



# Diesel Replacement Rebate Year 2

## Application

Refer to the Program Guide for Program requirements

Please submit one application per project. Applicants with multiple projects may submit multiple applications. Please note that project information may be shared with all funding parties.

### Applicant info

Organization Name \_\_\_\_\_

Organization Type \_\_\_\_\_

This organization is submitting multiple applications  Yes  No

If yes, please number applications here \_\_\_\_

Applicant Business Address \_\_\_\_\_

Applicant Mailing Address (if different) \_\_\_\_\_

Primary Contact Name \_\_\_\_\_

Primary Contact Phone \_\_\_\_\_

Primary Contact Email \_\_\_\_\_

Secondary Contact Name \_\_\_\_\_

Secondary Contact Email \_\_\_\_\_

### Existing Vehicle

*Please fill out one application per vehicle being replaced*

Vehicle Type

School Bus  Transit Bus  Medium/Heavy Duty Truck\*

Shuttle Bus  Tour Bus  Agriculture Tractor  Nonroad Vehicle at a Port or Airport\*

*\*If selected, please indicate the vehicle's function \_\_\_\_\_*

Manufacturer \_\_\_\_\_

Model \_\_\_\_\_

Model year \_\_\_\_\_

Type of fuel (must be diesel) \_\_\_\_\_

MPG \_\_\_\_\_



Gross Vehicle Weight Rating (GVWR) \_\_\_\_\_  
Vehicle Weight Class \_\_\_\_\_  
Estimate Years of Remaining Life \_\_\_\_\_  
Estimate miles traveled per year \_\_\_\_\_

For **Nonroad Vehicles**, including tractors and those at ports and airports:

Engine Tier: \_\_\_\_\_  
Engine Horsepower: \_\_\_\_\_  
Operating hours each year for the last two years: \_\_\_\_\_

Is the existing vehicle fully operational? Operational vehicles must be able to start, move, and have all parts necessary to be operational  Yes  No

Does the applicant currently own and operate the existing vehicle in the state of Hawaii?

Yes  No

Did the applicant own and operate the existing vehicle during the two-year period prior to application?

Yes  No

Vehicle Area of Operation

Island \_\_\_\_\_

Primary County, if applicable \_\_\_\_\_

Primary City, if applicable \_\_\_\_\_

**Replacement Vehicle**

*Please read the Program Guide for to ensure replacement unit qualifies for funding*

Vehicle Type

School bus  Transit bus  Medium/Heavy Duty Truck\*

Shuttle Bus  Tour Bus  Agriculture Tractor  Nonroad Vehicle at a Port or Airport\*

*\*If selected, please indicate the Vehicle's function: \_\_\_\_\_*

Manufacturer \_\_\_\_\_

Model \_\_\_\_\_

Model year \_\_\_\_\_

Is this the most recent model year available? Yes No

Gross Vehicle Weight Rating (GVWR) \_\_\_\_\_

Vehicle Weight Class \_\_\_\_\_

Type of fuel (electric or hydrogen) \_\_\_\_\_

MPG equivalent \_\_\_\_\_

For **Nonroad Vehicles**, including tractors and those at ports and airports:

Engine Tier: \_\_\_\_\_

Engine Horsepower: \_\_\_\_\_

Is this vehicle a retrofit? \_\_\_\_ (vehicle must *not* be a retrofit)

Quoted Cost of new vehicle \_\_\_\_\_

Upload dated dealer quote

The quote(s) should be dated and include a complete breakdown of all material costs as applicable: vehicle, hardware, warranty costs, freight or shipping costs, installation costs, setup fees, and the sales tax with the percentage rate indicated.

**Replacement vehicles should resemble the original in form and function. Additional features may be added at owner's expense.**

Please list all additional and optional equipment or attachments separately in a line item format.

Upload additional features list, if applicable

If you plan to purchase an EV charger to accompany the battery-electric vehicle, please fill out the following:

*This will be part of overall project value. Hydrogen fueling stations are not eligible.*

Charger Brand \_\_\_\_\_

Charger Model \_\_\_\_\_

Charger level \_\_\_\_\_

Charger address once installed \_\_\_\_\_

Vendor Quoted price \_\_\_\_\_

Upload Vendor Quote

**Total project cost (vehicle and charger)** \_\_\_\_\_

Are you planning to apply (or have you already applied) for the Hawaii Energy charger rebate? yes no

If yes, what is your expected rebate? \_\_\_\_\_

**The maximum rebate available is 45% of total eligible costs.** Applicants must provide a minimum of 55% cost match. **The cost match *cannot* include funding from federal sources.** Please describe the proposed source of match funds below: \_\_\_\_\_

\_\_\_\_\_



The deadline for project completion is September 30, 2024. Extensions are possible but not guaranteed.

Please describe the steps your organization is taking to procure this vehicle, proposed timeline including expected delivery date.

---

---

---

---

SAMPLE