

MDEQ Diesel School Bus Replacement Program 2022-23 Application

School District Name: _____

SAM.gov Unique Entity ID: _____

Contact Name: _____ Title: _____

Mailing Address: _____

City: _____ County: _____ Zip: _____

Phone: _____ Email: _____

Alternate Contact Name: _____ Title: _____

Phone: _____ Email: _____

Bus Barn Address (physical address): _____

City: _____ County: _____ Zip: _____

Project Information

Project Description:

Total # Buses in Fleet: _____ # Buses to be Replaced: _____

Cost of Each New Bus: _____

Proposed Project Budget

Requested Rebate Amount: _____ Funding Source: DERA Award

Cost-Share Amount: _____ Funding Source(s): _____

Total Cost: _____

Proposed Project Timeline:

DATE

*Assume notice of award is made by February 3, 2023. Obtain Quotes _____

School Board Approval _____

Purchase Order to Vendor _____

Receive New Bus(es) _____

Decommission Old Bus(es) _____

Submit Invoice(s) for Rebate _____

Idle Reduction Policy

Does your school district implement an idle reduction policy? Yes No

If **yes**, attach a copy of the policy (date of adoption/last revision should be noted).

If **no**, will you commit to developing and implementing a policy? Yes No

MDEQ Diesel School Bus Replacement Program 2022-23 Application (continued)

Bus and Engine Information (Information must be completed for both the bus and engine)

Bus #1 Information:

Model Year: _____
 Make: _____
 Model: _____
 VIN#: _____
 Odometer reading: _____
 Vehicle License #: _____

Bus #2 Information:

Model Year: _____
 Make: _____
 Model: _____
 VIN#: _____
 Odometer reading: _____
 Vehicle License #: _____

Bus #3 Information:

Model Year: _____
 Make: _____
 Model: _____
 VIN#: _____
 Odometer reading: _____
 Vehicle License #: _____

Bus #4 Information:

Model Year: _____
 Make: _____
 Model: _____
 VIN#: _____
 Odometer reading: _____
 Vehicle License #: _____

****If more than four buses will be replaced, submit additional forms as necessary to address all buses.***

Eligibility Certification

I certify that the following statements are true regarding the bus replacement(s) identified above:

1. The existing bus(es) is (are) fully operational.
2. The district has owned and operated the bus(es) during the two years prior to the replacement.
3. The existing bus(es) has (have) at least three years of remaining life at the time of the replacement.
4. The existing bus(es) has (have) accumulated at least 7,000 miles/year during the two years prior to the upgrade (or 7,000 miles during calendar year 2019).

Signature

Date

Printed Name

Title