ATTENTION!

Application Checklist

It is very important that you provide all necessary and requested information to the District in order for your project to be fully evaluated. Projects may be disqualified if requested information is not provided within the required time. It is in your best interest to make sure all of the following criteria have been met:

- ☐ Read completely the Clean Air Grant Information and Guidelines
- ☐ Submit one original application with three copies that are 3-hole punched and non-stapled
- ☐ All information requested is provided; boxes related to your project are filled out and checked
- ☐ Payee Data Record completed
- ☐ All pages requiring signatures have been signed
- ☐ If required, a resolution from your Board authorizing you to apply for a Clean Air Grant
- ☐ Application submittal deadline of February 28, 2013 has been met (postmarks and facsimiles will not be accepted)

PLACER COUNTY APCD CLEAN AIR GRANT APPLICATION FORM FOR "OTHER" TYPES OF PROJECTS

Instructions:

- Read all PCAPCD grant program guidelines and instructions.
- Fill in all applicable sections with ink. Print legibly.
- Return applications to:
  PCAPCD CAG Program
  110 Maple Street
  Auburn, CA 95603
- Questions: Contact Heather Kuklo at (530) 745-2339 or hkuklo@placer.ca.gov

Date Received
(official use only)

Applicant Information					
Company Name:		Mailing Address:			
Is your company incorporated? If so, what is the incorporated business name?					
Contact Person:		City:		State:	
Title:		Zip:			
Phone Number:		*Fill in physical address if different from mailing address*			
Fax Number:		Physical Address:			
E-mail Address:		City:		State:	
Cell Number		Zip:			
Is your company: ☐ Self Insured ☐ Not Self Insured					
Name of person who will sign the grant contract, if awarded: Please Print name: Title:					

Vehicle/Equipment/Vendor Information					
Contact:		Address:			
Company:		City:		State:	
Phone:		Zip:			
Fax:		E-mail			

Please initial each section (see Clean Air Grant Information and Guidelines for information and requirements)

	The purchase of this low-emission technology is NOT required by any local, state, and/or federal rule or regulation either now or within the next three years.
	I have read and fully understand the Program Information and General Guidelines. I declare that my application meets all of the requirements, criteria, and guidelines outlined therein.
	The vehicle/engine will be used in Placer County for at least the projected usage shown in this application.
	All approved projects cannot be implemented until a contract between the PCAPCD and the applicant is signed and agreed upon. The language in this contract is final and cannot be modified without APCO authorization.

	I understand that an IRS Form 1099 will be issued to me for incentive funds received under the PCAPCD's Clean Air Grant Program. I understand that it is my responsibility to determine tax liability associated with participating in the PCAPCD's Clean Air Grant Program.
	I understand that the PCAPCD staff will evaluate this application and determine if it meets the eligibility requirements of the Clean Air Grant Program. The PCAPCD will at its sole discretion determine which program funds, if any; will be used for this grant.
	All information provided in this application will be used by the Placer County Air Pollution Control District (PCAPCD) to evaluate the eligibility of this application to receive incentive funds. PCAPCD staff reserves the right to request additional information and can deny the application if such requested information is not provided. Incomplete and illegible applications will be returned to the applicant or vendor. An incomplete application is an application that is missing information critical to the evaluation of the project. If the applicant does not respond within a timely manner and before the 2010 application deadline, the application will be automatically terminated.
	For all projects that apply, I understand that it is my responsibility to ensure that all technologies are either verified or certified by the California Air Resources Board (CARB) to reduce Oxides of Nitrogen (NOx) and/or other criteria pollutants.
	I understand that there may be conditions placed upon receiving an incentive and agree to refund the incentive if it is found that at any time I do not meet those conditions and if directed by the PCAPCD.
	I understand, as a participant, that the Clean Air Grant Program has limited funds and not all projects will be funded. The PCAPCD is under no obligation to honor requests for incentive funding. I acknowledge that in accepting any incentive funding, I will be prohibited from applying for any other form of emission reduction credits, including: Emission Reduction Credit (ERC); Mobile Emission Reduction Credit (MERC) and/or Certificate of Advanced Placement (CAP), for all time, from the Placer County Air Pollution Control District or any other Air Quality Management or Air Pollution Control District.
	In the event that the vehicle(s)/equipment/program/service or any other project which does not complete the minimum term of any agreement eventually reached from this application, I agree to return to the PCAPCD, the full amount of the original incentive. I understand that the PCAPCD or the APCO for the Placer County Air Pollution Control District may relieve this obligation to return the funds depending on the circumstances.
	I have the legal authority to apply for incentive funding for the entity described in this application. I have read fully and understand the Project Information and Guidelines provided and I certify to the best of my knowledge that the information contained in this application is true and accurate

Applicant's Signature: _____ Date:

Applicants Name (please print):

Only use this form if it is relevant to your project.

Vehicle/Equipment Information Form (Please type or print clearly)

Equipment/Vehicle Vocation (list all vehicle equipment uses):	
Equipment Type:	☐ On-road ☐ Off-road ☐ Locomotive ☐ Marine ☐ Forklift ☐ Other (explain):

Project Type:
☐ Fleet Modernization (new or used vehicle) ☐ Engine Repower ☐ Engine Retrofit
☐ Other: ☐ Transit Services ☐ New HD Vehicle/Equipment Purchase

Counties Vehicle/Equipment Operates In (check all that apply):

☐ Placer ☐ Yolo ☐ Solano ☐ El Dorado ☐ Sacramento ☐ Sutter

% operated in Placer County:	% operated in other counties:

Annual Vehicle/Equipment Usage (usage must be able to be documented for the last two years):

	Within Placer County	Outside of Placer County	Total Annual Operation
Check: ☐ miles ☐ hours			

Existing Vehicle/Equipment Information

Make:	Model:	Model Year:	GVWR:
Vehicle ID Number:	Fleet ID Number:	License Plate Number:	Odometer:

Existing Engine Information

Make:	Model:	Engine Year:	Serial Number:	HP:	Hour Meter:
Family Number:	Fuel Type:	☐ CNG ☐ Diesel ☐ LNG ☐ LPG ☐ Gasoline ☐ Other:			

☐ Engine and equipment/vehicle currently in working order and operational?

New or Replacement Vehicle/Engine/Equipment Information (fill in all that apply)

Make:	Model:	Model Year:	GVWR:
Vehicle ID Number:	Odometer:	Is this vehicle/equipment: ☐ new ☐ used	

New Engine/Retrofit System Information (fill in all that apply)

Engine Make:	Engine Model:	Engine Year:	Engine Serial Number:	Engine Family Number:
Engine HP:	Engine Hour Meter:	Retrofit Manufacturer:	Retrofit Model:	Is Retrofit Verified for Your Engine? ☐ yes ☐ no

Other Emission Reducing/Energy Conserving Project Information and Cost Sheet

Keep in mind that your project must remain within the scope of this grant program, which is designed to primarily reduce criteria air pollutants such as NOx, PM, and ROG's. Any GHG emissions reductions claimed will be considered a benefit to your project but will not be enough to qualify it for funding. In order for you project to be competitive, it must:

- ✓ focus on reducing criteria pollutant emissions
- ✓ be innovative,
- ✓ cost effective,
- ✓ quantifiable,
- ✓ achievable,
- ✓ and defensible.

"Other…"	
1. Total Project Cost	
2. Co-funding (list sources)	
Total Incentive (1 – 2):	

Fill out the box to the left and answer the questions below.

In detail describe your project on a separate sheet of paper, including responses to the statements/questions below:

a. Is your agency a private, public, governmental, or non-profit organization?
b. Give a detailed description of the project.
c. What are the target pollutants?
d. What is the project lifetime and estimates start time.
e. Estimate emissions (or usage minimization) before and after.
f. What is the funding required by the proposed project?
g. Provide an itemized budget of your project and outline the portions that you are applying to have funded by a Clean Air Grant.
h. If applicable, where is the project location?
i. State the short versus long-term goals.
j. Describe any regional benefit that can be expected. How will this benefit be obtained? Quantify the benefit if possible (e.g., expecting emission reduction).
k. Describe in detail, if any phy sical changes/additions to existing or new facilities, and rel ated equipment proposed to implement the project.
l. Describe/explain any additional information that would be beneficial for project evaluation.

County of Placer

PAYEE DATA RECORD

(Required in lieu of IRS W-9 when doing business with the County of Placer)

STD. 204 (REV. 3-2001)

NOTE:* Governmental entities - *federal, state, and local (including school districts) are not required to submit this form.

1			
PLEASE RETURN TO:	DEPARTMENT/OFFICE	Placer County Air Pollution Control District	**PURPOSE:** Information contained in this form will be used by the County of Placer to prepare information Returns (Form 1099). Prompt return of this fully completed form will prevent delays when processing payments. ***(See Privacy Statement on reverse)***
	STREET ADDRESS	110 Maple Street	
	CITY, STATE, ZIPCODE	Auburn, CA 95603	
	TELEPHONE NUMBER	(530) 745-2330 FAX (530) 745-2373	

2	
	PAYEE'S BUSINESS NAME
	MAILING ADDRESS *(Number and Street or P 0. Box Number)*
	(City, State and Zip Code)

3		
VENDOR ENTITY INFORMATION	CHECK ONE BOX ONLY ☐ **LEGAL CORPORATION** ☐ **PARTNERSHIP** ☐ **MEDICAL CORPORATION** ☐ **ESTATE OR TRUST** ☐ **EXEMPT CORPORATION** ☐ **ALL OTHER CORPORATIONS** FEDERAL EMPLOYERS IDENTIFICATION NUMBER (FEIN)	**NOTE:** State and local governmental entities, including school districts are not required to submit this form. **NOTE:** Payment will **not** be processed without an accompanying Taxpayer I.D./ Social Security Number.
	☐ **INDIVIDUAL OR SOLE PROPRIETOR** SOCIAL SECURITY NUMBER OF OWNER OWNER'S FULL NAME *(Print)* *First* *Middle Initial* *Last*	

4		
PAYEE RESIDENCY STATUS	CHECK APPROPRIATE BOX(ES) ☐ California Resident - Qualified to do business in CA or a permanent place of business in CA ☐ Nonresident (See Reverse) Payments to nonresidents for services may be subject to state withholding ☐ WAIVER OF STATE WITHHOLDING FROM FRANCHISE TAX BOARD ATTACHED ☐ SERVICES PERFORMED OUTSIDE OF CALIFORNIA/ GOODS ONLY SOLD TO CALIFORNIA	**NOTE:** *(See reverse)*

5			
CERTIFYING SIGNATURE	Under penalties of perjury, I certify that 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me). **And** 2. I am not subject to backup withholding because **(a)** I am exempt from backup withholding, or **(b)** I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or **(C)** the IRS has notified me that I am no longer subject to backup withholding.		
	AUTHORIZED PAYEE REPRESENTATIVE S NAME *(Type or Print)*	TITLE	
	SIGNATURE	DAT E 12/24/12	TELEPHONE NUMBER

ARE YOU A RESIDENT OR A NONRESIDENT?
Each corporation, individual/sole proprietor, partnership, estate or trust doing business with the County of Placer must indicate their residency status along with their taxpayer identification number.

A **corporation** will be considered a "resident" if it has a permanent place of business in California. The corporation has a permanent place of business in California if it is organized and existing under the laws of this state or, if a foreign corporation has qualified to transact intrastate business. A corporation that has not qualified to transact intrastate business (e.g., a corporation engaged exclusively in interstate commerce) will be considered as having a permanent place of business in this state only if it maintains a permanent office in this state that is permanently staffed by its employees.

For **individuals/sole proprietors,** the term "resident" includes every individual who is in California for other than a temporary or transitory purpose and any individual domiciled in California who is absent for a temporary or transitory purpose. Generally, an individual who comes to California for a purpose which will extend over a long or indefinite period will be considered a resident. However, an individual who comes to perform a particular contract of short duration will be considered a nonresident.

For withholding purposes, a **partnership** is considered a resident partnership if it has a permanent place of business in California. An estate is considered a California estate if the decedent was a California resident at the time of death and a trust is considered a California trust if at least one trustee is a California resident.
More information on residency status can be obtained by calling the Franchise Tax Board at the numbers listed below:

From within the United States, call..... 1 -800-852-5711
From outside the United States, call 1-916-845-6500
For hearing impaired with TDD, call.... 1-800-822-6268

ARE YOU SUBJECT TO NONRESIDENT WITHHOLDING?
Payments made to nonresident payees, including corporations, individuals, partnerships, estates and trusts, are subject to withholding. Nonresident payees performing services in California or receiving rent, lease or royalty payments from property (real or personal) located in California will have 7% of their total payments withheld for state income taxes. However, no withholding is required if total payments to the payee are $1500 or less for the calendar year.

A nonresident payee may request that income taxes be withheld at a lower rate or waived by sending a completed form FTB 588 to the address below. A waiver will generally be granted when a payee has a history of filing California returns and making timely estimated payments. If the payee activity is carried on outside of California or partially outside of California, a waiver or reduced withholding rate may be granted. For more information, contact:

Franchise Tax Board
Nonresident Withholding Section
Attention: State Agency Withholding Coordinator
P.O. Box 651 Sacramento, CA 95812-0651
Telephone: (916) 845-4900
FAX: (916) 845-4831

If a reduced rate of withholding or waiver has been authorized by the Franchise Tax Board, attach a copy to this form.

PRIVACY STATEMENT

Section 7(b) of the Privacy Act of 1974 (Public Law 93-5791) requires that any federal, state, or local governmental agency which requests an individual to disclose his social security account number shall inform that individual whether that disclosure is mandatory or voluntary, by which
statutory or other authority such number is solicited, and what uses will be made of it.

The County of Placer requires that all parties entering into business transactions that may lead to payment(s) from the County must provide their Taxpayer Identification Number (TIN) as required by the State Revenue and Taxation Code, Section 18646 to facilitate tax compliance enforcement activities and to facilitate the preparation of Form 1099 and other in formation returns as required by the Internal Revenue Code, Section 6109(a). The TIN for individual and sole proprietorships is the Social Security Number (SSN).

It is mandatory to furnish the information requested. Federal law requires that payments for which the requested information is not provided be subject to a 31 % withholding and state law imposes noncompliance penalties of up to $20,000.

You have the right to access records containing your personal information, such as your SSN. To exercise that right, please contact the business services unit or the accounts payable unit of the state agency(ies) with which you transact that business.

Please call the Department of Finance, Fiscal Systems and Consulting Unit at (916) 324-0385 if you have any questions regarding this Privacy Statement. Questions related to residency or withholding should be referred to the telephone numbers listed above. All other questions should be referred to the requesting agency listed in Section I.