**Section 1 – Applicant Information**

School District/Company Name:

Project Manager (if different from authorized signatory):

Address:

 City State Zip Code

Email address:       Phone:

DUNS Number:       County in which bus operates:

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| **Section 2 – Original Bus Information** |  |
| Vehicle Identification Number (VIN) |  |
| Nebraska Vehicle Registration Number |  |
| Nebraska Vehicle License Number |  |
| Bus Unit Number |  |
| Current odometer reading |  |
| Vehicle manufacturer |  |
| Vehicle model |  |
| Vehicle model year  |  |
| Gross Vehicle Weight Rating (lbs) |  |
| Engine manufacturer |  |
| Engine model  |  |
| Engine model year |  |
| Engine EPA Family  |  |
| Engine horsepower |  |
| Fuel Type  |  |
| Annual Fuel Consumption (gallons)\* |  |
| Annual Hours Idling\* |  |
| Current odometer reading |  |
| Number of miles traveled in 2019\*  |  |
| Remaining years of service (estimate; minimum of 3 years)\* |  |
| **\* Please provide values that are as accurate as possible to provide a basis for scoring your application.** |

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| **Section 3 – Bid Information: Provide summary information from the dealer’s quote or bid in the fields below. Please attach bid/quote to the application.** |
| **Vendor:** | **Engine Manufacturer:** |
| **Bus Manufacturer:** | **Engine Model:** |
| **Bus Model:** | **Fuel:**[ ]  **Propane** [ ]  **Diesel** [ ]  **Gasoline** |
| **Bus Gross Vehicle Weight:** | **Engine Horsepower:** |
| **Purchase Price:** |  |
| **Other details:** |
| **Section 4 – Rebate Amount Requested** |
| **Vehicle Cost:** | **Rebate Amount Requested:**  LOW-NOx PROPANE: 35% of base cost, maximum $33,000 DIESEL/GASOLINE: 25% of base cost, maximum $21,000 | **Cost-Share Amount:** (Vehicle Cost – Rebate Amount) |

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| **Section 5 – Attachments.** |
| **Submit all of the following items along with this application form:** |
| [ ]  | Photocopy of the Nebraska vehicle registration. |
| [ ]  | Photocopy of the Nebraska vehicle title. |
| [ ]  | Documentation of bus annual mileage for calendar year 2019 (January – December), such as maintenance logs showing mileage. |
| [ ]  | Photograph (side profile) of the bus being replaced showing the vehicle unit identifying number. |
| [ ]  | Photograph of the diesel engine emissions label showing the EPA Engine Family. |
| [ ]  | One bid or price quote for the replacement bus, including estimated delivery date. |

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| **Section 6 – Applicant Certification** |
| ***Owner or Authorized Representative***: I certify to the best of my knowledge that: (check all agreed to) |
|[ ]  The information contained herein is true and correct. |
|[ ]  The applicant has owned and operated the bus during the two years prior to this application.  |
|[ ]  The bus being replaced is currently operational, in proper working condition, and currently used to transport students to and from school or school-related activities. If selected for an award, the new bus will perform this same function. |
|[ ]  The existing bus was driven at least 7,000 miles during calendar year 2019 (January – December). |
|[ ]  The existing bus has at least three years of remaining life at the time of this application. |
|[ ]  If selected for an award, the applicant will maintain ownership of the replacement vehicle for at least five years from the date of purchase. I understand that if the replacement vehicle is sold before the end of the five-year period or used for purposes other than specified in the conditions of this rebate program, the organization/company may be required to return up to the full amount of the rebate to NDEE. The amount required to be returned is at the discretion of NDEE and will be determined on a case-by-case basis. |
|[ ]  The applicant is either headquartered or has an operational base in Nebraska and the new bus will continue to operate in Nebraska. |
|[ ]  The bus to be replaced will be properly disposed of in accordance with the requirements of this program. |
|[ ]  I understand that any costs that are incurred before the project period begins and after the project period ends will not be eligible for reimbursement. |
|[ ]  I am not currently debarred or suspended from receiving federal funding. |
|[ ]  I have the legal authority to sign this application. |
|[ ]  I acknowledge that failure to provide all applicable information and supporting documentation may result in the denial of my application. |
|       |
| Printed Name and Title of Authorized Representative  |
|  |       |
| Signature | Date |

Mail or e-mail application to:

Nebraska Clean Diesel Rebate Program

Nebraska Department of Environment and Energy

P.O. Box 98922

Lincoln NE 68509-8922

NDEE.AirQuality@nebraska.gov