# **2023 Clean School Bus (CSB) Rebates Program**

# **School District Approval Letter for Third-Party Applicants**

By signing, I certify that I am an Authorized Representative for [*School District Name*] (the District) and that [*Applicant Name*] (Applicant) has [*School District Name*]’s approval to apply for 2023 Clean School Bus Rebate Program funding on behalf of the District. I also certify that, in discussions with [*Applicant Name*], we have discussed the number of buses for replacement, the fuel type of the new buses, and which party will own the new buses if the Applicant is selected for funding in the 2023 Clean School Bus Rebate Program.

**School District Authorized Representative**

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*School District Authorized Representative Name (Print) Authorized Representative Signature*

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**School District Alternative Representative**

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*School District Alternative Representative Name (Print) Alternative Representative Signature*

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**Applicant Authorized Representative**

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*Applicant Authorized Representative Name (Print)*  *Authorized Representative Signature*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Authorized Representative Title* *Phone Number* *Email*