

**ANTELOPE VALLEY AIR QUALITY MANAGEMENT DISTRICT
AB 923 LOWER EMISSION SCHOOL BUS REPLACEMENT PROGRAM
APPLICATION**

**All applicants must complete this form.
Please print or type all information on this and any attached applications.**

APPLICANT INFORMATION									
School District or JPA		Mailing Address							
Contact Person		City							
Title		State		ZIP					
Phone Number		Fill in physical address below if different from mailing address							
Fax Number		Physical Address							
E-mail Address		City							
Name and title of person who will sign Agreement	Name	State		ZIP					
	Title								
Tax ID (Check one)	<input type="checkbox"/> Federal Employers ID #			--					
	<input type="checkbox"/> Individual/Sole Proprietor			--		--			

Vehicle Vendor Information				
Contact		Address		
Company		City		
Phone		State		ZIP
Fax		E-mail		

Please read each section and initial in the space provided

- _____ The purchase of this low-emission technology is NOT required by any local, state, and/or federal rule or regulation.
- _____ The vehicle/engine will be used within AVAQMD boundaries for at least the projected usage as shown in this application.
- _____ I understand that an IRS Form 1099 will be issued to me for incentive funds received under the AVAQMD Lower Emission School Bus Program. I understand that it is my responsibility to determine the tax liability associated with participating in the Program.
- _____ I understand that an hour meter/odometer will be installed on all funded vehicles/equipment and that the hour meter/odometer will record the hours/miles accumulated within and outside AVAQMD boundaries.
- _____ I have not and will not submit applications to any other incentive programs for the equipment specified in this application without advance notification to the AVAQMD.
- _____ I understand that any award made will be based upon Lower Emission School Bus Program Guidelines, this application and quotes provided with this application.
- _____ I understand that any other financial incentives received towards this project will reduce Program eligibility.
- _____ I understand that AVAQMD/CARB may audit and enforce the grant pursuant to the terms and conditions of the Lower Emission School Bus Program.
- _____ I understand that any bus replaced by the Program *must* be destroyed & proof of disposal provided to AVAQMD.
- _____ I understand that fleet expansion buses are INELIGIBLE.
- _____ I understand that any new bus funded by the Program must be operated by the recipient school district for a minimum of five years.

Application Statement

All information provided in this application will be used by the Antelope Valley Air Quality Management District to evaluate the eligibility of this application to receive incentive funds. AVAQMD staff reserves the right to request additional information of the applicant and can deny the application if such information is not provided.

- ✦ I certify to the best of my knowledge that the information contained in this application is true and correct.
- ✦ I have the legal authority to apply for incentive funding for the entity described in this application.

Printed Name of Responsible Party:	Title:
Signature of Responsible Party:	Date:

Below is authorizing language for inclusion in school district application to AVAQMD for school bus replacement funds. If school board resolution is not included in application packet, the following language must accompany authorizing signature.

“The undersigned authorizes application to and compliance with the terms of the Lower-Emission School Bus Program. Under penalty of perjury, the undersigned certifies that he/she is duly authorized to make such application on behalf of the school district applying for school bus replacement funds from the Lower-Emission School Bus Program.”

Name of School District

Signature of Authorized Official

Name: _____
Title: _____
Date: _____

WORK STATEMENT/SCHEDULE OF DELIVERABLES
All applicants must provide the information specified on this form.

Provide the information detailed below. Attach additional pages if necessary.

- ✦ A program schedule, with project milestones and dates clearly identified;

- ✦ Buses replaced by this program must be destroyed. Method of bus destruction/disposal:

SCHOOL BUS INFORMATION FORM

Vehicle Usage:

Cumulative Mileage:	Mileage last school year:
Estimated Annual Fuel Consumption:	

To be eligible for replacement, buses must have a current CHP safety certification as of December 31, 2005 and at the time funding is awarded to replace the bus.

Proof of CHP safety certification included with this application

To be eligible for replacement, buses must have a current DMV registration.

Proof of DMV registration included with this application

Existing Vehicle Information:

Make:	Model:	Model Year:	GVWR:
Vehicle Identification Number:	Fleet ID Number:	License Plate:	Odometer: Bus Type:

Existing Engine Information:

Make:	Model:	Model Year:	Serial Number:	HP:	Hour Meter:
Fuel Type: <input type="checkbox"/> CNG <input type="checkbox"/> LNG <input type="checkbox"/> LPG <input type="checkbox"/> Diesel <input type="checkbox"/> Gasoline <input type="checkbox"/> Other: _____					
** Gasoline fueled buses are eligible for replacement ONLY if they did not include an original equipment catalytic converter					

New/ Replacement Vehicle Information:

Bus Make:	Bus Model:	Bus Model Year:	GVWR:
Engine Make	Engine Model	HP	Bus Type::
Fuel Type: <input type="checkbox"/> CNG <input type="checkbox"/> LNG <input type="checkbox"/> Diesel <input type="checkbox"/> Other: _____			
Location bus will be fueled/availability of fuel:			
Certified NO _x Emission Level:	List any other financial incentives/programs (tax credits, deductions, grants, or other public assistance) applied to project:		
EPA Engine Family: REQUIRED			
Description of PM retrofit technology			

✦ All applications must be accompanied by proper documentation/quotes & a completed w-9 form to be considered eligible

Request for Taxpayer Identification Number and Certification

Give form to the
requester. Do not
send to the IRS.

Print or type See Specific Instructions on page 2.	Name	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶ <input type="checkbox"/> Exempt from backup withholding	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). **However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3.** For other entities, it is your employer identification number (EIN). If you do not have a number, see **How to get a TIN** on page 3.

Social security number
or
Employer identification number

Note: If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), **and**
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, **and**
3. I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

Sign Here	Signature of U.S. person ▶	Date ▶
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Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

Note: If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Foreign person. If you are a foreign person, use the appropriate Form W-8 (see **Pub. 515**, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien.

Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.