Print Form

OKLAHOMA
DEPARTMENT OF ENVIRONMENTAL QUALITY
...for a clean, attractive, prosperous Oklahoma

American Recovery and Reimbursement Act Application for the Oklahoma Clean Diesel School Bus Program for Large Schools in Potential Non-Attainment Areas [EPA Agreement 2A-96695801]

Date of Application: / /

Name of School/School District

Address City State ZIP County

Contact Name Title

( ) - ( ) -

Telephone Number Fax Number Email Address

Name of Project Manager (printed/typed):

Title of Project Manager:

Signature:

Telephone: ( ) - Fax: ( ) -

Email:

Name of Technical Contact: (printed/typed):

Title of Technical Contact (if different from the project manager):

Signature:

Telephone: ( ) - Fax: ( ) -

Email:

1. How many diesel school buses are in your fleet? _____

2. Please attach completed Appendix A - Fleet Information Spreadsheet.

3. How many buses do you plan to:

   Replace _____

   Retrofit _____

4. Please provide a short description of project including timeline.

5. Briefly describe your existing or proposed Idle Reduction Policy.

6. Briefly describe your competitive bid process.

7. How will this project benefit clean air and climate change goals?

8. In which counties does your school district operate?

9. How will your project stimulate Oklahoma's and America's economy, and/or create and preserve jobs?

10. Describe your ability to complete the project in a timely manner.

11. Amount Requested to complete this project:

$ _____

12. I understand matching funds are required for replacements and that the school district is responsible for and has adequate funding for this request.
Please check one: (☐ Yes / ☐ No)

13. Certification

The undersigned is an official authorized to represent the applicant. The person signing this document must have the authority to contractually bind the applicant or be the designated fiscal agent.

I certify that all proposed activities will be carried out; that all grant money received will be utilized solely for the purposes for which it is intended; that records documenting the planning process and implementation will be maintained and submitted when requested, and DEQ is hereby granted access to inspect project sites and/or records. It is understood that if this project is selected an MOA with DEQ will be executed.

Print Name of Authorized Representative	Title
	/ /
Signature of Authorized Representative	Date

Taxpayer ID # _____