Ohio Development Services Agency

Alternative Fuels Transportation Program
Letter of Intent

Applicant Name: _____

Parent Company: _____

Applicant Class: 501(c)(3) nonprofit

NAICS: _____

Project Site Electric Utility: _____ Project Site Natural Gas Utility: _____

Applicant Address

Project Address

Project Summary

Please provide a brief summary of project details including fuel type, type and capacity of refueling station, potential traditional fuel savings in cost and usage, economic and environmental impact, evidence of project readiness, total project cost

Is the refueling station available to the public? ☐ Yes ☐ No

Are proposed technologies commercially available? ☐ Yes ☐ No

Will 25% of project costs be incurred by the applicant? ☐ Yes ☐ No

Estimated Total Project Cost:

Projected Loan Request: Estimated Payback Period:

Expected Start Date: Estimated Project Completion:

Contact Information:

Name: Title:

Phone: Email:

Address: