

United States Environmental Protection Agency National Clean Diesel Rebate Program Rebate Application

OMB Number: 2060-0686 Expiration Date: 3/31/2019

Applicant Information Fundi	ng Year 20)17 Tai	rget Fleet Scho	ol Bus	Re	bate Ty	pe Repla	acemei	nt/Retre
Organization Name									
Address								5	
City		County/Par	rish		Stat	e	ZI		
Employer/Taxpayer No. (EIN/TIN)			UNS Code				rg nizaud		ederally overnment
Eligible Entity Information (Pri	ivate Fleet O			•			ogriized	i tribar g	Overnment
Private fleet owners are able to apply for are currently contracted or leased to an e transportation or air quality. For additional	ligible entity. I	An eligible entity i	is a federal, regional, s	state, loca	or trival ag	ency or po	ort authority	with juriso	
Eligible Entity Type	Eligible I	Entity Name	•	O	Eligib	le Entity	Location	(Count	y, State)
	J L								
l certify the fleet of vehicle fleets as described above				are being e Program			et the requ	uiremen	its for private
Original Vehicle(s)									
Engi	ine Gross	X		ŢT.	Annual	Annual		.	
Vehicle Identification Number (VIN) Yea	del Vehicle	Diesel Engine Lanu acturer	Family Name*	Annual 1	Fuel Use	Idling Hours	Replacen Retro		Rebate Amount
1									
2									
3									
4									
5									
Note: To list add tions (vehicles for retrofit or replacement, please use the table on the next page Total Funds Requested									
*See the <u>Program Guide</u> for assistance in locating the 11-12									
relative that the vehicle(s) listed for replacement or retrofit are operational and assistance in locating the 11-12 character EPA engine family name									
certify that the vehicle(s) listed for replacement will be properly disposed of according to the requirements defined in the Program Guide. Number of Vehicles in Fleet									
Applicant Signature									
By signing, I certify the state knowledge. If selected for	funding, I a	agree to provi	de the required d	ocumenta	ition and	d assura	nces nec	essary	for funding.
Funding for the National Clean I Guide for additional funding info		ate Program is	s subject to contir	nuing fede	eral app	ropriatio	ns. Plea	se see t	he <u>Program</u>
Authorized Representative Nam	ne								
Title	Email						Phone		
Authorized Representative Sign	ature						Da	te	
Alternate Representative Name							'		
Title	Email						Phone		

Additional Vehicles for Retrofit/Replacement

	Vehicle Identification Number (VIN)	Engine Model Year	Gross Vehicle Weight	Diesel Engine Manufacturer	Engine Family Name	Annual Miles	Annual Fuel Use	Annual Idling Hours	Replacement or Retrofit	Rebate Amount
6										
7							•			
8							7			
9					•			•		
10										
11					1					
12										
13										
14				\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \						
15					·					
16		•								
17		X	11							
18		W.	C,							
19		O								
20	110									

2017 Rebate Application Instructions

Applicant Information					
Item:	Entry:				
Organization Name	Enter the legal name of Applicant applying for the shate.				
Address	Enter the Street Address where the Applicant is located.				
City	Enter the City where the Applicant is ocated.				
County / Parish	Enter the County / Parish Chere the Applicant is located.				
State	Enter the State where the Applicant is located.				
Zip	Enter the Zip code 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.				
Organizational DUNS Code	Exter ne Applicant's DUNS or DUNS+4 number received from Dun and bradstreet. To obtain a DUNS number, please visit www.dnb.com .				
Tribal Government	For Federally recognized Indian tribal governments only, certify this designation applies.				
Aligible Entity Type	For Private Fleet Owner Applicants Only - In order to be eligible to 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, license, or lease with one of the following entities with jurisdiction over transportation or air quality:				
ingible Entity Type	a. federal department or agency b. regional, state, local, or tribal government or agency				
	List the type of the entity with which the Applicant has a current contract, license or lease for operation of the vehicle or fleet (e.g., "state agency").				
Eligible Entity Name	For Private Fleet Owner Applicants Only - Enter the name of the entity with which the Applicant has a current contract, license, or lease for operation of the vehicle or fleet (e.g., "Lawrence Township Public Schools").				
Eligible Entity Location (City, State)	For Private Fleet Owner Applicants Only - Enter the location (city and state) where the Eligible Entity with which the Applicant has a current contract, license, or lease is located.				
Eligible Entity Certification	For Private Fleet Owner 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 Program Guide.				

Original Vehicle					
Item:	Entry:				
Vehicle Identification Number	Enter the Vehicle Identification Number (VIN) of the original vehicle.				
Engine Model Year	Enter the model year of the engine in the original vehicle.				
Gross Vehicle Weight Rating	Enter the vehicle's maximum operating weight GVW ().				
Diesel Engine Manufacturer	Enter the manufacturer of the original disselengine.				
Engine Family Name	Enter the engine family name of the engine.				
Annual Miles	Enter the vehicle miles traveled person.				
Annual Fuel Consumption	Enter the amount of fue used a gallons/year.				
Annual Idling Hours	Enter the avenue number of hours the vehicle idles per year.				
Replacement or Retrofit	Select the emissions ontrol strategy; either vehicle replacement or a retrofit option. DOC = Diesel Oxidation Catalyst, CCV = Closed Crankcase Ventilation System, FOH = Fuel Operated Veater. Note: If selecting a DOC without a CCV, the bus must already be equipped with a CCV.				
Rebate Amount	Aut -popt ated based on GVWR and retrofit options selected. Note: If replacing a Class 5 is with a Class 6 bus or vice versa, please edit field per Section 4 of the Program Guide.				
Idle Reduction Policy	Indicate if the Applicant's transportation provider has an idle reduction policy for the vehicle(s) listed for replacement.				
Number of Vehicles in Fleet	Enter the total number of vehicles in the Applicant's entire school bus fleet.				

Certification	
Eligibility Ce tification	Check the box to certify that the vehicle(s) listed for replacement are operational and meet the eligibility requirements defined in the Program Guide.
Ser pp go Certification	Check the box to certify that the vehicle(s) listed for replacement will be properly disposed of according to the requirements defined in the Program Guide.
Statement Certification	Check to the box to certify that the statements and information provided in this application are true and accurate to the best of the Applicant's knowledge. By checking the box, Applicant agrees to provide the required documentation and assurances necessary for funding.

Authorized and Alternate Representatives

Name, Title, Email, Phone, Signature, Date To be signed and dated by the authorized representative of 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.

Application packages **must include copies of the title and registration for each bus to be replaced**. Please review the <u>Program Guide</u> (see Appendix E - Rebate 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 not** send the completed form to this address.