ATTACHMENT 1

PON 2290

APPLICANT CHECKLIST
The Bio-Fuel Station Initiative: Driving Energy Independence for the Empire State

Note: ALL application fields are required.

Applicant must be the entity that operates the station and will own the biofuel equipment.			
Applicant Name		E-mail Address	
Contact Person		Phone	Fax
Street Address	City	State	Zip
Applicant's Federal Tax ID Number			

Do you accept all Terms & Conditions in the attached Sample Purchase Order? (if no, explain on separate page)	□ Yes □ No
Have you been indicted/convicted for a felony within the past 5 years? (if yes, explain on separate page)	□ Yes □ No
Have you been awarded other NYSERDA contracts? (if yes, list on separate page)	□ Yes □ No
Would you like to receive information about technical assistance for your project from a NYSERDA contractor?	□ Yes □ No
Did you agree to provide semi-annual reports to NYSERDA regarding this project, fuel use and other related information?	□ Yes □ No

I certify that the above information is accurate, and that the Application requirements noted have been completed and are enclosed. I understand that this Application may be disqualified if the solicitation requirements are not met. In consideration of the benefit that I will receive as a result of this agreement, I agree to all requirements set forth in PON 2290 and all attachments thereto. I, the undersigned, am authorized to commit my organization to this Application.

Applicant Signature	Name
Title	Organization
Phone	Date

How did you hear about the Program PON 2290 (check one or more)

□ Workshops, □ Program Participants, □ Advertising, □ NYSERDA staff, □ Previous Participation, □ Construction Contractor

□ Other (please specify) _____