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| **BUS REPLACEMENT APPLICATION** | | | | | | | | | |
| I. APPLICANT INFORMATION | | | | | | | | | |
| 1 | a. Applicant Name: | | | | | | | | |
| 2 | Applicant Address: | | | | | | | | |
| 3 | a. City: | | | b. State: | | | | c. Zip: | |
| 4 | a. Contact Name: | | | b. Contact Title: | | | | | |
| 5 | a. Contact Phone: | | | b. Contact Fax: | | | | | |
| 6 | Contact Email: | | | | | | | | |
| 7 | Public School, Other School or Ed 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](mailto:barb.regynski@state.sd.us) or by mail to:

Bus Rebate Programs

SD DANR – AQ Program

523 E Capitol

Pierre, SD 57501