

**VW MITIGATION PROGRAM  
TRANSIT CAPITAL ASSISTANCE GRANT PROGRAM APPLICATION**



**SECTION 1. APPLICANT INFORMATION**

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Urban Mass Transit System Website (URL): \_\_\_\_\_

Applicant Type (check one):

- County     City     Village     Town     Transit or Transportation Commission  
 Transit or Transportation Authority     Public Corporation

Applicant Service Area:

Counties: \_\_\_\_\_

Municipalities: \_\_\_\_\_

Brief description of transportation services provided by the Applicant:

Transit System Type (check all):

- Fixed Route     Demand Response     ADA Paratransit     Deviated Fixed Route

**SECTION 2. ELIGIBILITY REQUIREMENTS**

**Local Public Body.** Pursuant to §85.20 (1)(d), Wis. Stats., does the applicant certify that it is a county, municipality or town, or agency thereof; transit or transportation commission or authority and public corporation established by law or by interstate compact to provide mass transportation services and facilities or 2 or more of any such bodies acting jointly under §66.0301 to 66.0303, Wis. Stats.?

Yes  No

**Operating Deficit.** Pursuant to §85.20, Wis. Stats., does the applicant certify that it operates an urban mass transit system incurring an operating deficit?

Yes  No

**Shared Revenue Reduction.** If the applicant is a county, city, village or town, does the applicant acknowledge that the receipt of a grant under this program will result in a reduction of future county and municipal revenue payments pursuant to §79.035(7), Wis. Stats.? If available, provide any resolution or executive action taken by the county, city, village or town acknowledging this reduction in revenue payments and authorizing the application.

Yes  No  N/A

List all counties and municipalities subject to the shared revenue reduction. If multiple, please indicate whether all governmental bodies will share the reduction *equally* (e.g., \$500,000 grant to two cities and the basis of each city’s reduction will be 50%, or \$250,000) or *disproportionately* (e.g., \$500,000 grant to two cities and the cities agree that the basis of City A’s reduction will be 60%, or \$300,000, and the basis of City B’s reduction will be 40%, or \$200,000).

**Vehicle Eligibility.** Does the applicant certify that the vehicle(s) submitted for replacement is a Class 4-8 Transit Bus with a Gross Vehicle Weight Rating (GVWR) greater than 14,001 lbs. used for transporting people and powered with a 1992-2009 diesel engine?

Yes  No

**Scrapping.** Does the applicant certify that it will render the eligible replaced vehicle(s) inoperable and available for recycle? The applicant, at a minimum, will cause a 3-inch hole to be cut in the engine block for all engines. In addition, the chassis of the vehicle shall be disabled by cutting the vehicle's frame rails completely in half. Scrapping of any vehicle(s) shall occur within 90 days of the applicant accepting delivery of the replacement bus(es).

Yes  No

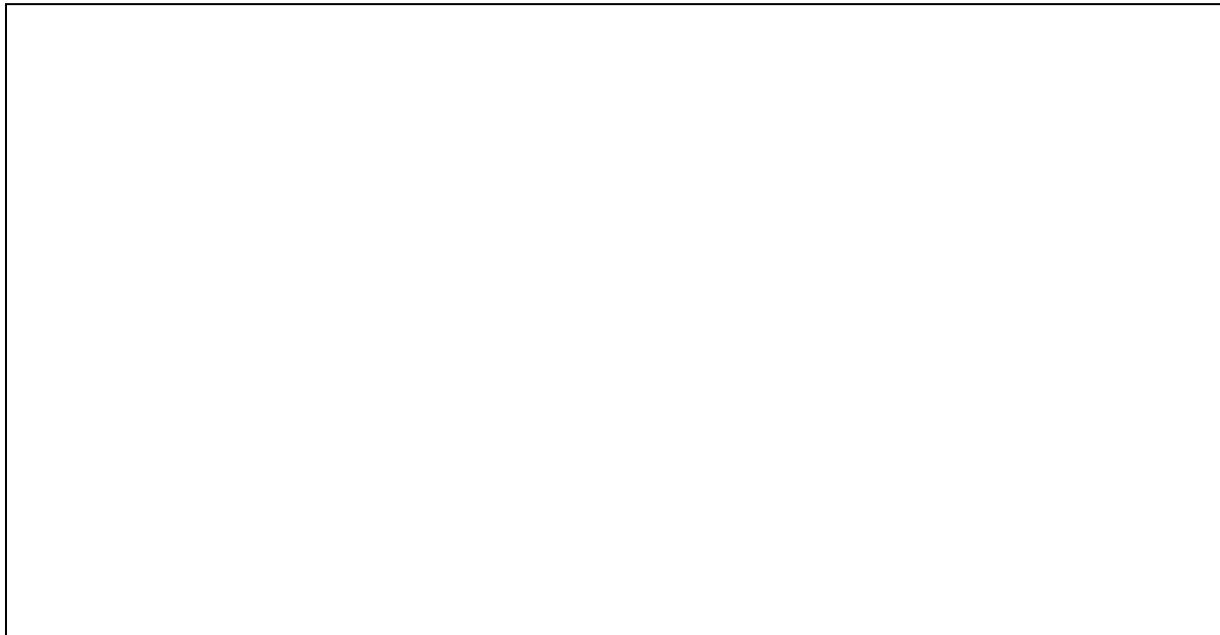
**SECTION 3. PROJECT PLAN**

**Current Use of Transit Buses.** Explain how current buses are used and why they require replacement. Where possible, provide data on ridership, bus condition and other factors that support replacement. Applicant may attach supporting documentation to its application for each bus requested for replacement.

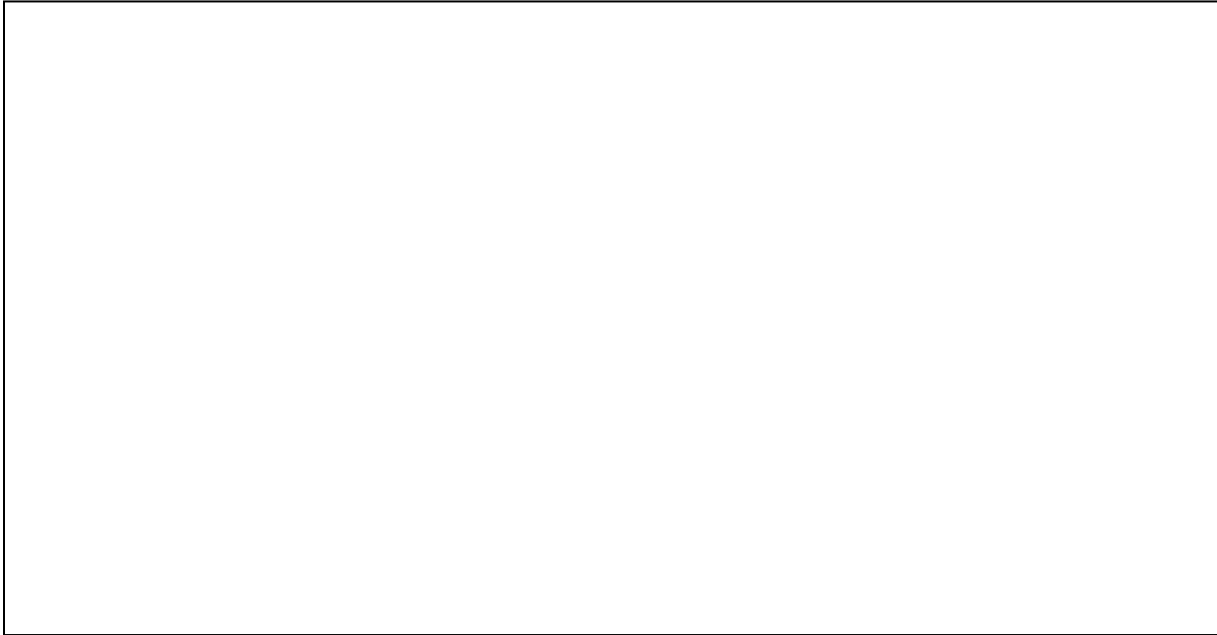
**Future Use of Transit Buses.** Explain how the new bus(es) will be used in the future. Please include information on whether the applicant expects ridership will increase, decrease, or maintain current levels.



**Transportation to Employment.** Explain how the new bus(es) will connect employees with employers.



**NOx Reduction.** Using the US Environmental Protection Agency Diesel Emissions Quantifier (DEQ) tool, please state the projected NOx benefit as a result of replacing the identified bus(es). Include a description of how bus replacement will mitigate the impacts of NOx emissions on communities that have historically borne a disproportionate share of the adverse impacts of these emissions. Applicant may attach supporting documentation to its application.



**Project Timeline.** Provide a detailed timeline for the replacement of each bus for which funding is requested. Include anticipated dates for ordering, delivery, placement in service and scrapping. All work must be completed by June 30, 2025.



#### **SECTION 4. PROJECT BUDGET**

Using the Appendix A Project Budget Excel spreadsheet, identify each bus proposed to be replaced and each proposed replacement vehicle. For each bus to be placed, include eligible costs for new purchases and scrapping in the highlighted columns. If more than one replacement request is made, buses must be listed below with the highest priority bus listed first, the second highest priority bus listed second, etc.

**SECTION 5. REQUIRED SIGNATURES**

**Applicant Authorized Representative**

The signatory below certifies that, to the best of his/her knowledge and belief, the information contained in the VW Mitigation Program Transit Capital Assistance Grant Program Application, including all attachments, is true, accurate and complete.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Applicant: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Governmental Unit Authorized Representative**

The signatory below certifies that, to the best of the his/her knowledge and belief, the information contained in the VW Mitigation Program Transit Capital Assistance Grant Program Application, including all attachments, is true, accurate and complete.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Governmental Unit: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Note: If more than one governmental unit will be subject to a shared revenue reduction, copy this page and submit a signed certification of an authorized signatory from each unit.