

BLENDER PUMP INFRASTRUCTURE PROGRAM APPLICATION
NORTH DAKOTA DIVISION OF COMMUNITY SERVICES
 SFN 59918 (9/09)



P.O. Box 2057
 Bismarck, ND 58502-2057
 Telephone: (701) 328-2687 - Fax: (701) 328-2308
 ahpfennig@nd.gov
www.communityservices.nd.gov/energy/biofuels-blender-pump-program/

Please complete and submit this form with all required supporting documents.

1. Name of Applicant _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Email _____

2. Blender Pump Project Address:
 Address: _____
 City _____ State _____ Zip _____

3. Contact Person Name: _____
 Affiliation with Applicant: _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Email _____

4. Is the ND Department of Health Certification Form attached with the application?

NOTE: This certification form acknowledges your site's existing or new infrastructure has been approved to handle blends greater than E-10. This form must be submitted and approved by state officials before any work can be done on a site.

Yes No

**Certification form must be submitted as supporting documentation to the application. The form can be found at: <http://www.ndhealth.gov/wm/Publications/CertificationOfBiofuelsBlenderPumpInstallation.pdf>.*

5. Budget: Fill out the budget information below. *If you need additional space, please use separate pages.*

<i>Item</i>	<i>DOC Funds</i>	<i>Other Funding Sources</i>	<i>Total Cost</i>
TOTAL			

6. Number of gas/ethanol blender pumps being installed _____
 Number of diesel/biodiesel blender pumps being installed _____

** The North Dakota Corn Council may provide an additional \$2,500 per gas/ethanol blender pump once qualifications are met.*

7. Expected project beginning date _____ Expected project completion date _____

8. Name(s) of local area that will be served by the project (counties, cities, municipalities, etc.):

9. Describe the anticipated market for biofuels at the project site, including major roadways within the service territory and other information that you feel would be useful in evaluating the potential effectiveness of this project:

10. Will the pumps utilize resources (feedstock, refined product, or both) produced in ND?

Yes No

a. Please list where you anticipate getting your supply:

Certification:

I, the undersigned authorized representative of the applicant, certify that to the best of my knowledge the information in the application is true and correct, and, if funded, the applicant will carry out the project activities in the manner described in this application and sell biofuels for a minimum of 24 months at the retail location listed above. I also certify that the applicant shall maintain accounting records in accordance with generally accepted governmental accounting principles and that the funds awarded will be included in those audits or financial statements that cover all or part of the project duration period noted above. I further certify that the applicant represents a gasoline retail station within the state of North Dakota and is in compliance with all local, state and federal laws and regulations for constructing and operating motor fuel storage and dispensing equipment. I also further certify that the applicant is in good financial standing and has no delinquencies on existing North Dakota State Government grants or loans.

Signature

Name (Please Print)

Title

Date

Mail an original of the completed application and supporting documents to:

Andrea Holl Pfennig
North Dakota Department of Commerce
Office of Renewable Energy & Energy Efficiency
P.O Box 2057
Bismarck, North Dakota 58502-2057

For Commerce Use Only				
	Approved	Amount of Grant		Authorized Signature:
	Denied	Date		