



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 and/or 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
6. If applicant fails to retail the ethanol blended fuel(s) for at least 3 years, the applicant is required to reimburse payment in full to Growth Energy.

Applicant Name: _____

Company Name: _____

Participant signature: _____ Date: _____

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
 17220 Wright St, Ste 150
 Omaha, NE 68130
 Fax: (402) 932-1752
 Email: scourter@growthenergy.org

Growth Energy Approval By: _____
 Approved for (enter amount) \$ _____ Date _____