541 Washington Avenue
Yuba City, CA 95991
(530) 634-7659
FAX (530) 634-7660
www.fraqmd.org

Christopher D. Brown, AICP
Air Pollution Control Officer

SCHOOL BUS REPLACEMENT APPLICATION FORM

Project Title: _____

Agency/Company Name: _____

Mailing Address: _____

Contact Person Name: _____ Title: _____

Phone Number: _____ Fax Number: _____

Physical Address (if different from above):

_____

E-Mail Address: _____

FUNDING REQUESTED

Total Project Cost: $_____ Grant Amount Requested: $_____

Source and Amount of Other Funding: _____

_____

SCHOOL BUS PROJECT TYPE

- ☐ Bus Replacement with Diesel or Zero Emission
- ☐ Repower/Conversions from Diesel to Zero Emission
- ☐ Fuel Infrastructure
- ☐ Bus CNG Tank Replacement
- ☐ Other:_____

Authorized Representative who will sign the Grant Agreement:

Name:	Title:
Signature of Representative:	Date:

Applicant Funding Disclosure:

Has the engine or bus in this application been awarded funding or is being considered for funding from another public agency? If yes, please provide agency name, amount of funding, and status of application for funding:

_____

Application Statement:

All information provided in this application will be used by the air district and/or the California Air Resources Board (CARB) to evaluate the eligibility of your proposed project to receive grant funding. The air district/CARB reserve the right to request additional information and can deny the application if such requested information is not provided. 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.

- I certify to the best of my knowledge that the information contained in this application is true and accurate.
- I certify that the existing vehicles/equipment/engines referred to in this application are operational.
- I understand that all technologies must either be verified or certified by CARB to reduce Oxides of Nitrogen and/or other criteria pollutants.
- I understand that there will be conditions upon receiving grant funding and agree to refund these funds if it is found that at any time the conditions/contract are not met, and if so directed by the District.
- I understand as a participant that programs have limited funds and shall terminate upon depletion of those funds. The air district 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.
- In the event that the vehicle does not complete the minimum term of any agreement eventually reached from this application I agree to return to the FRAQMD 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 FRAQMD. I understand that the FRAQMD may relieve this obligation to return the funds depending on the circumstances.
- I understand I must be in compliance with all applicable federal, state, and local air quality rules and regulations including the 2024 Carl Moyer Program Guidelines.

_____ _____

Authorized Signature **Date**

_____ _____

Authorized Representative's Name **Title**

EXISTING SCHOOL BUS INFORMATION:

Are you applying to replace two existing vehicles with one new vehicle? If yes, attach a second page for the vehicle #2 information. Yes ☐ No ☐	
Existing Bus Identification Number:	
Existing Bus VIN:	
Average Annual Miles Traveled (miles):	
Does the vehicle operate in a Disadvantaged Community or Low Income Area? Yes ☐ No ☐ Visit the Priority Populations Map 4.0 (https://bit.ly/prioritymap4). If yes, please indicate address or lat/long coordinates:	
Existing Bus Manufacturer:	
Existing Bus Model:	
Existing Bus Model Year:	Existing Bus License Plate:
Existing Bus Odometer:	Existing Bus GVWR:
Existing Bus Type (C/D/Special Needs):	
Existing Engine Manufacturer:	Existing Engine Model:
Existing Engine Serial Number:	Existing Engine Horsepower:
Existing Engine CARB Executive Order Number:	
Existing Engine Model Year:	Existing Engine Fuel:
New Bus Manufacturer:	
New Bus VIN, ID Number, or License Plate (if known):	
New Bus Model:	New Bus Fuel Type:
New Bus Model Year:	New Bus GVWR:
New Bus Type:	Estimated Date of Delivery:

New Engine Manufacturer:	New Engine Model:
New Engine Model Year:	New Engine Horsepower:
New Engine CARB Executive Order Number or Family Name:	

FOR BUS REPLACEMENT OR RETROFIT PROJECTS ATTACH THE FOLLOWING TO THIS APPLICATION:

- □ Copy of existing school bus registration showing registration in CA for previous 24 months
- □ Proof of insurance for previous 24 months
- □ Copy of CHP 292 for previous 24 months
- □ Existing engine Executive Order
- □ New school bus/retrofit quote from vender listed above
- □ New school bus/retrofit warranty information
- □ New engine/retrofit Executive Order
- □ Other: _____

OPTIONAL FUEL INFRASTRUCTURE

Complete the following to include infrastructure for a hydrogen or battery electric charging station to this vehicle project. For infrastructure projects not associated with a vehicle project, please complete the general application for the Community Air Protection Program (CAP) instead or AB 2766 application for the Blue Sky Grant Program.

Fueling station address/city/zip:
Is the location owned by the applicant?
Have all land use permits to install station been obtained?
Total estimated cost (attach estimate):
For locations not owned by applicant, provide documentation of owner's approval.