



Off-Road Equipment Replacement Application

INSTRUCTIONS AND ELIGIBILITY CRITERIA

Please print clearly or type all information on the application and submit to the
Placer County Air Pollution Control District:

By mail or in-person

110 Maple Street
Auburn, CA 95603

OR

By email

incentives@placer.ca.gov

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 the California Air Resources Board (CARB)'s website at <http://www.arb.ca.gov/msprog/moyer/guidelines/current.htm>. Please note that additional information may be requested to process this application.

GENERAL ELIGIBILITY CRITERIA

Projects must meet the criteria described in the most recent CMP Guidelines and Advisories. These criteria include, but are not limited to, the following:

- Equipment replaced by a grant from this program must be destroyed.
- Projects must operate at least 75% of their total activity in Placer County.
- Only small fleets, as defined by CARB'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 most recent CMP Guidelines. All state funds plus any other funds under the 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.
- Emission reduction technologies must be certified/verified by CARB and must comply with durability and warranty requirements. For the purposes of the CMP, a technology granted conditional certification/verification by CARB is considered certified/verified.

OFF-ROAD EQUIPMENT ELIGIBILITY CRITERIA

- Existing engines must be diesel and greater than 25 horsepower (19 kilowatts). If actual engine hp cannot be determined, horsepower can be estimated by the following:
 - Engine Horsepower = Power Take-Off x 120%
- New engines must be within 125% of the horsepower of the existing engine.
- For fleets subject to the Off-Road Regulation, applicants must submit the Diesel Off-Road Online Reporting System (DOORS) Identification (ID) Number, fleet compliance certificate, and Engine Identification Number (EIN) of the equipment in the application. See 2017 CMP Guidelines Chapter 5.
- 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.

Summary of Off-Road Equipment Funding Opportunities

Engine Type	Subject to CARB 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 ¹	Limited opportunities. ²
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.

¹ Regulation for Mobile Cargo Handling Equipment at Ports and Intermodal Rail Yards: <https://ww2.arb.ca.gov/our-work/programs/cargo-handling-equipment>

² “Limited opportunities” means a fleet’s compliance status with the ARB regulation must be determined.

³ Regulation for In-Use Off-Road Diesel-Fueled Fleets: <https://ww2.arb.ca.gov/sites/default/files/offroadzone/landing/faqs.html>

Clean Air Grant Program
OFF-ROAD EQUIPMENT REPLACEMENT APPLICATION
Placer County Air Pollution Control District

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 not guaranteed, and is conditional upon approval by the District and meeting the minimum eligibility criteria.

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)
- Dated and itemized quote for new equipment, including dealership name and contact information
- Executive order for old (if applicable) and new engine
(<https://ww3.arb.ca.gov/msprog/offroad/cert/cert.php>)
- IRS Form W-9 (for the entity that will sign the grant contract and receive funds, if awarded)
- IRS Form 590
- DOORS fleet compliance certificate (if applicable)
- Other _____

Clean Air Grant Program
OFF-ROAD EQUIPMENT REPLACEMENT APPLICATION
Placer County Air Pollution Control District

A. Applicant Information

1. Applicant (Organization/Company/Individual Name): _____

2. Self-Insured? Yes No
3. Business Type: _____
4. Mailing Address/Street: _____
5. Mailing City/State/Zip Code: _____
6. Physical Address of Equipment (if different than mailing address): _____

7. Contact Name: _____
8. Phone: _____
9. Fax: _____
10. Email: _____
11. Person with contract signing authority (if different than above): _____

12. How did you hear about this program?
 - Family/Friends
 - Newspaper (Lincoln News Messenger, Roseville Press Tribune, Other: (_____))
 - Flyer
 - Website Announcement
 - Ag Alert Newsletter
 - Other: _____

B. Funding Disclosure

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

Yes

No

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

2.1. Name of agency that was applied to: _____

2.2. Date of Agency Solicitation: _____

2.3. Funding Amount Requested: _____

2.4. Funding Amount Awarded: _____

2.5. Equipment Serial Number: _____

2.6. Old Engine Serial Number: _____

2.7. Status of Funding (pending, declined, awarded): _____

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

C. Third Party Certification

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

1. Print Name of Third Party: _____

2. Title of Third Party: _____

3. Signature of Third Party: _____

4. Date: _____

5. Amount Paid to Third Party (if any): _____

6. Source of Funding to Third Party (if any): _____

D. Compliance Disclosure Statement

1. As an applicant/participant of the Carl Moyer Program, I declare that _____ (Company Name) is in compliance with, will remain in compliance with, and 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
- Commercial Harbor Craft Regulation
- Drayage Truck Regulation (including dray-off trucks)
- In-Use Off-Road Diesel Vehicle Regulation
- Marine Shore Power Regulation
- Portable Diesel Airborne Toxic Control Measure
- Public Agency and Utility Rule
- Sleeper Berth Truck Idling Regulation
- Solid Waste Collection Vehicle Regulation
- Stationary Engine Airborne Toxic Control Measure
- Statewide Truck and Bus Regulation
- 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.

- 2. Authorized Signature: _____
- 3. Date: _____
- 4. Authorized Representative's Name (Print): _____
- 5. Authorized Representative's Title: _____
- 6. Legal Owner's Name: _____
- 7. Phone: _____
- 8. Email: _____

Fact sheets and additional information on state regulations are available at <https://www.arb.ca.gov/permits/permits.htm> or by calling CARB's diesel hotline at 866-6-DIESEL (866-634-3735).

Clean Air Grant Program
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E. Project Information

1. Project Name: _____
 2. Funding Requested: _____
 3. Total Project Cost: _____
 4. Annual hours of operation (hrs/yr): _____
 5. Percent of operation in California: _____
 6. Percent 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. Number of equipment pieces to be replaced: _____
 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. Is the equipment (*circle one: registered, domiciled, or operated a majority of the time*) (check all that apply):
 - Within the boundaries of a disadvantaged community census tract, as defined by SB 535?
 - Within the boundaries of a low-income community census tract, as defined by AB 1550?
 - Outside of a disadvantaged community, but within ½-mile of a SB 535 disadvantaged community and within an AB 1550 low-income community census tract?
 - Within the boundaries of a low-income household?
 - N/A
 - 9.1. Census tract used for above determination: _____
- Note: An online mapping tool of identified disadvantaged communities and low-income communities is available at: <https://webmaps.arb.ca.gov/PriorityPopulations/>.*

DOORS NON-EXEMPT FLEETS

10. DOORS ID: _____
11. DOORS EIN of the existing equipment: _____
12. Total horsepower of fleet as reported in DOORS: _____
13. Date fleet is compliant through (as identified in DOORS): _____

DOORS-EXEMPT FLEETS

14. Check the following as 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

F. Existing Equipment Information

EQUIPMENT INFORMATION

- 1. Equipment Type/Function: _____
- 2. Equipment Make: _____
- 3. Equipment Model: _____
- 4. Equipment Serial Number: _____
- 5. Model Year: _____
- 6. 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.

ENGINE INFORMATION

- 7. Number of Engines on Equipment: _____
- 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 Horsepower Rating: _____
- 14. Fuel Type: _____

FOR LARGE SPARK-IGNITION (LSI)

- 15. Rent/Lease to others?: _____
- 16. Forklift Class (if applicable): _____

G. Replacement Equipment Information

EQUIPMENT INFORMATION

1. Estimated Date of Purchase & Delivery of New Equipment: _____
2. Equipment Make: _____
3. Equipment Model/Model Year: _____
4. Equipment Serial Number (if available): _____

ENGINE INFORMATION

5. Number of Main Engines on New Equipment: _____
6. Engine Family: _____
7. Engine Make/Model: _____
8. Engine Model Year: _____
9. Fuel Type: _____
10. Engine Horsepower (may not be more than a 25% increase from existing engine hp):

11. Engine Serial Number (if available): _____
12. Engine Tier: _____

H. Retrofit Information (if applicable)

1. CARB-verified Retrofit Device Manufacturer: _____
2. Retrofit Device Make/Model: _____
3. Retrofit Device CARB Executive Order Number: _____
4. Retrofit Device Serial # (if available): _____
5. Cost of Retrofit: _____
6. Cost of Installation (optional): _____
7. Cost of Retrofit Maintenance for Project Life (optional): _____