

## MDEQ Diesel School Bus Replacement Program 2023-24 Application

School District/Entity 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 Obtain Quotes \_\_\_\_\_

made by March 4, 2024. Board Approval \_\_\_\_\_

Purchase Order to Vendor \_\_\_\_\_

Receive New Bus(es) \_\_\_\_\_

Decommission Old Bus(es) \_\_\_\_\_

Submit Invoice(s) for Rebate \_\_\_\_\_

### Idle Reduction Policy

Do you 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 2023-24 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 applicant 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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title