# City of Norman



**FY 2018 - ROUND 1** 

# ACOG CLEAN AIR Grants for Public Sector Fleets

**ISSUED OCTOBER 2017** 

**APPLICATION PACKET** 

# **APPLICANT INFORMATION**

leave this area blank
St14,104
A.APPLICANT INFORMATION   Legal Name of Entity:   Organizational Unit: CITY OF NORMAN   Department: PUBLIC WORKS
Legal Name of Entity: CITY OF NORMAN  Department: PUBLIC WORKS  Street Address: 1301 Da Vinci  Mailing Address (if different from Street Address):  City: Norman  State: OK  S. EMPLOYER IDENTIFICATION NUMBER (FEI): 73-600-5350  6. PROPOSED PROJECT: Start Date: (M/d/yyyy) 3/10/2018  7. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: ALTERNATIVE FUELS VEHICLE REPLACEMENT  ALTERNATIVE FUELS VEHICLE REPLACEMENT  B. LOCATION OF PROJECT (if different from Street Address above)  Physical Address:  City: Prefix: Mr.  Suffix:  Middle Initial: Mr.  Mike  Mr.  Middle Initial: Mike  Middle Initial: Mike  Middle Initial: Mike  Middle Initial: Mike  Email: Mike Middle Initial: Mike  Middle Initial: Mike. Mike Midele Initial: Mike. Mike Middle Initial: Mike. Mike. Mike. Mike Middle Initial: Mike. Mike. Mike. Mike. Mike. Mike. Mike. Mike. Mike. Middle Initial: Mike. Middle Initial: Mike. Midele Initial: Mike.
Department: PUBLIC WORKS  Street Address: 1301 Da Vinci  Mailing Address (if different from Street Address):  City: Norman  State: OK  Sip: 73069  Prefix: Mr.  First Name: Mike  Middle Initial:  Mike  Suffix:  Mite  Suffix:  White  Phone: (give Area Code)  Prefix: Mr.  Division: FLEET Division  Name and telephone number of person to be contacted on matters involving this application  Prefix: Mr.  Name and telephone number of person to be contacted on matters involving this application  Name: Middle Initial: Mike  Middle Initial: Mike.white@normanok.gov  Phone Number: (give Area Code)  (405) 292-9710  PROJECT MANAGER CONTACT:  Prefix: Mr.  Middle Initial: W.  Last Name: Middle Initial: W.  Last Name: Middle Initial: W.  Email: Middle Initial: W.  Email: Middle Initial: W.  Email: Mike.white@normanok.gov  Phone: (give Area Code)  FAX: (give Area Code)  Phone: (give Area Code)
Street Address: 1301 Da Vinci  Mailling Address (if different from Street Address):  City:  Name and telephone number of person to be contacted on matters involving this application  State: OK  Sip: 73069  Prefix: Mr.  S.EMPLOYER IDENTIFICATION NUMBER (FEI):  73-600-5350  6. PROPOSED PROJECT:  Last Name:  Mike  Suffix:  White  First Name:  Middle Initial:  Mike  White  Phone Number: (give Area Code)  FAX Number: (give Area Code)  Phone: (give Area Code)  FAX: (give Area Code)  Phone: (give Area Code)  Phone: (give Area Code)  Phone: (give Area Code)  FAX: (give Area Code)  Phone: (give Area Code)  FAX: (give Area Code)
Mailing Address (if different from Street Address):  City: Norman State: OK Zip: 73069 Prefix: Mr.  5. EMPLOYER IDENTIFICATION NUMBER (FEI): 73-600-5350 E. PROPOSED PROJECT: Start Date: (M/d/yyyy) 3/10/2018 9/20/2019 7. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: ALTERNATIVE FUELS VEHICLE REPLACEMENT 8. LOCATION OF PROJECT (if different from Street Address above)  Physical Address:  FAX Number: (give Area Code)  FAX Number: (give Area Code)  City: State: Zip:  9. PROJECT MANAGER CONTACT: Prefix: Mr. Mike Mike Mike Mike Mike Mike Mike Mike
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Norman
State: OK   Zip: 73069   Prefix: Mr.    5. EMPLOYER IDENTIFICATION NUMBER (FEI):   First Name:   Middle Initial:    73-600-5350   Mike    6. PROPOSED PROJECT:   Last Name:   Suffix:    Start Date: (M/d/yyyy)   Ending Date: (M/d/yyyy)   9/20/2019   White    7. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:   Email:   mike.white@normanok.gov    8. LOCATION OF PROJECT (if different from Street Address above)   Phone Number: (give Area Code)    Physical Address:   FAX Number: (give Area Code)   (405) 292-9709    City:   State:   Zip:   FAX Number: (give Area Code)    9. PROJECT MANAGER CONTACT:   Middle Initial:   W.   W.    Last Name:   Mike   W.   Email:   mike.white@normanok.gov    Phone: (give Area Code)   FAX: (give Area Code)    Phone: (give Area Code)   FAX: (give Area Code)    Phone: (give Area Code)   FAX: (give Area Code)
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T3-600-5350   Mike
Suffix:   Suffix:   Suffix:   Suffix:   Suffix:   Start Date: (M/d/yyyy)   Bending Date: (M/d/yyyy)   3/10/2018   9/20/2019   White
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Mr. Mike  Last Name: White Suffix: Email: mike.white@normanok.gov  Phone: (give Area Code)  FAX: (give Area Code)
Mr. Mike  Last Name: White Suffix: Email: mike.white@normanok.gov  Phone: (give Area Code)  FAX: (give Area Code)
Last Name:  White  Suffix: Email:  mike.white@normanok.gov  FAX: (give Area Code)  FAX: (give Area Code)
White     mike.white@normanok.gov       Phone: (give Area Code)     FAX : (give Area Code)
Phone: (give Area Code)  FAX : (give Area Code)
(403) 232-3710
10. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN
DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES.
Authorized Representative
Prefix: First Name: Middle Name:
Mr. Steve
Last Name: Suffix:
Last Name: Suffix:
Lewis
b. Title: c. Phone Number: (give Area Code)
Lewis

# **PROJECT INFORMATION**

A.		e by double clicking the appropriate box and selecting "checked"						
	under Default Value)							
	Alternative Fuel Infrastructure							
	Alternative Fuel/Hybrid Vehicles							
	Both Fueling Infrastructure and Alternative							
B.	Amount of Grant Request:	C. Total project cost including planning, engineering, design and						
	\$114,104	construction: \$542,270						
	P	roject Description						
	(be	brief but complete)						
C.	Provide a brief description of your project inclu	ding what it is, where it will be located, number of vehicles to be						
	purchased, number of fueling posts, dispensers	, charging points to be installed, fuel types involved, etc.						
		the purchase of (2) Compressed Natural Gas (CNG)						
	Residential Rear Loading refuse trucks	for the Utilities Yard Waste Sanitation Division.						
	The City of Norman will be fulfilling the commitment of the Alternative Fuel Policy, which was							
	adopted by City Council in February 2009, by replacing two (2) existing vehicles that utilize							
		Fuel Policy, 710,827 gas gallon equivalents have been						
	displaced and reduced NOx emissions b	y 143,132 ton/yr.						
	The use of CNG newered units will alle	w for extended consiss intervals from 250 hours to 500						
	-	w for extended service intervals from 250 hours to 500						
		oil filters by fourteen and oil waste by 375 quarts for a						
	50% annual total reduction.							
	-	ew vehicle specifications that truck vendors must set a						
	five (5) minute maximum idle time in a	n effort to reduce emissions, save fuel, and prolong the						
	life of the new trucks.							
	All units will be purchased with US Fleet (GPS) Tracking Devices.							
	•	, ,						
D.	What is the project timeline? Include anticipate	ed start date, term of construction or implementation and proposed						
	completion date. Keep in mind the completion							
	Compressed Natural Gas (CNG) Refuse	trucks will be delivered 190 days from receipt of the						
	Purchase Order.							

# **PROJECT IMPACT AND VIABILITY**

A.	For the following questions, <u>do not</u> include vehicles such as golf carts that may be driven on-road but are not manufactured primarily for on-road use. <u>Do</u> include heavy-duty equipment such as refuse haulers, and street sweepers.						
A.1.	What is the total number of on-road vehicles currently in applicant fleet? 483						
A.2.	What is the total number of on-road alternative fuel vehicles currently in application fleet? 112 (CNG)						
A.3.	What is the total number of on-road hybrid-electric vehicles currently in applicant fleet? 0						
A.4.	How many gasoline gallon equivalents of fuel by alternative fuel type were used during the past fiscal year?						
	CNG: 207,610.99 LPG: E85: B20:						
В.	If the proposed project is for the purchase of alternative fuel vehicles, is there onsite refueling for those vehicle?  Yes  No						
B.1.	If no onsite fueling, where will the vehicles be refueled?						
B.2.	If no onsite fueling, how far from the fleet (in tenths of miles, i.e. 1.7 miles) is the refueling/recharging station that will be used?						
C.	If the proposed project is alternative fuel infrastructure related, does it include a public-access component or multi-fleet component? Please describe and explain						
D.	If the proposed project includes alternative fuel infrastructure and involves a public/private partnership agreement, attach a copy of that agreement to this application signed by all appropriate parties. Label as Public/Private Partnership Agreement. Attach to application.						
E.	If the project is alternative fuel infrastructure related, how much use will this facility get? How many vehicles will it serve, and what is the anticipated annual alternative fuel throughput (fuel purchased/loaded and sold/used) at proposed infrastructure.						
F.	Do you have state certified alternative fuel vehicle technicians on staff? Yes 11 Techs  Do you have state certified CNG compressor technicians on staff? Yes 3 Techs  No						
F.1.	In the absence of state certified technicians, how will your alternative fuel vehicles and or alternative fuel						
	infrastructure be serviced? Currently, the City hires a 3 <sup>rd</sup> party contractor to service our CNG						
	Infrastructure when our State of Oklahoma certified technicians are unavailable.						
G.	In the absence of future grant funding, how will the applicant entity sustain its commitment to continued						
	incorporation of clean fuel technologies in its fleet? Please explain and describe.  If funding is not available, the City of Norman will continue the commitment of our						
	Alternative Fuel Policy, approved by council in 2009, by implementing cleaner, greener fuels						
	and technology into our current fleet and fueling infrastructure as the City's budget will						
	allow.						
H.	Does your entity have a written Alternative Fuel/Hybrid Vehicle Replacement Plan that has been approved the city council, board of commissioners, or appropriate governing body?						
	Yes						

# **SECTION 7 – EQUIPMENT RETIREMENT AND REPLACEMENT TABLES**

Vehicle summary: Complete the following two (2) tables listing vehicles to be retired and new clean fuel technology vehicles that will replace retired vehicles.

TABLE 1

	VEHICLES TO BE RETIRED													
	Model Year	Make	Model Veh Identif Numbe		(see Appendix B in Solicitation &	Engine Mfg. & Displacement  (Ex.: Internat'l. DT466; Cummins ISB 6.7L; GM 3.95L; Ford 4.6L, etc.)	Fuel Type (Diesel or Gasoline)	estimated MPG (or expected MPG if not EPA rated)	Is this vehicle in current use? Y/N	For what purpose is the vehicle currently used?	Miles driven per day	# of days driven per week	vehicle	Annual Fuel Use (gal.)
1.	2000	International (unit 260)	IHC 4900 1HTSHAAR2	YH218557 66084	8	International DT466E, 250 HP	Diesel	3.42	Yes	Collection of residential refuse	76	5	127,964	4224.47
2.		International (unit 272)	IHC 7400 1HTWGAZR6	55J162975 52350	8	International DT570, 310 HP	Diesel	3.65	Yes	Collection of residential refuse	73	5	114,7166	3663.00
3.														
4.														
5.														
6.														
7.														
8.														
9.														
10														

# TABLE 2

	CLEAN FUEL TECHNOLOGY VEHICLES TO BE PURCHASED												
	Mode	Make Make	Model	Gross	Weight Class	Engine Mfg. &	Fuel Type	EPA	For what purpose will this	Miles vehicle will be	# of days	Anticipated	Name of Clean
	Year			Vehicle	(see Appendix B	Displacement	(CNG, LPG, Gasoline	estimated	vehicle be used?	driven per day	per week	Annual	Fuel Technology
				Weight	in Solicitation &		or Diesel Hybrid,	MPG (or			vehicle	Mileage	Manufacturer
				Rating	Guidelines	(Ex.: Cummins ISX12 G;	Battery Electric	expected			will be		(*Must be EPA
				(GVWR)	Book)	GM I.OL; Ford 6.2L, etc.)	Vehicle, Plug-in	MPG if not			driven		and/or CARB
							Hybrid)	EPA rated)					certified Small
													Volume
													Manufacturer or
													Original Equipment
													Manufacturer)
1.	2018	Peterbilt	348	62000	8	Cummins ISLG 8.9 320HP	CNG	3.5	Collection of commercial	76	5	19,000	Labrie BRC 82
1.	2018	reterbile	340	02000	0	Cummins 15EG 6.5 520111	CIVO	3.3	refuse	70		13,000	Labrie Bite 82
2.	2018	Peterbilt	348	62000	8	Cummins ISLG 8.9 320HP	CNG	3.5		73	5	20,000	Labrie BRC 82
									refuse				
3.													
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#### **SECTION 9 – VEHICLE PROJECT BUDGET**

## **Dedicated Alternative Fuel Vehicles and Hybrid Vehicles** 1, 2

Note: Use this table as a vehicle budget summary. Vehicle budget support documentation also required in Section 9 of this application must support project costs listed in this table.

	Column A	Column B	Column C	Column D	Column E
				(Sum Columns A & B)	
	icle Description: nr, Make, and Model, Fuel e)	Base Price	Alternative fuel system or advanced technology propulsion system incremental cost	Total vehicle cost	Pricing Source
#	Ex.: 2013 Ford F250 4WD Crew Cab; dedicated CNG	\$32,000.00	\$12,800.00	\$44,800.00	State Contract – relevant pages included in Vehicle Budget Support file
1.	(Unit 260) 2018 Peterbilt Residential 348 Rear Loading Refuse, dedicated CNG	\$214,083.00	\$57,052.00	\$271,135.00	State Contract – SWO35T (Chassis) & SW197 (body)
2.	(Unit 272) 2018 Peterbilt Residential 348 Rear Loading Refuse, dedicated CNG	\$214,083.00	\$57,052.00	\$271,135.00	State Contract – SWO35T (Chassis) & SW197 (body)
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
	TOTALS	\$00.00	\$00.00	\$00.00	
	% Local (leave blank - to be filled out by ACOG)				
	% Federal (leave blank - to be filled out by ACOG)				

#### Note:

2 In no case can the incremental cost exceed 80 percent of the base price of the vehicle(s).

<sup>1</sup> Public sector fleet projects are eligible for up to 100 percent funding for the <u>incremental cost</u> only of qualified dedicated natural gas vehicles, qualified dedicated propane vehicles, electric vehicles, plug-in hybrid vehicles and hybrid vehicles, hydraulic hybrid vehicles, and dedicated natural gas or dedicated propane commercial mowers.

## **ASSURANCES & RESOLUTIONS**

Please offirm your understanding of the following project conditions by initialing in the engage provided.							
Please affirm your understanding of the following project conditions by initialing in the spaces provided:							
Initial each							
shaded							
block							
below <b>↓</b>							
4m	Private organizations proposing projects must be a public sponsor (a local government unit or tran	e contracted to a public entity for public services and must ha					
,		ects, the project sponsor or private partner must provide					
gr .	matching dollar funding of a minimum of 50% co						
This is a reimbursement program. The applicant organization must finance the project until Federal							
reimbursement funds are available.							
I hereby cer	tify that the statements contained within the fore	egoing Application for ACOG Public Fleet Conversion grant a					
	true and complete to the best of the ap	plicant's knowledge and understanding.					
Name of App	olicant Organization						
City of Norman, Oklahoma							
Name of Aut	horized Official	Title					
Lynne Mill	er	Mayor					
Signature		Date					
	Alue-	11 1/1 18					
	7 While	11-14-17					
	111th	1 himman					
Subscribed and sworn to before me this 14th day of 100ember, 2017.							
(Seal)							
	White Leave						
	WES OTAS						
	DIBUG 2						
	O STATE OF THE STA	Sha Cara					
	A TAHO	Sharon E. Kkeldos					
	200 minutes	1-2000					
		NOTARY PUBLIC					
My Comm	nission expires:						
	, January Marian						
My Comm	My Commission number:						
,							