

Selectee Information: Funding Year: 2021 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)	Vehicle Model Year	Gross Vehicle Weight Rating (lbs)	New Vehicle Manufacturer	New Vehicle Fuel Type	Cost of New Vehicle	Rebate Amount
1							
2							
3							
4							
Total Funds Requested:							

<input checked="" type="checkbox"/>	<p>By signing below, I certify that:</p> <ol style="list-style-type: none"> 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.
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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 [2021 Program Guide](#).

Submit by Email

The certifications set forth above are material representations that EPA will rely upon in providing funds for vehicle purchase rebates. False certifications may result in criminal prosecution under 18 U.S.C. § 1001, civil liability under the False Claims Act, 31 U.S.C. § 3729 *et seq.* and/or the Program Fraud Civil Remedies Act, 31 U.S.C. § 3801 *et seq.*, suspension and/or debarment pursuant to 2 C.F.R. Part 180, and/or other criminal, civil or administrative penalties, sanctions, and remedies available to the Federal government.

ARP Electric School Bus Rebates Payment Request Form

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. Applicants can list up to 4 buses on the application.
Vehicle Model Year	Enter the vehicle model year of the new vehicle.
Gross Vehicle Weight Rating	Enter the Gross Vehicle Weight Rating (GVWR) for the new vehicle in pounds.
New Vehicle Manufacturer	Enter the manufacturer of the new vehicle.
New Vehicle Fuel Type	Select "Batt. Electric" for each new vehicle.
Cost of the New Vehicle	Enter the total cost of the new vehicle.
Rebate Amount	Auto-populated with \$300,000 after selecting "Replacement Bus Fuel Type". Total Funds Requested is limited to \$1,200,000.
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.
<p>Payment Request packages must include: (1) Signed Payment Request Form, (2) photos and letter documenting the scrapping of the old bus, (3) copy of invoice for new buses and EV chargers, and (4) copy of the proof of delivery for the new buses and EV chargers. 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.</p>	

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.