

SCHOOL BUS RETROFIT APPLICATION

I. APPLICANT INFORMATION

1	a. Applicant Name:		b. DUNS Number:
2	Applicant Address:		
3	a. City:	b. State:	c. Zip Code:
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	Number of School Buses You Would Like Retrofitted:		

II. EXISTING SCHOOL BUS INFORMATION: (additional vehicles can be added on next page of form)

Complete this section for each vehicle proposed to be retrofitted: Vehicle _____ of _____

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. 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.

The applicant has received approval from the school board, or other governing body, to apply and make use of the funding under this program.

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