

MBUAPCD LESBP REPLACEMENT APPLICATION

MBUAPCD Lower Emission School Bus Program (LESBP) Instructions for the REPLACEMENT Grant Application

The Monterey Bay Unified Air Pollution Control District (MBUAPCD) is accepting applications for school bus replacements of pre-1986 model year diesel school buses over 14,000 GVWR. Applicants must be public schools, public school districts or joint powers authorities (JPAs) located in Monterey, San Benito or Santa Cruz Cities and Counties. Applicants acknowledge that any monetary award of funds is conditional upon applicant having met all applicable eligibility criteria for the grant. All grant awards are subject to approval by MBUAPCD staff.

Eligibility. To be eligible for a LESBP replacement grant, the existing school bus to be replaced must meet ALL of the following criteria:

- Must be diesel and rated at 14,000 GVWR or more
- Must be currently registered and have a current CHP 292 certification
- CHP 292 certification must have been continuous since December 31, 2005
- Engine and chassis model years must be earlier than 1987, except Detroit Diesel or GMC powered two-stroke engine buses are all eligible on a case-by case basis.

Replacement Buses. MBUAPCD will reimburse up to \$165,000 of the quoted cost of a replacement school bus for an eligible older bus. The replacement bus must be similar in capacity and function to the bus it replaces, and may be diesel or alternative fuel. Only those options that MBUAPCD staff find essential to replace the baseline school bus may be reimbursed, provided they were originally installed on the replaced bus. For example, surveillance cameras would not be eligible for reimbursement.

Alternative-fueled buses. Alternative fuel buses are encouraged. Alternative fuel buses are defined as those fueled with compressed or liquefied natural gas, liquefied petroleum gas (LPG or propane), hybrids (battery/ electric motor), or by 100% methanol or ethanol. Ten percent of the eligible bus reimbursement will be added to the grant toward necessary fueling infrastructure, if needed, for each alternative fuel bus.

Selection. Applications to replace Pre-77 chassis model year buses will be awarded LESBP grants before any grants will be awarded to replace later model year buses. Model years 77-86 buses will be selected for grants oldest first, by chassis model year, or by engine model year, if repowered. Ties will be resolved by license plate number. Only buses listed in the applications will be eligible for replacement and no substitutions will be allowed later. County quotas will not be used for this program. Applications will be considered from all applicants together, using this oldest first selection process.

How to apply. Applicants must use the attached application form. Attach the completed forms to a transmittal cover letter. The letter must be signed by a person with authority to commit the applicant to accepting the grant funds if awarded. See the Application Checklist for a list of all the documents required for a grant.

MBUAPCD LESBP REPLACEMENT APPLICATION

Completing your application. Complete the LESBP Excel spreadsheet for replacements to the best of your ability and knowledge. The Excel spreadsheet can be downloaded from the MBUAPCD website, grants page. List all Pre-77 and 77-86 buses you want replaced. Remember, all Pre-77 buses will automatically be funded if they meet eligibility criteria. Do NOT include a bus you will not replace, since substitutes will not be allowed. Remember, buses used less than 1,000 hours per year are exempt from the proposed In-Use Bus and Truck Rule.

Processing your application. MBUAPCD will notify you if your application is complete, and if not, will provide you with a list of deficiencies, and may request additional information or a field inspection. If you have questions or need assistance completing your application, please contact Alan Romero, Air Quality Planner at Tel (831) 647-9418 x241, FAX 647-8501 email aromero@mbuapcd.org

Submitting your application. All applicants must complete and sign a single hardcopy version of the replacement application form, Sections A through G, pages 1 through 4. We prefer you submit the rest of the application separately in the Excel spreadsheet provided on the website. The Excel spreadsheet may be attached to an email to [Alan](mailto:aromero@mbuapcd.org) Romero at aromero@mbuapcd.org. Although you may submit more than one application by the due date, you may combine into a single spreadsheet. A spreadsheet with your application will allow us to process it more promptly, and is the MBUAPCD preferred method, even for a single bus.

If you do not use the Excel spreadsheet and request more than one bus, copy and complete the form Sections H & I, pages 5 and 6 for each bus replacement. All applications must be completed and signed in blue ink by a financially responsible person authorized to submit the application. See the checklist below to assemble your application. The due date for delivery of all required materials is:

March 18, 2011 at 4 PM

Mail or deliver your application materials to:

**Alan Romero
MBUAPCD
24580 Silver Cloud Court
Monterey, CA 93940**

Email your Excel spreadsheet and photos to:

aromero@mbuapcd.org

MBUAPCD LESBP REPLACEMENT APPLICATION

REPLACEMENT APPLICATION CHECKLIST

1. What must be included with the application by 3/18/11

- A transmittal cover letter on applicant letterhead signed by the duly authorized official with authority to make financial decisions.
- Pages 1 through 4 of the enclosed application form. Enter data or "N.a." in all fields of those pages, and sign where indicated.
- Copy of California Highway Patrol Safety Certification (**CHP form 292 343, 343A or 407F-343A**), for each school bus to be replaced, if available. (See "2. Documents Needed for a Grant Offer" below, for more information).
- Copy of Department of Motor Vehicles (DMV) **Registration** for each school bus to be replaced.
- Copy of a dated and itemized dealer **Quote** for replacement school bus. The quote must provide a breakdown for base and options quoted for the new school bus, delivered, including taxes and delivery costs. Make/model, model year, GVWR, and make/model/ rated HP of engine, and expected delivery date.
- Copy of the ARB certification **Executive Order (E. O.)** for new bus engine.
- Either a completed Excel Spreadsheet for all Replacement Applications, or completed pages 5 and 6 of the application form for each bus replacement project.

2. What may be submitted later. *These documents may be submitted after submitting the application. However, they must be submitted before a grant will be offered. LESBP replacement grants will not be offered until these documents are delivered.*

- 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 apply for, and implement any offered grant to replace a bus. (See Sample Resolution in the Application Packet).
- A **photograph of the data tag** for each school bus to be replaced. The photograph must be legible as a print or electronic (*.jpg) file, identified by bus number, emailed to MBUAPCD.
- Safety Certification Documentation.** If not already submitted with the application, you must provide MBUAPCD with copies of CHP Forms (CHP form 292 343, 343A or 407F-343A), or a CHP **confirmation** the bus(es) had 292s continuously since 12/31/05.
- Dated and itemized **quote** for alternative fuel infrastructure (if applicable).
- Completed **IRS Form W-9**.

MBUAPCD LESBP REPLACEMENT APPLICATION

A.	APPLICANT DATA				
The owner of these buses has not submitted and shall not submit an application for funds to any other district and/or any other public agency for the same project.					
Applicant School District or JPA Name:					
Applicant Type: <input type="checkbox"/> Public School or District <input type="checkbox"/> JPA <input type="checkbox"/> Other. <i>If Other, STOP. Not eligible..</i>					
School District(s) Associated with Project (if Applicant is a JPA):					
Street/Mailing Address:					
City:		State:	Zip Code:		
Contact Name:		Contact Title:			
Contact Phone: ()		Contact Fax: ()			
Contact E-mail:					
Person with Contract Signing Authority:					
Number of School Buses over 14,000 GVWR in Applicant fleet:		Number proposed to be replaced:			
Geographic Area Served by School District (Approximate):		Percent of time the buses proposed for replacement are operated in this area:			
School Bus Routes are Primarily: <input type="checkbox"/> Urban <input type="checkbox"/> Rural <input type="checkbox"/> Relatively Long					
B.	SCHOOL BUS MANUFACTURER/DEALER				
1.	School Bus Manufacturer/Dealer:				
2.	Address:				
3.	City:	4.	5.	State:	Zip Code:
6.	Phone: ()		7.	Fax: ()	
8.	Contact Name:		9.	E-mail:	

MBUAPCD LESBP REPLACEMENT APPLICATION

C.	SCRAPPING /DISMANTLING				
1.	Describe Method of Disposal of School Bus:				
2.	Scrapping Company/Dismantler Name:				
3.	Address:				
4.	City:	5.	State:	6.	Zip Code:
7.	Contact Name:		8.	Title:	
9.	Phone: ()		10.	Fax: ()	
D.	INFRASTRUCTURE				
1.	Funding Requested for Fueling Infrastructure: <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 Fueling Station/Infrastructure:		11.	Number of School Buses Fueling Station/Infrastructure would Serve:	

MBUAPCD LESBP REPLACEMENT APPLICATION

E.	OTHER INFORMATION
MAINTENANCE	
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.	
ALTERNATIVE FUEL INFRASTRUCTURE	
Please check one of the following: <input type="checkbox"/> No request <input type="checkbox"/> Request fueling infrastructure funding.	
Describe your existing and proposed new alternative fueling infrastructure needed for the alternative fuel buses to be funded. (CFM capacity needed, number of CNG posts, etc), and why this is needed. If a fueling incentive is requested as a part of this application, please describe the type requested. Include quotes(s) for fueling infrastructure as a separate attachment for MBUAPCD review and approval.	
ALTERNATIVE FUEL	
Describe how, and where all alternative fuel buses proposed will be refueled (e.g. on-site, existing facility, mobile equipment, etc.), if any.	
ADDITIONAL INFORMATION	
Please use this space for any additional explanation or information necessary for MBUAPCD to process this application, if any.	

MBUAPCD LESBP REPLACEMENT APPLICATION

F.	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 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:
G.	THIRD PARTY INFORMATION	

This section must be completed if any part or all of the application was filled out by a third party.

1.	Contact Name and Title:	
2.	Business Name:	
3.	Phone Number:	
4.	Cost to prepare (not eligible):	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 MBUAPCD funds may not be utilized to compensate me for my services.		
Printed Name of Responsible Party:		Title:
Signature of Responsible Party: (<i>BLUE INK ONLY</i>)		Date:

MBUAPCD LESBP REPLACEMENT APPLICATION

If hardcopy, COMPLETE THIS PAGE FOR EACH BUS

Vehicle ___ of ___ Total

Buses to be Replaced.

H.	EXISTING BUS (May be on separate Excel spreadsheet)			
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:	
14.	Vehicle License Number:	15.	Vehicle Identification Number (VIN):	
16.	Gross Vehicle Weight Rating (GVWR):	17.	Engine Make:	
18.	Engine Model:	19.	Engine Model Year:	
20.	Engine Displacement:	21.	Manufacturer's Peak Brake Horsepower Rating:	
22.	Engine Serial Number:			
23.	Current CHP 292 Certificate? If no, do not apply. <input type="checkbox"/> Yes <input type="checkbox"/> No			
24.	Average Vehicle Life (how long you usually keep your school buses - years/miles):			

MBUAPCD LESBP REPLACEMENT APPLICATION

If hardcopy, COMPLETE THIS PAGE FOR EACH BUS

Vehicle ___ of ___ Total

Buses to be Replaced.

I.	NEW REPLACEMENT BUS (May be on separate Excel spreadsheet)			
	1.	New School Bus Make:		
	2.	New School Bus Model:	3.	New School Bus Model Year:
	4.	School Bus Type: <input type="checkbox"/> Type C <input type="checkbox"/> Type D <input type="checkbox"/> Special Ed <input type="checkbox"/> Other:		
	5.	Type of Fuel: <input type="checkbox"/> Diesel <input type="checkbox"/> CNG <input type="checkbox"/> Propane <input type="checkbox"/> Electric <input type="checkbox"/> Other:		
	6.	Gross Vehicle Weight Rating (GVWR):		
	7.	Description of New School Bus (List any options not on bus being replaced):		
	8.	Engine Make:	9.	Engine Model:
	10.	Engine Model Year:	11.	Engine Displacement:
	12.	Manufacturer's Maximum Brake Horsepower Rating:		
	13.	Cost of School Bus:	14.	Estimated Delivery Date:
	15.	Source of any Funding, other than the grant, if cost exceeds \$165,000:		