

DERA School Bus Rebate Payment Request Form

Selectee Information Funding Year: 2020 Target Fleet: School Bus Project Type: Vehicle Replacement

Organization Name:			
Organization Street Address (No PO Boxes):			
City:	County:	State:	Zip:
Employer/Taxpayer No. (EIN/TIN):		DUNS Number:	

New Replacement Vehicle(s):

#	17-Character Vehicle Identification Number (VIN)	Engine Model Year	Gross Vehicle Weight Rating (lbs)	New Engine Manufacturer	12-Character EPA Engine Family Name	New Vehicle Fuel Type	Cost of New Vehicle	Rebate Amount
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
Total Funds Requested:								

By Signing below, I certify that:

- 1) The new replacement vehicle(s) listed above were delivered to my organization;
- 2) The new replacement vehicle(s) will perform the same function as the vehicle(s) being replaced;
- 3) Both the original vehicle(s) being replaced, and the new replacement vehicle(s) meet the eligibility requirements as defined by the Program Guide's terms and conditions;
- 4) The original vehicle(s) have been scrapped as required by the Program Guide's terms and conditions;
- 5) I will attach the required proof of scrappage documentation, invoices, and bills of lading as specified in the Program Guide when e-mailing this payment form to EPA;
- 6) I certify the statements and information provided in this application are true and accurate to the best of my knowledge;
- 7) I agree to provide the required documentation and assurances necessary for funding; and
- 8) I agree to comply with all terms and conditions as specified in the Program Guide.

Authorized Representative Name:		
Title:	Email:	Phone:
Authorized Representative Signature:		Date:

If signed electronically, click "Submit by Email" button below and attach required scrappage documentation, invoice(s), and proof of delivery to the email to your EPA rebate contact. For paper signatures, please scan the signed rebate Payment Request Form and email the form to your EPA rebate contact with required scrappage documentation, invoice(s), and proof of delivery as described in this funding opportunity's Program Guide.

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Instructions for Filling Out Payment Request Form	
Field	Entry
Selectee Information:	
Organization Name	Enter the legal name of organization selected for the rebate.
Organization Address	Enter the street address where the Selectee is located.
Employer / Taxpayer Number (EIN/TIN)	Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service.
DUNS Number	Enter the Selectee's 9-digit DUNS number received from Dun and Bradstreet.
New Replacement Vehicle Information:	
Vehicle Identification Number	Enter the 17-character Vehicle Identification Number (VIN) of the new vehicle.
Engine Model Year	Enter the model year of the engine in the new vehicle. Note: The engine model year often differs from the vehicle model year and can be found on the engine nameplate.
Gross Vehicle Weight Rating	Enter the Gross Vehicle Weight Rating (GVWR) for the new vehicle in pounds.
New Engine Manufacturer	Enter the manufacturer of the engine in the new vehicle.
EPA Engine Family Name	Enter the 12-character EPA engine family name from the engine nameplate. (e.g., JNVXH0466ANB)
New Vehicle Fuel Type	Enter the fuel used by the new vehicle.
Cost of the New Vehicle	Enter the total cost of the new vehicle.
Rebate Amount	Auto-populated based on New Vehicle Fuel Type: \$20,000 for diesel and gasoline, \$25,000 for propane, \$30,000 for CNG/LNG, and \$65,000 for battery or hydrogen electric. Total Funds Requested is limited to \$300,000.
Certification:	
Statement Certification	Sign in the signature field to certify that the statements and information provided in this form are true and accurate to the best of the Selectee's knowledge. By signing, the Selectee agrees to provide the required documentation and assurances necessary for funding.
Name, Title, Email, Phone, Signature, Date	To be signed and dated by the authorized representative of the Selectee organization. Enter the name, title, email address, and telephone number of the person authorized to sign for the organization.
Payment Request packages must include: (1) Signed Payment Request Form, (2) photos and letter documenting the scrappage of the old bus, (3) copy of invoice for new buses, and (4) copy of the proof of delivery for the new buses. Please review the Program Guide (see Appendix H) to ensure all program requirements have been met before emailing the payment request package to the EPA contact designated in your selection letter.	

The public reporting and recordkeeping burden for this collection of information is estimated to average 4 hours per response. Send comments on the Agency's need for this information, the accuracy of the provided burden estimates, and any suggested methods for minimizing respondent burden, including through the use of automated collection techniques to the Director, Collection Strategies Division, U.S. Environmental Protection Agency (2822T), 1200 Pennsylvania Ave., NW, Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed form to this address.