

# Alternative Fueling Facilities Program (AFFP)

## Project Application Form

TCEQ-20606

Solicitation No. 582-20-10898-AF



A PROGRAM OF TCEQ

### Eligible Counties:

**Clean Transportation Zone:** Aransas, Atascosa, Austin, Bastrop, Bee, Bell, Bexar, Brazoria, Brazos, Burleson, Caldwell, Calhoun, Chambers, Collin, Colorado, Comal, Dallas, Denton, DeWitt, Duval, El Paso, Ellis, Falls, Fayette, Fort Bend, Freestone, Frio, Galveston, Goliad, Gonzales, Gregg, Grimes, Guadalupe, Hardin, Harris, Harrison, Hayes, Henderson, Hill, Hood, Hunt, Jackson, Jefferson, Jim Wells, Johnson, Karnes, Kaufman, La Salle, Lavaca, Lee, Leon, Liberty, Limestone, Live Oak, Madison, Matagorda, Medina, McLennan, McMullen, Milam, Montgomery, Navarro, Nueces, Orange, Parker, Refugio, Robertson, Rockwall, Rusk, San Patricio, Smith, Tarrant, Travis, Upshur, Victoria, Walker, Waller, Washington, Webb, Wharton, Williamson, Wilson, and Wise Counties

**Eligible Project Categories for AFFP applications include:** Construction of new facilities dispensing eligible alternative fuels to vehicles and equipment in the Clean Transportation Zone or expansion of existing alternative or natural gas fueling facilities currently located in the Clean Transportation Zone.

**Eligible alternative fuels for AFFP applications include:** Compressed natural gas (CNG), liquified natural gas (LNG), combined LNG and CNG, hydrogen, biodiesel, propane, electricity and methanol (at least 85% by volume).

**Application Deadline:** Applications will be accepted until 5 p.m. Central Time March 18th, 2020. Applications will be accepted for funding on a competitive basis.

### Regular Post Delivery

Texas Commission on Environmental Quality  
Air Grants Division  
(AFFP), MC-204  
P.O. Box 13087  
Austin, Texas 78711-3087



### Express Delivery or Hand Delivery

Texas Commission on Environmental Quality  
Air Grants Division  
(AFFP), MC-204  
12100 Park 35 Circle  
Building F, 1<sup>st</sup> Floor, Room 1301  
Austin, Texas 78753

<http://terpgrants.org>

# Form 1: Applicant Information

## 1. Applicant Legal Name.

|  |
|--|
|  |
|--|

## 2. Business Information.

|   |  |
|---|--|
| Ownership Code (Business Type):                                   |  |
| Federal Employer Identification Number (If applicable):           |  |
| Does the applicant meet the Small Business definition? (see RFGA) |  |

## 3. Authorized Official.

The applicant or an employee who has legal authority to sign for and speak on behalf of the entity.

|  |  |        |  |        |                 |       |           |         |  |
|--|--|--------|--|--------|-----------------|-------|-----------|---------|--|
| Prefix:  |  | First: |  | MI:    |                 | Last: |           | Suffix: |  |
| Title:   |  |        |  |        |                 |       |           |         |  |
| Primary Phone:   |  |        |  |        | Cell Phone:     |       |           |         |  |
| Fax Number:  |  |        |  |        | E-mail Address: |       |           |         |  |
| Mailing Address:   |  |        |  |        |                 |       |           |         |  |
| City:  |  |        |  | State: |                 |       | Zip Code: |         |  |
| Check here if the physical address is the same as the mailing address. |  |        |  |        |                 |       |           |         |  |
| Physical Address:  |  |        |  |        |                 |       |           |         |  |
| City:  |  |        |  | State: |                 |       | Zip Code: |         |  |

## 4. Designated Project Representative.

The applicant or an employee who will serve as the point of contact for this application.

|  |  |        |  |        |                 |       |           |         |  |  |
|--|--|--------|--|--------|-----------------|-------|-----------|---------|--|--|
| Check here if the Designated Project Representative is the same as the Authorized Official |  |        |  |        |                 |       |           |         |  |  |
| Prefix:  |  | First: |  | MI:    |                 | Last: |           | Suffix: |  |  |
| Title:   |  |        |  |        |                 |       |           |         |  |  |
| Primary Phone:   |  |        |  |        | Cell Phone:     |       |           |         |  |  |
| Fax Number:  |  |        |  |        | E-mail Address: |       |           |         |  |  |
| Mailing Address:   |  |        |  |        |                 |       |           |         |  |  |
| City:  |  |        |  | State: |                 |       | Zip Code: |         |  |  |
| Check here if the physical address is the same as the mailing address.                     |  |        |  |        |                 |       |           |         |  |  |
| Physical Address:  |  |        |  |        |                 |       |           |         |  |  |
| City:  |  |        |  | State: |                 |       | Zip Code: |         |  |  |

## 5. Designated Location for Records Access and Review by the TCEQ or its Representative.

Please provide the physical address where records relating to this project may be accessed and reviewed.

|                   |  |  |  |        |  |  |           |  |  |
|-------------------|--|--|--|--------|--|--|-----------|--|--|
| Physical Address: |  |  |  |        |  |  |           |  |  |
| City:             |  |  |  | State: |  |  | Zip Code: |  |  |

## Form 2: Certification of Eligibility to Receive a State-Funded Grant.

All applicants must complete this form to certify eligibility to receive a grant under this program, regardless if child support obligations apply to the applicant. Failure to submit this form may result in rejection of the application.

### Certification Regarding Child Support Obligations.

Under Section 231.006, Texas Family Code, a child support obligor who is more than 30 days delinquent in paying child support and a business entity in which the obligor is a sole proprietor, partner, shareholder, or owner with an ownership interest of at least 25% is not eligible to receive a state-funded grant or loan. All applicants must include in the application the name and social security number of the individual or sole proprietor and each partner, shareholder, or owner with an ownership interest of 25% of the business entity submitting the application.

**FEDERAL PRIVACY ACT NOTICE:** This notice is given pursuant to the Federal Privacy Act. Disclosure of your Social Security Number (SSN) is required under Section 231.006(c) and Section 231.302(c)(2) of the Texas Family Code. The SSN will be used to identify persons that may owe child support. The SSN will be kept confidential to the fullest extent allowed under Section 231.302(e), Texas Family Code.

### Please Check One of the Following Applicant Options.

|   |  |
|---|--|
| 1. Individual or sole proprietorship                              |  |
| 2. One or more individuals own 25% or more of the business entity |  |
| 3. No individual owns 25% or more of the business entity          |  |
| 4. Governmental entity  |  |

If Option 1 or 2 is checked, list the name(s) and social security number(s) (SSN) below.

|       |  |                               |  |
|-------|--|-------------------------------|--|
| Name: |  | Social Security Number (SSN): |  |
| Name: |  | Social Security Number (SSN): |  |
| Name: |  | Social Security Number (SSN): |  |
| Name: |  | Social Security Number (SSN): |  |
| Name: |  | Social Security Number (SSN): |  |

I certify that to the best of my knowledge and belief that the individual or business entity submitting this application is eligible to receive a grant. I acknowledge that the grant contract may be terminated, and any payments withheld if this certification is inaccurate.

|           |  |       |  |
|-----------|--|-------|--|
| Initials: |  | Date: |  |
|-----------|--|-------|--|

## Form 3: Program Certifications

This section includes specific requirements and statements for funding under AFFP. These terms will be included in any contract awarded by TCEQ from this application. TCEQ urges applicants to download a copy of the example grant contract from [www.terpgrants.org](http://www.terpgrants.org) and review it so that any questions can be discussed early in the application review process. TCEQ will not normally change the contract language to deal with individual requests from grant recipients. By signing this application, you understand and certify compliance with all the statements below, as well as with any state statutes, regulations, policies, guidelines, and requirements as they relate to the application, acceptance, and use of funds for this project.

- 1. Legal Authority.** The applicant has legal authority in the State of Texas to apply for the grant. The applicant's governing body has authorized the filing of the application, understands these requirements and certifications, and has authorized the person identified as the authorized official to submit this application and to provide such additional information as may be required.
- 2. Uniform Grant Management Standards.** The applicant will comply with the Uniform Grant Management Standards (UGMS), adopted June 2004 by the Texas Comptroller of Public Accounts in accordance with Chapter 783, Texas Government Code. This document is available at: <http://www.comptroller.texas.gov/purchasing/docs/ugms.pdf>.
- 3. Procurement of Goods and Services.** In procuring goods and services, the applicant will comply with UGMS Parts II and III. All procurement transactions will be conducted in a manner providing full and open competition.
- 4. Historically Underutilized Businesses (HUBs).** Qualified HUBs, as defined and designated under state law, shall have the maximum practicable opportunity to participate in the performance of the work arising out of this project.
- 5. Conflict of Interest.** The applicant has not given, offered to give, nor intends to give any economic opportunity, future employment, gift, loan, gratuity, special discount, trip, favor, or service to a public servant in connection with the submitted application. All purchase decisions must be based on sound business decisions and arm's length bargaining.
- 6. Nondiscrimination.** The applicant will comply with all State and Federal statutes relating to nondiscrimination.
- 7. Grant Administration.** The applicant will maintain an appropriate grant administration system to ensure that all terms, conditions, and specifications of the grant, including these certifications and assurances, are met.
- 8. Audit.** Acceptance of funds under this program acts as acceptance of the authority of the State Auditor's Office, or any successor agency, to conduct an audit on investigation in connection with those funds. The applicant or other entity that may receive funds directly or indirectly under AFFP must provide the state auditor with access to any information the state auditor considers relevant to the investigation or audit. Applicant will include this clause concerning the authority to audit funds received indirectly and the requirement to cooperate is included in any subcontract it awards.
- 9. Debt to the State.** The applicant is not indebted to the state or has an outstanding tax delinquency. The applicant must comply with all State and Federal tax laws and fee requirements and is solely responsible for filing all State and Federal tax and fee forms.
- 10. Grant Contract.** The applicant understands that a copy of the grant contract shell is available from the TCEQ, including a copy posted on the TCEQ's web site at [www.terpgrants.org](http://www.terpgrants.org). The applicant further understands that the TCEQ will not normally change the contract language to deal with individual requests from grant recipients.
- 11. Contracting with an Executive of a State Agency.** Under Texas Government Code Section 669.003, relating to contracting with an executive of a state agency, applicant represents that no person who, in the past four years, served as an executive of the TCEQ or any other state agency, was involved with or has any interest in this application. If applicant employs or has used the services of a former executive head of TCEQ or other state agency, then applicant shall provide the following information: name of former executive, name of state agency, date of separation from state agency, position with applicant, and date of employment with applicant.
- 12. Debarment.** Applicant certifies that the applying entity and its principals are eligible to participate in this transaction and have not been subjected to suspension, debarment, or similar ineligibility determined by any federal, state or local governmental entity.

*Continued on the next page.*

**13. Abortion Funding Limitation.** The applicant represents and warrants that any payments made by TCEQ with appropriated funds, should a contract be awarded, are not prohibited by Article IX, Section 6.25 of the General Appropriations Act, 86th Legislative Session (2019), nor by Texas Government Code, Chapter 2272 Prohibited Transactions [Senate Bill 22, 86th Legislative Session (2019)].

**14.** Under Section 2155.006 of the Texas Government Code, the applicant certifies that the individual or business entity named in this Application is not ineligible to receive the specified contract and acknowledges that any contract resulting from this RFGA may be terminated and payment withheld if this certification is inaccurate.

**15.** The applicant has not been adjudicated during the preceding three-year period to have committed substantive, non-clerical violations resulting in an actual release of hazardous waste that presented an imminent and substantial danger to the public health and safety or the environment.

**16.** Applicant, nor any of its officers, have been adjudicated by a court of law to have violated the Texas Deceptive Trade Practices Act.

**17.** If any of these certifications change between submittal of the application and award of a contract or cancellation of the solicitation, the applicant will promptly notify TCEQ.

## Form 4: Proposed Station Location and Service Capacity

Form 4 will be used to ascertain the location, service capacity and fuel storage capacity of the proposed station. This form will be scored on how the location of the proposed project closes the existing infrastructure gaps in the nonattainment areas of Texas (Up to 40 points).

### 1. Proposed Station Location (address).

|                                 |  |
|---------------------------------|--|
| <b>Physical Address Line 1:</b> |  |
| <b>Physical Address Line 2:</b> |  |
| <b>City:</b>                    |  |
| <b>State:</b>                   |  |
| <b>Postal/Zip Code:</b>         |  |
| <b>County:</b>                  |  |
| <b>Longitude:</b>               |  |
| <b>Latitude:</b>                |  |

### 2. Proposed Station Location (graphic representation).

Attach to the application a photograph, satellite map, or similar graphic of the proposed site on a scale sufficient to show roadway access and adjacent land use (required).

|  |
|--|
|  |
|--|

### 3. Fuel Storage Capacity.

(Please complete for all fuel types except electric charging)

In units of your choice, please provide the proposed on-site storage capacity as either Mass, Gasoline Gallon Equivalent, Diesel Gallon Equivalent, and/or (for gaseous fuels) pressure and volume, for all fuels included in the project on the table below:

|   |  |  |  |
|---|--|--|--|
| <b>Fuel Storage Capacity:</b>           |  | <b>Compressor/<br/>Pump Capacity:</b>      |  |
| <b>Fuel Type:</b>                       |  | <b>Gasoline Gallons<br/>Equivalent:</b>    |  |
| <b>Pressure:</b>                        |  | <b>Diesel Gallons<br/>Equivalent:</b>      |  |
| <b>Volume:</b>                          |  | <b>Standard Cubic<br/>Feet per Minute:</b> |  |
| <b>Mass:</b>                            |  | <b>Gallons/ minute:</b>                    |  |
| <b>Gasoline Gallons<br/>Equivalent:</b> |  | <b>Other:</b>                              |  |
| <b>Diesel Gallons<br/>Equivalent:</b>   |  |  |  |

**4. Fuel Service Capacity: (Please complete for all fuels included in the project.)**

|  |  |
|--|--|
| <b>Please provide information regarding service capacity of the project:</b> |  |
| <b>Fuel Type:</b>  |  |
| <b>Number of Dispensers:</b>   |  |
| <b>Number of Nozzles:</b>  |  |
| <b>Fill Rate of Nozzles:</b>   |  |
| <b>Fill Rate at Nozzles:</b>   |  |
| <b>Generated Off/On-Site (Hydrogen Only):</b>                                |  |
| <b>If Other, please explain:</b>   |  |

**5. Fuel Service Capacity for Electric Charging Stations:**

|   |  |
|---|--|
| <b>List the number of proposed charging outlets for each applicable service type:</b> |  |
| <b>AC Level 1:</b>  |  |
| <b>AC Level 2:</b>  |  |
| <b>DC Fast Charging:</b>  |  |
| <b>Other: (list Service Voltage and Number of proposed charging outlets)</b>          |  |

## Form 5: Project Objective and Applicant Qualifications

**1. Project Goal and Objectives.** Applications will be scored based on the information provided in a detailed overview of how the project meets the program goals and objectives including, but not limited to how well the applicant explains how the station would meet the goal of creating a self-sustaining market for natural gas or alternative fuel vehicles. (Up to 15 Points.)

In the space below, please provide a detailed overview of the project's goals and objectives. If this is an application for the upgrade or expansion of an existing facility, please be clear on what the current facility capabilities are versus the proposed upgraded or expanded facility.

Describe how the project meets the AFFP goal of increasing the use of alternative fuels for transportation in Texas.

Attach additional pages as required.

## 2. Applicant Qualifications.

Scores will be assigned based on an assessment of the experience of the applicant in building, owning and operating an alternative fuel station. Educational background and business credentials for key personnel, including experience with similar projects and experience with similar projects and experience of major partners or subcontractors may also be relevant. (Up to 5 points).

Describe the applicant's qualifications for implementing the proposed station. This may include but is not limited to:

- Number of years owning and operating alternative fueling stations.
- Number of alternative fuel stations built in Texas and how many currently in operation.
- Number of alternative fuel stations built outside of Texas and how many currently in operation.
- Do you plan to use business partners to provide specific expertise (for example in construction, operational management, etc.)? List name of provider and describe what services they will provide.

Attach additional pages as required.

## Form 6: Project Feasibility and Planning

This section will be scored based on an assessment of the feasibility of the project and how the proposed project will be completed in an effective and efficient manner. Demonstrate the market landscape and address the post-implementation operations plan for the required three-year period. (Up to 20 points) Refer to Attachment B of the RFGA for information about submitting confidential information.

### 1. Market Landscape.

|   |  |
|---|--|
| A. Anticipated number of vehicles and equipment that will be served by the facility on an annual basis:   |  |
| B. Provide as an attachment an assessment of the need for the facility based on current and expected number of vehicles that would be served by the facility. Include the following:          |  |
| <ul style="list-style-type: none"><li>• Documentation of finalized or pending fleet agreements; and</li><li>• Information about other sources of the alternative fuels in the area.</li></ul> |  |

### 2. Proposed Site Plan.

|   |  |
|---|--|
| A. Attach a site plan showing the proposed facility site design, including access points if the facility will be accessible to the public. Describe the current stage of planning, highlighting any aspects of the design that are still pending and subject to change. Discuss all applicable land use requirements to be met and describe how these requirements will be met. Address the following:  |  |
| <ul style="list-style-type: none"><li>• If the facility is subject to zoning, identify zoning classification.</li><li>• Does the facility comply with the existing classification or will variance be required?</li><li>• List and attach copies of any permits required for the project. Indicate the status of any pending permits.</li><li>• List and attach any letters of support or approval documents from local governments, neighborhood associations and/or other entities having jurisdiction over or an interest in the location of the proposed facility.</li><li>• List and attach any additional planning documents you may have, such as preliminary transportation plans, and any other engineering or site plans for the proposed facility.</li></ul> |  |
| B. Is the proposed location within 1 mile of a residential area or other facility with individuals who may be more sensitive to air quality such as a school, hospital, outdoor sports complex, or nursing home?  |  |
| C. If you responded yes to 2.B., in the space below, please describe how you plan to mitigate any negative air quality impact your project may have on such facilities. Attach additional pages as needed.  |  |
|   |  |
| D. Please indicate the property ownership description for this project and attach verification documentation.   |  |
| E. If the applicant is not the owner of the proposal location, in the space below, describe how the applicant will secure the rights to install and operate the equipment for the duration of the grant, including the current stage of lease negotiation. Attach additional pages as needed. Attach any existing or proposed agreements between the owner and the applicant.   |  |
|   |  |

### 3. Proposed Operation Plan.

|  |  |  |
|--|--|--|
| <p>A. Attach a detailed operations plan for the new or expanded facility, including the following:</p> <ul style="list-style-type: none"> <li>• Parties responsible for operation.</li> <li>• Plans for safe public operation (if applicable).</li> <li>• Plans for user training, including public users.</li> <li>• Explain how the public will be able to access the facility and refuel in a reasonable timeframe.</li> <li>• Explain how the station will become self-sustaining.</li> </ul> <p>If applicable, include a marketing or advertising plan that seeks to increase the public use of the facility.</p> |  |  |
| <p>B. Please indicate station operation features:</p>  |  |  |
| <p>C. Please indicate proposed method of fuel delivery:</p>  | <p>Tapping Existing Pipeline:</p>                    |  |
|  | <p>Extending Pipeline:</p>                           |  |
|  | <p>If extending pipeline, distance of extension:</p> |  |
|  | <p>Fuel delivery by truck:</p>                       |  |
|  | <p>Generated on Site:</p>                            |  |
| <p>Name of Utility Fuel Provider, if applicable:</p>   |  |  |
| <p>Other (please explain):</p>   |  |  |

### 4. Scope of Work.

|   |
|---|
| <p>Following the application instructions in Appendix B of the RFGA, provide as an attachment a complete, detailed Scope of Work (SOW) for the project.</p> |
|---|

### 5. Project Timeline.

|  |
|--|
| <p>Following the application instructions in Appendix B of the RFGA, provide a Gantt Chart or other timeline of all major project milestones and deliverables.</p> |
|--|



## Form 8: Project Budget Summary

List all summarized expenses as they are broken down by category.

|  |               |
|--|---------------|
| <b>Priority Budget Categories:</b>   | <b>Total:</b> |
| Equipment:   |               |
| Supplies and Materials:  |               |
| <b>Secondary Budget Categories:</b>  | <b>Total:</b> |
| Construction:  |               |
| Contract Services:   |               |
| Other Expenses:  |               |
| <b>Total Eligible Cost:</b>  |               |
| <b>Ineligible Budget Categories:</b>   | <b>Total:</b> |
| Salaries and Fringe Benefits:  |               |
| Travel:  |               |
| Other Ineligible Expenses:   |               |
| <b>Total Ineligible Cost:</b>  |               |
| <b>Total Overall Project Cost:</b>   |               |
| <b>Potential Award Calculation:</b>  |               |
| <b>Potential AFFP Award</b> (for CNG and LNG projects the maximum award is \$400,000 or \$600,000 for projects combining both CNG and LNG. For all other projects, multiply your Total Eligible Costs by 0.5): |               |

# Form 9: Summary Page

## Applicant Information.

|   |     |                              |  |                  |
|---|-----|------------------------------|--|------------------|
| <b>Applicant Legal Name:</b>  |     |                              |  |                  |
| <b>Applicant Type:</b>  |     |                              |  |                  |
| <b>Open to the Public?</b>  |     | <b>Project Fuel Type:</b>    |  |                  |
| <b>Total Project Cost:</b>  |     | <b>Potential AFFP Award:</b> |  |                  |
| <b>Total Number of Activities</b>   |     | <b>Activity Type:</b>        |  |                  |
| <b>Is the Applicant a TERP Small Business?</b>  | N/A |                              |  |                  |
| <b>Mailing Address:</b>   |     |                              |  |                  |
| <b>City:</b>  |     | <b>State:</b>                |  | <b>Zip Code:</b> |
| <p><b>In the space below, please provide a brief summary of the project:</b> (150-word max). If this is an expansion project, please describe what aspect of the proposed facility is considered "new" and indicate which fuels are already in existence and which fuels will be added as part of this project.</p> |     |                              |  |                  |
|   |     |                              |  |                  |

## Authorized Official.

The applicant or an employee of the applicant who has the legal authority to sign on behalf of the entity. I hereby certify that to the best of my knowledge and belief all information provided in this application and any attachments is true and correct. I certify that I have read the completed application, I agree with the information provided, and the date provided below is the date I signed the form. I further understand that prior to incorporating these forms and information into a contract the data and information may be revised by the TCEQ for accuracy and the acceptance of a contract will constitute agreement with those revisions. Failure to sign the application or signing it with an incorrect statement may make the submitted offer or any resulting contracts voidable. The Authorized Official agrees to be bound by the terms of the grant and any changes through addenda on the Electronic State Business Daily.

|   |  |
|---|--|
| <b>Printed Name of Authorized Official:</b> |  |
| <b>Authorized Official Title:</b>           |  |
| <b>Signature of Authorized Official:</b>    |  |
| <b>Date of Signature:</b>                   |  |

*Faxed or photocopied signature pages will not be accepted. The application, with an original signature, must be received by the application deadline or the application will not be accepted.*

**Intentional falsification of these forms will be prosecuted to the extent allowed under the law and may be used as an adverse factor in future grant selection decisions.**

Upon submission, all proposals become the property of the State of Texas and as such become subject to the Texas Public Information Act, Texas Government Code Chapter 552.

Personal Information Policy: Individuals are entitled to request and review their personal information that the agency gathers on its forms. Individuals may also have any errors in their information corrected.

To review such information, contact the TCEQ TERP program at 1-800-919-TERP (8377).

# Form 10: Required Attachments

The following materials must be submitted with the application.

| <b>Mark all attachments included with the application forms with an X.</b>   |                          |
|--|--------------------------|
| 1. W-9 Form (see <a href="http://www.terpgrants.org">www.terpgrants.org</a> for current version of this form)            | <input type="checkbox"/> |
| 2. PDF Project Application (20606) Forms 1-10. Original signature is required on Form 9.                                 | <input type="checkbox"/> |
| 3. Aerial photo or similar graphic of proposed project location  | <input type="checkbox"/> |
| 4. Market Landscape Analysis   | <input type="checkbox"/> |
| 5. Proposed Site Plan  | <input type="checkbox"/> |
| 6. Copies of any required permits  | <input type="checkbox"/> |
| 7. Documentation designating rights to property (Address Ownership Verification or pending or finalized lease agreement) | <input type="checkbox"/> |
| 8. Operations Plan   | <input type="checkbox"/> |
| 9. Scope of Work   | <input type="checkbox"/> |
| 10. Timeline   | <input type="checkbox"/> |

## **OPTIONAL ADDITIONAL ATTACHMENTS TO INCLUDE**

|   |                          |
|---|--------------------------|
| 1. Additional planning documents  | <input type="checkbox"/> |
| 2. Any materials (ex: brochures, website address) that provide general information about your business.   | <input type="checkbox"/> |
| 3. Documentation supporting the compatibility of the proposed facility (such as local government approval documents, letters of support from applicable local governments, neighborhood associations, community groups, and/or other entities.) | <input type="checkbox"/> |
| 4. Proof of insurance. See the sample contract for more information regarding insurance requirements.   | <input type="checkbox"/> |
| 5. Any comments regarding the sample contract Terms and Conditions to which you cannot agree.   | <input type="checkbox"/> |