

GRANT APPLICATION FORM FOR THE SCHOOL BUS CNG TANK REPLACEMENT GRANT PROGRAM

A.	APPLICANT INFORMATION	
Applicant Type: <input type="checkbox"/> School District <input type="checkbox"/> Private Transportation Agency		
Applicant Name:		
Street/Mailing Address:		
City:	State:	Zip Code:
Contact Name:	Contact Title :	
Contact Phone:	Contact Fax: ()	
Contact E-mail:		
Number of School Buses in Fleet:	Number of School Buses and Number of CNG Tanks:	
School District Associated with Project (if Private Transportation Co.):	Percent of Time School Buses Associated with School District:	
Signature of Applicant:	Date Application Signed:	

APPLICATION PACKET CHECKLIST

When submitting a project for consideration, submit a **complete** application packet. A complete application packet includes the following items:

- Copy of California Highway Patrol Safety Certification (**CHP form 292**), for each school bus.
- Copy of Department of Motor Vehicles **registration** for each school bus.
- 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 CNG Replacement project.
- Dated and itemized dealer **quote** for the installed CNG Tanks.
 - ❖ The quote must provide a breakdown for the total cost.
- Document and proof of age of school bus.
- Existing CNG Tank(s) Expiration Dates, Serial Numbers, and CHP Inspections Dates (proof such as photos).

A resolution from the school board authorizing the submittal of this application and identifying the school district representative authorized to implement this project must be attached or at least submitted to APCD.

Amount of Funds Requested \$ _____

SCHOOL BUS CNG TANK APPLICATION SECTION

** COMPLETE A SEPARATE SHEET FOR EACH VEHICLE **

Vehicle ____ of ____

Please complete the requested information on this page for the school bus proposed for retrofit.

VCAPCD may request additional information for retrofitted school buses.

B.	GENERAL INFORMATION ABOUT EXISTING SCHOOL BUS		
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:
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):		

**** COMPLETE A SEPARATE SHEET FOR EACH VEHICLE ****

Vehicle ____ of ____

B.		GENERAL INFORMATION ABOUT EXISTING SCHOOL BUS (CONTINUED)	
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 (e.g., XCEXH0123MAH):		
24.	Average Vehicle Life (how long you usually keep your school buses - years/miles):		