; if yes, complete Table 7b)	Number of Amendments and/or Modifications By Year
Year 1	(Yes or No)	0
Year 2	(Yes or No)	0
Year 3	(Yes or No)	0
Year 4	(Yes or No)	0

**Table 7b. Post-Award Amendments and Modifications** 

Amendment Number	Update Year (select from dropdown)	Type of Award Modification (select from dropdown)	Short Description of Modification (select from dropdown)
Ex 1	Year 1 Update	Formal Amendment	Changes to Zero Emission Vehicle or Equipment Deployment
Ex 2	Year 1 Update	Formal Amendment	Changes to Other Planned Activities
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

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ts Program

## Other Revisions

# uctions

nd/or funding amounts post-award. Please enter in the requested information in the <u>blue</u> shaded cells; <u>yellow</u> fields will populate ab at the end of each year of project performance. Refer to the definitions on Tab 24 (Data Dictionary) for additional guidance on

Change in Funding Amount by Year	
\$	-
\$	-
\$	-
\$	-

	Changes to Zero Emissions Technology Deployment					
Briefly Describe the Modification	Original Vehicle, Equipment, Fueling, and/or Charger Type	Updated Vehicle, Equipment, Fueling, and/or Charger Type	Original Quantity of Vehicle, Equipment, Fueling, and/or Charger			
Example: Change model and number of ZE chargers at Site 1	Example: Company A Fast Charger v2000	Example: Company A Fast Charger v3000	Example: 2			
Example: Travel costs for site visit changed	Example : Company A RTG Electric Crane v2000	Example: Company A RTG Electric Crane v3000	Example: 25			

	Corresponding EPA Fun	Affected Project Areas		
Updated Quantity of Vehicle, Equipment, Fueling, and/or Charger	Original Funding Request Amount	Updated Funding Request Amount	Change in Funding Amount	Port or Associated Site Name (from Project Location sheets)
Example: 1	Example: \$100,000	Example: \$50,000	Example: -\$50,000	Example: River Port of State X
Example: 20	Example: \$1,250,000	Example: \$1,300,000	Example: \$50,000	Example: River Port of State X
			\$ -	
			\$ -	
			\$ -	
			\$ -	
			\$ -	
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### & Subawardees

Subawardee (if applicable)	
N/A	
N/A	

# U. S. Environmental Protection Agency Clean Ports Program Financial Summary - Project Lifetime

### Table 8a. Summary Rate of Expenditure

Instructions: Record project budget funds only from approved final workplan in the blue shaded cells below. All other numbers will reflect automatically after completion of subsequent tabs.

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

#### Table 8b. Annual Rate of Expenditure

No entry needed - all numbers will reflect automatically from subsequent tabs.

Financial Summary	<b>Year 1</b> EPA Funds	<b>Year 1</b> Recipient Cost Share	<b>Year 1</b> Total Project Cost	<b>Year 2</b> EPA Funds	<b>Year 2</b> Recipient Cost Share	<b>Year 2</b> Total Project Cost	<b>Year 3</b> EPA Funds
Personnel	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Fringe Benefits	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Travel	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Supplies	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Contractual	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Construction	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Direct Cost Total	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Indirect Charges	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTALS	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Remaining Balance Recipient Cost Share	Remaining Balance Total Project Cost
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\$ -	\$ -
\$ -	\$ -
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<b>Year 3</b> Recipient Cost Share	<b>Year 3</b> Total Project Cost	<b>Year 4</b> EPA Funds	<b>Year 4</b> Recipient Cost Share	<b>Year 4</b> Total Project Cost
\$ -	\$ -	\$ -	\$ -	\$ -
\$ -	\$ -	\$ -	\$ -	\$ -
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Record and update project expenses semi-annually, noting the <u>cost at the line item level</u>, following the example budget table included in automatically based on inputs into **blue** cells. Previous fields should remain and edits should be made to the report being submitted. To a dropdown and populate corresponding new blue cells. Please do not add or remove rows. Funding totals in **yellow** cells will automatical. **This tab includes multiple tables which may require scrolling down to access.** 

Category of Expenses (populate additional rows as needed, selecting the appropriate Category of Expenses)	Line Item Description	<b>Jan-Jun 2025</b> EPA Funds
Personnel		
Fringe Benefits		
Travel		
Equipment		
Supplies		
Contractual		
Construction		
Other		
Indirect Charges		

<sup>←</sup> Click + to access additional rows. Please do not insert or delete rows.

Direct Cost Total Indirect Charge Total TOTAL

\$ -
\$ -
\$ -

Table 9b. Project Updates - Narrative Re Record and update project updates I

Please paste ALL planned activities, outputs, and outcomes from the submitted workplan information. Provide updates and if any chause the dropdown to indicate if the activity is 1) Not yet started, 2) In progress, or 3) Completed. To add additional rows to this table, rig

Outputs: The term "output" means an environmental activity, effort, and/or associated work product related to an environmental goal a may be quantitative or qualitative but must be measurable during an assistance agreement funding period.

Outcomes: The term "outcome" means the result, effect or consequence that will occur from carrying out an environmental program or environmental, behavioral, health related, or programmatic in nature, but must also be quantitative. They may not necessarily be achieved.

For more about outputs and outcomes, see the Notice of Funding Opportunity for this program.

Activities	Anticipated Outputs	Anticipated Outcomes
Example: Replace diesel trucks with equivalent battery electric models at Port X	Example: Replace 50 diesel-powered terminal tractors with equivalent BE models	Example: Annual Gallons Saved: 1 million gallons; NOx: 80 mt annually; PM2.5: 5.1 mt annually; CO2: 10,180 mt annually
Example: Develop training on electrical equipment and infrastructure	Example: Training for current staff by OEM; Documented outreach efforts (e.g., workshops) undertaken to share training materials with port operators.	Example: Development of a workforce skilled in operating and maintaining ZE equipment; An increased understanding of the operation and maintenance of implemented technology

# Table 9c. Programmatic and Narrative Updates Record and update project updates below.

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

Question	Jan-Jun 2025 Update	Jul-Dec 2025 Update
Provide a comparison of actual accomplishments to the objectives established for the reporting period.		
2. If anticipated outputs/outcomes and/or timelines/milestones are not met, why not? Did you encounter any problems during the reporting period which may interfere with meeting project objectives?  What is your plan to address these problems to ensure that the outputs/outcomes will be met within the period of performance?		
3. Have there been any major personnel changes during this reporting period?		
4. Did any public relations events regarding this grant take place during the reporting period?		
5. Are you using websites or other tools used to relay information about this grant to the public?		
6. What project activities are planned for the next reporting period?		
7. 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.		

8. Have any vehicles, equipment, infrastructure, or activities changed from those included in the final workplan?	
9. Provide the list of energy providers, including electric utilities and hydrogen suppliers, used in this reporting period	
10. Do you have any other comments or feedback?	

# . S. Environmental Protection Agency

Clean Ports Program

ancial and Narrative Summary - Year 1

#### e 9a. Year 1 Annual Rate of Expenditure

the Notice of Funding Opportunity. Please enter in the requested information in the **blue** shaded cells below; **yellow** fields will populate access additional rows in this table, click the box containing "+" on row 60; select the appropriate 'Category of Expense' from the ly update to include added rows.

<b>Jan-Jun 2025</b> Recipient Cost Share	<b>Jan-Jun 2025</b> Total Project Cost	<b>Jul-Dec 2025</b> EPA Funds	<b>Jul-Dec 2025</b> Recipient Cost Share
	\$ -		
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anges occurred, please provide that information accordingly. In the 'Progress to Date' column, please ht click on the numbered row to the left of the table and select "Insert."

and objective that will be produced or provided over a period of time or by a specified date. Outputs

activity that is related to an environmental or programmatic goal or objective. Outcomes may be rable within an assistance agreement funding period.

Progress to Date: Jan-Jun 2025 (select from dropdown)	Progress to Date: Jul-Dec 2025 (select from dropdown)	<b>Progress Notes</b> Describe
Example: In Progress	Example: Completed	
Example: Not Yet Started	Example: In Progress	

# **Jul-Dec 2025** Total Project Cost

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Record and update project expenses semi-annually, noting the <u>cost at the line item level</u>, following the example budget table included in tautomatically based on inputs into <u>blue</u> cells. Previous fields should remain and edits should be made to the report being submitted. To addropdown and populate corresponding new blue cells. Please do not add or remove rows. Funding totals in <u>yellow</u> cells will automatically This tab includes multiple tables which may require scrolling down to access.

Category of Expenses (populate additional rows as needed, selecting the appropriate Category of Expenses)	Line Item Description	<b>Jan-Jun 2026</b> EPA Funds
Fringe Benefits		
Travel		
Equipment		
Supplies		
Contractual		
Construction		
Other		
Indirect Charges		

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

Direct Cost Total Indirect Charge Total TOTAL

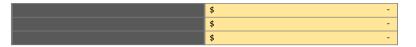


Table 10b. Project Updates - Narrative Re Record and update project updates be

Please paste ALL planned activities, outputs, and outcomes from the submitted workplan information. Provide updates and if any char use the dropdown to indicate if the activity is 1) Not yet started, 2) In progress, or 3) Completed. To add additional rows to this table, righ

Outputs: The term "output" means an environmental activity, effort, and/or associated work product related to an environmental goal ar may be quantitative or qualitative but must be measurable during an assistance agreement funding period.

Outcomes: The term "outcome" means the result, effect or consequence that will occur from carrying out an environmental program or a environmental, behavioral, health related, or programmatic in nature, but must also be quantitative. They may not necessarily be achieve

For more about outputs and outcomes, see the Notice of Funding Opportunity for this program.

Activities	Anticipated Outputs	Anticipated Outcomes
Example: Replace diesel trucks with equivalent battery electric models at Port X	Example: Replace 50 diesel-powered terminal tractors with equivalent BE models	Example: Annual Gallons Saved: 1 million gallons; NOx: 80 mt annually; PM2.5: 5.1 mt annually; CO2: 10,180 mt annually
Example: Develop training on electrical equipment and infrastructure	Example: Training for current staff by OEM; Documented outreach efforts (e.g., workshops) undertaken to share training materials with port operators.	Example: Development of a workforce skilled in operating and maintaining ZE equipment; An increased understanding of the operation and maintenance of implemented technology

# Table 10c. Programmatic and Narrative Updates Record and update project updates below.

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

Question	Jan-Jun 2026 Update	Jul-Dec 2026 Update
Provide a comparison of actual accomplishments to the objectives established for the reporting period.		
2. If anticipated outputs/outcomes and/or timelines/milestones are not met, why not? Did you encounter any problems during the reporting period which may interfere with meeting project objectives?  What is your plan to address these problems to ensure that the outputs/outcomes will be met within the period of performance?		
3. Have there been any major personnel changes during this reporting period?		
4. Did any public relations events regarding this grant take place during the reporting period?		
5. Are you using websites or other tools used to relay information about this grant to the public?		
6. What project activities are planned for the next reporting period?		

7. 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.	
8. Have any vehicles, equipment, infrastructure, or activities changed from those included in the final workplan?	
9. Provide the list of energy providers, including electric utilities and hydrogen suppliers, used in this reporting period	
10. Do you have any other comments or feedback?	

# S. Environmental Protection Agency

Clean Ports Program

incial and Narrative Summary - Year 2

### 10a. Year 2 Annual Rate of Expenditure

the Notice of Funding Opportunity. Please enter in the requested information in the **blue** shaded cells below; **yellow** fields will populate cess additional rows in this table, click the box containing "+" on row 60; select the appropriate 'Category of Expense' from the update to include added rows.

<b>Jan-Jun 2026</b> Recipient Cost Share	<b>Jan-Jun 2026</b> Total Project Cost	<b>Jul-Dec 2026</b> EPA Funds	<b>Jul-Dec 2026</b> Recipient Cost Share
	\$ -		
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	\$ -		
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nges occurred, please provide that information accordingly. In the 'Progress to Date' column, please t click on the numbered row to the left of the table and select "Insert."

nd objective that will be produced or provided over a period of time or by a specified date. Outputs

ctivity that is related to an environmental or programmatic goal or objective. Outcomes may be ıble within an assistance agreement funding period.

Progress to Date: Jan-Jun 2026 (select from dropdown)	Progress to Date: Jul-Dec 2026 (select from dropdown)	<b>Progress Notes</b> Describe
Example: In Progress	Example: Completed	
Example: Not Yet Started	Example: In Progress	

EPA Form Number: PFN 5900-721

Jul-Dec 2026
Total Project Cost

\$ -
\$ -

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\$	-
\$	_

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Table 11a. Ye

Record and update project expenses semi-annually, noting the <u>cost at the line item level</u>, following the example budget table included in t populate automatically based on inputs into <u>blue</u> cells. Previous fields should remain and edits should be made to the report being submit Expense' from the dropdown and populate corresponding new blue cells. Please do not add or remove rows. Funding totals in <u>yellow</u> cells This tab includes multiple tables which may require scrolling down to access.

Category of Expenses (populate additional rows as needed, selecting the appropriate Category of Expenses)	Line Item Description	<b>Jan-Jun 2027</b> EPA Funds
Personnel		
Fringe Benefits		
Travel		
Equipment		
Supplies		
Contractual		
Construction		
Other		
Indirect Charges		

<sup>←</sup> Click + to access additional rows. Please do not insert or delete rows.

Direct Cost Total Indirect Charge Total TOTAL

\$ -
\$ -
\$ -

Table 11b. Project Updates - Narrative Respon Record and update project updates below.

Please paste ALL planned activities, outputs, and outcomes from the submitted workplan information. Provide updates and if any char please use the dropdown to indicate if the activity is 1) Not yet started, 2) In progress, or 3) Completed. To add additional rows to this tab

Outputs: The term "output" means an environmental activity, effort, and/or associated work product related to an environmental goal ar Outputs may be quantitative or qualitative but must be measurable during an assistance agreement funding period.

Outcomes: The term "outcome" means the result, effect or consequence that will occur from carrying out an environmental program or a be environmental, behavioral, health related, or programmatic in nature, but must also be quantitative. They may not necessarily be achi

For more about outputs and outcomes, see the Notice of Funding Opportunity for this program.

Activities	Anticipated Outputs	Anticipated Outcomes
Example: Replace diesel trucks with equivalent battery electric models at Port X	Example: Replace 50 diesel-powered terminal tractors with equivalent BE models	Example: Annual Gallons Saved: 1 million gallons; NOx: 80 mt annually; PM2.5: 5.1 mt annually; CO2: 10,180 mt annually
Example: Develop training on electrical equipment and infrastructure	Example: Training for current staff by OEM; Documented outreach efforts (e.g., workshops) undertaken to share training materials with port operators.	Example: Development of a workforce skilled in operating and maintaining ZE equipment; An increased understanding of the operation and maintenance of implemented technology

# Table 11c. Programmatic and Narrative Updates Record and update project updates below.

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

Question	Jan-Jun 2027 Update	Jul-Dec 2027 Update
Provide a comparison of actual accomplishments to the objectives established for the reporting period.		
2. If anticipated outputs/outcomes and/or timelines/milestones are not met, why not? Did you encounter any problems during the reporting period which may interfere with meeting project objectives?  What is your plan to address these problems to ensure that the outputs/outcomes will be met within the period of performance?		
3. Have there been any major personnel changes during this reporting period?		
4. Did any public relations events regarding this grant take place during the reporting period?		
5. Are you using websites or other tools used to relay information about this grant to the public?		
6. What project activities are planned for the next reporting period?		
7. 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.		

8. Have any vehicles, equipment, infrastructure, or activities changed from those included in the final workplan?	
9. Provide the list of energy providers, including electric utilities and hydrogen suppliers, used in this reporting period	
10. Do you have any other comments or feedback?	

### onmental Protection Agency

Clean Ports Program

nd Narrative Summary - Year 3

### ar 3 Annual Rate of Expenditure

the Notice of Funding Opportunity. Please enter in the requested information in the **blue** shaded cells below; **yellow** fields will ted. To access additional rows in this table, click the box containing "+" on row 60; select the appropriate 'Category of will automatically update to include added rows.

<b>Jan-Jun 2027</b> Recipient Cost Share	<b>Jan-Jun 2027</b> Total Project Cost	<b>Jul-Dec 2027</b> EPA Funds	<b>Jul-Dec 2027</b> Recipient Cost Share
	\$ -		
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nges occurred, please provide that information accordingly. In the 'Progress to Date' column, le, right click on the numbered row to the left of the table and select "Insert."

nd objective that will be produced or provided over a period of time or by a specified date.

ctivity that is related to an environmental or programmatic goal or objective. Outcomes may evable within an assistance agreement funding period.

Progress to Date: Jan-Jun 2027 (select from dropdown)	Progress to Date: Jul-Dec 2027 (select from dropdown)	Progress Notes Describe	
Example: In Progress	Example: Completed		
Example: Not Yet Started	Example: In Progress		

EPA Form Number: PFN 5900-721

# **Jul-Dec 2027** Total Project Cost

\$ -
\$ -

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Table 12a. Year 4 A

Record and update project expenses semi-annually, noting the <u>cost at the line item level</u>, following the example budget table included in the Not populate automatically based on inputs into blue cells. Previous fields should remain and edits should be made to the report being submitted. To from the dropdown and populate corresponding new blue cells. Please do not add or remove rows. Funding totals in <u>yellow</u> cells will automatica This tab includes multiple tables which may require scrolling down to access.

Category of Expenses (populate additional rows as needed, selecting the appropriate Category of Expenses)	Line Item Description	<b>Jan-Jun 2028</b> EPA Funds
Personnel		
Fringe Benefits		
Travel		
Equipment		
Supplies		
Contractual		
Construction		
Other		
Indirect Charges		

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

Direct Cost Total	\$ -	
Indirect Charge Total	\$ -	
TOTAL	\$ -	

Table 12b. Project Updates - Narrative Responses Record and update project updates below.

Please paste ALL planned activities, outputs, and outcomes from the submitted workplan information. Provide updates and if any changes oc please use the dropdown to indicate if the activity is 1) Not yet started, 2) In progress, or 3) Completed. To add additional rows to this table, righ

<u>Outputs</u>: The term "output" means an environmental activity, effort, and/or associated work product related to an environmental goal and objemay be quantitative or qualitative but must be measurable during an assistance agreement funding period.

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For more about outputs and outcomes, see the Notice of Funding Opportunity for this program.

Activities	Anticipated Outputs	Anticipated Outcomes
Example: Replace diesel trucks with equivalent battery electric models at Port X	Example: Replace 50 diesel-powered terminal tractors with equivalent BE models	Example: Annual Gallons Saved: 1 million gallons; NOx: 80 mt annually; PM2.5: 5.1 mt annually; CO2: 10,180 mt annually
Example: Develop training on electrical equipment and infrastructure	Example: Training for current staff by OEM; Documented outreach efforts (e.g., workshops) undertaken to share training materials with port operators.	Example: Development of a workforce skilled in operating and maintaining ZE equipment; An increased understanding of the operation and maintenance of implemented technology

# Table 12c. Programmatic and Narrative Updates

# Record and update project updates below.

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

Question	Jan-Jun 2028 Update	Jul-Dec 2028 Update
Provide a comparison of actual accomplishments to the objectives established for the reporting period.		
2. If anticipated outputs/outcomes and/or timelines/milestones are not met, why not? Did you encounter any problems during the reporting period which may interfere with meeting project objectives?  What is your plan to address these problems to ensure that the outputs/outcomes will be met within the period of performance?		
3. Have there been any major personnel changes during this reporting period?		
4. Did any public relations events regarding this grant take place during the reporting period?		
5. Are you using websites or other tools used to relay information about this grant to the public?		
6. What project activities are planned for the next reporting period?		
7. 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.		
8. Have any vehicles, equipment, infrastructure, or activities changed from those included in the final workplan?		

9. Provide the list of energy providers, including electric utilities and hydrogen suppliers, used in this reporting period	
10. Do you have any other comments or feedback?	

### ntal Protection Agency Ports Program

rative Summary - Year 4

### nnual Rate of Expenditure

ice of Funding Opportunity. Please enter in the requested information in the **blue** shaded cells below; **yellow** fields will access additional rows in this table, click the box containing "+" on row 60; select the appropriate 'Category of Expense' lly update to include added rows.

<b>Jan-Jun 2028</b> Recipient Cost Share	<b>Jan-Jun 2028</b> Total Project Cost	<b>Jul-Dec 2028</b> EPA Funds	<b>Jul-Dec 2028</b> Recipient Cost Share	<b>Jul-Dec 2028</b> Total Project Cost
	\$ -			\$ -
	\$ -			\$ -
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curred, please provide that information accordingly. In the 'Progress to Date' column, t click on the numbered row to the left of the table and select "Insert."

ctive that will be produced or provided over a period of time or by a specified date. Outputs

that is related to an environmental or programmatic goal or objective. Outcomes may be thin an assistance agreement funding period.  $\frac{1}{2} \int_{-\infty}^{\infty} \frac{1}{2} \int_{$ 

Progress to Date: Jan-Jun 2028 (select from dropdown)	Progress to Date: Jul-Dec 2028 (select from dropdown)	Progress Notes Describe
Example: In Progress	Example: Completed	
Example: Not Yet Started	Example: In Progress	

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

Clean Ports Program

Workplan Commitments: Community Engagement, Project Sustainability, Workforce Development, Resiliency, and Leveraging of Additional External Funds

### Instructions

Please complete this tab to report on commitments related to community engagement, project sustainability, job quality/workforce development, resiliency, and leveraging of additional external funds, as defined in the Notice of Funding Opportunity. Only cells shaded in blue need to be filled out. At the end of each of the sections below, there are cells to provide additional narrative responses, as appropriate. Please ensure all questions are answered; provide both quantitative and qualitative details. This tab includes multiple tables which may require scrolling down to access.

		Table 13a. Project Co	ommunity Engagement
Number	Question	Answer 1	Answer 2
<b>1</b> a.	Did the workplan demonstrate that input was sought prior to application, and the proposed project is responsive to comments and concerns of near-port communities?	(Y or N)	
1b.	If yes, describe the engagement with near-port communities prior to application (who, how, and what was the focus), input received, and how the project is responsive to community concerns.		
2a.	Engaging communities about the project during the project period is a <u>required</u> term and condition of the award.  Describe the plan to meaningfully engage with near-port communities during the project (e.g., who, how, and what is the focus), including any specific activities referenced in the workplan.		
2b.	During which project reporting period(s) did this engagement occur?		
2c.	What were the outcomes of the engagement?		
3a.	Did the workplan demonstrate that the recipient or project partner(s) have an established long-term policy or process for meaningful community engagement to both receive input on port operations and projects that impact air quality and to address community concerns?	(Y or N)	
3b.	If not, was there a commitment in the workplan to establish a long-term policy or process before the end of the project period?	(Y or N)	
3с.	If yes to either 3a. or 3b. above, describe the policy or process and steps planned to implement the policy or process by the end of the project period.		
3d.	To date, has the recipient and/or project partner(s) completed this commitment?	Select Status	Select Reporting Period Completed

<b>4</b> a.	Please provide any additional details and relevant status updates related to project community engagement. Please use the drop downs under 'Select Year' to indicate which year the update was completed. Note: Do not delete data from prior reports. If providing updates for multiple reporting periods in one year, please indicate all updates in the same cell.	Select Year	
4b.	Please provide any additional details and relevant status updates related to project community engagement. Please use the drop downs under 'Select Year' to indicate which year the update was completed. Note: Do not delete data from prior reports. If providing updates for multiple reporting periods in one year, please indicate all updates in the same cell.	Select Year	
4c.	Please provide any additional details and relevant status updates related to project community engagement. Please use the drop downs under 'Select Year' to indicate which year the update was completed. Note: Do not delete data from prior reports. If providing updates for multiple reporting periods in one year, please indicate all updates in the same cell.	Select Year	
4d.	Please provide any additional details and relevant status updates related to project community engagement. Please use the drop downs under 'Select Year' to indicate which year the update was completed. Note: Do not delete data from prior reports. If providing updates for multiple reporting periods in one year, please indicate all updates in the same cell.	Select Year	

	Table 13b. Project Sustainability			
Number	Question	Answer 1	Answer 2	
<b>1</b> a.	Did the workplan demonstrate that the recipient and/or project partner(s) have a publicly available baseline port mobile source emission inventory for greenhouse gases, PM2.5, and/or NOx that was completed and published after 2019?	(Y or N)		
1b.	If no, did the workplan commit to completing an emissions inventory before the end of the project period?	(Y or N)		
1c.	To date, has the recipient and/or project partner(s) completed this commitment?	Select Status	Select Reporting Period Completed	
1d.	Please provide the URL for the emissions inventory.			
2a.	Did the workplan demonstrate that the recipient and/or project partner(s) have a publicly available plan, finalized and published after 2019, that includes specific targets to reduce port mobile source emissions of greenhouse gases, PM2.5, and/or NOx?	(Y or N)		
2b.	If no, did the workplan commit to completing a plan before the end of the project period?	(Y or N)		
2c.	To date, has the recipient and/or project partner(s) completed this commitment?	Select Status	Select Reporting Period Completed	
2d.	Please provide the URL for the plan.			

За.	Please provide any additional details and relevant status updates related to project sustainability. Please use the drop downs under 'Select Year' to indicate which year the update was completed. Note: Do not delete data from prior reports. If providing updates for multiple reporting periods in one year, please indicate all updates in the same cell.	Select Year	
3b.	Please provide any additional details and relevant status updates related to project sustainability. Please use the drop downs under 'Select Year' to indicate which year the update was completed. Note: Do not delete data from prior reports. If providing updates for multiple reporting periods in one year, please indicate all updates in the same cell.	Select Year	
3с.	Please provide any additional details and relevant status updates related to project sustainability. Please use the drop downs under 'Select Year' to indicate which year the update was completed. Note: Do not delete data from prior reports. If providing updates for multiple reporting periods in one year, please indicate all updates in the same cell.	Select Year	
3d.	Please provide any additional details and relevant status updates related to project sustainability. Please use the drop downs under 'Select Year' to indicate which year the update was completed. Note: Do not delete data from prior reports. If providing updates for multiple reporting periods in one year, please indicate all updates in the same cell.	Select Year	

	Table 13c. Job Quality/Workforce Development			
Number	Question	Answer 1	Answer 2	
1a.	Did the workplan demonstrate a commitment to support high quality jobs, including but not limited to training workers on new equipment/infrastructure, ensuring worker safety, worker/labor engagement, and/or pay and benefits?	(Y or N)		
1b.	If yes, please describe this commitment.			
1c.	To date, has the recipient and/or project partner(s) completed this commitment?	Select Status	Select Reporting Period Completed	
2a.	Did the workplan demonstrate a commitment to expand access to high-quality jobs, including for people in near-port communities?	(Y or N)		
2b.	If yes, please describe this commitment.			
2c.	To date, has the recipient and/or project partner(s) completed this commitment?	Select Status	Select Reporting Period Completed	

За.	Please provide any additional details and relevant status updates related to job quality/workforce development. Please use the drop downs under 'Select Year' to indicate which year the update was completed. Note: Do not delete data from prior reports. If providing updates for multiple reporting periods in one year, please indicate all updates in the same cell.	Select Year	
3b.	Please provide any additional details and relevant status updates related to job quality/workforce development. Please use the drop downs under 'Select Year' to indicate which year the update was completed. Note: Do not delete data from prior reports. If providing updates for multiple reporting periods in one year, please indicate all updates in the same cell.	Select Year	
Зс.	Please provide any additional details and relevant status updates related to job quality/workforce development. Please use the drop downs under 'Select Year' to indicate which year the update was completed. Note: Do not delete data from prior reports. If providing updates for multiple reporting periods in one year, please indicate all updates in the same cell.	Select Year	
3d.	Please provide any additional details and relevant status updates related to job quality/workforce development. Please use the drop downs under 'Select Year' to indicate which year the update was completed. Note: Do not delete data from prior reports. If providing updates for multiple reporting periods in one year, please indicate all updates in the same cell.	Select Year	

	Table 13d. Resiliency			
Number	Question	Answer 1	Answer 2	
<b>1</b> a.	Did the workplan demonstrate how grant-funded technologies (equipment, vehicles, infrastructure, etc.) will be protected from extreme weather?	(Y or N)		
1b.	If yes, please describe this commitment.			
1c.	To date, has the recipient and/or project partner(s) completed this commitment?	Select Status	Select Reporting Period Completed	

2a.	Please provide any additional details and relevant status updates related to project resilience to extreme weather. Please use the drop downs under 'Select Year' to indicate which year the update was completed. Note: Do not delete data from prior reports. If providing updates for multiple reporting periods in one year, please indicate all updates in the same cell.	Select Year	
2b.	Please provide any additional details and relevant status updates related to project resilience to extreme weather. Please use the drop downs under 'Select Year' to indicate which year the update was completed. Note: Do not delete data from prior reports. If providing updates for multiple reporting periods in one year, please indicate all updates in the same cell.	Select Year	
2c.	Please provide any additional details and relevant status updates related to project resilience to extreme weather. Please use the drop downs under 'Select Year' to indicate which year the update was completed. Note: Do not delete data from prior reports. If providing updates for multiple reporting periods in one year, please indicate all updates in the same cell.	Select Year	
2d.	Please provide any additional details and relevant status updates related to project resilience to extreme weather. Please use the drop downs under 'Select Year' to indicate which year the update was completed. Note: Do not delete data from prior reports. If providing updates for multiple reporting periods in one year, please indicate all updates in the same cell.	Select Year	

### Table 13e. Leveraging of Additional External Funds (part 1)

Leveraged funds refers to additional, external funds where an applicant or grantee is providing additional resources to support or complement the project above and beyond the EPA grant funds. Additional information about leveraging external funds should be entered into Tab 14., Table 14a., "Leveraging Additional External Funds (part 2)" where appropriate.

Number	Question	Answer 1	Answer 2
<b>1</b> a.	Did the workplan demonstrate that the recipient has leveraged or plans to leverage additional external funds (outside of the formal cost share in the award document) in order to support project activities? If no, please go to the next table, "Table 13f. Other." If yes, please complete this section and the following tab.	(Y or N)	
1b.	If yes, please describe this commitment, including how these funds will be used to contribute to the performance and success of the project.		

2a.	Please provide any additional details and relevant status updates related to leveraging of additional external funds, 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 plans to make up for these funds. Please use the drop downs under 'Select Year' to indicate which year the update was completed. Note: Do not delete data from prior reports. If providing updates for multiple reporting periods in one year, please indicate all updates in the same cell.	
2b.	Please provide any additional details and relevant status updates related to leveraging of additional external funds, 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 plans to make up for these funds. Please use the drop downs under 'Select Year' to indicate which year the update was completed. Note: Do not delete data from prior reports. If providing updates for multiple reporting periods in one year, please indicate all updates in the same cell.	
2c.	Please provide any additional details and relevant status updates related to leveraging of additional external funds, 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 plans to make up for these funds. Please use the drop downs under 'Select Year' to indicate which year the update was completed. Note: Do not delete data from prior reports. If providing updates for multiple reporting periods in one year, please indicate all updates in the same cell.	
2d.	Please provide any additional details and relevant status updates related to leveraging of additional external funds, 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 plans to make up for these funds. Please use the drop downs under 'Select Year' to indicate which year the update was completed. Note: Do not delete data from prior reports. If providing updates for multiple reporting periods in one year, please indicate all updates in the same cell.	

Table 13f. Other					
Number	Question	_	Answer		

1	Other: Please provide any additional details or comments regarding community engagement, project sustainability, job quality, workforce development, resiliency, and/or leveraged additional external funds.		
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### U. S. Environmental Protection Agency Clean Ports Program Leveraging Additional External Funds

### Instructions

Please provide updates on proposed or secured additional external funds using the rows below. Updates should refer to additional external funds (outsic award document), and should not include recipient cost share. Refer to the following definitions when selecting Status:

"Not Yet Started:" Funding is proposed but the application process has not yet begun "In Progress:" The funding application or selection process is underway, but funds have not been awarded "Awarded:" Funding has been officially awarded "Not Awarded:" Funding that had been applied for was not awarded

Note: Please add additional rows as needed.

# Table 14a. Leveraging Additional External Funds (part 2)

Additional information about additional external funds should be included in Table 13e, 'Leveraging of Additional External Funds (part 1)'.

Source Name	Amount (\$)	Status
		Please Select One

le of the formal cost share in the

# Reporting Period Awarded Select Reporting Period Select Reporting Period

### U. S. Environmental Protection Agency

Clean Ports Program | Zero-Emission Technology Deployment Competition

New Fleet Description

# Instructions

The New Fleet Description should detail all vehicles, vessels, and other mobile source equipment that will be purchased as part of the project. Please yellow will populate automatically, and some fields will be hashed out if they are not applicable based on the information entered. Please list ALL po do NOT need to make a separate worksheet for each port featured in the project. This Fleet Description is connected to the Scrappage Information (1 the Fleet Description data definitions on tab 24 (Data Dictionary) for additional guidance on each field.

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

On November 15, 2021, the Infrastructure Investment and Jobs Act ("IIJA"), Pub. L. No. 117-58, which includes the Build America, Buy America Act ( that on or after May 14, 2022, all of the iron, steel, manufactured products, and construction materials used in a federally-funded infrastructure pro that includes the installation, upgrading, or replacement of infrastructure, then BABA applies to the entire infrastructure project. For more informat

	Table 15a: Vehicle/Equipment	Overview		
Vehicle or Equipment user is encouraged to modify values n this column. This is used to dentify equipment when completing other tabs)	Vehicle or Equipment Type (select from dropdown)	Vehicle or Equipment Subtype (select option from dropdown that best matches vehicle or equipment; must select 'Vehicle or Equipment Type' first)	If 'Other/Not Listed' Subtype selected, please describe	Technology Type (select from dropdown note that new powertrain is not available for onroad sector)
Example: New Vehicle	Example: Onroad	Example: Class 8 - Drayage		Example: New Vehicle/Equipment - Battery Electric
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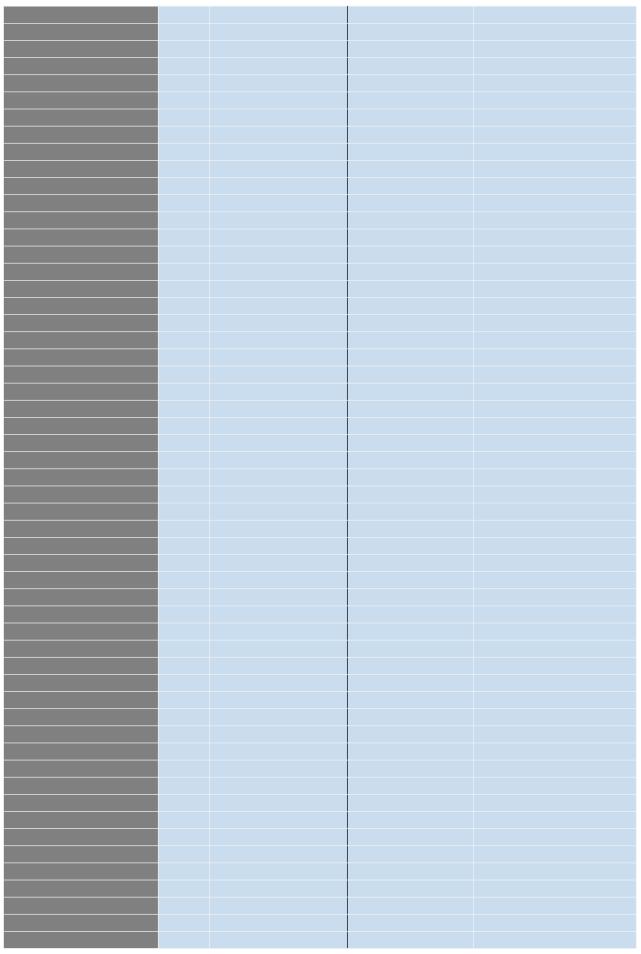
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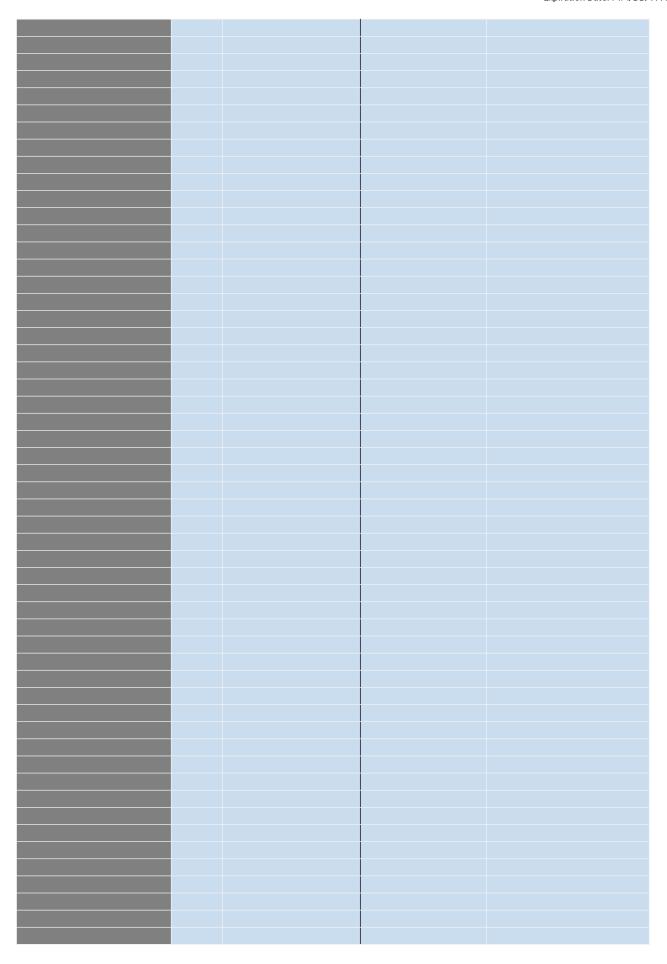
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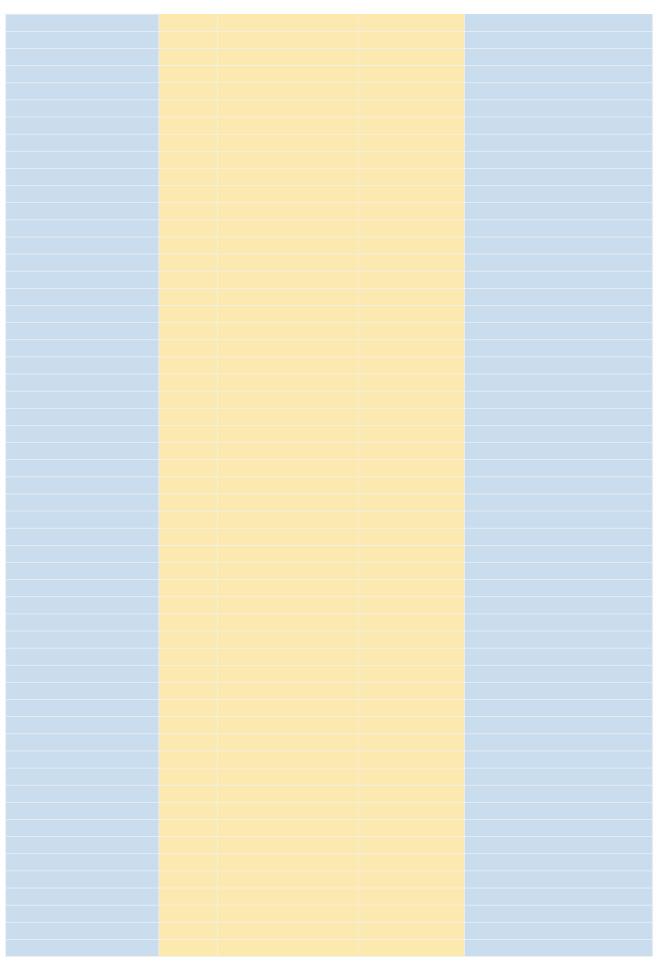
on
only fill out shaded cells highlighted <b>blue</b> with a diagonal pattern (///); fields in rt and other locations where the project will take place in this worksheet. You   ¬ab 16). The sheet has capacity for 800 vehicles or equipment. Please refer to
BABA), Public Law 117-58, §§ 70901-52, was signed into law. BABA requires ject are produced in the United States. If the EPA award funds part of a project ion, please visit https://www.epa.gov/ports-initiative/cleanports#otaq-baba

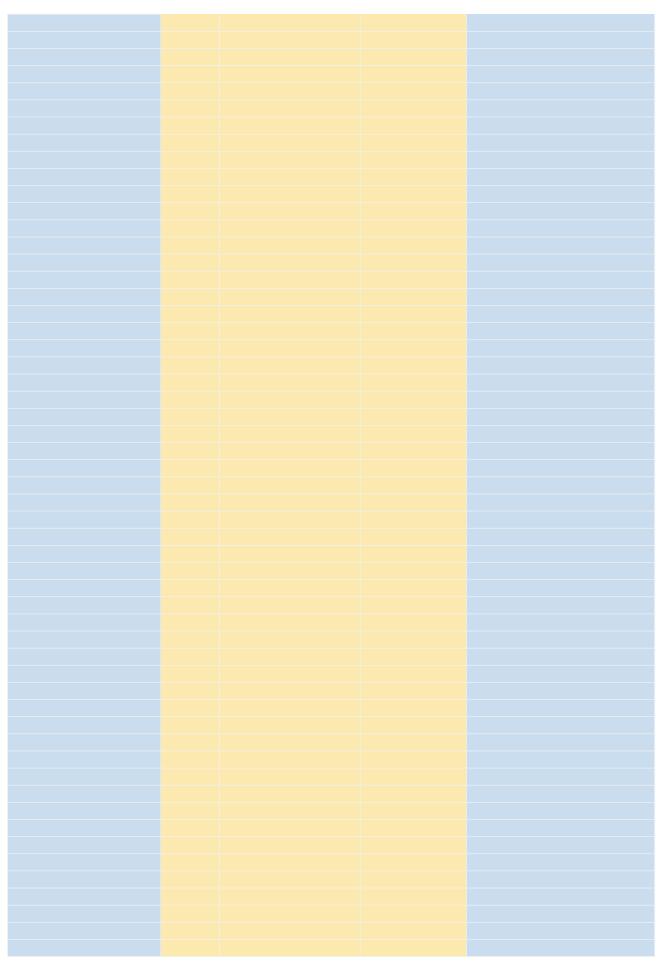
			Table 15b: Place(s) of Perforn	nance
			Primary Place of Performance	
'Other' selected for Technology ype, please describe	Fleet Owner	Subawardee (if part of subaward; select subawardee from dropdown, based on entries into Table 2c)	Vehicle or Equipment Operates in Multiple Performance Locations Within this project? (select Yes/No from dropdown)	Primary Port or Port Facility (select from dropdown based on Table 5a of this template)
	Example: Sarah Smith	Example: Subawardee Organization 1	Example: Yes	Example: Port of Miami



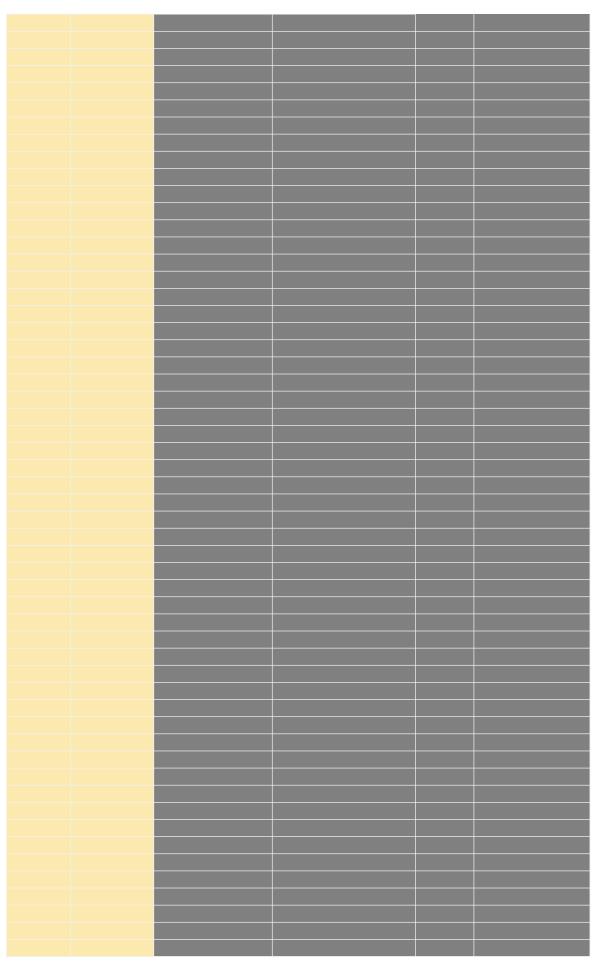


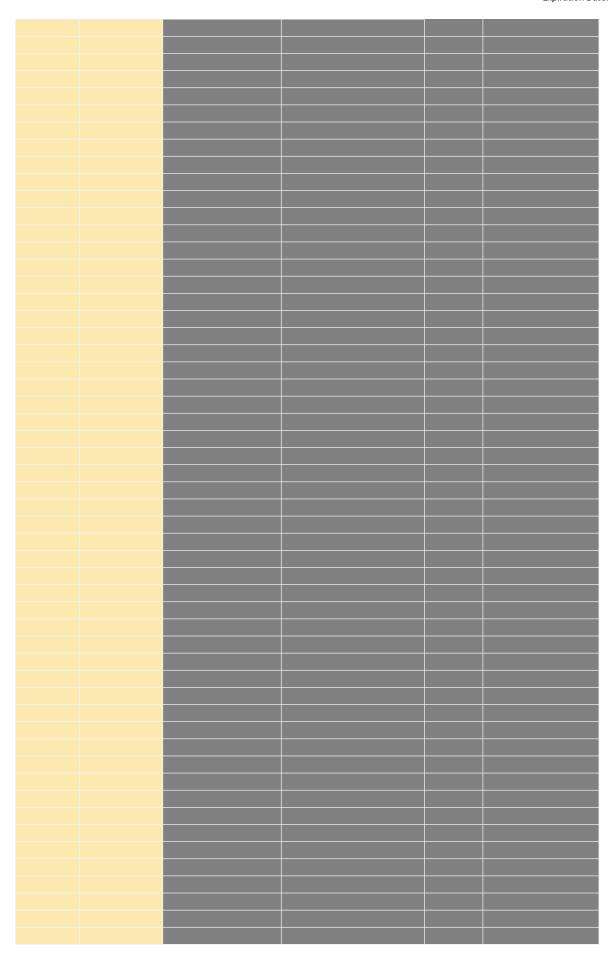
				For each row, the sum of values in columns O, W, and AA should equal 100%. Please check values.
If Primary location of vehicle/equipment is not at a port or port facility listed in Table 5a, provide the Name of the Additional Project Location as listed in Table 6a (select from dropdown based on Table 6a of this template)	ID	State	County	Percentage of Equipment Operation within the Primary County and/or port location (% of time for nonroad equipment & % of miles driven for onroad equipment; enter a value between 0-100%.)
Example: Hialeah Fueling Depot	Example: Project Site ID	Example: FL	Example: Miami-Dade County	Example: 50%





		Secondary Place of Performa	ance (if applicable)		Secondary Place of Performance (if applicable)				
ity	FIPS Code	Secondary Port or Port Facility (select from dropdown if vehicle or equipment serves more than one location)	If Secondary location of vehicle/equipment is not at a port or port facility, provide the Name of the Additional Project Location (select from dropdown)	Secondary Location Project Site ID	Secondary Location Stat				
Example: Miami	Example: 12086	Example: Port Everglades	Example: Secondary Additional Project Location	Example: Project Site ID	Example: FL				



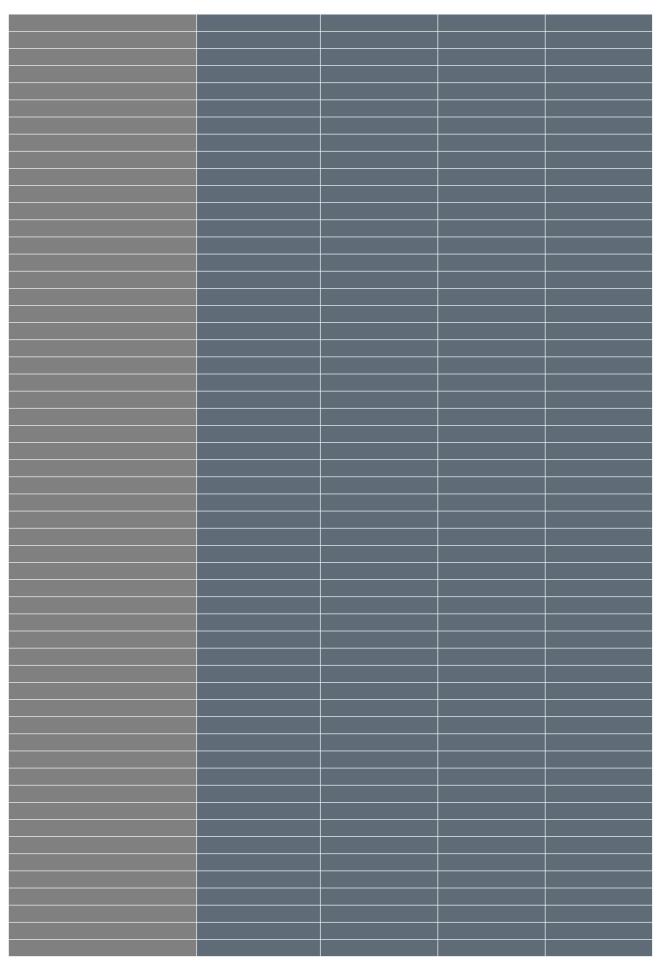


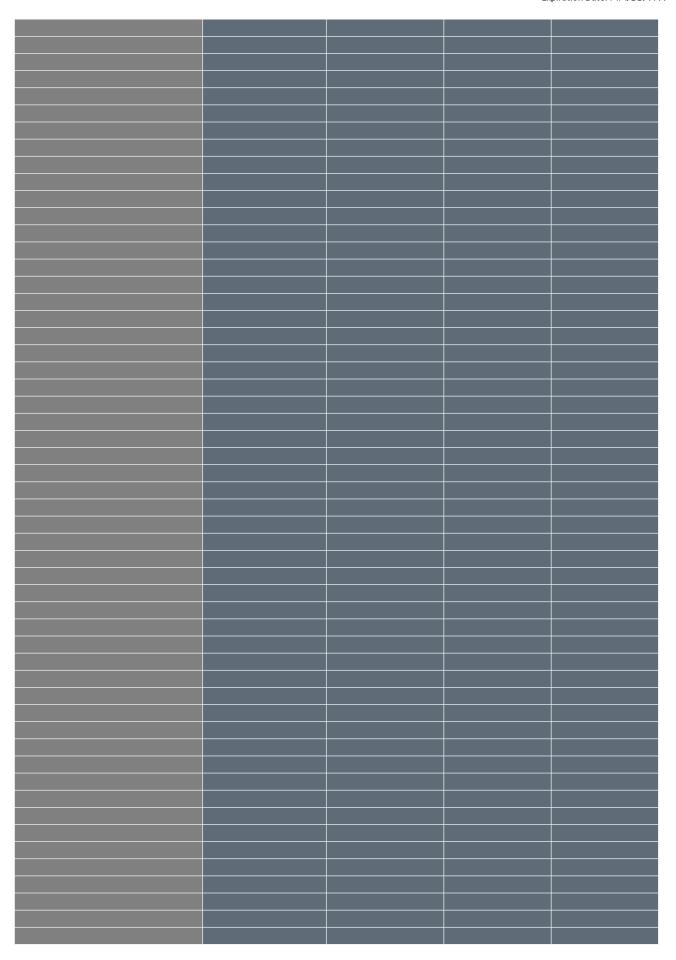
OMB Control Number: 2060-0754 Expiration Date: MM/DD/YYYY

	For each row, the sum of values in columns O, W, and AA should equal 100%. Please check values.			Additional Location Details (if applicable)	
Secondary Location County	Percentage of Equipment Operation within Secondary County and/or port location (% of time for nonroad equipment & % of miles driven for onroad. Enter a value between 0-100%.)	Secondary Location City	Secondary Location FIPS Code	Additional Counties where Vehicle Operates	
Example: Broward County	Example: 45%	Example: Fort Lauderdale	Example: 12011	Example: Monroe County, FL	

OMB Control Number: 2060-0754 Expiration Date: MM/DD/YYYY

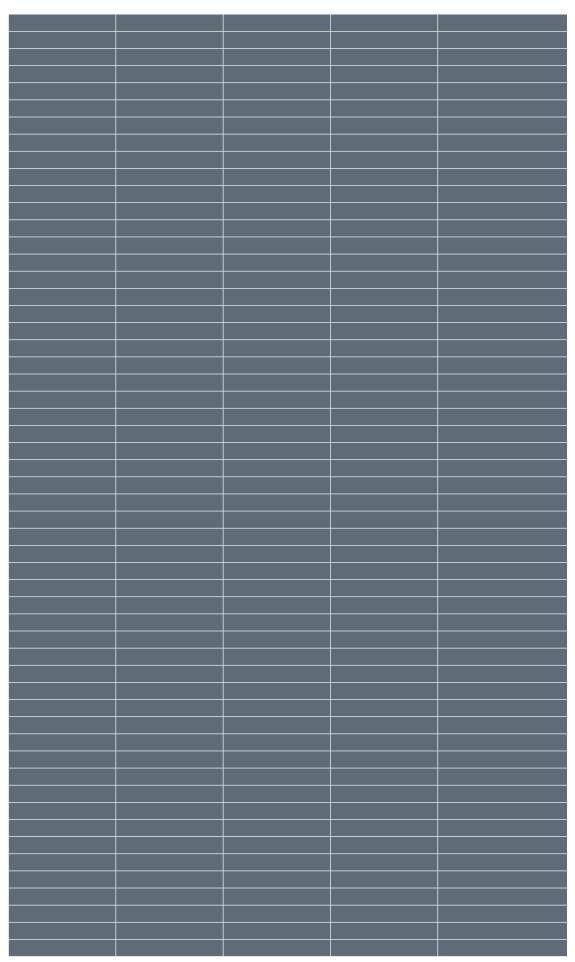
	Table 15c: Details of New V	ehicle, Vessel, and/or Equipm	nent (Only to be complete	ed if Technology Type se	
or each row, the sum of values in columns O, W, and A should equal 100%. Please check values.	Table 15c: Details of New Vehicle, Vessel, and/or Equipment (Only to be completed if Technology Type				
Percentage of Equipment Operation in Each Additional Location % of time for nonroad equipment & % of niles driven for onroad. Format multiple esponses as [number]% in [county, state abbreviation]. Use a semicolon if listing nultiple locations)	Vehicle or Equipment Manufacturer	Vehicle or Equipment Model	Vehicle or Equipment Model Year	Vehicle Class (select from dropdown; onroad vehicles only)	
Example: 40% in Monroe County, 15% in Collier County	Example: Manufacturer Name	Example: Model Name or #	Example: 2023	Example: Class 7	





OMB Control Number: 2060-0754 Expiration Date: MM/DD/YYYY

ted is New Vehicle/Equ	ipment)			
Vehicle GVWR (onroad vehicles only)	Powertrain Family Name	Vehicle, Equipment, or Vessel Hull Identification Number	Acquisition Cost per Vehicle or Equipment (\$ of Cost per Unit)	Total EPA Funds Expended Per Vehicle or Equipment Acquisition (\$ of Total Cost per Unit)
Example: 12000	Example: ABC	Example: 1234567890ABCDEFG	Example: \$150,000.00	Example: \$112,000.00



OMB Control Number: 2060-0754 Expiration Date: MM/DD/YYYY

able 15d. Powertrain Rep	placement Details (only to be	e completed if 'Techr	ology Type' selected is	"New Powertrain"; oth	nerwise proceed to Tabl
lew Powertrain Make nd/or Manufacturer	New Powertrain Model	New Powertrain Model Year	New Powertrain Horsepower	New Powertrain Family Name	New Powertrain Serial Number(s)
Example: ZE Engine Co.	Example: ZE 1000	Example: 2023	Example: 750	Example: ABC	Example: 4548155

OMB Control Number: 2060-0754 Expiration Date: MM/DD/YYYY

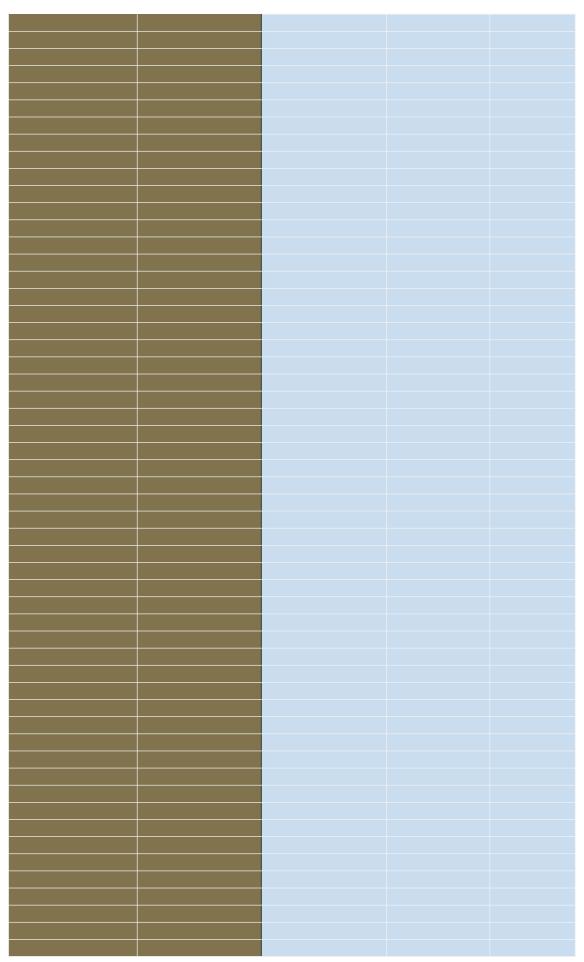
15e, column AY.)					
15c, column A.,					
Number of New Propulsion Units (vessels only)	Number of New Auxiliary Units (vessels only)	Total Acquisition Cost per New Powertrain (\$ of Cost per Unit)	EPA Funds Expended for New Powertrain Acquisition (\$ of Cost per Unit)	Total Funds Expended for Labor related to Powertrain Replacement	EPA Funds Expended for Labor related to Powertrain Replacement
Example: 2	Example: 2	Example: \$375,000.00	Example: \$300,000.00	Example: \$50,000.00	Example: \$25,000.00

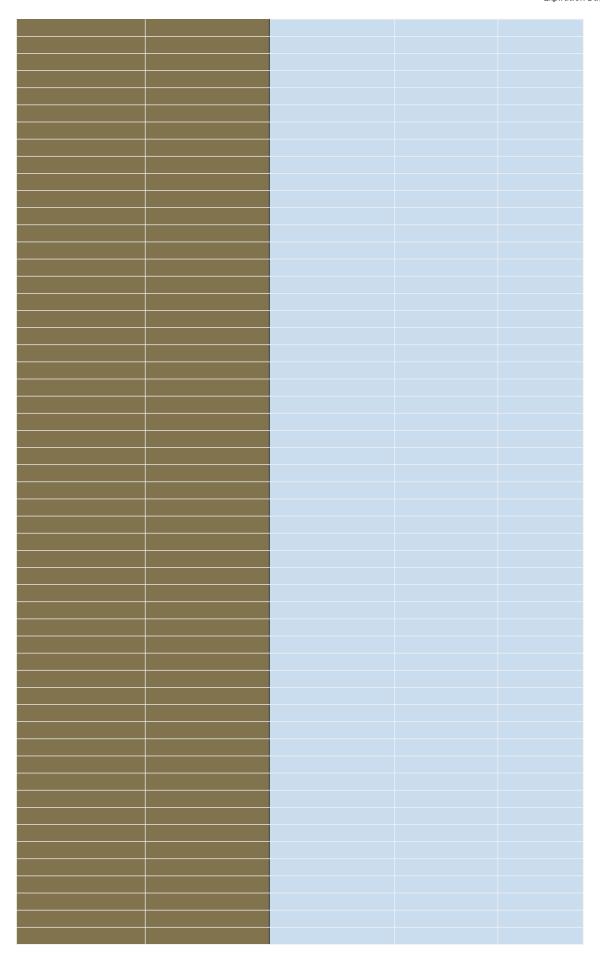






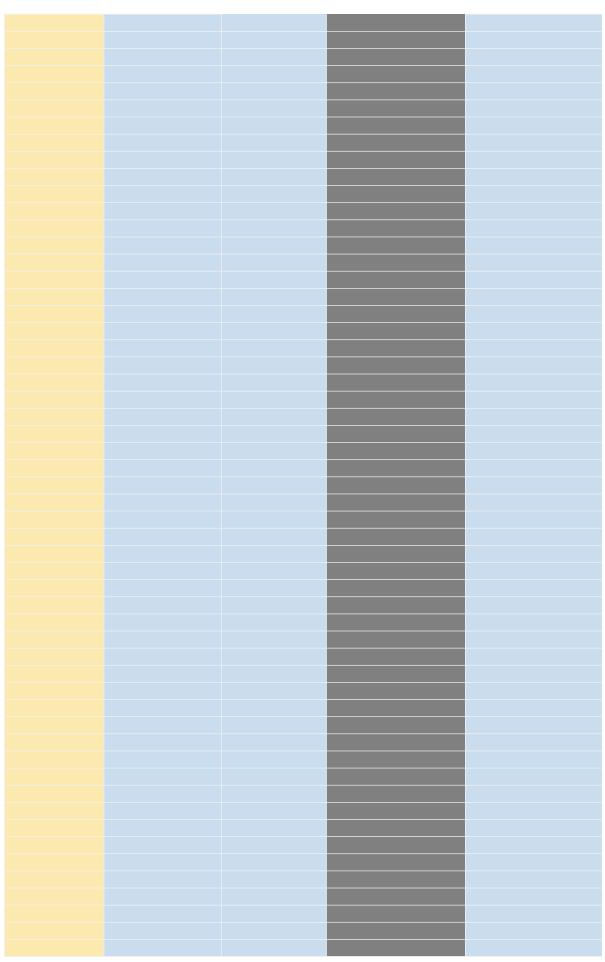
		Table 15e. Details for Batter	y Electric Vehicles or Equi	pment
otal Combined Costs for New Engine Acquisition and Abor related to Powertrain Replacement	Total EPA Funds Expended for New Engine Acquisition and Labor related to Powertrain Replacement	Manufacturer of Battery Pack	Number of Battery Packs (manufacturer- provided information)	Battery Capacity per Battery Pack (kWh) (manufacturer- provided information)
Example: \$425,000.00	Example: \$325,000.00	Example: Battery & Co.	Example: 6	Example: 90





OMB Control Number: 2060-0754 Expiration Date: MM/DD/YYYY

Vehicle or Equipment Total Battery Capacity, (kWh) (manufacturer- provided information)	Rated Charging Power (kW) (manufacturer- provided information)	Battery Chemistry (select from dropdown)	Battery Chemistry: If Other selected for 'Battery Chemistry', describe	Vehicle or Equipment Capable of Bidirectional Charging? (select Yes/No/NA from dropdown)
Example: 540	Example: 360	Example: Lithium Iron Phosphate (LFP)	Example: N/A	Example: Yes



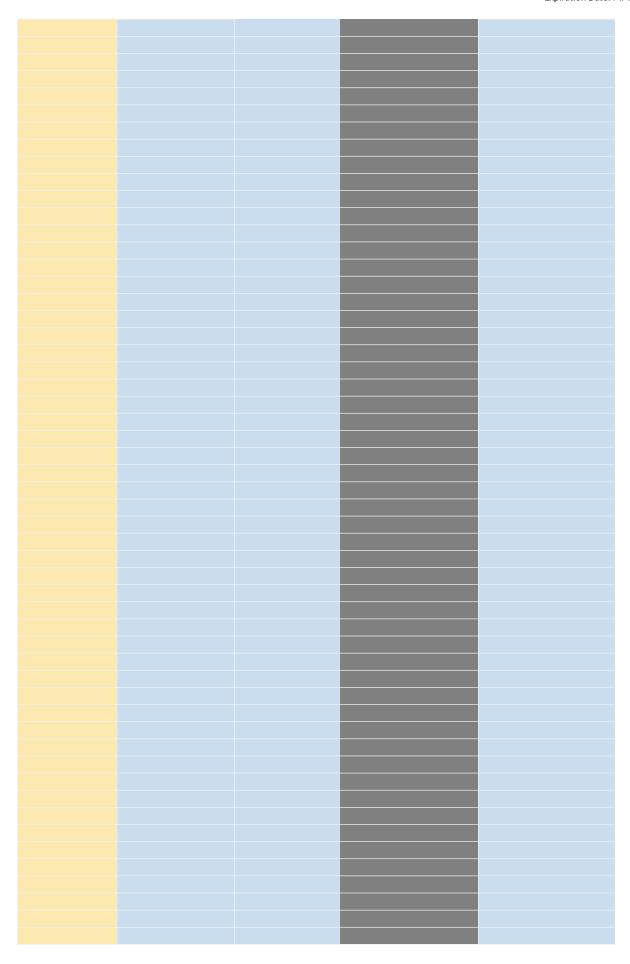


		Table 15f. Battery Warr	anty - provide all applica	ble options
Estimated Range in Miles (for onroad battery electric only - manufacturer- provided information)	Estimated Range in Hours (for nonroad battery electric only - manufacturer- provided information)	Is the Battery Warranty Included? (select Yes/No from dropdown)	Battery Warranty: Number of Years	Battery Warranty: Number of Miles
Example: 200	Example: 16	Example: Yes	Example: 8	Example: 120,000

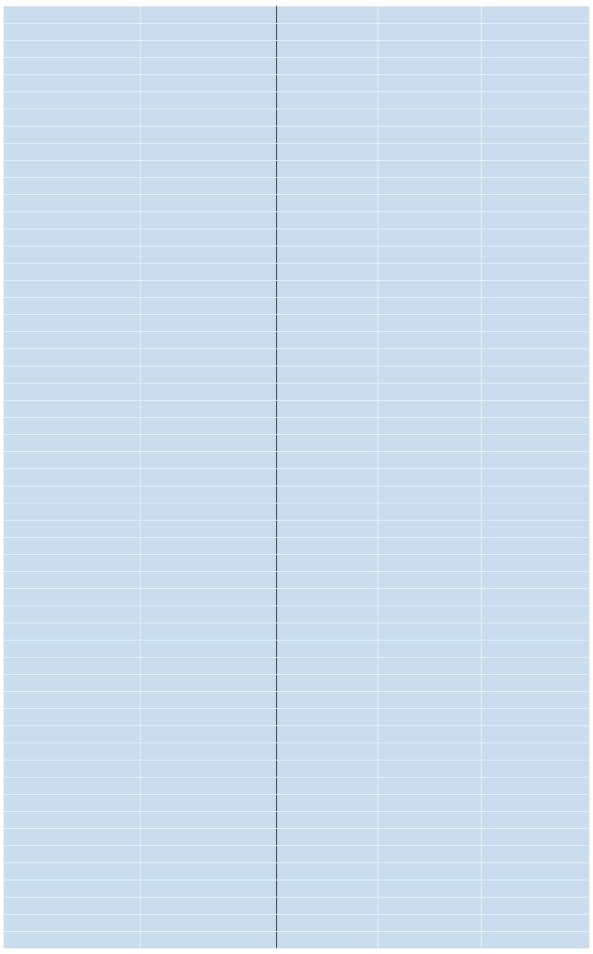


	Table 15g. Powertrain Warranty					
attery Warranty: Total MWh f Energy discharge over Varranty Period 1 MWh = 1,000 kWh)	Powertrain Warranty Included? (select Yes/No from dropdown)	Powertrain Warranty: Number of Years	Powertrain Warranty: Number of Miles	Powertrain Warranty: Number of Hours		
Example: 125	Example: Yes	Example: 8	Example: 150,000	Example: 160,000		

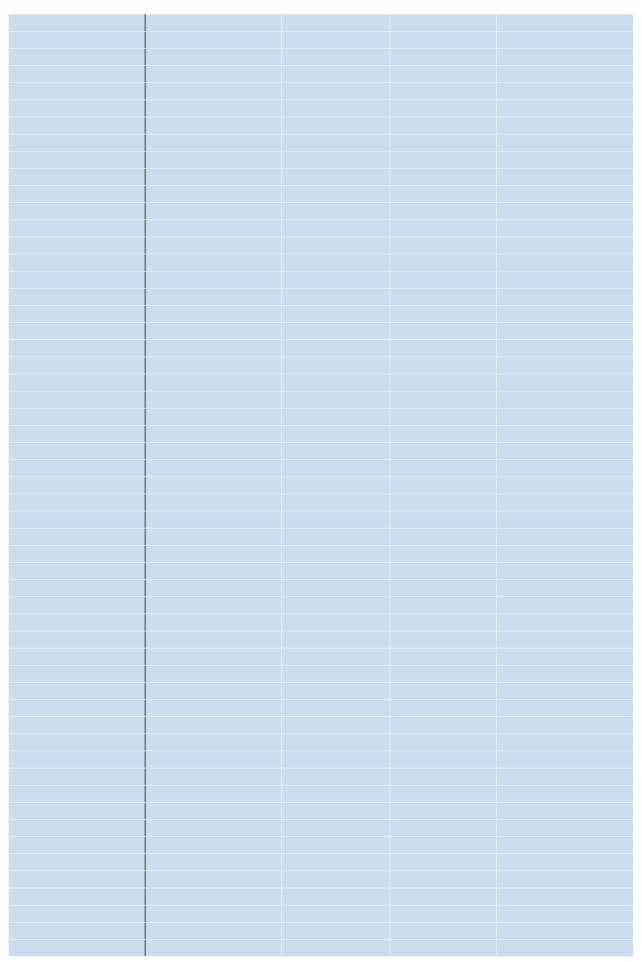


Table 15h. Vehicle or Equipmen	Table 15i. Emergency Power Systems		
Manufacturer of Fuel Cell System (if known)	Fuel Cell Capacity (kW)	Hydrogen Fuel Tank Capacity (kg)	Vehicle or Equipment Equipped with Internal Combustion Engine (ICE) Emergency Power Unit? (select Yes/No from dropdown)
Example: Fuel Cell Co.	Example: 140	Example: 800	Example: Yes

	Table 15j. Vehicle or Equipmen	t BABA Details	
If equipped with ICE Emergency Power Type, describe the ICE Emergency Power Type (if not applicable, then NA)	Is the Vehicle or Equipment BABA Compliant? (select from dropdown)	If No, explain	Is a waiver being used to fulfill BABA compliance for the Vehicle or Equipment? (select from dropdown)
Example: diesel powered generator	Example: Yes - Vehicle or Equipment are BABA Compliant	Example: No, pursuing applicable waiver	Example: No - Vehicle or Equipment meets all BABA requirements

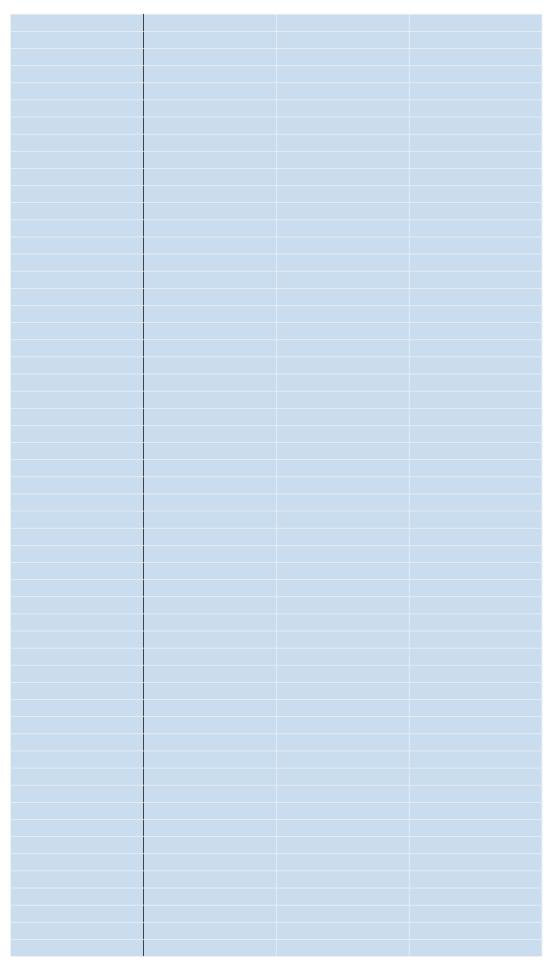


	Table 15k. Vehicle or Equipm	ent Expected Useful Life	
If Yes - Other, explain	Date in Service for New Vehicle or Equipment or Powertrain (mm/dd/yyyy)	Expected Useful Life of Vehicle or Equipment or Powertrain: Number of Years	Basis for Expected Useful Life of Vehicle or Equipment or Powertrain (e.g., manufacturer data or evidence from prior deployments)
	Example: 01/01/2026	Example: 30	Example: Prior deployment of similar equipment

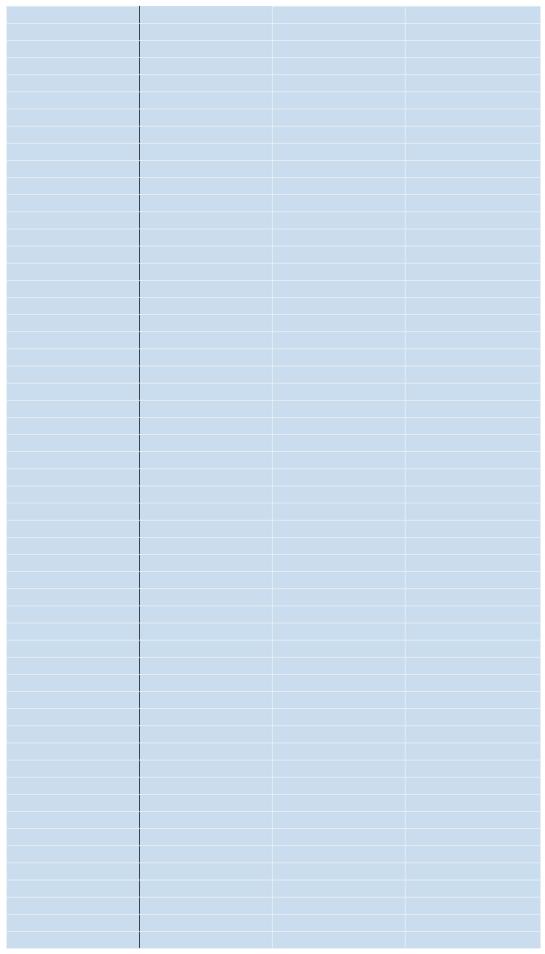
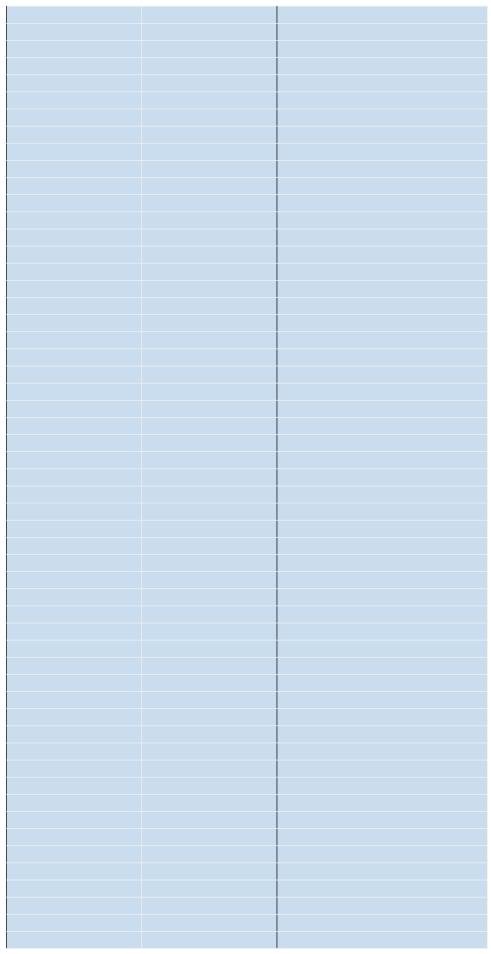
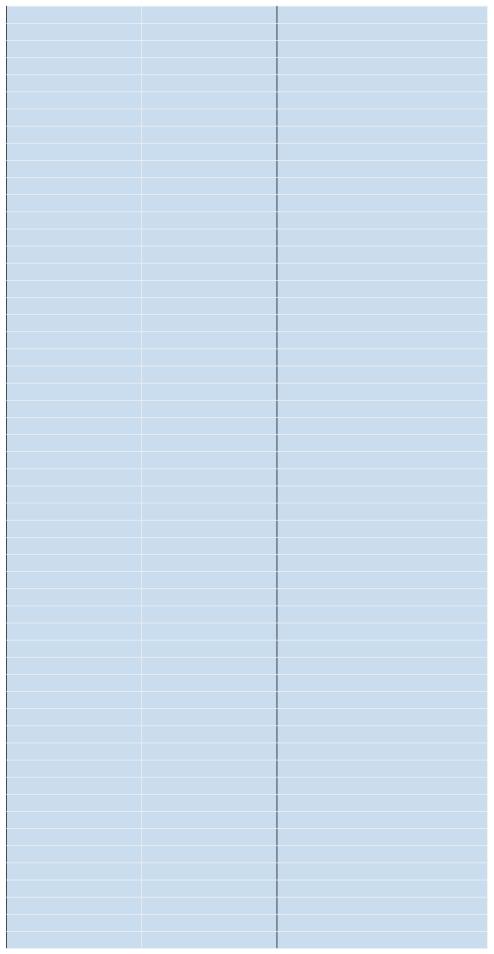
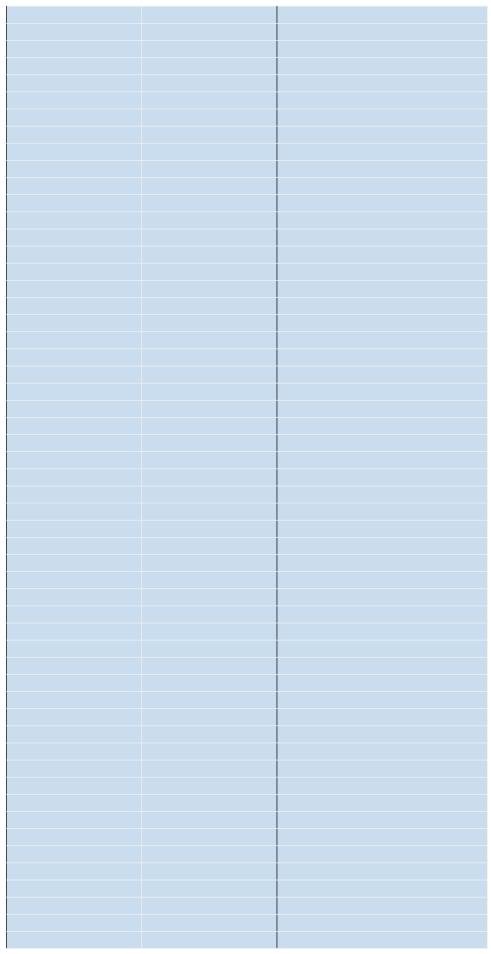
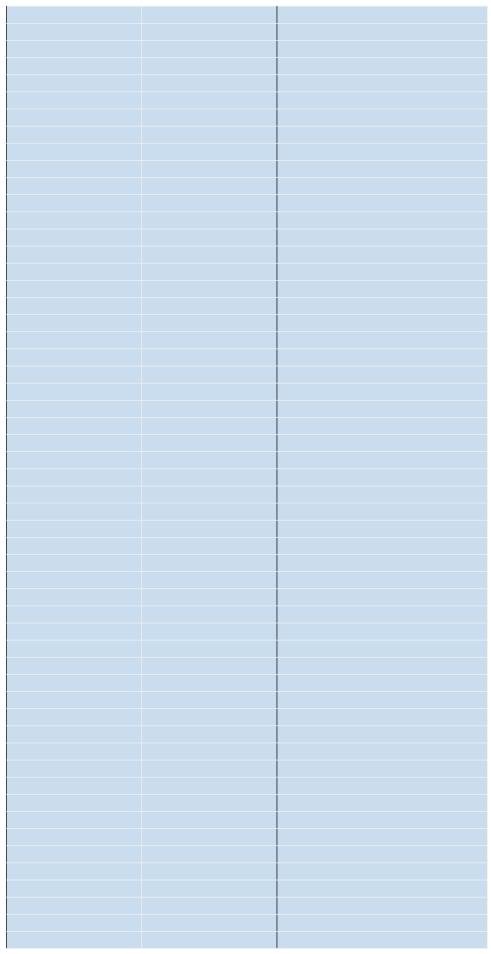


Table 15I. Performance Monitor	ring	Table 15m. Year 1 Vehicle or Equipment Activity D
Vehicle or Equipment Equipped with Telematics? (select Yes/No from dropdown)	If Yes, Name of the Telematics Service Provider	Vehicle or Equipment Annual Hours of Operation (for Locomotives, Harbor Craft, Cargo Handling Equipment, and other eligible Non-road Equipment) Year 1
Example: Yes	Example: Telematics and Co.	Example: 10,000

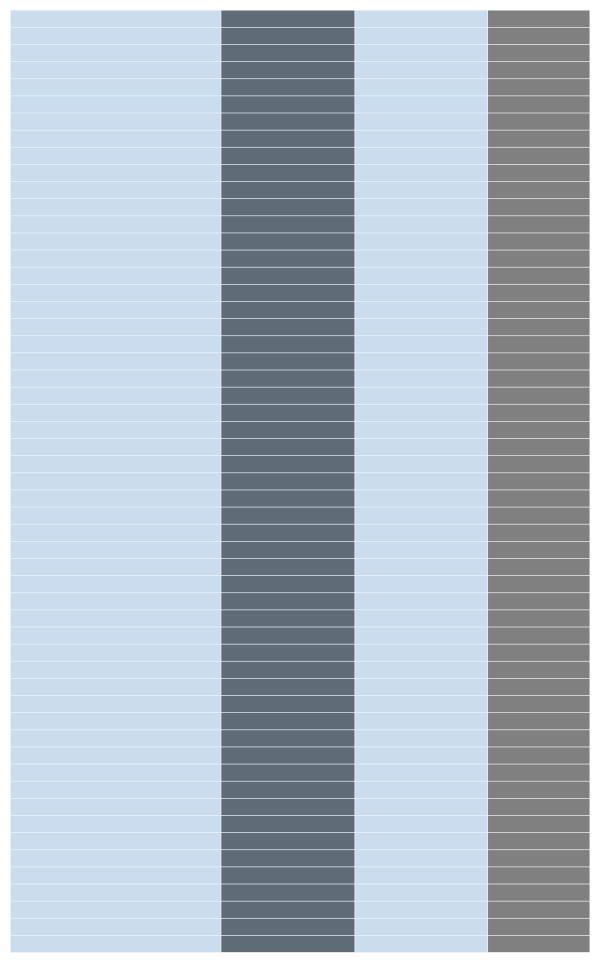


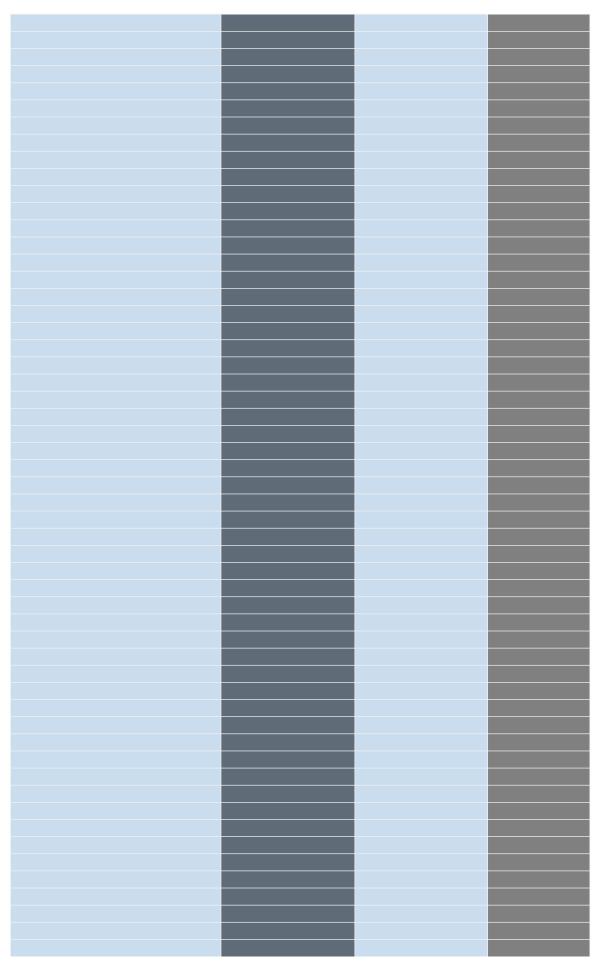


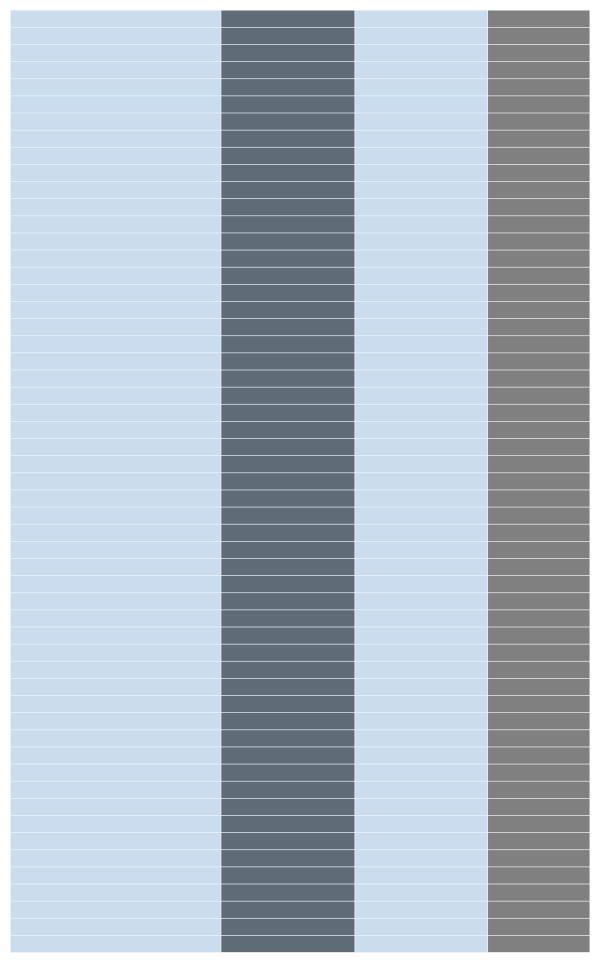


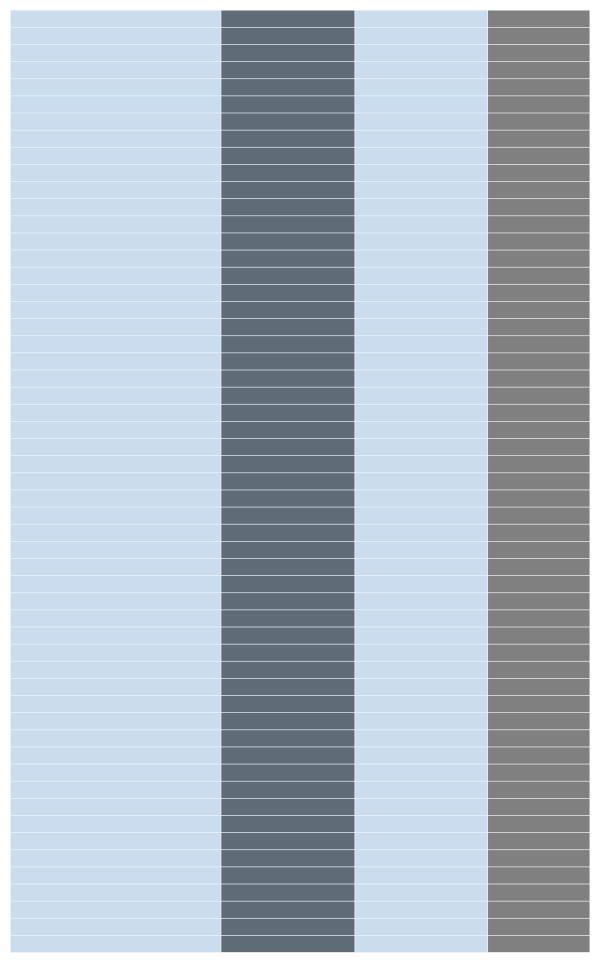


lata and Serving a Port Verification	eata and Serving a Port Verification			
Share of Hours serving Ports included in Project (for Locomotives, Harbor Craft, Cargo Handling Equipment, and other eligible Non-road Equipment; enter value from 0% to 100%) Year 1	Vehicle Annual Miles Traveled (miles per vehicle; onroad only) Year 1	Annual Number of Visits to Ports Included in this Project (onroad, locomotive, and marine/ harbor vessels only) Year 1	Number of Days Operating at Ports included in Project (locomotive only) Year 1	
Example: 90%	Example: 100,000	365	165	









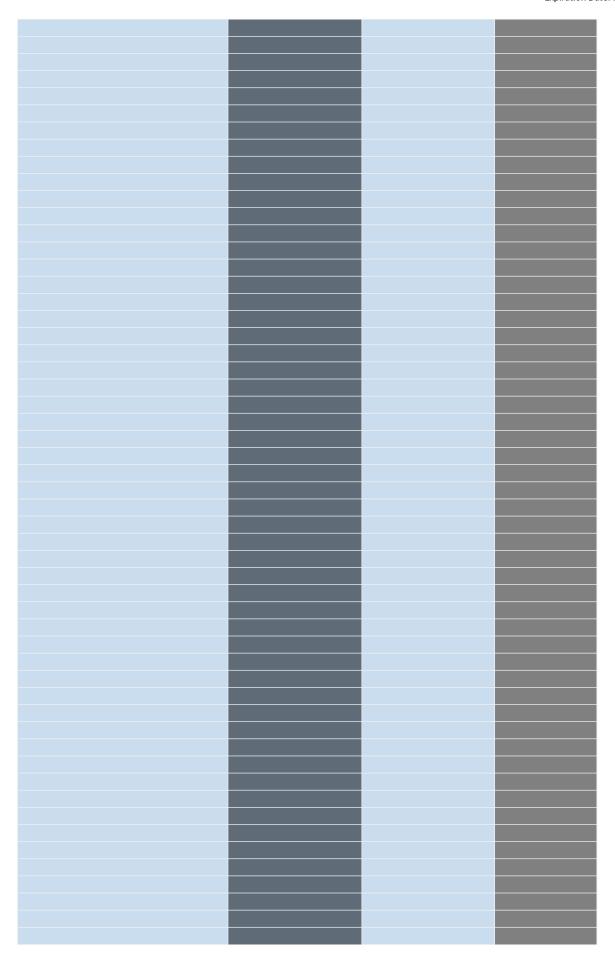
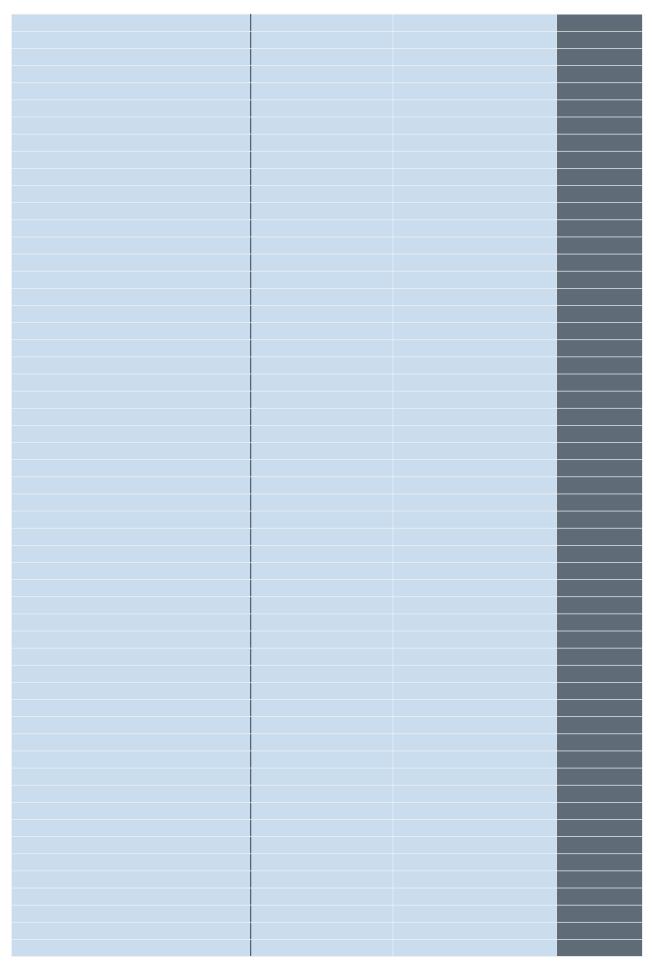
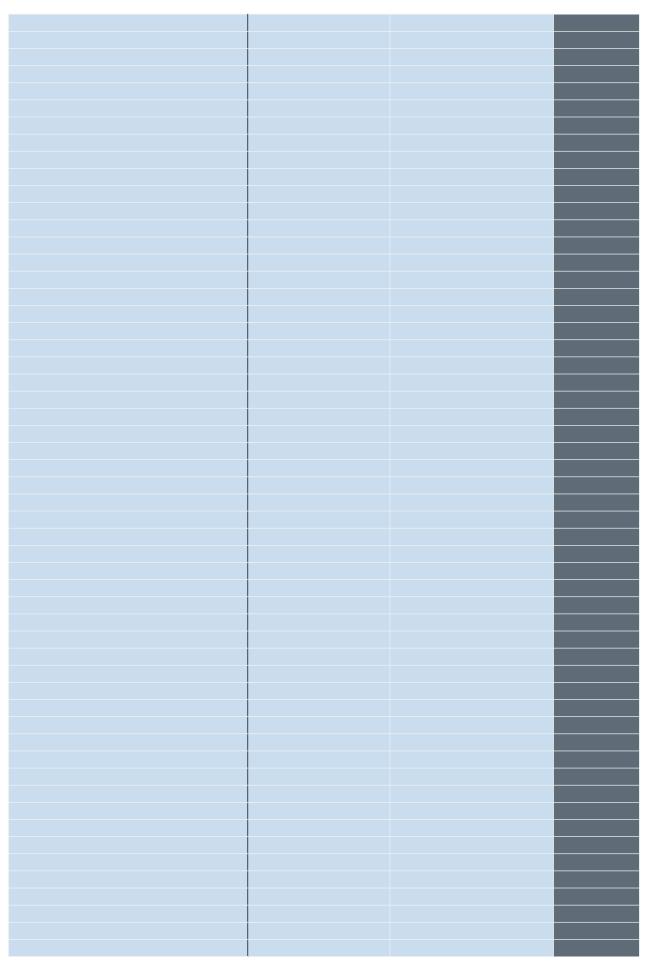
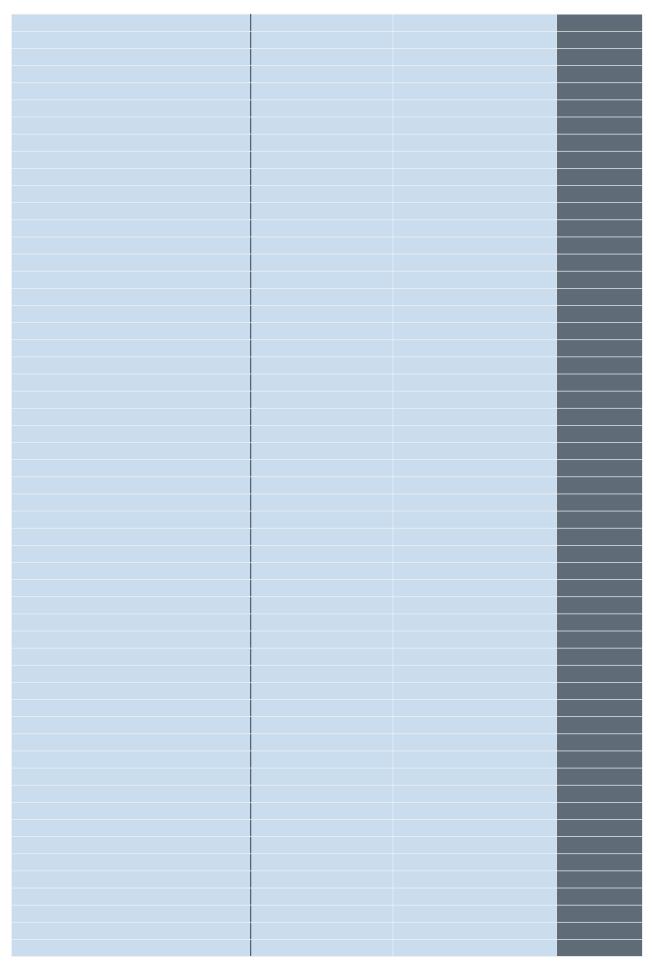
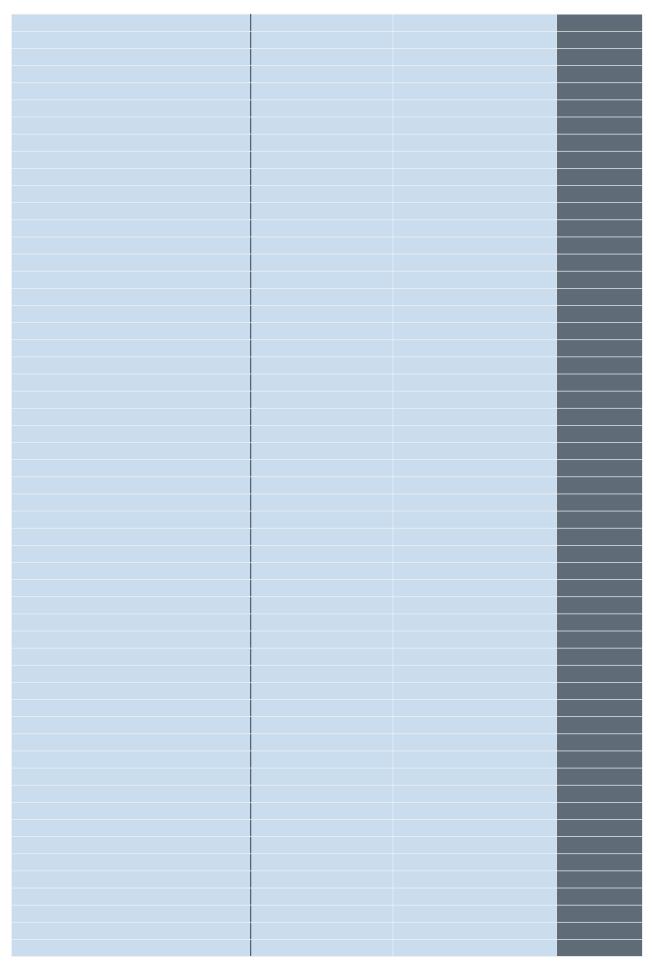


	Table 15n. Year 2 Vehicle or Equ	ipment Activity Data and Serving a Port	Verification
pe of Annual Values for Vehicle or Equipment Activity Ita Reported in Table 15m elect from dropdown) Iar 1	Vehicle or Equipment Annual Hours of Operation (for Locomotives, Harbor Craft, Cargo Handling Equipment, and other eligible Non-road Equipment) Year 2	Share of Hours serving Ports included in Project (for Locomotives, Harbor Craft, Cargo Handling Equipment, and other eligible Non-road Equipment; enter value from 0% to 100%) Year 2	(miles per vehicle
xample: Estimated based on incomplete observed data	Example: 10,000	Example: 90%	Example: 100,00









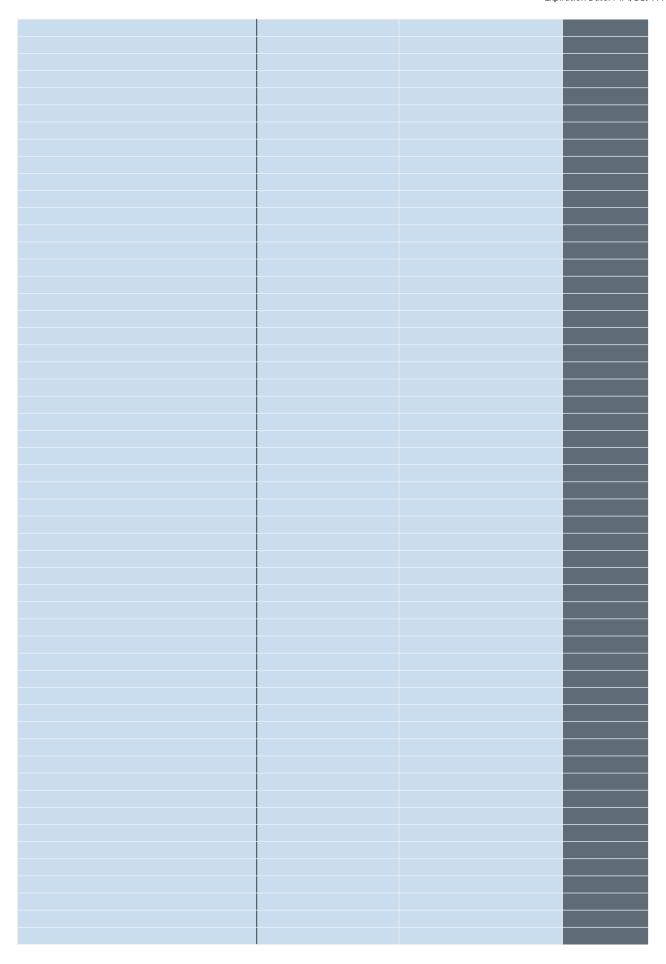
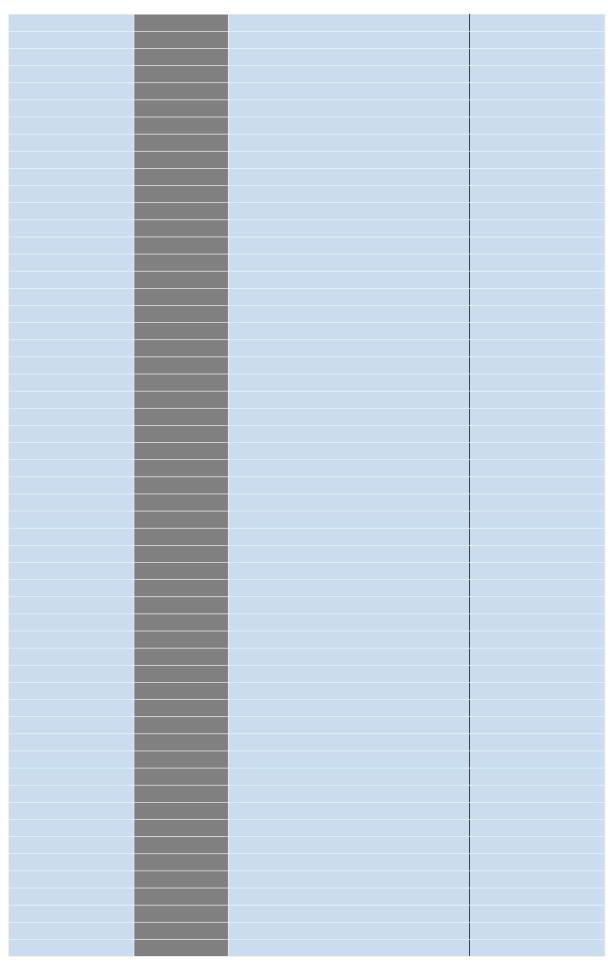
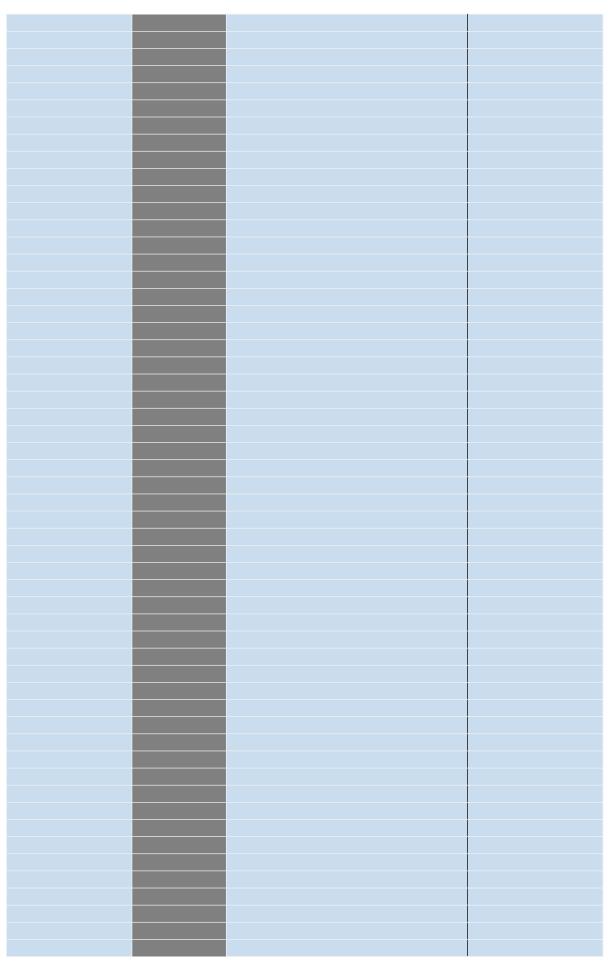
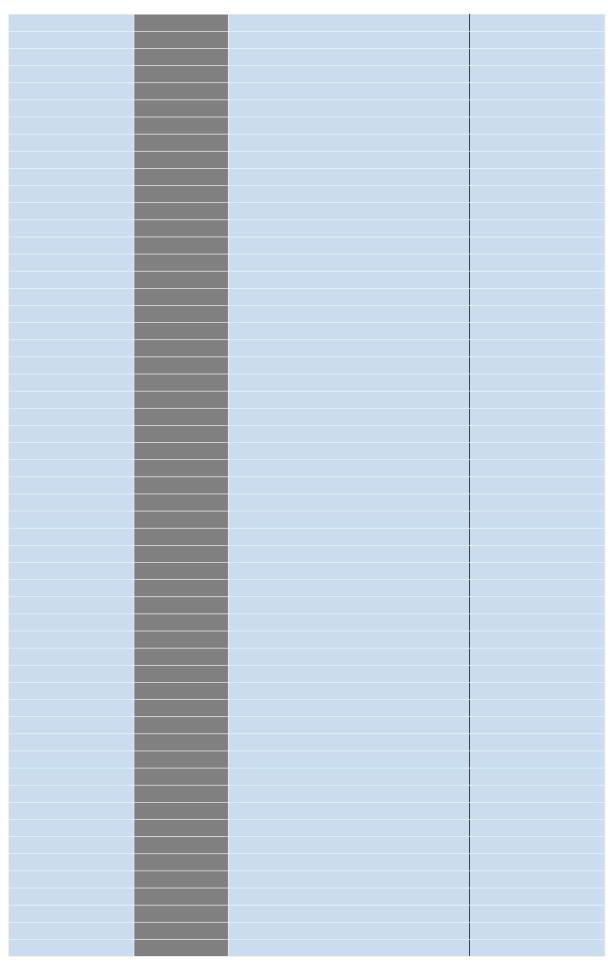
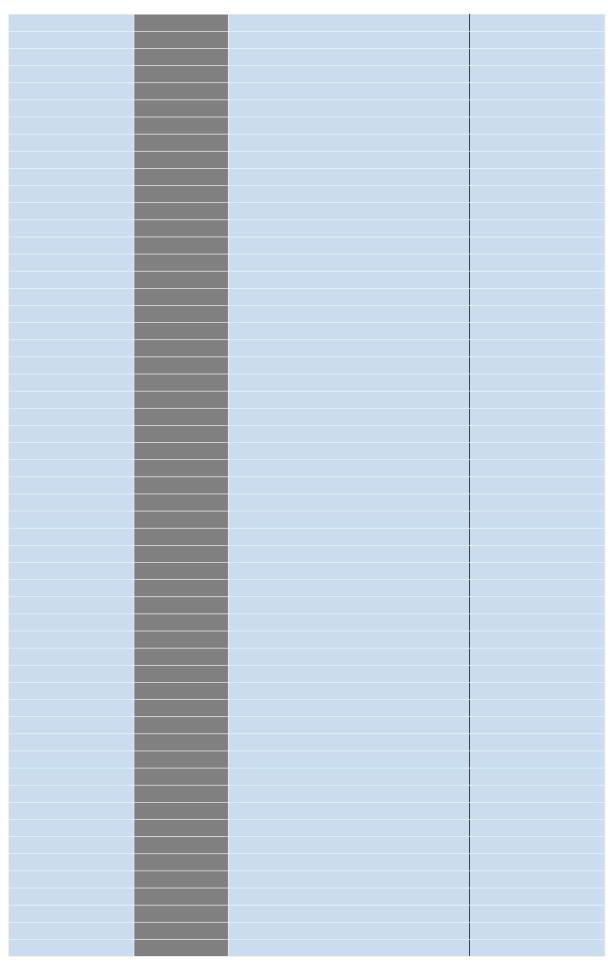


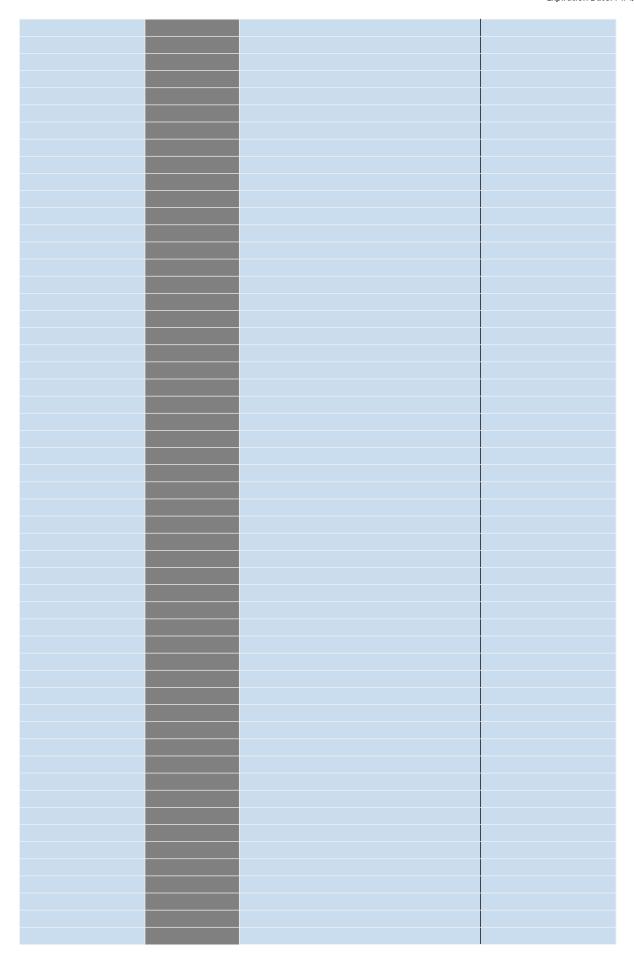
			Table 150. Year 3 Vehicle or Equ
Annual Number of Visits to Ports Included in this Project (onroad, locomotive, and marine/ harbor vessels only) Year 2	included in Project	Type of Annual Values for Vehicle or Equipment Activity Data Reported in Table 15n (select from dropdown) Year 2	Vehicle or Equipment Annual Hours of Operation (for Locomotives, Harbor Craft, Cargo Handling Equipment, and other eligible Non-road Equipment) Year 3
365	165	Example: Estimated based on incomplete observed data	Example: 10,000



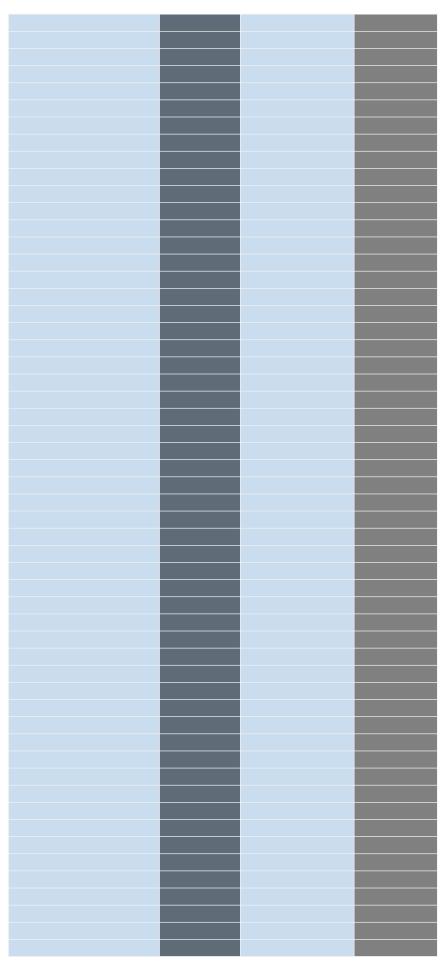








ipment Activity Data and Serving a Port Verification						
princite receivity bata and berving a	r ore vermeation					
Share of Hours serving Ports included in Project (for Locomotives, Harbor Craft, Cargo Handling Equipment, and other eligible Non-road Equipment; enter value from 0% to 100%)	Vehicle Annual Miles Traveled (miles per vehicle; onroad only) Year 3	Annual Number of Visits to Ports Included in this Project (onroad, locomotive, and marine/ harbor vessels only) Year 3	Number of Days Operating at Ports included in Project (locomotive only) Year 3			
Example: 90%	Example: 100,000	365	165			



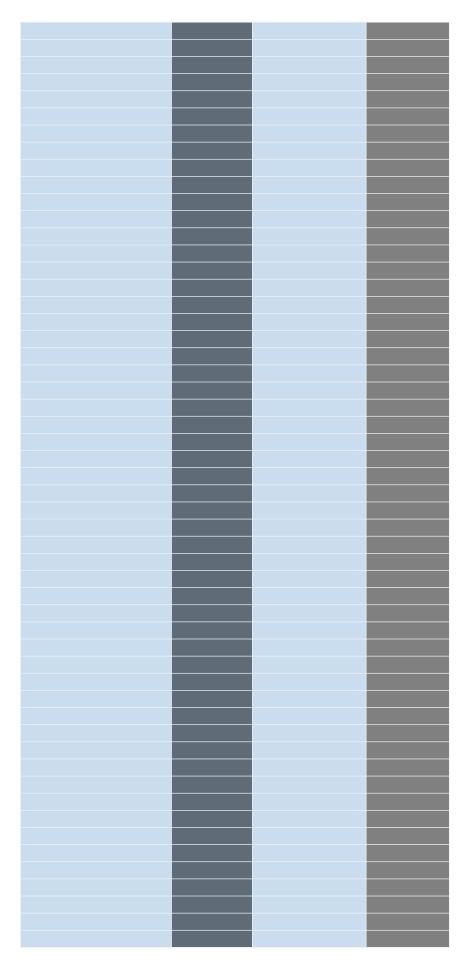
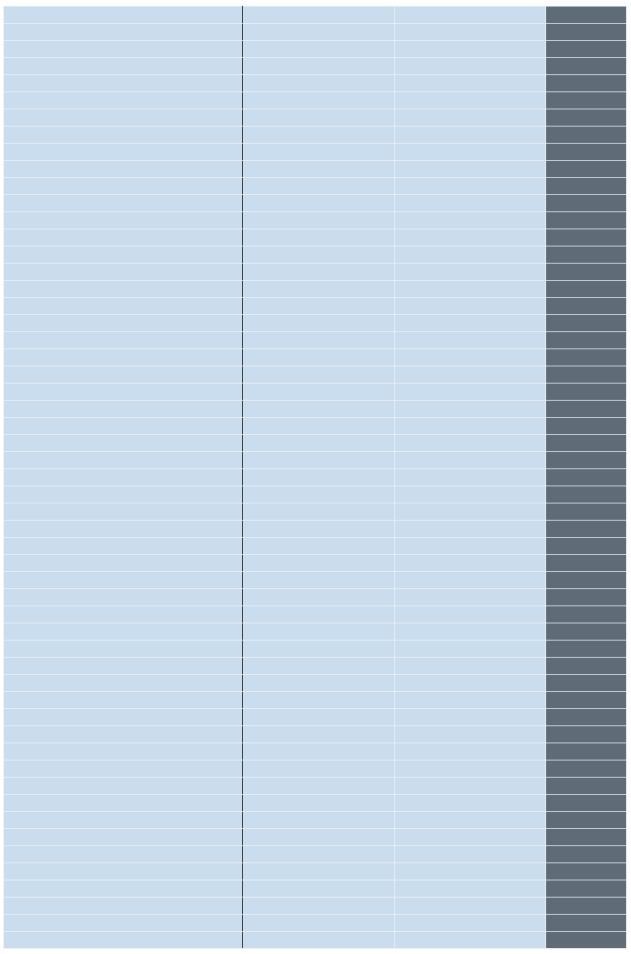
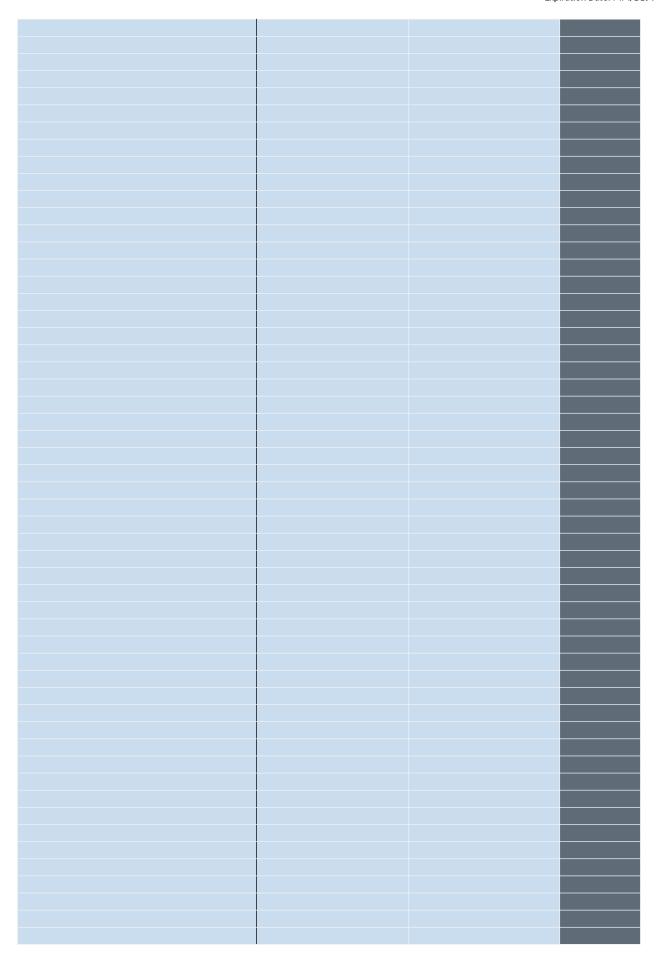
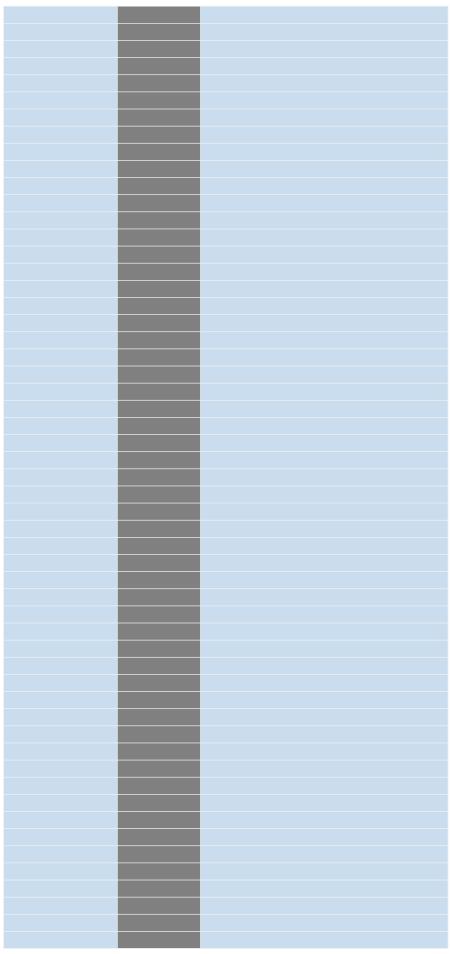


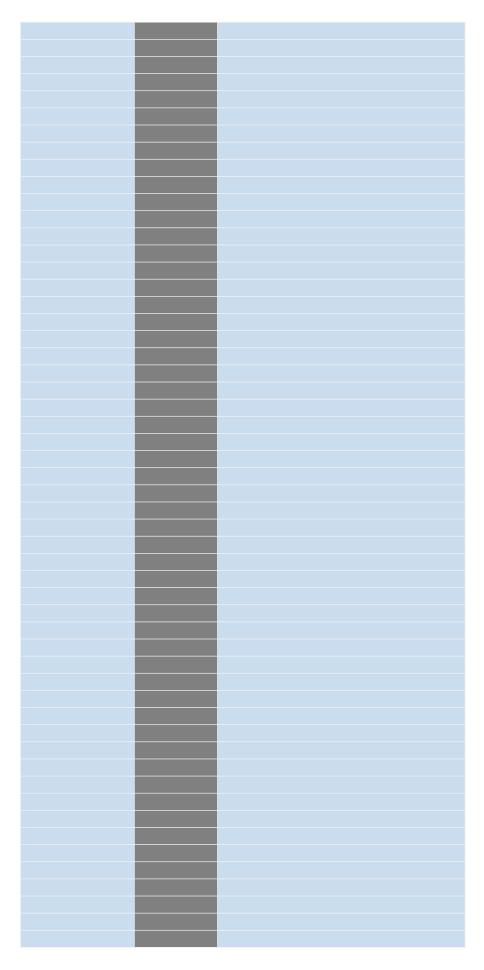
	Table 15p. Year 4 Vehicle or Equipm	nent Activity Data and Serving a Port	: Verification
	Vehicle or Equipment Annual Hours of Operation (for Locomotives, Harbor Craft, Cargo Handling Equipment, and other eligible Non-road Equipment) Year 4	Share of Hours serving Ports included in Project (for Locomotives, Harbor Craft, Cargo Handling Equipment, and other eligible Non-road Equipment; enter value from 0% to 100%) Year 4	Vehicle Annual Miles Traveled (miles per vehicle onroad only) Year 4
Example: Estimated based on incomplete observed data	Example: 10,000	Example: 90%	Example: 100,000





Annual Number of Visits to Ports Included in this Project (onroad, locomotive, and marine/ harbor vessels only) Year 4	Number of Days Operating at Ports included in Project (locomotive only) Year 4	Type of Annual Values for Vehicle or Equipment Activity Data Reported in Table 15p (select from dropdown) Year 4
365	165	Example: Estimated based on incomplete observed data





OMB Control Number: 2060-0754 Expiration Date: MM/DD/YYYY

## U. S. Environmental Protection Agency

Clean Ports Program | Zero-Emission Technology Deploym

Scrappage Information

## Instructions

The Scrappage and/or Disposal Information table should detail all vehicles and pieces of equipment that will be scrapped under the project. populate automatically. This Scrappage Information table is connected to the New Fleet Description (Tab 15), and fields in yellow will autop vehicles or equipment. Please refer to the Data Dictionary for additional guidance on each field.

Table 16	6. Current Vehicle o	r Equipment Comi	nitted for Scrap	page Informatio	n
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Table 16. Current Vehicle or Equipment Committed for Scrappage Information  Table 16a. Basic Fleet Information and Place(s) of Performance   Note: Yellow fields for the Basic Fleet Information will Automatically Po				
Current Vehicle or Equipment (user is encouraged to modify values in this column. This is used to identify equipment when completing other tabs)	Does this scrapped vehicle or equipment correspond to any New Vehicle or Equipment from 'New Fleet Description' table? (select yes or no from dropdown; if no, proceed to Column AA)	(select 'New Vehicle/Equipment from	Affiliated Subawardee (if part of subaward; select subawardee from dropdown, based on entries into Table 2c)	
Example: Old Vehicle	Example Yes	Example: New Vehicle 01	Example: Subawardee Organization 1	
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Please only fill out shaded cells highlighted **blue** with a diagonal pattern (///); fields in **yellow** will opulate with corresponding entries from the previous page. The sheet has capacity for 300

pulate upon selecting th	e corresponding new equ	ipment				
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	Primary Place of Performance					
Vehicle or Equipment Operates in Multiple Performance Locations Within this project? (Yes/No)	Primary Port or Port Facility	If Primary location of vehicle/equipment is not at a port or port facility listed in Table 3a, provide the Name of the Additional Project Location as listed in Table 3b	Project Site ID	State	County	City
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	Secondary Place of Performance (if applicable)					
FIPS Code	Secondary Port or Port Facility.	If Secondary location of vehicle/equipment is not at a port or port facility, provide the Name of the Additional Project Location_2	Project Site ID.	State,	County,	City.
Example: 12086	Example: Port Everglades	Example: Secondary Additional Project Location	Example: Project Site ID	Exampl e: FL	Example: Broward County	Example: Fort Lauderdale
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	Additional Location Details (if applicable)		
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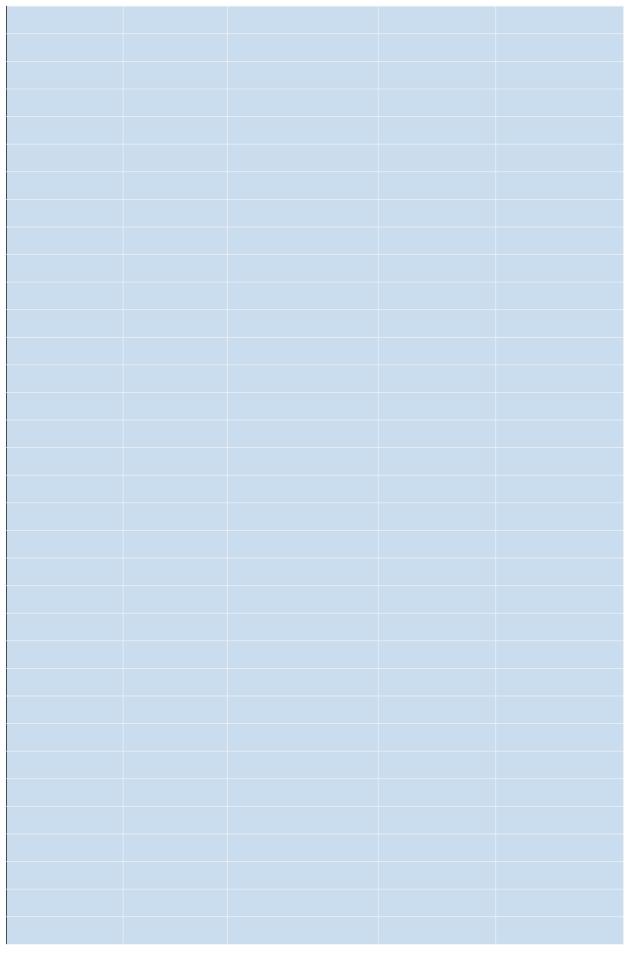
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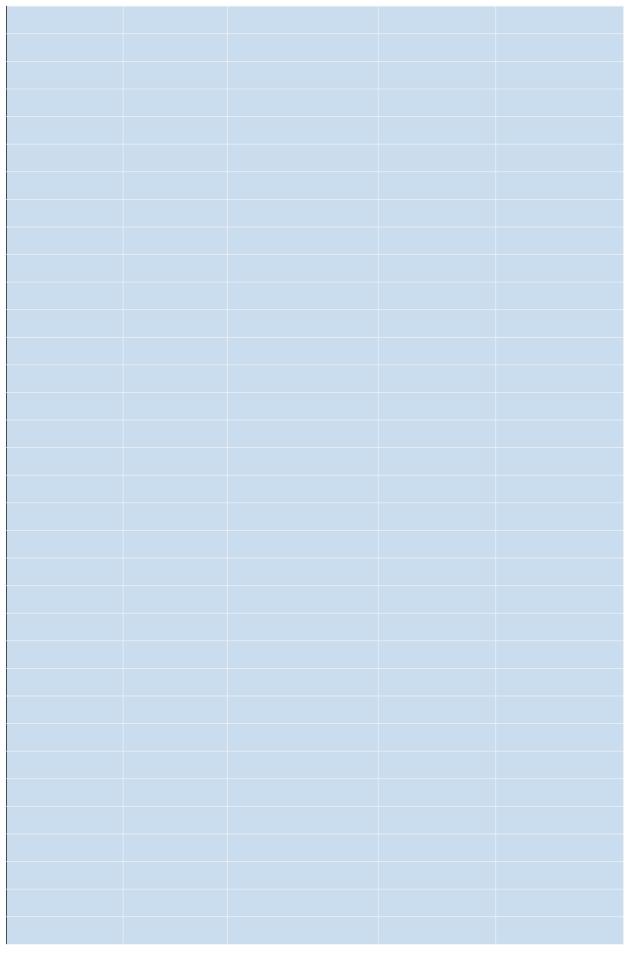
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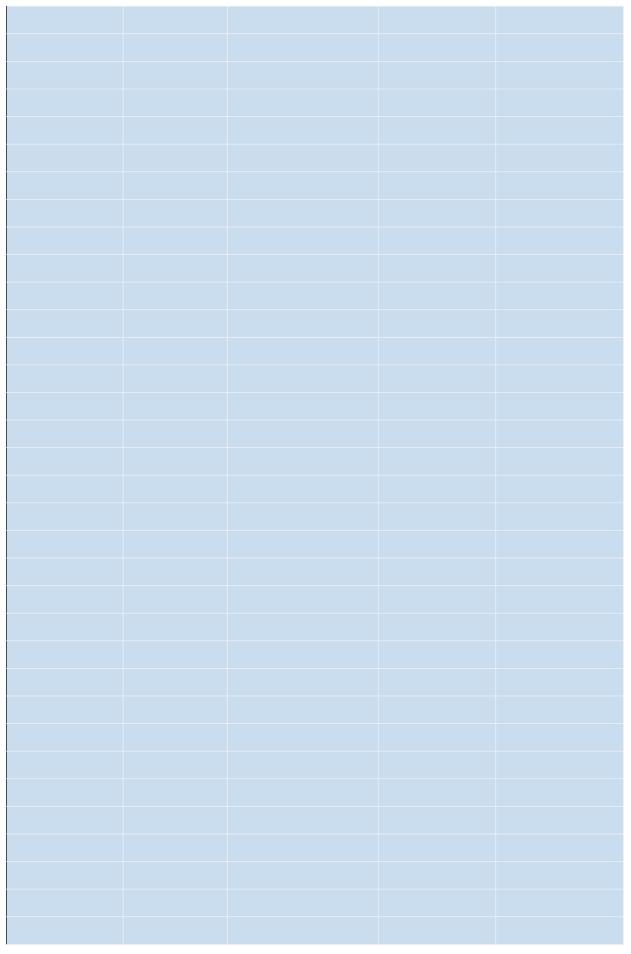
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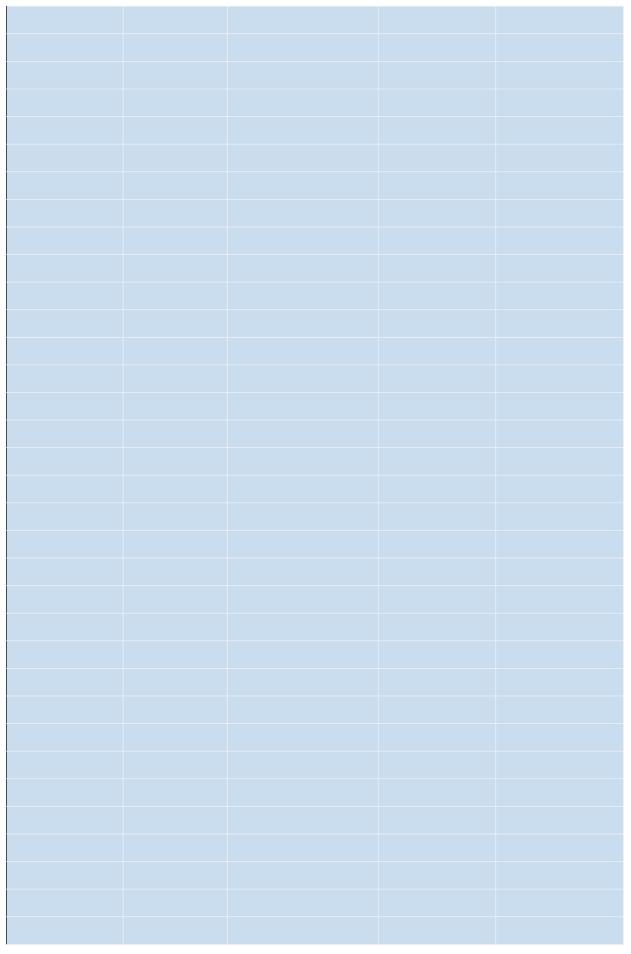
If this vehicle or equipment does not correspond to a 'New Vehicle/Equipment', provide the city in which this vehicle or equipment primarily operated in.	Vehicle or Equipment Type (select from dropdown)	Vehicle or Equipment Subtype (select option from dropdown that best matches vehicle or equipment; must select 'Vehicle or Equipment Type' first)	If 'Other/Not Listed' Subtype selected, please describe
Example: Miami	Example: Onroad	Example: Short Haul - Combination	

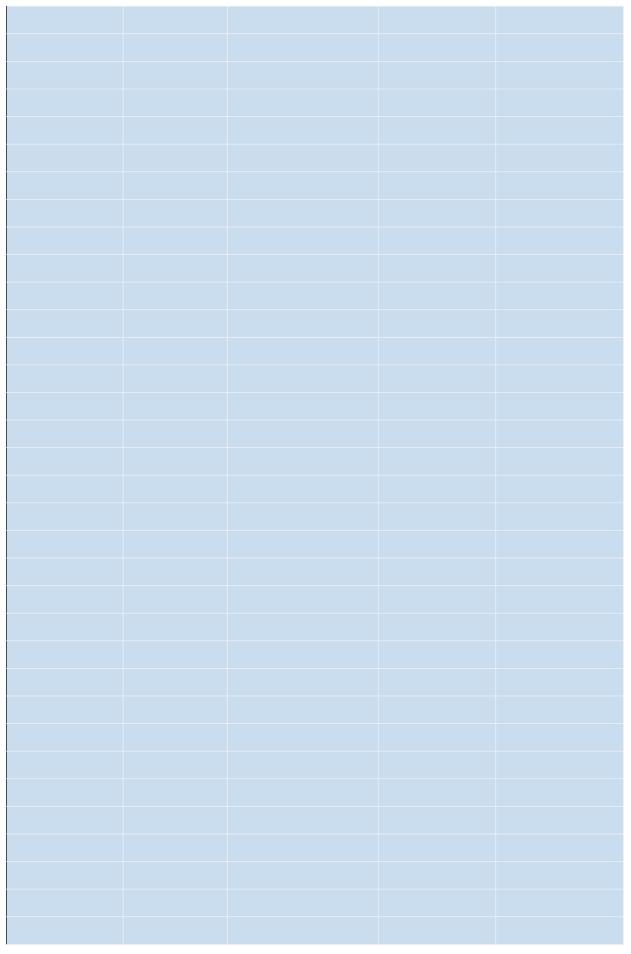
Table 16b. Current Vehicle or Equipment Specifications				
	. ,			
Current Vehicle Class (select from dropdown; onroad vehicles only)	Current Vehicle GVWR (onroad vehicles only)	Current Vehicle or Equipment Manufacturer	Current Vehicle or Equipment Model	Current Vehicle or Equipment Model Year
onroad venicles orny)				
Example: Class 7	#NAME?	#NAME?	Example: Taurus	Example: 1995

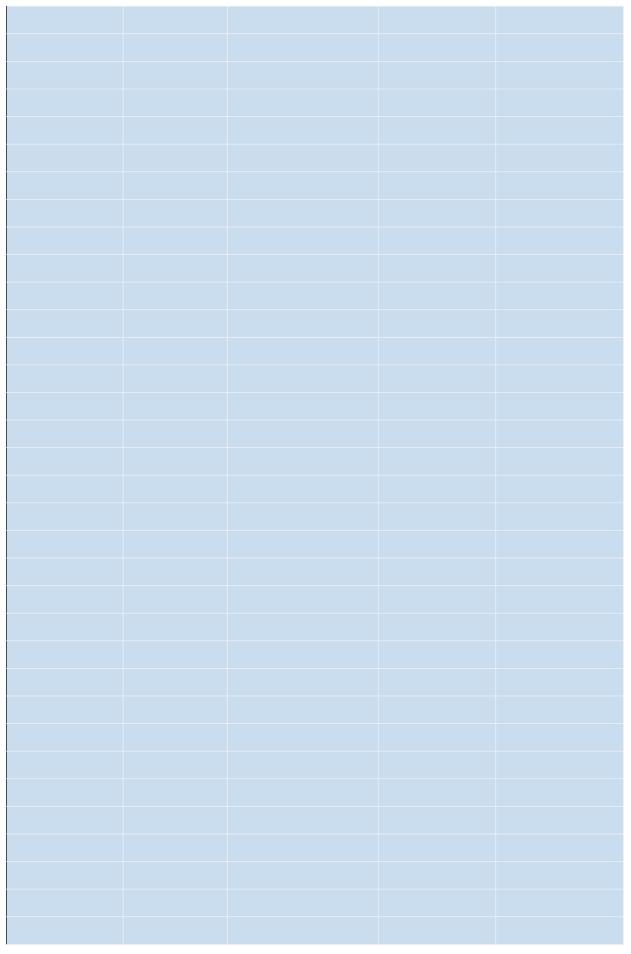


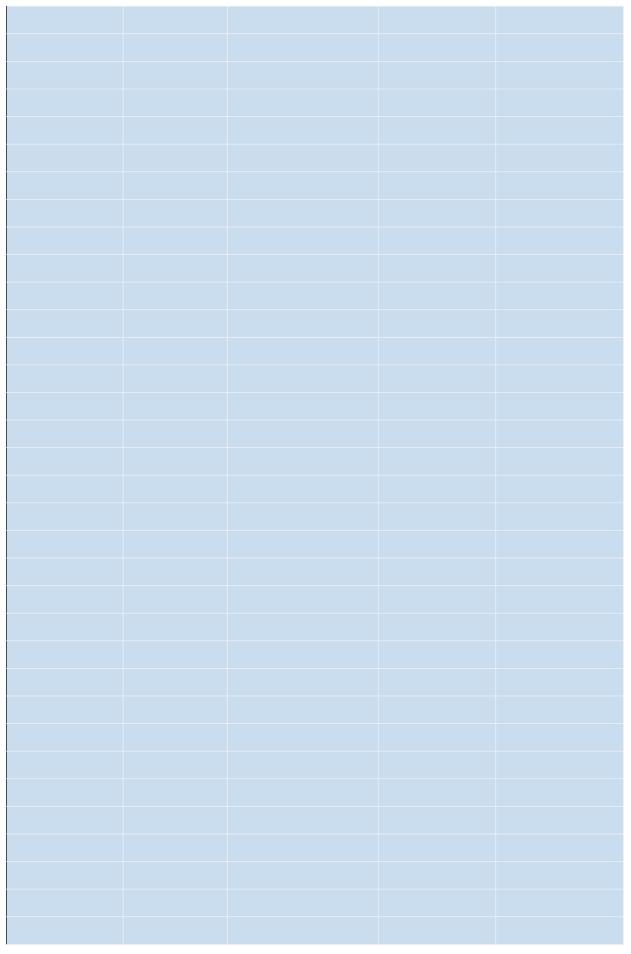


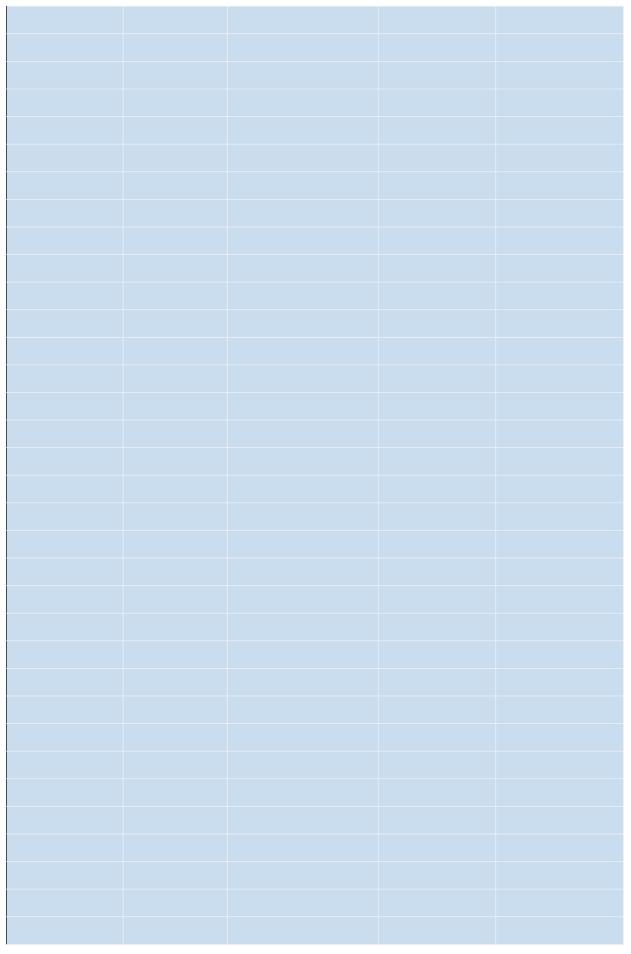




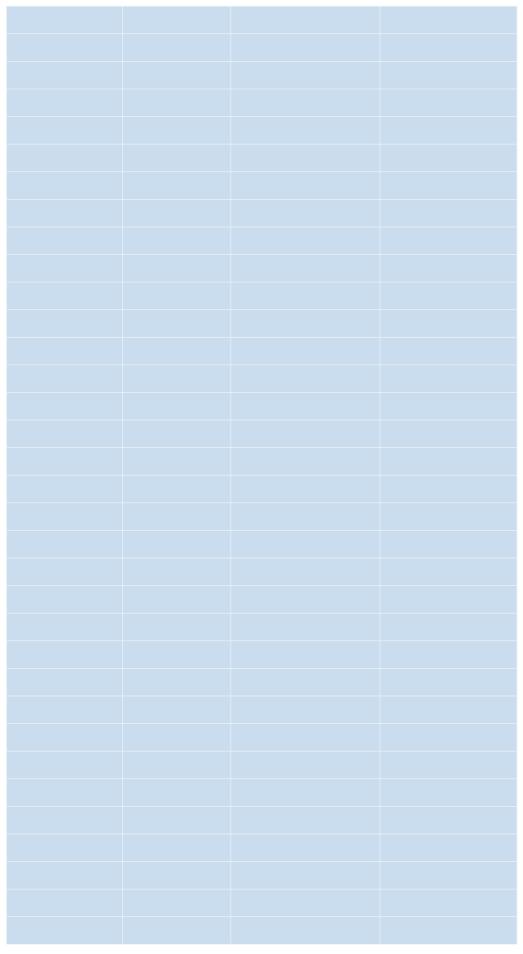


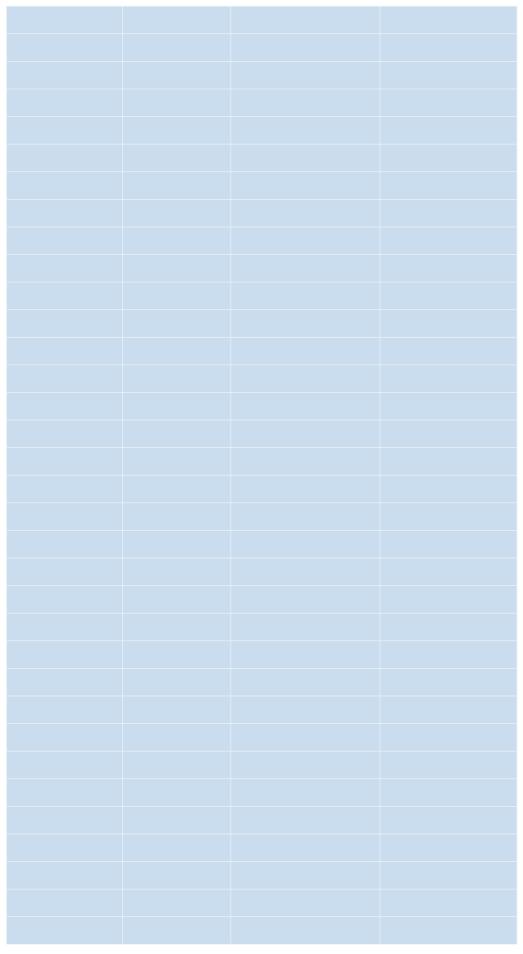


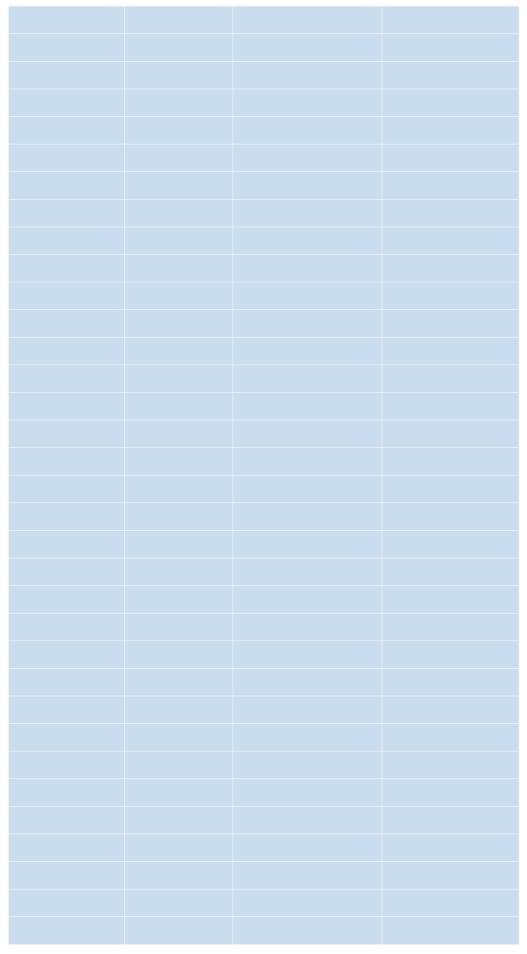


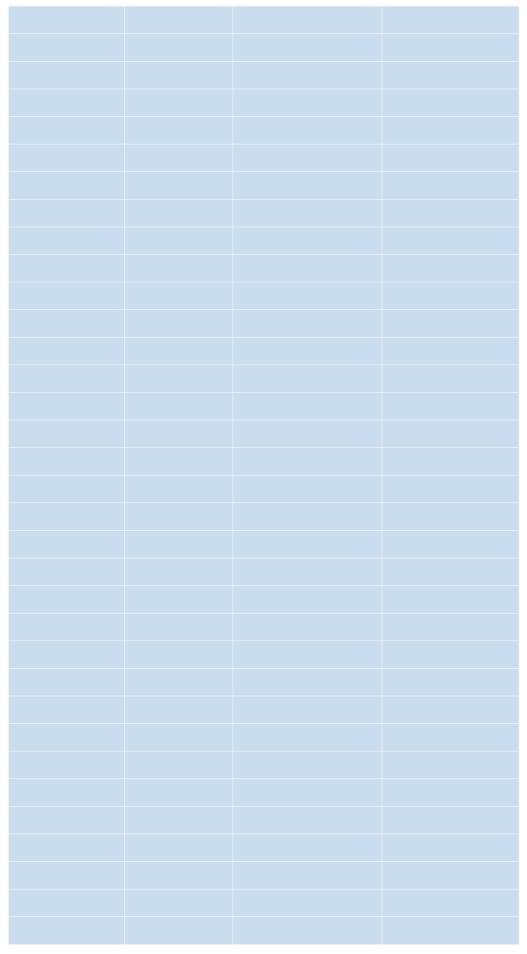


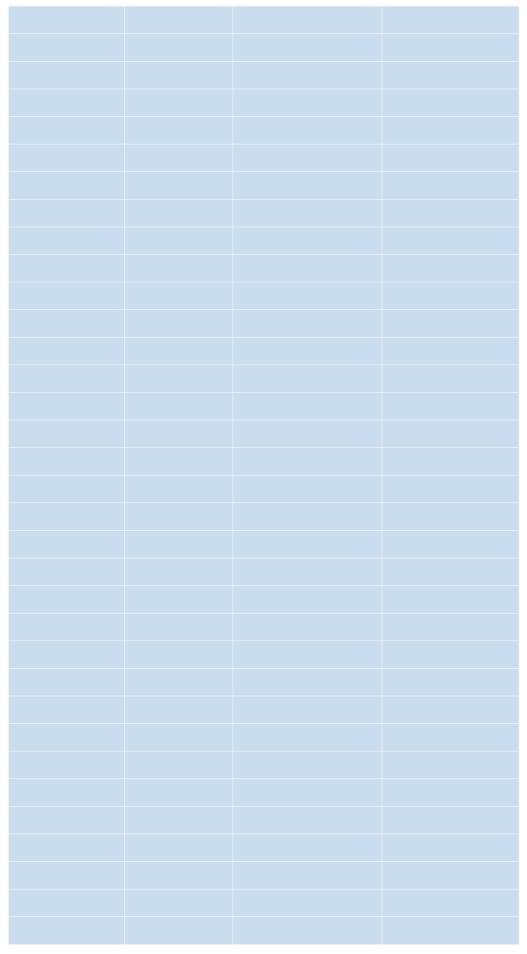
Current Fuel Type (select from dropdown)	Current Powertrain Family Name	Current Vehicle or Equipment Identification Number	Method of Vehicle or Equipment Scrappage (select from dropdown)
Example: ULSD (diesel)	Example: ABC	Example: 1234567890ABCDEFG	Example: Cutting a three-inch- by-three-inch hole in the engine block

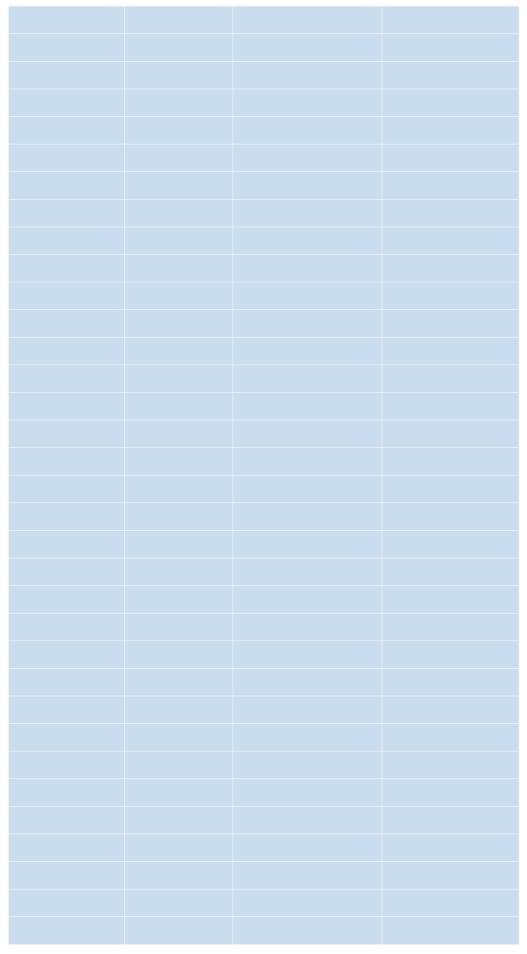


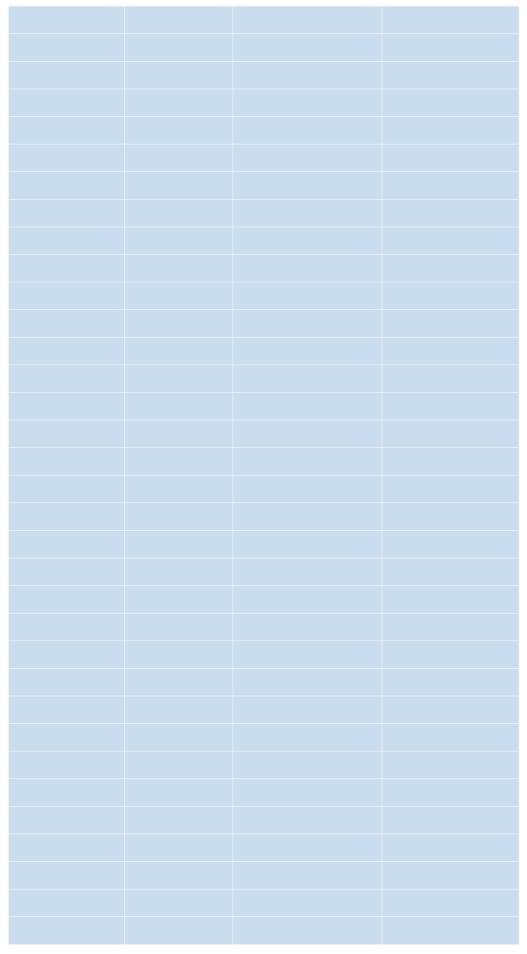












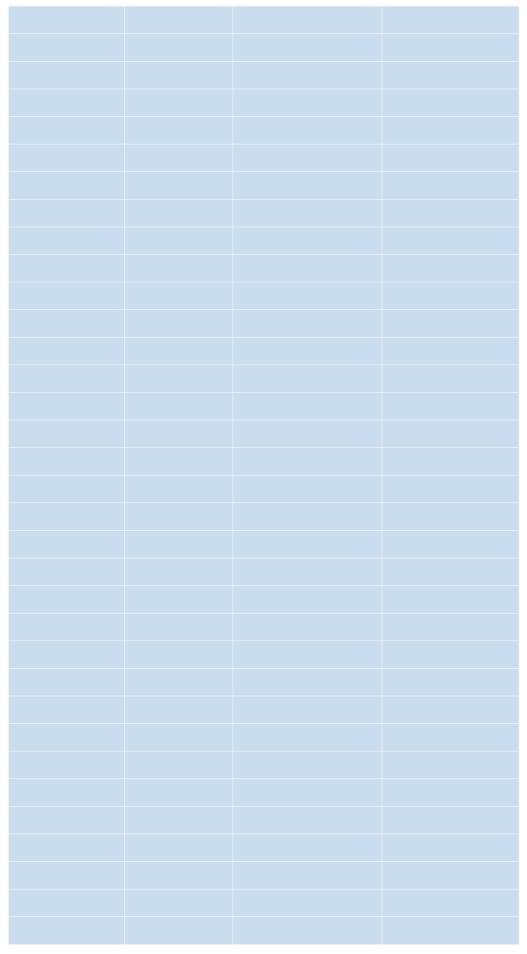
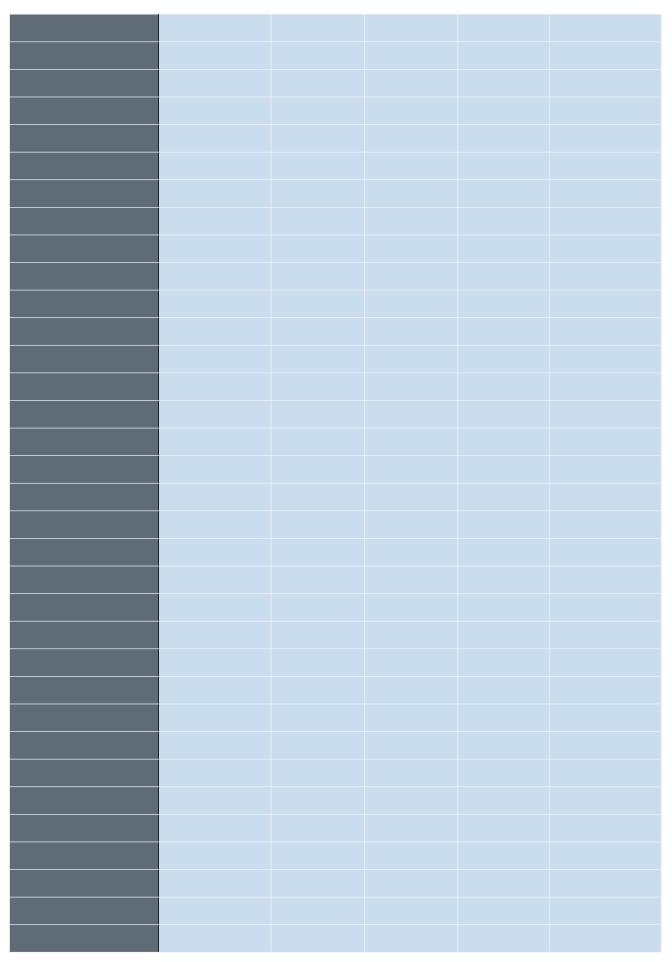
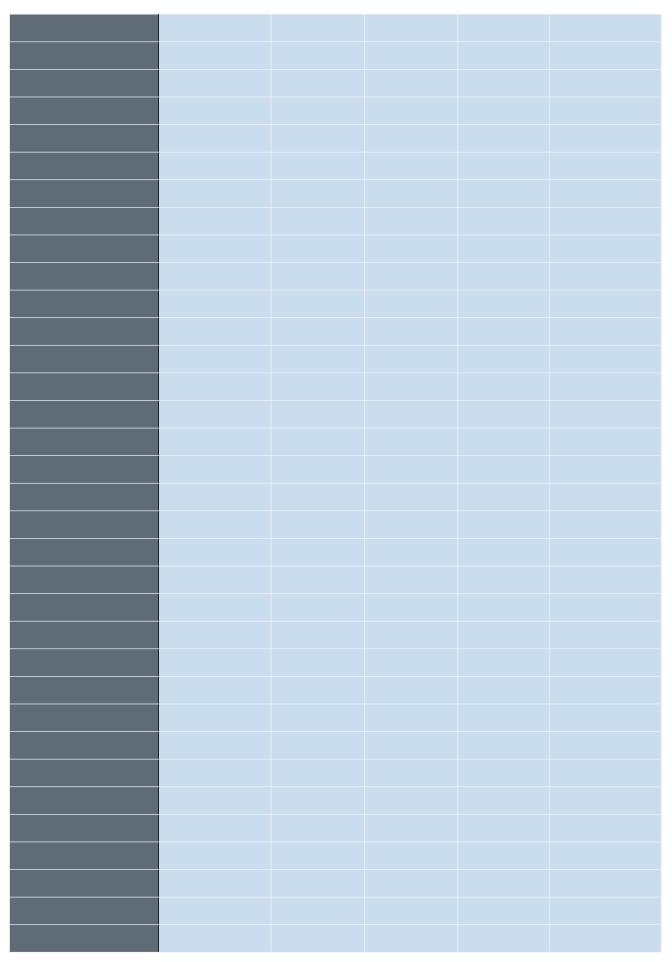
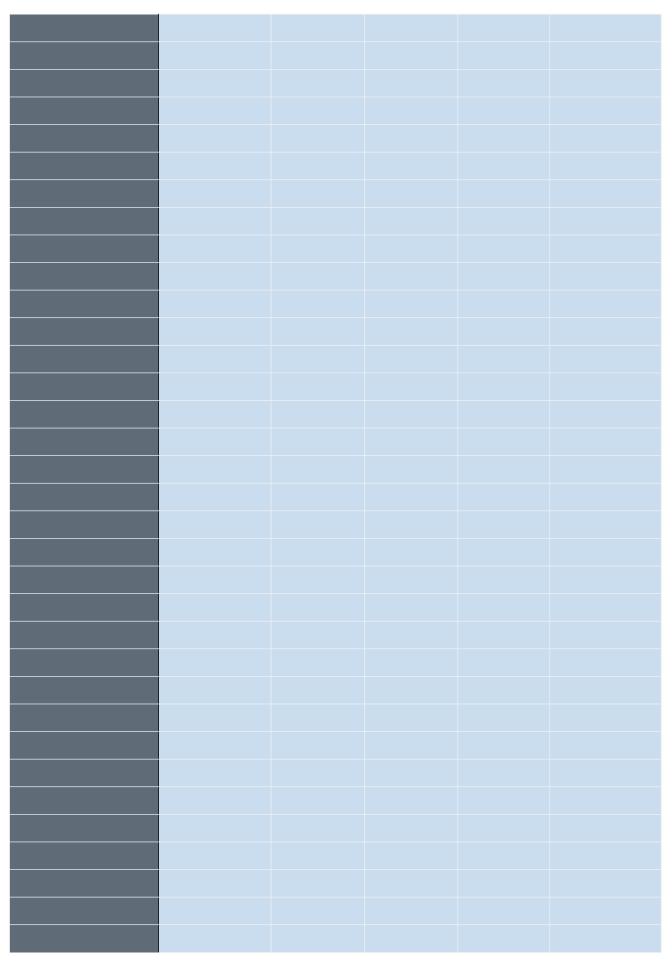
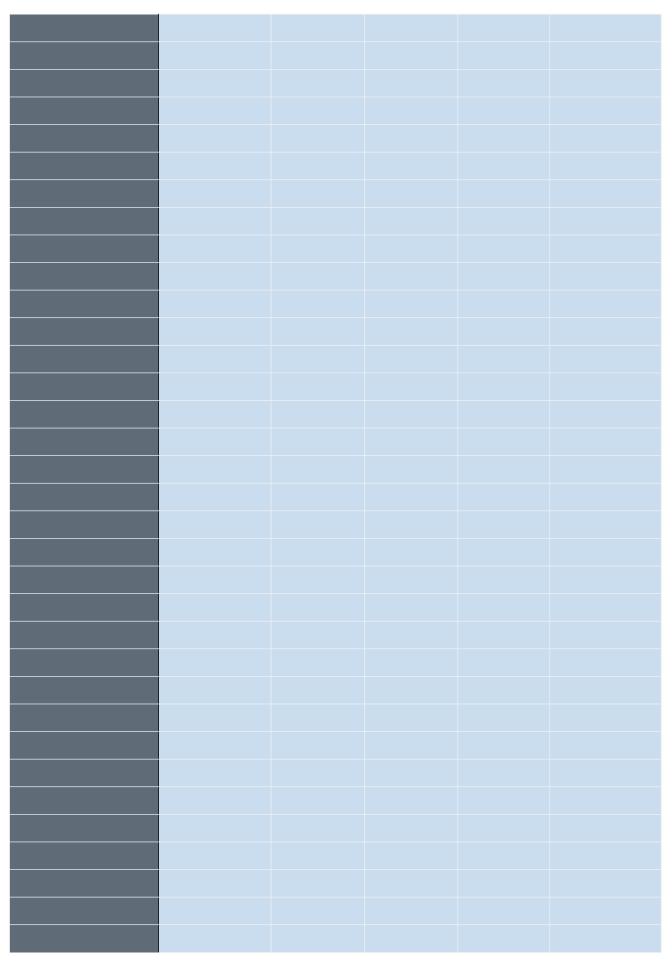


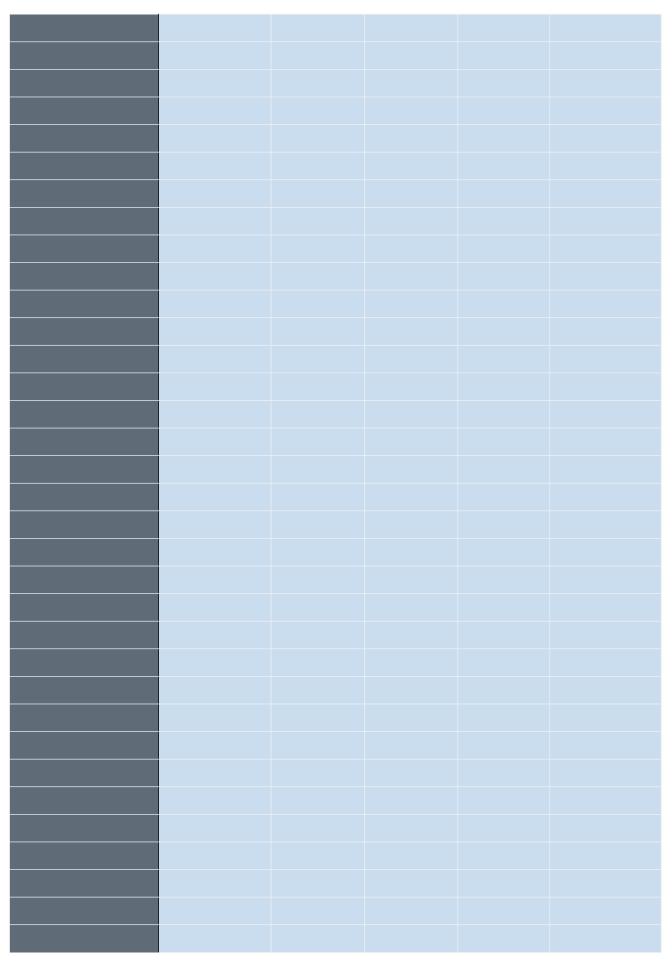
	Table 16c. Current Engine Information				
If Other Method of Vehicle or Equipment Scrappage, please briefly describe the alternative scrappage plan for this vehicle/equipment	Current Engine Serial Number(s)	Current Engine Make	Current Engine Model	Current Engine Model Year	Current Engine Tier (select from dropdown; nonroad, locomotive, and marine only)
	Example: 4548154	Example: ABC	Example: ABC1000	Example: 1995	Example: Tier 2

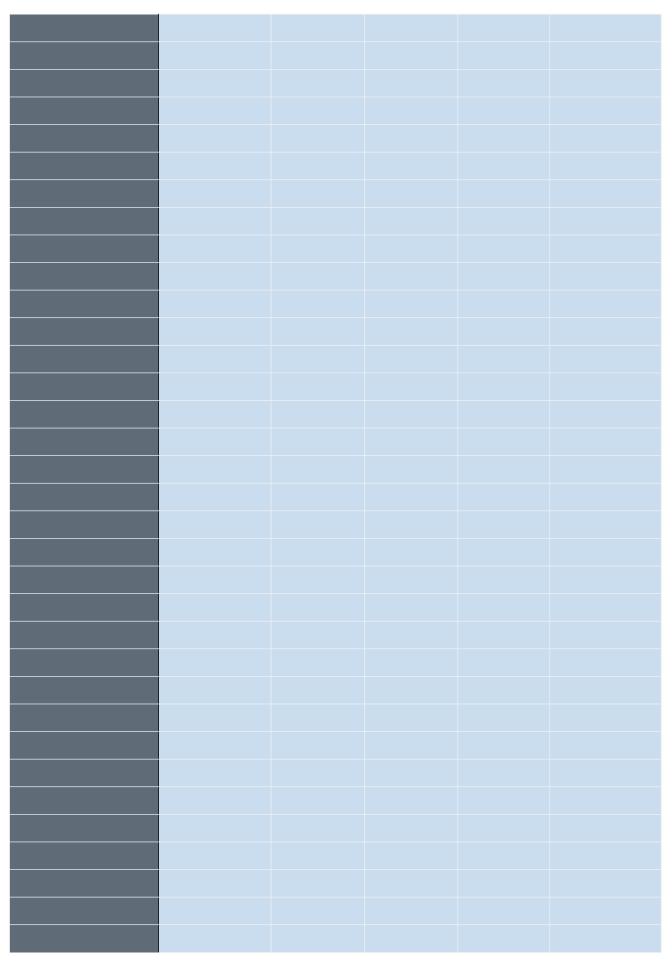


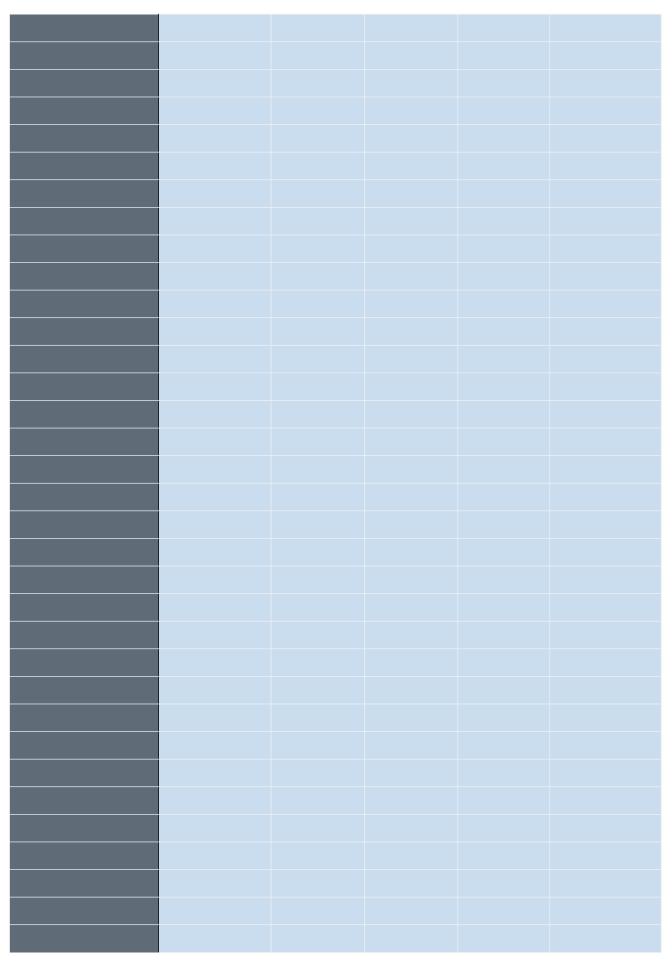


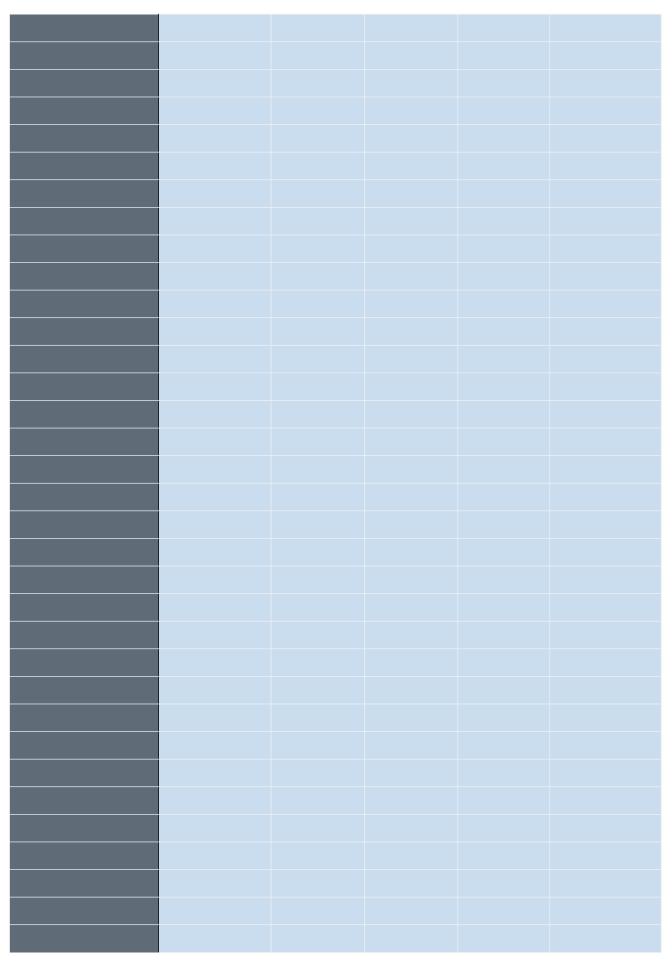




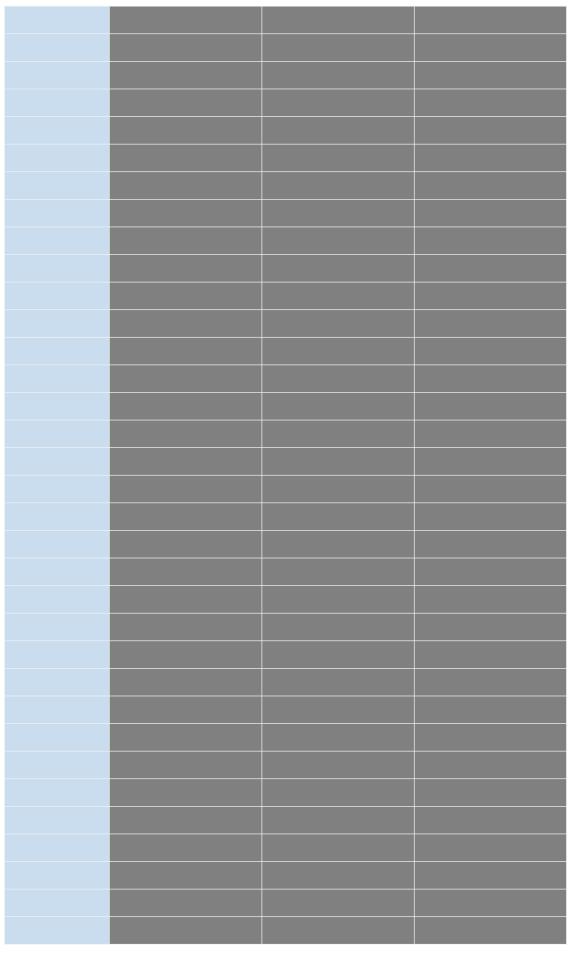


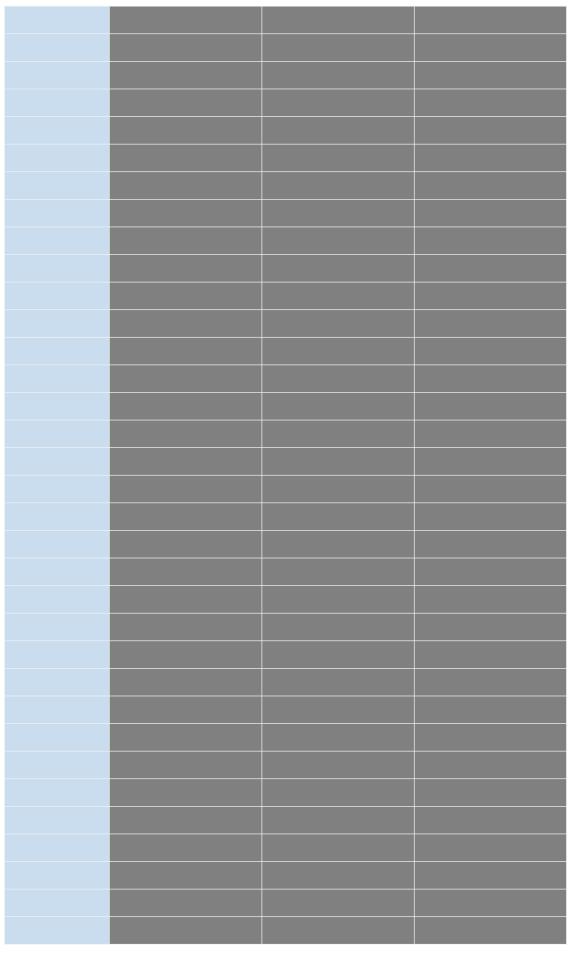


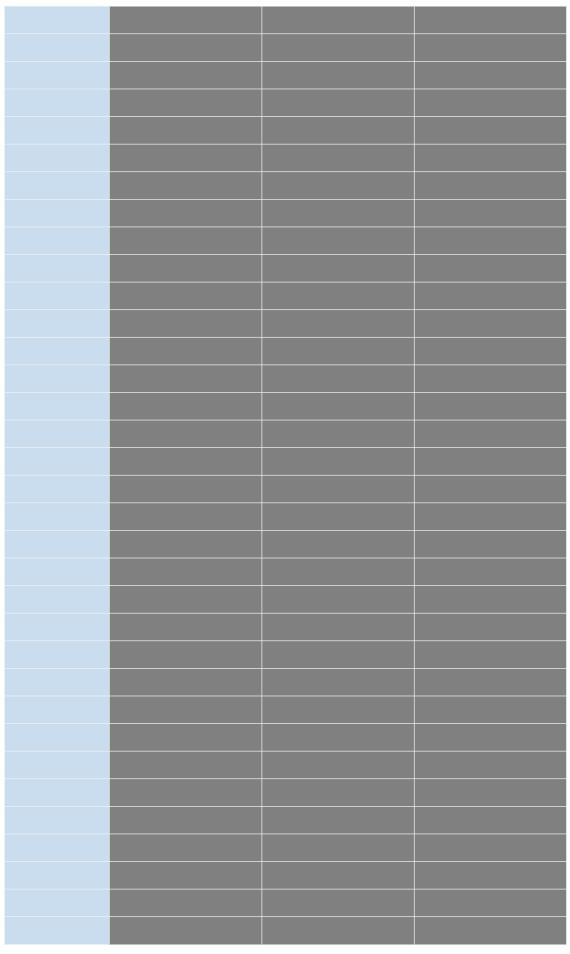


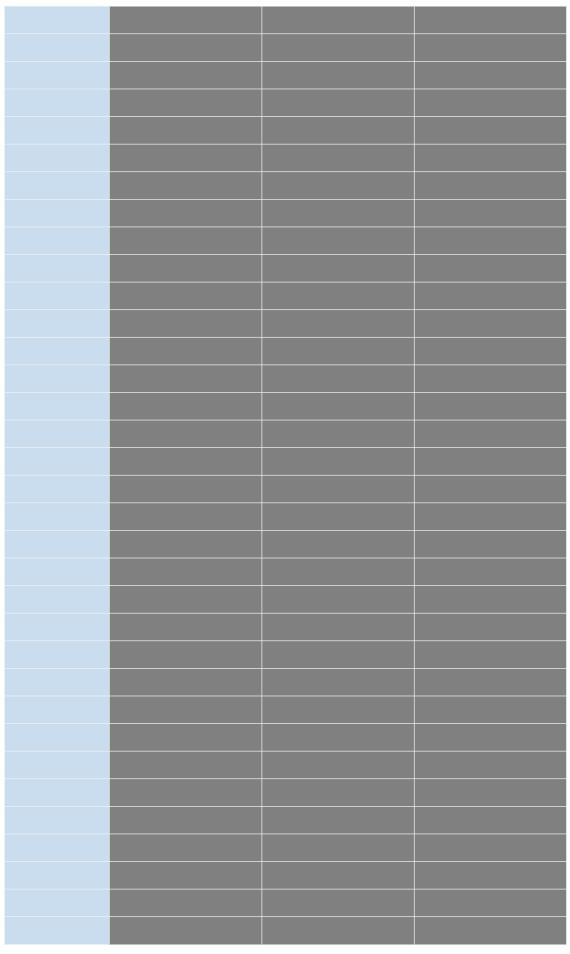


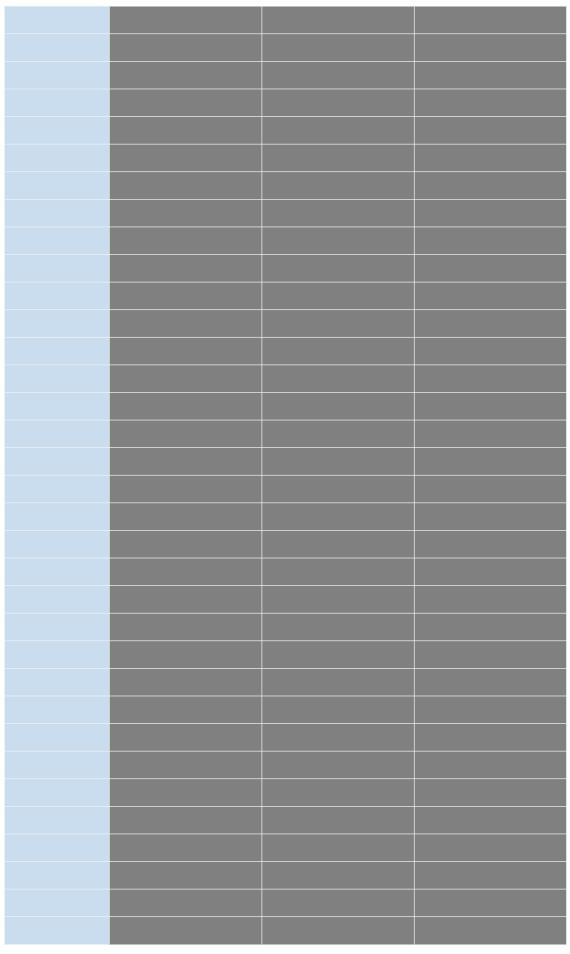
Current Engine Horsepower (1 hp = 1 kW / 1.341)	Current Engine Cylinder Displacement (select from dropdown; liters/cylinder; marine only)	Current Engine Number of Cylinders (# of cylinders per engine; marine only)	Current Engine Total Displacement (liters per engine; marine only)
Example: 660	Example: 5.0 <= size <15.0	Example: N/A	Example: N/A

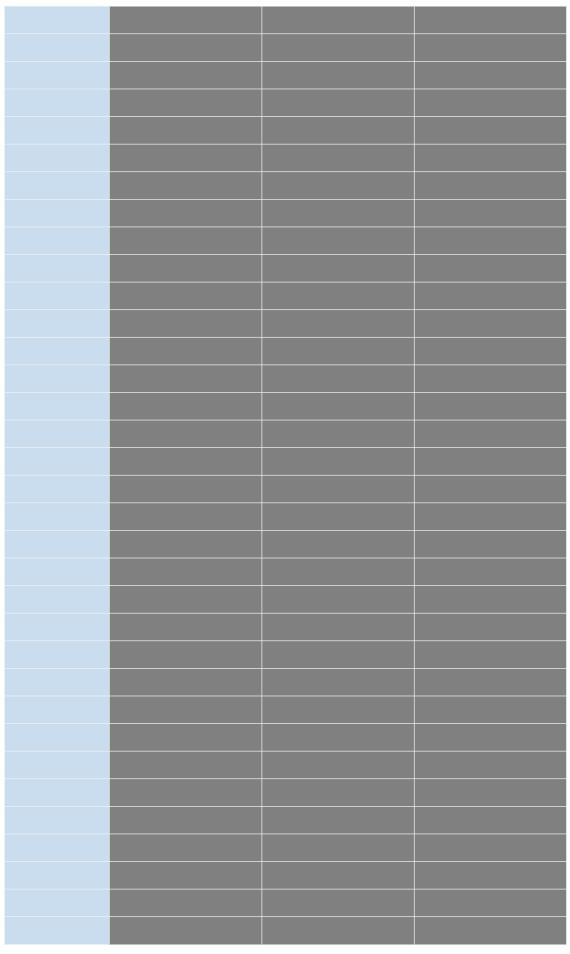


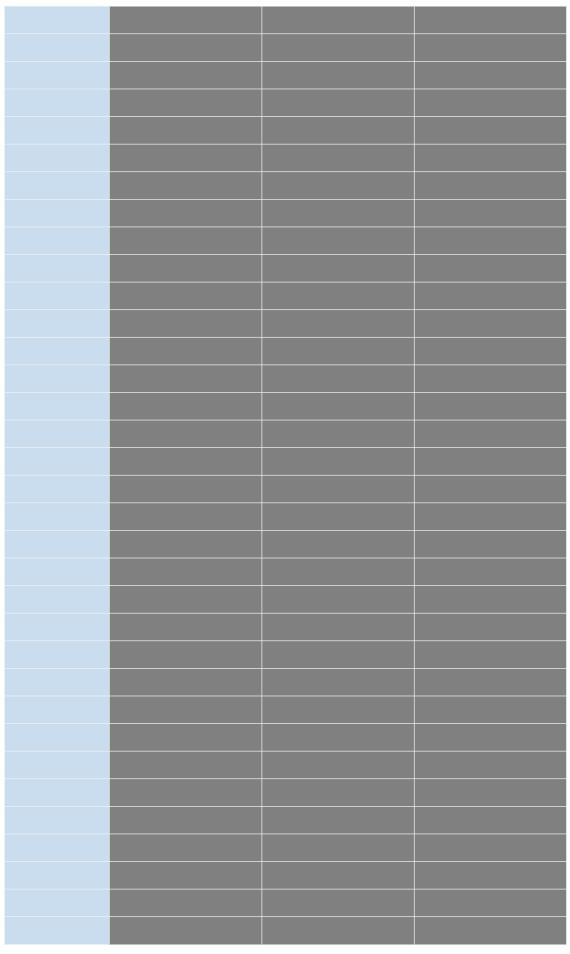


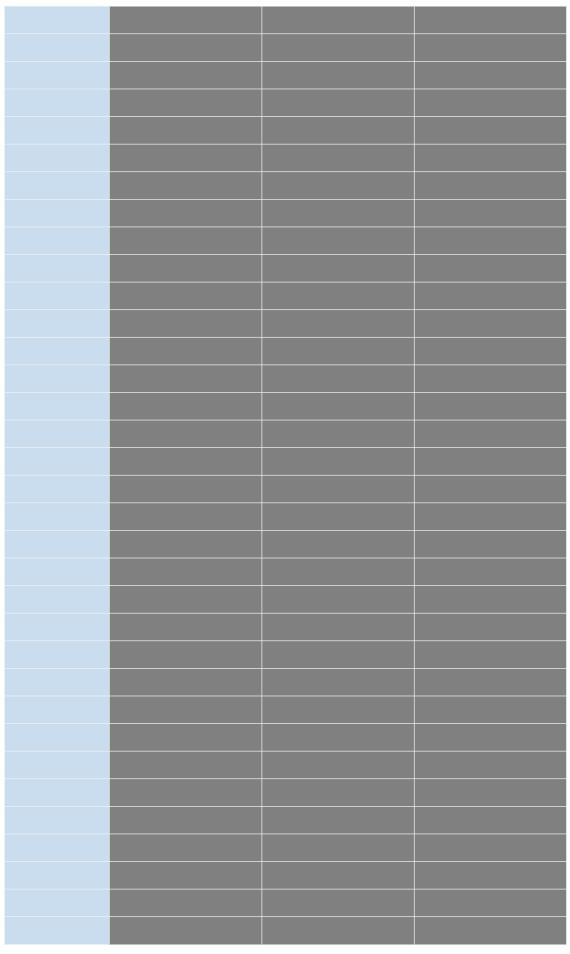




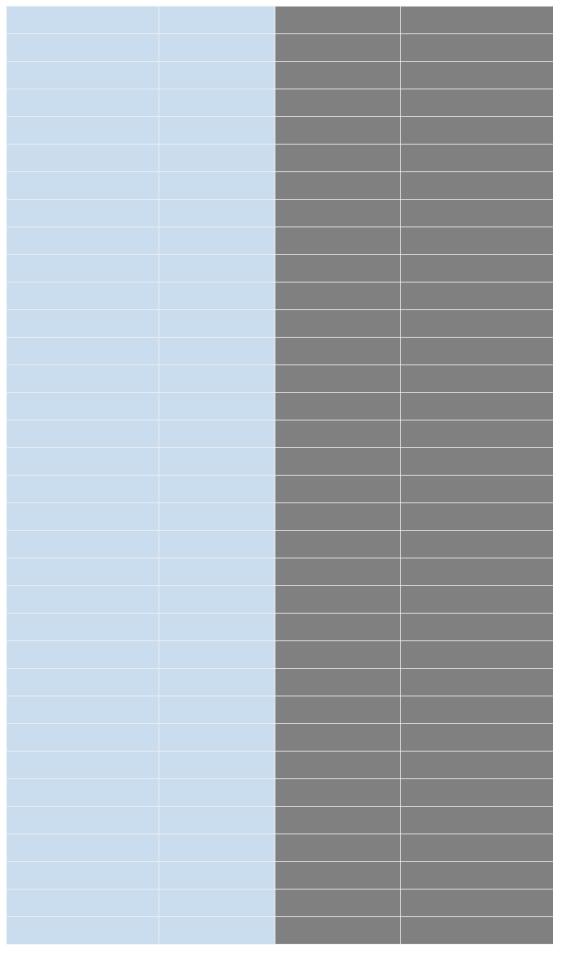


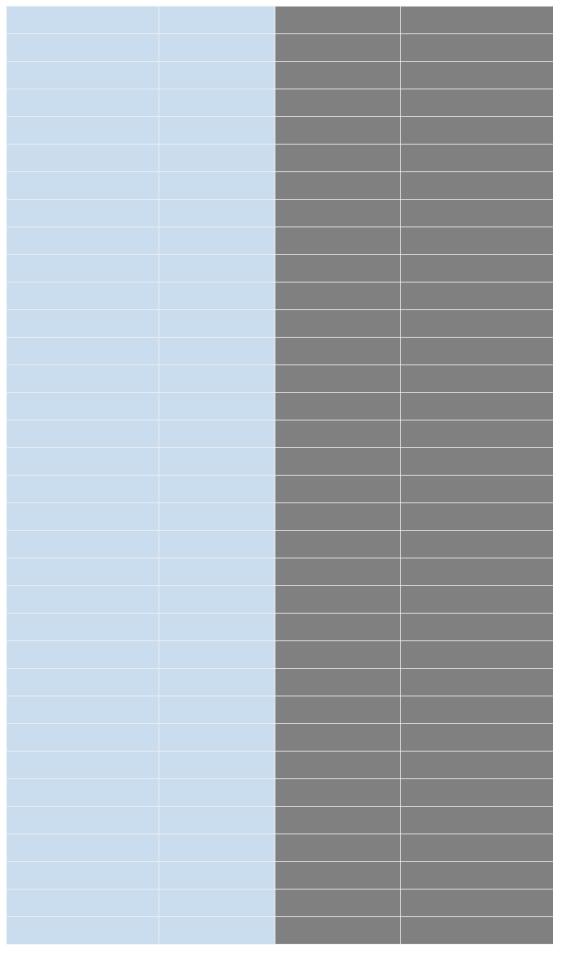


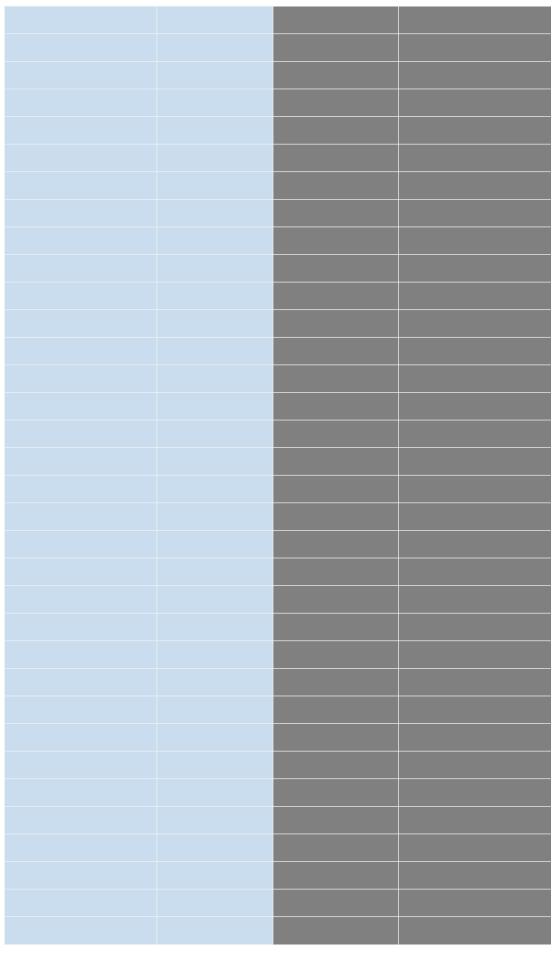


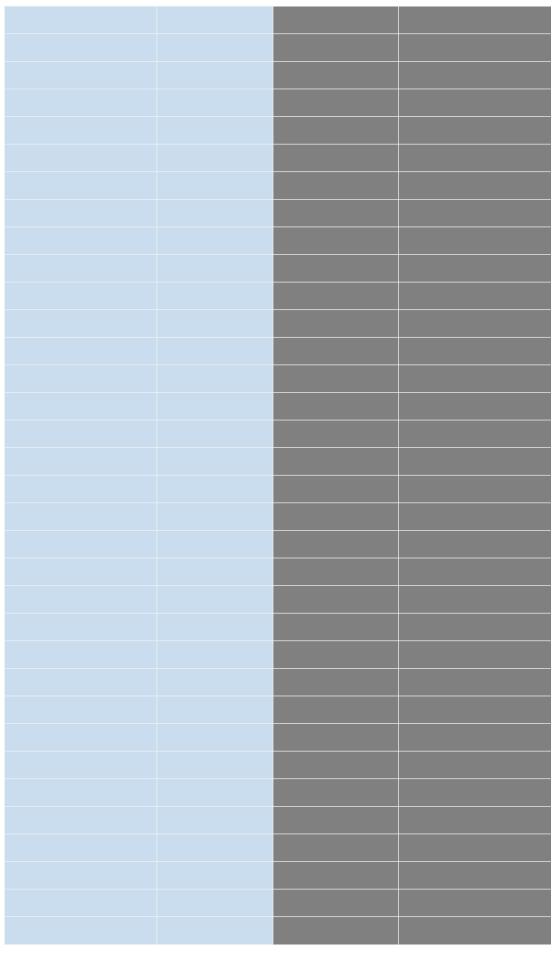


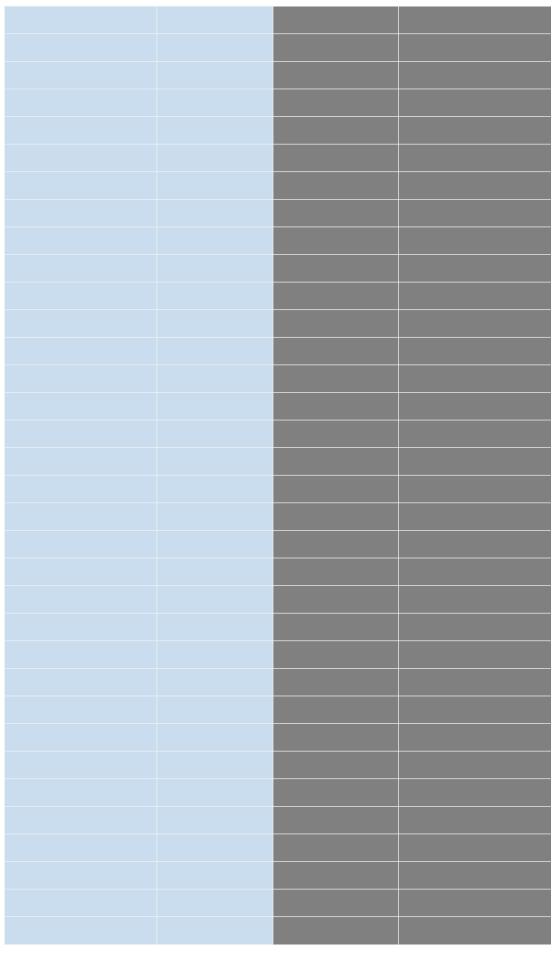
Current Engine Family Name (if unregulated, then N/A)	Current Engine Fuel Type (select from dropdown)	Total # of Propulsion Engines (per vessel; marine only)	Total # of Auxiliary Engines (per vessel; marine only)
Example: N/A	Example: ULSD (diesel)	Example: N/A	Example: N/A

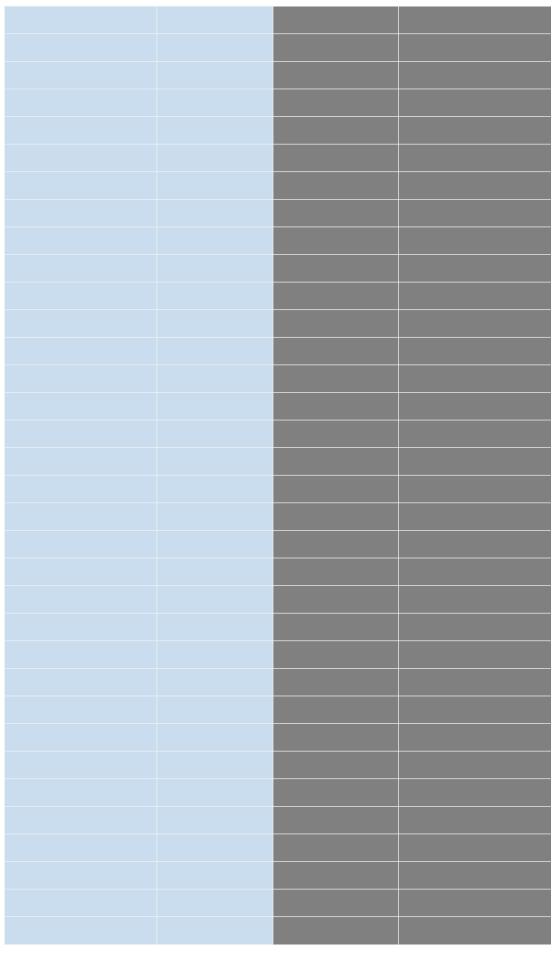


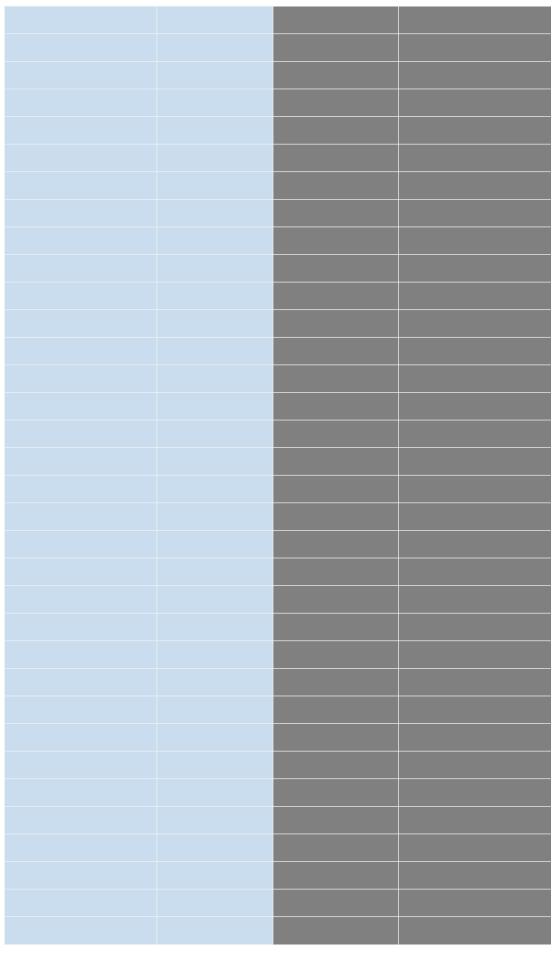












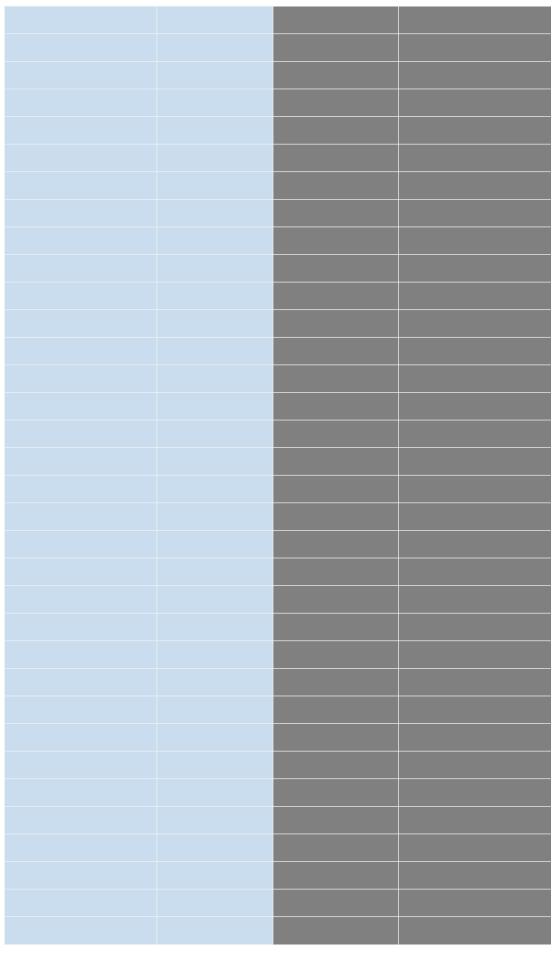
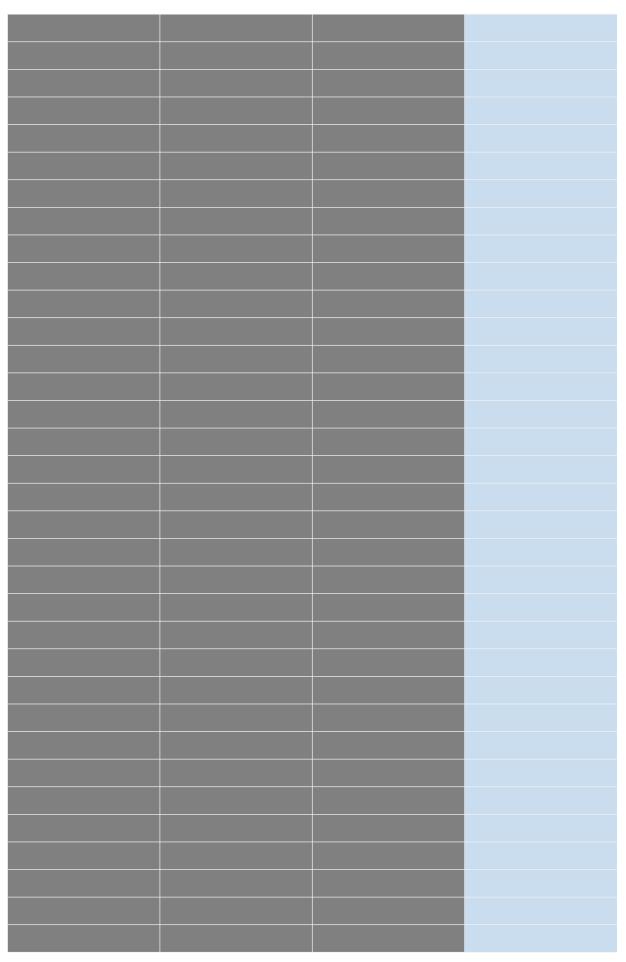
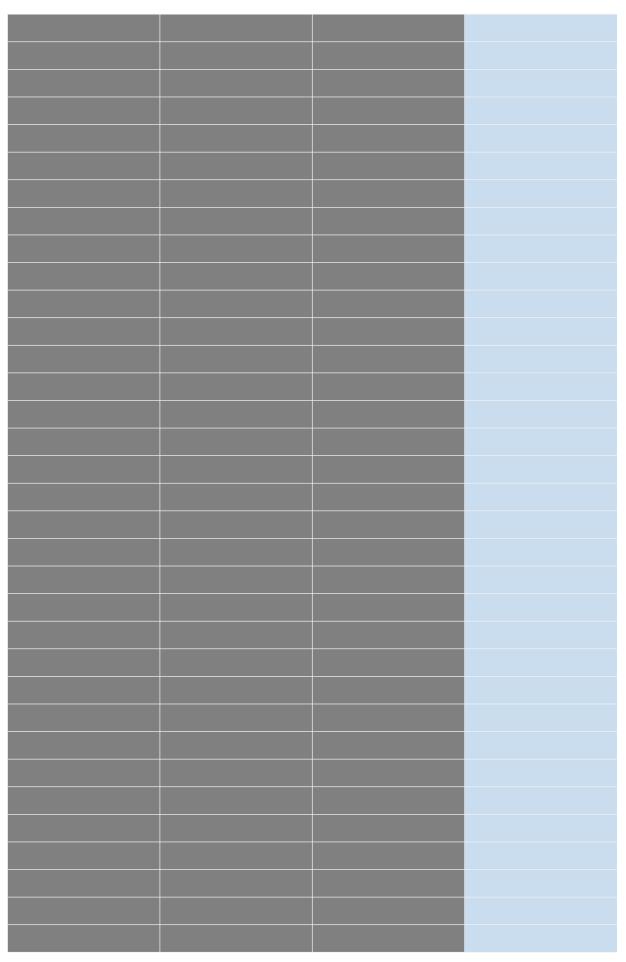
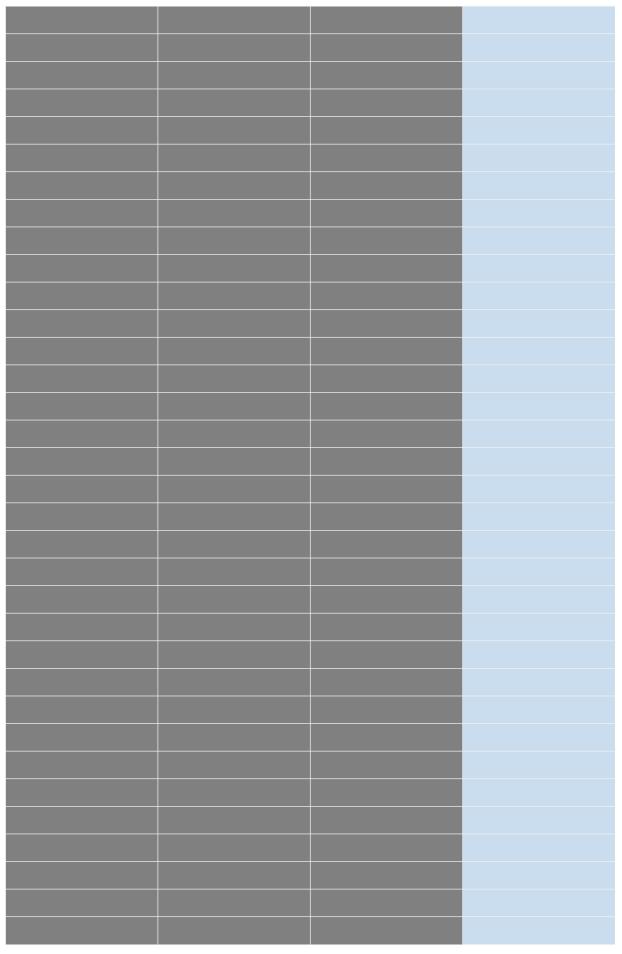


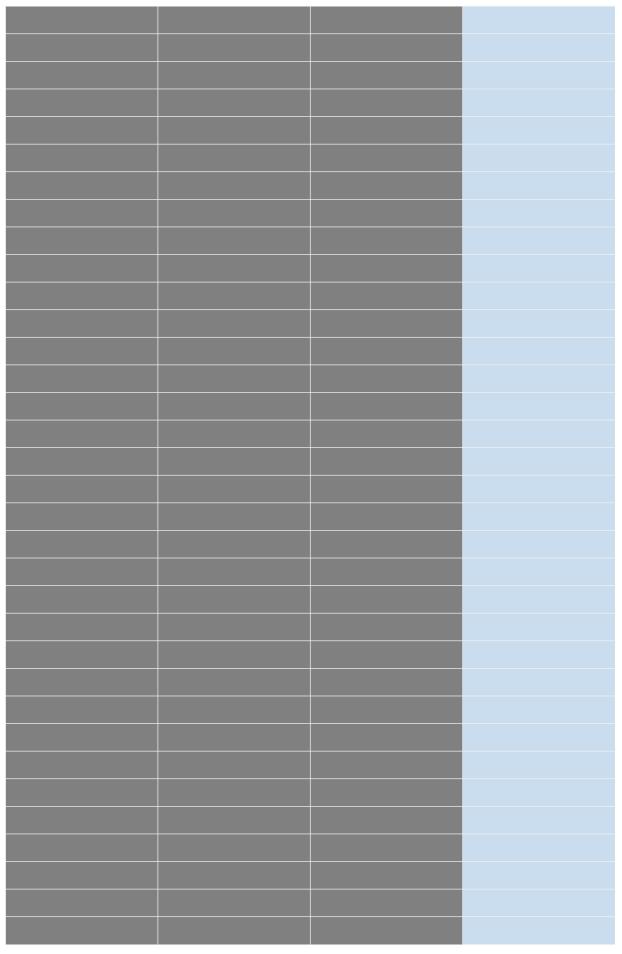
		Table 16d. Current Annual Vehicle	Activity Data & Estimated Remainir
Method of Powertrain Scrappage (select from dropdown)	If Other Method of Powertrain Scrappage, please briefly describe the alternative scrappage plan for this powertrain	Annual Amount of Fuel Used (gallons/year per engine; report using the latest 12-month period available)	Annual Usage Hours (hours per year per engine; includes idling hours; nonroad, locomotive, and marine only)
Example: Cutting a three-inch-by- three-inch hole in the engine block		Example: 6000	Example: 3000

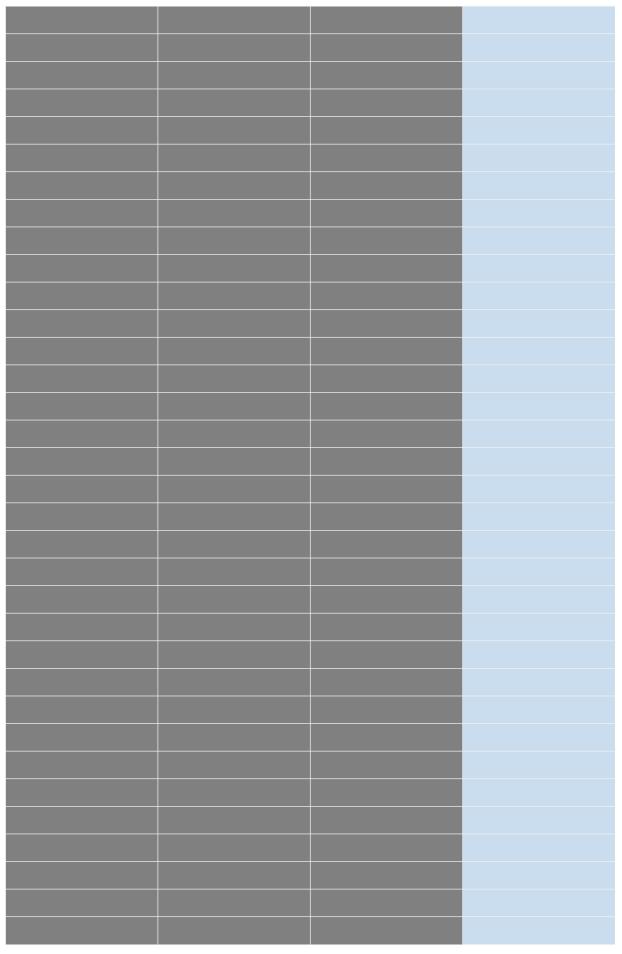
ng Life					
Annual Miles Traveled (miles per vehicle; onroad only)	Annual Idling Hours (hours per engine; on-highway only)	Annual Hoteling Hours (hours per year per engine; class 8 long-haul combination only)	Remaining Life of Current Engine/Vehicle (years per engine; total # of years of engine life remaining at time of upgrade action):		
Example: 12000	Example: 1500	Example: N/A	Example: 3		

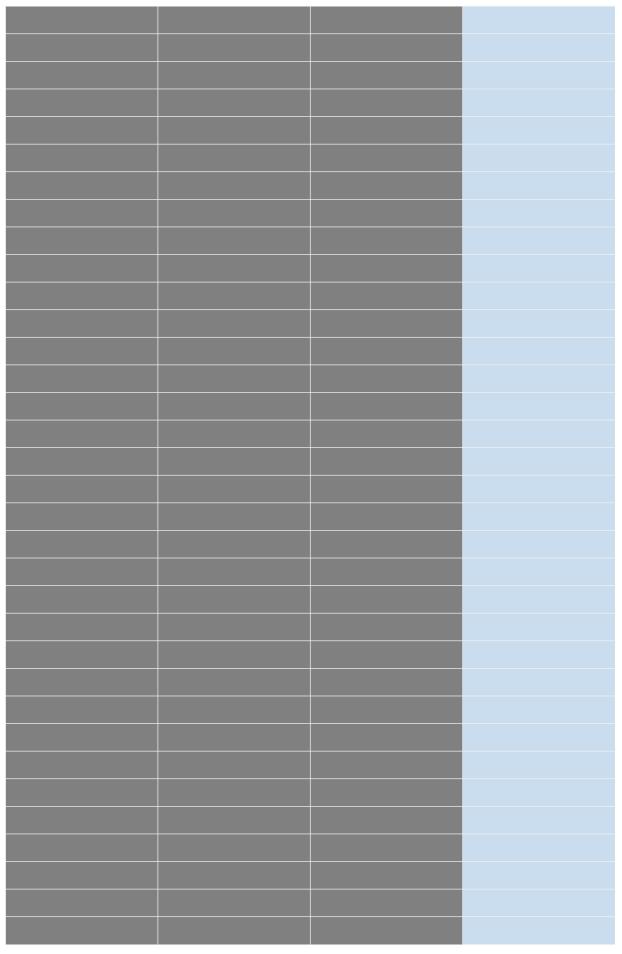


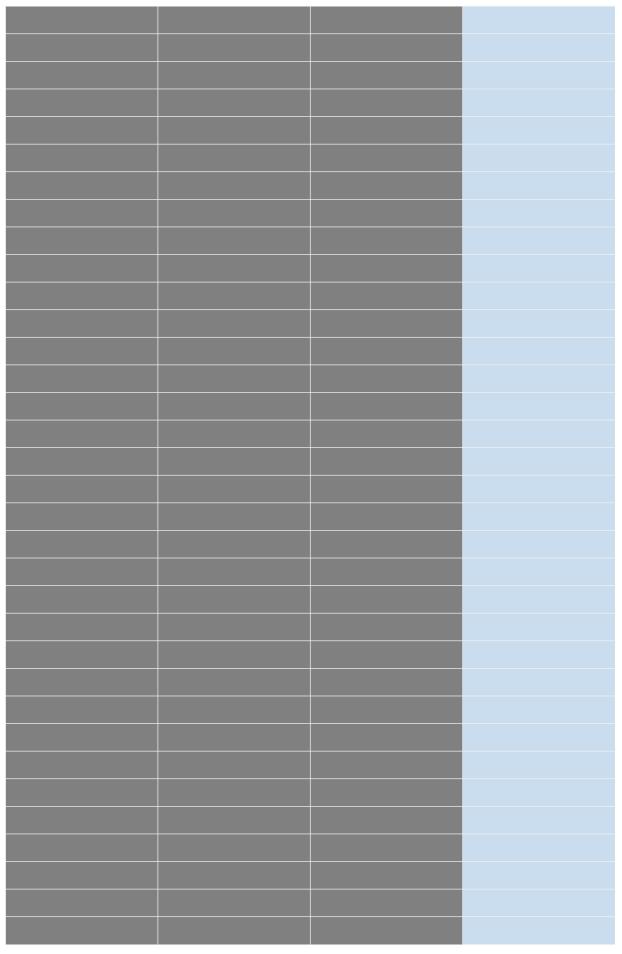


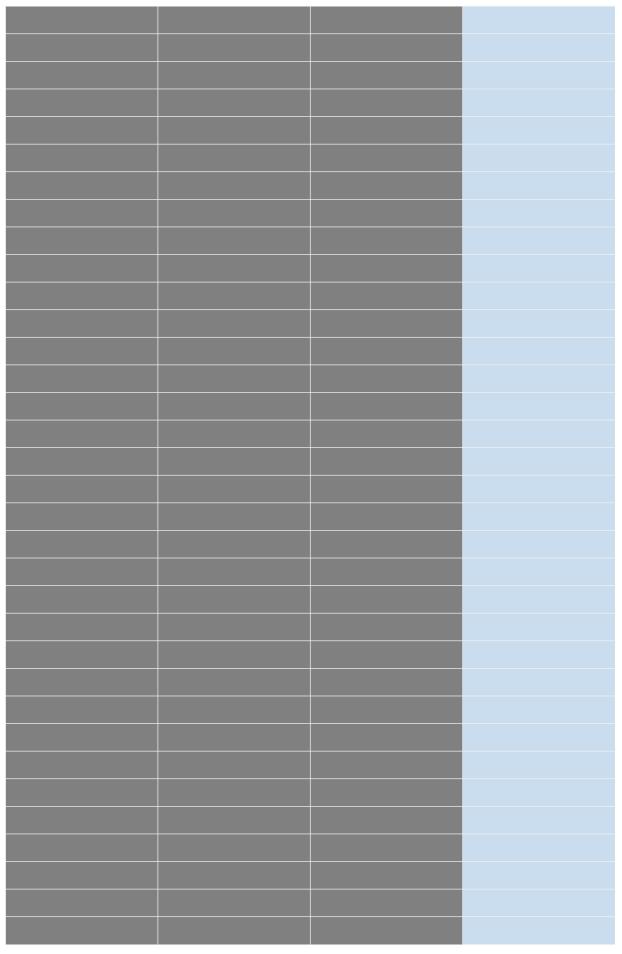




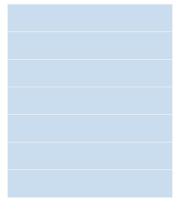








Type of Annual Values for Equipment/Vehicle Activity Data Reported in Table 13d (select from dropdown) Example: Estimated based on incomplete observed data



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Clean Ports Program | Zero-Emissic

Infrastruct

Inst

Please complete the below table if electric vehicle/vessel supply equipment (EVSE) and other charging equipment and supporting infrastru

For all infrastructure tables, the infrastructure needs to be listed by location of installation as well as primary port area of service. For exar areas, if EVSE are being installed in two different locations, the EVSE needs to appear as two separate EVSE Groups. The Infrastructure wo diagonal pattern (///); additional rows may be added as needed to capture all equipment, and may be accessed by unhiding rows in the  $t\epsilon$  must be ENERGY STAR certified. All infrastructure including EVSE, shore power, hydrogen fueling stations, on-site power generation syster information on BABA.

Build America, Buy Am

On November 15, 2021, the Infrastructure Investment and Jobs Act ("IIJA"), Pub. L. No. 117-58, which includes the Build America, Buy Amamanufactured products, and construction materials used in a federally-funded infrastructure project are produced in the United States. If entire infrastructure project. For more information, please visit https://www.epa.gov/ports-initiative/cleanports#otaq-baba

Table 17. Electric Vehicle/Vessel Supply Equipment (EVSE) & Other Electric Charging Equipment (not including vessel shore power for no Table 17a. EVSE & Charger Overview

## **EVSE Group**

(user is encouraged to modify values in this column. This is used to identify equipment when completing other tabs)

**Subawardee** (if part of **Type of Charger** subaward) (select from dropdown)

If 'Other' charger type selected, describe charger type If Level 2, is it ENERGY STAR certified (select from dropdown)

Example: EV Infrastructure	Example: Subawardee Organization 1	Example: Level 2	Example: High voltage DC for vessel	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				
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EVSE Group 42		
EVSE Group 43		
EVSE Group 44		
EVSE Group 45		
EVSE Group 46		
EVSE Group 47		
EVSE Group 48		
EVSE Group 49		
EVSE Group 50		

## tal Protection Agency

on Technology Deployment Competition

ure Description

## ructions

acture were purchased under the project.

nple, if Port Area A and Port Area B are procuring the same EVSE, the EVSE will appear as two separate EVSE Groups. Similarly, for large port rksheets should be updated semi-annually as infrastructure is procured and installed. Please only fill out shaded cells highlighted blue with a able below. Please refer to the Infrastructure data definitions on Tab 24 (Data Dictionary) for data field definitions. Reminder: All Level 2 EVSEs ns, and battery energy storage systems (BESS) must comply with Build America, Buy America (BABA) requirements. See below for more

## nerica (BABA) requirements

erica Act (BABA), Public Law 117-58, §§ 70901-52, was signed into law. BABA requires that on or after May 14, 2022, all of the iron, steel, the EPA award funds part of a project that includes the installation, upgrading, or replacement of infrastructure, then BABA applies to the

on-electric vessels)					
EVSE or Other EV Charger Manufacturer	EVSE or Other EV Charger Model	EVSE or Other EV Charger Manufacture Year	EVSE or Other EV Charger Maximum Output Power (kW)	Number of Plugs on EVSE or Other EV Charger	Is the EVSE or Other EV Charger Capable of Bidirectional Charging? (select Yes/No from dropdown)
Example: Manufacturer Name	Example: Model Name	Example: 2023	Example: 24	Example: 2	Example: No

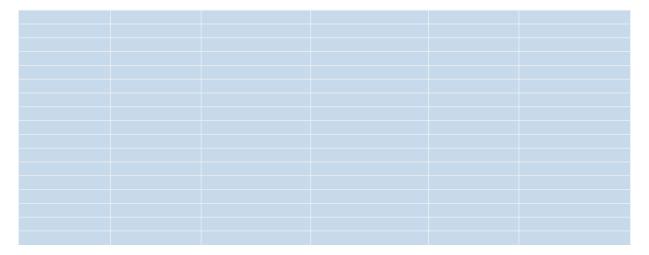
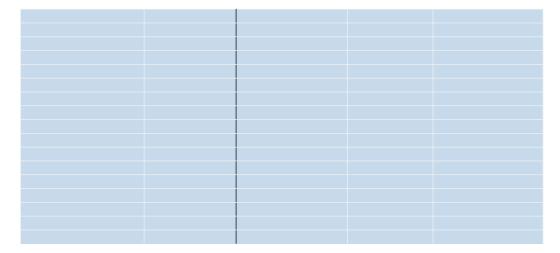


		Table 17b. Location of Ch	arging Infrastructure	e
Will the Vehicle/Equipment and EVSE or Other EV Charger be Used for Vehicle to Grid (V2G)? (select Yes/No from dropdown)	Number of EVSE or	State (select from dropdown)	<b>County</b> (select from dropdown)	City
Example: No	Example: 2	Example: VA	Example: Arlington County	Example: Alexandria



Zip Code	Street Address of Charger(s)	Who owns the charger?	Does the EVSE or Other EV Charger serve multiple port facilities? (select Yes/No from dropdown)
Example: 22305	Example: 400 1st Street	Example: City of Alexandria	Example: Yes

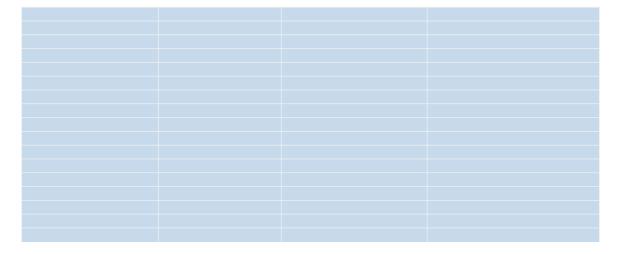


		Table 17c. Charging Managen	nent Service & Strategy Details
Primary Port Served by EVSE and/or EV Charger (select from dropdown)	Secondary Locations served by EVSE and/or EV Charger (use semicolon to separate between multiple port locations)	Does the EVSE use a charging load management strategy? (select Yes/No from dropdown)	If Yes to previous field, please describe the charging load management strategy(-ies) used. Describe the charge management strategies being used. See data dictionary for clarification.
Example: Port Houston	Example: Port of Galveston; UP Englewood Yard		

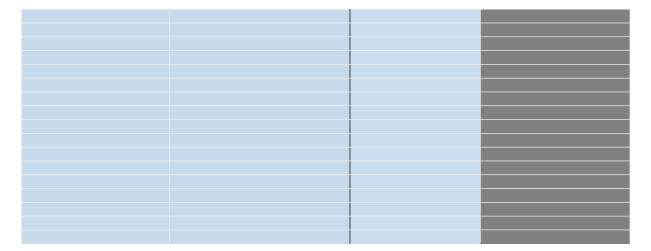
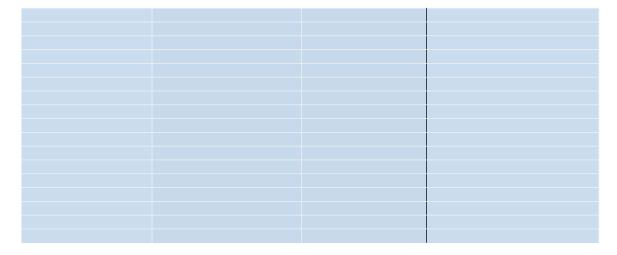


			Table 17d. Infrastructure Installation In
Name of Charging Management Service Provider (enter 'N/A' if not applicable)	Does the infrastructure	If Charging Management Service not included in cost, but is acquired, what is the cost and frequency of charges?	Description of Installation Work, including all equipment installed
Example: Charge Manage & Co.	Example: Yes	Example: \$250 per charger per month	Example: Upgrades to the electrical panel, wiring, and installation for two DCFC



formation		
Installation Work Performed By	Was installation conducted by an individual who meets the infrastructure electrician requirements as outlined in the program guidance? If Yes, indicate who issued the certification	Date EVSE or Other EV Charger was Manufactured (mm/dd/yyyy)
Example: XYZ Electric Co.	Example: Yes - Certification from EVITP	Example: 3/28/2024

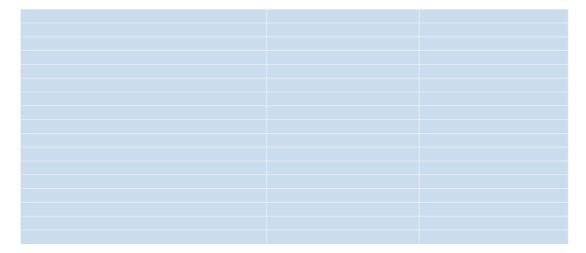


		Table 17e. EVSE BABA Details	
Date of EVSE or Other EV Charger Installation (mm/dd/yyyy)	Date EVSE or Other EV Charger Commissioned (mm/dd/yyyy)	Is the EVSE and Other EV Infrastructure BABA Compliant? (select from dropdown)	If No or Partly Compliant, explain
Example: 6/28/2024	Example: 8/28/2024	Example: Yes - This Infrastructure is BABA Compliant	

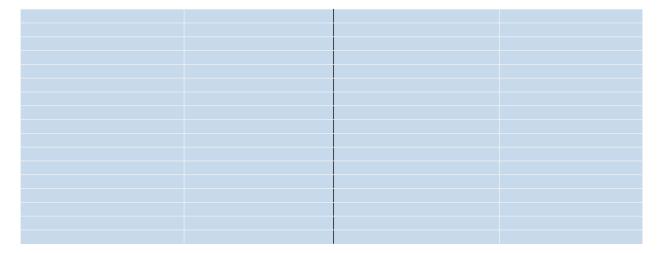


		Table 17f. EVSE Cost Summa	ry
Is a waiver being used to fulfill BABA compliance for this infrastructure? (select from dropdown)	If Yes - Other EPA Waiver, explain	Does the Infrastructure Equipment Cost Include Installation? (select Yes/No from dropdown)	EVSE or Other EV Charger Equipment Cost Per Unit
Example: No - Infrastructure meets all BABA requirements		Example: No	Example: \$16,000.00



Total EPA Funds Expended Per EVSE or Other EV Charger Unit	Total Funds Expended for EVSE or Other EV Charger	Total EPA Funds Expended for EVSE or Other EV Charger	Total Funds Expended on Installation Cost
Example: \$12,000.00	Example: \$32,000.00	Example: \$24,000.00	Example: \$12,000.00
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Total EPA Funds Expended on Installation Cost	Total Funds Expended for All other Eligible EVSE or Other EV Charger Related Expenses (e.g., Permits, Shipping, etc.)	Total EPA Funds Expended for All other Eligible EVSE or Other EV Charger Related Expenses (e.g., Permits, Shipping, etc.)	Description of Other Eligible EVSE or Other EV Charger Administrative Expenses
Example: \$7,000.00	Example: \$750.00	Example: \$25.00	Example: Electrical Permit (\$250); shipping (\$500)

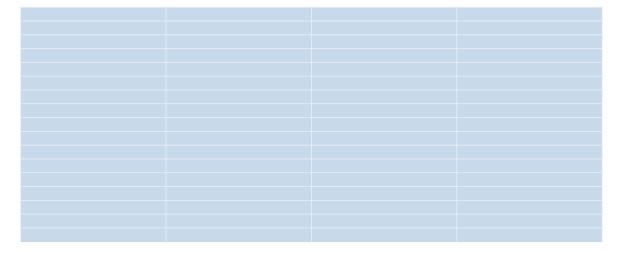


		Table 17g. Expected Useful Life	
Total Funds Expended on EVSE or Other EV Charger Equipment, Installation, and Other Eligible EVSE or Other EV Charger Related Expenses	Total EPA Funds on EVSE or Other EV Charger Equipment, Installation, and Other Eligible EVSE or Other EV Charger Related Expenses	Expected Useful Life of EVSE or Other EV Charger: Number of Years	If equipment covered under warranty, provide the years of protection offered by warranty
Example: \$44,750.00	Example: \$31,025.00	Example: 15	Example: 5
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	Table 17h. Year 1 EVSE Activity Details		
Basis for Expected Useful Life of EVSE or Other EV Charger (e.g., manufacturer data or evidence from prior deployments; warranty information)	Annual Total Energy Dispensed (kWh) Year 1	EVSE Annual Percentage Uptime (based on hours) Year 1	EVSE Total Annual Number of Charging Sessions Completed Year 1
Example: Evidence from prior deployment of similar equipment	Example: 7,380	Example: 95%	Example: 800

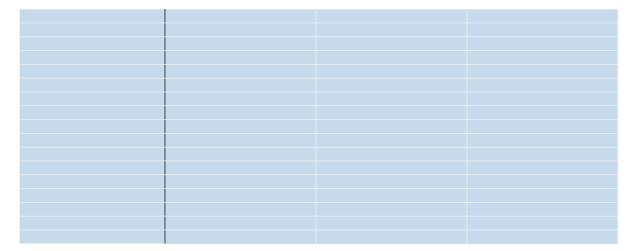


		Table 17i. Year 2 EVSE Activity Deta	ills
Has the EVSE infrastructure been EVER powered by an internal combustion generator in the past year? (Yes or No) Year 1	Type of Annual Values for EVSE Activity Data Reported in Table 14h (select from dropdown) Year 1	Annual Total Energy Dispensed (kWh) Year 2	EVSE Annual Percentage Uptime (based on hours) Year 2
Example: No	Example: Estimated based on incomplete observed data	Example: 7,380	Example: 95%

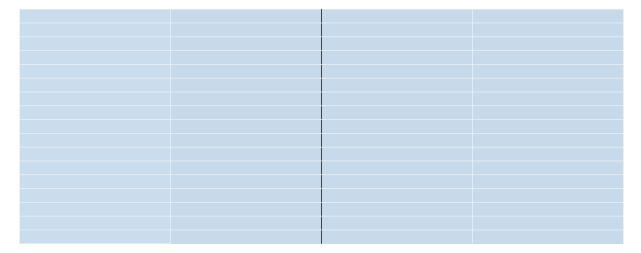
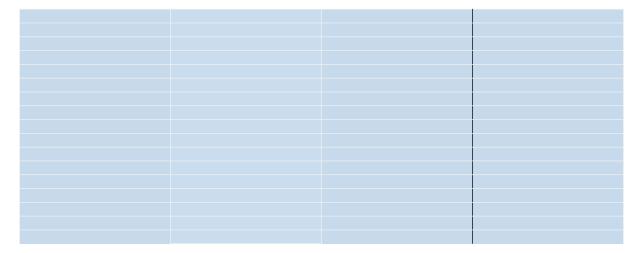


			Table 17j. Year 3 EVSE Activity Detai
EVSE Total Annual Number of Charging Sessions Completed Year 2	Has the EVSE infrastructure been EVER powered by an internal combustion generator in the past year? (Yes or No) Year 2	Type of Annual Values for EVSE Activity Data Reported in Table 14i (select from dropdown) Year 2	Annual Total Energy Dispensed (kWh) Year 3
Example: 800	Example: No	Example: Estimated based on incomplete observed data	Example: 7,380



Has the EVSE infrastructure been EVER powered by an internal combustion generator in the past year? (Yes or No) Year 3

Type of Annual Values for EVSE Activity Data Reported in Table 14j (select from dropdown) Year 3

Example: 95%	Example: 800	Example: No	Example: Estimated based on incomplete observed data

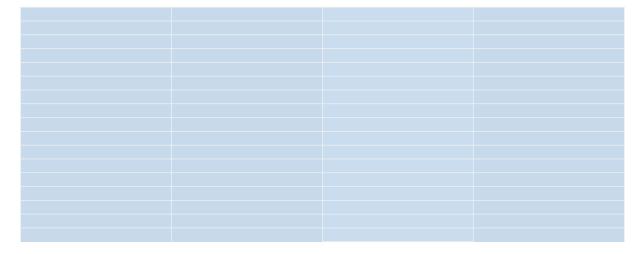
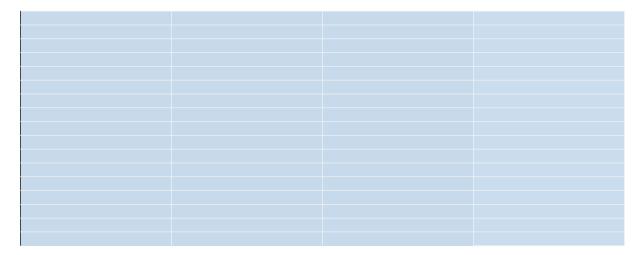


Table 17k. Year 4 EVSE Activity Det	ails		
Annual Total Energy Dispensed (kWh) Year 4	EVSE Annual Percentage Uptime (based on hours) Year 4	EVSE Total Annual Number of Charging Sessions Completed Year 4	Has the EVSE infrastructure been EVER powered by an internal combustion generator in the past year? (Yes or No) Year 4
Example: 7,380	Example: 95%	Example: 800	Example: No



Type of Annual Values for EVSE Activity Data Reported in Table 14k (select from dropdown) Year 4

Example: Estimated based on incomplete observed data

U. S. Environmental

Clean Ports Program | Zero-Emission

Infrastructure

Instru

Please complete the below table if shore power systems were purchased under the project.

For all infrastructure tables, the infrastructure needs to be listed by location of installation as well as primary port area of service. For for large port areas, if EVSE are being installed in two different locations, the EVSE needs to appear as two separate EVSE Groups. Eac costs. The Infrastructure worksheets should be updated semi-annually as infrastructure are procured and installed. Please only fill ou and may be accessed by unhiding rows in the tables below. Please refer to the Infrastructure data definitions on Tab 24 (Data Diction systems, and battery energy storage systems (BESS) must comply with Build America, Buy America (BABA) requirements. See below f

Build America, Buy Amer

On November 15, 2021, the Infrastructure Investment and Jobs Act ("IIJA"), Pub. L. No. 117-58, which includes the Build America, Buy iron, steel, manufactured products, and construction materials used in a federally-funded infrastructure project are produced in the then BABA applies to the entire infrastructure project. For more information, please visit https://www.epa.gov/ports-initiative/clean

## **Table 18. Shore Power Equipment Information**

Table 18a. Shore Power Equipment Information

**Shore Power Group** 

(user is encouraged to modify values in this column. This is used to identify equipment when completing other tabs)

**Subawardee** (if part of subaward)

Type of Shore Power Connection (select from dropdown) Total Voltage Service Provided (select from dropdown)

Total Voltage Service Provided, if not listed

Example: Shore Power Infrastructure	Example: Subawardee Organization 1	Example: High voltage shore power connection	Example: 6.6 kV	Example: 10 kV
Shore Power Group 1				
Shore Power Group 2				
Shore Power Group 3				
Shore Power Group 4				
Shore Power Group 5				
Shore Power Group 6				
Shore Power Group 7				
Shore Power Group 8				
Shore Power Group 9				
Shore Power Group 10				
Shore Power Group 11				
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Shore Power Group 44		
Shore Power Group 45		
Shore Power Group 46		
Shore Power Group 47		
Shore Power Group 48		
Shore Power Group 49		
Shore Power Group 50		

## Protection Agency

Technology Deployment Competition

2 Description

## ctions

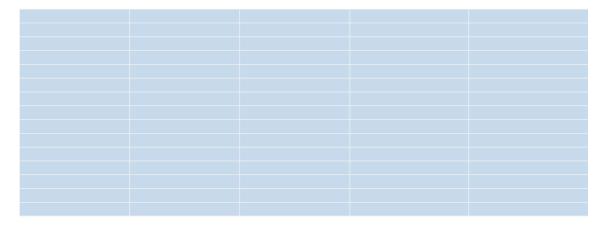
example, if Port Area A and Port Area B are procuring the same EVSE, the EVSE will appear as two separate EVSE Groups. Similarly, the row represents a **complete infrastructure system**, cost fields must be inclusive of all major component and sub-component t shaded cells highlighted blue with a diagonal pattern (///); additional rows may be added as needed to capture all equipment, ary) for data field definitions. All infrastructure including EVSE, shore power, hydrogen fueling stations, on-site power generation for more information on BABA.

## ica (BABA) requirements

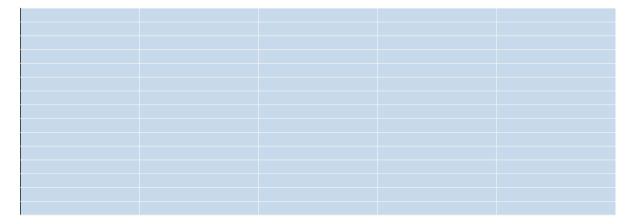
/ America Act (BABA), Public Law 117-58, §§ 70901-52, was signed into law. BABA requires that on or after May 14, 2022, all of the United States. If the EPA award funds part of a project that includes the installation, upgrading, or replacement of infrastructure, ports#otaq-baba

Manufacturer Mod	Number of Vessel Berths that can be served by Shore Power Pedestal	Number of Plugs per Shore Power Pedestal	Number of Shore Power Pedestals
------------------	---	---	------------------------------------

Example: Manufacturer				
Name	Example: Model Name	Example: 1	Example: 2	Example: 2



County (select from dropdown) Example: Arlington County	City  Example: Alexandria		Port Facility where Shore Power Installed (select from dropdown)  Example: Port of Houston
Example: Arlington County	Example: Alexandria	Example: 22305	Example: Port of Houston



	1		
	Table 18c. Shore Power Infrastructur	e Installation Information	
Who owns the Shore Power Infrastructure?	Description of Installation Work, including all equipment installed	Installation Work Performed By	Date(s) Shore Power Equipment was Manufactured (mm/dd/yyyy)
Example: Port of Houston	Example: Upgrades to the electrical panel, wiring, housing, and installation of two LVSC pedestals	Example: XYZ Electric Co.	Example: 3/28/2024

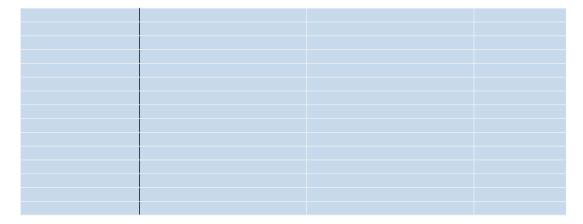
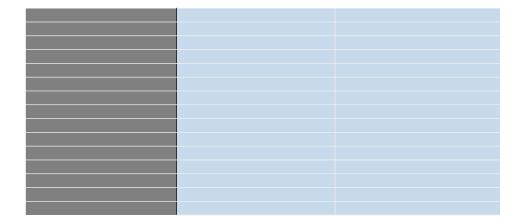


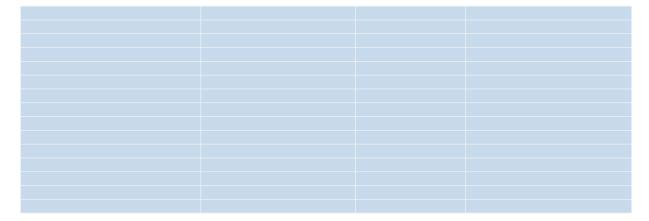
		Table 18d. Shore Power	BABA Details	
Date of Shore Power Installation (mm/dd/yyyy)	Date of Shore Power Completely Operational (mm/dd/yyyy)	Is the Shore Power Infrastructure BABA Compliant? (select from dropdown)	If No or Partly Compliant, explain	Is a waiver being used to fulfill BABA compliance for this infrastructure? (select from dropdown)
Example: 6/28/2024	Example: 8/28/2024	Example: Yes - This Infrastructure is BABA Compliant		Example: No - Infrastructure meets all BABA requirements

	Table 18e. Shore Power Cost Summ	ary
If Yes - Other EPA Waiver, explain	Equipment Cost only Per Shore	Total EPA Funds Expended Per Shore Power Pedestal
	l owel i cuestal.	Shore rower redestal
	Example: \$16,000.00	Example: \$12,000.00

EPA Form Number: PFN 5900-721



Does the Infrastructure Equipment Cost Include Installation? (select Yes/No from dropdown)	Total Funds Expended Installation Cost for Shore Power Group	Expended Installation Cost for Shore Power	Total Funds Expended for All other Eligible Shore Power Acquisition & Installation Related Expenses (e.g., Permits, Shipping, etc.)
Example: No	Example: \$12,000.00	Example: \$7,000.00	Example: \$750.00



Total EPA Funds Expended for All other Eligible Shore Power Acquisition & Installation Related Total EPA Funds Expended for Shore Power Equipment Acquisition (total # of pedestals x EPA Funds Expended/pedestal) **Total Funds Expended for Shore Power Equipment** Description of Other Eligible Shore Power Related Expenses Acquisition (total # of pedestals x Funds Expended/pedestal) Expenses (e.g., Permits, Shipping, etc.) Example: Electrical Permit (\$250); shipping (\$500) Example: \$24,000.00 Example: \$600.00 Example: \$32,000.00

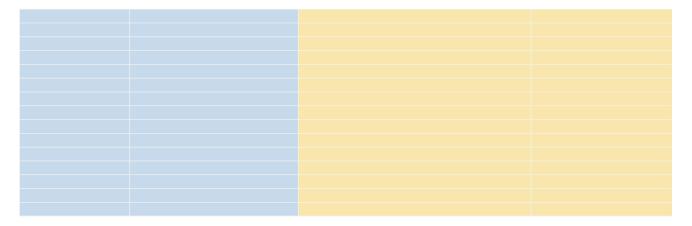


		Table 18f. Expected Useful Life and Warranty	
Total Funds Expended for Shore Power Equipment Acquisition, Installation, and Other Costs	Total EPA Funds Expended for Shore Power Equipment Acquisition & Installation, and Other Costs	Expected Useful Life of Shore Power Equipment: Number of Years	If equipment covered under warranty, provide the years of protection offered by warranty
Example: \$44,750.00	Example: \$31,600.00	Example: 15	Example: 5 years

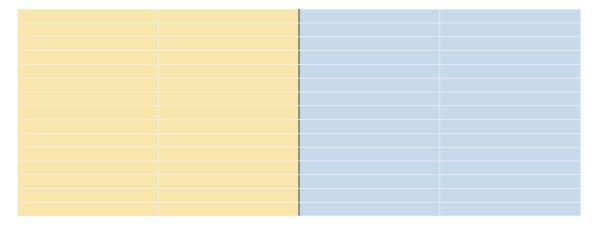
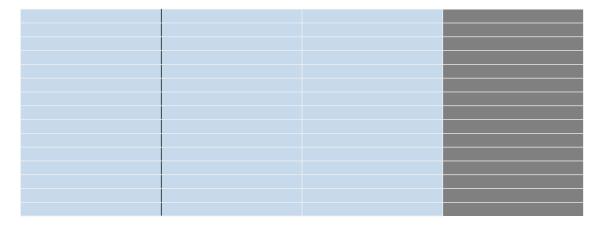


	Table 18g. Year 1 Shore Power utilization		
Basis for Expected Useful Life of Shore Power Equipment (e.g., manufacturer data, warranty coverage, or evidence from prior deployments)	Typical Auxiliary Engine Tier of Vessels Using Shore Power (select from dropdown) Year 1	Fuel Type of Vessels Using Shore Power (select from dropdown) Year 1	If 'Other/Not Listed' Fuel Type of Vessels selected, describe fuel type used Year 1
Example: Experience from prior deployment of similar equipment	Example: Tier 1	Example: Marine Gas Oil (MGO, 0.10% S)	Example: ZE vessels



Number of Annual Vessel Calls
Utilizing Shore Power
Year 1

Average Hotel Hours Per Vessel
Call Utilizing Shore Power
Year 1

Average Hotel Hours Per Vessel
Maximum Output Power (kW)
Year 1 Annual Total Energy Dispensed in MWh Year 1 Example: 500 Example: 72 Example: 24 Example: 1 MW-h

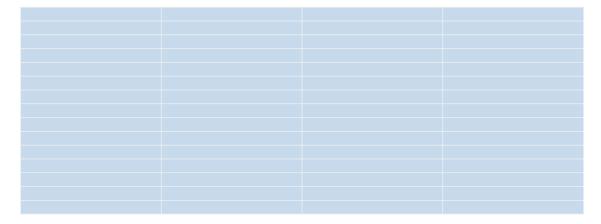
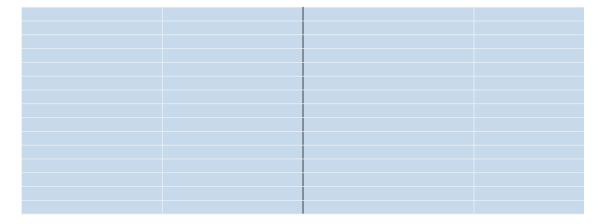


		Table 18h. Year 2 Shore Power utilizati	on
Shore Power Annual Percentage Uptime (based on hours) Year 1	Type of Annual Values for Shore Power Activity Data Reported in table 16g (select from dropdown) Year 1	Typical Auxiliary Engine Tier of Vessels Using Shore Power (select from dropdown) Year 2	Fuel Type of Vessels Using Shore Power (select from dropdown) Year 2
989	Example: Estimated based on incomplete observed data	Example: Tier 1	Example: Marine Gas Oil (MGO, 0.10% S)



If 'Other/Not Listed' Fuel Type of Vessels selected, describe fuel type used Year 2 Number of Annual Vessel Calls Utilizing Shore Power Average Hotel Hours Per Vessel Call Utilizing Shore Power Maximum Output Power (kW) Year 2 Annual Total Energy Dispensed in MWh Year 2 Year 2 Year 2 Example: ZE vessels Example: 500 Example: 72 Example: 24 Example: 1 MW-h

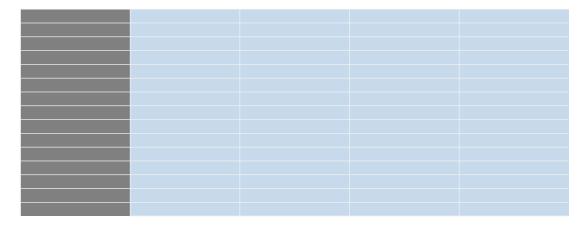
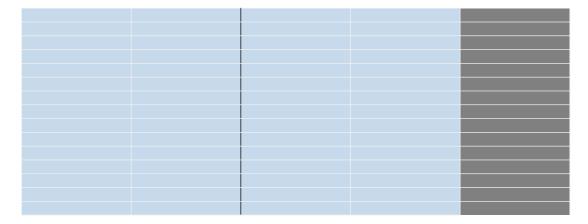


		Table 18i. Year 3 Shore P	ower utilization	
Shore Power Annual Percentage Uptime (based on hours) Year 2	Type of Annual Values for Shore Power Activity Data Reported in table 16h (select from dropdown) Year 2	Typical Auxiliary Engine Tier of Vessels Using Shore Power (select from dropdown) Year 3	Fuel Type of Vessels Using Shore Power (select from dropdown) Year 3	If 'Other/Not Listed' Fuel Type of Vessels selected, describe fuel type used Year 3
98%	Example: Estimated based on incomplete observed data	Example: Tier 1	Example: Marine Gas Oil (MGO, 0.10% S)	Example: ZE vessels



Number of Annual Vessel Calls Utilizing Shore Power Year 3	Average Hotel Hours Per Vessel Call Utilizing Shore Power Year 3	Maximum Output Power (kW) Year 3	Annual Total Energy Dispensed in MWh Year 3	Shore Power Annual Percentage Uptime (based on hours) Year 3
Example: 500	Example: 72	Example: 24	Example: 1 MW-h	98%

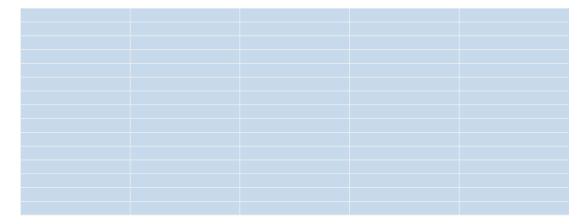
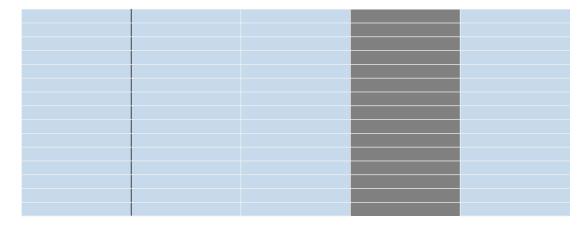
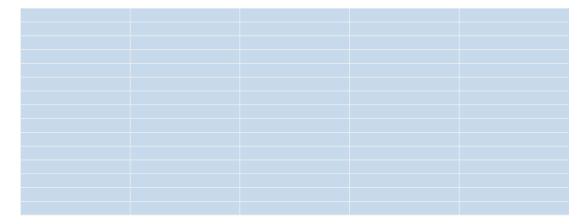


	Table 18j. Year 4 Shore P	ower utilization		
Type of Annual Values for Shore Power Activity Data Reported in table 16i (select from dropdown) Year 3	Typical Auxiliary Engine Tier of Vessels Using Shore Power (select from dropdown) Year 4	Fuel Type of Vessels Using Shore Power (select from dropdown) Year 4	If 'Other/Not Listed' Fuel Type of Vessels selected, describe fuel type used Year 4	Number of Annual Vessel Calls Utilizing Shore Power Year 4
Example: Estimated based on incomplete observed data	Example: Tier 1	Example: Marine Gas Oil (MGO, 0.10% S)	Example: ZE vessels	Example: 500



Average Hotel Hours Per Vessel Call Utilizing Shore Power Year 4	Maximum Output Power (kW) Year 4	Annual Total Energy Dispensed in MWh Year 4	Shore Power Annual Percentage Uptime (based on hours) Year 4	Type of Annual Values for Shore Power Activity Data Reported in table 16j (select from dropdown) Year 4
Example: 72	Example: 24	Example: 1 MW-h	98%	Example: Estimated based on incomplete observed data



U. S. E

Clean Ports Program | 7

Please complete the below table if hydrogen fueling stations were purchased under the project.

For all infrastructure tables, the infrastructure needs to be listed by location of installation as well as primary port area of service. For exbeing installed in two different locations, the EVSE needs to appear as two separate EVSE Groups. The Infrastructure worksheets should rows may be added as needed to capture all equipment, and may be accessed by unhiding rows in the tables below. Please refer to the I site power generation systems, and battery energy storage systems (BESS) must comply with Build America, Buy America (BABA) require

Build Amer

On November 15, 2021, the Infrastructure Investment and Jobs Act ("IIJA"), Pub. L. No. 117-58, which includes the Build America, Buy An and construction materials used in a federally-funded infrastructure project are produced in the United States. If the EPA award funds pa information, please visit https://www.epa.gov/ports-initiative/cleanports#otaq-baba

### Table 19. Hydrogen Fueling Station Information

Table 19a. Hydrogen Fueling Station Information Overview

# **Hydrogen Fueling Station**

(user is encouraged to modify Subawardee (if part values in this column. This is of subaward) used to identify equipment when completing other tabs)

(select from dropdown)

Type of Station Type of Hydrogen Storage (select from dropdown)

**Refilling Pressure** (select from dropdown)

Example: Hydrogen Fueling Station	Example: Gas	Example: Above Ground	Example: H35
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			
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Hydrogen fueling station 10			
Hydrogen fueling station 11			
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Hydrogen fueling station 44		
Hydrogen fueling station 45		
Hydrogen fueling station 46		
Hydrogen fueling station 47		
Hydrogen fueling station 48		
Hydrogen fueling station 49		
Hydrogen fueling station 50		

# **Invironmental Protection Agency**

Zero-Emission Technology Deployment Competition

Infrastructure Description

### Instructions

ample, if Port Area A and Port Area B are procuring the same EVSE, the EVSE will appear as two separate EVSE Groups. Similarl be updated semi-annually as infrastructure are procured and installed. Please only fill out shaded cells highlighted blue with a nfrastructure data definitions on Tab 24 (Data Dictionary) for data field definitions. All infrastructure including EVSE, shore powents. See below for more information on BABA.

### rica, Buy America (BABA) requirements

nerica Act (BABA), Public Law 117-58, §§ 70901-52, was signed into law. BABA requires that on or after May 14, 2022, all of the art of a project that includes the installation, upgrading, or replacement of infrastructure, then BABA applies to the entire infra

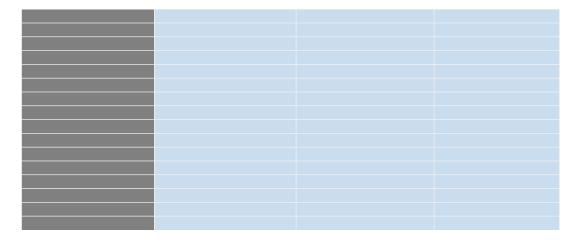
Refilling Pressure: If Other, specify below

Total Hydrogen Storage Tank Capacity (kg)

**Total Number of Dispensers** 

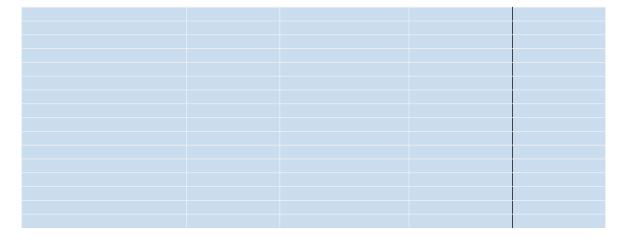
Maximum Dispensing Flow Rate per Hose (kg/min)

Example: 1,200	Example: 6	Example: 2



ly, for large port areas, if EVSE are diagonal pattern (///); additional wer, hydrogen fueling stations, on-
e iron, steel, manufactured products, istructure project. For more

				L
				Table 19b. H2 Dispen
Total Dispensing Capacity of the Station (kg/day)	Total Number of Cooling Systems	Total Number of Compressors	Number of Storage Tanks	Number of Dispenser Pedestals
Example: 600	Example: 2	Example: 2	Example: 3	Example: 3



ser Pedestal Details				Table 19c. H2 Storage Tank
Number of Hoses per Pedestal	H2 Dispenser Pedestal Manufacturer	H2 Dispenser Pedestal Model	H2 Dispenser Pedestal Manufacture Year	H2 Storage Tank Manufacturer
Example: 2	Example: H2 Hoses & Co.	Example: Magic Hose 1	Example: 2023	Example: H2 Super Tank

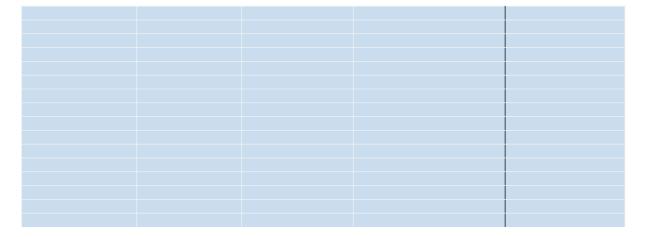


		Table 19d. H2 Compresso	
		Table 17d. 112 compressor	
H2 Storage Tank Model	H2 Storage Tank Manufacture Year	H2 Compressor Manufacturer	H2 Compressor Model
Example: ST001	Example: 2023	Example: Cool Engineering Co.	Example: H2+HD

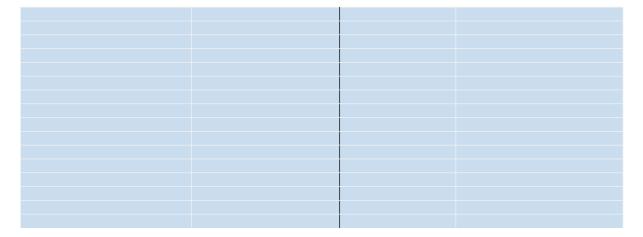


	Table 19e. H2 Cooling System	n (refrigeration and heat	exchanger)	Table 19f. Service Details
H2 Compressor Manufacture Year	H2 Cooling System Manufacturer	H2 Cooling System Model	H2 Cooling System Manufacture Year	Does the H2 fueling station serve multiple port facilities within this project? (select Yes/No from dropdown)
Example: 2023	Example: Cool and Beyond	Example: Cool H2+ Mark I	Example: 2023	Example: Yes

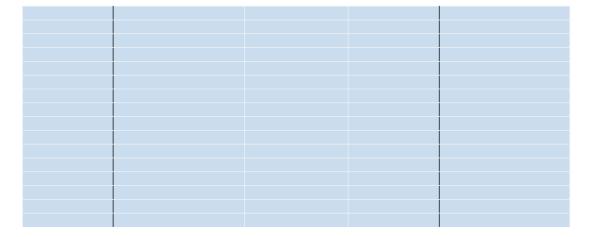


			Table 19g. Location	of H2 Station
Primary Location Served by the H2 fueling station: Associated Port Facility (select from dropdown)	Secondary Locations served by the H2 fueling station: Associated Port (use a semicolon between facilities)	Who owns the H2 Fueling Station?	State (select from dropdown)	County (select from dropdown)
Example: Port Houston	Example: Port of Galveston; UP Englewood Yard	Example: Port of Houston	Example: VA	Example: Arlington County

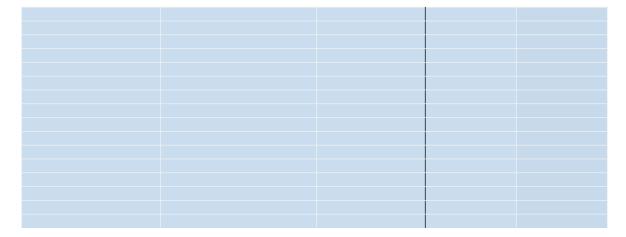


		Table 19h. Installation Details		
City	Zip Code	Street Address	Description of H2 Fueling Station Installation Work Performed	H2 Fueling Station Installation Performed by:
Example: Alexandria	Example: 22305	Example: 400 1st Street		Example: XYZ H2 Solutions

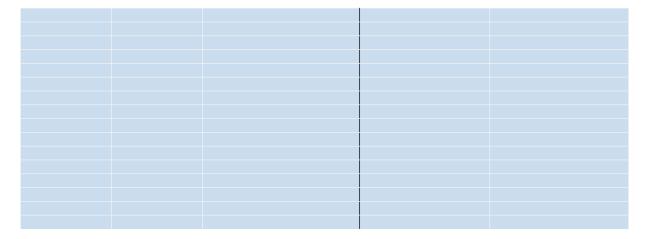


			Table 19i. BABA Compliance	
Date(s) of H2 Fueling Station & Equipment was Manufactured	Date of H2 Fueling Station Installation (mm/dd/yyyy)	Date H2 Fueling Station Operational	Is the Hydrogen Fueling Infrastructure BABA Compliant? (select from dropdown)	If No or Partly Compliant, explain
Example: compressor: 12/2023; housing: 3/2024	Example: 6/28/2024	Example: 8/28/2024	Example: Yes - This Infrastructure is BABA Compliant	

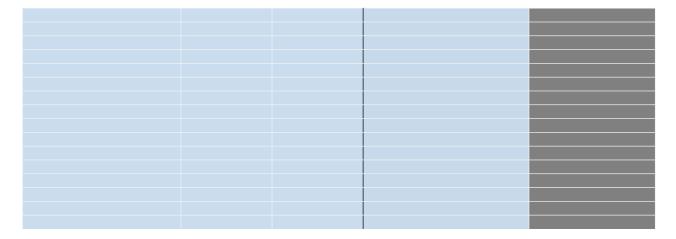
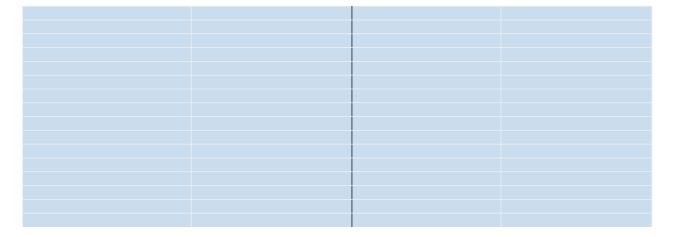
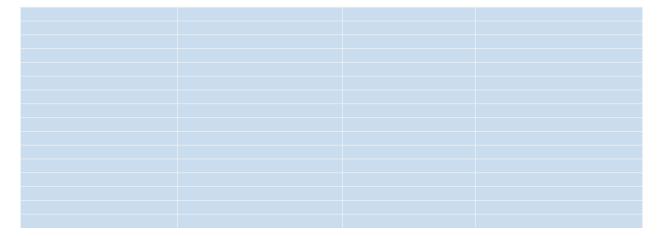


	Table 19j. Funding Details	
Is a waiver being used to fulfill BABA compliance for the H2 Fueling Infrastructure? (select from dropdown)	Total Funds Expended Per H2 Fueling Pedestal / Dispenser Acquisition:	Total EPA Funds Expended Per H2 Fueling Pedestal / Dispenser Acquisition:
Example: No - Infrastructure meets all BABA requirements	Example: \$200,000.00	Example: \$150,000.00



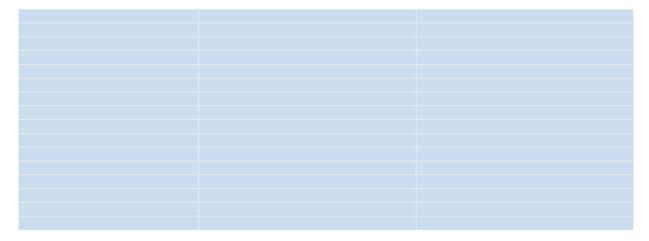
Total Funds Expended per H2 Fueling Storage Tank Total EPA Funds Expended per H2 Fueling Storage Tank Total Funds Expended per H2 Total EPA Funds Expended per H2 Fueling Compressor / Pump Fueling Compressor / Pump

Example: \$150,000.00	Example: \$150,000.00	Example: \$150,000.00	Example: \$150,000.00



Total Funds Expended per H2 Fueling Cooling (refrigeration and heat exchangers) System Total EPA Funds Expended per H2 Fueling Cooling (refrigeration and heat exchangers) System Total Funds Expended for Remaining H2 Fueling Balance of Plant (incl. electrical, controls, and other components):

Example: \$150,000.00	Example: \$150,000.00	Example: \$100,000.00

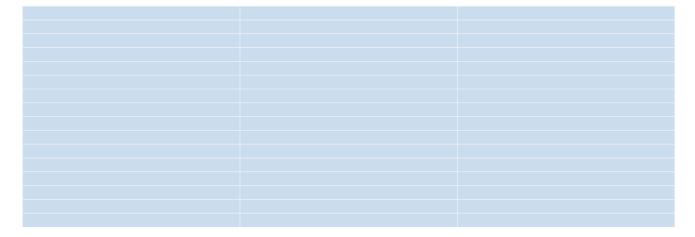


Total EPA Funds Expended for Remaining H2
Fueling Balance of Plant (incl. electrical, controls, and other components):

Description of H2 Fueling Component Costs for Remaining Balance of Plant (i.e. Describe the components with costs included as remaining balance of plant)

Total Funds Expended Installation Cost as remaining balance of plant)

Example: \$80,000.00	Example: Electrical components; control system	Example: \$25,000.00

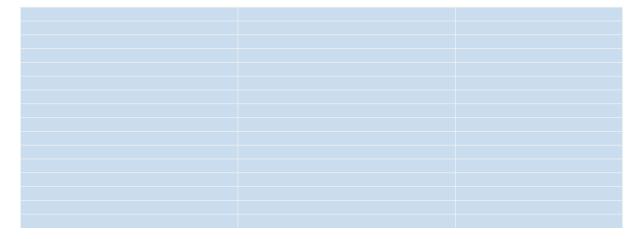


**Total EPA Funds Expended Installation Cost:** 

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

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

Example: \$12,000.00	Example: \$100.00	Example: \$100.00



# Description of Other Eligible H2 Fueling Related Expenses

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

eligible expenses)

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

Example: permit	Example: \$725,100.00	Example: \$542,000.00
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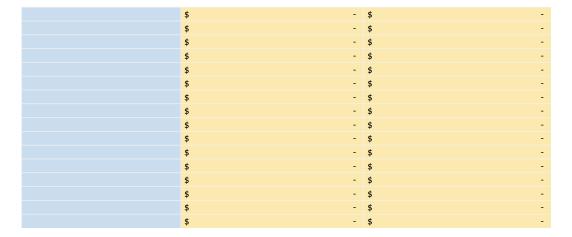


Table 19k. Expected Useful Life		
Expected Useful Life of Hydrogen Fueling Station: Number of Years	If equipment covered under warranty, provide the years of protection offered by warranty: Number of Years	Basis for Expected Useful Life of Hydrogen Fueling Station (e.g., manufacturer data or evidence from prior deployments)
Example: 30	Example: 5	Example: Equipment warranty

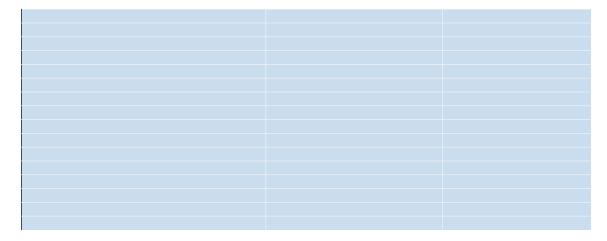


Table 19l. Year 1 H2	Station Utilization		Table 19m. Year 2 H	12 Station Utilization
Annual Total Number of Fueling Events Year 1	Annual Total H2 Dispensed (kg) Year 1	Type of Annual Values for H2 Fueling Station Activity Data Reported in Table 19I (select from dropdown) Year 1	Annual Total Number of Fueling Events Year 2	Annual Total H2 Dispensed (kg) Year 2
Example: 550	Example: 50,000	Example: Estimated based on incomplete observed data	Example: 550	Example: 50,000

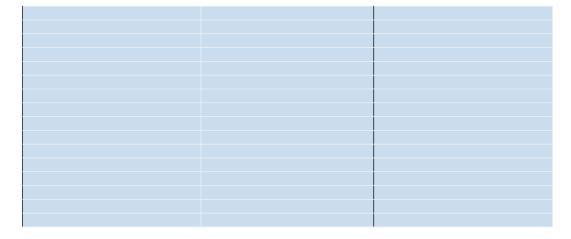
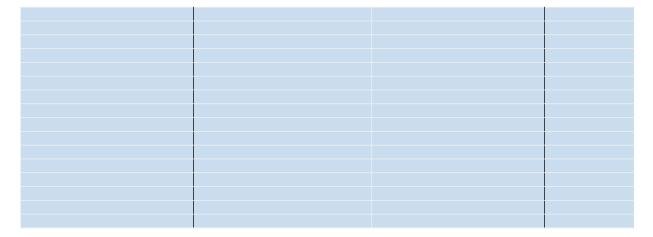
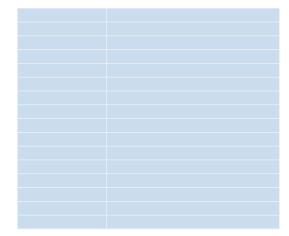


	Table 19n. Year 3 H	2 Station Utilization		Table 19o. Year 4 H2
Type of Annual Values for H2 Fueling Station Activity Data Reported in Table 19m (select from dropdown) Year 2	Annual Total Number of Fueling Events Year 3	Annual Total H2 Dispensed (kg) Year 3	Type of Annual Values for H2 Fueling Station Activity Data Reported in Table 19n (select from dropdown) Year 3	Annual Total Number of Fueling Events Year 4
Example: Estimated based on incomplete observed data	Example: 5	Example: 50,000	Example: Estimated based on incomplete observed data	Example: 5



! Station Utilization	
Annual Total H2 Dispensed (kg) Year 4	Type of Annual Values for H2 Fueling Station Activity Data Reported in Table 19o (select from dropdown) Year 4
Example: 50,000	Example: Estimated based on incomplete observed data



U. S. Environmental I

Clean Ports Program | Zero-Emission To

Infrastructure

Instruct

Please complete the below table if on-site power generation systems were purchased under the project.

For all infrastructure tables, the infrastructure needs to be listed by location of installation as well as primary port area of service. For example, if EVSE are being installed in two different locations, the EVSE needs to appear as two separate EVSE Groups. The Infrastructure worksheets should pattern (///); additional rows may be added as needed to capture all equipment, and may be accessed by unhiding rows in the tables below. Plea power, hydrogen fueling stations, on-site power generation systems, and battery energy storage systems (BESS) must comply with Build America,

Build America, Buy Americ

On November 15, 2021, the Infrastructure Investment and Jobs Act ("IIJA"), Pub. L. No. 117-58, which includes the Build America, Buy America Ac manufactured products, and construction materials used in a federally-funded infrastructure project are produced in the United States. If the EPA infrastructure project. For more information, please visit https://www.epa.gov/ports-initiative/cleanports#otaq-baba

Table 20. On-Site Power Generation Equipment Information | Note: If the on-site power generation includes an energy storage system, informa Infrastructure - BESS".

Table 20a. On-Site Power Generation Equipment Information

On-site Power Generation Unit (user is encouraged to modify values in this column. This is used to identify equipment when completing other tabs)	<b>Subawardee</b> (if part of subaward)	Type of energy generation (select from dropdown)	(include both panel	Model of On-site Power Generation (include both panel and inverter models)
Frample: On-site Power			Example: Panels: Great	Example: Panels:

Example: On-site Power Generation	Example: Solar	Example: Panels: Great Solar Co; Inverter: Blue Skies Electric Co	Example: Panels: model; Inverter: model
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			
On-site Power Generation 11			
On-site Power Generation 12			
On-site Power Generation 13			
On-site Power Generation 14			
On-site Power Generation 15			
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On-site Power Generation 28			
On-site Power Generation 29			
On-site Power Generation 30			
On-site Power Generation 31			

EPA Form Number: PFN 5900-721

On site Devices Company in 22		
On-site Power Generation 32		
On-site Power Generation 33		
On-site Power Generation 34		
On-site Power Generation 35		
On-site Power Generation 36		
On-site Power Generation 37		
On-site Power Generation 38		
On-site Power Generation 39		
On-site Power Generation 40		
On-site Power Generation 41		
On-site Power Generation 42		
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On-site Power Generation 48		
On-site Power Generation 49		
On-site Power Generation 50		

#### **Protection Agency**

echnology Deployment Competition

### Description

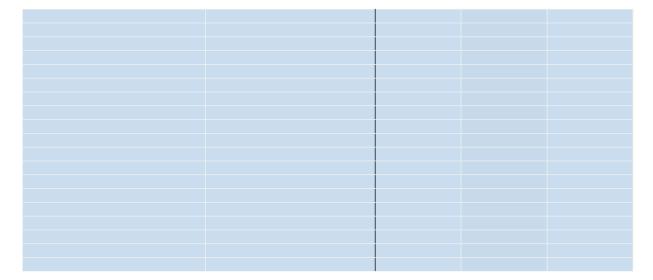
#### ions

Port Area A and Port Area B are procuring the same EVSE, the EVSE will appear as two separate EVSE Groups. Similarly, for large port areas, if be updated semi-annually as infrastructure are procured and installed. Please only fill out shaded cells highlighted **blue** with a diagonal ase refer to the Infrastructure data definitions on Tab 24 (Data Dictionary) for data field definitions. All infrastructure including EVSE, shore, Buy America (BABA) requirements. See below for more information on BABA.

## a (BABA) requirements

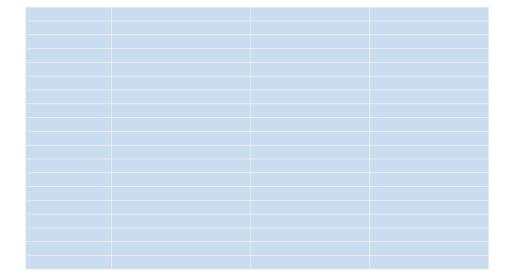
t (BABA), Public Law 117-58, §§ 70901-52, was signed into law. BABA requires that on or after May 14, 2022, all of the iron, steel, award funds part of a project that includes the installation, upgrading, or replacement of infrastructure, then BABA applies to the entire

tion for such system needs to be documented in Table 18 on the next tab, "18.				
		Table 20b. On-Site	Power Generation L	ocation Details
Nanufacture Date of On-site Power eneration nclude both panel and inverter nanufacture dates)	AC Capacity of the System (kW)	State (select from dropdown)	County (select from dropdown)	City
Example: Panels: 2023; Inverter: 2024	Example: 15 kW	Example: VA	Example: Arlington County	Example: Alexandria



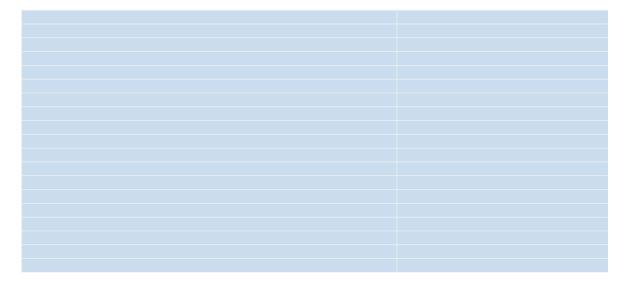
Zip Code Street Address Who owns the equipment? Does the On-Site Power Generation serve multiple port facilities? (select Yes/No from dropdown)

Example: 22305	Example: 400 1st Street	Example: Port of Houston	Example: Yes

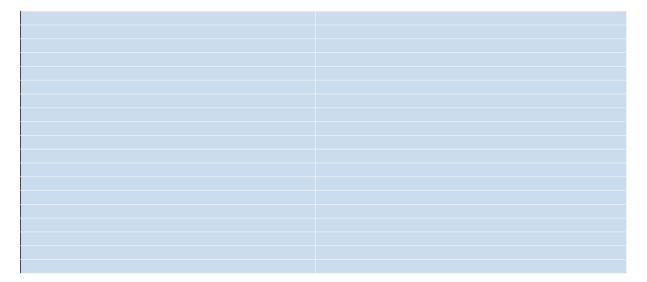


Primary Location Served by On-site Power generation: Associated Ports (select from dropdown)	Secondary Locations served by On-site power generation: Associated Ports (use a colon between facilities)
Example: Port Houston	Example: Port of Galveston, UP Englewood Yard

EPA Form Number: PFN 5900-721



able 20c. On-Site Power Generation Installation Detail	s
escription of Installation Work Performed	Installation of Power Generation Infrastructure Performed by
	Example: XYZ PowerGen Co.



# Date(s) On-Site Power Generation Equipment was Manufactured (Major components only, separated by a semicolon)

Example: equipment: 3/2024; housing: 6/2023

EPA Form Number: PFN 5900-721

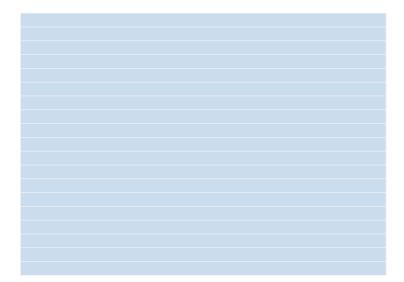
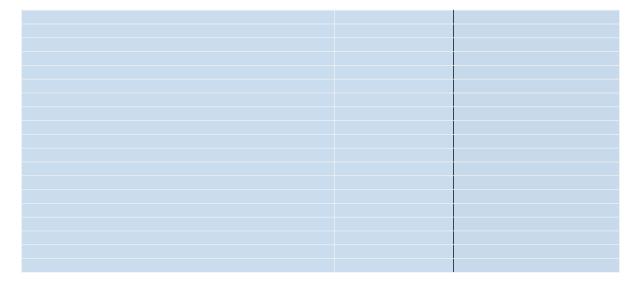


		Table 20d. BABA Compliance
Completion Date of the On-site Power Generation Installation (mm/dd/yyyy)	Generation Operational	Is the On-site Power Generation Infrastructure BABA Compliant? (select from dropdown)
Example: 6/28/2024	Example: 8/28/2024	Example: Yes - This Infrastructure is BABA Compliant



If No or Partly Compliant, explain

Is a waiver being used to fulfill BABA compliance for the On-site Power Generation?
(select from dropdown)

If Yes - Other EPA Waiver, explain

Example: No - Infrastructure meets all BABA requirements

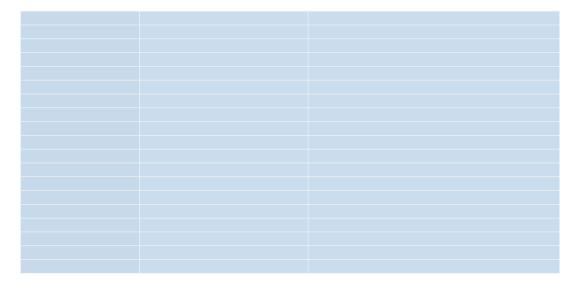
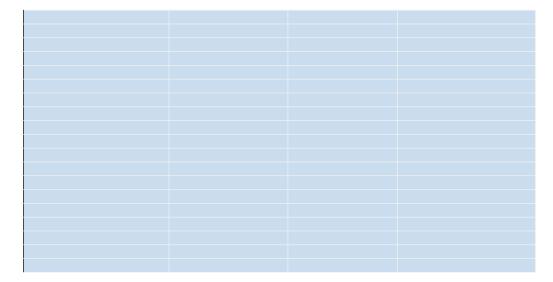


Table 20e. On-Site Power Genera	tion Cost Summary		
Equipment Cost <i>only</i> Per Power Generation System	Total EPA Funds Expended Per Power Generation System	Total Funds Expended Installation Cost	Total EPA Funds Expended Installation Cost
Example: \$45,000.00	Example: \$45,000.00	Example: \$7,000.00	Example: \$5,000.00



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

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

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

Example: \$100.00	Example: \$100.00	Example: permit

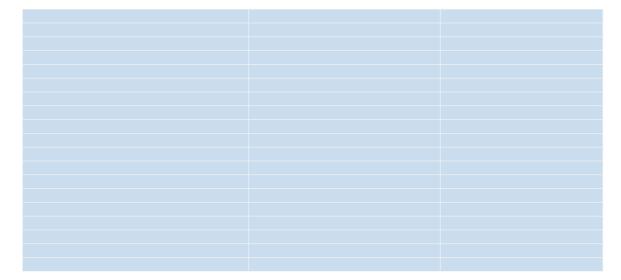
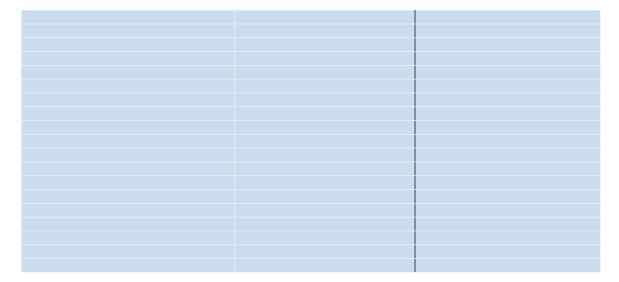


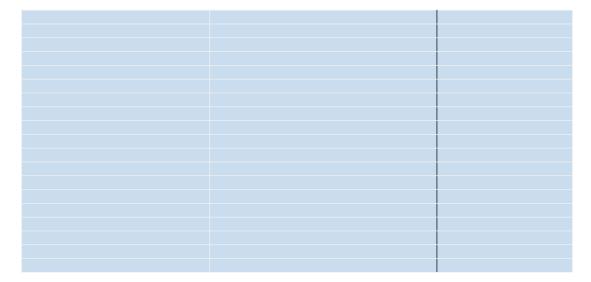
		Table 20f. Expected Useful Life
Total Funds Expended on On-site Power Generation Equipment, Installation, and other Eligible Expenses	Total EPA Funds Expended on On-site Power Generation Equipment, Installation, and other Eligible Expenses	Expected Useful Life of On-site Power Generation Equipment: Number of Years
Example: \$52,100.00	Example: \$50,100.00	Example: 30
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		Table 20g. Year 1 On-site Power Generatio
If equipment covered under warranty, provide the years of protection offered by warranty	Basis for Expected Useful Life of On-site Power Generation Equipment (e.g., manufacturer data or evidence from prior deployments)	On-Site Power Generation Annual Energy Dispensed (MWh) Year 1
Example: 5 years		Example: 8,000



n Activity Data		Table 20h. Year 2 On-site Powe
On-Site Power Generation Annual Percentage Uptime (based on hours) Year 1	Type of Annual Values for On-Site Power Generation Activity Data Reported in Table 20g (select from dropdown) Year 1	On-Site Power Generation Annual Energy Dispensed (MWh) Year 2
Example: 95%	Example: Estimated based on incomplete observed data	



r Generation Activity Data		Table 20i. Year 3 On-site Powe	r Generation Activity Data
On-Site Power Generation Annual Percentage Uptime (based on hours) Year 2	Type of Annual Values for On- Site Power Generation Activity Data Reported in Table 20h (select from dropdown) Year 2	On-Site Power Generation Annual Energy Dispensed (MWh) Year 3	On-Site Power Generation Annual Percentage Uptime (based on hours) Year 3

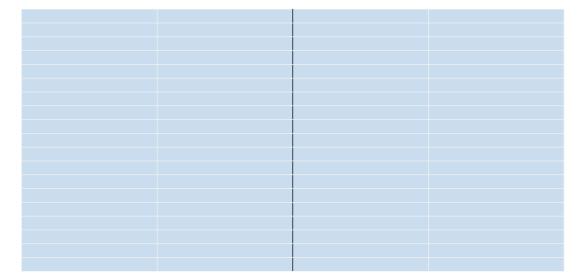
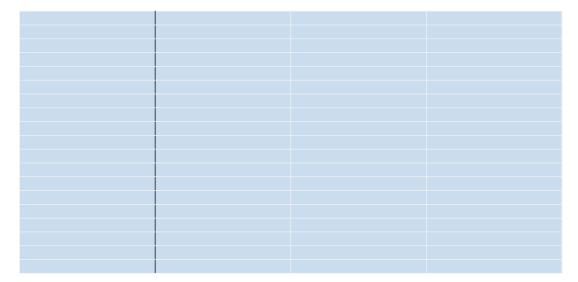


	Table 20j. Year 4 On-site Powe	r Generation Activity Data	
Type of Annual Values for On- Site Power Generation Activity Data Reported in Table 20i (select from dropdown) Year 3	On-Site Power Generation Annual Energy Dispensed (MWh) Year 4	On-Site Power Generation Annual Percentage Uptime (based on hours) Year 4	Type of Annual Values for On- Site Power Generation Activity Data Reported in Table 20j (select from dropdown) Year 4



Clea

Please complete the below table if battery energy storage systems were purchased under the project.

For all infrastructure tables, the infrastructure needs to be listed by location of installation as well as primary port area of service. For example needs to appear as two separate EVSE Groups. The Infrastructure worksheets should be updated semi-annually as infrastructure are procured tables below. Please refer to the Infrastructure data definitions on Tab 24 (Data Dictionary) for data field definitions. All infrastructure includin for more information on BABA.

On November 15, 2021, the Infrastructure Investment and Jobs Act ("IIJA"), Pub. L. No. 117-58, which includes the Build America, Buy America funded infrastructure project are produced in the United States. If the EPA award funds part of a project that includes the installation, upgradi

## Table 21. Battery Energy Storage System (BESS) Equipment Information Table 21a. BESS Equipment Overview

BESS Group (user is encouraged to modify values in this column. This is used to identify equipment when completing other tabs)

**Subawardee** (if part of subaward)

Manufacturer of BESS

**Model of BESS** 

**Manufacture Year of BESS Number of Units** 

Example: BESS	Example:	Example: Manufacturer Name	Example: Model Name	Example: 2023	Example: 2
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					
BESS Group 11					
BESS Group 12					
BESS Group 13					
BESS Group 14					
BESS Group 15					
BESS Group 16					
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BESS Group 30					
BESS Group 31					
BESS Group 32					
BESS Group 33					

BESS Group 34			
BESS Group 35			
BESS Group 36			
BESS Group 37			
BESS Group 38			
BESS Group 39			
BESS Group 40			
BESS Group 41			
BESS Group 42			
BESS Group 43			
BESS Group 44			
BESS Group 45			
BESS Group 46			
BESS Group 47			
BESS Group 48			
BESS Group 49			
BESS Group 50			

## U. S. Environmental Protection Agency

an Ports Program | Zero-Emission Technology Deployment Competition

Infrastructure Description

## Instructions

, if Port Area A and Port Area B are procuring the same EVSE, the EVSE will appear as two separate EVSE Groups. Similarly, for larg and installed. Please only fill out shaded cells highlighted blue with a diagonal pattern (///); additional rows may be added as neg EVSE, shore power, hydrogen fueling stations, on-site power generation systems, and battery energy storage systems (BESS) mu

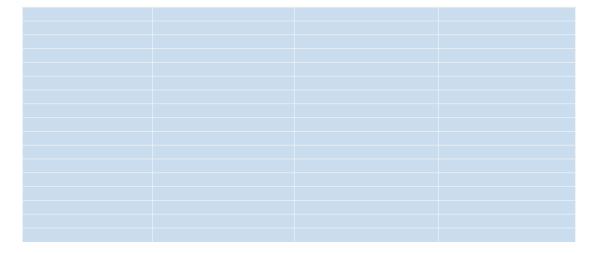
## Build America, Buy America (BABA) requirements

Act (BABA), Public Law 117-58, §§ 70901-52, was signed into law. BABA requires that on or after May 14, 2022, all of the iron, ste ng, or replacement of infrastructure, then BABA applies to the entire infrastructure project. For more information, please visit htt

 $\begin{tabular}{ll} \textbf{Total Energy Capacity (MWh)} & \textbf{Maximum Continuous} \\ \textbf{Discharge AC Power (kW)} \\ \end{tabular}$ 

Maximum Continuous Discharge DC Power (kW) **Battery Chemistry** (select from dropdown)

Example: 5 MWh	Example: 1200	Example: 2400	Example: Lithium Nickel Cobalt Aluminum (Li-NCA)



ge port areas, if EVSE are being installed in two different locations, the EVSE eded to capture all equipment, and may be accessed by unhiding rows in the 1st comply with Build America, Buy America (BABA) requirements. See below
el, manufactured products, and construction materials used in a federally-ps://www.epa.gov/ports-initiative/cleanports#otaq-baba

If 'Other' selected for Battery Chemistry, describe

Is the Battery
Warranty
Included?
(select Yes/No from dropdown)

Battery Warranty:
Number of Years

**Battery Warranty: Total Discharged Energy** (please indicate unit; kWh or MWh)

Energy Retention at the End of Warranty Period (%)

Example:	Example: Yes	Example: 8	Example: 20000 MWh	Example: 70%

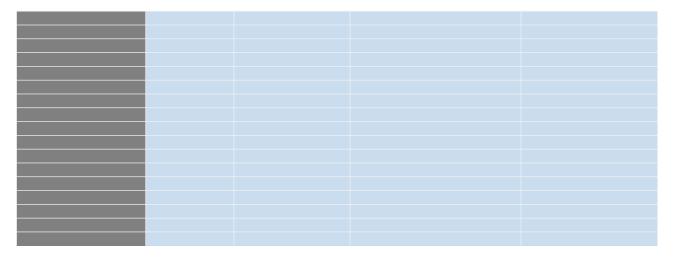


Table 21b. Location	of BESS Infrastructu	re			
State (select from dropdown)	County (select from dropdown)	City	Zip Code	Street Address	Who owns the equipment?
Example: VA	Example: Arlington County	Example: Alexandria	Example: 22305	Example: 400 1st Street	Example: Port of Houston

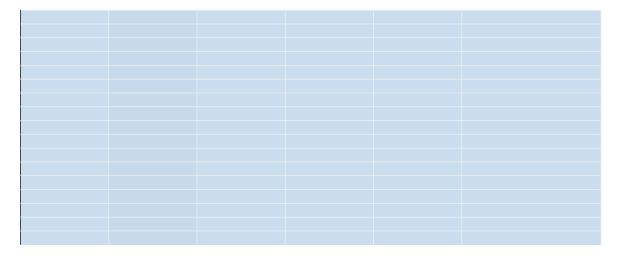
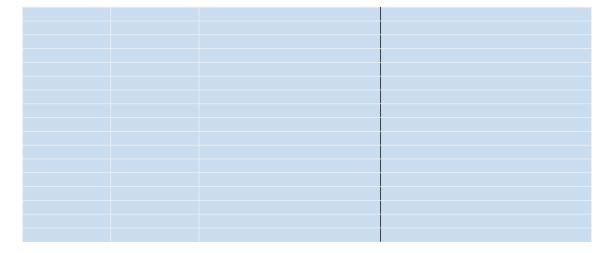


			Table 21c. BESS Installation Details
Does the BESS serve multiple port facilities? (select Yes/No from dropdown)	Primary Location Served by BESS: Associated Port (select from dropdown)	Secondary Locations served by BESS: Associated Port(s) (use a colon between facilities)	Description of Installation Work Performed
Example: Yes	Example: Port Houston	Example: Port of Galveston; UP Englewood Yard	
FDA Form Number: D	EN 5000 704		



BESS Installation Performed by Date(s) BESS and related Equipment were Manufactured Completion Date of the BESS Detailed (mm/dd/yyyy)

Date BESS Operational (mm/dd/yyyy)

Example: Battery & Co.	Example: battery: 3/2024; housing: 6/2023	Example: 6/28/2024	Example: 8/28/2024

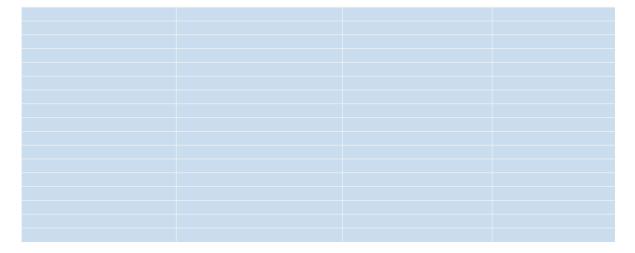


Table 21d. BABA Complian	ce		
is the BESS Infrastructure BABA Compliant? (select from dropdown)	If No or Partly Compliant, explain	Is a waiver being used to fulfill BABA compliance for the BESS? (select from dropdown)	If Yes - Other EPA Waiver, explain
Example: Yes - This Infrastructure is BABA Compliant		Example: No - Infrastructure meets all BABA requirements	

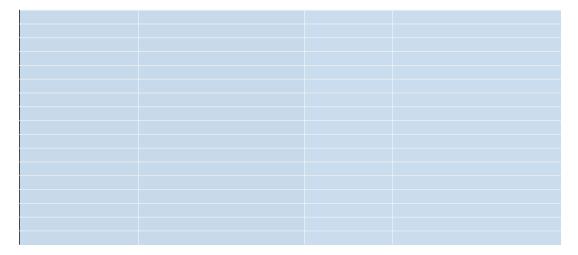
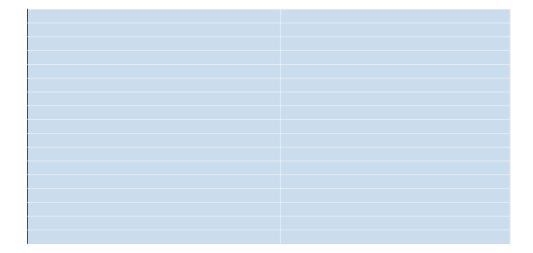


Table 21e. BESS Cost Summary	
Total Equipment Cost Expended Per Unit Acquisition	Total EPA Funds Expended Per Unit Acquisition
Example: \$48,000.00	Example: \$20,000.00



Total Funds Expended for BESS Acquisition

Total EPA Funds Expended for BESS Acquisition

**Total Funds Expended Installation Cost** 

Example: \$96,000.00	Example: \$40,000.00	Example: \$12,000.00
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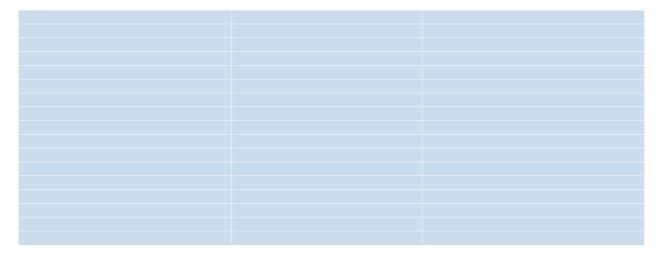
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**Total EPA Funds Expended Installation Cost** 

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

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

Example: \$10,000	Example: \$100.00	Example: \$100.00
EPA Form Number: PFN 5900-721		

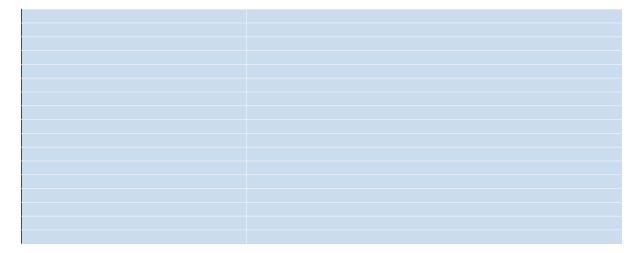


Description of Other Eligible BESS Related Expenses Total Funds Expended on BESS Equipment, Installation, and Other Eligible Expenses Total EPA Funds Expended BESS Equipment, Installation, and Other Eligible Expenses

Example: permit	Example: \$108,100.00	Example: \$30,100.00
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Table 21f. Expected Useful Life			
Expected Useful Life of BESS: Number of Years	Basis for Expected Useful Life of BESS (e.g., manufacturer data or evidence from prior deployments)		
Example: 30			



SSS Annual Energy spensed/Discharged (MWh) aar 1	BESS Annual Energy Received/Charged from Grid (MWh) Year 1	BESS Annual Percentage Uptime (based or hours) Year 1
ample: 5,000	Example: 5500	Example: 98%

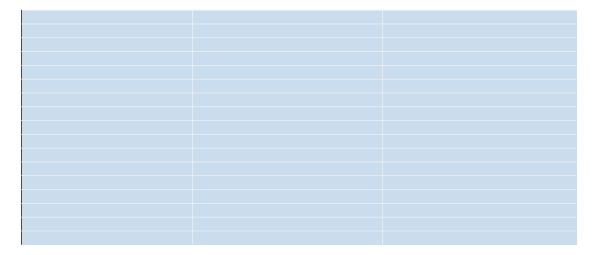
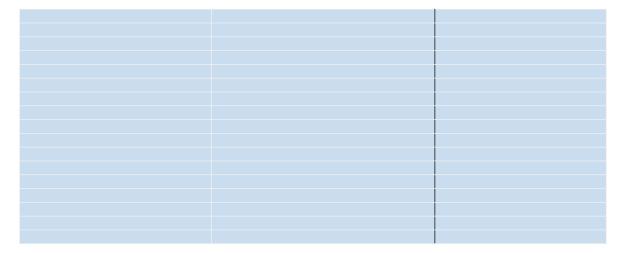


		Table 21h. Year 2 BESS Activity Data
Has the BESS infrastructure been EVER charged by an internal combustion generator in the past year? (Yes or No) Year 1	Type of Annual Values for BESS Activity Data Reported in Table 21g (select from dropdown) Year 1	BESS Annual Energy Dispensed/Discharged (MWh) Year 2
Example: Yes	Example: Estimated based on incomplete observed data	Example: 5,000
EDA Form Number: DEN 5000-721		



BESS Annual Energy Received/Charged from Grid (MWh) Year 2	BESS Annual Percentage Uptime (based on hours) Year 2	Has the BESS infrastructure been EVER charged by an internal combustion generator in the past year? (Yes or No) Year 2
Example: 5,500	Example: 98%	Example: Yes

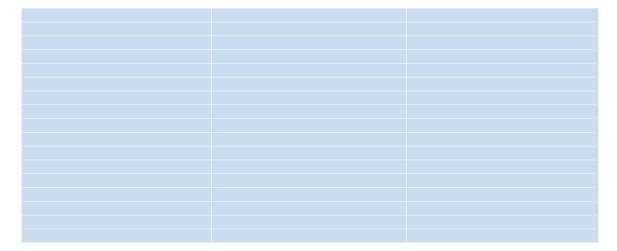
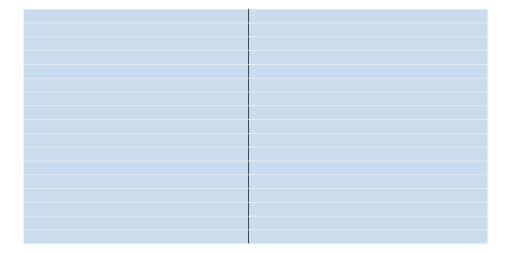
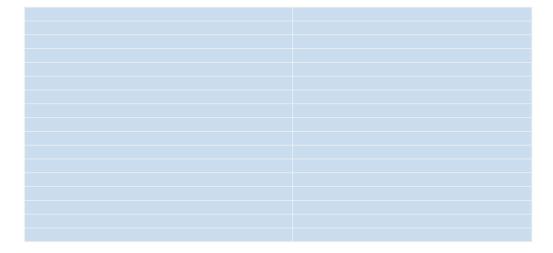


Table 21i. Year 3 BESS Activity Data		
Type of Annual Values for BESS Activity Data Reported in Table 21h (select from dropdown) Year 2	BESS Annual Energy Dispensed/Discharged (MWh) Year 3	
Example: Estimated based on incomplete observed data	Example: 5,000	



BESS Annual Energy Received/Charged from Grid (MWh) Year 3	BESS Annual Percentage Uptime (based on hours) Year 3
Example: 5,500	Example: 98%



Has the BESS infrastructure been EVER charged by an internal combustion generator in the past year? (Yes or No) Year 3	Type of Annual Values for BESS Activity Data Reported in Table 21i (select from dropdown) Year 3
Example: Yes	Example: Estimated based on incomplete observed data

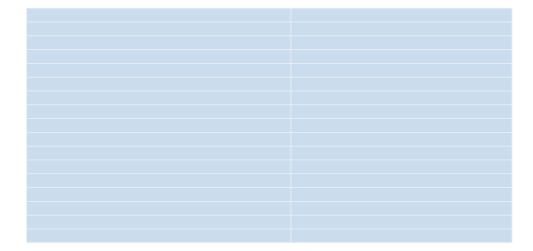
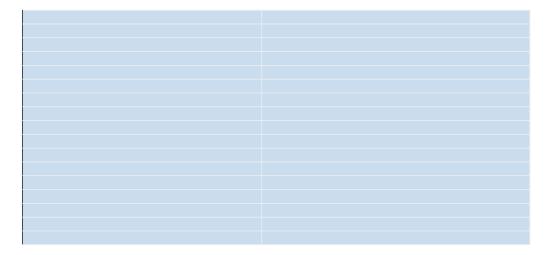
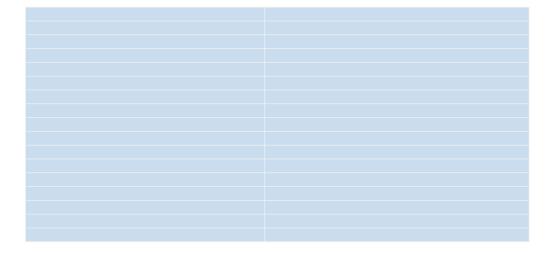


Table 21j. Year 4 BESS Activity Data	
BESS Annual Energy Dispensed/Discharged (MWh) Year 4	BESS Annual Energy Received/Charged from Grid (MWh) Year 4
Example: 5,000	Example: 5,500
EDA Form Number: DEN 5900-721	



BESS Annual Percentage Uptime (based on hours) Year 4	Has the BESS infrastructure been EVER charged by an internal combustion generator in the past year? (Yes or No) Year 4
Example: 98%	Example: Yes



Type of Annual Values for BESS Activity Data Reported in Table 21j (select from dropdown) Year 4 Example: Estimated based on incomplete observed data

## U. S. Environmental Protection Agency

Clean Ports Program | Zero-Emission Technology Deployment Competition

## Infrastructure Description

## Instructions

Please complete the below text response if any other eligible infrastructure activity was funded by this grant.

The Infrastructure worksheets should be updated semi-annually as infrastructure are procured and installed. Please only fill out shaded cells highlighted blue with a diagonal pattern (///). Please refer to the Infrastructure data definitions on Tab 24 (Data Dictionary) for data field definitions. All infrastructure including EVSE, shore power, hydrogen fueling stations, on-site power generation systems, and battery energy storage systems (BESS) must comply with Build America, Buy America (BABA) requirements. See below for more information on BABA.

## Build America, Buy America (BABA) requirements

On November 15, 2021, the Infrastructure Investment and Jobs Act ("IIJA"), Pub. L. No. 117-58, which includes the Build America, Buy America Act (BABA), Public Law 117-58, §§ 70901-52, was signed into law. BABA requires that on or after May 14, 2022, all of the iron, steel, manufactured products, and construction materials used in a federally-funded infrastructure project are produced in the United States. If the EPA award funds part of a project that includes the installation, upgrading, or replacement of infrastructure, then BABA applies to the entire infrastructure project. For more information, please visit https://www.epa.gov/ports-initiative/cleanports#otaq-baba

Question	Answer
Are there any other infrastructure projects associated with this grant that are not listed on the previous sheets? (select Yes/No)	
If no, please leave this section blank. If yes, please provide details in the box below to the right on the infrastructure project and describe how BABA compliance was determined.	

U. S. Enviro

Cl€ Final Report: Fir Table 23a. Projec Record fi Please paste <u>all</u> planned activities, outputs, and outcomes from the last interannual report. Please indicate the final results below. This tab includes multiple tables which may require scrolling down to access. Activities **Anticipated Outputs** 

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

U. S. Enviro Cle Final Report: Fir

Table 23b. Project Updates - Programmatic and Narrative Financial Results of Project

U. S. Enviro Cle Final Report: Fir

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 the table above.	
3. Provide a narrative discussion of the actual project results (outputs and outcomes) and how the results are quantified. These may include, but are not limited to:  Example outputs:  - Number of ZE drayage trucks purchased; - Number of existing drayage trucks (with internal combustion engines) scrapped; - Number and type of infrastructure systems installed; - Number of local residents and community-based organizations participating in the design, planning, and performance of the project; - Other  Example outcomes: - Emissions reductions, such as tons of pollution avoided annually or over the lifetime of the drayage trucks; - Net reductions in gallons of diesel fuel used annually or over the lifetime of the drayage trucks; - Establishment of forums to engage near-port communities; - Increased capacity for port staff to consider community perspectives in decision-making; - Other	

	U. S. Enviro Cle Final Report: Fir
4. Provide information on subrecipients and vendors: - Sub-recipient information (name, award amount, project description); - Vendor information (name, payment amount, good/services provided); - Utility providers for equipment featured in this project - Hydrogen providers for equipment	
5. Provide a narrative discussion of the successes and lessons learned for the entire project.	
6. If any cost-share or additional leveraged funds are reported, identify the source of the funds.	
7. Was any program income generated during the project period? Identify amount of program income, how it was generated, and how the program income was used.	

U. S. Enviro Cl€

Final Report: Fir 8. For projects involving vehicle/equipment scrappage, please provide: a) Evidence that the scrapped vehicles/equipment met all ownership, usage, and remaining life requirements described in the program Terms and Conditions. Participating fleet owners must attest to each of these criteria in a signed eligibility statement that includes each equipment make, model, year, vehicle or other unique identification number, odometer/usage meter reading, engine make, model, year, horsepower, engine ID or serial number, and vehicle/equipment/vessel registration/licensing number and state. b) Evidence that the scrapped vehicles/equipment were scrapped or rendered permanently disabled within two years of being replaced, or before the end of the project performance period, whichever comes first. Vehicles/equipment must be scrapped using the preferred method described in the program Terms and Conditions or another acceptable scrappage method approved by the EPA. \*Include Attachments as Necessary 9. Did you include at least one photo of successful, new equipment(s) or vehicle(s) employed? If yes, please indicate if you approve of permission for EPA's future use of the photo(s) in future internal and external documents including, but not limited to Reports to Congress and case studies highlighting Clean Ports Program success stories. 10. Do you have any other comments or feedback? Table 23c. Project Updates - Subaward Reporting Requirements (if applicable) Please provide subaward information on the project and an explanation in each cell below. Question Answer

U. S. Enviro

	Cle <b>Final Report: Fi</b> n
Did this project feature subawards? If yes, please provide the information requested below.	
Summaries of results of reviews of financial and programmatic reports	
Summaries of findings from site visits and/or desk reviews to ensure effective subrecipient performance	
Environmental results the subrecipient achieved	
Summaries of audit findings and related pass-through entity management decisions	
Actions the pass-through entity has taken to correct deficiencies such as those specified at 2 CFR 200.332, 2 CFR 200.208 and the 2 CFR 200.339 Remedies for Noncompliance	

an Ports Program ancial and Narrative Summary	
t Updates - Narrative Responses nal project information.	
Authorized Outcomes	Astro-Controlate
Anticipated Outcomes	Actual Outputs

nmental Protection Agency

Actual Outcomes

```
U. S. Environmental Protection Agency
Program | Project Reporting Template Data Dictionary
                                                                                                                                                                                                                                                Clean Ports P
  Tab 2. Recipient & Project Detai
   Recipient Organization Name
Recipient Address - Street
Recipient Address - City
Recipient Address - State (select from dr
Recipient Address - Zip Code
Primary Contact Information - Name
Primary Contact Information - Title/Role
Primary Contact Information - Phone
Primary Contact Information - Email
                                                                                                                                                                                                                                                                           Enter Name of Recipient Organization
Provide the street mane and number of mailing address of Recipient Organization
Provide the city of mailing address of Recipient Organization
Provide the tate of mailing address of Recipient Organization
Provide the Tate Ordaniling address of Recipient Organization
Provide the Tay Code of mailing address of Recipient Organization
Provide the Tay Code of mailing address of Recipient Organization
Provide the tallow of the Primary Contact for this award
Provide the none number of the Primary Contact for this award
Provide the hone mumber of the Primary Contact for this award
         ecipient Type
ee NOFO Section III.A for details)
                                                                                                                                                                                                                                                                            Select from dropdown which of the following options best describes the Recipient: Port Authority: State Agency with jurisdiction over a port authority or port; Tribal agency with jurisdiction over a port authority or port; according to port, recipient Agency with jurisdiction over a port authority or port; a Polithion Control Agency; Eligible Private Entity
  Affiliate Port Authority
(if applicable)
                                                                                                                                                                                                                                                                            For Recipients that are not Port Authorities or which have affiliated port authorities, provide the name(s) of the port authorities
                                                                                                                                                                                                                                                                        For Recipients that are not Port Authorities or which have affiliated port authorities, provide the name(s) of the port authorities

Enter the SAM, gov Unique Entity Identification Number for the Recipient

Enter the PSAM grow Inique Entity Identification Number for the Recipient

Enter the Project prior distrat date (mm/dd/yyyy)

Enter the project period start date (mm/dd/yyy)

Enter the project period start date (mm/dd/y
      AM.gov Unique Entity ID (UEI)
PA Grant ID Number
  EPA Grant ID Number
Project Title
Project Period - Project start date
Project Period - Project end date
Short Project Description
Total EPA Funding
Total Recipient Costs
Total Project Costs
  Total Funding for ZE Equipment
This field will auto-populate upon completing the 'Fleet Description' tab.
                                                                                                                                                                                                                                                                            This field will auto-populate upon completing 'New Fleet Description' tab
  Total Funding for Charging and/or Fueling Infrastructure
This field will auto-populate upon completing the 'Infrastructure' tabs.
                                                                                                                                                                                                                                                                         This field will auto-populate upon completing 'Infrastructure' tabs.
This field will auto-populate upon completing the 'Infrastructure' labs.

Z Technology Deployment Project Soope - Curay al Vehilds

Z Technology Deployment Project Soope - Curay Plandling Equipment and Other Nonroad

Z Technology Deployment Project Soope - Locomothe and Rail

Z Technology Deployment Project Soope - Moraine and Harbor Vessels

Z Technology Deployment Project Soope - Project Feature Scrappage of Equivalent Equipment?

Z Technology Deployment Project Soope - Project Feature Scrappage of Equivalent Equipment?

Z Technology Deployment Project Soope - Project Feature Scrappage of Equivalent Equipment?

Z Technology Deployment Project Soope - Shore Power Infrastructure

Z Technology Deployment Project Soope - Shore Power Infrastructure

Z Technology Deployment Project Soope - Shore Power Infrastructure

Z Technology Deployment Project Soope - Shore Power Infrastructure

Z Technology Deployment Project Soope - Shore Power Infrastructure

Z Technology Deployment Project Soope - Shore Power Infrastructure

Z Technology Deployment Project Soope - Shore Power Infrastructure
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These fields will auto-populate with X-upon completing. The Section of the S
                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             ent (EVSE) ' tab.
  Small Water Port Project?
(See NOFO Section II.B for specifications)
                                                                                                                                                                                                                                                                           Select Yes or No from dropdown
  Dry Port Project?
(See NOFO section I.B. for specifications)
                                                                                                                                                                                                                                                                           Select Yes or No from dropdown
       oes the Recipient use LOGINK or any other prohibited logistics platform as described in NOFO
                                                                                                                                                                                                                                                                         Select Yes or No from dropdown
      would like to be contacted by the EPA or its partners about participating in research opportunities or provide vehicle/equipment and/or infrastructure activity data from equipment included in this prant providing vehicle/equipment and/or infrastructure activity data from equipment included in this grant
  Tab 3. Project Partners
Table 3a: Project Partners
      rroject Partner Organization Name
rrimary Contact Information for Project Partner(s):
lame
                                                                                                                                                                                                                                                                            Provide the name(s) of the organizations working in partnership with the recipient on this project
                                                                                                                                                                                                                                                                           Provide the name(s) of the primary contact at this partner organization
  Primary Contact Information for Project Partner(s):
Title/Role
                                                                                                                                                                                                                                                                         Provide the title or role of the primary contact at this partner organization
  Primary Contact Information for Project Partner(s):
Email
                                                                                                                                                                                                                                                                           Provide the email address of the primary contact at this partner organizat
      rimary Contact Information for Project Partner(s):
                                                                                                                                                                                                                                                                           Provide the phone number of the primary contact at this partner organization
                                                                                                                                                                                                                                                                         Select from dropdown which of the following options best describes the partner organization(s): Port Authority; State Agency with jurisdiction over a port authority or port; Tribal agency with jurisdiction over a port authority or a port; Regional Agency with jurisdiction over a port authority or port; Loral Agency with jurisdiction over a port authority or port; Loral Agency with jurisdiction over a port authority or port; Loral Agency with jurisdiction over a port authority or port; Air Pollution Control Agency; Eligible Private Entity, Other
  Type of Organization
(select from dropdown)
 Type of Organization
If Other selected for Type of Organization, describe
                                                                                                                                                                                                                                                                           Enter in a brief description of the type of organization
                                                                                                                                                                                                                                                                         Select from dropdown: Statutory Partner or Collaborating Entity (non-statutory)
      tole in Project
                                                                                                                                                                                                                                                                         Enter in a brief description of the role this project partner is expected to have
     in this partner a subawardee?
select Yes/No from dropdown)
                                                                                                                                                                                                                                                                           Select from dropdown to indicate whether the partner organization is a subaw
  Tab 4. Subawardees
Table 4a: Subawardee Profile
                                                                                                                                                                                                                                                                            Provide the name(s) of the organizations receiving subawards as part of this project
                                                                                                                                                                                                                                                                           Enter a unique ID or number for each subawardee
     Role in Project
(select from dropdown)
                                                                                                                                                                                                                                                                           Select from dropdown: Recipient of funds for ZE equipment deployment: Recipient of funds for ZE infrastructure deployment: Other
     Role in Project
f Other selected for 'Role in Project', describe
                                                                                                                                                                                                                                                                           Enter in a brief description of the role this project partner is expected to have
   Subaward Funding Amount
Subaward Funding Amount
Subaward Funding Amount
Subaward Reporting Requirements
Summaries of results of reviews of financial and programmatic reports
Summaries of findings from site visits and/or desk reviews to ensure effective subrecipient
Pentingmantal Control
                                                                                                                                                                                                                                                                            See supporting program documentation for more details
                                                                                                                                                                                                                                                                           See supporting program documentation for more details
  pertormance
Environmental results the subrecipient achieved
Summaries of audit findings and related pass-through entity management decisions
Actions the pass-through entity has taken to correct deficiencies such as those specified at 2 CFR
200.332, 2 CFR 200.208 and the 2 CFR 200.339 Remedies for Noncompliance
                                                                                                                                                                                                                                                                            See supporting program documentation for more details
See supporting program documentation for more details
                                                                                                                                                                                                                                                                         See supporting program documentation for more details
  Tab 5. Port Facility Locations
Table 5a: Port/Port Facility Location(s)
  Port/Port Facility Name
If a port or port facility spans more than one county, please enter a new line for each unique county.

If a port or port facility spans more than one county, please enter a new line for each unique county.
  Project Site ID
Port Authority Name (if applicable)
                                                                                                                                                                                                                                                                         Prepopulated; used for looking up tables in other tables
Enter in the Port Authority Name associated with this Port or Port Facility, if applical
                                                                                                                                                                                                                                                                           Select the state abbreviation from the dropdown list provided
  State
(select from dropdown)
                                                                                                                                                                                                                                                                           Select the county name from the dropdown list provided; note the dropdown menu will only work if the state field for that row is completed
                                                                                                                                                                                                                                                                            Enter in the name of the city in which the Port/Port Facility is located 
Provide a brief comment about which project activity or activities are expected to be completed at this site
   City
Description of Project Activity at Port/Port Facility
  Estimate of the Share of Overall Project Activity at this Site
[For each project location, enter a value between 0-100% based on the percentage of the total grant activities taking place at that location. The sum of the 
 activities taking place at that location.)

County FIPS Code

FIPA Region

Does this county contains a PM2.5 or Ozone Nonattainment Area?

Does this county contains a Severe or Extreme Cozone Nonattainment Area?

Does this county contains a PM2.5 or Ozone Maintenance Area?

The Commission of Commission and Commissione Area?

Table Actional Locations

Table Actional Locations

Table Actional Locations
                                                                                                                                                                                                                                                                         Autopopulates
Autopopulates
Autopopulates
Autopopulates
                                                                                                                                                                                          onal project locations found outside of the ports and port facilities listed in Table 3a above.
  Site Name
If an Additional Site spans more than 1 county, please enter a new line for each unique county.
                                                                                                                                                                                                                                                                           If an Additional Site spans more than one county, please enter a new line for each unique county
         oiect Site ID
                                                                                                                                                                                                                                                                         Prepopulated: used for looking up tables in other tables
   Port(s)/Port Facilities Served by Location
(separate additional ports by semicolon)
                                                                                                                                                                                                                                                                         Separate additional ports by semicolon
 State
(select from dropdown)
                                                                                                                                                                                                                                                                           Select the county name from the dropdown list provided; note the dropdown menu will only work if the state field for that row is completed
                                                                                                                                                                                                                                                                           Enter in the name of the city in which the Additional Project Location is located
 .
Description of Project Activity at Site
(if known)
                                                                                                                                                                                                                                                                           Provide a brief comment about which project activity or activities are expected to be completed at this site
 Estimate of the Share of Overall Project Activity at Site

Estimate for the Share of Overall Project Activity at Site

Estimate for the Share of Overall Project Activity at Site

For each project location, enter a value between 0-100% based on the percentage of the total grant activities taking place at that location. The sum of activities taking locate at that location at the values in column H across both Table 5a on the previous sheet and Table 6a on this sheet should equal 100%.
                                                                                                                                                                                                                                                                         Autopopulates
Autopopulates
Autopopulates
Autopopulates
   Does this county contains a PM2.5 or Ozone Nonattainment Area?

Does this county contains a Severe or Extreme Ozone Nonattainment Area?
 Does this county contains a Servez or Extreme Cone wondamminen ne ran.

Does this county contains a Servez or Extreme Cone Monatainment Area?

Does this county contain an 8PM2.5 or Cone Maintenance Area?

Does this county contain an area with high Ambient Disest PM Concentration?

Tab 7. Amendments and Medifications

Tab 7. Amendments and Medifications

Tab 7. Amendments and Medifications

Tab 7. Amendments and Medifications
                                                                                                                                                                                                                                                                            Autopopulates
 Were there any changes to planning activities, whicle or equipment numbers, number of infrastructure (tems, and/or funding amounts in each year of the project period of performance? Select 'Yes' or Nor mo below; if yes, complete Table 'Pal)
Number of Amendments and/or Modifications By Year
Change in Funding Amount by Year
Table '7b. Post-Award Amendments
                                                                                                                                                                                                                                                                         Use the dropdown options to select "Yes" or "No". Select yes if, in each year of the project period of performance, there were any changes to plan activities, vehicles or equipment numbers, numbers of infrastructure items, and/or fundine amounts
                                                                                                                                                                                                                                                                            No action - autopopulated from Table 7b
No action - autopopulated from Table 7b
       pdate Year
elect from dropdown)
                                                                                                                                                                                                                                                                           Select the update year for the post-award amendment or modification
                                                                                                                                                                                                                                                                         Use the dropdown options to select "Formal Amendment" or "Project Officer Notification/Informal Modification" to describe the change to be recorded.
   Type of Award Modification
(select from drondown)
                                                                                                                                                                                                                                                                           Use the dropdown menu to select from one of the following options to best describe the award or modification to be recorded: "Changes to Zero Emission Fueling and/or Charging Infrastructure Deployment", "Changes to Zero Emission Vehicle or Equipment Deployment", or "Changes to Other
      hort Description of Modification (select from dropdown)
```

In a few phrases, briefly describe the scope of the amendment or modification. Note: specific equipment name or quantity changes and corresponding the changes may be recorded in the subsequent fields in the table (e.g., columns F-K) Briefly Describe the Modification
Original Vehicle, Equipment, Fueling, and/or Charger Type
Updated Vehicle, Equipment, Fueling, and/or Charger Type
Original Quantity of Vehicle, Equipment, Fueling, and/or Charger
Updated Quantity of Vehicle, Equipment, Fueling, and/or Charger
Original Funding Request Amount
Updated Funding Request Amount
Change in Funding Amount budget changes may be recorded in the subsequent fields in the table (e) Describe the vehicle or equipment type for the original activity Describe the vehicle or equipment type for the updated activity Enter the quantity of wehicles or equipment types for the original activity Enter the quantity of wehicles or equipment types for the updated activity Enter the quantity of wehicles or equipment types for the updated activity Enter the flunding request amount for the original activity Enter the flunding request amount for the updated activity Enter the funding request armount is the upon the second of the funding representation of the second Son Assertiated Site Name (from Project Location sheets) This value should be consistent with the amount included on the SF-424A in cell 5(e) under Section A - Budget Summary and SF-424 in Section 18.a. Project Budget Recipient Cost Share Project Budget Total Project Cost Total Expenses to Date EPA Funds Total Expenses to Date Recipient Cost Share Total Expenses to Date Total Project Cost Autopopulates Remaining Balance EPA Funds Remaining Balance Recipient Cost Share Remaining Balance Total Project Cost Table 8b. Annual Ra Autopopulates Year 1 EPA Funds Autopopulates from completion of respective Year reporting tab Year 1 Recipient Cost Share Autopopulates from completion of respective Year reporting tab Year 1 Total Project Cost Year 2 EPA Funds Autopopulates from completion of respective Year reporting tab EPA r ... Year 2 Recipient Cost Share Autopopulates from completion of respective Year reporting tab Year 2 Total Project Cost Autopopulates from completion of respective Year reporting tab Year 3 EPA Funds Autopopulates from completion of respective Year reporting tab Year 3 Pecipient Cost Share Autopopulates from completion of respective Year reporting tab Year 3 Total Project Cost Autopopulates from completion of respective Year reporting tab Year 4 EPA Funds Autopopulates from completion of respective Year reporting tab Year 4 Pecipient Cost Share Year 4 Total Project Cost Autopopulates from completion of respective Year reporting tab Tab 9. Year 1
Table 9a. Year 1 Annual Rate of Expend
Line Item Description
Jan-Jun 2025
EPA Funds Record project expenses during the given time period; EPA Funds lan-Jun 2025 Recipient Cost Share Record project expenses during the given time period; Recipient Cost Share Jan-Jun 2025 Total Project Cost Jul-Dec 2025 EPA Funds Record project expenses during the given time period; EPA Funds Jul-Dec 2025 Recipient Cost Share Record project expenses during the given time period; Recipient Cost Share Jul-Dec 2025 Total Project Cost Paste the planned activities from the submitted workplan information Paste the anticipated outputs from the submitted workplan information Paste the anticipated outcomes from the submitted workplan information Progress to Date: Jan-Jun 2025 (select from dropdo Select the status of progress for the planned activity during the given time period Progress to Date: Jul-Dec 2025 (select from dropdown) Select the status of progress for the planned activity during the given time period Progress Notes Describe Detail any relevant detail for the activity. Include details if any changes have occurred to the activities, outputs, or outcomes Describe Table 9c. Programmatic and N Jan-Jun 2025 Update Jul-Dec 2025 Update Please provide programmatic and narrative updates on the project during the given time period Please provide programmatic and narrative updates on the project during the given time period Tab 10. Year 2 Table 10a, Year 2 Ann Add a plain language description of the expense categor Jan-Jun 2026 EPA Funds Record project expenses during the given time period; EPA Funds Jan-Jun 2026 Recipient Cost Share Record project expenses during the given time period; Recipient Cost Share Jan-Jun 2026 Total Project Cost Jul-Dec 2026 EPA Funds Jul-Dec 2026 Recipient Cost Share Record project expenses during the given time period; EPA Funds Record project expenses during the given time period; Recipient Cost Share Recipient Cost Share
Jul-Dec 2026
Total Project Cost
Table 10b. Project Up
Activities
Anticipated Outputs
Anticipated Outcome Autopopulates Paste the anticipated outcomes from the submitted workplan informatio Progress to Date: Jan-Jun 2026 (select from dropdown) Progress to Date: Jul-Dec 2026 (select from dropd Select the status of progress for the planned activity during the given time period Progress Notes Describe Detail any relevant detail for the activity. Include details if any changes have occurred to the activities, outputs, or outcome Jul-Dec 2026 Update Tab 11. Year 3
Table 11a. Year 3 An
Line Item Descriptior
Jan-Jun 2027
EPA Funds Record project expenses during the given time period; EPA Funds Jan-Jun 2027 Recipient Cost Share Record project expenses during the given time period; Recipient Cost Share Jan-Jun 2027 Total Project Cost Jul-Dec 2027 EPA Funds Record project expenses during the given time period: EPA Funds Jul-Dec 2027 Recipient Cost Share Record project expenses during the given time period; Recipient Cost Share Jul-Dec 2027 Total Project Cost Table 11b. Project U Select the status of progress for the planned activity during the given time period Progress to Date: Jul-Dec 2027 (select from dropd Progress Notes Detail any relevant detail for the activity. Include details if any changes have occurred to the activities, outputs, or outcomes Table 11c. Programs Jan-Jun 2027 Update Jul-Dec 2027 Update Add a plain language description of the expense categor Jan-Jun 2028 EPA Funds

Jan-Jun 2028 Recipient Cost Share	
Recipient Cost Share	Record project expenses during the given time period; Recipient Cost Share
Jan-Jun 2028 Total Project Cost	Autopopulates
Jul-Dec 2028 EPA Funds	Record project expenses during the given time period; EPA Funds
Jul-Dec 2028	Record project expenses during the given time period; Recipient Cost Share
Recipient Cost Share Jul-Dec 2028	Autopopulates
Total Project Cost Table 12b. Project Updates - Narrative Responses	Autopopulates
Activities Anticipated Outputs	Paste the planned activities from the submitted workplan information Paste the anticipated outputs from the submitted workplan information
Anticipated Outcomes	Paste the anticipated outcomes from the submitted workplan information
Progress to Date: Jan-Jun 2028 (select from dropdown)	Select the status of progress for the planned activity during the given time period
Progress to Date:	
Jul-Dec 2028 (select from dropdown)	Select the status of progress for the planned activity during the given time period
Progress Notes Describe	Detail any relevant detail for the activity. Include details if any changes have occurred to the activities, outputs, or outcomes
Table 12c. Programmatic and Narrative Updates Jan-Jun 2028 Update	Please provide programmatic and narrative updates on the project during the given time period
Jul-Dec 2028 Update	Please provide programmatic and narrative updates on the project during the given time period  Please provide programmatic and narrative updates on the project during the given time period
Tab 13. Workplan Commitments Table 13a. Project Community Engagement	
All fields Table 13b. Project Sustainability	Please provide programmatic and narrative updates on the project (open response)
All fields Table 13c. Job Quality/Workforce Development	Please provide programmatic and narrative updates on the project (open response)
All fields Table 13d. Resiliency	Please provide programmatic and narrative updates on the project (open response)
All fields	Please provide programmatic and narrative updates on the project (open response)
Table 13e. Leveraging of Additional External Funds (part 1) All fields	Please provide programmatic and narrative financial results on the project (open response)
Table 13f. Other All fields	Please provide programmatic and narrative updates on the project (open response)
Tab 14. Additional External Funds Table 14a. Leveraging Additional External Funds (part 2)	
Source Name Amount (\$)	Provide the name(s) of additional funding sources, spelling out all acronyms.  Provide the amount (\$) of additional funding amounts
Status Reporting Period Awarded	Select the status of the funding from the dropdown menu options provided: Not Yet Started; In Progress; Awarded; Not Awarded.  For funding sources that were successfully awarded, select the project period for this project in which the external funding was awarded.
Reporting Period Awarded Tab 15, New Fleet Description Table 15. New Vehicle, Equipment, or Engine Information	, and the program person on the program of THEM MIL CALLITIES TURNING THE WITH UCU.
Table 15a: Vehicle/Equipment Overview	
Vehicle or Equipment Type (select from dropdown)	Using the dropdown menu, select the equipment type sector from the following options: Onroad, Locomotive_and_Rail, Marine_and_Harbor_Vessels and Cargo_Handling_Equipment_and_Other_Nonroad
Vehicle or Equipment Subtype (select option from dropdown that best matches vehicle or equipment; must select 'Vehicle or	Using the dropdown menu, select the option that best matches the vehicle or equipment subtype
Equipment Type' first)  If 'Other/Not Listed' Subtype selected, please describe	
(onroad, cargo handling equipment, and vessels only)	Describe the vehicle or equipment subtype if 'Other' selected in previous field
Technology Type (select from dropdown; note that new powertrain is not available for onroad sector)	Using the dropdown menu, select the technology type that best matches the vehicle or equipment
If 'Other' selected for Technology Type, please describe Fleet Owner	Describe the technology type if 'Other' selected in previous field  List the name and/or organization that owns the new vehicle or equipment
Subawardee (if part of subaward) Table 15b: Place(s) of Performance	List the subawardee, if part of a subaward, for the new vehicle or equipment. Populate tab 4. Subawardees first.
Primary Place of Performance  Vehicle or Equipment Operates in Multiple Performance Locations Within this project?	
(select Yes/No from dropdown)	Select yes if the vehicle or equipment operates in multiple performance locations within this project
Primary Port or Port Facility (select from dropdown based on Table 5a of this template)	Select the primary port affected by each vehicle or equipment's operation from the dropdown menu, which will be populated with fields from Table 5a.
IN Primary location of vehicle/equipment is not at a port or port facility listed in Table 5a, provide th Name of the Additional Project Location as listed in Table 6a (select from droodown based on Table 6a of this template)	e If the primary location of the vehicle or equipment's operation is not at a port, provide the primary site affected by each vehicle from the dropdown menu, which will be populated with fields from Table 63.
Project Site ID State	No action needed; this field will auto-populate based on the response to the prior fields using the information entered into the Cover Sheet
County	No action needed; this field will auto-populate based on the response to the prior fields using the information entered into the Cover Sheet No action needed; this field will auto-populate based on the response to the prior fields using the information entered into the Cover Sheet
Percentage of Equipment Operation within the Primary County and/or port location (% of time for nonroad equipment & % of miles driven for onroad equipment; enter a value between 0	Enter the percentage of the time the vehicle or equipment will operate at the site listed by entering a value from 0 to 1, where 1 = 100%. Note, entry should be the for percent of time for nonroad equipment and the percent of miles driven for onroad equipment.
100%.) City	No action needed; this field will auto-populate based on the response to the prior fields using the information entered into the Cover Sheet
FIPS Code Secondary Place of Performance (if applicable)	No action needed; this field will auto-populate based on the response to the prior fields using the information entered into the Cover Sheet
Secondary Port or Port Facility (select from dropdown if vehicle or equipment serves more than one location)	If there is a secondary place of performance that's also a port where this vehicle or equipment is expected to operate, select the port from the list of options on the dropdown menu, which will be populated with fields from Table 5a.
If Secondary location of vehicle/equipment is not at a port or port facility, provide the Name of the Additional Project Location	If there is a secondary place of performance that's also not a port where this vehicle or equipment is expected to operate, select the additional
Project Location (select from dropdown) Secondary Location Project Site ID	location of operation from the list of options on the dropdown menu, which will be populated with fields from Table 6a.  No action needed; this field will auto-populate based on the response to the prior fields using the information entered into the Cover Sheet
Secondary Location State	No action needed; this field will auto-populate based on the response to the prior fields using the information entered into the Cover Sheet No action needed; this field will auto-populate based on the response to the prior fields using the information entered into the Cover Sheet
Secondary Location State Secondary Location County	
Secondary Location County Percentage of Equipment Operation within Secondary County and/or port location	Enter the percentage of the time the vehicle or equipment will operate at the site listed by entering a value from 0 to 1, where 1 = 100%.
Secondary Location County	Enter the percentage of the time the vehicle or equipment will operate at the site listed by entering a value from 0 to 1, where 1 = 100%.  No action needed: this field will auto-populate based on the response to the prior fields using the information entered into the Cover Sheet
Secondary Location County  Percentage of Equipment Operation within Secondary County and/or port location  Secondary Location City  Secondary Location FIPS Code  Additional Location Details (if applicable)	Enter the percentage of the time the vehicle or equipment will operate at the site listed by entering a value from 0 to 1, where 1 = 100%.  No action needed; this field will auto-populate based on the response to the prior fields using the information entered into the Cover Sheet  No action needed; this field will auto-populate based on the response to the prior fields using the information entered into the Cover Sheet
Secondary Location County  Percentage of Equipment Operation within Secondary County and/or port location  Secondary Location FIPS Code  Additional Location Plate (I depplicable)  Additional Counties where Vehicle Operates  Percentage of Equipment Operation is right Additional County	Enter the percentage of the time the vehicle or equipment will operate at the site listed by entering a value from 0 to 1, where 1 = 100%.  No action needed: this field will auto-populate based on the response to the prior fields using the information entered into the Cover Sheet
Secondary Location County  Percentage of Equipment Operation within Secondary County and/or port location  Secondary Location City  Secondary Location FIPS Code  Additional Location Details (if applicable)	Enter the percentage of the time the vehicle or equipment will operate at the site listed by entering a value from 0 to 1, where 1 – 100%.  No action needed: this field will auto-populate based on the response to the prior fields using the information entered into the Cover Sheet  No action needed: this field will also populate based on the response to the prior fields using the information entered into the Cover Sheet  Ust the names of the additional counties where the vehicle operates; separate multiple counties using a semicolon  List the relative share of time each vehicle or equipment operates in the additional counties listed in the field before.  Example of desired formatting for multiple additional locations:
Secondary Location County Percentage of Equipment Operation within Secondary County and/or port location Secondary Location FIPS Code Secondary Location FIPS Code Additional Location Details (if applicable) Additional Counties where Vehicle Operates Percentage of Equipment Operation in Each Additional County (Sr of time for nonroad equipment at '8 of miles driven for corroad — Format multiple responses as formber)'s in (county, state abbreviation), and use a senicotion if listing multiple counties) Table 15C: Detail of New Vehicle, Vess, and/or Equipment A. or May Vehicle, Vess, and/or Equipment A. or May Vehicle, Vess, and/or Equipment A. or Vehicle, Vess, and Vess	Enter the percentage of the firm the wehicle or equipment will operate at the site listed by entering a value from 0 to 1, where 1 – 100%.  No action needed: this field will auto-populate based on the response to the prior fields using the information entered into the Cover Sheet  No action needed: this field will auto-populate based on the response to the prior fields using the information entered into the Cover Sheet  Ust the names of the additional counties where the vehicle operates; separate multiple counties using a semicolon  List the relative share of time each vehicle or equipment operates in the additional counties listed in the field before.  Example of desired formatting for multiple additional locations:  12% in County1, CA; 5% in County2, CA; 1% in County3, CA
Secondary Location County Percentage of Equipment Operation within Secondary County and/or port location Secondary Location FIFS Code Secondary Location FIFS Code Additional Countien Details (if applicable) Additional Countien Details (if applicable) Additional Countien Where Vehicle Operates Percentage of Cogniment Operation is tach Additional County Not of time for normal equipment & % of miles devien for normal — Format multiple responses as inumber) % in (county, state abbreviation), and use a semi-colon if listing multiple counties) Table 15c: Details of New Vehicle, Vessel, and/or Equipment Vehicle or Equipment Manufacturer Vehicle or Equipment Model	Enter the percentage of the firm the wehicle or equipment will operate at the site listed by entering a value from 0 to 1, where 1 - 100%.  No action needed: this field will auto-populate based on the response to the prior fields using the information entered into the Cover Sheet  No action needed: this field will auto-populate based on the response to the prior fields using the information entered into the Cover Sheet  Ust the names of the additional counties where the vehicle operates; separate multiple counties using a semicolon  List the relative share of time each vehicle or equipment operates in the additional counties listed in the field before.  Example of desired formatting for multiple additional locations.  12% in County's, Cx. 5% in County's, Cx. 1% in County's, Cx.  Enter the manufacturer of the new vehicle or equipment  Enter the model of the new vehicle or equipment
Secondary Location County Percentage of Equipment Operation within Secondary County and/or port location Secondary Location FIPS Code Secondary Location FIPS Code Additional Countine Details (if applicable) Additional Countine Details (if applicable) Additional Countine Secondary Location In Each Additional County Percentage of Equipment Coversion in Each Additional County Percentage of Equipment County In Each Section Each One Web Vehicle (Seesel, and/or Equipment Vehicle or Equipment Model Year	Enter the percentage of the time the vehicle or equipment will operate at the site listed by entering a value from 0 to 1, where 1 – 100%.  No action needed, this field will auto-populate based on the response to the prior fields using the information entered into the Cover Sheet  No action needed, this field will auto-populate based on the response to the prior fields using the information entered into the Cover Sheet  List the names of the additional counties where the vehicle operates; separate multiple counties using a semicolon  List the relative share of time each vehicle or equipment operates in the additional counties listed in the field before.  Estample of delenit for mutting for multiple additional locations:  12% in Country 1, CA; 5% in Country 2, CA; 1% in Country 3, CA  Enter the model of the new vehicle or equipment  Enter the model of the new vehicle or equipment
Secondary Location County Percentage of Equipment Operation within Secondary County and/or port location Secondary Location FIPS Code Secondary Location FIPS Code Additional Countine Details (if applicable) Additional Countine Details (if applicable) Additional Countine Secondary Location Files Code Percentage of Equipment Coversion in Each Additional County Percentage of Each Coversion in Each Additional Co	Enter the percentage of the time the vehicle or equipment will operate at the site listed by entering a value from 0 to 1, where 1 – 100%.  No action needed, this field will auto-populate based on the response to the prior fields using the information entered into the Cover Sheet  No action needed, this field will auto-populate based on the response to the prior fields using the information entered into the Cover Sheet  List the names of the additional counties where the vehicle operates; separate multiple counties using a semicolon  List the relative share of time each vehicle or equipment operates in the additional counties listed in the field before.  Example of desired for mutting for multiple additional locations:  12% in Country 1, Cx; 5% in Country 2, Cx; 1% in Country 3, Cx  Enter the model of the new vehicle or equipment  Enter the model of the new vehicle or equipment  Enter the model of the new vehicle or equipment  Select from the dropdown menu the Vehicle/Equipment Class for onroad vehicles, as appropriate.
Secondary Location County Percentage of Equipment Operation within Secondary County and/or port location Secondary Location FIPS Code Additional Location Details (if applicable) Additional Counties where Vehicle Operates Percentage of Equipment Operation in Each Additional County (% of time for nonroad equipment & % of miles driven for onroad — Format multiple responses as innumber? his (nounty, state abhorishion), and use a sention of listing multiple counties) Table 15C: Details of New Vehicle, Vessel, and/or Equipment Vehicle or Equipment Manufactures Vehicle or Equipment Model Very Vehicle Cass [select from dropdown; onroad vehicles only)	Enter the percentage of the time the vehicle or equipment will operate at the site listed by entering a value from 0 to 1, where 1 – 100%.  No action needed; this field will auto-populate based on the response to the prior fields using the information entered into the Cover Sheet  No action needed; this field will auto-populate based on the response to the prior fields using the information entered into the Cover Sheet  List the names of the additional counties where the vehicle operates; separate multiple counties using a semicolon  List the relative share of time each vehicle or equipment operates in the additional counties listed in the field before.  Example of desired formatting for multiple additional locations:  12% in Country, C.M.; Sh in Country, C.A.; Sh in Country, C.A.  Enter the manufacturer of the new vehicle or equipment Enter the model of the new vehicle or equipment Enter the model of the new vehicle or equipment Select from the dropdown menu the Vehicle/Equipment Class for onroad vehicles, as appropriate.  Enter the webside's gross vehicle weight rating (only required for Onroad Vehicles)
Secondary Location County  Percentage of Equipment Operation within Secondary County and/or port location  Secondary Location FIFS Code  Additional Location Details (if applicable)  Additional Counties where Vehicle Operates  Additional Counties where Vehicle Operates  Percentage of Equipment Operation It acts Additional County (% of time for nonroad equipment & % of miles driven for onroad — Format multiple responses as innumber? his (nourly, state abhreviation), and use a senicion of listing multiple counties)  Table 15C: Details of New Vehicle, Vessel, and/or Equipment  Vehicle or Equipment Manufactures  Vehicle or Equipment Model Vehicle or Sequipment Model Vehicle or Equipment Model Vehicle or Sequipment Model Vehicle Ordinary Sequipment Model Vehicle Ordinary Sequipment Model Vehicle Sequipm	Enter the percentage of the time the vehicle or equipment will operate at the site listed by entering a value from 0 to 1, where 1 – 100%.  No action needed, this field will auto-populate based on the response to the prior fields using the information entered into the Cover Sheet  No action needed, this field will auto-populate based on the response to the prior fields using the information entered into the Cover Sheet  List the names of the additional counties where the vehicle operates; separate multiple counties using a semicolon  List the relative share of time each vehicle or equipment operates in the additional counties listed in the field before.  Example of desired for mutting for multiple additional locations:  12% in Country 1, Cx; 5% in Country 2, Cx; 1% in Country 3, Cx  Enter the model of the new vehicle or equipment  Enter the model of the new vehicle or equipment  Enter the model of the new vehicle or equipment  Select from the dropdown menu the Vehicle/Equipment Class for onroad vehicles, as appropriate.
Secondary Location County Percentage of Equipment Operation within Secondary County and/or port location Secondary Location FIFS code Additional Control FIFS code Additional Counties where Vehicle Operates Additional Counties where Vehicle Operates Percentage of Equipment Operation in Each Additional County [3x of time for nonroad equipment & 5x of miles of them for oursad — Format multiple responses as nonline for incompany, sales abhoviation, and use a seculous of listing multiple counties) Fable: 15c: Details of New Yeblick, Vessel, and/or Equipment Vehicle or Equipment Manufactures Vehicle or Equipment Manufactures Vehicle or Equipment Model Very Vehicle or Equipment Model Vehicle or Equipment Model Vehicle or Equipment Model Vehicle or County or Note of Vehicle Operation (Note of Vehicle	Enter the processage of the time the evhicle or equipment will operate at the site listed by entering a value from to 1s.1, where 1 = 100%.  No action needed; this field will auto-populate based on the response to the prior fields using the information entered into the Cover Sheet No action needed; this field will auto-populate based on the response to the prior fields using the information entered into the Cover Sheet List the names of the additional counties where the vehicle operates; separate multiple counties using a semicolon List the relative share of time each vehicle or equipment operates in the additional counties listed in the field before.  Example of desired formatting for multiple additional locations: 12% in County2, Cx; 5% in County2, Cx; 1% in County3, CX  Enter the manufacturer of the new vehicle or equipment Enter the model of the new vehicle or equipment Enter the model of the new vehicle or equipment Enter the model year of the new vehicle or equipment Enter the weight of the seminary of the programment of the programment of the power of the programment of the power of the new vehicle or equipment Enter the weight of the power of the new vehicle or equipment (Lists for orroad vehicles, as appropriate.  Enter the powertain family name for the new vehicle or equipment (Lists for orroad vehicles) Enter the powertain family name for the new vehicle or equipment Enter the unique leading for the vehicle or equipment Enter the unique leading for the vehicle or equipment
Secondary Location County  Percentage of Equipment Operation within Secondary County and/or port location  Secondary Location FIPS Code  Additional Counties Details (if applicable)  Additional Counties Where Vehicle Operates  Percentage of Equipment Operation in Each Additional County  (if of time for normoad equipment & % of miles driven for onroad — Format multiple responses as innumber [vin [county, state abhreviation], and use a senicion of listing multiple counties)  Table 155. Details of New Vehicle, Vessel, and/or Equipment  Vehicle or Equipment Mould* Vear  Vehicle or Equipment Mould* Vear  Vehicle or Equipment Model Vear  Vehicle or Coupment Model Vear  Vehicle Coupment or Vessel Hull Identification Number  Acquisition Cost per Vehicle or Equipment  Is of Cost per Unit[	Enter the parcentage of the films the webide or equipment will operate at the site listed by entering a value from 0 to 1, where 1 - 100%.  No action needed: this field will auto-populate based on the response to the prior fields using the information entered into the Cover Sheet  No action needed: this field will auto-populate based on the response to the prior fields using the information entered into the Cover Sheet  Ust the names of the additional counties where the vehicle operates; separate multiple counties using a semicolon  List the relative share of time each vehicle or equipment operates in the additional counties listed in the field before.  Example of desired formatting for multiple additional locations: 12% in County1, Cx, 5% in County2, Cx, 1% in county3, Cx  Enter the manufacturer of the new vehicle or equipment  Enter the model of the new vehicle or equipment  Enter the model year of the new vehicle or equipment  Enter the model year of the new vehicle or equipment  Enter the webliche's gross vehicle weight rating (only required for formosal Vehicles)  Enter the unique identifier for the vehicles: where applicable, provide a Vehicle identification Number (VIN), or similar unique vehicle or equipment learning.
Secondary Location County Percentage of Equipment Operation within Secondary County and/or port location Secondary Location FIPS Code Additional Countier Details (if applicable) Additional Countier Details (if applicable) Additional Countier Where Vehicle Operates Percentage of Equipment Operation in Each Additional County (%) of time for nonroad equipment & % of miles driven for onroad — Format multiple responses as (numberly in (nourly, state abhreviation), and use a semicolon if listing multiple counties)  Table 155. Details of New Vehicle. Vessel, and/or Equipment Vehicle or Equipment Mould-Luter Vehicle or Equipment Mould-Luter Vehicle or Equipment Mould Vear Vehicle (Secondary County) Vehicle (VVIR Contrad Vehicle only) Powertrain Family Name Vehicle, Equipment, or Vessel Hull Identification Number Acquisition Cost per Vehicle or Equipment S of Cost per Unit] Total EPA Funds Expended Per Vehicle or Equipment Acquisition S of 101 Cost per Unit)	Enter the parcentage of the firms the wehicle or equipment will operate at the site listed by entering a value from 0 to 1, where 1 - 100%.  No action needed; this field will auto-populate based on the response to the prior fields using the information entered into the Cover Sheet No action needed; this field will auto-populate based on the response to the prior fields using the information entered into the Cover Sheet Usit the names of the additional counties where the vehicle operates; separate multiple counties using a semicolon List the relative share of time each vehicle or equipment operates in the additional counties listed in the field before.  Example of desired formatting for multiple additional locations: 12% in County1, Cu. 5% in County2, Cu. 1% in county3, Cu.  Enter the manufacturer of the new vehicle or equipment Enter the model of the new vehicle or equipment Enter the model year of the new vehicle or equipment Select from the dropdown menu the Vehicle/Equipment Class for onroad Vehicles) Enter the weblie's gross whicle weight rating (only required for Ornoad Vehicles) Enter the powertrain family name for the new vehicle or equipment Enter the the context of the vehicles; where applicable; provide a Vehicle identification Number (VIN), or similar unique vehicle or equipment Enter the total cost expended for acquiring this vehicle or equipment Enter the total cost expended for acquiring this vehicle or equipment Enter the total EPA funds from this grant expended for acquiring this vehicle or equipment Enter the vehicle provides or the provide or the provides of the new vehicle or equipment Enter the vehicle provides or the vehicle or equipment (Enter the total EPA funds from this grant expended for acquiring this vehicle or equipment (The vehicle EPA funds from this grant expended for acquiring this vehicle or equipment (The Vehicle EPA funds from this grant expended for acquiring this vehicle or equipment (The Vehicle EPA funds from this grant expended for acquiring this vehicle or equipment (Th
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Secondary Location County  Percentage of Equipment Operation within Secondary County and/or port location  Secondary Location FIPS Code  Additional Counties Details (if applicable)  Additional Counties where Vehicle Operates  Percentage of Equipment Operation in Each Additional County  (if of time for normoad equipment & % of miles driven for onroad — Format multiple responses as finumberly in (county, state abhreviation), and use a senicion of listing multiple counties)  Table 155. Details of New Vehicle, Vessel, and/or Equipment  Vehicle or Equipment Moulds  Vehicle or Equipment Moulds Vear  Vehicle or Equipment Model Vear  Vehicle or Coupment Model Vear  Vehicle or Coupment Model Vear  Vehicle or Coupment Model Vear  Vehicle or Equipment Model Vear  Vehicle Equipment or Vessel Hull Identification Number  Acquisition Cost per Vehicle or Equipment  Is of Cost per Vehicle or Equipment Acquisition  Is of Total EpA Funds Expended Per Vehicle or Equipment Acquisition  Is of Total Cost per Vehicle or Equipment  Is of Cost per Vehicle or Equipment  Is of Cost per Vehicle or Manufacturer  New Powertrain Model Vear  New Powertrain Model Vear  New Powertrain Model Vear  New Powertrain Model Vear	Enter the percentage of the time the vehicle or equipment will operate at the site listed by entering a value from 0 to 1, where 1 – 100%.  No action needed: this field will auto-populate based on the response to the prior fields using the information entered into the Cover Sheet  No action needed: this field will also populate based on the response to the prior fields using the information entered into the Cover Sheet  Ust the names of the additional counties where the vehicle operates; separate multiple counties using a semicolon  List the relative share of time each vehicle or equipment operates in the additional counties listed in the field before.  Example of designed formatting for multiple additional locations: 12% in County's, Cx, 5% in County's, Cx, 1% in county's, Cx.  Enter the manufacturer of the new vehicle or equipment  Enter the model of the new vehicle or equipment  Enter the model year of the new vehicle or equipment  Select from the dropdown menus the Vehicle/Equipment Class for onroad vehicles, as appropriate.  Enter the vehicle's gross vehicle weight radiig (only required for Onroad Vehicles)  Enter the unique identifier for the vehicles; where applicable, provide a Vehicle Identification Number (VNN), or similar unique vehicle or equipment  Enter the unique identifier for the vehicles; where applicable, provide a Vehicle Identification Number (VNN), or similar unique vehicle or equipment  Enter the total CPA funds from this grant expended for acquiring this vehicle or equipment  Enter the total EPA funds from this grant expended for acquiring this vehicle or equipment  Enter the total EPA funds from this grant expended for acquiring this vehicle or equipment  Enter the total EPA funds from this grant expended for acquiring this vehicle or equipment  Enter the model vehicle such that is a such as a such a
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Powertrain Warranty Included? (select Yes/No from dropdown)	Using the dropdown menu, select yes or no if a powertrain warranty is included.
Powertrain Warranty: Number of Years Powertrain Warranty:	If the powertrain includes a warranty, indicate the number of years the coverage is valid for
Number of Miles Powertrain Warranty:	If the powertrain includes a warranty, indicate the number of miles the coverage is valid for (on-road)
Number of Hours Table 15h. Vehicle or Equipment Information - Hydrogen Fuel Cell	If the powertrain includes a warranty, indicate the number of hours of operation the coverage is valid for (non-road)
Manufacturer of Fuel Cell System (if known) Fuel Cell Capacity (kW)	Name of the fuel cell system manufacturer  Maximum output power of fuel cell system in kW
Hydrogen Fuel Tank Capacity (kg)	Capacity of the vehicle's hydrogen fuel tank in kg
Table 15i. Emergency Power Systems  Vehicle or Equipment Equipped with Internal Combustion Engine (ICE) Emergency Power Unit?	Select yes or no reflecting the vehicle's capabilities
(select Yes/No from dropdown) ICE Emergency Power Type (if not applicable, then NA)	Describe the engine(s) and circumstances under which emergency power is used
Table 15j. Vehicle or Equipment BABA Details Is the Vehicle or Equipment BABA Compliant?	Using the dropdown, select yes or no if the vehicle or equipment is BABA compilant
(select from dropdown) If No, explain	If the vehicle or equipment is not BABA compliant, provide an explanation
If No, explain Is a waiver being used to fulfill BABA compliance for the Vehicle or Equipment? {select from dropdown)	Using the dropdown, select yes or no if a walver is being used to fulfil BABA compliance
If Yes - Other, explain Table 15k. Vehicle or Equipment Expected Useful Life	If a waiver is being used that is not included in the prior field, describe the waiver
Date in Service for Vehicle or Equipment mm/dd/yyyy)	Enter the date that the vehicle or equipment was placed into service and/or commissioned
Expected Useful Life of Vehicle or Equipment: Number of Years	Enter the expected useful life of the vehicle or equipment in years
Basis for Expected Useful Life of Vehicle or Equipment (e.g., manufacturer data or evidence from prior deployments) [able 151. Performance Monitoring	Describe the basis for the expected useful life entered in the prior field
vehicle or Equipment Equipped with Telematics? (select Yes/No from dropdown)  f Yes. Name of the Telematics Service Provider	Select yes or no reflecting the vehicle's capabilities
Table 15m. Year 1 Vehicle or Equipment Activity Data and Serving a Port Verification	Provide the name of the telematics service provider in the space provided.
Vehicle/Equipment Annual Hours of Operation Share of Hours serving Ports included in Project	Enter the average number of hours the equipment operates per year per vehicle (only required for Nonroad equipment)
for Locomotives, Harbor Craft, Cargo Handling Equipment, and other eligible Non-road Equipment; enter value from 0% to 100%)	
/ehicle Annual Miles Traveled miles per vehicle; onroad only)	Enter the average number of vehicle miles traveled per year per vehicle (only required for Onroad vehicles)
Annual Number of Visits to Ports Included in this Project onroad, locomotive, and marine/ harbor vessels only)	Enter the annual number of visits to a port location included in this project, for onroad, locomotive, and marine vessels only.
Number of Days Operating at Ports included in Project locomotive only)	Enter the number of days operating at a port location included in this project
	Select a response from the dropdown that characterizes the previous responses in this table.
(ype of Annual Values for Vehicle or Equipment Activity Data Reported in Table 15m (select from Iropdown)	Actual - responses represent complete data, i.e. from telematics or other method; Estimated - no observed data - responses are estimates in lieu of real-world data. Estimated abosed on incomplete observed data - responses are based on some combination of incomplete data, i.e. out to produce the data in the complete data in the complete data is the control of the data in the complete data is the control of the data in the data in the data is the control of the data in th
Table 15n. Year 2 Vehicle or Equipment Activity Data and Serving a Port Verification	extrapolating incomplete telematics data to represent a full year of operation.
Vehicle/Equipment Annual Hours of Operation Share of Hours serving Ports included in Project	Enter the average number of hours the equipment operates per year per vehicle (only required for Nonroad equipment)
nare or nours serving Ports included in Project for Locomotives, Harbor Craft, Cargo Handling Equipment, and other eligible Non-road Equipment; enter value from 0% to 100%)	
Vehicle Annual Miles Traveled miles per vehicle; onroad only)	Enter the average number of vehicle miles traveled per year per vehicle (only required for Onroad vehicles)
mnes per venice; onroad only) Annual Number of Visits to Ports Included in this Project onroad, locomotive, and marine/ harbor vessels only)	Enter the annual number of visits to a port location included in this project, for onroad, locomotive, and marine vessels only.
Number of Days Operating at Ports included in Project	Enter the number of days operating at a port location included in this project
(locomotive only)	Select a response from the drondown that characterizes the previous responses in this table.
Type of Annual Values for Vehicle or Equipment Activity Data Reported in Table 15n (select from dropdown)	Actual - responses represent complete data, i.e. from telematics or other method; Estimated - no observed data - responses are estimates in lieu of real-world data; Estimated based on incomplete observed data - responses are based on some combination of incomplete data, i.e.
Table 150. Year 3 Vehicle or Equipment Activity Data and Serving a Port Verification	extrapolating incomplete telematics data to represent a full year of operation.
Vehicle/Equipment Annual Hours of Operation	Enter the average number of hours the equipment operates per year per vehicle (only required for Nonroad equipment)
Share of Hours serving Ports included in Project (for Locomotives, Harbor Craft, Cargo Handling Equipment, and other eligible Non-road Equipment; enter value from 0% to 100%)	
Vehicle Annual Miles Traveled	Enter the average number of vehicle miles traveled per year per vehicle (only required for Onroad vehicles)
miles per vehicle; onroad only) Annual Number of Visits to Ports Included in this Project onroad, Icoomotive, and marine/ harbor vessels only)	Enter the annual number of visits to a port location included in this project, for onroad, locomotive, and marine vessels only.
Number of Days Operating at Ports included in Project	Enter the number of days operating at a port location included in this project
(locomotive only)	Select a response from the dropdown that characterizes the previous responses in this table.
Type of Annual Values for Vehicle or Equipment Activity Data Reported in Table 15o (select from dropdown)	Actual - responses represent complete data, i.e. from telematics or other method; Estimated - no observed data - responses are estimates in lieu of real-world data: Estimated hased on incomplete data, i.e.
Fable 15p. Year 4 Vehicle or Equipment Activity Data and Serving a Port Verification	extrapolating incomplete telematics data to represent a full year of operation.
Vehicle/Equipment Annual Hours of Operation	Enter the average number of hours the equipment operates per year per vehicle (only required for Nonroad equipment)
Share of Hours serving Ports included in Project (for Locomotives, Harbor Craft, Cargo Handling Equipment, and other eligible Non-road Equipment; enter value from 0% to 100%)	
Vehicle Annual Miles Traveled	Enter the average number of vehicle miles traveled per year per vehicle (only required for Onroad vehicles)
(miles per vehicle; onroad only) Annual Number of Visits to Ports Included in this Project	Enter the annual number of visits to a port location included in this project. for onroad, locomotive, and marine vessels only.
(onroad, locomotive, and marine/ harbor vessels only) Number of Days Operating at Ports included in Project	Enter the number of days operating at a port location included in this project
(locomotive only)	
(locomotive only)  Type of Annual Values for Vehicle or Equipment Activity Data Reported in Table 15p (select from	Select a response from the dropdown that characterizes the previous responses in this table.  Actual -responses represent complete data, i.e. from telematics or other method: Estimated - no observed data - responses are estimates in lieu of real-world data; -Estimated absect on incomplete data, i.e.
(locomotive only)  Type of Annual Values for Vehicle or Equipment Activity Data Reported in Table 15p (select from dropdown)	Select a response from the dropdown that characterizes the previous responses in this table.
Ideomotive only	Select a response from the dropdown that characterizes the previous responses in this table.  Actual -responses represent complete data, i.e., from telematics or other method. Estimated - no observed data - responses are estimates in lieu of real-world data; Estimated based on incomplete observed data - responses are based on some combination of incomplete data, i.e. extrapolating incomplete telematics data to represent a full year of operation.
(locomotive only)  Type of Annual Values for Vehicle or Equipment Activity Data Reported in Table 15p (select from dropdown)  Type of Annual Values for Vehicle or Equipment Activity Data Reported in Table 15p (select from dropdown)  Table 15. Current Vehicle or Equipment Committed for Scrappage Information Table 15b. Basic Files Information and Place(s) of Performance   Note: Yellow fields for the Basic File  Does this scrapped vehicle or equipment from any New Vehicle or Equipment from	Select a response from the dropdown that characterizes the previous responses in this table.  Actual - responses represent complete data, i.e. from telematics or other method, <b>Ethinated - no observed data</b> - responses are estimates in Actual - responses represent complete data, i.e. from telematics or other method, <b>Ethinated - no observed data</b> - responses are estimates in continuous are based on some combination of incomplete data, i.e. extrapolating incomplete telematics data to represent a full year of operation.  et information will Automatically Populate upon selecting the corresponding new equipment.
Icocomotive enaby	Select a response from the dropdown that characterizes the previous responses in this table.  Actual -responses represent complete data, i.e. from telematics or other method: Estimated - no observed data - responses are estimates in lieu of real-world data; Estimated based on incomplete observed data - responses are based on some combination of incomplete data, i.e. extrapolating incomplete telematics data to represent a full year of operation.
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Enter the model of the existing vehicle or equipment Enter the model year of the existing vehicle or equipment Current Fuel Type (select from dropdown) Select the fuel type of the existing vehicle or equipment Enter the method the vehicle was disposed of. See Program Guidance for eligible methods of disposal (e.g., scrappage) Isotecus room uropuowni)
(I Other Method of Vehicle or Equipment Scrappage, please describe
Table 16c. Current Engine Information
Current Engine Serial Number(s)
Current Engine Make
Current Engine Model If a preferred/eligible disposal (scrappage) method was not used, describe the EPA-approved alternative disposal method that was used Enter the engine serial number Enter the manufacturer of the existing Engine Enter the model of the existing Engine. Enter the mode of the existing Engine.

Enter the model year of this engine set.

Enter the engine tier using the dropdown menu

Enter the average horsepower of the engine/equipment. (1 hp = 1 kW / 1.341) Current Engine Horsepower Current Engine Cylinder Displacement (select from dropdown; liters/cylinder; marine only) Use the dropdown menu to select the engine cylinder displacer Current Engine Number of Cylinder; (# of cylinders per engine; marine only)

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

Current Engine Total Displacement (filters per engine; marine only)

Current Engine Family Name (if unregulated, then N/A)

Current Engine Fuel Type

jedect from dropdown) Enter the number of cylinders
Use the dropdown menu to select the engine cylinder displacement
Enter the engine family name Use the dropdown menu to select the fuel typ Total # of Propulsion Engines (per vessel; marine only)
Total # of Auxiliary Engines (per vessel; marine only) Enter the number of propulsion engines Enter the number of auxiliary engines Method of Powertrain Scrappage Select the method of scrappage from the dropdown menu Other Method of Powertrain Scrappage, please briefly describe the alternative scrappage plan for
If the method of powertrain scrappage is not available in the prior field, describe the alternative scrappage this powertrain Fable 16d. Current Annual Vehicle Activity Data & Estimated Remaining Life Annual Amount of Fuel Used (gallons/year per engine): Annual Usage Hours (hours per year per engine; includes idling hours; nonroad, locomotive, and marine only) Enter the amount of hours used by current vehicle annually; limited only to non-road (including cargo-handling equipment), locomotives, and movessels only. vesses only.

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

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

Enter the amount of hotelling hours by current vehicle annually; limited only to Class 8 long-haul co nual Miles Traveled (miles per vehicle; onroad only) ine: class 8 long-haul combination only Remaining Life of Current Engine/Vehicle (years per engine; total # of years of engine life remaining at time of uperade artion): Enter the estimated number of years of remaining life of the vehicle or engine. Select a response from the dropdown that characteries the previous responses in this table.

Actual responses regreater complete data, i.e. from telemants or other methods. Estimated no observed data - responses are estimates in lieu of real-world data. Estimated based on incomplete observed data - responses are based on some combination of incomplete data, i.e. estrapolising incomplete telemants data to represent a fully sent of operation. Type of Annual Values for Equipment/Vehicle Activity Data Reported in Table 16d (select from Tab 17. Infrastructure - EVSE
Table 17. Electric Vehicle/Vessel Supply Equipment (EVSE) & Other Electric Charging Equipment (not including vessel shore power for non-electric vessels) Type of Charger (colort from dropdown) Enter the type of charger, either Level 2 (AC charging up to 19.2 kW), DC Fast Charging, or Other (including non-standard or megawatt charges) Enter a brief description of the type of EVSE if "Other" was selected in the prior field. f Level 2, is it ENERGY STAR certified select from dropdown) Confirm and select yes if applicable. Please see https://www.energystar.gov/ Enter the manufacturer of the charging equipment
Enter the model name of the charging equipment.
Enter the model name of the charging equipment was manufactured.
Enter the year the charging equipment was manufactured.
Enter the maintum power output of the charging equipment, measured in kilowatts.
Enter the maintum of pulsa installed on each unit of the charging equipment. EVSE or other EV charger Manufacture EVSE or other EV charger Model EVSE or other EV charger Manufacture Year EVSE or Other EV Charger Maximum Output Power (kW) Number of Plugs on EVSE or other EV charger Is the EVSE or Other EV Charger Capable of Bidirectional Charging? (select Yes/No from dropdown) Select yes or no into the cell to specify whether the charging equipment is capable of bidirectional charging Will the Vehicle/Equipment and EVSE or Other EV Charger be Used for Vehicle to Grid (V2G)? (select Yes/No from dropdown) Select yes or no into the cell to specify whether the vehicles/equipment and charging equipment will be used for vehicle-to-grid (V2G) service lumber of EVSE or other EV Charger Units able 17b. Location of Charging Infrastructur Enter the quantity of charging equipment unit State (select from dropdown) Select the two letter postal code for the state in which the charging equipment will be located. County (select from dropdown) Enter the county in which the charging equipment will be located. Enter the city in which the charging equipment will be located.

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

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

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

Enter the name of the port or organization that owns the charger equipment. Ooes the EVSE or Other EV Charger serve multiple port facilities? select Yes/No from dropdown) Select whether or not the charging equipment serve more than one port area within the project submitted in this award imary Port Served by EVSE and/or EV Charger (select from dropdown) Enter the name of the port area in which the charging equipment will primarily serve Secondary Locations served by EVSE and/or EV Charger (use semicolon to separate between multiple port locations)
Table 17°C. Charging Management Service & Strategy Details
Does the EVSE use a charge management strategy? (select Yes/No from dropdown) Enter the name of the <a href="https://example.com/order-areas in which the charging equipment will serve.">https://example.com/order-areas</a>, list all and separate with a semicolon (e.g., Port of Galveston; Port of Corpus Christi). ect yes if a charge management strategy is being used for this EVSE, or if this EVSE is a part of managed charging Describe the charge management strategies being used. Potential responses may include: Shared charger optimization (between multiple chargers). Scheduled charging / time of use; Reduced charging rates. Note if the charge management strategy involves a utility program. Enter the name of the charging management service provider. Yes to previous field, please describe the charge management strategy(-ies) used. me of Charging Management Service Provider the Infrastructure Equipment Cost Include Charging Management Service? t Yes/No from dropdown) Select whether or not the equipment cost includes the cost of the charging management service If Charging Management Service not included in cost, but is acquired, what is the cost and frequency of charges? If Charging Management Service not included in the grant cost, but is acquired, what is the cost and frequency of charges paid by the award recipient. requency of charges? 'able 17d. Infrastructure Installation Information 'bescription of Installation Work, including all equipment installed nstallation Work Performed By Describe the work done during installation, including all equipment that became part of the installed EVSE or other EV charging sy List the name of the company (or companies) performing the installation of the EVSE or other EV charging system. Vas installation conducted by an individual who meets the infrastructure electrician equirements as outlined in the program guidance? If Yes, indicate who issued the certification bate EVSE or Other EV Charger was Manufactured (mm/dd/yyyy) Describe if the installation was conducted by an individual who meets the electrician requirements. If yes, list the certification(s) Enter the date (or date range) the EVSE or other EV charging system was manufactured Date of EVSE or Other EV Charger Installation (mm/dd/yyyy)
Date EVSE or Other EV Charger Commissioned (mm/dd/yyyy)
Table 17e. EVSE BABA Details Enter the date (or date range) the charger system was installed. Enter the date by which the charger system became fully operational Is the EVSE and Other EV Infrastructure BABA Compliant? Select from the dropdown menu which parts of the infrastructure project are BABA compliant For the previous column, explain which parts are not compliant. Is a waiver being used to fulfill BABA compliance for this infrastructure? Select from the dropdown menu how BABA requirements are being met for the infrastructure project If Yes - Other EPA Waiver, explain Table 17f. EVSE Cost Summary If a waiver is being used that is not included in the prior field, describe the waive Does the Infrastructure Equipment Cost Include Installation? (select Yes/No from dropdown) Select whether or not the equipment cost includes installation of the EVSE or other EV charger system. Enter the equipment cost for each unit of the chargin infrastructure system.

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

No action - autopopulated

No action - autopopulated

No action - autopopulated

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

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

Enter the total amount of EPA funds expended for all other eligible or all the units in the charging infrastructure pystem.

Enter the total amount of EPA funds expended for all other eligible or all the units in the charging infrastructure project in this award, including permits, shipping, etc. senect Yes/No from dropodown)

VSEs or Other EV Charger Equipment Cost Per Unit

Total EPA Funds Expended Per EVSE or Other EV Charger Unit

Total Funds Expended for EVSE or Other EV Charger

Total Funds Expended for EVSE or Other EV Charger

Total Funds Expended for EVSE or Other EV Charger

Total Funds Expended for EVSE or Other EV Charger otal EPA Funds Expended on Installation Cost Total Funds Expended for All other Eligible EVSE or Other EV Charger Related Expenses (e.g., Permits, Shipping, etc.) Total EPA Funds Expended for All other Eligible EYSE or Other EV Charger Related Expenses (e.g., Enter the total amount of EPA funds expended for all other eligible expensed related to the charging infrastructure project in this award, including permits, Shipping, etc.) Permits, Shipping, etc.)

Description of Other Eligible EVSE or Other EV Charger Administrative Expenses

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

VESE or Other EV Charger Related Expenses

No action - autopopulated EVSE or Other EV Charger Related Expenses

Total EPA Funds on EVSE or Other FV Charger Equipment, Installation, and Other Eligible EVSE or No action - autopopulated Total EPA Funds on EVSE or Other EV Charger Related Expenses

Table 172; Expected Useful Life of EVSE (Number of Years

Enter the expected useful file requipment covered under warranty, provide the years of protection offered by warranty
Basis for Expected Useful Life of EVSE (e.g., manufacturer data or evidence from prior deployments).

Describe the basis for the expected useful life of EVSE (e.g., manufacturer data or evidence from prior deployments). Describe the basis for the expected useful life entered in the prior field Table 17h. Year 1 FVSF Activity Details Annual Total Energy Dispensed (kWh) Year 1 Enter the annual total energy dispensed by this EVSE in kilowatthours EVSE Annual Percentage Uptime (based on hours)

1981 Fotal Annual Number of Charging Sessions Completed

Year 1 Enter the percentage uptime (availability) of this EVSE. i.e. percent of time that the charger is in service and available for us Enter the total annual count of independent charging sessions supplied by this EVSE Has the EVSE infrastructure been EVER powered by an internal combustion generator in the past Select a response from the dropdown Year? (Yes or No)
Year 1 Salest a response from the drupdown that characterizes the previous responses in this table.
Actual responses represent complete data, i.e. from telematics or other mendo. Estimated -no observed data - responses are estimates in lieu of real-world data: Estimated based on incomplete doserved data - responses are based on some combination of incomplete data, i.e. estrapolating incomplete telematics data to represent a full year of operation. Type of Annual Values for EVSE Activity Data Reported in Table 17h (select from dropdown) able 17i. Year 2 EVSE Activity Details Annual Total Energy Dispensed (kWh) Year 2 Enter the annual total energy dispensed by this EVSE in kilowatthours Enter the percentage uptime (availability) of this EVSE, i.e. percent of time that the charger is in service and available for use Enter the total annual count of independent charging sessions supplied by this EVSE Lass the EVES infrastructure been EVER powered by an internal combustion generator in the past select a response from the dropdown Year 2 (Year 2 no. 2).

Type of Annual Values for EVSE Activity Data Reported in Table 17i (select from dropdown) Year 2	Select a response from the dropdown that characterizes the previous responses in this table.  Actual - responses represent complete data, i.e. from telematics or other method: Estimated - no observed data - responses are estimates in like of real-void data; Estimated based on incomplete observed data - responses are abased on some combination of incomplete data, i.e.
Table 17J. Year 3 EVSE Activity Details	extrapolating incomplete telematics data to represent a full year of operation.
Annual Total Energy Dispensed (kWh) Year 3	Enter the annual total energy dispensed by this EVSE in kilowatthours
EVSE Annual Percentage Uptime (based on hours)	Enter the percentage uptime (availability) of this EVSE. i.e. percent of time that the charger is in service and available for use
분명문 구otal Annual Number of Charging Sessions Completed Year 3	Enter the total annual count of independent charging sessions supplied by this EVSE
Has the EVSE infrastructure been EVER powered by an internal combustion generator in the pa: year? (Yes or No) Year 3	st Select a response from the dropdown
Type of Annual Values for EVSE Activity Data Reported in Table 17j (select from dropdown) Year 3	Select a response from the dropdown that characterizes the previous responses in this table.  Actual - reoponses orpersed complete data, i.e. from televation or other method; Estimated - no observed data - responses are estimates in lieu of real-world data; Estimated based on incomplete observed data - responses are based on some combination of incomplete data, i.e. estrapolating incomplete televatives data to represent a full vieu or ol parasition.
Table 17k. Year 4 EVSE Activity Details	
Annual Total Energy Dispensed (kWh) Year 4	Enter the annual total energy dispensed by this EVSE in kilowatthours
EVSE Annual Percentage Uptime (based on hours) È99E † Otal Annual Number of Charging Sessions Completed Year 4	Enter the percentage uptime (availability) of this EVSE. i.e. percent of time that the charger is in service and available for use  Enter the total annual count of independent charging sessions supplied by this EVSE
I teal of Has the EVSE infrastructure been EVER powered by an internal combustion generator in the par year? (Yes or No.)	
Year 4	Select a response from the dropdown that characterizes the previous responses in this table.
Type of Annual Values for EVSE Activity Data Reported in Table 14k (select from dropdown) Year 4	Actual - responses represent complete data, i.e. from telematics or other method; Estimated - no observed data - responses are estimates in lieu of real-world data; Estimated based on incomplete observed data - responses are based on some combination of incomplete data, i.e. extrapolating incomplete telematics data to represent a full year of operation.
18. Infrastructure-Shore Power Table 18a. Shore Power Equipment Information	excusponants incomplex exermined unit to represent a fun year or operation.
Subawardee (if part of subaward)	List the subawardee, if part of a subaward, for the new vehicle or equipment. Populate tab 4. Subawardees first.
Type of Shore Power Connection (select from dropdown)	Select the type of shore power connection, either high-voltage (HVSC) or low-voltage (LVSC).
Total Voltage Service Provided (select from dropdown)	Select the total voltage provided from the dropdown menu, if listed.
Total Voltage Service Provided, if Not Listed Manufacturer	Enter the total voltage service provided if the amount is not listed in the dropdown menu.  Enter the manufacturer of the shore power system.
Model Number of Vessel Berths that can be served by Shore Power Pedestal	Enter the model name of the shore power system.  Enter the number of vessel berths that can be served by the shore power system.
Number of Plugs per Shore Power Pedestal Number of Shore Power Pedestals	Enter the number of available plugs per shore power pedestal installed.  Enter the total number of shore power pedestals installed.
Table 18b. Location of Shore Power Infrastructure	Select the two letter postal code for the state in which the charging equipment will be located.
(Seelect from dropdown)  County	
County (select from dropdown) City	Enter the county in which the charging equipment will be located.  Enter the city in which the charging equipment will be located.
City Zip Code Port Facility where Shore Power Installed	Enter the zip code in which the charging equipment will be located.
Port Facility Winers snore Power Installed (select from dropdown) Who owns the Shore Power Infrastructure?	Enter the name of the port facility in which the shore power infrastructure is installed.  Enter the name of the port or organization that owns the charging equipment.
wino owns the shore rower intrastructure: Table 18c. Shore Power Infrastructure Installation Information Description of Installation Work, including all equipment installed	Describe the work done during installation, including all equipment that became part of the installed shore power system.
Description of installation Work, including all equipment installed Installation Work Performed By Date(s) Shore Power Equipment was Manufactured (mm/dd/yyyy)	Describe the work owner during installation, including an equipment that became part of the installed shore power system.  List the name of the company (or companies) performing the installation of the shore power system.  Enter the date (or date range) the shore power system was manufactured.
Date of shore power Installation (mm/dd/yyyy)	Enter the date (or date range) the shore power system was installed.
Date of shore power Completely Operational (mm/dd/yyyy) Table 184. Shore Power BABA Details	Enter the date by which the shore power system became fully operational.
Is the Shore Power Infrastructure BABA Compliant? (select from dropdown) If No or Partly Compliant, explain	Select from the dropdown menu which parts of the shore power infrastructure project are BABA compliant.  For the previous column, explain which parts are not compliant.
Is a waiver being used to fulfill BABA compliance for this infrastructure?	Select from the dropdown menu how BABA requirements are being met for the shore power infrastructure project.
(select from dropdown) If Yes - Other EPA Waiver, explain	If a waiver is being used that is not included in the prior field, describe the waiver
Table 18e. Shore Power Cost Summary Equipment Cost only Per Shore Power Pedestal:	Enter the equipment cost for each unit of the shore power infrastructure system.
Total EPA Funds Expended Per Shore Power Pedestal  Does the Infrastructure Equipment Cost Include Installation?	Enter the EPA funds expended for the equipment in each shore power pedestal.  Select whether or not the equipment cost includes installation of the shore power equipment.
(select Yes/No from dropdown) Total Funds Expended Installation Cost for Shore Power Group	No action - autopopulated
Total EPA Funds Expended Installation Cost for Shore Power Group Total Funds Expended for All other Eligible Shore Power Acquisition & Installation Related	No action - autopopulated
Expenses (e.g., Permits, Shipping, etc.)  Total EPA Funds Expended for All other Eligible Shore Power Acquisition & Installation Related	Enter the total amount of funds expended for acquisition and installation of all the units in the shore power system.
Expenses (e.g., Permits, Shipping, etc.)  Description of Other Eligible Shore Power Related Expenses	Enter the total amount of EPA funds expended for acquisition and installation of all the units in the shore power system.  Describe the items corresponding to the previous two columns.
Total Funds Expended for Shore Power Equipment Acquisition (total # of pedestals x Funds Expended/pedestal)	No action - autopopulated
Total EPA Funds Expended for Shore Power Equipment Acquisition (total # of pedestals x EPA Funds Expended/pedestal)	No action - autopopulated
Total Funds Expended for Shore Power Equipment Acquisition, Installation, and Other Costs	No action - autopopulated
Total EPA Funds Expended for Shore Power Equipment Acquisition & Installation, and Other Costs	No action - autopopulated
EPA-Cost Share Expended For Shore Power-Equipment EPA-Cost Share for Shore Power-Installation	No action – autopopulated No action – autopopulated No action – autopopulated
Giverall EPA Cost Share for Shore Power Equipment Table 18f. Expected Useful Life and Warranty	
Expected Useful Life of Shore Power Equipment: Number of Years If equipment covered under warranty, provide the years of protection offered by warranty	Enter the expected useful life of the shore power system in years  Enter the warranty period in number of years
Basis for Expected Useful Life of Shore Power Equipment (e.g., manufacturer data or evidence from prior deployments)	Describe the basis for the expected useful life entered in the prior field
Table 18g. Year 1 Shore Power utilization Typical Auxiliary Engine Tier of Vessels Using Shore Power	
(select from dropdown) Year 1	Select the typical engine tier of vessels using the shore power system.
Fuel Type of Vessels Using Shore Power (select from dropdown)	Select the fuel type of vessels using the shore power system.
Number of Annual Vessel Calls Utilizing Shore Power	If the prior field was "Other/Not Listed," please describe the fuel type used
Vear 1  Average Hotel Hours Per Vessel Call Utilizing Shore Power	Enter the number of annual vessel calls utilizing shore power.  Enter the number of annual vessel call utilizing shore power.
Average Hotel Hours Per Vessel Call Utilizing Shore Power Year 1 Maximum Output Power (kW)	Enter the average hotel hours per vessel call utilizing shore power.
Maximum Output Power (kW) Year 1 Annual Total Energy Dispensed in MWh	Enter the maximum power output of the shore power system, measured in kilowatts.
Year 1	Enter the estimated total annual energy output of the shore power system in megawatt-hours.
Shore Power Annual Percentage Uptime (based on hours) Year 1	Enter the percentage uptime (availability) of the shore power system. i.e. percent of time that the system is in service and available for use
Type of Annual Values for Shore Power Activity Data Reported in Table 18g	Select a response from the dropdown that characterizes the previous responses in this table.
(select from dropdown) Year 1	Actual - responses represent complete data, i.e. from telematics or other method; Estimated - no observed data - responses are estimates in lieu of real-world data; Estimated based on incomplete observed data - responses are based on some combination of incomplete data, i.e. extrapolating incomplete elematics data to represent a full year of operation.
Table 18h. Year 2 Shore Power utilization	
Typical Auxiliary Engine Tier of Vessels Using Shore Power (select from dropdown)	Select the typical engine tier of vessels using the shore power system.
Year 2 Fuel Type of Vessels Using Shore Power	Solart the final time of versels using the chara pages
(select from dropdown) Year 2	Select the fuel type of vessels using the shore power system.
lf 'Other/Not Listed' Fuel Type of Vessels selected, describe fuel type used Year 2	If the prior field was "Other/Not Listed," please describe the fuel type used
Number of Annual Vessel Calls Utilizing Shore Power Year 2	Enter the number of annual vessel calls utilizing shore power.
Average Hotel Hours Per Vessel Call Utilizing Shore Power Year 2	Enter the average hotel hours per vessel call utilizing shore power.
Maximum Output Power (kW) Year 2	Enter the maximum power output of the shore power system, measured in kilowatts.
Annual Total Energy Dispensed in MWh Year 2	Enter the estimated total annual energy output of the shore power system in megawatt-hours.
Shore Power Annual Percentage Uptime (based on hours) Year 2	Enter the percentage uptime (availability) of the shore power system, i.e. percent of time that the system is in service and available for use
Type of Annual Values for Shore Power Activity Data Reported in Table 18h	Select a response from the dropdown that characterizes the previous responses in this table.
(select from dropdown)	
Year 2	Actual responses represent complete data, i.e. from telematics or other method; Estimated - no observed data - responses are estimates in lieu of real-world data; Estimated based on incomplete observed data - responses are based on some combination of incomplete data, i.e. extrapolating incomplete telematics data to represent a full year of operation.
Year 2 Table 18i. Year 3 Shore Power utilization	leu of real-world date. Estimated based on incomplete eitherworld date: responses are based on some combination of incomplete data, i.e. extrapolating incomplete telematics data to represent a full year of operation.
Year 2 Table 18L Year 3 Shore Power utilization Typical Auxiliary Engine Tier of Vessels Using Shore Power (select from dropdown)	he of real-world data. Estimated and complete difference of the complete data, i.e. stranged on some combination of incomplete data, i.e. stranged in complete default in the complete data, i.e. stranged in complete data, i.e. stranged in complete data, i.e. stranged in the complete data, i.e.
Year 2 Table 18I. Year 3 Shore Power utilization Typical Auxiliary Engine Tier of Vessels Using Shore Power Iselect from dropdown) Year 3 Fuel Type of Vessels Using Shore Power	lieu of real-world data; Estimated based on incomplete observed data - responses are based on some combination of incomplete data, i.e. extrapolating incomplete telematics data to represent a full year of operation.  Select the typical engine tier of vessels using the shore power system.
Year 2 Table 18I, Year 3 Shore Power utilization Typicial Auxilian Engine Tier of Vessels Using Shore Power (select from dropdown) Year 3	lieu of real-world data; Ethinated based on incomplete observed data - responses are based on some combination of incomplete data, i.e. extrapolating incomplete telematics data to represent a full year of operation.

If 'Other/Not Listed' Fuel Type of Vessels selected, describe fuel type used Year 3	If the prior field was "Other/Not Listed," please describe the fuel type used
Number of Annual Vessel Calls Utilizing Shore Power Year 3	Enter the number of annual vessel calls utilizing shore power.
Average Hotel Hours Per Vessel Call Utilizing Shore Power Year 3	Enter the average hotel hours per vessel call utilizing shore power.
Maximum Output Power (kW)	Enter the maximum power output of the shore power system, measured in kilowatts.
Year 3 Annual Total Energy Dispensed in MWh	Enter the estimated total annual energy output of the shore power system in megawatt-hours.
Year 3 Shore Power Annual Percentage Uptime (based on hours)	Enter the percentage uptime (availability) of the shore power system. i.e. percent of time that the system is in service and available for use
Year 3	
Type of Annual Values for Shore Power Activity Data Reported in Table 18i (select from dropdown) Year 3	Select a response from the dropdown that characterizes the previous responses in this table.  Actual - responses represent complete data, i.e. from telematics or other method; Estimated - no observed data - responses are estimates in lieu of real-vowed data; Estimated based on incomplete observed data - responses are based on some combination of incomplete data, i.e.
Table 18j. Year 4 Shore Power utilization	extrapolating incomplete telematics data to represent a full year of operation.
Typical Auxiliary Engine Tier of Vessels Using Shore Power	
(select from dropdown) Year 4	Select the typical engine tier of vessels using the shore power system.
Fuel Type of Vessels Using Shore Power (select from dropdown)	Select the fuel type of vessels using the shore power system.
Year 4  If 'Other/Not Listed' Fuel Type of Vessels selected, describe fuel type used	
Year 4	If the prior field was "Other/Not Listed," please describe the fuel type used
Number of Annual Vessel Calls Utilizing Shore Power Year 4	Enter the number of annual vessel calls utilizing shore power.
Average Hotel Hours Per Vessel Call Utilizing Shore Power Year 4	Enter the average hotel hours per vessel call utilizing shore power.
Maximum Output Power (kW) Year 4	Enter the maximum power output of the shore power system, measured in kilowatts.
Annual Total Energy Dispensed in MWh Year 4	Enter the estimated total annual energy output of the shore power system in megawatt-hours.
Shore Power Annual Percentage Uptime (based on hours) Year 4	Enter the percentage uptime (availability) of the shore power system. i.e. percent of time that the system is in service and available for use
Type of Annual Values for Shore Power Activity Data Reported in Table 18j	Select a response from the dropdown that characterizes the previous responses in this table.
(select from dropdown) Year 4	Actual - responses represent complete data, i.e. from telematics or other method; Estimated - no observed data - responses are estimates in lieu of real-world data; Estimated based on incomplete observed data - responses are based on some combination of incomplete data, i.e. extrapolating incomplete telematics data to represent a full year of operation.
Table 19. Infrastructure - Hydrogen	monipole elemans data to represent a run year or operation.
Table 19a. Hydrogen Fueling Station Information Overview Subawardee (if part of subaward)	List the subawardee, if part of a subaward, for the new vehicle or equipment. Populate tab 4. Subawardees first.
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 Total Hydrogen Storage Tank Capacity (kg)	If you selected "Other" for the previous column, please enter the refilling pressure information.  Enter the capacity of the hydrogen storage tank in kilograms.
Total Number of Dispensers  Maximum Dispensing Flow Rate per Hose (kg/min)	Enter the total number of dispenser hoses installed on the hydrogen fueling station.  Enter the maximum hydrogen dispensing flow rate per dispenser hose in kilograms per minute.
Total Dispensing Capacity of the Station (kg/day) Total Number of Cooling Systems	Enter the total capacity of hydrogen dispensing flow rate for the hydrogen fueling station in kilograms per day.  [Enter the total number of cooling systems installed on the hydrogen fueling station.]
Total Number of Compressors Number of Storage Tanks	Enter the total number of compressors installed on the hydrogen fueling station.  Enter the total number of hydrogen storage tanks installed on the hydrogen fueling station.
Number of Storage Lains Table 19b. H2 Dispenser Pedestal Details Number of Dispenser Pedestals	Enter the total number of hydrogen storage talks installed on the hydrogen deling station.  Enter the number of dispenser pedestals
Number of Hoses per Pedestal	Enter the number of dispenser hoses installed on each pedestal of the hydrogen fueling station.
H2 Dispenser Pedestal Manufacturer H2 Dispenser Pedestal Model	Enter the manufacturer of the hydrogen dispensing pedestal equipment.  Enter the model name of the hydrogen dispensing pedestal equipment.
H2 Dispenser Pedestal Manufacture Year Table 19c. H2 Storage Tank	Enter the year the hydrogen dispensing pedestal equipment was manufactured.
H2 Compressor Manufacturer H2 Compressor Model	Enter the manufacturer of the hydrogen storage tank.  Enter the model name of the hydrogen storage tank.
H2 Compressor Manufacture Year Table 19d. H2 Compressor	Enter the year the hydrogen storage tank was manufactured.
H2 Compressor Manufacturer H2 Compressor Model	Enter the manufacturer of the compressor. Enter the model name of the compressor.
H2 Compressor Manufacture Year	Enter the moder name of the compressor.  Enter the year the compressor was manufactured.
Table 19e. H2 Cooling System (refrigeration and heat exchanger) H2 Cooling System Manufacturer	Enter the manufacturer of the compressor.
H2 Cooling System Model H2 Cooling System Manufacture Year	Enter the model name of the compressor.  Enter the year the compressor was manufactured.
Table 406 Camilas Datalla	
Table 19f. Service Details  Does the H2 fueling station serve multiple port facilities within this project?	
Does the H2 fueling station serve multiple port facilities within this project? (select Yes/No from dropdown)	Select whether or not the hydrogen fueling station serve more than one port area within the project submitted in this award.
Does the H2 fueling station serve multiple port facilities within this project? (select Yes/No from dropdown)  Primary Location Served by the H2 fueling station: Associated Port Facility (select from dropdown)	Enter the name of the port area in which the hydrogen fueling station will primarily serve.
Does the LET useline; station serve multiple port facilities within this project? (select Vex/No from dropdown) Primary Location Served by the H2 fueling station: Associated Port Facility (select from dropdown) Secondary Locations served by the H2 fueling station: Associated Port (use a semicion between facilities)	Enter the name of the port area in which the hydrogen fueling station will primarily serve.  Enter the name of the <u>other</u> port areas in which the hydrogen fueling station will serve. If it will serve multiple secondary port areas, list all and separate with a semicilion (e.g., Port of Galveston: Port of Corpus Christi).
Does the LET fueling station serve multiple port facilities within this project? scleckt Yes/No from dropdown) Primary Location Served by the H2 fueling station: Associated Port Facility (select from dropdown) Secondary Locations served by the H2 fueling station: Associated Port	Enter the name of the port area in which the hydrogen fueling station will primarily serve.
Does the LE fueling station serve multiple port facilities within this project? select Vex/No from dropdown) Primary Location Served by the H2 fueling station: Associated Port Facility (select from dropdown) Secondary Locations served by the H2 fueling station: Associated Port (use a semicolon between facilities) Who owns the 12 Fueling Station?	Enter the name of the port area in which the hydrogen fueling station will primarily serve.  Enter the name of the <u>other</u> port areas in which the hydrogen fueling station will serve. If it will serve multiple secondary port areas, list all and separate with a semiciolor (e.g., Port of Galveston; Port of Corpus Christi).
Does the LET fueling station serve multiple port facilities within this project? select (Yex/Norm dropdown)  Primary Location Served by the H2 fueling station: Associated Port Facility (select from dropdown)  Secondary Locations served by the H2 fueling station: Associated Port (use a semicolon between facilities)  Who owns the 12 Fueling Station?  Table 19g. Location of H2 Station	Enter the name of the port area in which the hydrogen fueling station will primarily serve.  Enter the name of the <u>other</u> port areas in which the hydrogen fueling station will serve. If it will serve multiple secondary port areas, list all and separates with a semicolon (e.g., Port of Galveston: Port of Corpus Christi).  Enter the name of the port or organization that owns the hydrogen fueling equipment.
Does the LR fueling station serve multiple port facilities within this project?  [select Yes/No from dropdown]  Primary Location Served by the H2 fueling station: Associated Port Facility  [select from dropdown]  Secondary Locations served by the H2 fueling station: Associated Port  [use a semicolon between facilities]  Who owns the H2 Fueling Station?  Table 19g. Location of H2 Station  State  [select from dropdown]  County  [select from dropdown]  City	Enter the name of the port area in which the hydrogen fueling station will primarily serve.  Enter the name of the other port areas in which the hydrogen fueling station will serve. If it will serve multiple secondary port areas, list all and separate with a semicidion (e.g., Port of Galveston, Port of Corpus Christi).  Enter the name of the port or organization that owns the hydrogen fueling equipment.  Select the two letter postal code for the state in which the hydrogen fueling station will be located.  Enter the county in which the hydrogen fueling station will be located.  Enter the city in which the hydrogen fueling station will be located.
Does the LR fueling station serve multiple port facilities within this project?  [select Vers/Nor motropdown] Primary Location Served by the H2 fueling station: Associated Port Facility  [select from dropdown] Secondary Locations served by the H2 fueling station: Associated Port  [see a semicolon between facilities] Who owns the H2 Fueling Station? Table 18p_ Location of H2 Station  State [select from dropdown] County [select from dropdown] City Zip Code Street Address	Enter the name of the port area in which the hydrogen fueling station will primarily serve.  Enter the name of the ghter port areas in which the hydrogen fueling station will serve. If it will serve multiple secondary port areas, list all and separate with searnicion (see, 2 we of Capsus Christin).  Enter the name of the port or organization that owns the hydrogen fueling equipment.  Select the two letter postal code for the state in which the hydrogen fueling station will be located.  Enter the county in which the hydrogen fueling station will be located.
Does the LR fueling station serve multiple port facilities within this project?  [select Vers/Nor motopodown] Primary Location Served by the H2 fueling station: Associated Port Facility  [select from dropdown] Secondary Locations served by the H2 fueling station: Associated Port  [see a semicolon between facilities] Who owns the H2 Fueling Station? Table 19g. Location of H2 Station State [select from dropdown] Countly [select from dropdown] City [2] Code Street Address Table 19g. Installation Details Description of H2 Fueling Station Installation Work Performed	Enter the name of the port area in which the hydrogen fueling station will primarily serve.  Enter the name of the

Service of the control of the contro	Annual Total H2 Dispensed (kg)	Enter the total H2 dispensed, in kilograms (kg). This can consist of an actual, observed value, or an estimate.
See	Type of Annual Values for H2 Fueling Station Activity Data Reported in Table 191 (select from	Select a response from the dropdown that characterizes the previous responses in this table.  **Actual - responses represent complete data, i.e. from telematics or other method; **Estimated - no observed data - responses are estimates in
sent profession from growth profession of the pr	Year 1	иеи от теат-учили data; <b>essumated based on incomplete observed data</b> - responses are based on some combination of incomplete data, i.e. extrapolating incomplete telematics data to represent a full year of operation.
See Seed of Seed Seed Seed Seed Seed Seed Seed See	Annual Total Number of Fueling Events	Enter the number (count) of fueling events. A fueling event is any single instance where H2 fuel was delivered to a vehicle. This can consist of an actual obscuring duplication of an actual obscuring duplication.
And an about the second of the control of the contr	Annual Total H2 Dispensed (kg) Year 2	Enter the total H2 dispensed, in kilograms (kg). This can consist of an actual, observed value, or an estimate.
seemen se	rype of Affidian Values for H2 Fueling Station Activity Data Reported in Table 178 (Select Holli dropdown)	Actual - responses represent complete data, i.e. from telematics or other method; Estimated - no observed data - responses are estimates in lieu of real-world data; Estimated based on incomplete observed data - responses are based on some combination of incomplete data, i.e.
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See And And Committed  The Committed	Manufacturer of On-site Power Generation	Enter the name of the manufacturer of the on-site power generation system. Include details about both the solar panels and inverter(s).
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The STAN Contribution Control	AC Canacity of the system (VW)	Enter the AC capacity of the on-site power generation system in kilowatts. The AC capacity is based on the total nameplate capacity of the system's
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Premits, Spinging, etc.)  Describe the films corresponding to the previous two columns.  Describe the films corresponding to the previous two columns.  No action - autopopulated  No a		
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extrapolating incomplete telematics data to represent a full year of operation.    All Part   Infrastructure = BESS	Type of Annual Values for On-Site Power Generation Activity Data Reported in Table 20j (select	Select a response from the dropdown that characterizes the previous responses in this table.  **Actual - responses represent complete data, i.e. from telematics or other method; **Estimated - no observed data - responses are estimates in
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Model of BESS  Enter the model name of the BESS equipment.  Manufacture Year of BESS  Enter the year the BESS equipment was manufactured.  Enter the year the BESS equipment was manufactured.  Enter the year the BESS equipment was manufactured.  Enter the total pergy Capacity (please indicate unit; kWh or MWh)  Enter the total energy Capacity (please indicate unit of energy (kWh or MWh)  Enter the total energy Capacity (please indicate unit of energy (kWh or MWh)  Enter the manufactured ontinuous Discharge AC Power (kW)  Enter the manufactured ontinuous Discharge DC Power (kW)  Enter the manufactured ontinuous Discharge BC Power (kW)  Enter the manufactured ontinuous Discharge BC Power (kW)	Subawardee	
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Otal Energy Capacity (please indicate unit; kWh or MWh)  Enter the total energy capacity (please indicate unit; kWh or MWh)  Assimum Continuous Bischarge AC Power (kW)  Enter the maximum continuous discharge accurate current power in kW  Assimum Continuous Bischarge DC Power (kW)  Enter the maximum continuous discharge direct current power in kW  Enter the maximum continuous discharge direct current power in kW	Manufacture Year of BESS	Enter the year the BESS equipment was manufactured.
Maximum Continuous Discharge DC Power (kW) Enter the maximum continuous discharge direct current power in kW lattery Chemistry	Total Energy Capacity (please indicate unit; kWh or MWh)	Enter the total energy capacity of the BESS system and indicate the unit of energy (kWh or MWh)
lattery Chemistry	Aaximum Continuous Discharge DC Power (kW)	
select from dropdown)	select from dropdown)	Using the dropdown menu, select the chemistry of the battery
f'Other's selected for Battery Chemistry, describe From the previous column, describe the battery chemistry of the BESS	f 'Other' selected for Battery Chemistry, describe	
select Yes/No from dropdown)	select Yes/No from dropdown)	
attery Warranty. Number of Years  attery Warranty. Total Discharged Energy (please indicate unit; kWh or MWh)  if the battery includes a warranty, indicate the number of years the coverage is valid for attery before the property of the battery includes a warranty, indicate the total amount of discharged energy (kWh) the coverage is valid for interpretation at the End of Warranty Period (%)  Enter the minimum amount of energy that the battery will be able to store and discharge, in percent (%) of the new battery energy capacity	Battery Warranty: Total Discharged Energy (please indicate unit; kWh or MWh) Energy Retention at the End of Warranty Period (%)	
Abble 21b. Location of BESS Infrastructure State	able 21b. Location of BESS Infrastructure	
select from dropdown)  Select the two letter postal code for the state in which the letter postal code for the le		select the two letter postal code for the state in which the BESS equipment will be located.
select from dropdown) Enter the country in which the BESS equipment will be located.	select from dropdown)	
Zip Code Enter the zip code in which the BESS equipment will be located.	(select from dropdown) County (select from dropdown)	Enter the county in which the BESS equipment will be located.
Street Address Enter the street address in which the BESS equipment will be located.  Who owns the equipment? Enter the name of the port or organization that owns the BESS equipment.	(select from dropdown) County Belect from dropdown) City Tjp Code	Enter the county in which the BESS equipment will be located.  Enter the city in which the BESS equipment will be located.  Enter the zip code in which the BESS equipment will be located.

		Expiration Date: MM
Does the BESS serve multiple port facilities?	Select whether or not the BESS equipment serves more than one port area within the project submitted in this award.	I
(select Yes/No from dropdown) Primary Location Served by BESS: Associated Port		
(select from dropdown)	Enter the name of the port area in which the BESS equipment will primarily serve.	
Secondary Locations served by BESS: Associated Port(s) (use a colon between facilities) Table 21c. BESS Installation Details	Enter the name of the other port areas in which the BESS equipment will serve. If it will serve multiple secondary port areas, list all and separate	with a semicolon (e.g., Port of Galveston; Port of Corpus Christi
Description of Installation Work Performed	Describe the work done during installation, including all equipment that became part of the installed BESS.	
BESS Installation Performed by	List the name of the company (or companies) performing the installation of the BESS.	
Date(s) BESS and related Equipment was Manufactured Completion Date of the BESS Installation (mm/dd/yyyy)	Enter the date (or date range) the BESS equipment was manufactured.  Enter the date (or date range) the BESS was installed.	
Date BESS Operational (mm/dd/yyyy)	Enter the date by which the BESS equipment became fully operational.	
Table 21d. BABA Compliance		
ls the BESS Infrastructure BABA Compliant? (select from dropdown)	Select from the dropdown menu which parts of the BESS infrastructure project are BABA compliant.	
If No or Partly Compliant, explain	For the previous column, explain which parts are not compliant.	
Is a waiver being used to fulfill BABA compliance for the BESS?		
(select from dropdown)	Select from the dropdown menu how BABA requirements are being met for the BESS infrastructure project.	
If Yes - Other EPA Waiver, explain Table 21e. BESS Cost Summary	If a waiver is being used that is not included in the prior field, describe the waiver	
Total Equipment Cost Expended Per Unit Acquisition	Enter the equipment cost for each unit of the BESS.	
Total EPA Funds Expended Per Unit Acquisition	Enter the EPA funds expended for the equipment in each BESS unit.	
Total Cost Expended for BESS Acquisition	Enter the total amount of funds expended for all items related to acquiring BESS.	
Total EPA Funds Expended for BESS Acquisition Total Funds Expended Installation Cost	Enter the total amount of EPA funds expended for all items related to acquiring BESS.  Enter the total amount of funds expended for acquisition and installation of all the units in the shore power system.	
Total Funds Expended Installation Cost  Total EPA Funds Expended Installation Cost:	Enter the total amount of Innas expended for acquisition and installation of all the units in the shore power system.  Enter the total amount of EPA funds expended for acquisition and installation of all the units in the shore power system.	
Total Funds Expended for All other Eligible BESS Related Expenses (e.g., Permits, Shipping, etc.). Total EPA Funds Expended for All other Eligible BESS Related Expenses (e.g., Permits, Shipping,	Enter the total amount of funds expended for all other eligible BESS-related expenses such as permits, shipping of equipment, etc.	
etc.)	Effect the total amount of EPA forms expended for all other engine BE33*Feated expenses such as permits, shipping of equipment, etc.	
Description of Other Eligible BESS Related Expenses Total Funds Expended on BESS Equipment, Installation, and Other Eligible Expenses	Describe the Items corresponding to the previous two columns.  No action - autopopulated	
Total EPA Funds Expended BESS Equipment, Installation, and Other Eligible Expenses	No action - autopopulated	
Table 21f. Expected Useful Life		
Expected Useful Life of BESS: Number of Years	Enter the expected useful life of the BESS in years  Describe the basis for the expected useful life entered in the prior field	
Basis for Expected Useful Life of BESS (e.g., manufacturer data or evidence from prior deployments) Table 21g. Year 1 BESS Activity Data	Describe the basis for the expected useful life entered in the prior field	
BESS Annual Energy Dispensed/Discharged (MWh)	Enter the annual total energy dispensed (discharged) by this BESS in megawatt hours	
BESS Annual Energy Received/Charged from Grid (MWh)	Enter the annual total energy received (charged) to this BESS from the grid in megawatt-hours (MWh)	
BESS Annual Percentage Uptime (based on hours)	Enter the percentage uptime (availability) of the BESS. i.e. percent of time that the system is in service and available	
Has the BESS infrastructure been EVER charged by an internal combustion generator in the past year? (Yes or No)	Select a response from the dropdown	
	Select a response from the dropdown that characterizes the previous responses in this table.  **Actual - responses represent complete data, i.e. from telematics or other method; Estimated - no observed data - responses are estimates in	
	lieu of real-world data; Estimated based on incomplete observed data - responses are based on some combination of incomplete data, i.e.	
Type of Annual Values for BESS Activity Data Reported in Table 21g (select from dropdown)	extrapolating incomplete telematics data to represent a full year of operation.	
Table 21h. Year 2 BESS Activity Data BESS Annual Energy Dispensed/Discharged (MWh)	Enter the annual total energy dispensed (discharged) by this BESS in megawatt hours	
BESS Annual Energy Dispensed/Discharged (MWh) BESS Annual Energy Received/Charged from Grid (MWh)	Enter the annual total energy dispensed (discharged) by this BESS in megawatt hours  Enter the annual total energy received (charged) to this BESS from the grid in megawatt-hours (MWh)	
BESS Annual Percentage Uptime (based on hours)	Enter the percentage uptime (availability) of the BESS. i.e. percent of time that the system is in service and available	
Has the BESS infrastructure been EVER charged by an internal combustion generator in the past year? (Yes or No)	Select a response from the dropdown	
	Select a response from the dropdown that characterizes the previous responses in this table.	
	Actual - responses represent complete data, i.e. from telematics or other method; Estimated - no observed data - responses are estimates in lieu of real-world data; Estimated based on incomplete observed data - responses are based on some combination of incomplete data, i.e.	
Type of Annual Values for BESS Activity Data Reported in Table 21g (select from dropdown)	extrapolating incomplete telematics data to represent a full year of operation.	
Table 21i. Year 3 BESS Activity Data	we do not be a second of the s	
BESS Annual Energy Dispensed/Discharged (MWh) BESS Annual Energy Received/Charged from Grid (MWh)	Enter the annual total energy dispensed (discharged) by this BESS in megawatt hours  Enter the annual total energy received (charged) to this BESS from the grid in megawatt-hours (MWh)	
BESS Annual Percentage Uptime (based on hours)  Has the BESS infrastructure been EVER charged by an internal combustion generator in the past	Enter the percentage uptime (availability) of the BESS. i.e. percent of time that the system is in service and available  Select a response from the dropdown	
year? (Yes or No)	Select a response from the dropdown Select a response from the dropdown that characterizes the previous responses in this table.	
	Actual - responses represent complete data, i.e. from telematics or other method; Estimated - no observed data - responses are estimates in lieu of real-world data; Estimated based on incomplete observed data - responses are based on some combination of incomplete data, i.e.	
Type of Annual Values for BESS Activity Data Reported in Table 21g (select from dropdown)	extrapolating incomplete telematics data to represent a full year of operation.	
Table 21j. Year 4 BESS Activity Data	Patricks and total and district the Receiver of the State	
BESS Annual Energy Dispensed/Discharged (MWh) BESS Annual Energy Received/Charged from Grid (MWh)	Enter the annual total energy dispensed (discharged) by this BESS in megawatt hours  Enter the annual total energy received (charged) to this BESS from the grid in megawatt-hours (MWh)	
BESS Annual Percentage Uptime (based on hours)  Has the BESS infrastructure been EVER charged by an internal combustion generator in the past	Enter the percentage uptime (availability) of the BESs. i.e. percent of time that the system is in service and available  Select a response from the droudown	
year? (Yes or No)	Select a response from the dropdown that characterizes the previous responses in this table.	1
	Actual - responses represent complete data, i.e. from telematics or other method; Estimated - no observed data - responses are estimates in lieu of real-world data; Estimated based on incomplete observed data - responses are based on some combination of incomplete data, i.e.	
Type of Annual Values for BESS Activity Data Reported in Table 21g (select from dropdown)	extrapolating incomplete telematics data to represent a full year of operation.	
Tab 22. Infrastructure - Other		
Are there any other infrastructure projects associated with this grant that are not listed on the previous sheets? (select Yes/No)	Select a response from the dropdown	
If no, please leave this section blank. If yes, please provide details in the box below to the right on the infrastructure project and describe how BABA compliance was determined.	Describe other infrastructure not captured on the previous infrastructure tabs	
Tab 23. Final Report		[
Table 23a. Project Updates - Narrative Responses	Paste the planned activities from the last interannual report	
Activities Anticipated Outputs	Paste the planned activities from the last interannual report  Paste the anticipated outputs from the last interannual report	
Anticipated Outcomes	Paste the anticipated outcomes from the last interannual report	
Actual Results	Describe the final, actual results for the planned activity	
Table 23b. Project Updates - Programmatic and Narrative Financial Results of Project		1
All fields	Please provide programmatic and narrative financial results on the project (open response)	
All Neids  Table 23c. Project Updates - Subaward Reporting Requirements (if applicable)   All fields	Please provide programmatic and narrative financial results on the project (open response)  Please provide subaward information on the project and an explanation in each cell	