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| **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 | [ ]  Public School, [ ] Other School or Educational Program, [ ] School Bus Contractor, or [ ] Shuttle/Transit Provider |
| II. EXISTING BUS INFORMATION: |
| 1 | Bus Storage Address: |
| 2 | a. City:  | b. County: | c. Zip Code: |
| 3 | Bus Type: [ ]  School Bus or [ ]  Transit Bus |
| 4 | a. Bus Manufacturer: | a. Bus Model: | b. Bus Model Year: |
| 5 | Type of Fuel: [ ]  Diesel  |
| 6 | Estimated Annual Fuel Usage for this Bus (gallons):  |
| 7 | a. Cumulative Mileage: | b. Estimated Annual Mileage: |
| 8 | Gross Vehicle Weight Rating (GVWR): |
| 9 | Vehicle Identification Number (VIN): |
| 10 | a. Engine Manufacturer: | b. Engine Model: | c. Engine Model Year: |
| 11 | Engine Serial Number: |
| 12 | Estimated Remaining Vehicle Life (must have at least 3 years remaining): |
| III. NEW REPLACEMENT BUS INFORMATION |
| 1 | Bus Type: [ ]  School Bus or [ ]  Transit Bus |
| 2 | a. New Bus Manufacturer: | a. New Bus Model: | b. New Bus Model Year: |
| 3 | New Bus Type of Fuel: [ ] Diesel, [ ] CNG, [ ] LNG, [ ] LPG/Propane, [ ] zero tailpipe emissions, or [ ] Gas |
| 4 | Rebate: [ ] 25%, [ ] 35% if certified to meet CARB’s Low-NOx Standards, or [ ] 45% if zero tailpipe emissions |
| 5 | Gross Vehicle Weight Rating (GVWR): |
| 6 | a. Price of New Bus:  |
| 7 37. | 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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| BUS REPLACEMENT APPLICATION |
| V. BUS MANUFACTURER/DEALER INFORMATION |
| 1 | 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.  |
| j0434713[1] | The applicant will use the funding under this Program for the specific purposes defined in the Program Description.  |
| j0434713[1] | The applicant has received approval to apply and make use of the funding under this program.  |
| j0434713[1] | The applicant is not currently debarred or suspended from receiving federal funding. |
| j0434713[1] | The existing bus is fully operational.  |
| j0434713[1] | The existing bus has been owned and operated during the two years prior to application. |
| j0434713[1] | The existing bus has at least three years of remaining life at the time of application. |
| j0434713[1] | The existing bus has accumulated at least 7,000 miles/year during the two years prior to application. |
| j0434713[1] | The applicant agrees to complete scrappage of the bus being replaced. |
| j0434713[1] | The applicant certifies that all vendors will be selected in accordance with state public contracting laws as applicable (SDCL 5-18 A to D) and will follow 2 CFR §§200.318 General Procurement Standards through 200.326 Contract Provisions. |
| I authorize DANR 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 by email to barb.regynski@state.sd.us or by mail to:

Bus Rebate Programs

SD DANR – AQ Program

523 E Capitol

Pierre, SD 57501