

**VW MITIGATION PROGRAM
TRANSIT CAPITAL ASSISTANCE GRANT PROGRAM APPLICATION
ROUND 3**



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 or a transit or transportation commission or authority or public corporation established by law or by interstate compact to provide mass transportation services and facilities or is comprised of 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/are 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. For BEB projects also requesting battery electric bus supply equipment (e.g. infrastructure), include details on project costs, location, management, and implementation.

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



Disproportionate Burden Impact and NOx Reduction. Please provide accurate and complete fleet data on Appendix A – Project Budget. DOA will calculate the projected NOx reduction as a result of replacing the identified bus(es) using the U.S. Environmental Protection Agency Diesel Emissions Quantifier (DEQ) tool. In the space below, 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 in Appendix A Project Budget Excel spreadsheet. Include anticipated dates for ordering, delivery, placement in service and scrapping. All work must be completed by December 31, 2026. In the space below, include additional narrative on the project timeline the Applicant believes is relevant. Applicant may attach supporting documentation to its application.

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 replaced, include requested replacement costs for new purchases. For BEB replacement projects also requesting battery electric bus supply equipment (e.g. infrastructure), include requested costs. Include detail for projects requesting infrastructure in Section 3. Future Use of Transit Buses. If more than one replacement request is made, buses must be listed 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 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.