

MBUAPCD LESBP RETROFIT APPLICATION

MBUAPCD **Lower Emission School Bus Program (LESBP)**

Instructions for the RETROFIT Grant Application

The Monterey Bay Unified Air Pollution Control District (MBUAPCD) is accepting applications for the purchase of ARB verified Level 3 (85% PM) exhaust retrofit devices on existing school buses in current service. Approximately \$1 million is available for these retrofit grants. Grant applications are due by the end of April 2009 and will be awarded grants on a first-come first-serve basis. Buses must be over 14,000 GVWR, have been continuously certified by the CHP from 12/31/05, and use diesel fuel, be currently CHP 292 certified and operated within the Cities and Counties of Monterey, San Benito and Santa Cruz.

Eligibility. Applicants must be Public Schools, School Districts and/or Public School Joint Powers Authorities, or private enterprises providing school bus services to said schools. A third party vendor or consultant may prepare your retrofit application, provided that you sign and submit it, and complete Section E. Applicants acknowledge that an award of monetary incentive is conditional upon approval by MBUAPCD staff and must meet all LESBP eligibility and program criteria.

or to these sites:

www.arb.ca.gov/msprog/onrdiesel/onrdiesel.htm for information on the truck and bus Rule, and

Eligible Retrofit Devices. For vendors and supplies, try the LINKS page of the MBUAPCD website, www.mbuapcd.org For some information on retrofit technology, go to: <http://www.arb.ca.gov/diesel/verde/level3/level3.htm> For eligible retrofit devices and their engine applicability and operating requirements, see <http://www.arb.ca.gov/diesel/verde/vt/cvt.htm>

Change in Verification Status for Certain Devices. NO₂ requirements for device verification will change January 1, 2009. when only those verified retrofits (also known as diesel emission control strategies or VDECs) designated with a plus (+) on the ARB website may be installed. A retrofit without the (+) designation may be installed until December 31, 2008. More information, including the conditional grace period for installation, can be found at: <http://www.arb.ca.gov/diesel/verde/mailout08262009.pdf>

Completing your application. All applicants must complete and sign a single hardcopy version of the application form, Sections A through F, pages 1 - 3. We prefer you submit the rest of the application separately in the Excel spreadsheet provided on the website. Complete the LESBP Excel spreadsheet for Sections G & H for each bus to be retrofitted to the best of your knowledge. The Excel spreadsheet can be downloaded from the MBUAPCD website, grants page. List all buses you want retrofitted. Remember, not all buses have an eligible verified device. Do NOT include a bus you will not retrofit, since substitutes will not be allowed.

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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 David Fairchild, Air Quality/ Transportation Planner at Tel (831) 647-9418 x234, FAX 647-8501 email dfair@mbuapcd.org

Submitting your application. All applicants must complete and sign a single hardcopy version of the Sections A through F, pages 1 – 3 of the retrofit application form. You must also submit sections G & H, either in paper originals or in an Excel spreadsheet. If you do not use the Excel spreadsheet simply complete the paper forms for Sections F & G (pages 4 and 5) for each bus retrofit, making additional copies of the forms for those sections for each bus. We prefer you submit sections G & H in the Excel spreadsheet and send it attached to an email to Dave Fairchild at dfair@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.

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 all application materials is:

April 30, 2009 at 4 PM

Mail or deliver your application materials to:

**David Fairchild
MBUAPCD
24580 Silver Cloud Court
Monterey, CA 93940**

Email your Excel spreadsheet and photos to:

Dfair@mbuapcd.org

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APPLICATION PACKET CHECKLIST

1. What must be included with the application?

- Completed **Application**, no fields blank, either on hardcopy or a separate **Excel spreadsheet**. Excel Spreadsheet is strongly preferred. Get an application spreadsheet from www.mbuapcd.org, or request it by email from dfair@mbuapcd.org.
- Copy of Department of Motor Vehicles **Registration** for each school bus to be retrofitted.
- Completed **IRS Form W-9**.
- Completed **Certifications** Section, signed in ink, not black.
- Copy of California Highway Patrol Safety Certification (**CHP form 292**), for bus to be retrofitted, or other equivalent documentation (see FAQ)

2. What may be submitted later? *These documents may be submitted after submitting the application. However, no grants will be offered until they are received.*

- A **Resolution** from the School District governing board authorizing the submittal of the application and identifying the individual authorized to implement the school bus retrofit project is **NOT** required with the application, but must be received before a grant will be offered and not later than April 30, 2009.
- Copy of the ARB **Executive Order (EO)** verifying or certifying the retrofit device.
- Dated and itemized **dealer quote** for the retrofit device. The quote must provide a breakdown for the costs of purchase, installation and maintenance for the retrofit device.
- Identify the **source of funding**, if any, should the total cost to purchase, install and maintain the retrofit for the project life exceeds \$20,000.

Apply as soon as possible, as retrofit grants are offered on a first –come, first-served basis. All retrofit applications must be received no later than 4:00 PM on:

April 30, 2009

**David Fairchild
MBUAPCD
24580 Silver Cloud Court
Monterey, CA 93940**

Send Excel spreadsheet to: dfair@mbuapcd.org

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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 Type: <input type="checkbox"/> School District <input type="checkbox"/> JPA <input type="checkbox"/> Private Transportation Agency					
Applicant Name:					
Street/Mailing Address:					
City:		State:	Zip Code:		
Contact Name:		Contact Title:			
Contact Phone: ()		Contact E-mail:			
Person with Contract Signing Authority:					
Geographic Area Served by School District:					
Number of School Buses in Fleet:		Number of School Buses to be Retrofitted:			
School District(s) Associated with Project (if applicant is a JPA or Private Transportation Agency):					
Percent of Time this/these Retrofitted School Bus/Buses is/are Associated with the Above Mentioned School District:					
B.	DEALER/ INSTALLER				
1.	Retrofit Dealer/Installer:				
2.	Address:				
3.	City:	4.	State:	5.	Zip Code:
6.	Phone: ()	7.	Fax: ()		
8.	Contact Name:	9.	E-mail:		

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D.	CERTIFICATION	
<p>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 call for applications, frequently asked questions, and the sample grant contract included in the application packet.</u></p>		
Printed Name:		Title:
Signature: (Must sign in INK ONLY, any color except black)		Date:
E.	THIRD PARTY INFORMATION	
<p><i>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. Otherwise, write "N.a." (Not applicable).</i></p>		
1.	Contact Name and Title:	
2.	Business Name:	
3.	Phone Number:	4. Cost of Services (not eligible for funding reimbursement):
5.	Source of Funds:	
<p>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 in preparation of this application.</p>		
Printed Name of Preparer:		Title:
Signature of Preparer: (Must sign in INK ONLY, any color except black)		Date:

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F.	OTHER RETROFIT INFORMATION
	<p>Describe your maintenance facility and practices, and identify any training or experience your staff has received regarding the retrofit technology for which you are applying.</p>
	<p>Please use this space for any additional explanation regarding this application.</p>

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If hardcopy, COMPLETE THIS PAGE FOR EACH BUS
Vehicle ___ of ___ Total
Buses to be Retrofitted.

G.	BUS TO BE RETROFITTED (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:
5.1	Does Bus have a route that is: Primarily urban ___ Primarily Rural ___ Relatively Short ___ Relatively Long ___		
5.2	Current CHP 292 Certified? Y__ N__ . <i>If no, STOP, not eligible.</i> CHP 292 Certified since 12/31/2005? Y__ N__ . <i>If no, STOP, not eligible.</i>		
6.	School Bus Make/Manufacturer:		
7.	School Bus Model:	8.	School Bus Model 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 since new:	13.	Annual Mileage Last Year:
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 Maximum Brake Horsepower Rating:		
22.	Engine Serial Number:		
23.	Engine Family Name, if applicable:		
24.	Vehicle Life (at how many miles you would otherwise surplus this bus):		

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If hardcopy, COMPLETE THIS PAGE FOR EACH BUS

Vehicle ___ of ___ Total

Buses to be Retrofitted.

H.	RETROFIT DEVICE (May be on separate Excel spreadsheet)
1.	Retrofit Manufacturer:
2.	Retrofit Model and/or Retrofit Kit ID Number:
3.	Description of Retrofit Technology: Active __ Passive __ Catalytic __ Non-Catalytic __
4.	Cost of Retrofit Device: \$ _____ (include tax, delivery and maybe installation). Cost of Installation: \$ _____ (if separate in quote)
5.	Cost of : data-logging: \$ _____; maintenance: \$ _____ infrastructure: \$ _____ cleaning: \$ _____
6.	<i>Describe all costs associated with infrastructure, device maintenance, filter element de-ashing, or data-logging that are necessary for retrofit device installation and operation. Such costs are eligible for grant funding. Attach a vendor price quote detailing such costs, if any. Identify location of separate de-ashing equipment, service or facility, if not funded by the LESBP grant:</i>
7.	Source of funding for excess costs, if total of lines 4 thru 6 exceeds \$20,000:
8.	Estimated Delivery Date (cannot be later than 3/1/2001):

LESBP_RetrofitApp3.doc