

CARL MOYER GRANT PROGRAM  
**ON-ROAD HEAVY-DUTY & FLEET MODERNIZATION APPLICATION**  
Placer County Air Pollution Control District  
**INSTRUCTIONS AND ELIGIBILITY CRITERIA**

Please print clearly or type all information on the application (pages 3-9) and submit to:

*Placer County Air Pollution Control District  
110 Maple St.  
Auburn, CA 95603*

Fill out one (1) application for each engine or piece of equipment. This program is a Carl Moyer Program (CMP) and therefore follows the CMP Guidelines which are available on the District's website at [www.placerair.org](http://www.placerair.org) or at the California Air Resources Board (ARB)'s website at <http://www.arb.ca.gov/msprog/moyer/guidelines/current.htm>. Please note that additional information may be requested from the applicant in order to process this application.

**General Eligibility Criteria**

To be eligible for funding, projects must meet the criteria described in the 2017 CMP Guidelines and all current CMP Advisories. These criteria include, but are not limited to the following:

- Emission reductions obtained through CMP projects must not be required by any federal, State or local regulation, memorandum of agreement/understanding with a regulatory agency, settlement agreement, mitigation requirement or other legal mandate.
- Projects must meet a cost-effectiveness established by the District and calculated in accordance with the cost-effectiveness methodology in the 2017 CMP Guidelines. All State funds (except tax credits, tax deductions, public rebates, or public loans) plus any other funds under a district's budget authority or fiduciary control contributed toward a project must be included in the cost-effectiveness calculation.
- No emission reductions generated by the CMP shall be used as marketable Emission Reduction Credits, or to offset any emission reduction obligation of any person or entity.
- No project funded by the CMP shall be used for credit under any federal or State emission averaging banking and trading program.
- Projects must operate at least 75% of their total activity in Placer County.
- Emission reduction technologies must be certified/verified by ARB and must comply with durability and warranty requirements. For the purposes of the CMP, a technology granted conditional certification/verification by ARB is considered certified/verified.
- Vehicles replaced by a grant from this program must be destroyed.

**On-Road Heavy-Duty Fleet Modernization Eligibility Criteria**

- Existing vehicles must have an engine of Model Year 2010 or older.
- Existing vehicles must be greater than 14,000 GVW.
- The owner must be currently registered in California for the past twenty-four (24) months, and in compliance with federal, State, and local regulations. Use the table below to determine if the existing engine is eligible for funding.
- The existing vehicle must be in operational condition.
- For fleets subject to the On-Road Truck and Bus Regulation, applicants must submit Truck Regulations

Upload and Compliance Reporting System (TRUCRS) Identification Number (ID), Engine Identification Number (EIN), and fleet compliance certificate. See 2017 CMP Guidelines Chapter 4 for more information.

- Applicants will be pre-screened for regulatory compliance with the California Air Resources Board prior to contract execution.
- Eligibility for fleets subject to the Truck and Bus Regulation are as follows: Vehicles following the Engine Model Year Schedule or taking one of the Statewide Truck and Bus Regulation compliance options below may apply for funding:
  - Small Fleet option
  - Low Mileage Work Truck option
  - Log Truck Phase-In option
  - Agricultural Vehicle extension
- For solid waste collection vehicles replacement projects, the new engines must meet the 0.10 g/bhp-hr NOx standard or cleaner.
- Fleets with more than ten vehicles must select optional low NOx or zero emission technologies in the new replacement vehicle except for certain operating vocations as defined in the Truck and Bus Regulation (including school buses, log trucks, low mileage work trucks, and agricultural vehicles).

**For maximum project funding amounts, and eligible project types, refer to Chapter 4 and Tables 4-2 through 4-7 of the Guidelines. Additional criteria may be found in the 2017 CMP Guidelines, Chapter 4: On-Road Heavy Duty Vehicles.**

**Summary of On-Road Heavy-Duty Fleet Modernization Funding Opportunities**

<b>Equipment Type</b>	<b>Subject to ARB Fleet Rule?</b>	<b>CMP Funding Opportunities</b>
Urban buses, Transit fleet vehicles	Fleet Rule for Transit Agencies <sup>2</sup>	Fleets must currently meet all compliance requirements of the regulation. Limited funding opportunity. <sup>1,2</sup>
Solid waste collection excluding transfer trucks	Solid Waste Collection Vehicle Regulation <sup>3</sup>	Fleets must currently meet all compliance requirements of the regulation. Limited funding opportunity. <sup>1,3</sup>
Municipal vehicles, Utility vehicles	Fleet Rule for Public Agencies and Utilities <sup>4</sup>	Fleets must currently meet all compliance requirements of the regulation. Limited funding opportunity. <sup>1,4</sup>
Most other On-Road Heavy-Duty vehicles	Statewide Truck & Bus Regulation <sup>5</sup>	Limited opportunities for fleets of ten (10) or fewer vehicles <sup>1,5</sup>

1. Limited opportunities means a fleet’s compliance status with the ARB regulation must be determined. Contact District CMP staff or consult fleet rule CMP Implementation Charts at: <http://www.arb.ca.gov/msprog/moyer/guidelines/supplemental-docs.htm> in addition to these guidelines.
2. Fleet Rule for Transit Agencies: <http://www.arb.ca.gov/msprog/bus/bus.htm>
3. Solid Waste Collection Vehicle Regulation: <http://www.arb.ca.gov/msprog/SWCV/SWCV.htm>
4. Fleet Rule for Public Agencies and Utilities: <http://www.arb.ca.gov/msprog/publicfleets/publicfleets.htm>
5. Statewide Truck & Bus Regulation: <http://www.arb.ca.gov/msprog/onrdiesel/onrdiesel.htm>

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This application is to be used for incentive funds for on-road fleet modernization projects. Additional information may be requested during the review process if needed. The applicant acknowledges that award of cash incentive is conditional upon approval by the District and must meet the minimum eligibility criteria.

**REQUIRED ATTACHMENTS TO APPLICATION**

**Check each applicable box below to indicate inclusion.**

- Completed application
- 24 months of complete historical usage (optional for repower/retrofit projects)
- Copy of the vehicle title and current registration
- Co-funding Information (if applicable)
- Itemized quote for new engine/retrofit/replacement
- Executive order for new engine/retrofit
- Fleet compliance certificate and fleet summary from TRUCRS
- IRS Form W-9 (for the entity that will sign the grant contract and receive funds, if awarded)
- Other \_\_\_\_\_

Applicant (Organization/Company/Individual Name): _____
Business Type: _____
Mailing Address/Street: _____
City/State/Zip Code: _____
Contact Name: _____
Phone: _____ Fax: _____
E-Mail: _____
Person with contract signing authority (if different than above): _____

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### Funding Disclosure

Have any engines or vehicles listed in this application applied for or have been awarded Carl Moyer Program funding, or any other incentive funding?

Yes  
 No

If "Yes," complete the following for each engine or vehicle:

Agency applied to: \_\_\_\_\_

Date and number of Agency Solicitation: \_\_\_\_\_

Funding Amount Requested or Awarded: \_\_\_\_\_

Equipment Identification: \_\_\_\_\_

Old Engine Serial Number: \_\_\_\_\_

Status of Funding: \_\_\_\_\_

Please list any other financial incentive, including tax credits or deductions, grants, or other public financial assistance for the vehicle/engine:

\_\_\_\_\_

### Third Party Certification

**I have completed the application, in whole or in part, on behalf of the applicant.**

Print Name of Third Party: \_\_\_\_\_ Title: \_\_\_\_\_

Signature of Third Party: \_\_\_\_\_ Date: \_\_\_\_\_

Amount Paid to Third Party: \_\_\_\_\_

Source of Funding to Third Party: \_\_\_\_\_

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## Regulatory Compliance Disclosure Statement

As an applicant/participant of the Carl Moyer Program, I declare that \_\_\_\_\_  
(Company Name)

1. Is in compliance with, and
2. Will remain in compliance with, and
3. Does not have any outstanding/unresolved/unpaid Notices of Noncompliance (NON) or citations for violations of

Any federal, State, and local air quality regulations including, but not limited to, the following:

Cargo Handling Equipment Regulation	Public Agency and Utility Rule
Commercial Harbor Craft Regulation	Sleeper Berth Truck Idling Regulation
Drayage Truck Regulation (including dray-off trucks)	Solid Waste Collection Vehicle Regulation
In-Use Off-Road Diesel Vehicle Regulation	Stationary Engine Airborne Toxic Control Measures
Marine Shore Power Regulation	Statewide Truck and Bus Regulation
Portable Diesel Airborne Toxic Control Measure	Transit Fleet Rule

In addition I, the applicant, have read and understand that I am responsible for meeting the requirements of the PSIP (Periodic Smoke Inspection Program). I am either currently in compliance with PSIP requirements or I have paid all penalties for non-compliance and continue to meet requirements since payment.

**By signing below and submitting this application, I understand and acknowledge grant requirements and I hereby certify under penalty of perjury that the information in the application and attachments is accurate and true.**

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Representative's Name (Print): \_\_\_\_\_

Authorized Representative's Title: \_\_\_\_\_

Legal Owner's Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Physical Address of Equipment (if different than mailing address): \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Fact sheets and additional information on the Regulations are available at <http://www.arb.ca.gov/diesel/mobile.htm> or by calling ARB's diesel hotline at 866-6DIESEL (866-634-3735). To obtain these documents in an alternative format or languages, please call (866) 634-3735.

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## Project Information

1. Total project cost: \_\_\_\_\_
2. Total funding amount requested: \_\_\_\_\_
3. Project Name: \_\_\_\_\_
4. Annual miles vehicle operates in Placer County: \_\_\_\_\_
5. Total annual miles vehicle operate: \_\_\_\_\_
6. Method of vehicle purchase (please note, the grant is designed as a reimbursement):
  - Purchase in full
  - Use of short-term financing (PO account, Net 30 terms, etc.)
  - Use of long-term financing (the grant amount must immediately go towards principal)
7. Seller/Dealer of the replacement vehicle: \_\_\_\_\_
8. Seller/Dealer Contact Person: \_\_\_\_\_
9. Contact Person's Phone Number: \_\_\_\_\_
10. Seller/Dealer's Business Address: \_\_\_\_\_

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## Existing Vehicle Information

1. Vehicle Type/Vocation: \_\_\_\_\_
2. Vehicle Make: \_\_\_\_\_
3. Vehicle Model: \_\_\_\_\_
4. Vehicle Identification Number: \_\_\_\_\_
5. Model Year: \_\_\_\_\_
6. Number of Heavy Duty Trucks in Fleet: \_\_\_\_\_
7. TRUCRS ID: \_\_\_\_\_
8. Gross Vehicle Weight Rating (GVWR): \_\_\_\_\_
9. Fuel Use (Gallons/Year): \_\_\_\_\_
10. Vehicle Location: \_\_\_\_\_
11. Engine Manufacturer: \_\_\_\_\_
12. Engine Model: \_\_\_\_\_
13. Engine Serial #: \_\_\_\_\_
14. Engine Model Year: \_\_\_\_\_
15. Manufacturer's Maximum Rated Brake Horsepower Rating: \_\_\_\_\_
16. Fuel Type: \_\_\_\_\_
17. U. S. Environmental Protection Agency (EPA) or ARB Standardized Engine Family Name:  
\_\_\_\_\_

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## Replacement Vehicle Information

1. Projected Date of Purchase & Delivery of Vehicle: \_\_\_\_\_
2. Vehicle GVWR (vehicle must in same weight class as existing vehicle): \_\_\_\_\_
3. Vehicle Make: \_\_\_\_\_
4. Vehicle Model/Model Year: \_\_\_\_\_
5. Vehicle Serial Number (if available): \_\_\_\_\_
6. Number of Main Engines on Vehicle: \_\_\_\_\_
7. Engine Family: \_\_\_\_\_
8. Engine Make/Model: \_\_\_\_\_
9. Engine Model Year: \_\_\_\_\_
10. Engine Horsepower (hp must be within 125% of existing vehicle hp): \_\_\_\_\_
11. Engine Serial Number (if available): \_\_\_\_\_

## Retrofit Information (if applicable)

### A. Information About the Installer

1. Engine Installer: \_\_\_\_\_
2. Street Address: \_\_\_\_\_
3. City/State/Zip: \_\_\_\_\_
4. Contact Name: \_\_\_\_\_
5. Phone: \_\_\_\_\_ 6. Fax: \_\_\_\_\_

### B. Information About the Engine Retrofit

1. ARB-verified Retrofit Device Manufacturer: \_\_\_\_\_
2. Retrofit Device Make/Model: \_\_\_\_\_
3. Retrofit Device ARB Executive Order Number: \_\_\_\_\_
4. Retrofit Device Serial # (if available): \_\_\_\_\_
5. ARB-Verified PM Reduction (%): \_\_\_\_\_
6. ARB-Verified NOx Reduction (%): \_\_\_\_\_
7. Cost of Retrofit: \_\_\_\_\_
8. Cost of Installation (optional): \_\_\_\_\_
9. Cost of Retrofit Maintenance for Project Life (optional): \_\_\_\_\_