

**Kern County
Air Pollution Control District**

**Lower-Emission School Bus Program
Replacement Component
Heavy-Duty Engine Incentive Program**

Application

The San Joaquin Valley Air Pollution Control District (District) is partnering with the Kern County Air Pollution Control District (KCAPCD) to administer the Lower-Emission School Bus Program (LESBP). The SJVAPCD is currently accepting applications to reduce emissions from school buses, according to the terms and conditions described in the guidelines.

Please provide the following information regarding your proposed purchase. Additional information may be requested during the review process if needed. Applicant acknowledges that award of the incentive is conditional upon approval of the SJVAPCD and must meet the minimum eligibility criteria.

The applicant will be informed as to whether or not the application meets the minimum qualifications. If the application does not meet the minimum qualifications, SJVAPCD staff will provide the applicant with a list of deficiencies. If you have any questions regarding the application process, please contact the SJVAPCD central region office:

**Central Region
Fresno
(559) 230-5800**

Submit applications to the following location ONLY:

**San Joaquin Valley Air Pollution Control District
Emission Reduction Incentive Program
1990 E. Gettysburg Avenue
Fresno, CA 93726-0244**

SCHOOL BUS REPLACEMENT APPLICATION

A.	APPLICANT INFORMATION	
Applicant Type: <input type="checkbox"/> School District <input type="checkbox"/> JPA		
Applicant Name:		
Street/Mailing Address:		
City:	State:	Zip Code:
Contact Name:	Contact Title:	
Contact Phone: ()	Contact Fax: ()	
Contact E-mail:		
Person with Contract Signing Authority:		
Geographic Area Served by School District:		
Number of School Buses in Fleet:	Number of School Buses to be Replaced:	
School District(s) Associated with Project (if Applicant is a JPA):		
Percent of Time this/these Replacement School Bus/Buses is/are Associated with the Above Mentioned School District(s):		

Please check one:

- School Bus routes are primarily urban
- School Bus routes are primarily rural

SCHOOL BUS REPLACEMENT APPLICATION SECTION

**** COMPLETE A SEPARATE SHEET FOR EACH VEHICLE ****

(Page 3 and 4)

Vehicle ___ of ___

Please complete the requested information on this page for the school bus proposed for replacement. The District may request additional information for additional replacement school buses.

B.	GENERAL INFORMATION ABOUT EXISTING SCHOOL BUS	
1.	School District School Bus Identification Number:	
2.	School Bus Storage Address:	
3.	School Bus Storage Address 2:	
4.	City:	5. Zip Code:
6.	School Bus Make:	
7.	School Bus Model:	8. School Bus Model Year (month/year):
9.	School Bus Type: <input type="checkbox"/> Type C <input type="checkbox"/> Type D <input type="checkbox"/> Special Ed <input type="checkbox"/> Other:	
10.	Type of Fuel: <input type="checkbox"/> Diesel <input type="checkbox"/> CNG <input type="checkbox"/> Propane <input type="checkbox"/> Electric <input type="checkbox"/> Other:	
11.	Estimated Annual Fuel Usage (in gallons) for this School Bus:	
12.	Cumulative Mileage:	
13.	Total Annual Mileage:	
14.	Vehicle License Number:	
15.	Vehicle Identification Number (VIN):	
16.	Gross Vehicle Weight Rating (GVWR):	

**** COMPLETE A SEPARATE SHEET FOR EACH VEHICLE ****

(Page 3 and 4)

Vehicle ___ of ___

B.	GENERAL INFORMATION ABOUT EXISTING SCHOOL BUS (CONTINUED)	
17.	Engine Make:	18. Engine Model:
19.	Engine Model Year:	20. Engine Displacement:
21.	Manufacturer's Maximum Brake Horsepower Rating:	
22.	Engine Serial Number:	
23.	Current California Highway Patrol Bus Safety Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No	
24.	Average Vehicle Life (how long you usually keep your school buses - years/miles):	

C.	GENERAL INFORMATION ABOUT THE NEW REPLACEMENT SCHOOL BUS		
1.	New School Bus Make:		
2.	New School Bus Model:	3.	New School Bus Model Year:
4.	School Bus Type: <input type="checkbox"/> Type C <input type="checkbox"/> Type D <input type="checkbox"/> Special Ed <input type="checkbox"/> Other:		
5.	Type of Fuel: <input type="checkbox"/> Diesel <input type="checkbox"/> CNG <input type="checkbox"/> Propane <input type="checkbox"/> Electric <input type="checkbox"/> Other:		
6.	Gross Vehicle Weight Rating (GVWR):		
7.	Description of New School Bus (retrofit, options):		
8.	Engine Make:	9.	Engine Model:
10.	Engine Model Year:	11.	Engine Displacement:
12.	Manufacturer's Maximum Brake Horsepower Rating:		
13.	Cost of School Bus:	14.	Estimated Delivery Date:
15.	Source of any Match Funding:		

D.	SCRAPPING COMPANY/DISMANTLER INFORMATION		
1.	Describe Method of Disposal of School Bus:		
2.	Scrapping Company/Dismantler Name:		
3.	Address:		
4.	City:	5.	State:
		6.	Zip Code:
7.	Contact Name:	8.	Title:
9.	Phone: ()	10.	Fax: ()

E.	SCHOOL BUS MANUFACTURER/DEALER INFORMATION				
1.	School Bus Manufacturer/Dealer:				
2.	Address:				
3.	City:	4.	State:	5.	Zip Code:
6.	Phone: ())		7.	Fax: ())	
8.	Contact name:		9.	E-mail:	

F.	INFRASTRUCTURE				
1.	Funding Requested for Fueling Infrastructure: <input type="checkbox"/> Yes (fill in boxes 2. - 11.) <input type="checkbox"/> No (skip this section)				
2.	Address:				
3.	City:	4.	State:	5.	Zip Code:
6.	Phone: ())		7.	Fax: ())	
8.	Contact name:		9.	E-mail:	
10.	Cost of Fueling Station/Infrastructure:		11.	Number of School Buses Fueling Station/Infrastructure would Serve:	

G.	OTHER INFORMATION
MAINTENANCE	
Describe your maintenance facility and practices, including any training regarding the reduced-emission technology. If the training has not been completed, provide a timeline for completion.	
ALTERNATIVE FUEL INFRASTRUCTURE	
Please check one of the following: <input type="checkbox"/> No new infrastructure request <input type="checkbox"/> New fueling station	
Describe your alternative fueling infrastructure needs (CFM capacity needed, number of CNG posts, etc). If an additional incentive is requested as a part of this application, please describe the type of unit requested. Include any quotes for fueling infrastructure as a separate attachment for SJVAPCD review and approval.	
ALTERNATIVE FUEL	
Describe how, and where the vehicle will be refueled (e.g. on-site, existing facility, mobile equipment, etc.), if fueled with alternative fuel. The verification should be in the form of a firm offer.	
ADDITIONAL INFORMATION	
Please use this space for any additional explanations necessary to complete this application.	

SCHOOL DISTRICT/ORGANIZATION CERTIFICATION SECTION

I hereby certify that all information provided in this application and any attachments are true and correct to the best of my knowledge, and that I have read the separate Guidelines document for this program component.

Printed Name of Responsible Party:	Title:
Signature of Responsible Party: (Must sign in BLUE INK ONLY)	Date:

THIRD PARTY INFORMATION

This section **must be completed** if any part or all of the application was filled out on your behalf, by a third party.

1.	Contact Name and Title:
2.	Business Name:
3.	Phone Number:
4.	Cost of Services (not eligible for funding reimbursement):
5.	Source of Funds:

I hereby certify that all information provided in this application and any attachments are true and correct to the best of my knowledge, and that SJVAPCD and KCAPCD funds may not be utilized to compensate me for my services.

Printed Name of Responsible Party:	Title:
Signature of Responsible Party: (Must sign in BLUE INK ONLY)	Date:

APPLICATION PACKET CHECKLIST

When submitting a project for consideration, submit a **complete** application packet. An incomplete application packet will lengthen the application processing time and delay possible incentive funding. A complete application packet includes the following items:

- Completed **Application**, no required fields blank.
- Completed **IRS Form W-9**.
- Copy of California Highway Patrol Safety Certification (**CHP form 292**), for each bus to be replaced, showing continuous safety certification from December 31, 2005 to current.
- Copy of Department of Motor Vehicles **registration** for each bus to be replaced.
- Resolution** from the school district governing board (or a duly authorized official with authority to make financial decisions) authorizing the submittal of the application and identifying the individual authorized to implement the school bus replacement project.
- Dated and itemized dealer **quote** for replacement bus.
 - ❖ The quote must provide a breakdown for the total cost of the new bus.
- Dated and itemized quote for alternative fuel infrastructure (if applicable).
- Copy of the ARB certification **executive order** for the engine of the new replacement bus.
- Submittal of a **photograph of the data tag** for each bus to be replaced. The photograph must be legible and preferably in electronic format. This photo will be used to verify the GVWR for the bus to be replaced.
- Completed **Certifications** Section, signed in blue ink.
- If applicable, completed **Third Party Information**, signed in blue ink.

