

Placer County APCD Off-Road Equipment Replacement Application

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. The 2017 Carl Moyer Program (CMP) Guidelines are available on the District's website at www.placerair.org or at 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:

- Only small fleets, as defined by ARB's Off Road Diesel regulation are eligible to apply for funding.
- 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.
- Equipment replaced by a grant from this program must be destroyed.

Off-Road Equipment Eligibility Criteria:

- Existing engines must be diesel and greater than 25 horsepower (hp) (19 kilowatts). If actual engine hp cannot be determined, hp can be estimated by the following:
 - $\text{Engine hp} = \text{Power Take-Off} \times 120\%$
- New engines must be within 125% of the hp of the existing engine.
- The owner must be in compliance with federal, State, and local regulations. Use the table below to determine if the existing engine is eligible for funding.
- For fleets subject to the Off-Road Regulation, applicants must submit the Diesel Off-Road Online Reporting System (DOORS) Identification Number (ID), and Engine Identification Number (EIN). See 2017 CMP Guidelines Chapter 5(E) for more information.

For a complete list of eligibility requirements, refer to Chapter 5 of the 2017 Carl Moyer Guidelines

Engine Type	Subject to ARB Fleet Rule?	CMP Funding Opportunities
Mobile agricultural equipment	No	Not limited by regulation.
Cargo handling equipment at ports/intermodal rail yards	Cargo Handling Equipment Regulation ²	Limited opportunities. ¹
All other equipment (e.g. construction, mining, rental, airport ground support and other industries)	Off-Road Regulation ³	Small fleets: Opportunities exist through 12/31/2025, after which the fleet must show 100% compliance with the regulation. Medium fleets and large fleets are no longer eligible to apply.

Additional criteria may be found in the 2017 CMP Guidelines, Chapter 5: Off-Road Equipment Replacement.

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OFF-ROAD EQUIPMENT REPLACEMENT APPLICATION
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This application is to be used for incentive funds for off-road equipment replacement. 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, must meet the minimum eligibility criteria, and is not guaranteed.

REQUIRED ATTACHMENTS TO APPLICATION
Check each applicable box below to indicate inclusion.

- Completed application
- Proof of equipment ownership (Select one: bill of sale, tax logs, equipment insurance records, bank appraisal of equipment, maintenance/service records tied to equipment, general ledgers)
- 24 months of complete historical usage (hour meter readings, employee logs, fuel logs)
- Co-funding information (if applicable)
- Itemized quote for new equipment
- Executive order for old (if applicable) and new engine
- 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 STATEMENT

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

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 <https://www.arb.ca.gov/permits/permits.htm> or by calling ARB's diesel hotline at 866-6DIESEL (866-634-3735). To obtain these documents in an alternative format or language, please call (866) 634-3735.

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Project Information

1. Project Name: _____
2. Funding Requested: _____
3. Total Project Cost: _____
4. Percent of operation in California: _____
5. Annual hours of operation outside of Placer County: _____
6. Annual hours of operation in Placer County: _____
7. Project Type (select one):
 - Replacement of one (1) existing piece of equipment for one (1) new equipment
 - Replacement of multiple existing pieces of equipment for one (1) new equipment
8. Method of equipment 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)
9. DOORS ID*: _____ DOORS EIN of the existing equipment*: _____
10. Total hp of fleet as reported in DOORS*: _____
11. Date fleet is compliant through (as identified in DOORS)*: _____

*Applicants are not required to submit DOORS and compliance information on exempt equipment or fleets.

Check the following if they apply to your fleet or equipment:

- Fleet is exempt from the Off-road regulation
- Existing equipment in this application is exempt from the Off-road regulation

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Existing Equipment Information

1. Equipment Type/Function: _____
2. Equipment Make: _____ 3. Equipment Model: _____
4. Equipment Serial Number: _____ 5. Model Year: _____
6. Number of Engines on Equipment (for diesel engines only): _____
7. Equipment Location: _____
8. Engine Family (for controlled engines): _____
9. Engine Make: _____ 10. Engine Model: _____
11. Engine Serial #: _____ 12. Engine Model Year: _____
13. Manufacturer's Maximum Rated Brake Hp Rating: _____
14. Fuel Type: _____ 15. Hours of Operation (Hrs/Year): _____
16. Rent/Lease to others? (if applicable, for LSI only): _____
17. Forklift Class (if applicable, for LSI only): _____
18. Anticipated method of destruction:
 - Existing equipment will be delivered to an approved Salvage Yard within thirty (30) days of receipt of new equipment.
 - Existing equipment will be destroyed at a site other than an approved Salvage Yard.
 - Applicant must destroy by knocking a 3-inch hole in the engine block and transmission housing on equipment chassis.
 - Applicant must contact the District within thirty (30) days of receipt of new equipment to schedule a salvage inspection.

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Replacement Equipment Information

1. Estimated Projected Date of Purchase & Delivery of New Equipment: _____
2. Equipment Make: _____
3. Equipment Model/Model Year: _____
4. Equipment Serial Number (if available): _____
5. Number of Main Engines on New Equipment: _____
6. Engine Family: _____
7. Engine Make/Model: _____
8. Engine Model Year: _____ Fuel Type: _____
9. Advertised Engine hp (must be within 125% of existing equipment hp): _____
10. Engine Serial Number (if available): _____
11. Engine Tier: _____

Retrofit Information (if applicable)

Engine Aftermarket (non-OEM) Retrofit Information (if applying for a 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. Cost of Retrofit: _____ 6. Cost of Installation (optional): _____
6. Cost of Retrofit Maintenance for Project Life (optional): _____