

2018 Oklahoma Alternative Fuel School Bus Funding Program Application [Volkswagen Settlement Trust Funds]

Date of Applicat	ion	/	//					
Name of Applica	ant Or	ganiz	ation					
Address								
City			State	Zip	County			
Name of Main	Contac	ct Per	son (printed	d/typed)				
Title of Main C	ontact	Perso	on					
Signature								
Telephone	()	-	Fax	()	-	
Email								
Name of Projec	t Man	ager (printed/typ	ed)				
Title of Project	Mana	ger						
Signature								
Telephone	()	-	Fax	()	-	
Email								
Name of Techn (if different from			-	-				
Title of Technic			ζ,					
Signature								
Telephone	()	-	Fax	()	-	
Email								

1. <u>Project Summary</u>: For each bus to be replaced and/or repowered as part of this project (Eligible Bus), please fill out information below. Eligible Buses, replacements, and/or repowers must meet requirements listed in Section III.A of the RFP. More sheets may be attached if necessary.

Eligible Bus 1
VIN:
Make/Model: EMY (2009 or older):
GVWR (Classes 4-8): Type (Types A-D):
GVWR (Classes 4-8): Type (Types A-D): Fuel Type: Annual Miles Traveled (at least 3,000):
Eligible Bus will be: Replaced Repowered
If Eligible Bus will be Replaced, information on the new replacement bus:
Make/Model: EMY (2018 or newer):
GVWR (Classes 4-8): Type (Types A-D):
Fuel Type:
Is replacement bus available on state contract?* \(\subseteq \text{Yes} \subseteq \text{No} \)
*If not available on state contract, please see Question #8.
If Eligible Bus will be Repowered, information on the new repowered engine:
Make/Model: EMY (2018 or newer):
Fuel Type:
Eligible Bus 2, if applicable
VIN:
Make/Model: EMY (2009 or older):
GVWR (Classes 4-8): Type (Types A-D):
Fuel Type: Annual Miles Traveled (at least 3,000):
Eligible Bus will be: Replaced Repowered
If Eligible Bus will be Replaced, information on the new replacement bus:
Make/Model: EMY (2018 or newer):
GVWR (Classes 4-8): Type (Types A-D):
Fuel Type:
Is replacement bus available on state contract?* \(\subseteq \text{Yes} \subseteq \subseteq \text{No} \)
*If not available on state contract, please see Question #8.
If Eligible Bus will be Repowered, information on the new repowered engine:
Make/Model: EMY (2018 or newer):
Fuel Type:

Eligible Bus 3, if applicable	
VIN:	EMV (2000 or older).
Make/Model:	
GVWR (Classes 4-8):	
	Annual Miles Traveled (at least 3,000):
Eligible Bus will be:Replaced	
	aced, information on the new replacement bus:
	EMY (2018 or newer):
	Type (Types A-D):
Fuel Type:	
<u> •</u>	ilable on state contract?* \(\subseteq \text{Yes} \(\subseteq \subseteq \text{No} \)
•	ate contract, please see Question #8.
-	wered, information on the new repowered engine:
	EMY (2018 or newer):
Fuel Type:	
Eligible Bus 4, if applicable	
VIN:	
Make/Model:	EMY (2009 or older):
GVWR (Classes 4-8):	Type (Types A-D):
	Annual Miles Traveled (at least 3,000):
Eligible Bus will be: Replaced	Repowered
If Eligible Bus will be Repla	aced, information on the new replacement bus:
Make/Model:	EMY (2018 or newer):
GVWR (Classes 4-8):	Type (Types A-D):
Fuel Type:	
Is replacement bus ava	ilable on state contract?* \(\Boxed{\text{Yes}}\) No
*If not available on st	ate contract, please see Question #8.
If Eligible Bus will be Report	wered, information on the new repowered engine:
Make/Model:	EMY (2018 or newer):
Fuel Type:	
• •	
Eligible Bus 5, if applicable	
VIN:	
Make/Model:	EMY (2009 or older):
GVWR (Classes 4-8):	Type (Types A-D):
Fuel Type:	Annual Miles Traveled (at least 3,000):
Eligible Bus will be: Replaced	
	aced, information on the new replacement bus:
	EMY (2018 or newer):
	Type (Types A-D):
Fuel Type:	
Is renlacement has ava	ilable on state contract?* Yes No
<u>-</u>	ate contract, please see Question #8.
	wered, information on the new repowered engine:
	EMY (2018 or newer):
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2.	What is the name of the entity that owns, operates, and maintains the vehicles?
3.	What type of entity owns the Eligible Bus/Buses? Government / Public School Non-Government / Private School
4.	Please describe the passengers of the Eligible Bus/Buses. Passenger type must comply with requirements as listed in Section II.A. of the RFP
5.	If Eligible Bus/Buses are to be replaced or repowered with an all-electric engine/s or vehicle/s electric charging infrastructure can be included as part of project costs. (<i>Please Note: Requesting reimbursement for the cost of installation or charging infrastructure may reduce project cost-effectiveness and therefore reduce overall application ranking</i> .) Will electric charging infrastructure be included in this project? Yes No If so, how many chargers will be included (maximum one per electric vehicle):
6.	Match Requirement Summary: Applicants must provide a minimum project match per Section III.B of the RFP. Bonus points are given during the scoring process for exceeding the minimum required match. Please include project funding percentages below. Total project cost, including all funding sources: \$ %100 Amount requested from Volkswagen Trust: \$ % Amount of matching funds provided by applicant: \$ %
7.	Briefly describe your ability to meet match requirements. For example, is the money already in hand, whether a bond must be passed, whether financing must be arranged by a bank, etc. Additional sheets may be attached if necessary.

8.	any ap	<u>Summary:</u> Provide a thorough, itemized budget describing estimated project costs. Include pplicable costs for purchase, infrastructure, and installation. Total project costs must no \$300,000 as described in Section III.C of the RFP. Additional sheets may be attached it ary.
9.		ssing Per-item Caps:
	a.	If the project includes any items listed in Table 1 of the RFP, these items are subject to a per-item cap. I have verified that the requested percentage of Volkswagen Trust funds for these items falls within the allowable per-item cap listed in Table 1 of the RFP: Yes No Not Applicable
	b.	If the project includes any items that are NOT listed in Table 1 of the RFP, please include a quote. Quote must meet all requirements listed in Section III.C of the RFP. Quote is attached: Yes No Not Applicable

10. Applicants are required to meet competitive bid requirements as discussed in Section VI.B of the RFP. Briefly describe your competitive bid process. Additional sheets may be attached if necessary.

11	Provide a detailed project timeline. Timeline must include project milestones and reflect a closing date on or before September 1, 2021, per Section IV of the RFP. Additional sheets may be attached if necessary.
12	. Describe your ability to complete the project in a timely manner. Additional sheets may be attached if necessary.

13. In which county is the school being service	ed by the Eligible Bus/Buses located?
14. Does the Eligible Bus/Buses regularly open following priority counties as listed in Sect Canadian: Yes No Cleveland: Yes No Comanche: Yes No Comanche: Yes No Grady: Yes No Garfield: Yes No Garfield: Yes No Lincoln: Yes No Logan: Yes No	rate in, travel to, and/or travel through one or more of the tion V.A of the RFP? Check all that apply. McClain:
#14, please provide additional information information may include, but is not limit priority counties, frequency of trips to or	ne or more of the priority counties listed in Question on on potential emission impacts in those areas. Such ted to, the amount of time Eligible Bus/Buses spend in through priority counties, and number of miles driven any information that you feel is appropriate for this

18. <u>Idle Reduction Policy:</u> Applicants are required to have an idle reduction policy prior to reimbursement per Section VI.A. of the RFP. Briefly include a copy of, or describe, your existing or proposed idle reduction policy. Failure to instate an idle reduction policy may be cause for disqualification. Additional sheets may be attached if necessary.
19. I understand that Eligible Bus/Buses to be replaced, and/or engine/s to be repowered, must be scrapped per Section VI.F. of the RFP. Please check one: Yes No
20. I understand that documentation of scrappage must be provided prior to receiving funds. Please check one: Yes No
21. I understand that matching funds are required and that the applicant is responsible for and has adequate funding for this request. Please check one: Yes No
22. I understand that semiannual reporting will be required for the duration of the project, beginning after finalization of the MOA. Please check one: Yes No

23. Number of alternative fuel school buses curre	ently in fleet:
a. Natural gas (LNG, CNG)	
b. Propane (LPG)	
c. Electric-hybrid	
d. All-electric	
24. Certification	
	esent the applicant. The person signing this document
must have the authority to contractually bind the	
solely for the purposes for which it is intended implementation will be maintained and submittee	ried out; that all grant money received will be utilized l; that records documenting the planning process and ed when requested, and DEQ is hereby granted access restood that if this project is selected a Memorandum of
2	
Print Name of Authorized Representative	Title
-	
Signature of Authorized Representative	Date
Taxpayer ID # :	DUNS # :
Please Check off Included Attachments:	
REQUIRED attachments for all application Software Report of Emissions Estimates: Idle Reduction Policy: Proposed policy is	Attached
Additional Attachments: Price Quote/s, if required by Question #9.b: [Competitive Bid Policy (optional, to support Diesel traffic data (optional, to support quest Other: Other: Other:	question #10): Attached Not attached