

# **AB 923 School Bus Replacement and Retrofit Program Bus Emission Equipment Retrofit Application**

The San Luis Obispo County Air Pollution Control District (APCD) is currently accepting applications for grant funding for the purchase and installation of ARB-verified level 3 diesel emission control devices on public school buses.

Please provide the following information regarding your proposed project. 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**

## SCHOOL BUS RETROFIT APPLICATION SECTION

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 E-mail:				
11.	Person with Contract Signing Authority (Name & Title):				
12.	Geographic Area Served by School District:				
13.	Number of School Buses in Fleet:	14.	Number of School Buses to be Retrofitted:		
15.	Number of School Buses NOT Equipped with CARB-verified Level 3 Diesel Particulate Filters (original equipment or aftermarket retrofit):				
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 RETROFIT 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 retrofit. The APCD may request additional information.**

<b>B.</b>	<b>GENERAL INFORMATION ABOUT SCHOOL BUS TO BE RETROFITTED</b>		
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>B. GENERAL INFORMATION ABOUT EXISTING SCHOOL BUS</b> <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. Is bus equipped with a CARB-verified diesel particulate filter? <input type="checkbox"/> No <input type="checkbox"/> Yes; Level 1 <input type="checkbox"/> Yes; Level 2 <input type="checkbox"/> Yes; Level 3	
24. Current California Highway Patrol School Bus Safety Certificate? * <input type="checkbox"/> Yes <input type="checkbox"/> No	
25. Average Vehicle Life (how long you usually keep your school buses - years/miles):	

\* The retrofitted bus must be inspected post-retrofit installation and before returning to service.

<b>C.</b>	<b>GENERAL INFORMATION ABOUT THE NEW ARB-VERIFIED LEVEL 3 DIESEL EMISSION CONTROL DEVICE</b>		
1.	Level 3 Device Make:		
2.	Level 3 Device Model:		
3.	ARB Executive Order # of Device:		
4.	Cost of Device (including tax and Installation):	5.	Estimated Installation Date:
6.	Amount and Source of any Match Funding:		

D.	<b>RETROFIT DEVICE REGENERATION INFRASTRUCTURE</b>			
1.	Funding Requested for Retrofit Device Regeneration Infrastructure, Data Logging or Device Cleaning: <input type="checkbox"/> Yes (fill in boxes 2. - 11.) <input type="checkbox"/> No (skip this section)			
2.	Address:			
3.	City:	4.	State:	5. Zip Code:
6.	Phone: (      )	7.	Fax: (      )	
8.	Contact name:	9.	E-mail:	
10.	Cost of Infrastructure:	11.	Cost of Data Logging:	
12.	Cost of Device Cleaning:			

<b>E.</b>	<b>OTHER INFORMATION</b>
	<b>MAINTENANCE</b> Describe your maintenance facility and practices, including any training regarding the reduced-emission technology. If the training has not been completed, provide a timeline for completion.
	<b>ADDITIONAL INFORMATION</b> Use this space for any additional explanations necessary to complete this application.
	<b>MATCHING FUNDS</b> Please describe the source of any matching funds available to purchase a bus.

### 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, and that I have read and understand the separate Guidelines and Policies and Procedures documents for this program component.

Printed Name of Responsible Party:	Title:
Signature of Responsible Party: (Must sign in <b>BLUE INK ONLY</b> )	Date:

### THIRD PARTY INFORMATION

This section **must be completed** 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 <b>BLUE INK ONLY</b> )	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 proposed to be retrofit, showing current safety certification and safety certification for the previous two years.
- Copy of Department of Motor Vehicles **title and registration** for each school bus proposed to be retrofit.
- 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 school bus retrofit project.
- Letter** from the school district governing board (or a duly authorized official with authority to make financial decisions) naming and authorizing an individual to sign the Grant Agreement on behalf of the school district (unless such authorization was granted in the resolution).
- Dated and itemized dealer **quote** for retrofit and installation.
- Dated and itemized quote for retrofit regeneration infrastructure (if applicable).
- Copy of the ARB certification **executive order** for the Level 3 Diesel Emission Control Device.
- Current **certificates of insurance** for General Liability, Worker's Compensation and Auto Liability on the bus(es) to be retrofitted.
- Completed **Certifications** Section, signed in blue ink.
- If applicable, completed **Third Party Information**, signed in blue ink.