Project Semi-Annual AND Final Reporting Template Burden Statement for EPA Form Number 5900-692

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Instructions

Per grant agreement terms and conditions, this reporting template should be submitted 1) every 6 months throughout the project period of performance and 2) a Final Report (120-days after) the completion of the grant period. Please work with relevant parties (i.e., transportation contractor, bus dealer, etc.) to ensure information submitted is accurate. Information that is submitted on semi-annual reports should NOT be changed in future semi-annual report submissions unless approved by EPA. Please only update information for the specific quarter in which this report is being submitted. The grant recipient only needs to fill out shaded cells highlighted blue with a diagonal pattern (///). Cells highlighted yellow are simply for informative purposes and/or automated from other tabs in this spreadsheet. Please complete tabs in this workbook according to the instructions below.

If you have questions about applicability of a particular fields or tables, please reach out to your Project Officer and refer to your grant's Terms and Conditions.

Excel Workbook Tab	<u>Definition</u>
1. Instructions	Basic instructions for all worksheets in this reporting workbook.
2. Work Plan	The tab should be completed within the first month of working with your project officer and reflects the approved work plan. For school district applicants, only the first row of Table 2 will be completed. For third-party applicants, please list all school-district beneficiary information. Please refer to the School District data definitions on tab 12 (Data Dictionary) for additional guidance on each field.
3. Amendments	The Amendments tab should be used to update any changes in bus numbers, charger numbers, and/or funding amounts post-award. Please update this tab on an annual basis at the end of each year of project performance and at project closeout.
4. Financial Summary	Financial summary for the entire grant period of performance. Please only complete shaded cells highlighted blue with a diagonal pattern (///) that contain grantee and original project budget information. Other cells on this worksheet will automatically feed from information in tabs 3-5 (Year 1-Year 3). If a modification to the grant is approved, please update the financial tabs accordingly.
5. Year 1	Financial summary for the first year of the project period. For each semi-annual report, please complete all financial and narrative descriptive cells highlighted blue with a diagonal pattern (///) for each period the report is submitted. Other cells in this worksheet are informative or may be automated from subsequent tabs. Below the financial information, please ensure to complete the programmatic questions regarding the grant.
6. Year 2	Financial summary for the second year of the project period if grant period of performance is longer than one year. For each semi-annual report, please complete all shaded financial and narrative descriptive cells highlighted blue with a diagonal pattern (///) for each period the report is submitted. Other cells in this worksheet are informative or may be automated from subsequent tabs. Below the financial information, please ensure to complete the programmatic questions regarding the grant.
7. Year 3	Financial summary for the third year of the project period if grant period of performance is longer than two years. For each semi-annual report, please complete all shaded financial and narrative descriptive cells highlighted blue with a diagonal pattern (///) for each period the report is submitted. Other cells in this worksheet are informative or may be automated from subsequent tabs. Below the financial information, please ensure to complete the programmatic questions regarding the grant.

8 CSB Priorities	The tab should be completed based upon community engagement, sustainability, workforce development, project resiliency, and/or leveraging of additional external funds commitments defined in the proposed workplan. Please complete this tab SEMI-ANNUALLY, if the proposed workplan committed to ANY community engagement, sustainability, workforce development, project resiliency, and/or leveraging of additional external funds commitments as referred to in the evaluation metrics defined in the NOFO. During each semi-
	annual reporting period of the project period of performance, please complete updates on these defined project commitments. The final report submission for the project should contain the end results of community engagement, sustainability, workforce development, project resiliency, and/or leveraging of additional external funds commitments completed during the project period.
9. Fleet Description	The Fleet Description should detail all vehicles impacted under the project. The Fleet Description should be updated semi-annually with all vehicle upgrades completed. Please only fill out shaded cells highlighted blue with a diagonal pattern (///). For third-party applicants, please list ALL school districts in this one worksheet. You do NOT need to make a separate worksheet for each school district. This Fleet Description is broken into two sections: 1) Current Vehicle Information and 2) New Vehicle Upgrade Information. The sheet has capacity for 100 vehicles. Please refer to the Fleet Description data definitions on tab 12 (Data Dictionary) for additional guidance on each field.
10. EV Infrastructure	The EV Infrastructure Description should detail all electric vehicle supply equipment (EVSE) and supporting infrastructure purchased under the project. For third-party and large school districts applicants, the EV Infrastructure needs to be listed by school district and/or city. That is, if School District A and School District B are procuring the same EVSE, the EVSE Equipment Information with appear as two separate EV Infrastructure Groups. Similarly, for large school districts, if EV infrastructure is being installed in two different locations, the EVSE equipment information needs to appear as two separate EV Infrastructure Groups. The EV Infrastructure worksheet should be updated as EVSEs are procured and installed. Please only fill out shaded cells highlighted blue with a diagonal pattern (///); however, additional rows may be add as needed to capture all EVSEs. Please refer to the EV Infrastructure data definitions on Tab 12 (Data Dictionary) for data field definitions. Reminder: All Level 2 EVSEs must be ENERGY STAR certified.
11. Final Report	Final project details including actual emission and programmatic results. Please only complete shaded cells highlighted blue with a diagonal pattern (///). The final report submission for the project should contain the end results of community engagement, sustainability, workforce development, project resiliency, and/or leveraging of additional external funds commitments completed during the project period.
12. Data Dictionary	Please refer to the dictionary on this tab for support in completing the Fleet Description (tab 9) and EV Infrastructure (tab 10).

> U. S. i Clea

 Grant Recipient
 0

 Program FY
 0

 Grant Number
 0

 Project Title
 0

EPA Project Award Amount
Estimated EPA Funds for Bus
Estimated EPA Funds for CNG buse
Estimated EPA Funds for Propane L
Estimated EPA Funds for Electric bu

Instructions

Please complete above Financial Summary and Tables 1-4 below on this tab using information from your approved workplan. The grant requellow are simply for informative purposes and/or automated from other tabs in this spreadsheet.

Table 1. Project Summary and Approach

Please use the space provided to add a short narrative description of the project summary and approach to cover anything not captured in of the application can be used here.

Please complete the following table of information. For school district applicants, only the first row will be completed. For third-party are being used for the purchase of EV Charges, please include these chargers in the number counts (columns N and O), and then recon

School District Summary **School District Name** NCES# State County Prioritized City Zip School District A 1234567 Phoenix 85308 ΑZ Maricopa County Yes Totals 0 0

Table 3. CSB Priorities

A. Community Engagement

Does the workplan demonstrate actions and/or commitments to engage communities? If no, please jump to the next section, "Project Su complete the rest of this section.

Expiration Date: 04/30/2027 1. How does the workplan demonstrate engagement with the communities identified above, especially local residents, to ensure their mea planning, and performance of the project? **B. Project Sustainability** Does the workplan demonstrate actions and/or commitments to promote sustainable project results and benefits? If no, please jump to tl Development". If yes, please complete the rest of this section. 1. How does the workplan demonstrate that project results and benefits will be sustainable and that the applicant and project partners ha emissions from school buses after EPA funding for the project has ended? C. Workforce Development Does the workplan demonstrate actions and/or commitments to promote workforce development? If no, please jump to the next section please complete the rest of this section. 1. How does the workplan demonstrate a plan to prepare the workforce for the project? D. Project Resilience Does the workplan demonstrate actions and/or commitments to promote project resilience to extreme weather impacts? If no, please j Leveraging of Additional External Funds". If yes, please complete the rest of this section. 1. How does the workplan demonstrate planning or action taken towards building project resilience and reducing vulnerabilities to extreme E. Other Leveraged Funds Does the workplan demonstrate that the recipient has leveraged or plans to leverage additional external funds in order to support prop please jump to the next table, "Timeline and Milestones". If yes, please complete the rest of this section. 1. How does the workplan demonstrate that the recipient has leveraged or plans to leverage additional external funds in order to support will be used to contribute to the performance and success of the project?

Table 4. Timeline and Milestones

OMB Control Number: 2060-0754

Please use the rows below to indicate key project milestones and activities, the timeline for each, and the responsible party for each miles represented either as the expected month(s) each activity/milestone will take place (ex., September 2024, September 2024 - December 20 represented with descriptors such as "continuous," "ongoing," or otherwise described in relation to other activities and milestones (ex., Additional rows may be added as needed.

Timeline	Milestone/Activity	Ro

Environmental Protection Agency n School Bus (CSB) Grant Program

Work Plan

Financial Summary				
\$			-	
	\$ -	Estimated EPA Funds for EV Chargers	\$ -	
'S		Estimated EPA Funds for AC Level 2 Chargers		
ouses		Estimated EPA Funds for DC Level 3 Chargers		
ıses				

cipient only needs to fill out shaded cells highlighted blue. Cells highlighted

Table 2.	Work Plan.	Language f	rom the Pr	oiect Sumr	nary and A	Approach s	section
		2011/2010/20 /		0,000 00		.pp. 00.0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

Table 2. Work Plan

applicants, please list all school-district beneficiary information. Please refer to the School District data definitions on tab 12 (Data Dictionary d \$0 in cells M8 and M9 of the Financial Summary table above.

		Proposed Fleet			
Self-Certified as Prioritized	Non-Attainment or Maintenance Area	Proposed Number of CNG Buses	Proposed Number of Propane Buses	Proposed Number of Electric Buses	Total Number of Buses
Yes - Large SD with 80% Title I	Yes	5	5	20	30
					0
					0
					0
					0
					0
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					0
					0
					0
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stainability". If yes, please	(Y or N or N/A)

OMB Control Number: 2060-0754 Expiration Date: 04/30/2027 aningful participation with respect to the design, (Y or N or N/A) ne next section, "Workforce ve the ability to promote and continue efforts to reduce (Y or N or N/A) n, "Project Resilience". If yes, (Y or N or N/A) ump to the next section, e weather impacts? osed project activities? If no. (Y or N or N/A) proposed project activities, as well as how these funds

tone and activity. Timeline can be 924, etc.), or, if applicable, can be 1 month after activity X). Note:
esponsible Party

) for additional guidance on each field. If other, non-EPA funds

	Proposed EV Chargers	
Proposed Number of AC Level 2 Charger	Proposed Number of DC Level 3 Charger	Total Number of Chargers
10	5	15
		0
		0
		0
		0
		0
		0
		0
		0
		0
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U. S. Environmental Protection Agency Clean School Bus (CSB) Grant Program

Amendments

Instructions

Please use this tab to indicate any changes in bus numbers, charger numbers, and/or funding amounts post-award. Fill out this tab at the end of each y

Were there any changes to bus numbers, charger numbers, and/or funding amounts in Year 1 of the project period of performance? If yes, please indicate the change(s) using the table below.	
Were there any changes to bus numbers, charger numbers, and/or funding amounts in Year 2 of the project period of performance? If yes, please indicate the change(s) using the table below.	
(If applicable based on project period length) Were there any changes to bus numbers, charger numbers, and/or funding amounts in Year 3 of the project period of performance? If yes, please indicate the change(s) using the table below.	

Update Year	Type of Amendment	School District Name	NCES ID	Original Vehicle or Eligible Infrastructure Component Type	
(Select Year)	(Select Amendment Type)				
(Select Year)	(Select Amendment Type)				
(Select Year)	(Select Amendment Type)				
(Select Year)	(Select Amendment Type)				
(Select Year)	(Select Amendment Type)				
(Select Year)	(Select Amendment Type)				
(Select Year)	(Select Amendment Type)				
(Select Year)	(Select Amendment Type)				
(Select Year)	(Select Amendment Type)				
(Select Year)	(Select Amendment Type)				
(Select Year)	(Select Amendment Type)				
(Select Year)	(Select Amendment Type)				
(Select Year)	(Select Amendment Type)				
(Select Year)	(Select Amendment Type)				
(Select Year)	(Select Amendment Type)				
(Select Year)	(Select Amendment Type)				
(Select Year)	(Select Amendment Type)				
(Select Year)	(Select Amendment Type)				

Expiration Date: 04/30/2027
ear of project performance.

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	Number of Amendments By Year	Change in Funding Amount by Year
Project Year 1	0	\$ -
Project Year 2	0	\$ -
Project Year 3	0	\$ -

able 5. Post-Award Amendme	ents			
Updated Vehicle or Eligible Infrastructure Component Type	Original Quantity of Vehicle or Eligible Infrastructure Component	Updated Quantity of Vehicle or Eligible Infrastructure Type	If 'Other Changes' selected as Type of Amendment, please describe here	Original Funding Request Amount

Updated Funding Request Amount	Change in Funding Amount
	\$ -
	\$ -
	\$ -
	\$ -
	\$ -
	\$ -
	\$ -
	\$ -
	\$ -
	\$ -
	\$ -
	\$ -
	\$ -
	\$ -
	\$ -
	\$ -
	\$ -
	\$ -

U. S. Environmental Protection Agency
Clean School Bus (CSB) Grant Program
Financial Summary - Project Lifetime

Grant Recipient	
Program and Fiscal Year	
Grant Number	
Project Period of Performance	
Project Title	

Federal (EPA) Project Award Amount	\$ -
Total Other Leveraged Funds	\$ -
Federal (EPA) Funds Expended to Date	\$ -
Federal (EPA) Funds Remaining	\$ -

	Table 6. Sumn	nary Rate of Expenditure	
			s will reflect automatically from for additional guidance on each
Financial Summary	Project Budget	Total Expenses to Date	Remaining Balance
EPA Funds			
Personnel		\$ -	\$ -
Fringe Benefits		\$ -	\$ -
Travel		\$ -	\$ -
Equipment		\$ -	\$ -
Supplies		\$ -	\$ -
Contractual		\$ -	\$ -
Construction		\$ -	\$ -
Other		\$ -	\$ -
Direct Cost Total	\$	- \$	\$ -
Indirect Charges		\$ -	\$ -
TOTALS	\$	- \$ -	\$ -
Other Leveraged Funds		-	\$ -

	Table 7. Aı	nnual Rate of Expenditure	
No Ei	ntry Needed - ALL numbers	will reflect automatically from s	ubsequent tabs.
Financial Summary	Year 1	Year 2	Year 3 (if applicable)
EPA Funds			
Personnel	\$	- \$	- \$ -
Fringe Benefits	\$	- \$	- \$ -
Travel	\$	- \$	- \$ -
Equipment	\$	- \$	- \$ -
Supplies	\$	- \$	- \$ -
Contractual	\$	- \$	- \$ -
Construction	\$	- \$	- \$ -
Other	\$	- \$	- \$ -
Direct Cost Total	\$	- \$	- \$ -
Indirect Charges	\$	- \$	- \$ -
TOTALS	\$	- \$	- \$ -
Other Leveraged Funds	\$	- \$	- \$

U. S. Environmental Protection Agency
Clean School Bus (CSB) Grant Program
Financial and Narrative Summary - Year 1

Grant Recipient	0	Total EPA Funds Expended: Year 1	\$ -
Grant Number	0	Reporting Cadence	
Project Title	0	Project Reporting Period	

Enter Dates For this		Reportin	g Period	
Reporting Period	Jan-Jun of Year 1	Jul-Dec of Year 1		
EPA Funds				
Personnel				
Fringe Benefits				
Travel				
Equipment				
Supplies				
Contractual				
Construction				
Other				
Direct Cost Total	\$ -	\$	- \$	\$
Indirect Charges				
TOTALS	\$ -	\$	- \$ -	\$

Table 8. Year 1 Annual Rate of Expenditure

Table 9. Project Updates - Narrative Responses Record and update project updates below.

		U. S. Environmental Protection Agency
		Clean School Bus (CSB) Grant Program
		Financial and Narrative Summary - Year 1
Grant Recipient	0	Total EPA Funds Expended: Year 1 \$
Grant Recipient Grant Number	0	Total EPA Funds Expended: Year 1 \$ - Reporting Cadence

Please paste the planned activities, outputs, and outcome from the submitted workplan information. Provide updates and if any changes occurred, please provide that information accordingly. In the 'Prog use the dropdown to indicate if the activity is 1) Not yet started, 2) In progress, or 3) Completed.

Activities	Anticipated Outputs	Anticipated Outcomes			to Date	
			Jan-Jun of Year 1	Jul-Dec of Year 1		Write I

Please provide programmatic and narrative financial updates on the project. As reports are submitted, indicate updates or changes for each reporting period. For each reporting period, please indicate if the period. If yes, please provide an explanation in the subsequent cell.

Question	Jan-Jun of Year 1 Update	Jul-Dec of Year 1 Update	
Provide a comparison of actual accomplishments to the objectives established for the reporting period.			

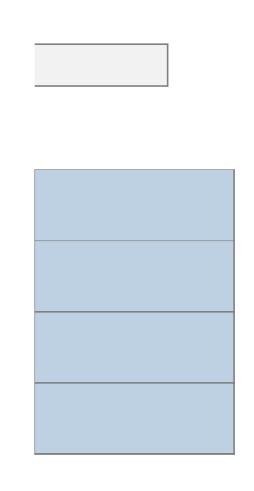
U. S. Environmental Protection Agency Clean School Bus (CSB) Grant Program Financial and Narrative Summary - Year 1							
Grant Recipient Grant Number Project Title	0 0 0		Total EPA Funds Expended: Year 1 Reporting Cadence Project Reporting Period		\$		
		Table 8. Year 1 Annual Rate of Exper	nditure				
2. If anticipated outputs/o timelines/milestones are r Did you encounter any pro reporting period which ma meeting project objectives	not met, why not? oblems during the ay interfere with						
3. If any other external fur this reporting period in Tal the source of the funds.	ids are reported for ble 8 above, identify						
4. Have there been any ma changes during this report							
5. Did any public relations this grant take place durin period?	events regarding g the reporting						
6. Are you using websites to relay information about public?	or other tools used this grant to the						
7. What project activities a next reporting period?	are planned for the						
8. Was any program incom the reporting period? Ider program income, how it w how the program income	ntify amount of vas generated, and						

					mental Protection Agency		
					l Bus (CSB) Grant Program	_	
				Financial and	Narrative Summary - Year	1	
Grant Recipient Grant Number	0 0			Total EPA Fund Reporting Cade	s Expended: Year 1	\$	
Project Title	0			Project Reporti	ng Period		
-							_
		Table 8.	. Year 1 Annual Rate of Expe	nditure			
9. Have any vehicles or act those included in the final	tivities changed from workplan?						
10. Do you have any other feedback?	comments or						
9. Have any school buses c from those included in the	or activities changed e final workplan?						
10. Do you have any other feedback?	comments or						

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U.S. EPA Office of Transportation and Air Quality Transportation and Climate Division

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ress to Date' column, please		
Progress Notes		
pelow, as appropriate.		
	l	
nere was a change from the pre	vious reporting	



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U. S. Environmental Protection Agency	Г
Clean School Bus (CSB) Grant Program	
Financial and Narrative Summary - Year 2	

Grant Recipient	0
Grant Number	0
Project Title	0

Total EPA Funds Expended: Year 2
Reporting Cadence
Project Reporting Period

Table 10. Year 2 Annual Rate of Expenditure

Record and update project expenses at each interval according to the reporting cadence determined by your Project Officer. Previous fields should remain and edits should be made to the reporting period being submitted. Note the table will update based upon the Reporting Cadence field, selected above.

Enter Dates For this Reporting	Reporting Period			
Period	Jan-Jun of Year 2	Jul-Dec of Year 2		
EPA Funds				
Personnel				
Fringe Benefits				
Travel				
Equipment				
Supplies				
Contractual				
Construction				
Other				
Direct Cost Total	\$ -	\$ -	\$ -	\$ -
Indirect Charges				
TOTALS	\$ -	\$ -	\$ -	\$ -
Other Leveraged Funds				

Table 11. Project Updates - Narrative Responses Record and update project updates below.

Please paste the planned activities, outputs, and outcome from the submitted workplan information. Provide updates and if any changes occurred, pleas please use the dropdown to indicate if the activity is 1) Not yet started, 2) In progress, or 3) Completed.

Activities	Anticipated Outputs	Anticipated Outcomes		Progres
			Jan-Jun of Year 2	Jul-Dec of Year 2

Please provide programmatic and narrative financial updates on the project. As reports are submitted, indicate updates or changes for each reporting pequarter. If yes, please provide an explanation in the subsequent cell.

Question	an-Jun of Year 2 Update	Jul-Dec of Year 2 Update
----------	-------------------------	--------------------------

Provide a comparison of actual accomplishments to the objectives established for the reporting period.	
2. If anticipated outputs/outcomes and/or timelines/milestones are not met, why not? Did you encounter any problems during the reporting period which may interfere with meeting project objectives?	
3. If any other external funds are reported for this reporting period in Table 10 above, identify the source of the funds.	
4. Have there been any major personnel changes during this reporting period?	
5. Did any public relations events regarding this grant take place during the reporting period?	
6. Are you using websites or other tools used to relay information about this grant to the public?	
7. What project activities are planned for the next reporting period?	
8. Was any program income generated during the reporting period? Identify amount of program income, how it was generated, and how the program income was/will be used.	
9. Have any vehicles or activities changed from those included in the final workplan?	
10. Do you have any other comments or feedback?	

e provide that information accordingly. In the 'Progress to Date' column,

to Date	Progress Notes
	Write below, as appropriate.

eriod. For each reporting period, please indicate if there was a change from the previous

U. S. Environmental Protection Agency
Clean School Bus (CSB) Grant Program
Financial and Narrative Summary - Year 3

nt Recipient	0	Total EPA Funds Expended: Year 3	\$
Grant Number	0	Reporting Cadence	
Project Title	0	Project Reporting Period	

Table 12. Year 3 Annual Rate of Expenditure

Record and update project expenses at each interval according to the reporting cadence determined by your Project Officer. Previous fields should remain and edits should be made to the reporting period being submitted. Note the table will update based upon the Reporting Cadence field, selected above.

Enter Dates For this	Reporting Period			
Reporting Period	Jan-Jun of Year 3	Jul-Dec of Year 3		
EPA Funds				
Personnel				
Fringe Benefits				
Travel				
Equipment				
Supplies				
Contractual				
Construction				
Other				
Direct Cost Total	\$ -	\$ -	\$ -	\$ -
Indirect Charges				
TOTALS	-	-	\$ -	\$ -
Other Leveraged Funds				

Table 13. Project Updates - Narrative Responses Record and update project updates below.

Please paste the planned activities, outputs, and outcome from the submitted workplan information. Provide updates and if any changes occurred column, please use the dropdown to indicate if the activity is 1) Not yet started, 2) In progress, or 3) Completed.

Activities	Anticipated Outputs	Anticipated Outcomes		Progres
			Jan-Jun of Year 3	Jul-Dec of Year 3

Please provide programmatic and narrative financial updates on the project. As reports are submitted, indicate updates or changes for each repor previous reporting period. If yes, please provide an explanation in the subsequent cell.

Question	Jan-Jun of Year 3 Update	
Provide a comparison of actual accomplishments to the objectives established for the reporting period.		
2. If anticipated outputs/outcomes and/or timelines/milestones are not met, why not? Did you encounter any problems during the reporting period which may interfere with meeting project objectives?		
3. If any other external funds are reported for this reporting period in Table 12 above, identify the source of the funds.		
4. Have there been any major personnel changes during this reporting period?		
5. Did any public relations events regarding this grant take place during the reporting period?		
6. Are you using websites or other tools used to relay information about this grant to the public?		
7. What project activities are planned for the next reporting period?		
8. Was any program income generated during the reporting period? Identify amount of program income, how it was generated, and how the program income was/will be used.		
9. Have any vehicles or activities changed from those included in the final workplan?		

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10. Do you have any other comments or feedback?			

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I, please provide that information accordingly. In the 'Progress to Date'

s to Date		Progress Notes	
		Write below, as appropriate.	

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ting period. For each reporting period, please indicate if there was a change from the $\,$

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U. S. Environmental Protection Agency Clean School Bus (CSB) Grant Program

CSB Priorities

Grant Recipient	0
Program FY	0
Grant Number	0
Project Title	0

Instructions

Please complete this tab if your organization committed to ANY community engagement, sustainability, workforce development, project resiliency, or leveraging of additional external funds actions or commitments in your application, as referred to in the evaluation metrics defined in section V.A. Evaluation Criteria in the NOFO. Only cells shaded in blue need to be filled out; cells shaded in yellow will automatically populate based on information entered in earlier tabs. If planned activities or commitments changed between the submitted application and approved workplan, please indicate on the first question below. Please use the downs for columns to indicate any updates that occurred during the reporting period indicating continued progress towards commitments. At the end of each of the sections below, there is a cell to provide additional narrative responses, as appropriate. For narrative responses, please include at least 1-2 sentences. Please take care to ensure all questions are answered; the final question is on row 142 of this sheet.

Did any planned activities or commitments change between the submitted application and the approved workplan? (Y or N or N/A) If no, please jump to the next section, "Prioritized Communities and Withdrawn Participants." If yes, please provide context and details to the approved changes (example: the number of school buses was reduced due to partial funding).

Table 14. Prioritized Communities and Withdrawn Participants							
1. Did the workplan demonstrate that the project will benefit school district(s) that meet one or more of the criteria for prioritization listed in the NOFO in Section I.B? Specifically, communities served by high-need local educational agencies; rural school districts; Bureau of Indian Affairs-funded school districts; and school districts receiving basic support payments for children who reside on Indian land? Or did the proposed workplan demonstrate that the project will benefit school district(s) that self-certified their prioritization status?					(Y or N or N/A)		
beneficia	2. Did any of the school district beneficiaries from the workplan decide to no longer participate in the project? If yes, please use the rows below to indicate which school district beneficiaries withdrew their participation from the project, and if applicable, please note what school district beneficiary was chosen as a replacement. Note: Please add additional rows as needed.						(Y or N or N/A)
Wi	ithdrawn School District Beneficiary	NCES ID	Prioritization Status on Prioritized District List or Self-Certified	Date of Withdrawal	Brief Description of Reason for Withdrawal	Replacement School District Beneficiary (use "N/A" if school district beneficiary not replaced)	NCES ID
			(Y or N or N/A)	Select Reporting Period			
			(Y or N or N/A)	Select Reporting Period			
			(Y or N or N/A)	Select Reporting Period			
			(Y or N or N/A)	Select Reporting Period			
			(Y or N or N/A)	Select Reporting Period			
			(Y or N or N/A)	Select Reporting Period			

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	2. For any school district(s) prioritized under self-certification Category 2B, which identifies a sub-group of schools within the district receiving Title I funding, are the buses serving this school district(s) continuing to primarily serve the sub-group of Title I funded schools? If no, please provide an explanation below.			(Y or N or N/A)
Tak	ole 15. Community Engagement			
	Did the workplan demonstrate actions and/or commitments to engage communities? If no, please jumest of this section.	p to the next section, "Project Sustainab	ility". If yes, please complete the	(Y or N or N/A)
	1. How did the workplan demonstrate engagement with the communities identified above, especially local residents, to ensure their meaningful participation with respect to the design, planning, and performance of the project?			
	Policy/Process to Engage Communities and Point of Contact	Application	Status Update	Reporting Period Completed
	1. Did the workplan for this project demonstrate that the recipient and/or project partner(s) has an existing clear point of contact in a public platform (e.g., newsletter, website) for community issues and complaints (specific to air quality or broader) and a publicly documented policy or process to engage communities and get their input on operations and projects that impact air quality? The process could be a meeting in the past year and/or a policy or process to have a meeting or otherwise get input (e.g., a standing citizens advisory committee). Please include any narrative details in question 2.			
	1.a. If no, did the workplan for this project demonstrate that the recipient and/or project partner(s) commit to completing one before the end of the project period?	(Y or N or N/A)		
	1.b. To date, has the recipient and/or project partner(s) completed this commitment?		Select Status	Select Reporting Period
2. Please provide any additional details and/or a status update to be provided for this category, including but not limited to the URL(s) where the public can find the clear point of contact and policy or process; a description of the point of contact and policy or process; and any other relevant information. Please use the drop downs under 'Please Select One' to indicate which year the update was completed. Note: Do not delete data from prior quarterly reports. If providing updates for multiple quarters in one year, please indicate all updates in the same cell.				
				Please Select One
				Please Select One
				Please Select One

d the workplan demonstrate actions and/or commitments to promote sustainable project results and books, please complete the rest of this section.	(Y or N or N/A)			
1. How did the workplan demonstrate that project results and benefits will be sustainable and that the applicant and project partners have the ability to promote and continue efforts to reduce emissions from school buses after EPA funding for the project has ended?				
A. Zero-Emission Projects For non-ZE projects, skip to part B.	Application	Status Update	Reporting Period Completed	
A1. Did the workplan for this project demonstrate coordination and/or consultation with utilities on the feasibility of the project? This could include, but is not limited to, discussion with utilities on project charging needs, project upgrade needs, project costs, rates for future service, and/or the timeframe for necessary upgrades. Please include any narrative details in question A2.	(Y or N or N/A)			
A1.a. If no, did the workplan for this project demonstrate that the recipient and/or project partner(s) commit to such coordination before the end of the project period?	(Y or N or N/A)			
A1.b. To date, has the recipient and/or project partner(s) completed this commitment?		Select Status	Select Reporting Period	
A2. Please provide additional details and any relevant status updates for this section, including but not limited to describing the extent of coordination with utilities, noting the timing and frequency of discussions with utilities, and any project decisions impacted by these discussions. Please use the drop downs under 'Please Select One' to indicate which year the update was completed. Note: Do not delete data from prior quarterly reports. If providing updates for multiple quarters in one year, please indicate all updates in the same cell.				
			Please Select One	
			Please Select One	
			Please Select One	
B. Non Zero-Emission Projects	Application	Status Update	Reporting Period Completed	
B1. Did the workplan for this project demonstrate that the recipient and/or project partner(s) have existing idle reduction policies? <i>Please include any narrative details in question B4</i> .	(Y or N or N/A)			
B1.a. If no, did the workplan for this project demonstrate that the recipient and/or project partner(s) commit to completing one before the end of the project period?	(Y or N or N/A)			
B1.b. To date, has the recipient and/or project partner(s) completed this commitment?		Select Status	Select Reporting Period	
B2. Did the workplan for this project demonstrate that the recipient and/or project partner(s) have contract specifications requiring the use of cleaner, more efficient vehicles and equipment? <i>Please include any narrative details in question B4</i> .	(Y or N or N/A)			
B2.a. If no, did the workplan for this project demonstrate that the recipient and/or project partner(s) commit to completing one before the end of the project period?	(Y or N or N/A)			
B2.b. To date, has the recipient and/or project partner(s) completed this commitment?		Select Status	Select Reporting Period	
B3. Did the workplan for this project demonstrate that the recipient and/or project partner(s) have adopted other strategies to promote and continue efforts to reduce diesel emissions? If yes, please describe the other policies in more detail below. <i>Please include any narrative details in question B4</i> .	(Y or N or N/A)			

B3.a. If no, did the workplan for this project demonstrate that the recipient and/or project partner(s) commit to adopting one or more strategies before the end of the project period?	(Y or N or N/A)			
B3.b. To date, has the recipient and/or project partner(s) completed this commitment?		Select Status	Select Reporting Period	
B4. Please provide additional details and any relevant status updates for this section, including but not limited to descriptions of idle reduction policies, contract specifications, and/or any additional diesel emission reduction strategies, as well as any changes made to these throughout the project period. Please use the drop downs under 'Please Select One' to indicate which year the update was completed. Note: Do not delete data from prior quarterly reports. If providing updates for multiple quarters in one year, please indicate all updates in the same cell.				
			Please Select One	
			Please Select One	
			Please Select One	
Table 17 Workforce Development				

Table 17. Workforce Development				
Did the workplan demonstrate actions and/or commitments to promote workforce development? If no, please jump to the next section, "Project Resilience". If yes, please complete the rest of this section.			(Y or N or N/A)	
1. How did the workplan demonstrate a plan to prepare the workforce for the project?				
	Application	Status Update	Reporting Period Completed	
2. Did the workplan for this project demonstrate that current drivers, mechanics, electricians, and other essential personnel have received training to safely operate and maintain the new buses and infrastructure? This could include the establishment of workforce training programs for zero emission vehicles and charging infrastructure. Please include any narrative details in question 6.	(Y or N or N/A)			
2.a. If no, did the workplan for this project demonstrate that the recipient and/or project partner(s) commit to ensuring current drivers, mechanics, electricians, and other essential personnel receive training to safely operate and maintain the new buses and infrastructure before the end of the project period?	(Y or N or N/A)			
2.b. To date, has the recipient and/or project partner(s) completed this commitment?		Select Status	Select Reporting Period	
3. Did the workplan for this project demonstrate that the recipient and/or project partner(s) have clarified protections to ensure existing workers are not replaced or displaced because of new technologies? Please include any narrative details in question 6.	(Y or N or N/A)			
3.a. If no, did the workplan for this project demonstrate that the recipient and/or project partner(s) commit to clarifying protections to ensure existing workers are not replaced for displaced because of new technologies before the end of the project period?	(Y or N or N/A)			
3.b. To date, has the recipient and/or project partner(s) completed this commitment?		Select Status	Select Reporting Period	

4. Did the workplan for this project demonstrate that the recipient and/or project partner(s) have increased the availability of domestic manufacturing and workforce for zero- and near-zero emission vehicles, engines, and other key components (e.g., batteries)? Please include any narrative details in question 6.	(Y or N or N/A)		
4.a. If no, did the workplan for this project demonstrate that the recipient and/or project partner(s) commit to increasing the availability of domestic manufacturing and workforce for zero- and near-zero emission vehicles, engines, and other key components (e.g., batteries) before the end of the project period?	(Y or N or N/A)		
4.b. To date, has the recipient and/or project partner(s) completed this commitment?		Select Status	Select Reporting Period
5. Did the workplan for this project demonstrate that the recipient and/or project partner(s) have other measures and/or policies in place to promote workforce development? If yes, please describe the other measures and/or policies in more detail below. <i>Please include any narrative details in question 6</i> .			
5.a. If no, did the workplan for this project demonstrate that the recipient and/or project partner(s) commit establishing measures and/or policies to promote workforce development before the end of the project period?	(Y or N or N/A)		
5.b. To date, has the recipient and/or project partner(s) completed this commitment?		Select Status	Select Reporting Period
project period. Please use the drop downs under 'Please Select One' to indicate which year the update quarters in one year, please indicate all updates in the same cell.	was completed. Note: Do not delete data	from prior quarterly reports. If prov	iding updates for multiple Please Select One
			Please Select One
			Please Select One
able 18. Project Resilience			
old the workplan demonstrate actions and/or commitments to promote project resilience to extreme would be desired in the complete the rest of this section.	eather impacts? If no, please jump to the	e next section, "Leveraging of	(Y or N or N/A)
1. How did the workplan demonstrate planning or action taken towards building project resilience and r	educing vulnerabilities to extreme weath	er impacts?	
	Application	Status Update	Reporting Period Completed

2. Did the workplan for this project demonstrate that the recipient and/or project partner(s) have

assessed and implemented extreme weather change adaptation considerations to help ensure that the project achieves its expected outcomes in the face of extreme weather? This could include assessing project vulnerability to local extreme weather impacts when making siting decision and operational plans, ensuring fleets and equipment are protected from extreme weather impacts, and/or protecting infrastructure from storm damage. Please include any narrative details in question 4.						
2.a. If no, did the workplan for this project demonstrate that the recipient and/or project partner(s) commit to assessing and implementing extreme weather adaptation considerations before the end of the project period?	(Y or N or N/A)					
2.b. To date, has the recipient and/or project partner(s) completed this commitment?		Select Status	Select Reporting Period			
3. Did the workplan for this project demonstrate that the recipient and/or project partner(s) have other measures and/or policies in place to promote project resilience to extreme weather impacts? If yes, please describe the other measures and/or policies in more detail below. Please include any narrative details in question 4.	(Y or N or N/A)					
3.a. If no, did the workplan for this project demonstrate that the recipient and/or project partner(s) commit establishing measures and/or policies to promote project resilience to extreme weather impacts before the end of the project period?	(Y or N or N/A)					
3.b. To date, has the recipient and/or project partner(s) completed this commitment?		Select Status	Select Reporting Period			
these assessments, and/or descriptions of any additional policies and measures to promote project resili- Please use the drop downs under 'Please Select One' to indicate which year the update was completed. It year, please indicate all updates in the same cell.			or multiple quarters in one			
			Please Select One			
			Please Select One			
			Please Select One			
Table 19. Leveraging of A	dditional External Funds					
Did the workplan demonstrate that the recipient has leveraged or plans to leverage additional externa to the next section, "Other". If yes, please complete the rest of this section.	funds in order to support proposed pro	oject activities? If no, please jump	(Y or N or N/A)			
1. How did the workplan demonstrate that the recipient has leveraged or plans to leverage additional external funds in order to support proposed project activities, as well as how these funds will be used to contribute to the performance and success of the project?						

(Y or N or N/A)

2. Please provide updates on proposed or secured additional external funds using the rows below. This should include additional external leveraged funds, but should *not* include applicant funds. Refer to the following definitions when selecting Status:

"Not Yet Started:" Funding is proposed but the application process has not yet begun
"In Progress:" The funding application or selection process is underway, but funds have not been awarded
"Awarded:" Funding has been officially awarded
"Not Awarded:" Funding that had been applied for was not awarded

Note: Please add additional rows as needed.

Source Name	Amount (\$)	Status	Reporting Period Awarded
		Please Select One	Select Reporting Period
		Please Select One	Select Reporting Period
		Please Select One	Select Reporting Period
		Please Select One	Select Reporting Period
		Please Select One	Select Reporting Period
		Please Select One	Select Reporting Period
		Please Select One	Select Reporting Period
		Please Select One	Select Reporting Period
		Please Select One	Select Reporting Period
		Please Select One	Select Reporting Period
odate below, including a description of how any secured funds are being use access of the project. If any proposed funding was not awarded, use the spa	ed to support proposed pro ace provided to indicate you	ject activities and how they are contributing to the performance and Ir plans to make up for these funds. Please use the drop downs under	
odate below, including a description of how any secured funds are being use access of the project. If any proposed funding was not awarded, use the spa lease Select One' to indicate which year the update was completed. Note: <i>L</i>	ed to support proposed pro ace provided to indicate you	ject activities and how they are contributing to the performance and Ir plans to make up for these funds. Please use the drop downs under	(Y or N or N/A)
Are there any updates to be provided or additional information for any prodate below, including a description of how any secured funds are being us ccess of the project. If any proposed funding was not awarded, use the spa lease Select One' to indicate which year the update was completed. Note: Eease indicate all updates in the same cell.	ed to support proposed pro ace provided to indicate you	ject activities and how they are contributing to the performance and Ir plans to make up for these funds. Please use the drop downs under	(Y or N or N/A) Please Select One
odate below, including a description of how any secured funds are being use ccess of the project. If any proposed funding was not awarded, use the spa lease Select One' to indicate which year the update was completed. Note: <i>L</i>	ed to support proposed pro ace provided to indicate you	ject activities and how they are contributing to the performance and Ir plans to make up for these funds. Please use the drop downs under	

OMB Control Number: 2060-0754
U.S. EPA Office of Transportation and Air Quality Expiration Date: 04/30/2027
U.S. EPA Office of Transportation and Air Quality Transportation and Climate Division

OTHER: Please provide any additional details or comments regarding community engagement, sustainability, workforce development, resiliency to extreme weather impacts, or leveraged additional external funds of the project.

> U. S. Environmental Prote Clean School Bus (CSB) Gr Fleet Descriptic

Instructions

The Fleet Description should detail all vehicles impacted under the project. The Fleet Description should be updated semi-annually witl third-party applicants, please list ALL school districts in this one worksheet. You do NOT need to make a separate worksheet for each s Upgrade Information. The sheet has capacity for 100 vehicles. Please refer to the Fleet Description data definitions on tab 12 (Data Di

Table 20. CURRENT VEHICLE INFORMATION

Information

Vehicle	Vehicle Identification Number (Use Capital Letters)	Vehicle Manufacturer	Vehicle Model	Baseline Vehicle Model Year	Baseline Engine Fuel Type
Example Vehicle	1N34FD78910113257	Manufacturer Name	Model Name or #	1995	Diesel
Vehicle 1					
Vehicle 2					
Vehicle 3					
Vehicle 4					
Vehicle 5					
Vehicle 6					
Vehicle 7					
Vehicle 8					
Vehicle 9					
Vehicle 10					
Vehicle 11					
Vehicle 12					
Vehicle 13					
Vehicle 14					
Vehicle 15					
Vehicle 16					
Vehicle 17					
Vehicle 18					
Vehicle 19					
Vehicle 20					
Vehicle 21					
Vehicle 22					
Vehicle 23					
Vehicle 24					
Vehicle 25					
Vehicle 26					

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Vehicle 27			
Vehicle 28			
Vehicle 29			
Vehicle 30			
Vehicle 31			
Vehicle 32			
Vehicle 33			
Vehicle 34			
Vehicle 35			
Vehicle 36			
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Vehicle 38			
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Vehicle 95			
Vehicle 96			
Vehicle 97			
Vehicle 98			
Vehicle 99			
Vehicle 100			

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h all vehicle upgrades completed. Please only fill out shaded cells highlighted blue with a diagonal pattern (///). For school district. This Fleet Description is broken into two sections: 1) Current Vehicle Information and 2) New Vehicle ctionary) for additional guidance on each field.

Engine Family Name (if unregulated, then N/A)	GVWR	Class	Odometer (in miles)	Annual Miles Traveled (miles per vehicle)	Annual Idling Hours (hours per engine)	Annual Amount of Fuel Used (gallons/year per engine)
N/A	10150	Class 6	140000	12000	1500	6000

Remaining Life of Baseline Engine/Vehicle	Vehicle Disposition/Replacement Process	Did the applicant request a scrappage waiver?	If sold or donated, provide the state in which the existing vehicle is expected to primarily operate (if known)	If sold or donated, provide the county in which the existing vehicle is expected to primarily operate (if known)
3	Approved Scrappage Waiver	Yes - waiver request rejected	SC	Marion County

Table 20b. Basic Fleet Information & Place(s) of Performance

Primary Place of Performance

Current Fleet Owner	Place of Performance: School District		Place of Performance: State	Place of Performance: County	Percentage of Time operated in this County
Sarah Smith	Warren 01	1234567	SC	Marion County	50%

		Secondary Place of Perfo	ormance (please complete	e if applicable)	
Place of Performance: City	Place of Performance: Zip Code(s)	Place of Performance: School District,	Place of Performance: NCES ID,	Place of Performance: State,	Place of Performance: County,
Springhill	22190	Great Hills	0563292	TN	Fulton

			Additional Location Deta	ails (please complete if ap	plicable)
Percentage of Time operated in this County	Place of Performance: City,	Place of Performance: Zip Code(s),	Additional Counties where Vehicle Operates	Additional School	Percent of Time Operated in Each Additional County
50%	Springfield	38420			

Table 21: NEW REPLACEMENT VEHICLE INFORMATION Table 21a. Upgrade

Year of Upgrade Action	VIN for New Vehicle(s)	New Vehicle Manufacturer	New Vehicle Model	New Vehicle Model Year
2023	12345678912E97695	Manufacturer Name	Model Name or #	2023
				FDA Form

					Table 21b. New Vehicl
New Engine or Vehicle Family Name	New Vehicle Fuel Type	New Vehicle GVWR	Upgrade Cost per Bus	Total Federal Funds Expended Per Bus (\$ of Total Cost per Unit)	New Vehicle Annual Idling Hours (hours per vehicle)
ABC	Electric	12000	\$ 375,000.00	\$ 325,000.00	N/A
					Form Number 5000 400

e Annual Activity Data		Table 21c. Zero Emissio	on Vehicle Data		
New Vehicle Annual Miles Traveled (miles per vehicle)	New Vehicle Annual Fuel Volume (estimated gallons/year for propane or CNG only)	New Vehicle Equipped with Auxiliary Heater? (Yes/No)	Auxiliary Heater Type (if not applicable, then N/A)	Capable of Bidirectional Charging? (Yes or No)	Estimate Range in Miles (for ZEV only)
12000	N/A	Yes	Spheros Thermo 300	Yes	125

Battery Capacity in kWh (for ZEV only)	Is the Battery Warranty Included? (Yes/No)	Battery Warranty: indicate Number of Years	Battery Warranty: Number of Miles	Battery Warranty: Total kWh of battery discharge	Powertrain Warranty Included? (Yes/No)
168	Yes	8	160,000	200,000	Yes

Powertrain: Number of Years	Powertrain: Number of Miles	Is the bus equipped with Telematics? (Yes/No)	EPA or its partners may contact me about participating in research opportunities to provide bus or EVSE data that could inform future transportation work. (Yes/No)
4	100,000	Yes	Yes

	Table 21d. New Vehicle Fleet Information Primary Place of Perf						
If Yes, Telematics Primary Point of contact (Name and email)	New Vehicle Fleet Owner	Does this bus operate in multiple school districts within this project? (Yes/No)					
Sarah Smith, smith.sarah@HSD.edu	Sarah Smith	Yes	Yes	Warren 01			

ormance						Secondary Place of I
Place of Performance: NCES ID	Place of Performance: State	Place of Performance: County	Percentage of Time operated in this County	Place of Performance: City	Place of Performance: Zip Code(s)	Place of Performance: School District,
1234567	SC	Marion County	50%	Springhill	22190	Great Hills

erformance						Additional Place of I
Place of Performance: NCES ID,	Place of Performance: State	Place of Performance: County,	Percentage of Time operated in this County	Place of Performance: City.	Place of Performance: Zip Code(s),	Additional Counties where Vehicle Operates
0563292	TN	Fulton	50%	Springfield	38420	

erformance	
Additional School Districts where	Percent of Time
Vehicle Operates (Name & NCES ID)	Operated in Each Additional County

> U. S. Environmental Protectio Clean School Bus (CSB) Grant Progra

EV Infrastructure Descrip

Instructions

Below are three tables (22-24). Please complete all three. The EVSE Equipment Information (Table 22) should detail all electric vehicle supply equipment Table 24 on battery storage systems. For all three tables, third-party and large school districts applicants, the infrastructure needs to be listed by school separate EVSE Groups. Similarly, for large school districts, if EVSE are being installed in two different locations, the EVSE needs to appear as two separate events and installed. Please only fill out shaded cells highlighted blue with a diagonal pattern (///); however, additional rows may be add as needed definitions. Reminder: All Level 2 EVSEs must be ENERGY STAR certified.

Build America, Buy America (BABA)

On November 15, 2021, the Infrastructure Investment and Jobs Act ("IIJA"), Pub. L. No. 117-58, which includes the Build America, Buy America Act (BA manufactured products, and construction materials used in a federally-funded infrastructure project are produced in the United States. If the EPA awa entire infrastructure project. For more information, please visit https://www.epa.gov/ports-initiative/cleanports#otaq-baba.

	Type of Charger	If Level 2, is it ENERGY STAR certified	EVSE Manufacturer	EVSE Model	EVSE Manufacture Year	
Example EV Infrastructure	Level 2	Yes	Manufacturer Name	Model Name	2023	
EVSE Group 1						
EVSE Group 2						
EVSE Group 3						
EVSE Group 4						
EVSE Group 5						
EVSE Group 6						
EVSE Group 7						
EVSE Group 8						
EVSE Group 9						
EVSE Group 10						
EVSE Group 11						
EVSE Group 12						
EVSE Group 13						
EVSE Group 14						
EVSE Group 15						

EVSE Group 16			
EVSE Group 16			
EVSE Group 17			
EVSE Group 17			
EVSE Group 18			
LV3E Gloup 10			
EVSE Group 19			
LVSL Gloup 17			
EVSE Group 20			
EVSE Group 21			
EVSE Group 22			
·			
EVSE Group 23			
EVSE Group 24			
EVSE Group 25			
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EVSE Group 26			
EVSE Group 27			
EVICE Communication			
EVSE Group 28			
EVSE Group 29			
LV3L GIOUP 27			
EVSE Group 30			
E V SE GI Sup SO			

	Type of energy generation	Manufacturer of On- site Power Generation	Model of On-site Power Generation	Manufacture Year of On-site Power Generation	Generation Capacity of the system (please indicate kW or MW)
Example On-site Power Generation	Solar	Manufacturer Name	Model Name	2023	15 kW
On-site Power Generation 1					
On-site Power Generation 2					
On-site Power Generation 3					
On-site Power Generation 4					
On-site Power Generation 5					

On-site Power Generation 6			
On-site Power Generation 7			
On-site Power Generation 8			
On-site Power Generation 9			
On-site Power Generation 10			

	Table 24. Battery E	nergy Storage System (BE	SS) Equipment Infor	mation	1
	Type of Battery	Manufacturer of BESS	Model of BESS	Manufacture Year of BESS	Energy Capacity (please indicate kWh or MWh)
BESS Example	Lithium-lon	Manufacturer Name	Model Name	2023	36kWh
BESS Group 1					
BESS Group 2					
BESS Group 3					
BESS Group 4					
BESS Group 5					
BESS Group 6					
BESS Group 7					
BESS Group 8					
BESS Group 9					
BESS Group 10					

n Agency ams Fleet Sheet

tion

nt (EVSE) and supporting infrastructure purchased under the project. Table 23 focuses on on-site power generation systems and all district and/or city. That is, if School District A and School District B are procuring the same EVSE, the EVSE will appear as two ite EVSE Groups. The EV Infrastructure worksheet should be updated semi-annually as EVSEs and supporting infrastructure are to capture all equipment. Please refer to the EV Infrastructure data definitions on Tab 12 (Data Dictionary) for data field

requirements

BA), Public Law 117-58, §§ 70901-52, was signed into law. BABA requires that on or after May 14, 2022, all of the iron, steel, rd funds part of a project that includes the installation, upgrading, or replacement of infrastructure, then BABA applies to the

	Table 22. EVSE Equipment Information						
EVSE Maximum Output Power (kW)	Number of Plugs on EVSE	Is the EVSE Capable of Bidirectional Charging?	Will the Bus and EVSE be Used for V2G?	EVSE Number of Units			
24	2	Yes	No	2			

	Table 23. On-Site Power Generation Equipment Information							
Date the On-site Power Generation & Associated Equipment was Manufactured	Equipment Cost <i>only</i> Per Power Generation System	Funding Source for Onsite Power Generation (Select all that apply)	Total EPA Funds Expended Per Power Generation System	Total Other Funds Expended Per Power Generation System				
solar panels: May 2024; wiring: Jan 2024	\$ 45,000.00	Federal	\$ 45,000.00	\$ -				
				\$ -				
				\$ -				
				\$ -				
				\$ -				
				\$ -				

		\$ -
		\$ -
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	I		I	
Date the BESS & Associated Equipment was Manufactured	Equipment Cost <i>only</i> Per Unit:	Funding Source for Equipment (Select all that apply)	Total EPA Funds Expended Per Unit	Total Other Funds Expended Per Unit
battery: May 2024; wiring: Jan 2024	\$ 48,000.00	Federal	\$ 20,000.00	\$ 28,000.00
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -

EVSE o	Equipment Cost nly Per Unit:	Funding Source for EVSE Equipment (Select all that apply)	Ехр	Total EPA Funds ended Per EVSE Unit	Total E	PA Funds Expended for EVSE		Total Other Funds Expended for EVSE
\$	16,000.00	Federal	\$	12,000.00	\$	24,000.00	\$	8,000.00
					\$	-	\$	-
					\$	-	\$	-
					\$	-	\$	-
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т	otal Funds Expended - Installation Cost	Funding Source for Installation Cost (Select all that apply)	Total EPA Funds Expended - Installation Cost	Total Other Funds Expended - Installation Cost	Date the On-site Power Generation was Installed (mm/dd/yyyy)			
\$	7,000.00	Federal, State	\$ 5,000.00	\$ 2,000.00	6/27/2024			
				\$ -				
				\$ -				
				\$ -				
				\$ -				
				\$ -				

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То	tal Funds Expended - Installation Cost	Funding Source for Installation Cost (Select all that apply)	Tot Expend	tal EPA Funds ded - Installation Cost:	T Exp	otal Other Funds ended - Installation Cost	Date the BESS Installed (mm/dd/yyyy)
\$	12,000.00	Federal	\$	8,000.00	\$	4,000.00	6/27/2024
					\$	-	
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	Location of EV Infrastructure			
Date of EVSE Installation (mm/dd/yyyy)	State (select from dropdown)	County (select from dropdown after selecting State)	City	Zip Code
6/28/2024	VA	Arlington County	Alexandria	22305
				EDA Form N

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	Location of On-site Power Gen				
Date the On-site Power Generation was Operational (mm/dd/yyyy)	State (select from dropdown)	County (select from dropdown after selecting State)	City	Zip Code	
8/28/2024	VA	Arlington County	Alexandria	22305	

			Loca	ation of BESS Infrastructure
Date the BESS was Operational (mm/dd/yyyy)	State (select from dropdown)	County (select from dropdown after selecting State)	City	Zip Code
8/28/2024	VA	Arlington County	Alexandria	22305

			School District Information
Street Address	Who owns the charger?	Does the EVSE serve multiple school districts within this application?	Name of the School District(s) the EVSE will serve (use a colon between school districts)
400 1st Street	Walton School District	Yes	Walton School District: Franklin School District

eration Infrastructure	eration Infrastructure				
Street Address	Who owns the equipment?	Name of the School District(s) the On-site Power Generation will serve	NCES ID of School District that the On-site Power Generation will serve		
400 1st Street	Walton School District	Walton School District	1234567		

Street Address	Who owns the equipment?	Name of the School District the BESS will serve	NCES ID of School District that the BESS will serve
400 1st Street	Walton School District	Walton School District	1234567

NCES ID of School District that the EVSE will serve (use a colon between school districts)	Total Funds Expended Installation Cost	Funding Source for EVSE Equipment Installation Cost (Select all that apply)	Total EPA Funds Expended Installation Cost:
1234567: 7654321	\$ 12,000.00	State, Federal	\$ 7,000.00

BABA Compliance			Totals
Is the On-site Power Generation subject to BABA?	Is the On-site Power Generation BABA Compliant? (Select Options)	Is a waiver being used to fulfill BABA compliance for the On-site Power Generation?	Total EPA Funds Expended - Equipment and Installation
Yes	Yes - This infrastructure is BABA compliant	No - Infrastructure meets all BABA requirements	\$ 50,000.00
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -

	\$ -
	\$ -
	\$ -
	\$ -
	\$ -

	BABA Compliance		Totals			
Is the BESS subject to BABA?	Is the BESS BABA Compliant? (Select Options)	Is a waiver being used to fulfill BABA compliance for the BESS?	Total EPA Funds Expended - Equipment and Installation			
Yes	Yes - This infrastructure is BABA compliant	No - Infrastructure meets all BABA requirements	\$ 28,000.00			
			\$ -			
			\$ -			
			\$ -			
			-			
			\$ -			
			-			
			\$ -			
			\$ -			
			\$ -			
			\$ -			

Infrastruc	ture Installation Information				
Total Other Leveraged Funds Expended Installation Cost: Does the Infrastructure Equipment Cost Include Installation?		Description of Installation Work	Installation Work Performed By		
\$ 5,000.00	No	Upgrades to the electrical panel, wiring, and installation for two DCFC	XYZ Electric Co.		
\$ -					

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Total Other Funds Exp Equipment an	Leveraged pended - d Installation
\$	2,000.00
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Total Oth e Funds E Equipment a	er Leveraged xpended and Installation
\$	32,000.00
\$	-
\$	-
\$	-
\$	-
\$	-
\$	-
\$	-
\$	-
\$	-
\$	-

		BABA Compliance	
Installation was conducted by an individual who meets the infrastructure electrician requirements as outlined in the program guidance? (Select Option)	Is the infrastructure subject to BABA?	Is this infrastructure BABA Compliant? (Select Options)	Is a waiver is being used, please select waiver type
Yes - Certification from EVITP	Yes	Yes - This infrastructure is BABA compliant	No - Infrastructure meets all BABA requirements

Totals		EVSE Unit Serial Number					
Tot Expend	al Federal Funds ded Equipment and Installation	Total Other Leveraged Funds Expended for Equipment and Installation	Serial Number: Unit 1	Serial Number: Unit 2	Serial Number: Unit 3	Serial Number: Unit 4	Serial Number: Unit 5
\$	31,000.00	\$ 13,000.00	L1-0357-ISO- 3240-049390	VX-1263-11C1-2- 2310-05642	0170182509830 170	9124-1GT05- 09830170	VX-1265-11C1-2- 2635-07842
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To add more	EVSE Serial Numb	pers, click on the ((+) at the top of c	olumn CL1 ↑
Serial Number: Unit 6	Serial Number: Unit 7	Serial Number: Unit 8	Serial Number: Unit 9	Serial Number: Unit 10
VX-1264-11C1-2- 2502-05872	VX-1266-11C1-2- 2502-05642	VX-1267-11C1-2- 2502-15426	VX-1268-11C1-2- 2503-96834	9125-1GT27- 0983253

Table 25. Project Updates - Narrative Responses

U. S. Environmental Pr	otection Agency
------------------------	-----------------

Clean School Bus (CSB) Grant Program

Final Report: Financial and Narrative Summary

Grant Recipient	0
Program FY	0
Grant Number	0
Project Period of Performance	0
Project Title	0

Federal (EPA) Project Award Amount	\$ -
Other Leveraged Funds	\$
Federal (EPA) Funds Expended to Date	\$ -
Federal (EPA) Funds Remaining	\$

Record final project information. Please paste the planned activities, outputs, and outcome from the last semi-annual report. Please indicate the final results below, including at least 1-2 sentences.

Activities **Anticipated Outputs Anticipated Outcomes ACTUAL Results**

		Clean School Bus (C	al Protection Agency CSB) Grant Program and Narrative Summary			
Grant Recipient Program FY Grant Number Project Period of Performance Project Title	0 0 0 0 0	Other Leveraged	nds Expended to Date	\$ \$ \$		
						_

Table 26: Additional Questions

U. S. Environmental Protection Agency
Clean School Bus (CSB) Grant Program
Final Report: Financial and Narrative Summary

Grant Recipient	0
Program FY	0
Grant Number	0
Project Period of Performance	0
Project Title	0

Federal (EPA) Project Award Amount	\$
Other Leveraged Funds	\$ -
Federal (EPA) Funds Expended to Date	\$ -
Federal (EPA) Funds Remaining	\$ -

Please provide programmatic and narrative financial results on the project.		
Question	Answer	
Provide a narrative description of the project.		
2. Explain the reason for any differences in proposed versus actual outputs/outcomes identified in Table 15 above.		
3. Provide a narrative discussion of the actual project results (outputs and outcomes) and how the results are quantified. These may include, but are not limited to: 2		
4. Provide information on subrecipients and vendors: PSubrecipient information (name, award amount, project description); Vendor information (name, payment amount, good/services provided);		

			U. S. Environmental Protection Agency		
			Clean School Bus (CSB) Grant Program		
		Fina	Il Report: Financial and Narrative Summary		
Grant Recipient Program FY	0		Federal (EPA) Project Award Amount Other Leveraged Funds	\$ - \$ -	
Grant Number	0		Federal (EPA) Funds Expended to Date	\$ -	
Project Period of Performance	0		Federal (EPA) Funds Remaining	\$ -	
Project Title	0		redefai (Er / y rands itemaning	*	
,	-	l			
5. Provide a narrative discussion entire project.	of the successes and lessons learned for the				
6. If other leveraged funds are re	ported, identify the source of the funds.				
7. Was any program income gene amount of program income, how income was used.	erated during the project period? Identify it was generated, and how the program				
a) Evidence that the replacement would not have occurred during to (i.e. without the financial assistar can include verification that the valife left and fleet characterization turnover rates per the vehicle or standard procedures, or retireme b) Evidence of appropriate scrap	page, sale, or vehicle donation (if applicable) er and/or the vehicle identification number				

		U. S. Environmental Protection Agency	
		Clean School Bus (CSB) Grant Program	
		Final Report: Financial and Narrative Summary	
Grant Recipient Program FY Grant Number	0 0 0	Federal (EPA) Project Award Amount Other Leveraged Funds Federal (EPA) Funds Expended to Date \$ -	
Project Period of Performance	0	Federal (EPA) Funds Remaining \$	
Project Title	0		
vehicles, engines or equipment a mandating emissions reductions, funded with EPA funds were imp	an area affected by, or that include affected iffected by, Federal, State or local law, provide evidence that emission reductions lemented prior to the effective date of the (above and beyond) those required by the tachments as Necessary		
vehicle(s) employed? If yes, please EPA's future use of the photo(s) is	photo of successful, new equipment(s) or se indicate if you approve of permission for in future internal and external documents orts to Congress and case studies highlighting		
11. Do you have any other comm	nents or feedback?		

OMB Control Number: 2060-0754 Expiration Date: 04/30/2027	

OMB Control Number: 2060-0754 Expiration Date: 04/30/2027	

OMB Control Number: 2060-0754 Expiration Date: 04/30/2027				

OMB Control Number: 2060-0754 Expiration Date: 04/30/2027	

Fleet Description Data Fields:	Please refer to the following data field dictionary for support in completing tabs 2-11.
2. PROPOSED WORK PLAN	
School District Summary	
Prioritized	Select yes if the school district listed on the 2023 CSB Grants Program Prioritized School District List.
Self-Certified as Prioritized	If the school district self-certifies as Prioritized, indicate which of the three criteria the school district is using to self-certify.
Non-Attainment or Maintenance	Select yes if school district is located in a non-attainment or Maintenance area.
4. Financial Summary	
Funding Information	
EPA Funds	Federal project award amount approved from final work plan.
Other Levense 15	Non-EPA funds that support the proposed project activities such as public private-partnerships, grants from other entities, or the issuance
Other Leveraged Funds 9. FLEET DESCRIPTION	of school bonds.
Current Vehicle Information	
Basic Vehicle Information	
busic verifice information	Enter the VIN number for each vehicle. Note that a VIN is 17 characters, which does not include the letters O(o), I(i), or Q(q) to avoid
Vehicle Identification Number	confusion with the number 0, 1, and 9.
Vehicle Manufacturer	Enter the manufacturer of the existing vehicle.
Vehicle Model	Enter the model of the existing vehicle.
Baseline Vehicle Model Year	Enter the model year of the existing vehicle.
Baseline Engine Fuel Type	Select the type of fuel that is currently being used (prior to upgrade).
Engine Family Name	Enter the Engine Family name of the existing Engine. NOTE: unregulated engines will not have an Engine Family Name. If unregulated, then NA
GVWR	Enter the gross vehicle weight rating (GVWR) of the existing vehicle.
Class	Select from the dropdown menu the bus.
Odometer	Enter the existing bus's current odometer reading, in miles.
Annual Miles Traveled	Enter the average number of vehicle miles traveled per year per vehicle.
Annual Idling Hours	Enter the average number of hours the vehicle idles per year.
Annual Amount of Fuel Used	Enter the amount of fuel used in gallons/year.
Vehicle	Enter the remaining life of baseline engine/vehicle in years at the time of the upgrade action.
Process	Select a vehicle disposition option.
	Select the outcome of a scrappage waiver request if applicable.
Basic Fleet Information	
Current Fleet Owner	Enter the first and last name and email address of the individual or organization that owns the fleet.
District	Enter the name of the school district in which the bus to be scrapped, sold, or donated has operated in.
Place of Performance: NCES ID	Enter the name of the National Center for Education Statistics (NCES) ID associated with the school district in which the bus to be scrapped, sold, or donated has operated in. If you are unsure of the district's NCES ID, you can search for the district at https://nces.ed.gov/ccd/districtsearch/ .
Place of Performance: State	Select the two letter postal code for the state in which the bus to be scrapped, sold, or donated has operated in.
Place of Performance: County(s)	Enter the county in which the bus to be scrapped, sold, or donated has operated. If it has operated in multiple counties, record all and separate using a colon (e.g., Polk: Butler).
Place of Performance: City	Enter the city in which the bus to be scrapped, sold, or donated has operated in.
Place of Performance: Zip	Enter the city in which the bus to be scrapped, sold, or donated has operated in. If it has operated in multiple zip codes, record all
Code(s)	and separate using a colon (e.g., 50190 : 50191).
	Enter the percent of time the bus to be scrapped, sold, or donated has operated in each county. If there is more than one. separate using
each County Information	a colon (Polk - 80%: Butler 20%).
Upgrade Vehicle Information	
Year of Upgrade Action:	Enter the year the upgrade happened.
VIN for New Vehicle(s)	Enter the vehicle identification numbers (VIN) of the new vehicle.
New Vehicle Manufacturer:	Enter the manufacturer of the new vehicle.
New Vehicle Model:	Enter the model of the new vehicle.
New Vehicle Model Year:	Enter the model year of the new vehicle.
Name:	Enter the engine family name of the new propane vehicle or the vehicle family name of the new electric vehicle.
New Vehicle Fuel Type:	Select the fuel type of the new vehicle.
New Vehicle GVWR:	Enter the gross vehicle weight rating (GVWR) of the new vehicle.
Upgrade Cost per Bus	Enter the cost of vehicle in dollars per unit.
Per Bus	Enter the federal funds expended per vehicle in dollars per unit.
New Vehicle Annual Data	
Hours	Enter the new average number of idling hours for the new engine.
Traveled	Enter the average number of vehicle miles traveled per year per new vehicle.
Volume	Enter the new annual fuel volume, in gallons/year for propane or CNG only.
Auxiliary Heater?	Select yes or no to specify whether the vehicle is equipped with an auxiliary heater.
Auxiliary Heater Type	If bus has an auxiliary heater, enter the type.
Zero Emission Vehicle Data	Solart vac or no into the cell to specify whether the vehicle is capable of hidiractional shareing
Charging?	Select yes or no into the cell to specify whether the vehicle is capable of bidirectional charging. Enter the estimated range in miles for the zero-emission vehicle.
ZEV only)	Enter the estimated range in miles for the zero-emission vehicle. Enter the battery capacity in kilowatt-hours for the zero-emission vehicle.
Included?	Select yes or no into the cell to specify whether the vehicle battery warranty is included.
'	solver job of the and and control specify inflation the refined pattery marrainty is included.
Battery Warranty indicate Number of Years	If the battery includes a warranty, indicate the number of years the coverage is valid for.
Battery Warranty: Number of Miles	If the battery includes a warranty, indicate the number of miles the coverage is valid for.

Battery Warranty: Total kWh of

battery discharge

If the battery includes a warranty, indicate the total kWh of battery discharge the coverage is valid for.

Powertrain Warranty Included?

Select yes or no into the cell to specify whether a powertrain battery warranty is included.

Powertrain: Number of Years Powertrain: Number of Miles Telematics?

If the powertrain includes a warranty, indicate the number of years the coverage is valid for. If the powertrain includes a warranty, indicate the number of miles the coverage is valid for. Select yes or no into the cells it specify whether the vehicle is equipped with telematics.

EPA or its partners may contact me about participating in research opportunities to provide bus or EVSE data that If Yes, Telematics Primary Point

Select ves or no.

Enter First and Last name and email address.

New Vehicle Fleet Information

of contact (Name and email)

New Vehicle Fleet Owner Does this bus operate in multiple counties within the Enter the first and last name and email address of the individual or organization that owns the fleet.

Place of Performance Replacement: School District Enter the name of the school district in which the new bus will operate in. If it will operate in multiple school districts, list all and separate with a colon (e.g., Hampton School District: Edgewood School District).

Place of Performance Replacement: NCES ID

Enter the name of the National Center for Education Statistics (NCES) ID associated with the school district in which the new bus will operate in. If it will operate in multiple school districts, list all NCES IDs and separate with a colon (e.g., 1234567: 7654321).

Does this bus operate in multipSelect yes or no.

% of Time Replacement operated in each County Enter the percent of time the new bus will operate in each county. If there is more than one, separate using a colon (Polk 80%: Butler 20%)

10. EV INFRASTRUCTURE **EVSE Equipment Information**

Enter the type of charger, either Level 2 (AC charging up to 19.2 kW) or DC Fast Charging. Type of Charger

Confirm and select yes if applicable. Please see https://www.energystar.gov/ certified

FVSF Manufacturer Enter the manufacturer of the charging equipment EVSE Model Enter the model name of the charging equipment.

EVSE Manufacture Year Enter the year the charging equipment was manufactured.

Is the EVSE BABA Compliant? Select an option, EVSE manufactured on or after July 1, 2024 must be meet BABA requirements. Enter the maximum power output of the charging equipment, measured in kilowatts. (kW)

Number of Plugs on EVSE Enter the number of plugs installed on each unit of the charging equipment.

Bidirectional Charging? Select yes or no into the cell to specify whether the charging equipment is capable of bidirectional charging. Will the Bus and EVSE be Used

for V2G? Select yes or no into the cell to specify whether the buses and charging equipment will be used for vehicle-to-grid (V2G) services. EVSE Number of Units Enter the quantity of charging equipment unit

Enter the cost of the charging equipment per unit. Funding Source for EVSE Select the source(s) of all funds being using to purchase EVSE equipment from the dropdown. The listed funding sources are from the SF-Equipment 424 and should reflect the activities updates of other leveraged funds from tabs 4-7 and tab 11.

Per FVSF Unit Enter the total Federal funds expend for charging equipment per unit.

for EVSE No action - autopopulated Total Other Funds Expended for No action - autopopulated

Date of EVSE Installation (mm/ddEnter the date on which the EVSE is permanently affixed.

No action - autopopulated

Location of EV Infrastructure

Unit:

State Select the two letter postal code for the state in which the charging equipment will be located. County Enter the county in which the charging equipment will be located. City Enter the city in which the charging equipment will be located.

Zip Code Enter the zip code in which the charging equipment will be located. Street Address Enter the street address in which the charging equipment will be located.

Who owns the charger? Enter the name of the school district or organization that owns the charging equipment. school districts within this

application? Select yes or no เท่อ่ EvaE wiii serve (นร colon between school districts)

Enter the name of the school district in which the EVSE will serve. If it will serve multiple school districts, list all and separate with a colon (e.g., Hampton School District: Edgewood School District).

Enter the name of the National Center for Education Statistics (NCES) ID associated with the school district in which the EVSE will serve. If it will serve multiple school districts, list all NCES IDs and separate with a colon (e.g., 1234567: 7654321).

Infrastructure Installation Information

Total Funds Expended Installation Cost

colon between school

districts)

Enter the total installation costs for the charging equipment for the EV infrastructure group column.

Funding Source for EVSE Equipment Installation Cost Total Federal Funds Expended

Select the source(s) of all funds being using to purchase EVSE equipment from the dropdown. The listed funding sources are from the SF-424 and should reflect the activities updates of other leveraged funds from tabs 4-7 and tab 11.

Installation Cost Total Other Funds Expended Enter the total Federal funds expended for installation costs for the charging equipment for the EV infrastructure group column.

Installation Cost Equipment Cost Include

Please enter yes or no into the cell to specify whether the indicated cost of the charging equipment above includes any installation

Description of Installation Work

Installation?

Enter a description of the work performed to install the charging equipment, such as design and engineering, trenching, wiring and electrical upgrades, labor, and permitting.

Installation Work Performed

Enter the name(s) of the organization(s) that performed the installation work described above.

Installation was conducted by an individual who meets the infrastructure electrician requirements as outlined in the program guidance?

Select electrician category

BABA compliance for the If a waiver is being used to meet BABA compliance requirements, select the waiver type ${\sf SABA}$ Infrastructure Project

EVSE Unit Serial Number Please list the serial number for each EVSE unit included in this project. Each cell should only contain one serial number.

On-Site Power Generation Equipment Information

Type of energy generation Select a type of energy generation, solar or wind.

Generation Capacity of the

system

Enter the generation capacity of the system as either kW or MW. Please indicate unit of measurement.

Battery Energy Storage System (BESS) Equipment Information

Type of Battery Select a type of battery

Energy Capacity Enter the generation capacity of the system as either kWh or MWh. Please indicate unit of measurement.