



Deadline for all applications is **December 6, 2019**. Applications submitted by **November 22, 2019** will be screened for completeness. For more information, see Section VIII.A of the Grant Solicitation

2019 Oklahoma Alternative Fuel School Bus Funding Program Application
[Volkswagen Settlement Trust Funds]

Date of Application: ___ / ___ / ____
Name of Applicant Organization: _____
Address: _____
City: _____ State: _____ Zip: _____ County: _____

Name of Main Contact Person (printed/typed): _____
Title of Main Contact Person: _____
Signature: _____
Telephone: () - _____
Email: _____

Name of Project Manager (printed/typed): _____
Title of Project Manager: _____
Signature: _____
Telephone: () - _____
Email: _____

Name of Technical Contact (printed/typed):
(if different from the project manager) _____
Title of Technical Contact: _____
Signature: _____
Telephone: () - _____
Email: _____

1. **Project Summary:** For each bus to be replaced as part of this project (Eligible Bus), please fill out information below. Eligible Bus replacements must meet requirements listed in Section III.A of the Grant Solicitation. Please make sure that every bus is accounted for in this section. *Data from this section will be used to calculate emissions reductions for scoring criteria per Section V.B of the Grant Solicitation.*

More sheets may be attached if necessary

Old/Eligible Bus 1

VIN: _____
Make/Model: _____ EMY (2009 or older): _____
GVWR (Classes 4-8): _____ Type (Types A-D): _____
Fuel Type: _____ Annual Miles Traveled (at least 3,000): _____

New/Replacement Bus 1-

Make/Model: _____ EMY (2018 or newer): _____
GVWR (Classes 4-8): _____ Type (Types A-D): _____
Fuel Type: _____ Estimated Annual Mileage: _____
Is replacement bus available on state contract?* Yes No
**If not available on state contract, please see Question #9.*

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): _____

Replacement Bus 2, if applicable-

Make/Model: _____ EMY (2018 or newer): _____
GVWR (Classes 4-8): _____ Type (Types A-D): _____
Fuel Type: _____ Estimated Annual Mileage: _____
Is replacement bus available on state contract?* Yes No
**If not available on state contract, please see Question #9.*

Eligible Bus 3, 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): _____

Replacement Bus 3, if applicable-

Make/Model: _____ EMY (2018 or newer): _____
GVWR (Classes 4-8): _____ Type (Types A-D): _____
Fuel Type: _____ Estimated Annual Mileage: _____
Is replacement bus available on state contract?* Yes No
**If not available on state contract, please see Question #9.*

Eligible Bus 4, if applicable

VIN: _____

Make/Model: _____

GVWR (Classes 4-8): _____

Fuel Type: _____

EMY (2009 or older): _____

Type (Types A-D): _____

Annual Miles Traveled (at least 3,000): _____

Replacement Bus 4, if applicable-

Make/Model: _____

EMY (2018 or newer): _____

GVWR (Classes 4-8): _____

Type (Types A-D): _____

Fuel Type: _____

Estimated Annual Mileage: _____

Is replacement bus available on state contract?* Yes No

**If not available on state contract, please see Question #9.*

Eligible Bus 5, if applicable

VIN: _____

Make/Model: _____

GVWR (Classes 4-8): _____

Fuel Type: _____

EMY (2009 or older): _____

Type (Types A-D): _____

Annual Miles Traveled (at least 3,000): _____

Replacement Bus 5, if applicable-

Make/Model: _____

EMY (2018 or newer): _____

GVWR (Classes 4-8): _____

Type (Types A-D): _____

Fuel Type: _____

Estimated Annual Mileage: _____

Is replacement bus available on state contract?* Yes No

**If not available on state contract, please see Question #9.*

Eligible Bus 6, if applicable

VIN: _____

Make/Model: _____

GVWR (Classes 4-8): _____

Fuel Type: _____

EMY (2009 or older): _____

Type (Types A-D): _____

Annual Miles Traveled (at least 3,000): _____

Replacement Bus 6, if applicable-

Make/Model: _____

EMY (2018 or newer): _____

GVWR (Classes 4-8): _____

Type (Types A-D): _____

Fuel Type: _____

Estimated Annual Mileage: _____

Is replacement bus available on state contract?* Yes No

**If not available on state contract, please see Question #9.*

Eligible Bus 7, if applicable

VIN: _____

Make/Model: _____

GVWR (Classes 4-8): _____

Fuel Type: _____

EMY (2009 or older): _____

Type (Types A-D): _____

Annual Miles Traveled (at least 3,000): _____

Replacement Bus 7, if applicable-

Make/Model: _____

EMY (2018 or newer): _____

GVWR (Classes 4-8): _____

Type (Types A-D): _____

Fuel Type: _____

Estimated Annual Mileage: _____

Is replacement bus available on state contract?* Yes No

**If not available on state contract, please see Question #9.*

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 select the option that describe the passengers of the Eligible Bus/Buses. Passenger type must comply with requirements as listed in Section II.A. of the Grant Solicitation.
 Students in any grade from pre-Kindergarten to 12th grade
 Other (please provide a description): _____
5. If Eligible Bus/Buses are to be replaced with an **all-electric** vehicle/s, electric charging infrastructure can be included as part of project costs.
 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 Grant Solicitation. Applications that exceed the minimum required match will be scored higher. 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. Match Requirements: 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.
How will the entity/applicant be able to pay for this project?

8. Budget Summary: Provide a thorough, itemized budget describing estimated project costs. Include any applicable costs for purchase, infrastructure, and installation. Total project costs must not exceed \$300,000 as described in Section III.C of the Grant Solicitation. Additional sheets may be attached if necessary.

How much do the items in your project cost? What is included in your project cost and who is paying how much?

9. Addressing Per-item Caps:

a. If the project includes any items listed in Table 2 of the Grant Solicitation, 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 2 of the Grant Solicitation:

Yes No Not Applicable

b. If the project includes any items that are NOT listed in Table 2 of the Grant Solicitation, please include a quote. Quote must meet all requirements listed in Section III.C of the Grant Solicitation.

Quote is attached: Yes No Not Applicable

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



11. Timeline: Provide a detailed project timeline. Timeline must include project milestones and reflect a closing date on or before September 1, 2022, per Section IV of the Grant Solicitation. Additional sheets may be attached if necessary.

When would the various stages of your project take place? Approximately, how long do you think it would take to complete this project? Would you be able to complete this project by the deadline: September 1, 2022?



12. Project Period: Describe your ability to complete the project in a timely manner. Additional sheets may be attached if necessary.

What steps would you take to ensure a timely completion of your proposed project? Can you demonstrate that staff assigned to execute the project have the necessary skills/experience to complete the project by the deadline?

13. In which county is the school being serviced by the Eligible Bus/Buses located? _____

14. Does the Eligible Bus/Buses regularly operate in, travel to, and/or travel through one or more of the following priority counties as listed in Section V.A of the Grant Solicitation? Check all that apply.

Canadian: <input type="checkbox"/> Yes <input type="checkbox"/> No	McClain: <input type="checkbox"/> Yes <input type="checkbox"/> No
Cleveland: <input type="checkbox"/> Yes <input type="checkbox"/> No	Oklahoma: <input type="checkbox"/> Yes <input type="checkbox"/> No
Comanche: <input type="checkbox"/> Yes <input type="checkbox"/> No	Okmulgee: <input type="checkbox"/> Yes <input type="checkbox"/> No
Creek: <input type="checkbox"/> Yes <input type="checkbox"/> No	Osage: <input type="checkbox"/> Yes <input type="checkbox"/> No
Grady: <input type="checkbox"/> Yes <input type="checkbox"/> No	Pawnee: <input type="checkbox"/> Yes <input type="checkbox"/> No
Garfield: <input type="checkbox"/> Yes <input type="checkbox"/> No	Payne: <input type="checkbox"/> Yes <input type="checkbox"/> No
Garvin: <input type="checkbox"/> Yes <input type="checkbox"/> No	Rogers: <input type="checkbox"/> Yes <input type="checkbox"/> No
Lincoln: <input type="checkbox"/> Yes <input type="checkbox"/> No	Tulsa: <input type="checkbox"/> Yes <input type="checkbox"/> No
Logan: <input type="checkbox"/> Yes <input type="checkbox"/> No	Wagoner: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Washington: <input type="checkbox"/> Yes <input type="checkbox"/> No

15. **If the Eligible Bus/Buses operates in one or more of the priority counties listed in Question #14,** please provide additional information on potential emission impacts in those areas. Such information may include, but is not limited to, the amount of time Eligible Bus/Buses spend in priority counties, frequency of trips to or through priority counties, and number of miles driven within priority counties. Please include any information that you feel is appropriate for this consideration.

16. **If the Eligible Bus/Buses does NOT operate in one of the priority counties listed in Question #14:** Additional points may be given if the school being serviced and/or the Eligible Bus/Buses operate in areas with proportionately higher than average traffic from diesel engines, per Section V.G. of the Grant Solicitation. Such heavy traffic areas may include interstate traffic corridors, truck stops, ports, rail yards, terminals, construction sites, bus depots/yards, and distribution centers.

If this is the case, please describe how this project will affect emissions in these areas. Pertinent information may include, but is not limited to: distance from the school to heavy traffic areas, frequency of visits by the Eligible Bus/Buses to heavy diesel traffic areas, amount of time spent by the Eligible Bus/Buses in heavy diesel traffic areas, traffic flow data, or emissions data regarding the heavy diesel traffic area/s being serviced by the Eligible Bus/Buses. Additional pages may be attached if necessary.

17. Idle Reduction Policy: Applicants are required to have an idle reduction policy prior to reimbursement per Section VI.A. of the Grant Solicitation. 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.

18. I understand that Eligible Bus/Buses to be replaced must be **scrapped** per Section VI.F. of the Grant Solicitation.

Please check one: Yes No

19. I understand that **documentation of scrappage** must be provided prior to receiving funds.

Please check one: Yes No

20. 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

21. Number of alternative fuel school buses currently in fleet:

- a. Natural gas (LNG, CNG) _____
- b. Propane (LPG) _____
- c. All-electric _____

22. 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 a Memorandum of Agreement (MOA) with DEQ will be executed.

Print Name of Authorized Representative

Title

Signature of Authorized Representative

Date / /

Taxpayer ID #: _____

DUNS #: _____

Please Check off Included Attachments:

REQUIRED attachments for all applications:

- Idle Reduction Policy: Final policy attached **OR**
- Proposed policy is described in Question #17 above

Additional Attachments:

- Price Quote/s, if required by Question #9.b: Attached Not attached
- Competitive Bid Policy (optional, to support question #10): Attached Not attached
- Diesel traffic data (optional, to support question #16): Attached Not attached
- Other: _____
- Other: _____
- Other: _____
- Other: _____