

Sacramento Emergency Clean Air & Transportation (SECAT) Program

For more information please call the SECAT Grant Program Hotline at 1-800-880-9025 or visit our web-site at www.4SECAT.com

Three Way School Bus Replacement Grant Application Form

<p>Instructions:</p> <ul style="list-style-type: none"> ➤ Fill in all applicable sections with ink. Please type or print legibly. ➤ Return original signed application to: <div style="text-align: center; margin-top: 5px;"> SECAT Program Sacramento Metropolitan AQMD 777 12th Street, 3rd Floor Sacramento, CA 95814 </div> 	<p>Date Received:</p> <div style="border: 1px solid black; height: 80px; margin-top: 5px;"></div> <p style="text-align: right; font-size: small;">(For office use only)</p>
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Applicant Information

School District				
Business Type: (Select One)	<input type="checkbox"/> California Corporation (Inc.)	<input type="checkbox"/> Government Entity		
	<input type="checkbox"/> Limited Partnership (L.P.)	<input type="checkbox"/> Sole Proprietor		
	<input type="checkbox"/> Limited Liability Company (LLC)	<input type="checkbox"/> Other: _____		
Contact Person		Mailing Address		
Title		City	State	
Phone Number		Zip Code	County	
Email	<i>Fill in physical address below if different from mailing address</i>			
Fax Number		Physical Address		
Cell Number		City	State	
		Zip Code	County	
Authorized Representative who will sign the Incentive Agreement *				
Name:		Title:		

* Individuals or companies that operate the existing Vehicle under a lease agreement with the Vehicle owner are prohibited from applying for incentive funding.

Contact person who filled out this application (if different from above) **

Name		Address		
Company		City	State	
Phone		Zip Code		
Fax		Email		
Signature:		Date:		

** If compensated for completing the application on the owner's/company's behalf, then attach details on the source of payment and the amount paid.

California Air Resources Board TRUCRS I.D. Number:	Fleet Size:

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Please **initial** each section:

The purchase of this low-emission technology is **NOT** required by any local, state, and/or federal rule or regulation. I have not and will not apply for additional grant funds from other government entities for this project.

The Vehicle will be used in the Sacramento Federal Ozone Non-Attainment Area (SFNA), with the emission reduction system operating properly, for at least the projected usage shown in this application. For more information and to verify eligibility based on Vehicle operation location within the SFNA, go to www.4SECAT.com to view the map.

I understand that an IRS Form 1099 will be issued to me for incentive funds received under the Sacramento Emergency Clean Air & Transportation (SECAT) Grant Program. I understand that it is my responsibility to determine the tax liability associated with participating in the SECAT Grant Program.

I understand that a SECAT approved digital odometer/fuel meter may be required on SECAT specified project types and that the digital odometer/fuel meter will record the miles/fuel consumption accumulated within and outside the Sacramento Federal Ozone Non-Attainment Area.

I understand that SECAT, Sacramento Metropolitan Air Quality Management District (SMAQMD) and/or California Air Resources Board (CARB) staff will evaluate this application and determine if it meets the eligibility requirements and criteria of the SECAT Grant Program. The SECAT/SMAQMD/CARB will at its sole discretion determine which program funds, if any, will be used for this application.

I understand that I must be in compliance and remain in compliance with all applicable federal, state, and local air quality rules and regulations.

Application Statement – Please Read

All information provided in this application will be used by the Sacramento Emergency Clean Air & Transportation (SECAT) Program, Sacramento Metropolitan Air Quality Management District (SMAQMD) and/or California Air Resources Board (CARB) to evaluate the eligibility of this application to receive incentive funds. SECAT/SMAQMD/CARB staff reserves the right to request additional information of the applicant and can deny the application if such requested information is not provided. Incomplete and illegible applications will be returned to the applicant or vendor. An incomplete application is an application that is missing information critical to the evaluation of the project. If the applicant does not respond within 30 days, the application will be automatically terminated and the application process will have to be re-initiated in order for the project to be considered.

- ◆ I certify to the best of my knowledge that the information contained in this application is true and accurate.
- ◆ I certify that all the existing vehicles/equipment/engines referred to in this application are operational.
- ◆ I agree to accept the evaluation performed on my application by the SECAT/SMAQMD/CARB staff and that I can request that SECAT/SMAQMD/CARB staff review the evaluation results upon request.
- ◆ I understand that all technologies must either be verified or certified by CARB to reduce Oxides of Nitrogen (NOx) and/or other criteria pollutants.
- ◆ I understand that there may be conditions placed upon receiving an incentive and agree to refund the incentive if it is found that at any time I do not meet those conditions and if directed by SECAT/SMAQMD/CARB.
- ◆ I understand as a participant that programs have limited funds and shall terminate upon depletion of program funding. The SECAT/SMAQMD/CARB shall be under no obligation to honor requests received following depletion of program funding. I acknowledge that in accepting any incentive funding, I will be prohibited from applying for any other form of emission reduction credits, including: Emission Reduction Credit (ERC); Mobile Emission Reduction Credit (MERC) and/or Certificate of Advanced Placement (CAP), for all time, from the SECAT/SMAQMD/CARB or any other Air Quality Management or Air Pollution Control District.
- ◆ In the event that the vehicle(s)/Vehicle do not complete the minimum term of any agreement eventually reached from this application I agree to return to the SECAT/SMAQMD/CARB a pro-rated portion of incentive received based on usage up to and including the full amount of the original incentive provided as directed by the SECAT/SMAQMD/CARB. I understand that the Air Pollution Control Officer for the SMAQMD/SECAT may relieve this obligation to return the funds depending on the circumstances.
- ◆ I have the legal authority to apply for incentive funding for the entity described in this application.
- ◆ I agree to the above statements by signing below.

Authorized Signature

Date

Authorized Representative's Name (please print)

Title

Bus A or Scrap Bus is the older school bus that will be scrapped

Bus B or Backup Bus is the bus with high mileage that moves to the backup position

Bus C or New Replacement Bus is the bus with a new minimum annual mileage requirement

Vehicle Information for Scrap Bus – Form A

Has *this* Vehicle received any incentive grant funds in the past? Yes No

If yes, then you must identify the following:

Date which you received the incentive grant funds: _____ Incentive grant amount received: _____
 Entity name that provided the incentive grant funds: _____

Main Physical Vehicle Terminal (No PO Boxes)

GPS UTM coordinates OR Address, City, State, and Zip Code	
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Annual Bus Usage Information

(SFNA is the Sacramento Federal Non-Attainment Area for Ozone. Go to www.4SECAT.com to view the map.)

Usage Measurement*	Total California Operation		Percent Total Operation	
	Within the SFNA	Outside SFNA	% Outside CA Use	% Total CA Use
Miles				

*Enter usage for ANNUAL mileage bus

Scrap Bus Information

Make:	Model:	Model Year:	Mfr GVWR:
Vehicle Identification Number (VIN):	Fleet ID #:	License Plate #:	Odometer:

Scrap Bus Engine Information

Make:	Model:	Model Year:	Serial Number:
Engine Family Number:	Fuel Type:	HP:	

Scrap Bus Retrofit System Information

Select Box if Not Applicable

Make:	Model:	Serial Number:	DEC Strategy Family Number :
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Attach the following photos of the Scrap Bus to this form:

- VIN GVWR on the manufacturer's label Engine Serial Number Engine Family Number
- Odometer that corresponds to meter reading on application. Odometer must be functional otherwise application will be rejected.

Bus A or **Scrap Bus** is the older school bus that will be scrapped

Bus B or **Backup Bus** is the bus with high mileage that moves to the backup position

Bus C or **New Replacement Bus** is the bus with a new minimum annual mileage requirement

Vehicle Information for Backup Bus – Form B

Has *this* Vehicle received any incentive grant funds in the past? Yes No

If yes, then you must identify the following:

Date which you received the incentive grant funds: _____ Incentive grant amount received: _____
 Entity name that provided the incentive grant funds: _____

Main Physical Vehicle Terminal (No PO Boxes)

GPS UTM coordinates OR Address, City, State, and Zip Code	
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Annual Bus Usage Information

(SFNA is the Sacramento Federal Non-Attainment Area for Ozone. Go to www.4SECAT.com to view the map.)

Usage Measurement*	Total California Operation		Percent Total Operation	
	Within the SFNA	Outside SFNA	% Outside CA Use	% Total CA Use
Miles				

*Enter usage for high ANNUAL mileage bus

Backup Vehicle Information

Make:	Model:	Model Year:	Mfr GVWR:
Vehicle Identification Number (VIN):	Fleet ID #:	License Plate #:	Odometer:

Backup Engine Information

Make:	Model:	Model Year:	Serial Number:
Engine Family Number:	Fuel Type:	HP:	

Backup Retrofit System Information

Select Box if Not Applicable

Make:	Model:	Serial Number:	DEC Strategy Family Number :
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Attach the following photos of the Backup Bus to this form:

- VIN GVWR on the manufacturer's label Engine Serial Number Engine Family Number
- Odometer that corresponds to meter reading on application. Odometer must be functional otherwise application will be rejected.

Bus A or Scrap Bus is the older school bus that will be scrapped

Bus B or Backup Bus is the bus with high mileage that move to the backup position

Bus C or New Replacement Bus is the bus with a new minimum annual mileage requirement

Vehicle Information for New Replacement Bus – Form C

Attach Dealer Cost Quotes for the Replacement Bus Below

New Replacement Bus Information

Make:	Model:	Model Year:	Mfr GVWR:
VIN°:	Fleet ID #°:	License Plate #°:	Odometer°:

° Include this information if the replacement vehicle is used.

New Engine/Motor Information

Make:	Model:	Model Year:	Serial Number°:
Engine Family Number:		Fuel Type:	HP:

Multiple Vehicles?

To apply for incentive grant funds for multiple vehicles,
 go to www.4SECAT.com