

# **Portable and Stationary Agricultural Engine Application**

CARL MOYER GRANT PROGRAM  
**PORTABLE AND STATIONARY AGRICULTURAL SOURCES APPLICATION**  
Placer County Air Pollution Control District  
**INSTRUCTIONS AND ELIGIBILITY CRITERIA**

Please print clearly or type all information on the application (pages 3-8) 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 grant program is a Carl Moyer Program (CMP) and is subject to CMP's 2017 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 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.

## **Portable and Stationary Agricultural Sources Eligibility Criteria**

- Existing engines must be Tier 3 or cleaner
- Existing engines must be greater than 25 horsepower (hp) (19 kilowatts)
- New engine/motor repower projects must be within 150% of the hp of the existing engine
- The owner must be in compliance with the Stationary Diesel Engine Air Toxics Control Measure (ATCM)  
Use the table below to determine if the existing engine is eligible for funding
- The existing engine must be registered with the District

### Summary of Agricultural Sources Funding Opportunities

\*Limited funding opportunities means that a project’s funding opportunities may be impacted by the compliance dates of

Engine or Project Type	Subject to ARB Rule?	CMP Funding Opportunities
Stationary diesel agricultural engine repower projects	Stationary Diesel In-Use Agricultural Engines ATCM	Tier 3 engine repowers: Not limited by regulation
Stationary Spark-Ignited (SI) agricultural engine repower projects	No	May be limited by local district rules.* Diesel engine (subject to ATCM) to SI engine repower projects eligible through ATCM compliance dates.
Electric motors new purchase and repower projects	No	Diesel engine (subject to ATCM) to electric motor repower projects eligible through ATCM compliance dates. Diesel engine (exempt from ATCM) to electric motor projects, SI engine to electric motor projects, and electric motor new purchase projects remain eligible for funding.

the ATCM. 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.

**Additional criteria can be found in the 2017 CMP Guidelines**

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This application is to be used for incentive funds for stationary/portable ag. irrigation pump repowers, engine replacements with electric motors, and/or engine retrofit 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 and that funding is not guaranteed.

**REQUIRED ATTACHMENTS TO APPLICATION**

**Complete each section. Check each applicable box below to indicate inclusion. If an item does not apply, mark the answer as "N/A" for "Not Applicable". Do Not Leave Items Blank.**

- Completed application
- 24 months of complete historical usage (hour usage)
- Co-funding Information
- Itemized quote for new engine/retrofit
- Executive order for new engine/retrofit
- 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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**DISCLOSURE STATEMENT**

**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 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

**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/permits.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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**PLEASE PRINT OR TYPE ALL INFORMATION**

**A. Project Information**

1. Total funding amount requested in this application: \_\_\_\_\_
2. Total project cost: \_\_\_\_\_
3. Engine's primary location: \_\_\_\_\_
4. Project Name: \_\_\_\_\_
5. Percentage of operation in California: \_\_\_\_\_
6. Percentage of operation in Placer County: \_\_\_\_\_
7. Annual hours of operation in Placer County: \_\_\_\_\_
8. Project Type (select one):
  - Repower diesel agricultural irrigation pump engine with a diesel engine
  - Repower diesel agricultural irrigation pump engine with an electric motor
  - Repower SI engine with a current Model Year SI engine or electric motor
  - Retrofit a diesel agricultural irrigation pump engine

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**B. Information About Existing Engine to be Repowered or Retrofitted**

1. Engine Type:             Compression Ignition                             Spark-Ignited
2. Engine Manufacturer: \_\_\_\_\_ 3. Engine Model: \_\_\_\_\_
4. Engine Series: \_\_\_\_\_ 5. Year of Manufacture: \_\_\_\_\_
6. Manufacturer's Maximum Rated Brake Hp Rating: \_\_\_\_\_
7. Serial Number: \_\_\_\_\_ 8. Estimated Hours of Operation (Hrs/Year): \_\_\_\_\_
9. Primary Fuel:  Diesel  Gas  Other (specify) \_\_\_\_\_
10. Primary Function of Engine (e.g. irrigation pump): \_\_\_\_\_
11. U. S. Environmental Protection Agency (EPA) or ARB Standardized Engine Family Name and Tier:  
\_\_\_\_\_
12. District Agricultural Engine Registration (AERP) #: \_\_\_\_\_

**C. Information About New Reduced-Emission Engine or Electric Motor**

1. Engine Type:     Compression Ignition     Spark-Ignited     Electric
2. Engine Manufacturer: \_\_\_\_\_ 3. Engine Model: \_\_\_\_\_
4. Engine Series: \_\_\_\_\_ 5. Year of Manufacture: \_\_\_\_\_
6. Manufacturer's Maximum Rated Brake Hp Rating: \_\_\_\_\_ 7. Serial Number: \_\_\_\_\_
8. Estimated Hours of Operation (Hours/Year): \_\_\_\_\_
9. Primary Fuel:  Diesel  Gas  Other (specify) \_\_\_\_\_
10. Primary Function of Engine (e.g. irrigation pump): \_\_\_\_\_
11. EPA or ARB Standardized Engine Family Name and Tier (if applicable): \_\_\_\_\_  
\_\_\_\_\_
12. Estimated Operating Load (if known): \_\_\_\_\_
13. Is there any seasonality to the use of the engine?  Yes  No If Yes, explain: \_\_\_\_\_  
\_\_\_\_\_

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**D. Information About the Engine/Motor Installer**

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

**E. Information About the Engine Retrofit (if applicable)**

1. Retrofit Manufacturer: \_\_\_\_\_
2. Retrofit Executive Order Number: \_\_\_\_\_
3. Particulate Matter Reduction (%): \_\_\_\_\_ 4. Verification Level: \_\_\_\_\_
5. Retrofit Installer: \_\_\_\_\_
6. Installer Street Address: \_\_\_\_\_
7. City/State/Zip: \_\_\_\_\_
8. Installer Contact Name: \_\_\_\_\_
9. Phone: \_\_\_\_\_ 10. Fax: \_\_\_\_\_
11. Retrofit Kit Number: \_\_\_\_\_
12. Month/Year of Manufacture: \_\_\_\_\_ 13. Description of Retrofit Technology: \_\_\_\_\_  
\_\_\_\_\_
14. Cost of Retrofit: \_\_\_\_\_ 15. Cost of Installation: \_\_\_\_\_