

Application



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
SMALL BUSINESS OMBUDSMAN OFFICE

SMALL BUSINESS ADVANTAGE GRANT APPLICATION

INSTRUCTIONS ARE INCLUDED FOR YOUR REFERENCE
INCOMPLETE APPLICATIONS WILL BE REJECTED

I. OWNER INFORMATION (Type or Print Legibly) – SEE Application Instructions

Commonwealth of Pennsylvania Vendor ID # (required) _____

Owner Name _____ EIN* _____

Company Name* _____ Number of Employees _____

Type of Entity: Sole Proprietorship Corporation Partnership Other _____

Address* _____

City* _____ State* _____ Zip* _____

Type of Business _____

Phone No. (____) _____ - _____

Contact Name _____ Phone No. (____) _____ - _____ Extension _____

Email Address _____

Permitted Facilities must provide information on any permitted processes: Water, Wastewater, Waste Handling or Air Emissions. Compliance Status: Check “yes” if in compliance with the permit requirements or “No” if not in compliance with permit requirements. If “No”, please attach additional information explaining compliance status. Businesses not requiring permits please mark: **Not Applicable**

DEP Permit Type	Permit Number	Date Issued	Compliance Status	
1.			<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.			<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.			<input type="checkbox"/> Yes	<input type="checkbox"/> No

II. PROJECT INFORMATION

Name _____

Type of Project (check one) Replacement/Upgrade of Existing Equipment New Construction

Technology Type (check all that apply)

Lighting HVAC Insulation/Air Sealing Other

Industrial Equipment (refrigeration, pumps, compressors, etc.)

Pollution Prevention/Material Recycling Auxiliary Power Units, Bunk Heaters or Anti-idling

A utility rebate/incentive is being obtained as part of this project

Amount of Grant Request _____ Estimated Project Start Date _____

Total Cost of Project _____ Estimated Project Completion Date _____

Total Eligible Cost of Project _____ Amount of Rebate _____

* All entries marked * must agree with data on file with PA Vendor Data Management Unit. (<http://www.vendorregistration.state.pa.us>) (Questions: 717-346-2676 or 877-435-7363 toll free). Data on this application not in agreement with that supplied to Vendor Data Management will cause rejection or delay of application processing.

III. PROJECT LOCATION – PROVIDE 9 DIGIT ZIP CODE WITH ALL ADDRESSES

Address (PO Box NOT acceptable) _____
 City _____ State _____ 9-digit Zip Code _____
 Municipality _____ County _____

IV. PROJECT SUBCONTRACTOR / VENDOR– Note: List multiple contractors/vendors on additional sheets

Name _____ Title _____ EIN _____
 Company Name _____
 Address _____
 City _____ State _____ Zip _____
 Phone No. (____) _____ - _____ Email _____

V. PROJECT SCOPE/BENEFITS SUMMARY – This section must be completed – see page 8 – Section V of APPLICATION/INSTRUCTIONS

VI. EQUIPMENT/CONTRACTED SERVICES (List the equipment being purchased for this project, its manufacturer, projected lifespan and cost. List the service name, service purpose and estimated cost of the service. Attach brochures, equipment specifications or other information from the manufacturer or vendor)

TYPE OF EQUIPMENT, MANUFACTURER & MODEL NUMBER	USEFUL LIFE (YEARS)	COST	ENERGY STAR RATED YES/NO	AMOUNT OF REBATE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

CONTRACTED SERVICE	SERVICE PURPOSE	COST	ENERGY STAR RATED YES/NO
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

VII. POLLUTION PREVENTION AND ENERGY CONSERVATION QUANTIFICATION

<u>Waste/Emissions- include unit A. price-\$/gal, \$/month, \$/ton, etc.</u>	<u>Current Annual Generation/Cost</u>	<u>Projected Annual Generation/Cost</u>	<u>Estimated Annual Savings</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Pollution, Waste, or Emissions SUB-TOTAL (A)			_____
<u>Energy/Resource include unit B. price-\$/gal, \$/kWh, \$/Mcf, etc.</u>	<u>Current Annual Quantity/Cost</u>	<u>Projected Annual Generation/Cost</u>	<u>Estimated Annual Savings</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Energy Usage/Resource Reduction SUB-TOTAL (B)			_____

Note about new construction: For assistance calculating savings for projects not involving the replacement of existing equipment or materials, it may be helpful to refer to the EPA Energy Star, Business Improvements website at www.energystar.gov.

VIII. RESULTS - SUMMARY OF SAVINGS AS PERCENTAGES

Total Eligible Cost of This Project	\$ _____
Estimated Annual Savings	
P2 - Pollution Prevention (A)	\$ _____
E2 - Energy Efficiency (B)	\$ _____
From Section VII. Part A. above	
Pollution prevention percentage	_____ %
(Estimated Annual Savings divided by the Current Annual Generation/Cost	
Multiplied by 100)	
From Section VII. Part B. above	
Energy conservation percentage	_____ %
(Estimated Annual Savings divided by the Current Annual Quantity/Cost	
Projected annual multiplied by 100)	

IX. COMPANY COMMITMENT

The Owner, President or CEO of the applying business must sign this document.

I certify that the information provided herein is true, accurate and complete to the best of my knowledge and belief. I have reviewed the grant application guidelines and understand the requirements of this grant program.

Company Name: _____

Name and Title: _____

Signature: _____
(Original signature required)

Date: _____

Please return the completed application and one copy to the:

Department of Environmental Protection
Grants Center
P.O. Box 8776
Harrisburg, PA 17105-8776

**Please mail applications through US Postal Service.
Completed applications will be accepted if mailed and
postmarked between July 8, 2013, and Sept. 6, 2013.**

**Faxed or emailed applications will not be accepted. Hand delivered applications and
copies must be received by 4 p.m. on Sept. 6, 2013, and should be
delivered to the following address:**

**Department of Environmental Protection
Grants Center
15th Floor, RCSOB
400 Market St.
Harrisburg, PA 17101-2301**