

## **DERA School Bus Rebate Application**

OMB Number: 2060-0686 Expiration Date: 4/30/2022

Applicant Information Funding Year: 2020 Target Fleet: School Bus Project Type: Vehicle Replacement

| App  | olicant Organization N   | lame:       |  |  |                          |            |                               |                                      |                              |                  |
|--|--|-------------|--|--|--------------------------|------------|-------------------------------|--------------------------------------|------------------------------|------------------|
| App  | licant Street Address  | (No PO Boxe | <u>es</u> ):                           |  |                          |            |                               |                                      |                              |                  |
| City: Coun   |  |             | unty:                                  | ity:                                   |                          |            | •                             |                                      | Zip:                         |                  |
| Employer/Taxpayer No. (EIN/TIN):   |  |             |  | DUN                                    |                          |            | S Number:                     |                                      |                              |                  |
| Applicant Organization Type:   |  |             |  |  |                          |            |                               |                                      |                              |                  |
|  | Total number of school buses in organization's fleet:  |             |  |  |                          |            |                               |                                      |                              |                  |
| Do the schools served by the buses listed below have an idle reduction policy?   |  |             |  |  |                          |            |                               |                                      |                              |                  |
| Additional Fields for <u>Private Fleets Only</u> : Private fleet owners can apply for funding from the National Clean Diesel Rebate Program if the vehicle(s) for which funding is being requested are currently contracted or leased to an eligible entity (e.g., public school). For additional information regarding private fleet applicants and eligible entities, please refer to the Program Guide. |  |             |  |  |                          |            |                               |                                      |                              |                  |
| Type of eligible public entity vehicles are contracted with:   |  |             |  |  |                          |            |                               |                                      |                              |                  |
| Puk  | olic Entity Name:  |             |  |  |                          |            |                               |                                      |                              |                  |
| Puk  | olic Entity Street Addr  | ess:        |  |  |                          |            | Public E                      | ntity City:                          |                              |                  |
| Public Entity State: Public Entity County: Public Entity   |  |             |  |  |                          | ntity Zip: | <sup>,</sup> Zip:             |                                      |                              |                  |
|  | Check box to certify that the privately-owned vehicle(s) listed below are contracted with and serve the public entity listed above.  |             |  |  |                          |            |                               |                                      |                              |                  |
| Original diesel vehicles(s) that will be scrapped and replacement bus fuel type:   |  |             |  |  |                          |            |                               |                                      |                              |                  |
|  | 17-Character Vehicle<br>Identification Number<br>(VIN) For Old Diesel Bus  | Model (Gro  | /WR<br>oss Vehicle<br>ght Rating<br>s) | 12-Character EPA<br>Engine Family Name | 2019<br>Miles<br>Travele | Ī          | 2019<br>Fuel Use<br>(gallons) | Estimated<br>Remaining<br>Life (yrs) | Replacement<br>Bus Fuel Type | Rebate<br>Amount |
| 1  |  |             |  |  |                          |            | ,                             |                                      |                              |                  |
| 2  |  |             |  |  |                          |            |                               |                                      |                              |                  |
| 3  |  |             |  |  |                          |            |                               |                                      |                              |                  |
| 4  |  |             |  |  |                          |            |                               |                                      |                              |                  |
| 5  |  |             |  |  |                          |            |                               |                                      |                              |                  |
| 6  |  |             |  |  |                          |            |                               |                                      |                              |                  |
| 7  |  |             |  |  |                          |            |                               |                                      |                              |                  |
| 8  |  |             |  |  |                          |            |                               |                                      |                              |                  |
| 9  |  |             |  |  |                          |            |                               |                                      |                              |                  |
| 10   |  |             |  |  |                          |            |                               |                                      |                              |                  |
|  |  |             |  |  |                          |            | Total                         | Funds Re                             | equested:                    |                  |
|  | Check box to certify that the diesel school buses listed for replacement are (1) operational, (2) owned by the Applicant, (3) have accumulated 10,000 miles or more in either the previous 12 months or calendar year 2019, or have been in use at least three days per week transporting students between 9/1/2019 and 2/29/2020, and (4) will be scrapped if selected for funding. Checking box also certifies that, for participating applicants selected for funding, the replacement buses will not be ordered until after being notified of selection via a signed EPA selection letter. |             |  |  |                          |            |                               |                                      |                              |                  |
|  | By signing, I certify the statements and information provided in this application are true and accurate to the best of my knowledge. If selected for funding, I agree to provide the required documentation and assurance necessary for funding.   |             |  |  |                          |            |                               |                                      |                              |                  |
| Aut  | horized Representativ  | ve Name:    |  |  |                          |            |                               |                                      |                              |                  |
| Title: E   |  |             |  | Email:                                 |                          |            |                               |                                      | Phone:                       |                  |
| Authorized Representative Signature:   |  |             |  |  |                          |            |                               |                                      | Date:                        |                  |
| Alternate Representative Name:   |  |             |  |  |                          |            |                               |                                      |                              |                  |
| Title:   |  |             | Em                                     | Email:                                 |                          |            |                               |                                      | Phone:                       |                  |



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| Instructions for Filling Out Application  |   |  |  |  |  |  |
|---|---|--|--|--|--|--|
| Field                                     | Entry   |  |  |  |  |  |
| Applicant Information:                    |   |  |  |  |  |  |
| Applicant Organization Name               | Enter the legal name of Applicant applying for the rebate.  |  |  |  |  |  |
| Applicant Address                         | Enter the street address where the Applicant is located.  |  |  |  |  |  |
| Employer / Taxpayer Number (EIN/TIN)      | Enter the Employer or Taxpayer Identification Number (EIN or  |  |  |  |  |  |
|   | TIN) as assigned by the Internal Revenue Service.   |  |  |  |  |  |
| DUNS Number                               | Enter the Applicant's 9-digit DUNS number received from Dun   |  |  |  |  |  |
|   | and Bradstreet. To obtain a free DUNS number, please visit  |  |  |  |  |  |
|   | www.dnb.com/duns-number.html  |  |  |  |  |  |
| Applicant Organization Type               | Select "Public Fleet" for public school districts, "Private Fleet Under   |  |  |  |  |  |
| T   | Contract with Public School", "Tribal Fleet", or "State Agency."  |  |  |  |  |  |
| Total School Bus Fleet Size               | Enter the total number of school buses in the Applicant's fleet.  |  |  |  |  |  |
|   | Fleets with 101 or more buses can submit two separate   |  |  |  |  |  |
| Idle Reduction Policy                     | <u>applications listing different buses to be replaced.</u> Indicate if the Applicant has an idle reduction policy for the    |  |  |  |  |  |
| idle Neduction Folicy                     | vehicle(s) to be replaced. Note: This field does not impact   |  |  |  |  |  |
|   | eligibility.  |  |  |  |  |  |
| Type of Public Entity Under Contract with | For Private Fleet Applicants Only - In order to be eligible to  |  |  |  |  |  |
| Applicant                                 | apply for rebate funding, the Applicant must be the owner of  |  |  |  |  |  |
| ••  | record of the vehicle, and that vehicle must be operated  |  |  |  |  |  |
|   | pursuant to a contract with one of the following eligible public  |  |  |  |  |  |
|   | entities with jurisdiction over transportation or air quality:  |  |  |  |  |  |
|   | a fadoral department or agency  |  |  |  |  |  |
|   | a. federal department or agency     b. regional, state, local, or tribal government or agency                                 |  |  |  |  |  |
|   | (including public school districts and municipalities)  |  |  |  |  |  |
|   | (including public scribol districts and manicipalities)   |  |  |  |  |  |
|   | List the type of the entity with which the Applicant has a  |  |  |  |  |  |
|   | current contract for operation of the vehicle or fleet (e.g., "state  |  |  |  |  |  |
|   | agency").   |  |  |  |  |  |
| Name of Public Entity Under Contract with | For Private Fleet Applicants Only - Enter the name of the   |  |  |  |  |  |
| Applicant                                 | public school with which the Applicant has a current contract   |  |  |  |  |  |
|   | for operation of the buses listed for replacement.  |  |  |  |  |  |
| Street Address of Public Entity Under     | For Private Fleet Applicants Only - Enter the street address  |  |  |  |  |  |
| Contract with Applicant                   | where the public entity is located.   |  |  |  |  |  |
| Private Fleet Certification               | For Private Fleet Applicants Only - Check the box to certify that the Applicant's fleet of vehicle(s), for which rebate funds |  |  |  |  |  |
|   | for replacement are being requested, meet the requirements  |  |  |  |  |  |
|   | for private fleets as described above and in the 2020 Rebate  |  |  |  |  |  |
|   | Program Guide.  |  |  |  |  |  |
|   |   |  |  |  |  |  |
|   |   |  |  |  |  |  |
|   |   |  |  |  |  |  |
|   |   |  |  |  |  |  |
|   |   |  |  |  |  |  |



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| Original Vehicle Information:   |   |  |  |  |
|---|---|--|--|--|
| Vehicle Identification Number   | Enter the 17-character Vehicle Identification Number (VIN) of the original vehicle. Applicants can list up to 10 buses on the |  |  |  |
| Engine Model Year   | application.  Enter the model year of the engine in the original vehicle. 2007  |  |  |  |
| Engine Moder Fear   | and newer engines are not eligible. <b>Note</b> : The engine model  |  |  |  |
|   | year often differs from the vehicle model year and can be found   |  |  |  |
|   | on the engine nameplate.  |  |  |  |
| GVWR  | Enter Gross Vehicle Weight Rating in pounds.  |  |  |  |
|   |   |  |  |  |
| EPA Engine Family Name  | Enter the 12-character EPA engine family name from the engine nameplate. See Section 5 of the Program Guide for assistance.   |  |  |  |
| 2019 Miles Traveled   | Enter the vehicle miles traveled in calendar year 2019.   |  |  |  |
| 2019 Fuel Use   | Enter the fuel use in gallons in calendar year 2019.  |  |  |  |
| Estimated Remaining Life  | Enter your best estimate of years of remaining useful life of the   |  |  |  |
| _   | vehicle (including use by other fleets) were it not being scrapped.   |  |  |  |
| Replacement Bus Fuel Type   | Enter the expected fuel type of the replacement bus.  |  |  |  |
|   | Auto-populated based on Replacement Bus Fuel Type:  |  |  |  |
| Rebate Amount   | \$20,000 for diesel and gasoline, \$25,000 for propane,   |  |  |  |
|   | \$30,000 for CNG/LNG, and \$65,000 for battery or hydrogen  |  |  |  |
|   | electric. Total Funds Requested is limited to \$300,000.  |  |  |  |
| Certification Checkboxes:   |   |  |  |  |
| School Bus Eligibility Certification  | Check the box to certify that the vehicle(s) listed for   |  |  |  |
|   | replacement are operational and meet the eligibility  |  |  |  |
|   | requirements defined in the Program Guide.  |  |  |  |
| Statement Certification   | Sign in the signature field to certify that the statements and  |  |  |  |
|   | information provided in this application are true and accurate  |  |  |  |
|   | to the best of the Applicant's knowledge. By signing, Applicant   |  |  |  |
|   | agrees to provide the required documentation and assurances   |  |  |  |
|   | necessary for funding.  |  |  |  |
| Authorized and Alternate Representative   |   |  |  |  |
| Name, Title, Email, Phone, Signature,   | To be signed and dated by the authorized representative of  |  |  |  |
| Date  | the Applicant organization. Enter the name (first and last name   |  |  |  |
|   | required), title (required), email address (required), and  |  |  |  |
|   | telephone number (required) of the person authorized to sign  |  |  |  |
|   | for the Applicant. Enter contact information (required) for an  |  |  |  |
|   | alternate representative who can be reached if the authorized   |  |  |  |
|   | representative is unavailable.  |  |  |  |
|   | of the title and registration for each bus. Please review the 2020  |  |  |  |
|   | Application Checklist) to ensure all program requirements have  |  |  |  |
| been met before submitting application packages to <u>CleanDieselRebate@epa.gov</u> . |   |  |  |  |

The public reporting and recordkeeping burden for this collection of information is estimated to average 4 hours per response. Send comments on the Agency's need for this information, the accuracy of the provided burden estimates, and any suggested methods for minimizing respondent burden, including through the use of automated collection techniques to the Director, Collection Strategies Division, U.S. Environmental Protection Agency (2822T), 1200 Pennsylvania Ave., NW, Washington, D.C. 20460. Include the OMB control number in any correspondence. Do <u>not</u> send the completed form to this address.