

SCHOOL BUS RETROFIT APPLICATION

I. APPLICANT INFORMATION

1	Applicant Name:		
2	Applicant Address:		
3	a. City:	b. State:	c. Zip Code:
4	a. Contact Name:	b. Contact Title:	
5	a. Contact Phone:	b. Contact Fax:	
6	Contact Email:		
7	Person with Contract Signing Authority:		
8	Number of School Buses in Fleet:		
9	Number of School Buses You Would Like Retrofitted:		

II. EXISTING SCHOOL BUS INFORMATION: (additional vehicles can be added on next page of form)

Complete this section for each vehicle proposed to be retrofitted: Vehicle _____ of _____

1	School Bus Storage Address:		
2	a. City:	b. Zip Code:	
3	School Bus Manufacturer:		
4	a. School Bus Model:	b. School Bus Model Year:	
5	School Bus Type: <input type="checkbox"/> Type C <input type="checkbox"/> Type D		
6	Type of Fuel: <input type="checkbox"/> Diesel <input type="checkbox"/> CNG <input type="checkbox"/> Propane <input type="checkbox"/> Electric <input type="checkbox"/> Other		
7	Estimated Annual Fuel Usage for this School Bus:		
8	a. Cumulative Mileage:	b. Estimated Annual Mileage:	
9	Gross Vehicle Weight Rating (GVWR):		
10	Vehicle License Number:		
11	Vehicle Identification Number (VIN):		
12	a. Engine Manufacturer:	b. Engine Model:	c. Engine Model Year:
13	Average Number of Riders:		
14	Average Vehicle Life (how long you usually keep your school buses):		

III. 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 has received approval from the school board, or other governing body, to apply and make use of the funding under this program.
<input checked="" type="checkbox"/>	The applicant will display the ARRA Logo in a manner that informs the public that the project is an ARRA investment.

I authorize DENR 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 to DENR at:

PMB 2020
Clean Diesel Grant Program
SD DENR – AQ Program
523 E Capitol
Pierre, SD 57501