

BUS REPLACEMENT APPLICATION

I. APPLICANT INFORMATION

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|---|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|
| 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 | <input type="checkbox"/> Public School, <input type="checkbox"/> Other School or Educational Program, <input type="checkbox"/> School Bus Contractor, or <input type="checkbox"/> Shuttle/Transit | |

II. EXISTING BUS INFORMATION:

| | | |
|----|---------------------------------------------------------------------------------------|----------------------------------------|
| 1 | Bus Storage Address: | |
| 2 | a. City: | b. County: c. Zip Code: |
| 3 | Bus Type: <input type="checkbox"/> School Bus or <input type="checkbox"/> Transit Bus | |
| 4 | a. Bus Manufacturer: | a. Bus Model: b. Bus Model Year: |
| 5 | Type of Fuel: <input type="checkbox"/> 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: <input type="checkbox"/> School Bus or <input type="checkbox"/> Transit Bus | |
| 2 | a. New Bus Manufacturer: | a. New Bus Model: b. New Bus Model Year: |
| 3 | New Bus Type of Fuel: <input type="checkbox"/> Diesel, <input type="checkbox"/> CNG, <input type="checkbox"/> LNG, <input type="checkbox"/> LPG/Propane, <input type="checkbox"/> zero tailpipe emissions, or <input type="checkbox"/> Gas | |
| 4 | Rebate: <input type="checkbox"/> 25%, <input type="checkbox"/> 35% if certified to meet CARB's Low-NOx Standards, or <input type="checkbox"/> 45% if zero tailpipe emissions | |
| 5 | Gross Vehicle Weight Rating (GVWR): | |
| 6 | a. Price of New 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

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|---|--------------------------------------------|------------------------|
| 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. 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.

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|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <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 to apply and make use of the funding under this program. |
| <input checked="" type="checkbox"/> | The applicant is not currently debarred or suspended from receiving federal funding. |
| <input checked="" type="checkbox"/> | The existing bus is fully operational. |
| <input checked="" type="checkbox"/> | The existing bus has been owned and operated during the two years prior to application. |
| <input checked="" type="checkbox"/> | The existing bus has at least three years of remaining life at the time of application. |
| <input checked="" type="checkbox"/> | The existing bus has accumulated at least 7,000 miles/year during the two years prior to application. |
| <input checked="" type="checkbox"/> | The applicant agrees to complete scrappage of the bus being replaced. |
| <input checked="" type="checkbox"/> | 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.

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| 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