

**Lower-Emission School Bus Program
CNG Fuel Tank Replacement Component
Heavy-Duty Engine Incentive Program
Application to Replace Existing
On-Board CNG Tanks**

The San Luis Obispo County Air Pollution Control District (APCD) is currently accepting applications for grant funding to replace existing compressed natural gas (CNG) fuel tanks on-board public school buses.

School buses must be at least 14 years old but no older than 16 years to receive funding.

Please provide the following information regarding your proposed purchase. Additional information may be requested during the review process, if needed. Applicant acknowledges that award of the incentive is conditional upon approval from the APCD.

The applicant will be informed as to whether or not the application meets the minimum qualifications. If the application does not meet the minimum qualifications, APCD staff will provide the applicant with a list of deficiencies. If you have any questions regarding the application process, please contact the APCD:

Phone: (805) 781-4247 Fax: (805) 781-1002

[E-mail: vkirkhuff@co.slo.ca.us](mailto:vkirkhuff@co.slo.ca.us)

Submit applications to the following location ONLY:

**San Luis Obispo County Air Pollution Control District
Attn: Lower Emission School Bus Program
3433 Roberto Court
San Luis Obispo, CA 93401**

A.	APPLICANT INFORMATION				
1.	Applicant Type: <input type="checkbox"/> School District <input type="checkbox"/> JPA <input type="checkbox"/> Other (describe):				
2.	Applicant Name:				
3.	Street/Mailing Address:				
4.	City:	5.	State:	6.	Zip Code:
7.	Contact Name:	8.	Contact Title:		
9.	Contact Phone: ()	10.	Contact Fax: ()		
11.	Contact E-mail:				
12.	Person with Contract Signing Authority (Name & Title):				
13.	Geographic Area Served by School District:				
14.	Number of CNG School Buses in Fleet:	15.	Number of School Buses to have CNG tanks replaced:		
16.	School District(s) Associated with Project (if Applicant is a JPA):				
17.	Percent of Time this/these School Bus/Buses is/are Associated with the Above Mentioned School District(s):				

Please check one:

- School bus routes are primarily urban
- School bus routes are primarily rural

SCHOOL BUS CNG TANK REPLACEMENT APPLICATION SECTION

**** COMPLETE A SEPARATE SHEET FOR EACH VEHICLE ****
(Page 3 and 4)

Vehicle ____ of ____

Please complete the requested information on this page for the school bus proposed for CNG tank replacement. The APCD may request additional information.

B.	GENERAL INFORMATION ABOUT EXISTING SCHOOL BUS		
1.	School District School Bus Identification Number:		
2.	School Bus Storage Address:		
3.	School Bus Storage Address 2:		
4.	City:	5.	Zip Code:
6.	School Bus Make:		
7.	School Bus Model:	8.	School Bus Model Year (month/year):
9.	School Bus Type: <input type="checkbox"/> Type C <input type="checkbox"/> Type D <input type="checkbox"/> Special Ed <input type="checkbox"/> Other:		
10.	Type of Fuel: <input type="checkbox"/> Diesel <input type="checkbox"/> CNG <input type="checkbox"/> Propane <input type="checkbox"/> Electric <input type="checkbox"/> Other:		
11.	Estimated Annual Fuel Usage (in gallons) for this School Bus:		
12.	Cumulative Mileage:		
13.	Total Annual Mileage (last school year):		
14.	Vehicle License Number:		
15.	Vehicle Identification Number (VIN):		
16.	Gross Vehicle Weight Rating (GVWR):		

**** COMPLETE A SEPARATE SHEET FOR EACH VEHICLE ****
(Page 3 and 4)

Vehicle ___ of ___

B. GENERAL INFORMATION ABOUT EXISTING SCHOOL BUS <i>(continued)</i>			
17.	Engine Make:	18.	Engine Model:
19.	Engine Model Year:	20.	Engine Displacement:
21.	Manufacturer's Maximum Brake Horsepower Rating:		
22.	Engine Serial Number:		
23.	Current California Highway Patrol School Bus Safety Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No		
24.	Average Vehicle Life (how long you usually keep your school buses - years/miles):		
25.	Number of CNG Tanks on This Bus:		
26.	CNG Tank Serial Number(s):		
27.	CNG Tank Expiration Date(s):		
28.	CNG Tank Inspection Date(s):		

SCHOOL DISTRICT/ORGANIZATION CERTIFICATION SECTION	
I hereby certify that all information provided in this application and any attachments is true and correct to the best of my knowledge, <u>and that I have read and understand the separate Guidelines and Policies and Procedures documents for this program component.</u>	
Printed Name of Responsible Party:	Title:
Signature of Responsible Party: (Must sign in BLUE INK ONLY)	Date:

THIRD PARTY INFORMATION	
This section <u>must be completed</u> if any part or all of the application was filled out on your behalf, by a third party.	
1.	Contact Name and Title:
2.	Business Name:
3.	Phone Number:
4.	Cost of Services (not eligible for funding reimbursement):
5.	Source of Funds:
I hereby certify that all information provided in this application and any attachments is true and correct to the best of my knowledge, and that APCD funds may not be utilized to compensate me for my services.	
Printed Name of Responsible Party:	Title:
Signature of Responsible Party: (Must sign in BLUE INK ONLY)	Date:

APPLICATION PACKET CHECKLIST

When submitting a project for consideration, submit a complete application packet. An incomplete application packet will lengthen the application processing time and delay possible incentive funding. A complete application packet includes the following items:

- Completed **Application**, no required fields blank.
- Completed **IRS Form W-9**.
- Copy of California Highway Patrol Safety Certification (**CHP form 292** or other acceptable documentation of safety certification) for each school bus to have tanks replaced, showing current safety certification and safety certification for the previous two years.
- Copy of Department of Motor Vehicles **registration** for each school bus proposed for CNG tank replacement.
- Resolution** from the school district governing board (or a duly authorized official with authority to make financial decisions) authorizing the submittal of the application and identifying the individual authorized to implement the CNG tank replacement project.
- Dated and itemized dealer **quote** for replacement CNG tank(s).
- Submittal of a **photograph of the CNG tank serial number and expiration date tag** for each tank to be replaced. The photograph must be legible and preferably in electronic format.
- Completed **Certifications** Section, signed in blue ink.
- If applicable, completed **Third Party Information**, signed in blue ink.

