

Green Commercial Vehicle Program Anti-Idling Device Application

Instruction

- Please read the following documents before completing this application:
 - Ontario Green Commercial Vehicle Program (GCVP) Guide
 - Applicant Guide to Anti-Idling Device 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 device 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 device and application.
- Please provide 3 copies of each completed application to the address identified at the end of this application.

Note

- If applying for dedicated alternative fuel vehicles please complete and submit Green Commercial Vehicle Program Alternative Fuel Vehicle Application (Form No. 05001E).
- 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 8 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 anti-idling devices for which GCVP funding is sought, by device type.

	Number of devices being applied for		3. Are you considering purchasing devices 8 months or more than the application date? If so, identify the number of devices and the intended year.*	
	1. Device purchased prior to application date	2. Intent to purchase device within 6 months after the effective date of the agreement	Number	Intended year
Cab Heater				
Cab Cooler				
Auxiliary Power Unit (APU)				
Other (specify) ▼				
Total				

*For information purposes only. Do not complete sections E, F, G, H and I for devices 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 Ontario		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/Zip 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 anti-idling device(s) 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, if applicable

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

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 vehicles that your business operates ▶	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 vehicle(s) operate(s) 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

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 Provide proof of ownership and Ontario vehicle registration for each vehicle within grant provisions prior to the receipt of funds | <input type="checkbox"/> | <input type="checkbox"/> |
| D.1.3 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 federal level, for the device(s) 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 D.3, 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 funding received may not exceed 100% of the premium cost of the device.

E. Anti-Idling Device Information

E.1 Identify the type of anti-idling device being purchased
 Cab Heater Cab Cooler APU Other (specify) ►

E.2 If known what is the manufacturer's suggested
 E.2.1 Estimated GHG emission reduction of this device (if known, provide value and unit)
 E.2.2 Estimated fuel savings using this device according to the Manufacturer or Dealership (if known by the manufacturer and dealership, provide percentage or dollar amount)

E.3 Identify the purpose of purchasing this device (check all that apply)
 To test the merits of the device To reduce GHG emissions
 To increase fleet capacity of device To achieve cost savings/improve competitiveness
 Other (specify) ►

E.4 The estimated number of hours (on an annual basis) the anti-idling device will operate in ▼

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

F. Leased Vehicle Information

F.1 Will any of the devices being applied for be installed in a leased vehicle?

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

F.2 Lessor acknowledgement statement

I certify and acknowledge the lessor is aware of the installation of the anti-idling device and concurs with its use for all leased vehicles in which the anti-idling device 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)
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G. Anti-Idling Device Already Purchased

G.1 Provide Vehicle Identification Number (VIN) of vehicle upon which is installed	G.2 Provide Ontario plate number of the vehicle upon which device is installed
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G.3 For anti-idling devices on vehicles owned/leased by the applicant, provide	G.4 Estimate the potential amount of hours this device could be used over the coming year
G.3.1 Device purchase date (dd/mm/yyyy):	In Ontario: hrs.
G.3.2 Device installation date (dd/mm/yyyy):	In Canada (excluding Ontario): hrs.
G.3.3 Device purchase price: \$	In the United States: hrs.

G.5 Engine size of the vehicle upon which the device is installed cc	G.6 Gross Vehicle Weight Rating (GVWR) upon which the device is installed kg
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G.7 Vehicle fuel type used by vehicle <input type="checkbox"/> Gasoline <input type="checkbox"/> Diesel <input type="checkbox"/> Other (specify) ▶	G.8 Vehicle model year
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G.9 Name of anti-idling device manufacturer

G.10 Anti-idling device model no.	G.11 Identify the fuel used in the anti-idling device
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G.12 What is the GCVP funding amount you are applying for?
Capital cost of the device (excluding installation and any other costs) x 33% = \$

H. Anti-Idling Devices to be Purchased after the Effective Agreement Date

H.1 Provide Vehicle Identification No. (VIN) of vehicle upon which is/will be installed	H.2 Provide Ontario plate number of vehicle upon which device is/will be installed
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H.3 For anti-idling devices on vehicles owned/leased by the applicant, provide	H.4 Estimate the potential amount of hours this device could be used over the coming year
H.3.1 Device purchase date (dd/mm/yyyy):	In Ontario: hrs.
H.3.2 Device installation date (dd/mm/yyyy):	In Canada (excluding Ontario): hrs.
H.3.3 Device purchase price: \$	In the United States: hrs.

H.5 Engine size of the vehicle upon which the device is/will be installed cc	H.6 Gross Vehicle Weight Rating (GVWR) upon which the device is/will be installed kg
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H.7 Vehicle fuel type used <input type="checkbox"/> Gasoline <input type="checkbox"/> Diesel <input type="checkbox"/> Other (specify) ▶	H.8 Vehicle model year
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H.9 Name of anti-idling device manufacturer

H.10 Anti-idling device model no.	H.11 Identify the fuel used in the anti-idling device
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H.12 What is the GCVP funding amount you are applying for?
Capital cost of the device (excluding installation and any other costs) x 33% = \$

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

I.1 Does the installation of the anti-idling device maintain the OEM vehicle warranty? <input type="checkbox"/> Yes <input type="checkbox"/> No		I.2 Is the vehicle Canadian Motor Vehicle Safety Standard certified after the installation of the anti-idling device? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I.3 Name of Dealership or OEM after sales provider			
I.4 Postal address of the dealership or OEM after sales provider			
Unit no.	Street no.	Street name	PO Box
City/Town		Province	Postal code
I.5 Contact Information			
First name		Last name	
Telephone no.		Email address	
I.6 Name of device installer (<i>if retrofit and is different from Dealership/OEM noted above</i>)			

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