



## Nebraska Corn Board Ethanol Flex Fuel Pump Grant Program

# Project Proposal Application

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### Station Information:

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

Address: \_\_\_\_\_

Mailing Address (if different than above): \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Email address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Proximity to major highways or large population base? \_\_\_\_\_

---Describe: \_\_\_\_\_

Is station attended or unattended? \_\_\_\_\_ What are hours of operation? \_\_\_\_\_

What is the current or expected annual volume of fuel marketed? \_\_\_\_\_

What is the current or expected annual volume of e10 marketed? \_\_\_\_\_

What is your station brand? \_\_\_\_\_

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## Description of proposed project

Describe the work that will be done to establish the ethanol flex fuel pump facility:

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Total number of pumps after construction? \_\_\_\_\_ Total number of flex fuel pumps? \_\_\_\_\_

How many tanks at the site? \_\_\_\_\_

Estimated start date of construction: \_\_\_\_\_ Estimated completion date: \_\_\_\_\_

**We ask that work be completed within 3 months of your application approval.**

What blends do you expect to offer? \_\_\_\_\_

Are you a local vehicle fleet fuel supplier? \_\_\_\_\_ If yes, who? \_\_\_\_\_

Are you a local auto dealership fuel supplier? \_\_\_\_\_ If yes, who? \_\_\_\_\_

(Fleet and auto dealer information requested for follow-up opportunity  
to build greatest volume of higher blend sales only)

Person authorized to sign contracts:

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

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Complete company name to be placed on contracts: \_\_\_\_\_

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Mail completed form to:  
Nebraska Corn Board  
P.O. Box 95107  
301 Centennial Mall South  
Lincoln, NE 68509  
Fax: 402.471.3345

#### *All information is for internal use only* ####