

Section 2: Activity Narrative

Please describe your experience over the course of the entire project, including discussion of:

- * the ease or difficulty of the retrofits by your district or a contracted vendor, and how your progress compares with your proposed timeline. If you fell behind schedule, please explain why.
- * how you addressed any problems that arose
- * recognition you received for your retrofit project (Please include copies of news articles, awards, or photos about your retrofit efforts)
- * supporting activities such as your efforts to train employees and educate students, parents, and the local community about your retrofit project and anti-idling or other pollution reduction efforts. Please include two copies of any educational, training or publicity materials produced over the duration of the grant project that you have not already provided to Ohio EPA.
- * Please describe your experience with performance of the buses after the retrofit.
- * Please describe your plans for future retrofits or other pollution reduction efforts based on your experience with this project.

Please enter narrative text here, or attach on a separate page. There is no minimum or maximum page requirement. You may add additional pages as needed.

Section 3: Retrofit and Support Equipment Expenditures Summary

Please fill in the table below, summarizing in separate lines each type of retrofit equipment purchased with grant funds, as well as installation charges, taxes paid, and expenditures for related support equipment purchased with grant funds, such as pre-heaters or filter cleaners, since the last progress report was submitted. Add lines as needed. Please include a Request for Payment Form and copies of invoices for any work completed that you have not already submitted for payment.

Name of Vendor	Product or Services Provided	Number Purchased	Unit Cost	Total Cost including any taxes paid
a.				
b.				
c.				
d.				
e. Total Grant Fund Expenditures for Retrofit and Support Equipment since the last Quarterly Report, All Vendors				
f. Total Grant Fund Expenditures for Retrofit and Support Equipment During the Entire Grant Period. Enter the sum of line e above plus the sum of the amount on Table 1, line e from all previous progress reports.				

Section 4: Budget Summary

a. Total amount of grant award from Ohio EPA:	\$
b. Total amount of all payments received to date from Ohio EPA:	\$
c. Remaining Balance: Subtract line b from line a and enter here.	\$
d. Total of all remaining grant-funded expenditures, for which a Request for Payment form has <i>already</i> been submitted to Ohio EPA.	\$
e. Total of all remaining grant-funded expenditures, for which a Request for Payment form <i>is being submitted with this Closing Report</i> .	\$
f. Add the amount in lines d and e and enter it here. This is the amount still owed to you by Ohio EPA . Please invoice Ohio EPA for this amount, and refer to your Clean Diesel School Bus grant identification number. This amount should be less than or equal to the amount entered in line c.	\$

Section 5: Grantee's In-Kind Match

Each grantee is required to show a cash or in-kind match worth at least five percent of the amount received in grant funds. This requirement may be met in several different ways. Please complete any of the following Tables (3, 4, and/or 5), as appropriate, to document your district's in-kind match.

Table 5a. Additional retrofit, anti-idling or filter-cleaning equipment purchased as match for grant funds *(This could include equipment purchased within the last 24 months prior to the date of the grant application deadline, and up to 12 months after the grant award. Copy this table for additional vendors as needed.)*

a. Number and type of equipment purchased by the district	
b. Source of funds (e.g., operating budget, another grant, etc.)	
c. Contact information for vendor from whom equipment was purchased	Name: Address: Address 2: City: State: Zip: Phone:
d. Date(s) of purchase of equipment	
e. Date(s) of installation of equipment	
e. Unit price of equipment	
f. Number of equipment units purchased	
g. Total value of additional retrofits offered by the school district as a match: (e) x (f)	

Table 5b. School Bus Data for Retrofits Made as part of the School District's In-Kind Match *(Add lines to the table as needed.)*

Bus ID#	Engine Manufacturer	Engine Model Year	Retrofit equipment installed (DOC, DPF, CCF, Pre-heater, other)

Table 5c: School District Staff Time Offered as In-Kind Match for Grant Funds

Please estimate the value of staff time devoted to purchasing retrofit or anti-idling equipment, installation, maintenance, and/or oversight of installation of equipment; and preparing reports related to expenditure of grant funds. Districts may also estimate the value of their staff time and resources devoted to education of bus drivers, school officials, parents, students and the larger community about school bus retrofits and anti-idling, including education efforts during the time period from 12 months prior to the grant application deadline, to completion of the grant project period. Employee benefit costs may not be used toward the in-kind match calculation. Provide position title, number of hours, and hourly wage (or hourly wage pro-rated from annual salary) for each school district employee category whose time devoted to these activities is being offered as part of the district's in-kind match. Please add lines to the table as needed.

Months	Activities	Category or Position Title	Hourly Rate	Hours devoted to retrofits and related education	Estimated value of staff time
Estimated value of total staff time offered as In-kind match:					
Estimated value of additional school district resources devoted to education efforts related to retrofit, anti-idling and other air pollution control efforts, and offered as in-kind match:					

Certification Statement

I certify the reported Clean Diesel School Bus Fund grant expenditures are true and accurate. These expenditures have been incurred and complete documentation is on file.

(Signature, Title and Date)

(Signature, Title and Date)

(Please have this certification statement signed by the Fiscal Agent and either the Project Director or the Authorizing Agent for the grant)