

**Kern County  
Air Pollution Control District**

**Lower-Emission School Bus Program  
Retrofit Component  
Heavy-Duty Engine Incentive Program**

**Application**

The San Joaquin Valley Air Pollution Control District (SJVAPCD) is partnering with the Kern County Air Pollution Control District (KCAPCD) to administer the Lower-Emission School Bus Program (LESBP). The SJVAPCD is currently accepting applications for projects to reduce emissions from school buses, according to the terms and conditions described in the guidelines.

Please provide the following information regarding your proposed purchase. Additional information may be requested during the review process if needed. Applicant acknowledges that award of the incentive is conditional upon approval of the SJVAPCD and must meet the minimum eligibility criteria.

The applicant will be informed as to whether or not the application meets the minimum qualifications. If the application does not meet the minimum qualifications, SJVAPCD staff will provide the applicant with a list of deficiencies. If you have any questions regarding the application process, please contact the SJVAPCD central region office:

**Central Region  
Fresno  
(559) 230-5800**

**Submit applications to the following location ONLY:**

**San Joaquin Valley Air Pollution Control District  
Emission Reduction Incentive Program  
1990 E. Gettysburg Avenue  
Fresno, CA 93726-0244**

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## SCHOOL BUS RETROFIT APPLICATION

<b>A.</b>	<b>APPLICANT INFORMATION</b>	
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 Fax: (        )	
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:		

**Please check one:**

- School Bus routes are primarily urban
- School Bus routes are primarily rural

## SCHOOL BUS RETROFIT APPLICATION SECTION

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

(Page 3 and 4)

Vehicle \_\_\_ of \_\_\_

**Please provide the requested information on this page for the school bus proposed to be retrofitted.**

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/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:	
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 \*\***  
(Page 3 and 4)  
Vehicle \_\_\_ of \_\_\_

<b>B.</b>	<b>GENERAL INFORMATION ABOUT EXISTING SCHOOL BUS (CONTINUED)</b>	
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):	

<b>C.</b>	<b>LEVEL 3 RETROFIT TECHNOLOGY INFORMATION</b>
1.	Retrofit Manufacturer:
2.	Retrofit Model and/or Retrofit Kit ID Number:
3.	Description of Retrofit Technology:
4.	Cost of Retrofit Device (includes tax and installation):
5.	Cost of Additional Expenses (maintenance, infrastructure, cleaning, data-logging):
6.	Source of any Match Funding:

<b>D.</b>	<b>RETROFIT DEALER/INSTALLER INFORMATION</b>				
1.	Retrofit Dealer/Installer:				
2.	Address:				
3.	City:	4.	State:	5.	Zip Code:
6.	Phone: (      )		7.	Fax: (      )	
8.	Contact Name:		9.	E-mail:	

<b>E.</b>	<b>OTHER INFORMATION</b>
<b>MAINTENANCE</b>	
Describe your maintenance facility and practices, including any training or experience regarding the retrofit technology.	
<b>ADDITIONAL COSTS</b>	
Describe additional costs associated with infrastructure, device maintenance, filter element de-ashing, or data-logging that are necessary for retrofit device installation and operation. These costs are eligible for funding. Additional costs must be supported by a price quote clearly illustrating costs.	
<b>ALTERNATIVE FUEL</b>	
Describe how, and where the vehicle will be refueled (e.g. on-site, off-site, mobile equipment), if fueled with alternative fuel.	
<b>ADDITIONAL INFORMATION</b>	
Please use this space for any additional explanations necessary to complete this application.	

## SCHOOL DISTRICT/ORGANIZATION CERTIFICATION SECTION

I hereby certify that all information provided in this application and any attachments are true and correct to the best of my knowledge, and that I have read the separate Guidelines document for this program component.

Printed Name of Responsible Party:	Title:
Signature of Responsible Party: (Must sign in <b>BLUE INK ONLY</b> )	Date:

## THIRD PARTY INFORMATION

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

1.	Contact Name and Title:
2.	Business Name:
3.	Phone Number:
4.	Cost of Services (not eligible for funding reimbursement):
5.	Source of Funds:

I hereby certify that all information provided in this application and any attachments are true and correct to the best of my knowledge, and that SJVAPCD and KCAPCD funds may not be utilized to compensate me for my services.

Printed Name of Responsible Party:	Title:
Signature of Responsible Party: (Must sign in <b>BLUE INK ONLY</b> )	Date:

## APPLICATION PACKET CHECKLIST

When submitting a project for consideration, submit a **complete** application packet. An incomplete application packet will lengthen the application processing time and delay possible incentive funding. A complete application packet includes the following items:

- Completed **Application**, no required fields blank.
- Completed **IRS Form W-9**.
- Completed **Certifications** Section, signed in blue ink.
- Copy of California Highway Patrol Safety Certification (**CHP form 292**), for each bus to be retrofitted.
- Copy of Department of Motor Vehicles **registration** for each bus to be retrofitted.
- 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 retrofit project.
- Dated and itemized dealer **quote** for the retrofit device.
  - ❖ The quote must provide a breakdown for the total cost of the retrofit device.
- Copy of the ARB certification **executive order** for the retrofit device.
- If applicable, completed **Third Party Information**, signed in blue ink.

