

**NEW JERSEY'S  
ALTERNATIVE FUEL INFRASTRUCTURE PROGRAM  
APPLICATION**

**Date submitted: \_\_\_/\_\_\_/\_\_\_**

**1. Applicant Information:**

**Organization Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Phone:** (\_\_\_\_) \_\_\_\_\_ **FAX:** (\_\_\_\_) \_\_\_\_\_

**II. Federal Employer Identification Number (EIN): \_\_\_\_\_**

**III. Alternative Fuel Refueling Equipment Information:**

**Fuel Type:** \_\_\_\_\_

**Equipment Type: (Attach documentation)**

	<u>Quantity</u>	<u>Size</u>	<u>Manufacturer</u>	<u>Cost</u>
Compressor	_____	_____	_____	_____
Fuel Dispenser	_____	_____	_____	_____
Fuel Storage Tank	_____	_____	_____	_____
Electric Charger	_____	_____	_____	_____
Card Reader	_____	_____	_____	_____
Other _____	_____	_____	_____	_____

**IV. Installation Information**

In-house \_\_\_\_\_ Contractor \_\_\_\_\_ (check one or both)

Contractor Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Cost: \_\_\_\_\_

(Attach documentation)

**V. Costs Incurred:**

Equipment \_\_\_\_\_

Installation \_\_\_\_\_

Total \_\_\_\_\_

Reimbursement Requested: \_\_\_\_\_

(May not exceed 50% of total costs. \$50,000 per applicant reimbursement limit.)

**VI. Certification Statement**

To the best of my knowledge and belief, all information contained in this application is true and correct. If approved for funding under the Alternative Fuel Infrastructure Program, I agree to comply with the Program Guidelines and to submit all required information to the Office of Clean Energy in a timely manner.

I understand that alternative fuels such as compressed natural gas (CNG), propane, ethanol, hydrogen and electricity present different safety requirements than gasoline or diesel fuels. I understand that it is strongly recommended that any organization considering the use of alternative fuel vehicles have its vehicle maintenance and repair facilities evaluated to ensure that building systems, including lighting and HVAC, and existing operating procedures, are compatible with the use of gaseous or other fuels.

\_\_\_\_\_  
**Type Name of Authorized Representative**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Signature of Authorized Representative**

\_\_\_\_\_  
**Date**

Completed applications should be submitted to:

John Zarzycki  
Project Manager  
NJBPU, Office of Clean Energy  
Two Gateway Center  
Newark, N.J. 07102

**Please Note:** If you have any questions regarding the Alternative Fuel Infrastructure Program, please contact John Zarzycki, Project Manager, at (973) 648-4967.