

GRANT APPLICATION

SCHOOL BUS RETROFIT 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 Retrofit 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 RETROFIT PROGRAM

Fuel Information

Fuel Supplier Name	
Fuel Supplier Address	
Fuel Sulfur Content	

Proposed Retrofit Device (Include official quote/ estimate)

NEW BUS #1

Retrofit MFR. / Make	
Retrofit Model	
Retrofit Model Year	
Retrofit Type	
Total Retrofit 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**