



# Growth Energy Market Development 2010 Ethanol Pump Program Application for Funding

**PLEASE TYPE OR PRINT LEGIBLY. TO BE CONSIDERED FOR FUNDING, COMPLETE EVERY QUESTION TO YOUR FULL KNOWLEDGE.**

1 Station Name: \_\_\_\_\_

2 Street Address: \_\_\_\_\_

3 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

4 Mailing Address (if different from above:) \_\_\_\_\_

5 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

6 Federal Employer Id #: \_\_\_\_\_

7 Point of Contact: \_\_\_\_\_

8 Phone Number: \_\_\_\_\_

9 Email Address: \_\_\_\_\_

10 Fax Number: \_\_\_\_\_ Cell Phone # \_\_\_\_\_

11 What new fuels will be offered at this location: (check those that apply)  E20  E30  E50  E85  other

12 Will you be installing a new blender pump(s) or utilizing existing equipment? \_\_\_\_\_

13 How many dispensers will carry E85?: \_\_\_\_\_

14 How many dispensers will carry mid level blends?: \_\_\_\_\_

15 Estimated Total Project Cost for Install: \$ \_\_\_\_\_

16 Are you familiar with the federal income tax credit? (check)  Yes  No

17 All tax credits, state and federal must be used prior to use of GE funds. Do you need assistance with

18 completing the tax credit application? (check)  Yes  No

19 Is your station franchised? If so, what brand? \_\_\_\_\_

20 Estimated pump completion date: \_\_\_\_\_

21 Will you review and sign the Growth Energy Blender Pump Checklist? (check)  Yes  No

(GE Blender Pump checklist must be completed and returned prior to allocation of Growth Energy financial support. It will be forwarded if funds are granted).

**Please Answer each of the following questions with a yes or no.**

22A Is this station located on an Interstate/Major Highway? (check)  Yes  No

22B If so, what highway? \_\_\_\_\_

23A Do you have fleet customers that have made commitments to use these fuel blends?

23B (check)  Yes  No

23C If yes, have you made contact with your fleet customers to determine if they operate flexible fuel vehicles? (check)  Yes  No

23D if yes, how many flexible fuel vehicles? \_\_\_\_\_

24A What fleet credit cards do you accept? (check)  Wright Express  Voyager  PHH

24B	<input type="checkbox"/> Other	Explain	
25	What company will provide your ethanol products?		
26	Do you need assistance in securing blended ethanol?	(check) <input type="checkbox"/> Yes	<input type="checkbox"/> No
27	Will ethanol products be advertised on price sign?	(check) <input type="checkbox"/> Yes	<input type="checkbox"/> No
28	What is the population of the station's location city?		

**In order to be eligible, applicant agrees to offer the following for a minimum time period of three years: E10 & E85, along with one of the following mid-level blends: E20, E30, E40 or E50. During this time, applicant agrees to the following:**

1. To adhere to a promotional marketing plan that will include conducting activities that would increase availability, boost recognition and encourage targeted audiences to purchase ethanol-blended fuels. The overall marketing and promotion plan will also create consumer awareness of these higher blends of ethanol.
2. To comply with all applicable laws, ordinances and codes of the applicable jurisdictions.
3. To protect, indemnify and save harmless the Growth Energy's members, officers, employees and representatives from and against any and all liabilities, losses, suits, judgments, claims, demands and causes of action in connection with the performance of this application by the Applicant.
4. The Applicant agrees to purchase a station imaging kit from Growth Energy Market Development.
5. All promotion and marketing materials will exhibit the applicable logos, and will be provided to Growth Energy for approval before being utilized. All participants will follow E85 Brand Standards

AUTHORIZATION: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Participant signature: \_\_\_\_\_

All funds allocated by Growth Energy to support the infrastructure development project are encumbered on a "first come, first served" basis. The completion of this application form does not obligate Growth Energy to provide financial support and such obligation is not incurred until an authorized official of Growth Energy approves, signs, and returns the form to the applicant.

This completed application can be mailed, faxed or emailed to the following:

Growth Energy Market Development  
 ATTN: Market Development Pump Program  
 3216 Emerald Lane, Suite C  
 Jefferson City, MO 65109  
 Fax: (402) 932-1752  
 Email: [scourter@growthenergy.org](mailto:scourter@growthenergy.org)

Growth Energy Approval  
 Approved for (enter amount)

By: \_\_\_\_\_  
 \$ \_\_\_\_\_ Date \_\_\_\_\_