



Grant Application

This application is to be completed by those who filled out the Pre-Screening Form and have been approved for submittal of an application for a grant under the Regional Truck Replacement Program (TRP). To obtain grant assistance for the purchase of a replacement (newer) drayage truck, applicants must complete the steps listed below. Applicants will be contacted at the primary contact phone number for any missing documents. All paperwork must be provided to the Port Authority of New York & New Jersey (Port Authority) Grant Administrator at the Truck Replacement Center located at 1180 McLester Road Suite 8, ExpressPort Plaza, Elizabeth, NJ 07201. The Truck Replacement Center has bilingual advisors to answer questions about this application and the Regional Truck Replacement Program. Completion of this application and submission of all supporting documentation does not guarantee that you will receive a grant under the TRP. All applications are evaluated on a first come, first served basis.

You must provide the following:

1. **Complete Pre-Inspection** – Contact a Truck Replacement Center advisor to schedule an appointment to take photos of your existing drayage truck equipped with an engine Model Year 2003 or older. Fleet owners applying for multiple trucks may contact a Truck Replacement Center advisor to request pre-inspections at your company's location (subject to advisor's discretion.)
2. Complete Certification Forms
 Notice of Obligations **Additional Applicant Information**
3. Copy of Old **Vehicle title** – Must be free and clear of all liens, applicant must be listed as registered owner and VIN on title must match application/registration.
4. Copies of Old **Vehicle registration** – Must provide current and previous year's registration. If truck is seasonally registered, must provide copies of registration for 12 of the last 18 months.
5. Copy of current and valid **driver's license issued in the United States**. (Front and back).
6. Copy of current and valid **Transportation Worker Identification Credential (TWIC)** (Front and back).
7. Copies of **Dealer Draft Invoice with Engine Family Name** and **NADA® Value Report** for the Replacement Vehicle.
8. **Proof of Drayage Vocation** – Show that the Old Vehicle made approximately 150 trips to the Port Authority's marine terminals* during the previous 12 months. Provide 24 days of documentation (e.g. bills of lading, invoices, trip tickets, driver's logs, etc.) from the last 12 months.
9. **Proof of Insurance** – Must provide the Old Vehicle's Primary Liability Coverage for the previous 12 months (e.g. Acord form).

In addition, if you have *NOT* been approved to receive the TRP low interest Loan from ACCION USA (or if you are not applying for it) you must also provide:

10. **Proof of Financing** through an alternate financial institution or proof of sufficient funds for the balance of the replacement truck (e.g. bank statements).

* Port Newark/Elizabeth Port Authority Marine Terminal, Port Jersey Marine Terminal, Brooklyn Marine Terminal, Howland Hook Marine Terminal.



Notice of Obligations

Grants made through the Regional Truck Replacement Program (TRP) to help purchase a newer drayage truck are federal funds. All applicants who receive a TRP grant must agree to several operational and reporting requirements. Please read the following statements and certify that you understand your obligations if you receive a grant through the TRP.

I understand that to receive a grant from the Port Authority of New York & New Jersey (Port Authority) TRP, I must do the following:

1. Commit to a five (5) year service commitment (the Participant Agreement) that I will operate the replacement (newer) drayage truck to continue performing drayage at PANYNJ*, for approximately 150 trips per year.
2. Scrap my drayage truck equipped with a Model Year 2003 or older engine and replace it with the same Class truck that is equipped with a Model Year 2004 or newer EPA emissions-compliant engine.
3. Provide annual updates and records on the use, registration, insurance and maintenance of the replacement truck(s).
4. Accept that if I use low-interest financing through the TRP to help finance the purchase of my replacement (newer) truck, I must make all loan payments for the replacement (newer) truck(s) on a monthly basis for the life of the loan agreement.

I do hereby certify that I have reviewed and understand the application, including this Notice of Obligations, and that all of the information I have submitted is true and correct. **I understand that completion of the Application for TRP grant does not guarantee acceptance into the Regional Truck Replacement Program.**

Name (*Print*): _____ Date: _____

Company Name (If applicable): _____

Signature: _____ Title: _____

* Port Newark/Elizabeth Port Authority Marine Terminal, Port Jersey Marine Terminal, Brooklyn Marine Terminal, Howland Hook Marine Terminal.



Additional Applicant Information

Please complete the following information about the **owner of the truck** applying for a grant under the Regional Truck Replacement Program. Completion of this form does not guarantee acceptance into the Regional Truck Replacement Program. All fields must be completed before the application can be processed. If you have questions or would like assistance, please contact the Truck Replacement Center at 877-309-1680.

Company Name (if LMC) or
Applicant Name (Truck Owner): _____

Applicant Type: Licensed Motor Carrier (LMC) Independent Owner-Operator (IOO)

If a company, please indicate company type: LLC LLP Corp Sole Proprietor

Indicate what you regularly haul to the PANYNJ*: Containers Dry Bulk Liquid Bulk
 Break Bulk / RO-RO Other (describe _____)

Contact Information (The information provided below will be used for contracting purposes and any other issues regarding your application.)

Primary Contact:

Name (First, Last) _____ Phone Number: (____) _____

Cell Phone Number: (____) _____ Fax Number: (____) _____

E-mail Address: _____

Current Address: _____

City _____ State _____ Zip Code _____

Mailing Address (If different) _____

City _____ State _____ Zip Code _____

Alternate Address (If possible) _____

City _____ State _____ Zip Code _____

Secondary Contact:

Name (First, Last): _____ Phone Number : (____) _____

Relation: _____

Name (Print): _____ Date: _____

Signature: _____ Title: _____

* Port Newark/Elizabeth Port Authority Marine Terminal, Port Jersey Marine Terminal, Brooklyn Marine Terminal, Howland Hook Marine Terminal.