

# 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	<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

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:	

## 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.

<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.

Printed Name of Responsible Party:	Title:
Signature of Responsible Party:	Date:

Applications are to be submitted by email to [barb.regynski@state.sd.us](mailto:barb.regynski@state.sd.us) or by mail to:

Bus Rebate Programs  
 SD DANR – AQ Program  
 523 E Capitol  
 Pierre, SD 57501