

GRANT APPLICATION

SCHOOL BUS REPLACEMENT PROGRAM

Applicant Information-

School District:			
Address:			
City:		Zip Code:	Santa Barbara County
Contact Person:		Title:	
Phone:	(805)	Fax:	(805)
E-mail:			
School District Federal Tax ID #			
Bus Storage Address, if different than above:			

"I, _____, as a representative of the _____ School District, declare under penalties of perjury, under the laws of the State of California, certify that the information submitted in this School Bus Replacement Program application, to the best of my knowledge and belief, is true, correct and complete. As a responsible official of the _____ School District, I am authorized to make this certification on its behalf."

Signed this ___ day in the month of _____, 2008, in _____, California.

/s/ _____
 (Signature) (Print Name) Title

SCHOOL BUS REPLACEMENT PROGRAM

Fuel Information

Fuel Supplier Name	
Fuel Supplier Address	
Fuel Sulfur Content	

Proposed New School Buses (Include official quote/ estimate)

NEW BUS #1

Bus MFR. / Make	
Bus Model	
Bus Model Year	
Bus Type	
Bus Fuel Type	
Bus Engine MFR. / Make	
Bus Engine Mode	
Bus Engine Model Year	
Bus Engine BHP	
Total Bus Cost Estimate	\$

NEW BUS #2

Bus MFR. / Make	
Bus Model	
Bus Model Year	
Bus Type	
Bus Fuel Type	
Bus Engine MFR. / Make	
Bus Engine Mode	
Bus Engine Model Year	
Bus Engine BHP	
Total Bus Cost Estimate	\$

Application Submittal

Submit your complete application to:

**Santa Barbara County Air Pollution Control District
Attn: Jim Fredrickson
260 N. San Antonio Road, Suite A
Santa Barbara, CA 93110**