Michigan Biofuels Infrastructure Partnership Program

GRANT APPLICATION

The Michigan Biofuels Infrastructure Partnership Program (MICH-BIP) is managed by the Corn Marketing Program of Michigan (CMPM). Any questions or communication regarding this Application, RFP#1 or RFP#2 should be directed to Tera Havard at CMPM: PH: (517) 668-2676, or e-mail: thavard@micorn.org.

Submit completed Grant Application to:					
Mail:	Corn Marketing Program of Michigan 13750 S. Sedona Pkwy, Suite 5 Lansing, MI 48906	Fax: E-mail:	(517) 668-2670 thavard@micorn.org (send in pdf format)		
	subject to change at any time. Please club version. All Applications are subject to t				
with this Applica infrastructure pro	at all representations, warranties, or state ation are true and correct in all mate ject presented in this Application will n , ethanol compatible blender dispensers, CMPM.	erial respect ot be used t	s. I also certify that the biofuels o store or dispense motor fuel other		
Name and Title (ty	ped or printed)	Date			
Signature of autho	orized representative of Applicant				

*The time and date an application is received by CMPM will be considered the "received-by" date. CMPM is not liable for any problems or delays with submittal of documents. Applicants are solely responsible to make sure the entire Grant

Application is received by the deadline.

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Business Name				
Contact Name and Tit	le*			
* Is the contact persor	n above a	authorized to obligate the business? $\ \square$ Yes $\ \square$ N	0	
(If no, please provide	the nam	e and title of a company officer authorized to obliga	te the business below)	
Authorized representa	ative nar	ne and title		
Today's Date		Federal Identification	No.	
Street Address				
City, State, Zip				
Phone Number		Fax No.		
Email				
Project Facility Name	**			
** If different from the	e busine	ss name Federal Identifi	cation No.	
Contact Person and Ti	tle			
Street Address				
City, State, Zip				
Phone Number		Fax No.		
Email				
Project Description				
This Application applie		☐ Under construction ☐ Proposed		
		☐ New construction ☐ Update to existing si		
Are you requesting a g			-	
		red* Briefly describe the current situation and ne ant on the type of biofuel and blend(s) that will be		
sheet if more space is			bijered. Attacii a separate	
How did you learn abo	out the E	iofuels Infrastructure Program?		
Do you currently sell ethanol blends of 15% or higher? Yes No				
If yes, how many dispensers of higher ethanol blends?				
Grant Information		(With Regard to Previous Biofuels Infrastructure Pro	ogram Funds)	
Has the applicant received grant funds for this <i>Project Location</i> previously? Yes No				
(If "yes," complete the 2 rows below)				
Location				
Date Awarded		ID Grant		
Communication	(We wil	l use this information to send all communication and	d payments)	
Contact Name				
Street Address				
City, State, Zip				
Phone Number		E-mail	Fax No.	

Please check and fill out information related to each dispenser.

The MICH-BIP is a result of a grant from the U.S. Department of Agriculture's Commodity Credit Corporation (CCC) to the State of Michigan which limits the federal cost share amount per pump or storage tank.

All costs must be itemized on each Grant Application. Costs of equipment directly associated with marketing and dispensing Biofuels must be identified/itemized, including E85, ethanol compatible blender dispenser (ECBD), and installation of underground storage tanks (UST) on each Grant Application for the same project site. Applicants must submit a separate Grant Application for each project site.

Requ	iested Amount:			
	cost); \$15,000		r); # (requested dispense ump with a dedicated E15/25 p ceed 74.1 percent	
	cost); \$35,000		r); # (requested dispense licated E85 pump, of which CCC	
	cost); \$45,000		r); # (requested dispense w blender pump, of which CCC	
			# (requested tanks); \$ nich CCC will provide Federal cost	
	\$	_CMPM Marquee; #	(requested marquees); \$	(total project cost)
Site I	Information:			
		Estimated Anı	nual Usage of Renewable Fuel (in nual Usage of E85 (in gallons) at I dispensers or ECBD at location	•
		t for a registered E15, spe vith E10 and/or E0.*	ecify how E15 will be dispensed:	dedicated hose or

*A copy of the letter submitted to EPA requesting authorization to sell E15 as a registered fuel must accompany the Grant Application.

Funding Information: Source of Funds	Amount	Use of Funds	Cost
MICH – BIP	\$	Site Preparation	\$
CMPM Marquee Program	\$	Tank (below ground)	\$
Other Incentives	\$	Piping	\$
Local Government	\$	New Dispenser Flex	\$
Applicant Investment	\$	New Dispenser E85	\$
		New Dispenser Upgrades	\$
Other (if necessary use separate	\$	Other i.e. marquee (if necessary	\$
sheet and enter total here)		use separate sheet & enter total here)	
TOTAL	\$	TOTAL	\$
(must equal the total to the right)		(must equal the total to the left)	

To be completed by CMPM Staff Only

Has the applicant received grant funds for this project location previously? Yes No				
Contract No.		What		
Date		Award Amount		
FOR OFFICE USE	ONLY			
Name				
Location		RF	P#1	RFP#2
Amount Funded		То	tal Project Cost	
☐ Completed ☐ Update to Ex	☐ Under Construction isting Site	☐ Proposed		