

SCHOOL BUS REPLACEMENT APPLICATION

I. APPLICANT INFORMATION

1	a. Applicant Name:	b. DUNS Number:
2	Applicant Address:	
3	a. City:	b. State: c. Zip + 4:
4	a. Contact Name:	b. Contact Title:
5	a. Contact Phone:	b. Contact Fax:
6	Contact Email:	
7	Person with Contract Signing Authority:	
8	Number of School Buses in Fleet:	
9	Are You Applying for School Bus Retrofits: <input type="checkbox"/> Yes <input type="checkbox"/> No	

II. EXISTING SCHOOL BUS INFORMATION:

1	School Bus Storage Address:	
2	a. City:	b. Zip Code:
3	School Bus Manufacturer:	
4	a. School Bus Model:	b. School Bus Model Year:
5	School Bus Type: <input type="checkbox"/> Type C <input type="checkbox"/> Type D	
6	Type of Fuel: <input type="checkbox"/> Diesel <input type="checkbox"/> CNG <input type="checkbox"/> Propane <input type="checkbox"/> Electric <input type="checkbox"/> Other	
7	Estimated Annual Fuel Usage for this School Bus:	
8	a. Cumulative Mileage:	b. Estimated Annual Mileage:
9	Gross Vehicle Weight Rating (GVWR):	
10	Vehicle License Number:	
11	Vehicle Identification Number (VIN):	
12	a. Engine Manufacturer:	b. Engine Model: c. Engine Model Year:
13	Average Number of Riders:	
14	Average Vehicle Life (how long you usually keep your school buses):	

III. NEW REPLACEMENT SCHOOL BUS INFORMATION

1	New School Bus Manufacturer:	
2	a. New School Bus Model:	b. New School Bus Model Year:
3	School Bus Type: <input type="checkbox"/> Type C <input type="checkbox"/> Type D	
4	Type of Fuel: <input type="checkbox"/> Diesel <input type="checkbox"/> CNG <input type="checkbox"/> Propane <input type="checkbox"/> Electric <input type="checkbox"/> Other	
5	Gross Vehicle Weight Rating (GVWR):	
6	a. Price of New School Bus:	
7	a. Estimated Purchase Order Date:	b. Estimated Date of Bus Delivery:
8	a. Engine Manufacturer:	b. Engine Model: c. Engine Model Year:

IV. SCRAPPING COMPANY/DISMANTLER INFORMATION

1	Describe Method of Disposal of School Bus:	
2	Scrapping Company/Dismantler Name:	
3	Contact Name:	
4	Address:	
5	a. City:	b. State: c. Zip Code:
6	a. Phone:	b. Fax:
7	Email:	

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V. SCHOOL BUS MANUFACTURER/DEALER INFORMATION

1	School Bus Manufacturer/Dealer:		
2	Contact Name:		
3	Address:		
4	a. City:	b. State:	c. Zip Code:
5	a. Phone:	b. Fax:	
6	Email:		

VI. SCHOOL DISTRICT/ORGANIZATION CERTIFICATION

I certify that to the best of my knowledge the information contained in this application and in the supplemental material is correct and complete. I certify that the funding requested satisfies the eligibility requirements for this Program as represented in the Program Description and related materials. I certify that I understand that the funding under this Program is subject to restrictions and other conditions listed in the Program Description.

<input checked="" type="checkbox"/>	The applicant will use the funding under this Program for the specific purposes defined in the Program Description.
<input checked="" type="checkbox"/>	The applicant has received approval from the school board, or other governing body, to apply and make use of the funding under this program.
<input checked="" type="checkbox"/>	The applicant will follow the school district's procedures to procure the products and services funded under this project.
<input checked="" type="checkbox"/>	The applicant will display the ARRA Logo in a manner that informs the public that the project is an ARRA investment.
<input checked="" type="checkbox"/>	The applicant agrees to complete scrappage of the bus being replaced.
<input checked="" type="checkbox"/>	The applicant verifies that the replacement activity would not have occurred without the financial assistance provided.

I authorize DENR to make any necessary inquiries to verify the information that I have presented. I acknowledge that the information in this application is not confidential and may be released as required by the Program.

Printed Name of Responsible Party:	Title:
Signature of Responsible Party:	Date:

Applications are to be submitted to DENR at:

PMB 2020
 Clean Diesel Grant Program
 SD DENR – AQ Program
 523 E Capitol
 Pierre, SD 57501