TRANSIT SERVICE APPLICATION PACKET

PLACER COUNTY AIR POLLUTION CONTROL DISTRICT'S 2007 CLEAN AIR GRANT PRIMARY APPLICATION FORM FOR ALL PROJECTS

Instructions:	Application # :_____
➢ Read all PCAPCD grant program guidelines and instructions. ➢ Fill in all applicable sections with ink. Please print legibly. ➢ Return application to: **PCAPCD Clean Air Grant Program** **3091 County Center Dr., Suite 240** **Auburn, CA 95603**	Type: _____ Date Received: _____ *(For office use only)*

Applicant Information

Company Name		**Mailing Address**			
Contact Person		**City**		**State**	
Title		**ZIP**		**County**	
Phone Number		***Fill in physical address below if different from mailing address***			
Fax Number		**Physical Address**			
E-mail Address		**City**		**State**	
Cell Number		**ZIP**		**County**	
Tax ID (Check One)	☐ Federal Employers Identification Number (FEIN)		---		
	☐ Individual or Sole Proprietor		---	---	
Name of person who will sign the Incentive Agreement: (please print)		Title:			

Vehicle / Equipment / Engine Vendor Information (for those projects that apply)

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.

_____ The categories of qualifying projects are specified in the Program Information and Guidelines. These categories have been reviewed and this application is consistent with the list.

_____ The vehicle/engine will be used in Placer County (with the emission reduction system operating, if applicable) 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.

_____ 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 the tax liability associated with participating in the PCAPCD's Clean Air Grant Program.

_____ I understand that a PCAPCD approved digital hour meter/odometer may be installed on all vehicles/equipment and that the digital hour meter/odometer will record the hours/miles accumulated inside and outside Placer County.

_____ I understand that the Placer County Air Pollution Control District staff will evaluate this application and determine if it meets the eligibility requirements and criteria of the Clean Air Grant Program. The PCAPCD will at its sole discretion determine which program funds, if any, will be used for this aplication.

Payment Request Options (Initial only one option)(**School bus replacement projects, choose Option 3**)

_____ **OPTION 1 --** I request that payment be sent to the applicant above.

_____ **OPTION 2** -- I request that a two-party check be made for this application co-naming with the vendor listed above with the payment sent to applicant.

_____ **OPTION 3** -- I request that a two-party check is made for this application and I authorize that the two-party payment be sent to the vendor listed above.

Application Statement – Please Read

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 2007 application deadline, the application will be automatically terminated.

- I certify to the best of my knowledge that the information contained in this application is true and accurate.
- 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 it is likely that 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 that do 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.

t I have read fully and understand the Project Information and Guidelines provided.

_____ _____

Applicant's Signature **Date**

_____ _____

Applicant's Name (please print) **Title**

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

Vocation(s) (Please list all vehicle/equipment uses):

Equipment (check one): ☐ On-road ☐ Off-road ☐ Locomotive ☐ Marine ☐ Forklift
☐ Other: _____

Project Type (check all that apply for this vehicle/project):
☐ Fleet modernization (New or Used Vehicle) ☐ Engine repower ☐ Engine retrofit
☐ Other:_____ ☐ Transit Services ☐ New HD or LD vehicle/equipment purchase

Counties Vehicle Currently Operates In (check all that apply)

☐	Placer	☐	Yolo	☐	Solano	☐	El Dorado	☐	Sacramento	☐	Sutter
% operated in Placer County:						Other County(ies):					

Annual Vehicle Usage Information (be able to prove mileage/hours -- map available for reference)

	Within Placer County		Outside of Placer County		Total Operation
	May-October	November-April	May-October	November-April	
Miles/Hours					

Existing/Baseline Vehicle Information

Make:	Model:	Model Year:	GVWR:
Vehicle Identification Number:	Fleet Identification Number:	License Plate:	Odometer:
☐	Truck Body? (check if yes – describe type):		

Existing/Baseline Engine Information

Make:	Model:	Model Yr:	Serial Number:	HP:	Hour Meter:
Fuel Type: ☐ CNG ☐ Diesel ☐ LNG ☐ LPG ☐ Gasoline ☐ Other:					
☐	Engine currently in daily operation (check if yes)				

New or Replacement Vehicle Information

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

New Engine or Retrofit System Information

Make:	Model:	Model Yr:	Serial Number:	HP:	Hour Meter:
Fuel Type: ☐ CNG ☐ Diesel ☐ LNG ☐ LPG ☐ Gasoline ☐ Other:					
Exhaust type (check one):	☐ Single	☐ Dual			

Application #: 07-
(Office Use Only)

Project Cost Information for Transit Service

Please attach copies of all sales invoices, vehicle evaluations, engine specifications and repair estimates.

Long Distance Commuter Bus Projects	
1. Average Commute Distance	
2. Bus Fuel Type	
3. Average Daily Ridership	
4. Capital Funding per Bus	
5. Operating Funding per Bus per Year	
6. Days of Operation per year	
7. % Ex-solo Drivers*	
8. % Vehicle Access Trips of 5 Miles*	
9. Actual Daily Operating Costs (fuel, maintenance, insurance, driver salary, etc..)	
10. Monthly Rider Fee per Rider	
11. Co-funding (list source(s)) _____ _____	
Total (4 + 5 – 11):	
*If #7 and #8 cannot be assessed, the District will assume 80% ex-solo drivers and 50% access trips of 5 miles	

Fill out the box(es) that apply to your project.

Transit Use Subsidies	
1. Subsidy per Transit Rider (check one) ☐ Cost per trip ☐ Cost per day ☐ Cost per month	
2. Average Length of Vehicle Trip Reduced	
3. Number of Commute Days per Year	
Assumptions: 75% of participants drove alone to work prior to obtaining the transit subsidy, 25% of the ex-solo drivers drive an average of 2 miles to the bus stop, and project life is one year.	

Enter Subsidy cost per rider here

Costs listed are subject to review.

App. # 07-
(Office use only)

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 Auditor-Controller

STREET ADDRESS: 2970 Richardson Drive

CITY, STATE, ZIPCODE: Auburn, CA 95603

TELEPHONE NUMBER: (530) 889-4160

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)

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 - ATTORNEY**

☐ **MEDICAL CORPORATION**

☐ **EXEMPT CORPORATION**

☐ **PARTNERSHIP**

☐ **ESTATE OR TRUST**

☐ **ALL OTHER CORPORATIONS**

FEDERAL EMPLOYERS IDENTIFICATION NUMBER (FEIN)

|__|__|__-|__|__|__|__|__|__|__|

☐ **INDIVIDUAL OR SOLE PROPRIETOR**

SOCIAL SECURITY NUMBER OF OWNER

|__|__|__-|__|__-|__|__|__|__|

OWNER'S FULL NAME *(Print)*

First *Middle Initial* *Last*

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.

4 — PAYEE RESIDENCY STATUS

CHECK APPROPRIATE BOX(ES)

☐ California Resident (See Reverse) 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: If you are a foreign person, use the appropriate Form W-8. Withholding of Tax on Nonresident Aliens and Foreign Corporations.

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

DATE

TELEPHONE NUMBER

County of Placer
PAYEE DATA RECORD
STD. 204 (REV. 3-2001) (REVERSE)

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 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 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:

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

A nonresident payee may request that income taxes be withheld at a lower rate or waived by sending a completed form FTB 588to 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.

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

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 information 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 $2O,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.

Application Checklist

Prior to sending, review the checklist to make sure the application is complete and all of the following has been completed:

- ☐ Read completely the Clean Air Grant Information, Criteria and Guidelines.
- ☐ Prepare four 3 hole punched, non-stapled copies of the entire application to be mailed.
- ☐ All information requested has been provided; boxes related to your project are filled out completely.
- ☐ Payee Data Record completed.
- ☐ All pages requiring signatures have been signed.
- ☐ Deadline for grant applications has been met (faxes will not be accepted).