



**YOLO-SOLANO AIR QUALITY MANAGEMENT DISTRICT
CLEAN SCHOOL BUS PROGRAM APPLICATION**

Instructions: 1. Complete all sections of the application. 2. Sign application and attach all required documentation.	Submit to YSAQMD: 1947 Galileo Court Davis, CA 95618 OR grants@ysaqmd.org
District staff will follow up over email to confirm receipt of your application. If you do not receive an email confirmation, please call the District at 530-757-3650 to ensure your application was received.	

Applicant Information

School Name (as it appears on Form W-9):
Address (City, State, Zip):
Mailing Address (City, State, Zip):

Primary Contact Information

First and Last Name:	Title:
Phone Number:	Email:

Contract Signing Authority

First and Last Name:	Title:
Phone Number:	Email:

Fleet Information

TRUCRS ID #:		Total Fleet Size:	
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Annual Vehicle/Equipment Usage Information

Current Reading:	Annual Usage:	% Within District:	% Within California:

Existing Vehicle/Equipment Information

Equipment Address (location where equipment is permanently domiciled):	
Vehicle Make:	Vehicle Model:

Vehicle Model Year:	GVWR:	Odometer:
License Plate:	Vehicle Identification Number:	
Engine Make:	Engine Model:	
Engine Model Year:	Fuel Type:	
Engine Serial Number:	Engine Family Name:	
Horsepower:	Fuel Use (Gal/Yr):	
NOx Filter Installed?	PM Filter Installed?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

New Vehicle/Equipment Information

Equipment Make:	Equipment Model:	
Equipment Model Year:	GVWR:	
Engine Make:	Engine Model:	
Engine Model Year:	Engine Family Name:	
Advertised Horsepower:	Fuel Type:	
Engine Tier:	Projected Date of Purchase:	Projected Date of Delivery:
<input type="checkbox"/> Tier 4 Final <input type="checkbox"/> Electric		
Equipment Cost:	Grant Amount Requested:	
Method of Equipment Purchase*:		
<input type="checkbox"/> Purchase in full <input type="checkbox"/> Short-term financing <input type="checkbox"/> Long-term financing (grant must go towards principal)		
* Lease agreements are not allowed; draft financing terms are required before contract execution.		

Required Attachments to Application (submit all of the following):

- Completed and signed Form W-9
- Proof of equipment ownership for at least 24 months (bill of sale, tax records, insurance)
- Photos of Existing Equipment (including VIN/EIN and Odometer – engine plate may be requested)
- 24 months of complete historical usage (fuel logs, employee logs)
- Compliance Certificate from TRUCRS or other reporting database and fleet list (if applicable)
- Itemized quote for new equipment with warranty information
- Executive Order for new engine

If selected, applicant agrees to provide the following to remain eligible for funding:

- Proof of general liability insurance
- Proof of workers' compensation or certification that applicant does not have employees.

Funding Disclosure

Applicants are required to disclose any funding they have applied for or received from any other source for this project. Other sources may include CARB, US. EPA, and private sources. If you intend to apply for additional funding, this information must be disclosed. Receiving funding from other sources for this project does not necessarily preclude you from applying for or receiving funding through YSAQMD.

Applicant certifies: Yes, I have applied for funding from other sources.

No, I have not applied and will not apply for funding from other sources.

If yes, provide the Source, Program and Project/Application Number and Funding amount applied for or awarded.

**YOLO-SOLANO AIR QUALITY MANAGEMENT DISTRICT
ON-ROAD EQUIPMENT REPLACEMENT APPLICATION
REGULATORY COMPLIANCE STATEMENT**

Disclosure Statement

As a YSAQMD grant program applicant/participant, I declare that _____
(Company Name)

is in compliance with, will remain in compliance with, and does not have any outstanding, unresolved, or unpaid Notice of Noncompliance (NON), Notice of Violation (NOV), or citations for violations of any federal, State and local air quality regulations including, but not limited to, the following:

- | | |
|--|--|
| Cargo Handling Equipment Regulation | Public Agency and Utility Rule |
| Commercial Harbor Craft Regulation | Sleeper Berth Truck Idling Regulation |
| Drayage Truck Regulation | Solid Waste Collection Vehicle Regulation |
| In-Use Off-Road Diesel Vehicle Regulation | Stationary Diesel Engine Airborne Toxic Control Measures |
| Marine Shore Power Regulation | Statewide Truck and Bus Regulation |
| Portable Diesel Airborne Toxic Control Measure | Transit Fleet Rule |

I have read and understand that I am responsible for meeting the requirements of the Periodic Smoke Inspection Program (PSIP). I am either currently in compliance with PSIP requirements or I have paid all penalties for non-compliance and continue to meet requirements since payment.

By signing below and submitting this application, I understand and acknowledge grant requirements and I hereby certify under penalty of perjury that the information in the application and attachments is accurate and true.	
Authorized Signature:	Date:
Authorized Representative's Name (Print):	Authorized Representative's Title:
Legal Owner's Name:	Company Name:
Mailing Address:	City/State/Zip:
Physical Address of Equipment (if different):	City/State/Zip:
Phone:	Email:

Fact sheets and additional information on the regulations are available at <https://www.arb.ca.gov/diesel/mobile.htm> or by calling CARB's diesel hotline at 866-6DIESEL (866-634-3735). To obtain these documents in an alternative format or language please call (866) 634-3735.

APPLICATION STATEMENT OF TERMS AND CONDITIONS

1. I have legal authority to apply for grant funds for the equipment described in this application.
2. The proposed project is not required to be implemented by any local, state, and/or federal rule, regulations, or other legally binding requirement.
3. No replacement engines/equipment have been purchased and no work on this project has begun or will begin until the Grant Agreement is fully executed by the District.
4. I understand the grant will pay for a portion of the total costs and I must retain copies of receipts and cancelled checks to prove that I paid my share of the costs.
5. I understand there are conditions placed on receiving a grant and agree to refund the grant (or a pro-rated portion) if it is found that at any time I do not meet those conditions.
6. I understand I must complete the equipment purchase specified in the application no later than the period of performance stated in the Grant Agreement. This deadline may be extended for cause if requested by the applicant and approved in writing by the District.
7. I understand it is my responsibility to ensure that all technologies are either verified or certified by CARB to reduce NOx, and/or PM pollutants.
8. I have attached records, fuel receipts, or logs of operating hour documentation that validates the historic operation of the baseline equipment for at least the previous 24 months.
9. I understand that the existing baseline engine may not be removed from the vehicle, equipment, or vessel until the manufacturers permanently marked serial number is documented by District inspection or a District tamperproof tag is affixed on the engine that ensures the engine’s identity can be verified after removal.
10. I understand that any existing baseline engine or equipment which has been replaced using District Program funds must be permanently destroyed and rendered useless. This work shall be documented by the District.
11. I understand that both the existing equipment has, and the new replacement equipment will operate within the District as provided above.
12. I understand that I must submit reports annually to the District.
13. I understand I will be prohibited from applying for any form of emission reduction credits for District funded vehicles/engines including: Emission Reduction Credit (ERC), Mobile Source Emission Reduction Credit (MSERC), and/or Certificate of Advanced Placement (CAP), for all time, from the District, CARB, any/or any other district.
14. I certify that the proposed project has not been funded and is not being considered for District Program funds by another air district or any other public agency.
15. I understand that disclosure is required of the value of any current financial incentive that directly reduces the project price, including tax credits or deductions, grants, or other public financial assistance.
16. I understand that a Global Positioning System (GPS) unit may be required to be installed on equipment if the District ascertains during the application process that the grant equipment has the potential of operating outside the boundaries of the District for a significant portion of the project life. I will submit data as requested and otherwise cooperate with all data monitoring and reporting requirements.
17. I understand that a tamperproof non-resettable digital hour meter/odometer must be installed and maintained in operating condition on all equipment.
18. I understand the District has the right to conduct unannounced inspections to ensure the project equipment is fully operational and at the activity level committed to in the grant agreement.
19. I certify that the requested funds do not include administrative costs. Administrative costs are defined as costs related to application preparation and submittal, project administration, monitoring, oversight, data gathering, and report preparation. I will include funds necessary to cover administrative costs and any required matching funds in my budget for the duration of the project.
20. I understand that an IRS Form 1099 will be issued to me for the incentive funds received under the District Program. I understand that it is my responsibility to determine the tax liability associated with participating in District Programs.
21. I have signed and submitted to the District a CARB Regulatory Compliance Statement certifying that my company is, or I am in compliance with all federal, state, and local air quality rules and regulations at the time of application submittal.
22. I certify to the best of knowledge that the information contained in this application is true and correct.

I agree to the above statements.

Authorized Signature

Date

Authorized Representative’s Name (Print)

Title