

DERA School Bus Rebate Application

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

Applicant Information Funding Year: 2019 Target Fleet: School Bus Project Type: Vehicle Replacement

Appl	icant Organization N	lame:									
	icant Street Address	S (<u>No PO I</u>									
•			County:	nty:			State:			Zip:	
Employer/Taxpayer No. (EIN/TIN): DUNS Number:											
	icant Organization T	,									
	I number of school b										
Do the schools served by the buses listed below have an idle reduction policy?											
Progr schoo	itional Fields for Pram if the vehicle(s) for wol). For additional information	/hich fundi ation regar	ng is being r ding private	equested are cur fleet applicants a	rently contr nd eligible	acted or I	eased to an e	eligible enti	ty (e.g., pub	el Rebate lic	
Type of eligible public entity vehicles are contracted with:											
	ic Entity Name:										
Publ	Public Entity Street Address: Public Entity City:										
Publ	ic Entity State:	Public E	c Entity County:			Public Entity Zip:					
	Check box to certify that the privately-owned vehicle(s) listed below are contracted with and serve the public entity listed above.										
Origi	nal diesel vehicles	(s) that v	will be scr	apped and re	placed:						
	17-Character Vehicle Identification Number (VIN)	Engine Model Year	GVWR (Gross Vehicle Weight Rating in lbs)	Diesel Engine Manufacturer	12-Chara Engine F Name	acter EPA amily	Annual Miles Traveled	Annual Fuel Use (gallons)	Estimated Remaining Life (yrs)	Rebate Amount	
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
							Total Fu	nds Req	uested:		
	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 over the most recent 12 months or have been in use for at least three days per week transporting students during the current school year, and (4) will be scrapped if selected for funding.										
	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.										
Auth	orized Representati	ve Name									
Title	Title: Email: Phone:										
	Authorized Date: Representative Signature:										
Alter	nate Representative	Name:									
Title	Title: Email: Phone:						<u> </u>				



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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", "Private Fleet Under 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				
	applications listing different buses to be replaced.				
Idle Reduction Policy	Indicate if the Applicant has an idle reduction policy for the				
	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:				
	entities with jurisdiction over transportation of all quality.				
	a. federal department or agency				
	b. regional, state, local, or tribal government or agency				
	(including public school districts and municipalities)				
	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				
Trivate Floor Serumeauen	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 2019 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 application.				
Engine Model Year	Enter the model year of the engine in the original vehicle. Note: 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.				
Diesel Engine Manufacturer	Enter the manufacturer of the original diesel engine.				
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.				
Annual Miles Traveled	Enter the vehicle miles traveled over the previous 12 months.				
Annual Fuel Consumption	Enter the fuel use in gallons over the previous 12 months.				
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.				
Rebate Amount	Auto-populated based on GVWR: \$15,000 for GVWR of 19,500 lbs or less; \$20,000 for 19,501 lbs and up. Note : If replacing a bus with GVWR of 19,501 lbs or more with a bus smaller than 19,501 lbs, please print and write in \$15,000.				
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 Representativ	es:				
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.				
Program Guide (see Appendix E - Rebate	of the title and registration for each bus. Please review the 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.