



# Green Commercial Vehicle Program Dedicated Alternative Fuel Vehicle Application

### Instruction

- Please read the following documents before completing this application:
  - Ontario Green Commercial Vehicle Program (GCVP) Guide
  - Applicant Guide to Dedicated Alternative Fuel Vehicle Application
- A complete application must be made for each grant being applied for.
- Sections A, B, and C need to be filled out only once and can be photocopied and appended to each application. **However, each grant application including photocopies must have an original signature in section B2.**
- Please complete sections D, E, F, G, H and I for each alternative fuel vehicle you are applying for funding. A spreadsheet in lieu of completing the application is not acceptable. Attach completed sections D to I along with the required documentation for each alternative fuel vehicle and application.
- Please provide 3 copies of each completed application to the address identified at the end of this application.

### Note

- If applying for anti-idling device please complete and submit Green Commercial Vehicle Program Anti-Idling Device Application (Form No. 05002E).
- Application submission details are found in Section 6 and 7 of the GCVP Program Guide.
- The Ministry may request additional information at a later date as required.
- The GCVP is limited to Ontario based enterprises with class 3 to 7 vehicles that move freight, goods and services. Municipal fleets, government agencies and passenger carrying vehicles are excluded.

### Summary

Please indicate in the table below the number of dedicated alternative fuel vehicles for which GCVP funding is sought by alternative fuel type.

	Number of vehicles being applied for		3. Are you considering purchasing alternative fuel vehicles 8 months or more than the application date? If so, identify the number of alternative fuel vehicles and the intended year.*	
	1. Vehicles/technologies acquired prior to application date	2. Number of vehicles/technology that are intended to be acquired within 6 months after effective date of the agreement	Number	Intended year
Natural Gas				
Propane				
Hybrid				
Plug in Electric				
Other (specify) ▼				
<b>Total</b>				

\*For information purposes only. Do not complete sections E, F, G, H and I for vehicles/technologies you intend to acquire 8 months beyond the application date. Applications for vehicles identified in column 3 will not be approved and must be submitted within the time frame identified in the applicant guide when you confirm your intent to purchase.

### A Applicant Information

A.1 Legal name of applicant			A.3 Current business identification number	
A.2 Applicant business name (if different from legal name)				
A.4 Business Address				
Suite no.	Street no.	Street name		PO Box
City/Town		Province <b>Ontario</b>		Postal code
Telephone no.		Fax no.	Website address (if applicable)	

A.5 Head Office Business Address *(if not based in Ontario)*

Suite no.	Street no.	Street name		
City/Town		Province	Country	Postal code

A.6 Business Contact Information

First name	Last name	Position/Title
Telephone no.	Fax no.	Email address

A.7 In which official language does your organization wish to communicate?

- English       French

**B. Authorization**

B.1 Business Executive

First name	Last name
Position/Title	Telephone no.

B.2 Authorization

I have the authorization to apply for Green Commercial Vehicle Program funding, attest to the veracity of the information provided in this application, have the authority to make the capital expenditures to acquire the dedicated alternative fuel vehicles or technology for which funding may be received and agree to provide the Ministry with the data the Ministry may request from time to time and in accordance with the terms and conditions set out in the program guide or an agreement, or both.

Signature	Date (dd/mm/yyyy)
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**C. Business Profile**

C.1 Identify the type of freight service(s) your business provides *(check all that apply)*

- |   |   |   |                                     |
|---|---|---|-------------------------------------|
| <input type="checkbox"/> Freight/Courier Services | <input type="checkbox"/> Waste Management | <input type="checkbox"/> Utility          | <input type="checkbox"/> Management |
| <input type="checkbox"/> Retail/Wholesale         | <input type="checkbox"/> Agriculture      | <input type="checkbox"/> Cartage          | <input type="checkbox"/> Truckload  |
| <input type="checkbox"/> Less than Truckload      | <input type="checkbox"/> Drayage          | <input type="checkbox"/> Express Delivery |                                     |
| <input type="checkbox"/> Others (specify) ▶       |   |   |                                     |

C.2 Identify the number of employees in your business

Total:	In Ontario:
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C.3 Identify the combined number of terminals/stores/depots your business operates

Total:	In Ontario:
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C.4 Name(s) of Ontario municipalities of terminals/stores/depots identified in C.3

C.5 Identify your fleet characteristics *(check all that apply)*

- |   |  |  |                                    |
|---|--|--|------------------------------------|
| <input type="checkbox"/> For-Hire           | <input type="checkbox"/> Private         | <input type="checkbox"/> Owner-Operator      | <input type="checkbox"/> Long-haul |
| <input type="checkbox"/> Short-haul         | <input type="checkbox"/> Primarily urban | <input type="checkbox"/> Primarily intercity |                                    |
| <input type="checkbox"/> Others (specify) ▶ |  |  |                                    |

C.6 Identify

C.6.1 The number of operating vehicles that are in your fleet ▶	Total:	In Ontario:
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C.6.2 Vehicles that are licensed (plated) in Ontario ▶	
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C.6.3 The estimated percentage your Ontario vehicles operate in ▼

	Percentage (%)
South Western Ontario	
Central Ontario	
Eastern Ontario	
North Western Ontario	
North Eastern Ontario	

**Note:** Please visit <http://www.mto.gov.on.ca/english/traveller/conditions/index.html> for geographic boundaries  
The estimated number of hours should not include that operated outside Ontario and could be based on the previous year's experience.

C.7 What is your current Commercial Vehicle Operator's Registration (CVOR) rating?

- Excellent       Satisfactory       Satisfactory Unaudited

## D. Requirements Certification

D.1 Confirm acceptance of conditions of the grant as specified in the program guide

	Yes	No
D.1.1 Commit to provision of data to the Ministry as prescribed in the program guide	<input type="checkbox"/>	<input type="checkbox"/>
D.1.2 Commit to installation of Ministry prescribed telematics device for one year	<input type="checkbox"/>	<input type="checkbox"/>
D.1.3 Provide proof of ownership and Ontario vehicle registration for each vehicle within GCVP funding provisions prior to the receipt of funds	<input type="checkbox"/>	<input type="checkbox"/>
D.1.4 Commit to retain ownership of the vehicle and be commercially registered in Ontario for one year after GCVP funds have been received and in coincidence with data collection	<input type="checkbox"/>	<input type="checkbox"/>

D.2 If a telematics device is currently used in the vehicle, identify the telematics service

- Yes       No      If yes, provide service provider name ►

D.3 Have you applied and/or received funding from sources of funding other than the Ministry, including another ministry, an agency or another level of government, i.e., municipal or provincial level, for the vehicle(s)/technologies you are applying for?

- Yes       No      If yes, go to D.4. If no, continue to section E.

D.4 If you answered yes in D3, provide a list of the program names, government entities and the amount received

Program Sponsor e.g. Transport Canada	Program Name e.g. EcoFreight	Amount (\$)
1.		
2.		
3.		
4.		
5.		

**Note:** GCVP funds received may not exceed 100% of the premium cost of the vehicle/technology.

## E. Dedicated Alternative Fuel Vehicle Information

E.1 Identify the dedicated alternative fuel type the grant is being requested for

- Hybrid       Propane       Natural Gas       Plug-in Electric       Other (specify) ►

E.2 What is the manufacturer's suggested:

E.2.1 Estimated GHG emission reduction of this dedicated alternative fuel technology (if known, provide value and unit)

E.2.2 Estimated yearly fuel savings using this dedicated alternative fuel technology according to the Manufacturer or Dealership (if known by the manufacturer and dealership, provide percentage or dollar amount)

E.3 Name of the agency certifying the technology identified in E.2

E.4 Provide the propane and or natural gas tank number (if converting conventional powered vehicle to propane or natural gas)

E.5 For new hybrid and electric vehicles acquired or modified, provide the registration number from the vehicle's National Safety Code (NSC) mark

E.6 Is the vehicle Canadian Motor Vehicle Safety Standard (CMVSS) certified after the propane or natural gas conversion?

- Yes       No

E.7 Identify the purpose of purchasing a dedicated alternative fuel vehicle (*check all that apply*)

- |  |  |
|--|--|
| <input type="checkbox"/> To retire a vehicle   | <input type="checkbox"/> To replace a vehicle                            |
| <input type="checkbox"/> To add a vehicle  | <input type="checkbox"/> To evaluate dedicated alternative fuel vehicle  |
| <input type="checkbox"/> To reduce GHG emissions   | <input type="checkbox"/> To achieve cost savings/improve competitiveness |
| <input type="checkbox"/> To increase fleet inventory of dedicated alternative fuel vehicle | <input type="checkbox"/> Other specify ▶                                 |

E.8 The estimated number of hours (on an annual basis) the dedicated alternative fuel vehicle will operate in

Hours
South Western Ontario
Central Ontario
Eastern Ontario
North Western Ontario
North Eastern Ontario

**Note:** Please visit <http://www.mto.gov.on.ca/english/traveller/conditions/index.html> for geographic boundaries

**F Leased Vehicle Information**

F.1 Are any of the vehicles being applied for a leased vehicle?

- Yes     No    *If yes, go to F.2 otherwise continue to section G.*

F.2 Lessor acknowledgement statement

I certify and acknowledge the lessor is aware of the installation of the dedicated alternative fuel supply and concurs with its use for all leased vehicles in which the dedicated alternative fuel supply is installed, and that any agreement between the lessor and the applicant will not interfere with the obligations of the applicant under the terms and conditions set out in the program guide and an agreement (please see form guide for additional lessor acknowledgement requirements).

Name	Signature	Date (dd/mm/yyyy)

**G. Vehicle Already Purchased or Leased**

**Note:** Complete this section if the dedicated alternative fuel vehicle which is the subject of this application has already been purchased or leased. If the vehicle has not been purchased, complete Section H.

G.1 Vehicle Identification No. (VIN)		G.2 Vehicle Ontario plate no.	
G.3 For vehicles that are <b>purchased</b> by the applicant, provide		G.4 For vehicles that are <b>leased</b> by the applicant, provide	
G.3.1 Purchase date (dd/mm/yyyy):		G.4.1. Lease start date (dd/mm/yyyy):	
G.3.2 Possession date (dd/mm/yyyy):		G.4.2 Total purchase price of vehicle (from Lessor):	\$
G.3.3 Total purchase price of vehicle:	\$	G.4.3 Length of lease (min. 48 months):	
G.3.4 Cost of dedicated alternative fuel option, or technology cost of retrofit (excluding installation):	\$	G.4.4 Cost of dedicated alternative fuel option (from Lessor), or technology cost (excluding installation):	\$
G.5 Vehicle class <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	G.6 Vehicle manufacturer		G.7 Vehicle model year
G.8 Vehicle model number	G.9 Gross vehicle weight rating kg		G.10 Vehicle engine size cc

G.11 What is the GCVP funding amount you are applying for?

Capital cost of the device (excluding installation and any other costs) x 33% = \$

**H. Dedicated Alternative Fuel Vehicles to be Obtained after the Effective Agreement Date**

**Note:** Complete as much information as possible. Written confirmation of all information in this section will be required before GCVP funds will be provided.

H.1 Vehicle Identification No. (VIN)		H.2 Vehicle Ontario plate no.	
H.3 For vehicles that are <b>purchased</b> by the applicant, provide		H.4 For vehicles that are <b>leased</b> by the applicant, provide	
H.3.1 Purchase date (dd/mm/yyyy):		H.4.1. Lease start date (dd/mm/yyyy):	

H.3.2 Possession date (dd/mm/yyyy):		H.4.2 Total purchase price of vehicle (from Lessor):	\$
H.3.3 Total purchase price of vehicle:	\$	H.4.3 Length of lease (min. 48 months):	
H.3.4 Cost of dedicated alternative fuel option, or technology cost of retrofit (excluding installation):	\$	H.4.4 Cost of dedicated alternative fuel option (from Lessor), or technology cost (excluding installation):	\$
H.5 Vehicle class <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	H.6 Vehicle manufacturer		H.7 Vehicle model year
H.8 Vehicle model	H.9 Gross vehicle weight rating kg		H.10 Vehicle engine size cc
H.11 What is the GCVP funding amount you are applying for? Capital cost of the vehicle/technology (excluding installation and any other costs) x 33% = \$			

## I. Dealership, Original Equipment Manufacturer (OEM) and Installer

I.1 Does the alternative fuel installation (if applicable) maintain the OEM vehicle warranty?  
 Yes    No

I.2 Name of dealership or OEM after sales provider

I.3 Postal address of the dealership or OEM after sales provider

Unit no.	Street no.	Street name	PO Box
City/Town		Province	Postal code

I.4 Contact Information

First name	Last name
Telephone no.	Email address

I.5 Name of device installer (if retrofit and is different from Dealership/OEM noted above)

I.6 Technical Standards and Safety Authority (TSSA) facility registration number (if applying for propane or natural conversion)

## Where to send your application

As noted on page 17 of the Program Guide, completed applications must be submitted, by courier or regular mail. Each applicant must provide the Ministry with three hard copies of its submission package by personal delivery, pre-paid courier, or mailed by first class registered mail, prepaid postage at the following address:

Green Commercial Vehicle Grant Program (GCVP)  
 Ministry of Transportation  
 30th Floor  
 777 Bay St  
 Toronto, ON M7A 2J8

Business Hours: 8:30 a.m. to 4:30 p.m.  
 Monday to Friday

[gcvp@ontario.ca](mailto:gcvp@ontario.ca)

**As the GCVP is retroactive until the announcement date of the program, the Ministry will accept GCVP applications until February 13, 2009 for eligible green technology acquisitions made from August 2007 to July 31, 2008**