

BOARD MEETING DATE: March 4, 2011

AGENDA NO. 8

PROPOSAL: Adopt Resolution Recognizing Funds and Accepting Terms and Conditions for FY 2010-11 Carl Moyer Program Award, Issue Carl Moyer Program Announcement for FY 2010-11, and Amend and Execute Contracts under Carl Moyer and SOON Provision

SYNOPSIS: These actions are to adopt a resolution recognizing \$25,817,686 in Carl Moyer Program grant awards from CARB under SB 1107 with its terms and conditions for FY 2010-11 and to approve the release of a Program Announcement to provide incentive funding for low-emitting on- and off-road vehicles and equipment for the FY 2010-11 "Year 13" Carl Moyer Program. Further actions are to amend and execute contracts under the Carl Moyer Program and the SOON Provision.

COMMITTEE: Technology, February 18, 2011; Less than a quorum was present; the Committee Members present concurred with staff's recommendation that this item be approved by the Board.

RECOMMENDED ACTIONS:

1. Approve the attached resolution accepting the terms and conditions of the FY 2010-11 Carl Moyer Program Grant Award, and recognize upon receipt up to \$25,817,686 from CARB in the Carl Moyer Program SB 1107 Fund (32).
2. Approve issuance of Program Announcement PA #2011-09 to solicit projects for the FY 2010-11 "Year 13" Carl Moyer Memorial Air Quality Standards Attainment Program.
3. Authorize the Chairman to execute the following contracts under the SOON Provision from the Carl Moyer Program AB 923 Fund (80) for a total of up to \$173,397:
 - a. Road Builders for the repower of 1 off-road vehicle in an amount not to exceed \$137,346; and
 - b. Trench Shoring for the repower of 1 off-road vehicle in an amount not to exceed \$36,051.
4. Authorize the Chairman to execute the following contracts under the Carl Moyer Program from the Carl Moyer Program SB 1107 Fund (32) for a total of up to \$1,195,933:

- a. Tina McMinn Equipment Rental for the repower and retrofit of 6 off-road vehicles in an amount not to exceed \$933,657; and
 - b. Ronald Garrett Construction for the repower and retrofit of 2 off-road vehicles in an amount not to exceed \$262,276.
5. Authorize the Chairman to execute the following contracts under the Carl Moyer Program from the Carl Moyer Program AB 923 Fund (80) for a total of up to \$2,101,849:
 - a. Geerlings Equipment Rental for the repower and retrofit of 4 off-road vehicles in an amount not to exceed \$718,666;
 - b. KRG for the repower and retrofit of 4 off-road equipment in an amount not to exceed \$572,068; and
 - c. McMinn Equipment Rental for the repower and retrofit of 4 off-road vehicles in an amount not to exceed \$811,115.
6. Amend the following contracts under the Carl Moyer Program from the Carl Moyer Program SB 1107 Fund (32) for a total of up to \$958,819:
 - a. Pacific Harbor Line to increase the funding amount by \$936,579, to the new total amount of \$11,482,915; and
 - b. Willard Marine to repower and retrofit 1 off-road vehicle instead of replacing it, and to increase the funding amount by \$22,240, to the new total amount of \$62,805.
7. Approve replacement of project funds from the Carl Moyer Program AB 923 Fund (80) as listed in Table 1, to the Carl Moyer Program SB 1107 Fund (32) to expeditiously meet the program expenditure targets in case of returned funds.

Barry R. Wallerstein, D.Env.
Executive Officer

CSL:MMM:FM

Background

The Carl Moyer Memorial Air Quality Standards Attainment Program (CMP) provides funds on an incentive basis for the incremental cost of purchasing cleaner than required engines and equipment. Eligible projects include cleaner on- and off-road vehicles, marines, locomotives, as well as forklifts, airport ground support equipment, and auxiliary power units.

This is the thirteenth year of the CMP and the seventh year of the program with funding from SB 1107 and AB 923. CARB has allocated \$25,817,686 to the AQMD under SB 1107 for implementation of the FY 2010-11 CMP. Of this amount, \$1,290,884 is

designated for administrative and outreach efforts and \$24,526,802 for projects funding. In addition, \$3,872,653 is required from the AQMD as its local match funding.

There is also a total of \$2,166,770 available in SB 1107 returned project funds from previous years. These funds in addition to AB 923 funds are recommended to be used to fund new projects and contract amendments in this Board letter.

Proposal

Carl Moyer Program Announcement

Staff recommends that the Board approve the issuance of Program Announcement PA #2011-09, for approximately \$25 million from the Carl Moyer Program SB 1107 and AB 923 Funds. Any remaining balance of the “Year 13” funds and, if needed, additional AB 923 funds will be allocated to projects qualified for the SOON Provision. If additional funds become available by the time of awards approval, more projects will be awarded up to the total amount of funds available. A detailed account of available funds from the “Year 13” Carl Moyer Program Fund, including earned interest and the split between the SB 1107 and the AB 923 funds will be outlined at the time of awards recommendations.

This Program Announcement is issued based on the current program guidelines released by CARB in April 2008. It is anticipated that the CARB Board will amend these guidelines at its April 2011 meeting. In this case new project categories qualifying under the amended guidelines will also be eligible to apply before the closing date of this Program Announcement on June 7, 2011. Table 1 outlines the proposed minimum funding allocations and the maximum allowed cost-effectiveness requirements for each category and subcategory.

The proposed Program Announcement will solicit projects for on- and off-road vehicles and equipment, including purchases and repower projects subject to case-by-case approvals by CARB for on-road vehicles such as refuse haulers, trucks, and transit buses. Proposals are also being solicited for locomotives, marine and port applications, and other vehicles and equipment. As in previous years, AQMD will fund diesel-to-diesel applications only when alternative fuel engines/vehicles are not commercially available or certified by CARB except for emergency vehicles. Approval of emergency vehicle applications will be on a case-by-case basis. A goal of at least 40 percent is set for funding projects related to goods movement. The projects would need to meet the cost effectiveness and all the other requirements of the program.

Proposals for all categories will be due by 1:00 pm on Tuesday, June 7, 2011. Staff expects to finalize the review and evaluation of the proposals and recommend awards for Board approval in the September and October 2011 Board meetings. The Carl Moyer Program Announcement is attached.

Carl Moyer Program & SOON Provision Awards and Amendments

The Board approved the “Year 12” Carl Moyer Program and SOON Provision projects in October 2010. However, there were some off-road projects that were not ready for implementation at the time. Staff has been working closely with the applicants and these projects are now ready for implementation. This action is to approve off-road projects under the Carl Moyer Program and the SOON Provision as outlined in Tables 2 and 3, in an amount not to exceed \$3,471,179, comprised of \$2,275,246 from the Carl Moyer Program AB 923 Fund (80), and \$1,195,933 from the Carl Moyer Program SB 1107 Fund (32). Emissions reductions for the Carl Moyer Program projects are 43 tons/yr NOx, 2 tons/yr PM, and 5.4 tons/yr ROG, and for the SOON Provision projects are 2.2 tons/yr NOx.

In July and October 2010, the Board approved an award to Pacific Harbor Line to repower 16 locomotives in the amount of \$10,546,336. This project was approved by CARB on a case-by-case basis. Since then an error in the Carl Moyer guideline emission rates table has been found. Using CARB’s corrected emission factor allows increased funding for this project. This action is to amend a contract with Pacific Harbor Line for the repower of 16 locomotives to increase the funding amount by \$936,579, to the new total amount of \$11,482,915, from the Carl Moyer Program SB 1107 Fund (32). This action is also to amend a contract with Willard Marine to repower and retrofit an off-road vehicle instead of replacing it, and to increase the funding amount by \$22,240, to the new total amount of \$62,805, from the Carl Moyer Program SB 1107 Fund.

Program Guidelines

At its July 8, 2005 meeting, the Board approved a long-term Program Guideline for the implementation of the Carl Moyer Program in the South Coast Air Basin with continuous funding from SB 1107 and AB 923 until 2015. The proposed funding distribution for different equipment categories is made in this Board letter according to the criteria outlined in that Guideline with emphasis on the following priorities in order to achieve the highest emission reductions:

- Goods Movement (40 percent allocation)
- Environmental Justice (50 percent allocation)
- Cost Effectiveness
- Low-Emission Engine / Vehicle Preference
- Early Commercialization of Advanced Technologies/Fuels
- Fleet Rules
- School Buses

Funding Distribution

As required by AB 1390, the CMP guidelines include the requirement that at least 50% of the program funds must be spent in disproportionately impacted areas. At least half the funding allocated under SB 1107 and collected under AB 923 will be awarded to projects located in disproportionately impacted areas. It has been the policy of the AQMD to

allocate at least 50% of all funding available in the CMP, including roll-over funding from previous years and turnback funds, to disproportionately impacted areas.

Disproportionately Impacted Areas Point Ranking

The requirements of the CMP will be implemented according to the following criteria.

- 1) All projects must qualify for the Carl Moyer program by meeting the cost-effectiveness limits established in the Program Announcement.
- 2) All projects will be evaluated according to the following criteria to qualify for funding as a disproportionately impacted area:
 - a) Poverty Level: All projects in areas where at least 10 percent of the population falls below the Federal poverty level based on the year 2000 census data are eligible to be included in this category, and
 - b) PM2.5 Exposure: All projects in areas with the highest 15 percent of PM2.5 concentration measured within a 2 km grid will be eligible to be ranked in this category. The highest 15 percent of PM2.5 concentration is 19.01 micrograms per cubic meter and above, on an annual average, or
 - c) Air Toxics Exposure: All projects in areas with a cancer risk of 865 in a million and above (based on MATES III estimates) will be eligible to be ranked in this category.

The maximum score will be comprised of 40 percent for poverty level and 30 percent each for PM and toxic exposures. Special circumstances exist in some areas, such as the Ports of Long Beach and Los Angeles. Since there are no residents within the ports, poverty ranking could not be established. In this case, the poverty ranking from the adjacent on-shore areas were extended to the ports since these populated areas are directly impacted by port activities.

Outreach

In accordance with AQMD's Procurement Policy and Procedure, a public notice advertising the RFP/RFQ and inviting bids will be and was published in the Los Angeles Times, the Orange County Register, the San Bernardino Sun, and Riverside County Press Enterprise newspapers to leverage the most cost-effective method of outreach to the entire South Coast Basin.

Additionally, potential bidders may have been notified utilizing AQMD's own electronic listing of certified minority vendors. Notice of the RFP/RFQ has been mailed to the Black and Latino Legislative Caucuses and various minority chambers of commerce and business associations, and placed on the Internet at AQMD's Web site (<http://www.aqmd.gov>). Information is also available on AQMD's bidder's 24-hour telephone message line (909) 396-2724.

Benefits to AQMD

The AQMD has supported a number of activities directed to advancement of new technologies and commercialization of low-emission alternative fuel technologies. The successful implementation of the Carl Moyer Program is a direct result of these Technology Advancement activities. The vehicles and equipment funded under this program announcement will operate many years, providing long-term emissions reductions.

Resource Impacts

Total amount of funding for the proposed projects shall not exceed \$4,429,998, comprised of \$2,275,246 from the Carl Moyer Program AB 923 Fund (81), and \$2,154,752 from the Carl Moyer Program SB 1107 Fund (32).

Attachments

1. Resolution
2. Table 1: Proposed Funding and Cost-Effectiveness Limit
3. Table 2: Recommended Awards with AB 923 Funds
4. Table 3: Recommended Awards with SB 1107 Funds
5. Program Announcement PA #2011-09

RESOLUTION NO. 10-

**A Resolution of the South Coast Air Quality Management District Board
Recognizing Funds and Accepting the Terms and Conditions of the
FY 20010-11 Carl Moyer Grant Award**

WHEREAS, under Health & Safety Code §40400 *et seq.* the South Coast Air Quality Management District (AQMD) is the local agency with the primary responsibility for the development, implementation, monitoring and enforcement of air pollution control strategies, clean fuels programs and motor vehicle use reduction measures; and

WHEREAS, the AQMD is authorized by Health & Safety Code §§40402, 40440, and 40448.5 to implement programs to reduce transportation emissions, including programs to encourage the use of alternative fuels and low-emission vehicles; to develop and implement other strategies and measures to reduce air contaminants and achieve the state and federal air quality standards; and

WHEREAS, the Board has adopted several programs to reduce emissions from on-road and off-road vehicles, as well as emissions from other equipment, including the School Bus Incentive Program and the Carl Moyer Program; and

WHEREAS, the South Coast Air Quality Management District is designated as an extreme non-attainment area for ozone and as such is required to utilize all feasible means to meet national ambient air quality standards.

THEREFORE, BE IT RESOLVED that the Board of the South Coast Air Quality Management District, State of California, in regular session assembled on March 4, 2011, does hereby accept the terms and conditions of the FY 2010-11 “Year 13” Carl Moyer Program Grant Award and recognizes up to \$25,817,686 in SB 1107 funds.

BE IT FURTHER RESOLVED that the Executive Officer is authorized and directed to take all steps necessary to carry out this Resolution.

Date

Clerk of the Board

Table 1:
Proposed Funding and Cost-Effectiveness Limits

Category	Minimum Amount* (\$ millions)	Cost-Effectiveness \$/ton
ON-ROAD		
(A) Vehicles (Including Emergency Vehicle)	7.0	16,400
(B) Transp. Refrigeration Units	1.0	16,400
(C) Heavy-Duty Diesel Vehicle Retrofits	3.0	16,400
OFF-ROAD		
(A) Marine	6.0	16,400
(B) Construction (Small and medium fleets only)**	2.0	16,400
(D) Locomotives	<u>6.0</u> 25.0	16,400

**In case of oversubscription in these categories, greater funding may be recommended.*

***Small fleet size is $\leq 2,500$ hp, medium fleet size is 2,501 to 5,000 hp.*

Table 2: Recommended Awards with AB 923 Funds

Award Recipient	Program	Funding Amount
Road Builders	SOON	\$137,346
Trench Shoring	SOON	\$ 36,051
Greelings Equipment Rental	Carl Moyer	\$718,666
KRG	Carl Moyer	\$572,068
McMinn Equipment Rental	Carl Moyer	\$811,115
Total		\$2,275,246

Table 3: Recommended Awards with SB 1107 Funds

Award Recipient	Program	Funding Amount
Tina McMinn Equipment Rental	Carl Moyer	\$933,657
Ronald Garrett Construction	Carl Moyer	\$262,276
Total		\$1,195,933



**2011
CARL MOYER MEMORIAL
AIR QUALITY STANDARDS ATTAINMENT PROGRAM
PROGRAM ANNOUNCEMENT
“Year 13”**

**AQMD PROGRAM ANNOUNCEMENT
PA #2011-09**

The South Coast Air Quality Management District (AQMD) is seeking project applications for the following purpose according to terms and conditions attached. In the preparation of this Program Announcement (PA) the words “Proposer,” “Applicant,” “Contractor,” and “Consultant” are used interchangeably.

SECTION I – OVERVIEW

PURPOSE

The AQMD is seeking applications for the 2011 Carl Moyer Memorial Air Quality Standards Attainment Program (CMP), referred to as “Year 13”. The primary purpose of this program is to provide financial incentives to assist in the purchase of low-emission heavy-duty engine technologies to achieve near-term emission reductions of nitrogen oxides (NO_x), particulate matter (PM₁₀) and Reactive Organic Gases (ROG).

INTRODUCTION

The CMP is administered by the California Air Resources Board (CARB) and is named after the late Dr. Carl Moyer, in recognition of his work in the air quality field, and his efforts in bringing about this incentive program.

The purpose of the CMP is to help speed the introduction of low-emission, heavy-duty engines. Funding is provided via two bills, SB 1107 and AB 923. SB 1107 provides approximately \$61 million a year in statewide funding, and AB 923 permits air districts in designated non-attainment areas to collect an additional two dollars in vehicle registration fees to expend on programs to reduce emissions from vehicular sources and off-road engines and assist agricultural engine users to comply with AQMD rules. A resolution approving such fees was adopted by the AQMD Board on December 3, 2004.

Funding for this PA will be approximately \$24.5 million, from the Carl Moyer Program Fund.

All projects must meet the maximum cost-effectiveness limit of \$16,400 per ton of weighted emissions reduced; or a lower limit set by the AQMD and any additional AQMD criteria as stated in this PA and its Appendices. Cost-effectiveness is based on NO_x, ROG and PM reductions. Potential applicants should carefully read the PA and its associated Appendices for each applicable category, as well as to CARB’s Carl Moyer Program Guidelines.

This Program Announcement was prepared using the Approved Revision of the Carl Moyer Program Guidelines revised July 1, 2009, Mail-Out No 10-24 Attachment 3 approvals dated



March 25, 2010, and Mail-Out #MSC11-01, entitled “Approved Revisions to the Carl Moyer Program Guidelines”, dated January 10, 2011.

- Carl Moyer 2008 Revisions are available on-line at:
<http://www.arb.ca.gov/msprog/moyer/guidelines/current.htm>
- Mail out 10-24 is available on-line at:
<http://www.arb.ca.gov/msprog/mailouts/msc1024/msc1024attach3.pdf>
- Mail out MSC11-01 is available on-line at:
<http://www.arb.ca.gov/msprog/mailouts/msc1101/msc1101.pdf>

CARB is currently revising the Carl Moyer Program Guidelines and is expected to adopt revisions in April 2011. Changes that result from these revisions will be applicable to this program announcement. It is the **applicant's responsibility** to ensure that the most current information and requirements are reflected in a submitted application. Applicants should check the CARB website for updates and advisories to the guidelines.
(www.arb.ca.gov/msprog/moyer/moyer.htm).

AQMD Moyer requirements may sometimes be more stringent than CARB guidelines. For example, AQMD may have a lower cost-effectiveness ceiling for a particular category. In case there are any conflicts between CARB guidelines and AQMD criteria, the more stringent criteria will prevail. AQMD will post any new information and requirements on its CMP web page at http://www.aqmd.gov/tao/implementation/carl_moyer_program_2001.html.

GENERAL PROGRAM INFORMATION

The primary focus of the CMP is to achieve emission reductions from heavy-duty vehicles and equipment operating in California as early and as cost-effectively as possible. Projects should be designed to ensure that the emission reductions expected through the deployment of low-emission engines or retrofit technologies under this program are real, surplus, and quantifiable. **All emission reductions resulting from funded projects will be retired by the AQMD.** To avoid double counting of emission reductions, project vehicles and/or equipment may not receive funding from any other government grant program that is designed to reduce mobile source emissions. These programs include, but are not limited to:

- All Mobile Source Air Pollution Reduction Review Committee (MSRC) Programs
- All CARB Emission Reduction Credit Programs
- State of California School Bus Program
- AQMD Lower-Emissions School Bus Replacement Program
- AQMD Rule 2202 Air Quality Investment Program
- AQMD RECLAIM Air Quality Investment Program for NO_x
- Emission credit programs encompassed in the AQMD Rule 1600-series and 1309.1
- 1B Bond program
- AB118 funding program

In no case will grant funding awards exceed the cost-effectiveness criteria of \$16,400 per ton of emissions (NO_x + ROG + 20*PM₁₀) reduced as calculated per Carl Moyer Program



guidelines. If a project doesn't meet the cost-effectiveness cap, but is otherwise eligible, the funding request may be reduced to the level that meets the applicable cost-effectiveness ceiling. No administrative or vehicle operational costs will be funded.

Due to the California Air Resources Board's 2010 New Diesel Engine Emission Standards (0.20 g/bhp-hr NO_x and 0.01 g/bhp-hr PM) that took effect on January 1, 2010, on-road new purchase projects are limited exclusively to zero-emission technologies that still result in generating surplus emission reductions.

Only alternative fuel projects are eligible for engine repowers in the on-road category, except for public safety vehicles (i.e., emergency vehicles) on a case-by-case basis. Please note that on-road vehicles such as refuse haulers, trucks, and transit buses will also require a case-by-case CARB approval as funding opportunities are limited.

For the on-road category, retrofit of in-use diesel vehicles, engine model years 2004 - 2006 with the highest available¹ verified level PM traps or diesel oxidation catalysts verified by CARB are also allowed. In the off-road categories, both alternative fuel and diesel-to-diesel projects are eligible.

The proposed engine for each on-road project must be consistent with the "Intended Service Class" per the Executive Order (medium-heavy duty (MHD) Intended Service Class engines can not be used for projects which have the heavy-heavy duty (HHD) vehicle classifications).

All projects must meet the program's cost-effectiveness limits and be operational within eighteen (18) months of contract execution or by May 31, 2013, whichever is earlier. Some projects will have earlier in-service operation date requirements, depending on the timing of CARB regulations.

For the off-road marine project category, please be aware that under the current Harbor Craft rules, most vessels will be required to repower or retrofit their vessels to the Tier 3 level (which will most likely not require after treatment) within the minimum project life requirement, and are therefore not likely to be eligible. However, any repower or retrofit that reduces emissions beyond the Tier 3 levels would be surplus and could qualify for CMP funding (with one exception: vessels equipped with engines over 800 hp and new ferries built after 2009, which are required to meet Tier 4 levels when the Tier 4 requirements start (2014-2017)).

It is expected that multiple awards will be granted under this PA, subject to the approval of the AQMD's Governing Board.

All applications will be evaluated based on criteria set forth in this PA and the latest version of the CARB Moyer Program Guidelines revised July 1, 2009, and all subsequent updates and modifications; all information is located on the Carl Moyer web page at www.arb.ca.gov/msprog/moyer/moyer.htm. The AQMD will evaluate and/or verify information submitted by the applicant. At AQMD's discretion, consultants to the AQMD

¹ "Highest available", as defined in the CARB guidelines includes both PM and NO_x reduction effectiveness.



may conduct all or part of such evaluation and/or verification. Data verification during the evaluation and contracting process may cause initial cost-effectiveness rankings, and associated awards, to change. Furthermore, the AQMD reserves the right to make adjustments to awards based on the subsequent verification of information as well as changes in cost-effectiveness.

DEFINITIONS

Alternative Fuel

Alternative fuels include compressed natural gas (CNG), liquefied natural gas (LNG), methanol, ethanol, propane (LPG), and electric technologies. Experimental technologies and fuels will be referred to CARB for evaluation and possible eligibility in the program.

Repower

Vehicle repower refers to replacing an existing engine in an existing vehicle with a newer engine certified to lower emission standards. The replacement engine must be certified for sale in California to a NO_x emission standard that is at least 15 percent lower than the original NO_x certification level for the engine being replaced. Diesel-to-alternative fuel repowers are eligible for all categories. Diesel-to-diesel repowers will only be considered in the off-road and on-road emergency vehicles categories.

Retrofit

Add-on after-treatment emissions reduction devices are considered retrofits. The retrofit kit must be CARB-verified to achieve specific emission reductions. CARB guidance requires the applicant to select the highest level technology certified for that engine that provides the most emission reductions. For many projects, this includes a diesel emission control device that reduces both PM and NO_x emissions. In order to be eligible for CMP funding, the retrofit device must be verified for the specific engine family found on the equipment and achieve the highest level emission reductions when compared to other verified retrofit devices. If a specific device reduces both NO_x and PM but the PM reduction from a retrofit is required by a regulation, only the NO_x reduction may be eligible for funding.

2011 UPDATED INFORMATION

- A number of the **CARB fleet rules reduce or eliminate CMP eligibility**. Applicants should verify their eligibility for funding prior to submitting an application, especially for the On-Road New Purchase project category, which has very limited eligibility opportunity.
- Applicants shall submit a copy of the most recent compliance report(s) or other documentation that provides AQMD with clear understanding of the applicants fleet rule compliance status.
- The cost-effectiveness cap is \$16,400 per weighted ton.
- The Carl Moyer Program Guidelines as well as the updated Program revisions referenced above will be used for project evaluation. Any future modifications approved by CARB shall become effective immediately and applications will be subject to newly approved changes. CARB is expected to modify the Carl Moyer



Program Guidelines in April 2011. All applicants should track the CMP webpage for changes/updates made by CARB at www.arb.ca.gov/msprog/moyer/moyer.htm

IMPORTANT PROGRAM INFORMATION

- Applicants subject to CARB regulations must submit compliance reports to document regulatory compliance, if applicable.
- **Only** alternative fuel projects will be considered for funding in the on-road category, with the exception of the on-road retrofit projects, and public safety vehicles (i.e., emergency vehicles) with case by case approval.
- Applicants **must** provide vendor quotes with their application to document the cost of the low-emission vehicle/equipment project. Applicants may be awarded up to the designated percentage of total cost for the specified type of project (new purchase, repower and/or retrofit). Eligible costs include installation labor and sales tax; however, the total request may not exceed the maximum cost-effectiveness for the equipment/vehicle category. **All quotes must have been obtained within 90 days of application submittal.**
- A number of the CARB fleet rules and air quality regulations have reduced or eliminated CMP eligibility. Compliance with existing air quality regulations is a prerequisite for CMP funding. Only emissions reductions in excess of a regulatory requirement can be considered for CMP funding. If applicants are applying for CMP funds to reduce emissions before required (i.e., early reductions), the equipment must demonstrate sufficient years of operation before the regulatory compliance deadline (with the exception of agricultural pumps). Applicants are responsible for ensuring that they are in full compliance with all applicable regulations and that vehicles/equipment requests under the CMP provide surplus emissions reductions. As noted earlier, applicants must provide documentation of their regulatory compliance status.
- Any tax obligation associated with the award is the responsibility of the grantee.
- Project cost-effectiveness is calculated according to the following equation:

Annualized Cost (\$/year)

NOx reductions + 20(combustion PM10 reductions) + ROG reductions (tons/year)

- All projects must be operational within eighteen (18) months of contract execution or May 20, 2013, whichever is earlier.
- All project invoices must be submitted for payment no later than May 20, 2013. Projects which have not invoiced by this date may forfeit their funding.
- The highest level verified diesel emissions control system (VDECS) available is required as part of any retrofit project and may be required for some repower projects.



The cost of the VDECS equipment and installation may be included in the CMP grant request. It is the responsibility of the applicant to determine the applicability of this requirement, and if required, to include quotes for this equipment in their application. Projects that require the additional VDECS that do not have cost and system specification information may not be evaluated by AQMD staff.

- No third party contracts will be executed.
- Pre- and post-inspection of all vehicles/engines/equipment approved for funding will be conducted, as required.
- Destruction of the engine and/or equipment being replaced is required for repowers or replacement projects.

Emissions reduction calculations must use hour-based (off-road) or mileage-based (on-road) equipment activity. Fuel-based activity may be used if documentation of previous fuel usage and mileage records demonstrates at least 30% more cost-effectiveness. If using the fuel based formula, usage must be based on two years of historical fuel usage documentation specific for the equipment being funded. Documentation may include fuel logs, purchase receipts or ledger entries.

PROGRAM ADMINISTRATION

The CMP will be administered locally by the AQMD through the Science and Technology Advancement office.

FUNDING CATEGORIES AND HIGHLIGHTS OF NEW REGULATIONS

The specific project categories identified for funding under the AQMD's 2011 CMP solicitation are:

- On-Road Heavy-Duty Vehicles, including but not limited to, on-road trucks, pickup and delivery trucks, transit buses and emergency fire apparatus. Please note that for on-road vehicles such as refuse haulers, trucks, and transit buses case-by-case approval by CARB is required.
- Off-Road Heavy-Duty Equipment/Engines, including but not limited to, construction equipment, marine engines, , locomotives, and agricultural equipment.

As a result of the anticipated proposed changes to CARB's mobile source regulations, as well as re-tooling of the calculation methodologies for determining surplus emission reductions under the Carl Moyer Program which will be proposed by ARB staff in 2011, AQMD will evaluate and rank all on-road heavy-duty vehicle project projects in accordance with all of the changes that are anticipated by ARB staff. Interested applicants under the Carl Moyer Program are strongly encouraged to review all applicable updates (posted at CARB's CMP website) to ensure that their project proposal would be still be eligible for CMP grant funding.



Anticipated funding category allocations are provided below in Table 1. The AQMD reserves the right to reallocate the funds to another category or subcategory. Additionally, the AQMD reserves the right to partially fund a project.

All qualified applications submitted for each category/subcategory will be evaluated for disproportional impacts (discussed in Section IV) and ranked by emission reduction cost-effectiveness.

Table 1
Proposed Funding and Cost-Effectiveness Limits

Category	Minimum Amount* (\$ millions)	Cost-Effectiveness \$/ton
ON-ROAD		
(A) Vehicles (Including Emergency Vehicle)	7.0	16,400
(B) Transp. Refrigeration Units	1.0	16,400
(C) Heavy-Duty Diesel Vehicle Retrofits	3.0	16,400
OFF-ROAD		
(A) Marine	6.0	16,400
(B) Construction (Small and medium fleets only)**	2.0	16,400
(C) Locomotives	<u>6.0</u>	16,400
	25.0	

**In case of oversubscription in these categories, greater funding may be recommended.*

*** Small fleet size is $\leq 2,500$ hp, medium fleet size is 2,501 to 5,000 hp.*

It is noteworthy that proposals for fuel and engine technologies not yet certified by CARB, or falling outside the categories specifically discussed in this PA, will be referred to CARB for determination of CMP eligibility. Please discuss these projects with AQMD staff prior to submittal.



Valid until June 10, 2011 at 1:00 PM

SCHEDULE OF EVENTS

Issue PA #2011-09	March 4, 2011
Workshops	May 5th – 26th, 2011
All Applications Due by 1:00 pm	Tuesday, June 7, 2011
Awards Consideration by the Board	September - October 2011

<p>ALL PROPOSALS MUST BE RECEIVED AT THE AQMD HEADQUARTERS NO LATER THAN 1:00 P.M. ON TUESDAY, June 7, 2011</p>
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Postmarks will not be accepted. Faxed or e-mail proposals will not be accepted. Proposers may hand-deliver proposals to the AQMD by submitting the proposal to the AQMD reception desk. The proposal will be date and time-stamped and the person delivering the proposal will be given a receipt.

SCHEDULE OF CMP GENERAL WORKSHOPS:

General Workshops

- Thursday, May 5, 2011 - 10 a.m. to Noon
Riverside County Administrative Center, 1st Floor, Board Room
4080 Lemon Street
Riverside, CA 92501
- Tuesday May 10, 2011 - 10 a.m. to Noon
SCAQMD Headquarters, Room CC-2
21865 Copley Drive
Diamond Bar, CA 91765
- Thursday, May 26, 2011 - 10 a.m. to Noon
SCAQMD Headquarters, Room CC-2
21865 Copley Drive
Diamond Bar, CA 91765

Construction Equipment Workshops

- Wednesday, May 18, 2011 - 10 a.m. to Noon
Associated General Contractors
1906 West Garvey Avenue
West Covina, CA 91790

Marine Vessels Workshop

- Wednesday, May 25, 2011 – 10 a.m. to Noon
Port of Los Angeles Board Room
425 South Palos Verdes Street
San Pedro, CA 90731



STATEMENT OF COMPLIANCE

Government Code Section 12990 and California Administrative Code, Title II, Division 4, Chapter 5, require employers to agree not to unlawfully discriminate against any employee or applicant because of race, religion, color, national origin, ancestry, physical handicap, medical condition, marital status, sex, or age. A statement of compliance with this clause is included in all AQMD contracts.

CONTACT FOR ADDITIONAL INFORMATION

Questions regarding the content or intent of this PA, procedural matters, or locations of workshops should be addressed to:

Lani Montojo
Science and Technology Advancement
South Coast Air Quality Management District
21865 Copley Drive, Diamond Bar, CA 91765
(909) 396-2231/3252 FAX

SECTION II - WORK STATEMENT/SCHEDULE OF DELIVERABLES

All applicants that are selected for funding awards must complete the Work Statement and Schedule of Deliverables described below as part of the contracting process. Development of these materials for the initial application is NOT required; however, applicants must sign the Application form indicating their understanding of the requirements for submittal of additional project information to finalize a contract and that all vehicles, engines or equipment must be in operation within eighteen (18) months of contract execution or by May 20, 2013, whichever is earlier. **Unsigned applications will be deemed ineligible and will NOT be considered for funding.**

WORK STATEMENT

The scope of work involves a series of tasks and deliverables that demonstrate compliance with the requirements of the CMP as administered by CARB and the AQMD. The responsibility for developing detailed project plans that address the program criteria is the project applicant's. In addition, alternative fuel project applicants must discuss their plan for refueling the proposed vehicles/equipment, and if appropriate, should provide a letter of agreement from their fuel provider (see Application forms).

At a minimum, any contract for funding the proposed project must meet the following criteria:

- Provide emission reductions that are real, quantifiable, enforceable and surplus (with the exception of Agricultural Assistance Program projects) in accordance with CARB and AQMD guidelines.
- Meet the cost-effectiveness limits, as described in Table 1 of this PA.
- Provide at least 30 percent NO_x emission reduction for new engine/vehicle purchases and 15 percent for repowers and retrofits, compared to baseline NO_x emissions, if NO_x emission reductions are to be considered in the cost-effectiveness calculations.



- Commit that project engines or equipment operate in-service for the full project life (a minimum of three years) and at least 75 percent of annual operation must occur within the AQMD. Project life is the number of years used to determine the cost-effectiveness and is equal to the contract term.
- Commit that all vehicles/engines/equipment are in operation within 18 months of contract execution or by May 20, 2013 whichever is earlier.
- Provide for appropriate record-keeping during the project life (i.e., annual mileage, fuel consumption and/or hours of operation).
- Ensure that the project complies with other local, state, and federal programs, and resulting emission reductions from a specific project are not required as a mitigation measure to reduce adverse environmental impacts that are identified in an environmental document prepared in accordance with the California Environmental Quality Act or the National Environmental Policy Act.
- If requested, contractor must provide a financial statement and bank reference, or other evidence of financial ability to fulfill contract requirements.

DELIVERABLES

The contract will describe how the project will be monitored and what type of information will be included in project progress reports. At a minimum, the AQMD expects to receive the following reports:

1. Quarterly status reports until the vehicle or equipment purchase, repower or retrofit, or fueling infrastructure has been accomplished and in operation. These reports shall include a discussion of any problems encountered and how they were resolved, any changes in the schedule, and recommendations for completion of the project. These progress reports are required before payment for the purchase, repower or retrofit will be made.
2. An annual report for the full contract term, or project life, which provides the annual miles or hours of operation, where the vehicle or equipment was operated (75 percent required in-Basin), annual fuel consumption, and operational and maintenance issues encountered and how they were resolved. AQMD reserves the right to verify the information provided.

SECTION III - PROPOSAL SUBMITTAL REQUIREMENTS

Proposers **must** complete the appropriate application forms, which are included in the Appendices. In addition, Conflict of Interest and Project Cost information, as described below, must also be submitted with the application. It is the responsibility of the proposer to ensure that all information submitted is accurate and complete. Please note, that if recommended for an award you will be required to submit an updated Conflict of Interest form at a later date.

CONFLICT OF INTEREST

Applicant must address any potential conflicts of interest with other clients affected by actions performed by the firm on behalf of the AQMD. Although the proposer will not be automatically disqualified by reason of work performed for such firms, the AQMD reserves



the right to consider the nature and extent of such work in evaluating the proposal. Conflicts of interest will be screened on a case-by-case basis by the AQMD District Counsel's Office. Conflict of interest provisions of the state law, including the Political Reform Act, may apply to work performed pursuant to this contract. Please discuss potential conflicts of interest on the application form entitled "Contracting Statements".

PROJECT COST

Applicants must provide cost information that specifies the amount of funding requested and the basis for that request by attaching vendor quotes to the application. Applicants need to inform vendors of the time frame of the award process so that they can project costs to the projected order/purchase date. **Note that purchase orders may not be placed for projects awarded under this PA until after the date of award approval by the AQMD Governing Board. However, it is important to understand that orders placed in advance of a fully executed contract are done so at the risk of the applicant.** The CMP funds only a percentage of the cost of the low-emission technology based on the type of project. The proposed low-emission technology must be CARB-certified in most cases². No fueling infrastructure, administrative or operational costs will be funded.

All project costs must be clearly indicated in the application. In addition, applicants should be sure to include any sources of co-funding and the amount of each co-funding source in the application. **Proposers are cautioned that the project life period used in calculating emissions reductions will be used to determine the length of their data reporting obligation. In other words, a project applicant using a ten year life for the emissions reduction calculations will be required to operate and track activity for the project vehicle for the full ten years. The contract life will also be ten years.**

Proposers are not required to calculate a project's cost-effectiveness, although it is helpful to understand your project's cost-effectiveness in order to anticipate the maximum possible grant award that might be recommended. Methodologies for calculating cost-effectiveness are provided in the CARB Moyer Guidelines www.arb.ca.gov/msprog/moyer/moyer.htm.

APPLICATION SUBMISSION

All applications must be submitted according to specifications set forth herein. Failure to adhere to these specifications may be cause for rejection of the proposal without evaluation.

Staff Contact Information: AQMD staff contacts for each program category are listed at the end of this document. Applicants are strongly encouraged to contact AQMD staff experts to discuss their project prior to submitting an application to ensure program eligibility.

Application Forms: Program application forms are provided in the Appendix. These must be completed and submitted with other required documents (i.e., Certifications and Representations) discussed in the application and below.

² Note that an experimental permit from CARB may be considered, but the project will require special CARB approval.



Certifications and Representations: Contained in Form A-1 of this PA consists of five forms which must also be completed and submitted with the Application.

Due Date - The proposer shall submit a signed original and three (3) complete copies of the application, as well as a CD of the application and its supporting documents, in a sealed envelope, plainly marked in the upper left-hand corner with the name and address of the proposer and the words "**Program Announcement PA #2001-09**". All proposals/applications shall be submitted in an environmentally friendly format: stapled, not bound, black and white print; no three-ring, spiral, or plastic binders, and no card stock or colored paper

All proposals must be received no later than **1:00 p.m., on Tuesday, June 7, 2011.** Postmarks are not accepted as proof of deadline compliance. **Faxed or e-mailed proposals will not be accepted.** Proposals must be directed to:

Procurement Unit
South Coast Air Quality Management District
21865 East Copley Drive
Diamond Bar, CA 91765

Any correction or resubmission done by the proposer will not extend the submittal due date.

Grounds for Rejection - A proposal may be immediately rejected if:

- It is not prepared in the format described
- It is not signed by an individual authorized to represent the firm
- Does not include current cost quotes, Contractor Statement Forms and other forms required in this PA.

Missing Information – Within five (5) business days of the proposal due date, AQMD will send letters to applicants regarding missing information. Applicants will have seven (7) days to provide any missing information requested in this letter. Any additional information requests will also have a seven (7) day response deadline.

Disposition of Proposals - The AQMD reserves the right to reject any or all proposals. All responses become the property of the AQMD. One copy of the proposal shall be retained for AQMD files. Additional copies and materials will be returned only if requested and at the proposer's expense.

SECTION IV - PROPOSAL EVALUATION/CONTRACTOR SELECTION CRITERIA

AQMD staff will evaluate all submitted proposals and make recommendations to the Governing Board for final selection of project(s) to be funded. Proposals will be evaluated on the cost-effectiveness of NOx, PM10 and ROG reduced, as well as a project's disproportional impact evaluation (discussed below). Be aware that there is a possibility that due to program



priorities, cost-effectiveness and/or funding limitations, project applicants may be offered only partial funding, and not all proposals that meet cost-effectiveness criteria may be funded.

At least 50 percent of the CMP funds must be spent in areas that are most significantly impacted by air pollution and are low income, or both (i.e., receive a disproportionate impact from these factors). CARB issued broad goals and left the details of how to implement this requirement to each air agency. AQMD uses the following method to meet these requirements.

1. All projects must qualify for the CMP by meeting the cost-effectiveness limits established in the PA, Table 1.
2. All projects will be evaluated according to the following criteria to qualify for disproportionate impact funding:
 - a) Poverty Level: All projects in areas where at least 10 percent of the population falls below the Federal poverty level based on the year 2000 census data are eligible to be included in this category, and
 - b) PM 2.5 Exposure: All projects in areas with the highest 15 percent of PM 2.5 concentration measured within a 2 km grid will be eligible to be ranked in this category. The highest 15 percent of PM2.5 concentration is 19.01 micrograms per cubic meter and above, on an annual average, or
 - c) Air Toxics Exposure: All projects in areas with a cancer risk of 865 in a million and above (based on Mates III estimates) will be eligible to be ranked in this category.

The maximum score will be comprised of 40 percent for poverty level and 30 percent each for PM and toxic exposures. Special circumstances exist in some areas, such as the Ports of Long Beach and Los Angeles. Since there are no residents within the ports, poverty ranking could not be established. In this case, the poverty ranking from the adjacent on-shore areas were extended to the port since these populated areas are directly impacted by port activities.

3. Fifty percent of the available funding from this PA will be allocated among proposals located in disproportionately impacted areas. If available funding is not exhausted with the outlined methodology, then staff will return to the Governing Board for direction. If on the other hand, funding requests exceed the available funding levels, then all qualified projects will be ranked for poverty level, PM and toxic exposures. The maximum score will be comprised of 40 percent for poverty level, and 30 percent each for PM and toxic exposures
4. All the proposals not awarded under the fifty percent disproportional impact funding will then be ranked according to cost-effectiveness, with the most cost-effective project funded first and then in descending order for each funding category until the remainder of the CMP funds are exhausted.



SECTION V - PAYMENT TERMS

For all projects, except marine vessels, full payment will be made upon installation and commencement of operation of the funded equipment. For marine vessel projects, 20 percent (see below) of the funds will be withheld to be remitted annually on a sliding scale as described below.

Upon receipt of the annual report, the twenty percent withhold will be decreased according to the following:

Year 1	15% withhold	Year 3	7% withhold
Year 2	10% withhold	Year 4	0% withhold

Note: Applicants may request contract clauses that permit payment to be made directly to vendors.

FY 2010-2011 (YEAR 13) THE CARL MOYER MEMORIAL AIR QUALITY STANDARDS ATTAINMENT PROGRAM

The AQMD staff contact for all project categories is Vicki White at (909) 396-3436 or vwhite@aqmd.gov. Copies of the Program Announcement, Application Forms and a sample AQMD CMP contract may be accessed at http://www.aqmd.gov/tao/implementation/carl_moyer_program_2001.html.

AQMD CONTACTS BY CATEGORY

Appendix Name	Staff Contact	Phone Number	E-mail
Heavy-Duty On-Road Vehicles	Ashkaan Nikravan	(909) 396-3260	anikravan@aqmd.gov
Transport Refrigeration Units	Ashkaan Nikravan	(909) 396-3260	anikravan@aqmd.gov
Compression Ignition Off-Road Equipment	Vasken Yardemian	(909) 396-3296	vyardemian@aqmd.gov
Airport Ground Support Equipment	Mark Coleman	(909) 396-3074	mcoleman@aqmd.gov
Locomotives	Connie Day	(909) 396-3055	cday@aqmd.gov
Marine Vessels	Mark Coleman	(909) 396-3074	mcoleman@aqmd.gov



WEBSITE LINKS TO CARB RULES THAT AFFECT CMP ELIGIBILITY

On-Road Private @ <http://www.arb.ca.gov/msprog/onrdiesel/onrdiesel.htm>

Public/Utility Fleets @ <http://www.arb.ca.gov/msprog/publicfleets/publicfleets.htm>

In-Use Off-Road (CI) @ <http://www.arb.ca.gov/msprog/ordiesel/ordiesel.htm>

Transport Refrigeration Units @ <http://www.arb.ca.gov/diesel/tru.htm>

Idle Reduction @ <http://www.arb.ca.gov/msprog/truck-idling/truck-idling.htm>

Solid Waste Collection Vehicle @ <http://www.arb.ca.gov/msprog/SWCV/SWCV.htm>

Transit Bus @ <http://www.arb.ca.gov/msprog/bus/bus.htm>

Stationary Ag Engines @ <http://www.arb.ca.gov/diesel/ag/inuseag.htm>

Harbor Craft @ <http://www.arb.ca.gov/ports/marinevess/harborcraft.htm>

Cargo Handling Equipment @ <http://www.arb.ca.gov/ports/cargo/cargo.htm>



APPENDIX

Table of Contents

Form A-1:	General Project Information Application
Form B-1:	Off-Road Heavy-Duty Equipment, Equipment Replacement
Form B-2:	Off-Road Heavy Duty Equipment, Repower Only or Repower/Retrofit
Form B-3:	Off-Road Heavy Duty Equipment, Retrofit Only
Form C-1:	On-Road Heavy-Duty Vehicles, New Purchase
Form C-2:	On-Road Heavy-Duty Vehicles, Repower
Form C-3:	On-Road Heavy-Duty Vehicles, Retrofit Only
Form D-1:	Marine Vessels, Repower and/or Retrofit
Form E-1:	Locomotive Project Application, New Purchase and ILD
Form E-2:	Locomotive Project Application, Repower or Remanufacture
Form F-1:	Transport Refrigeration Unit (TRU)

SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT
YEAR 13 CARL MOYER PROGRAM (FY 10/11)

FORM A-1 - GENERAL PROJECT INFORMATION APPLICATION

Applicant Name:	
Address:	
Phone #:	Cell #:

Please use this section to summarize the scope of your project proposal. Please indicate, by category, the total funding request, number of units, and the type of project (i.e. New Purchase, Repower, Retrofit, TRU, etc). Please keep in mind that the total percentage of eligible funding amount varies from one project category to another, for more information refer to the Carl Moyer Guidelines available at <http://www.arb.ca.gov/msprog/moyer/moyer.htm>

Funding Request

Category	Amount Requested	Number of Units	Repower, New, etc.
On-Road \$	Units	Type	
On-Road \$	Units	Type	
On-Road \$	Units	Type	
Are on-road trucks 1989 or older? Yes		No	
What is your fleet size?			
Off-Road \$	Units	Type	
Off-Road \$	Units	Type	
Off-Road \$	Units	Type	
What is your fleet size in horsepower?			
Marine \$	Units	Type	
Marine \$	Units	Type	
Locos \$	Units	Type	
Locos \$	Units	Type	
Locos \$	Units	Type	
Other			
	\$	Units	Type
	\$	Units	Type
Total Funds Requested		\$	

SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT
YEAR 13 CARL MOYER PROGRAM (FY 10/11)

All Sections of Form A-1 must be submitted for an application to be deemed complete. If information does not pertain to your project, please write "NA" on the form and sign it. In addition, supplemental forms are required for each piece of requested equipment.

I. Applicant Information

Company name/ Organization name/ Individual name:		
Business address (Mailing address): Street:		
City:	State:	Zip code:
Contact Name and Title:		
E-mail:		
Phone: ()	Fax: ()	
Person with contract signing authority (if different from above):		

I hereby certify that all information provided in this application and any attachments are true and correct.

Printed Name of Responsible Party:	Title:
Signature of Responsible Party:	Date:

Complete this section if application was prepared by another person

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

Printed Name:	Title:
Signature:	Date:
Amount Being Paid for Application Completion in Whole or Part:	Source of funding to 3rd party:

II. FUNDING INFORMATION

Total Number of Equipment Included in Project:	
Total Number of Engines Included in Project:	
Total Amount of Funding Requested: \$	Total Applicant Co-Funding Amount (if any):

SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT
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III. General Project Information

There are three types of emission reduction projects:

New Purchase – Purchasing a new vehicle or piece of equipment with an engine that is cleaner than the current year standard.

Repower – Replacing an existing engine with a new reduced-emission engine.

Retrofit – Installing a CARB-verified emission control system on an in-use engine.

IMPORTANT REMINDER: Only projects that are demonstrated to be surplus to California Air Resources Board (ARB) regulations are eligible for Carl Moyer Program (CMP) funding. Please ensure your proposed project is eligible prior to submitting an application.

Check the appropriate box(es) below for each type of project and indicate the total number of equipment/engines included in your project.

B. Off-Road Diesel Equipment

Diesel Fleet Size (Total hp): ☐ Small $\leq 2,500$ ☐ Medium 2,501-5,000 ☐ Large $> 5,000$

NOTE: Only new purchases or equipment retrofits for fleets with no greater than –three (3) pieces are eligible.

Equipment Replacement – Total pieces of equipment: _____

A supplemental application (Form B-1) must be completed for each piece of new equipment

☐ Repower Only– Total engines to be repowered: _____

A supplemental application (Form B-2) must be completed for each engine repower

☐ Repower with Retrofit – Total engines to be repowered/retrofit: _____

A supplemental application (Form B-2) must be completed for each engine repower

☐ Retrofit Only – Total engines to be retrofit: _____

A supplemental application (Form B-3) must be completed for each retrofit

SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT
YEAR 13 CARL MOYER PROGRAM (FY 10/11)

C. On-Road Vehicles

NOTE: For On-Road purchase and repower projects, only alternative fuel vehicles and engines are eligible for funding, with the exception of emergency vehicles and equipment. On-road heavy-duty diesel vehicles/engines are eligible to receive CMP funds for retrofits as long as the project is "surplus" to CARB regulations.

NOTE: All on-road repower projects must include installation of the highest level CARB-verified retrofit device. Repower projects are not disqualified from participation in the Carl Moyer Program if retrofit devices are not available, technically infeasible or unsafe. If installation of a retrofit device is infeasible or unsafe you MUST provide documentation from the retrofit device manufacturer stating the reason(s) that the device is infeasible or unsafe.

☐ New Purchase – Total pieces of equipment: _____

A supplemental application (Form C-1) must be completed for each piece of new equipment

☐ Repower – Total engines to be repowered: _____

A supplemental application (Form C-2) must be completed for each engine repower

☐ Retrofit Only – Total engines to be retrofit: _____

A supplemental application (Form C-3) must be completed for each retrofit

☐ Auxiliary Power Unit (APU) – Total units: _____

A supplemental application (Form F) must be completed for each APU

D. Marine Vessels

☐ Repower – Total engines to be repowered: _____

A supplemental application (Form D-1) must be completed for each engine repower

☐ Retrofit Only – Total engines to be retrofit: _____

A supplemental application (Form D-1) must be completed for each retrofit

E. Locomotives

Note: All locomotive purchase and repower projects (except alternative technology switchers) MUST include purchase and installation of an AESS ILD device to reduce unnecessary engine idling if the locomotive is not already equipped with such a device and AESS installation is technically feasible. All ILDs must comply with applicable durability and warranty requirements.

☐ New Purchase – Total number of locomotives: _____

A supplemental application (Form E-1) must be completed for each new locomotive

☐ Repower – Total engines to be repowered: _____

A supplemental application (Form E-2) must be completed for each engine repower

☐ Engine Remanufacture Kit – Total engine remanufacture kits: _____

A supplemental application (Form E-2) must be completed for each remanufacture

☐ Idle Limiting Device (ILD) Only – Total ILDs to be installed: _____

A supplemental application (Form E-1) must be completed for each ILD

SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT
YEAR 13 CARL MOYER PROGRAM (FY 10/11)

F. Transport Refrigeration Units (TRU)

☐ Ultra Low Emission TRU Project – Total number of units: _____

A supplemental application (Form F) must be completed for each new unit

☐ Zero-Emission TRU Project – Total number of units: _____

A supplemental application (Form F) must be completed for each engine repower

IV. FUNDING DISCLOSURE

Have any engines or vehicles listed in this application been awarded funding from the Air Resources Board or another public agency or are any being considered for funding?

☐ Yes

☐ No

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

Agency applied to:
Date/Number of Agency Solicitation:
Total Funding Amount Requested or Awarded: \$
Amount per Unit Requested or Awarded: \$
Status:
Do you plan to claim a tax credit or deduction for the project vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", please indicate the estimated tax credit amount to be claimed per vehicle: - _____.

SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT
YEAR 13 CARL MOYER PROGRAM (FY 10/11)

Application Statement – Please Read and Sign

All information provided in this application will be used by AQMD staff to evaluate the eligibility of this application to receive program funds. AQMD staff reserves the right to request additional information and can deny the application if such requested information is not provided by the requested deadline. Incomplete or illegible applications will be returned to applicant or vendor, without evaluation. An incomplete application is an application that is missing information critical to the evaluation of the project.

- ◆ I certify to the best of my knowledge that the information contained in this application is true and accurate.
- ◆ I understand that, if awarded funding under the CMP, development and submittal of a detailed work statement, with deliverables and schedule is a requirement of the contracting process.
- ◆ 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 NOx and/or PM pollutants. CARB Verification Letters and/or Executive Orders are attached, as applicable.
- ◆ I understand that for repower projects, I am required to install the highest level available verified diesel emission control device (VDECS), and that the costs of this device and associated installation are a CMP eligible expense. These costs may be included in the project grant request up to the maximum cost-effectiveness limit.
- ◆ I understand that there may be conditions placed upon receiving a grant and agree to refund the grant (or pro-rated portion thereof) if it is found that at any time I do not meet those conditions and if directed by the AQMD in accordance with the contract agreement.
- ◆ I understand that, for this equipment, I will be prohibited from applying for any other form of emission reduction credits for Moyer-funded vehicles/engines, including: Emission Reduction Credit (ERC); Mobile Source Emission Reduction Credit (MSERC) and/or Certificate of Advanced Placement (CAP), for all time, from the AQMD, CARB or any other Air Quality Management or Air Pollution Control District.
- ◆ The proposed project has not been funded and is not being considered for Carl Moyer Program funds by another air district, CARB, or any other public agency.
- ◆ In the event that the vehicle(s)/equipment do not complete the minimum term of any agreement eventually reached from this application, I agree to ensure the equivalent project emissions reductions, or to return grant funds to the AQMD as required by the contract.
- ◆ I understand that all on-road engines in my fleet that are eligible for a low NOx software upgrade (reflash) must be reflashed within 60 days of receipt of an award payment. I may self-certify that the reflash has been performed by submitting receipt of reflash completed or a picture of the "Low NOx Reflash Label from the reflashed engine to the district.

SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT
YEAR 13 CARL MOYER PROGRAM (FY 10/11)

Application Statement, con't.

- ◆ I have the legal authority to apply for grant funding for the entity described in this application.
- ◆ Disclosure of the value of any current financial incentive that directly reduces the project price, including tax credits or deductions, grants, or other public financial assistance for the same engine is required. To avoid double counting of incentives, all tax credits or deductions, grants, or other public financial assistance must be deducted from the CMP request.
- ◆ I understand that third party contracts are not permitted. A third party may, however complete an application on an owner's behalf. Third parties are required to list how much compensation, if any, they are receiving to prepare the application(s), and to certify that no CMP funds are being used for this compensation.
- ◆ I understand that additional project information must be submitted to finalize a contract. This information may be found under Section II: Work Statements/Schedule of Deliverables in the PA.
- ◆ I understand that all vehicles, engines or equipment funded by this program must be operational within eighteen (18) months of contract execution, or by May 20, 2013, whichever is earlier.
- ◆ I have initialed this bullet to indicate that there are no potential conflicts of interest with other clients affected by actions performed by the firm on behalf of the AQMD. If this bullet is not initialed, I have attached a description to this application of the potential conflict of interest, which will be screened on a case-by-case basis by the AQMD District Counsel's Office. There is no potential conflict of interest: _____(Please Initial if applicable, otherwise attach separate sheet describing the potential conflict)

Applicant's Signature

Date

Applicant's Name (please print)

Title

SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT
YEAR 13 CARL MOYER PROGRAM (FY 10/11)

Application Statement, con't.

Please initial each section.

(See PA #2011-09 for additional information and requirements):

_____ The purchase of this low-emission technology is NOT required by any local, state, and/or federal rule or regulation (with the exception of Agricultural Assistance Program projects). _____

_____ The definitions of qualifying projects are described in PA #2011-09. These definitions have been reviewed and this application is consistent with those definitions. _____

_____ The vehicle/engine will be used within the AQMD boundaries (with the emission reduction system operating) for at least the projected usage shown in this application, and no less than 75 percent of the time. _____

_____ All project applicants must submit documentation that supports the activity claimed in the application (i.e., fuel receipts, mileage logs and/or hour-meter readings covering the last two years). This documentation is attached. _____

_____ The grant contract language can not be modified without the written consent of all parties. I have reviewed and accepted the sample contact language. _____

_____ I understand that an IRS Form 1099 may be issued to me for incentive funds received under the Moyer Program. I understand that it is my responsibility to determine the tax liability associated with participating in the Moyer Program. _____

_____ I understand that an AQMD-funded Global Positioning System (GPS) unit will be installed on vehicles/equipment not operating within AQMD boundaries full time. I will submit data as requested and otherwise cooperate with all data reporting requirements. I also understand that the additional cost of the GPS unit will be added to the project cost when calculating cost-effectiveness, though the AQMD will pay for this system directly. _____

_____ I understand that the AQMD has the right to conduct unannounced inspections for the full project life to ensure the project equipment is fully operational at the activity level committed to by the contract. _____

_____ I understand that all emission reductions resulting from funded projects will be retired. To avoid double counting of emission reductions, project vehicles and/or equipment may not receive funding from any other government grant program that is designed to reduce mobile source emissions. _____

_____ I understand that a tamper proof, non-resettable digital hour meter/odometer must be installed on all vehicles/equipment and that the digital hour meter/odometer will record the hours/miles accumulated within the AQMD boundaries. This cost is my responsibility. _____

_____ I understand that any tax credits claimed must be deducted from the CMP request. Please check one:

☐ I do not plan to claim a tax credit or deduction for costs funded by the CMP.

☐ I do plan to claim a tax credit or deduction for costs funded by the CMP.
If so, please indicate amount here: \$ _____

☐ I plan to claim a tax credit or deduction only for the portion of incremental costs not funded by the CMP. If so, please indicate amount here: \$ _____



South Coast Air Quality Management District

21865 Copley Drive, Diamond Bar, CA 91765-4178
(909) 396-2000 • www.aqmd.gov

Business Information Request

Dear SCAQMD Contractor/Supplier:

The South Coast Air Quality Management District (SCAQMD) is committed to ensuring that our contractor/supplier records are current and accurate. If your firm is selected for award of a purchase order or contract, it is imperative that the information requested herein be supplied in a timely manner to facilitate payment of invoices. In order to process your payments, we need the enclosed information regarding your account. **Please review and complete the information identified on the following pages, complete the enclosed W-9 form, remember to sign both documents for our files, and return them as soon as possible to the address below:**

**Attention: Accounts Payable, Accounting Department
South Coast Air Quality Management District
21865 Copley Drive
Diamond Bar, CA 91765-4178**

If you do not return this information, we will not be able to establish you as a vendor. This will delay any payments and would still necessitate your submittal of the enclosed information to our Accounting department before payment could be initiated. Completion of this document and enclosed forms would ensure that your payments are processed timely and accurately.

If you have any questions or need assistance in completing this information, please contact Accounting at (909) 396-3777. We appreciate your cooperation in completing this necessary information.

Sincerely,

Michael B. O'Kelly
Chief Financial Officer

DH:LV:CW:tm

Enclosures: Business Information Request
Disadvantaged Business Certification
W-9
Federal Contract Debarment Certification

REV 4/10



South Coast Air Quality Management District

21865 Copley Drive, Diamond Bar, CA 91765-4178
(909) 396-2000 • www.aqmd.gov

BUSINESS INFORMATION REQUEST

Business Name	
Division of:	
Subsidiary of:	
Website Address	
Type of Business	

REMITTING ADDRESS INFORMATION

Address			
City/Town			
State/Province		Zip	
Phone	() - Ext	Fax	() -
Contact		Title	
E-mail Address			
Payment Name if Different			

All invoices must reference the corresponding Purchase Order Number(s)/Contract Number(s) if applicable and mailed to:

**Attention: Accounts Payable, Accounting Department
South Coast Air Quality Management District
21865 Copley Drive
Diamond Bar, CA 91765-4178**

DISADVANTAGED BUSINESS CERTIFICATION

Federal guidance for utilization of disadvantaged business enterprises allows a vendor to be deemed a small business enterprise (SBE), minority business enterprise (MBE) or women business enterprise (WBE) if it meets the criteria below.

- is certified by the Small Business Administration or
- is certified by a state or federal agency or
- is an independent MBE(s) or WBE(s) business concern which is at least 51 percent owned and controlled by minority group member(s) who are citizens of the United States.

Following state guidance, a vendor may be deemed a disabled veteran business enterprise (DVBE) if it meets the following:

- is an independent business concern which is at least 51 percent owned and controlled by disabled veteran(s), and the home office is located in the U.S.

Statements of certification:

As a prime contractor to the SCAQMD, _____ (name of business) will engage in good faith efforts to achieve the fair share in accordance with 40 CFR Section 31.36(e), and will follow the six affirmative steps listed below **for contracts or purchase orders funded in whole or in part by federal grants and contracts.**

1. Place qualified SBEs, MBEs, and WBEs on solicitation lists.
2. Assure that SBEs, MBEs, and WBEs are solicited whenever possible.
3. When economically feasible, divide total requirements into small tasks or quantities to permit greater participation by SBEs, MBEs, and WBEs.
4. Establish delivery schedules, if possible, to encourage participation by SBEs, MBEs, and WBEs.
5. Use services of Small Business Administration, Minority Business Development Agency of the Department of Commerce, and/or any agency authorized as a clearinghouse for SBEs, MBEs, and WBEs.
6. If subcontracts are to be let, take the above affirmative steps.

Self-Certification Verification:

Check all that apply:

- | | |
|---|---|
| <input type="checkbox"/> Small business enterprise | <input type="checkbox"/> Women-owned business enterprise |
| <input type="checkbox"/> Local business | <input type="checkbox"/> Disabled veteran-owned business enterprise |
| <input type="checkbox"/> Minority-owned business enterprise | |

Percent of ownership: _____ %

Name of Qualifying Owner(s): _____

I, the undersigned, hereby declare that to the best of my knowledge the above information is accurate. Upon penalty of perjury, I certify information submitted is factual.

NAME

TITLE

TELEPHONE NUMBER

DATE

Definitions For Self-Certification Verification

Disabled Veteran-Owned Business Enterprise means a business that meets all of the following criteria:

- is a sole proprietorship or partnership of which is at least 51 percent owned by one or more disabled veterans, or in the case of any business whose stock is publicly held, at least 51 percent of the stock is owned by one or more disabled veterans; a subsidiary which is wholly owned by a parent corporation but only if at least 51 percent of the voting stock of the parent corporation is owned by one or more disabled veterans; or a joint venture in which at least 51 percent of the joint venture's management and control and earnings are held by one or more disabled veterans.
- the management and control of the daily business operations are by one or more disabled veterans. The disabled veterans who exercise management and control are not required to be the same disabled veterans as the owners of the business.
- is a sole proprietorship, corporation, partnership, or joint venture with its primary headquarters office located in the United States and which is not a branch or subsidiary of a foreign corporation, firm, or other foreign-based business.

Joint Venture means that one party to the joint venture is a MBE/WBE/DVBE and owns at least 51 percent of the joint venture. In the case of a joint venture formed for a single project this means that MBE/WBE/DVBE will receive at least 51 percent of the project dollars.

Local Business means a business that meets all of the following criteria:

- has an ongoing business within the boundary of the SCAQMD at the time of bid application.
- performs 90 percent of the work within SCAQMD's jurisdiction.

Minority-Owned Business Enterprise means a business that meets all of the following criteria:

- is at least 51 percent owned by one or more minority persons or in the case of any business whose stock is publicly held, at least 51 percent of the stock is owned by one or more minority persons.
- is a business whose management and daily business operations are controlled or owned by one or more minority person.
- is a business which is a sole proprietorship, corporation, partnership, joint venture, an association, or a cooperative with its primary headquarters office located in the United States, which is not a branch or subsidiary of a foreign corporation, foreign firm, or other foreign business.

"Minority" person means a Black American, Hispanic American, Native American (including American Indian, Eskimo, Aleut, and Native Hawaiian), Asian-Indian American (including a person whose origins are from India, Pakistan, or Bangladesh), Asian-Pacific American (including a person whose origins are from Japan, China, the Philippines, Vietnam, Korea, Samoa, Guam, the United States Trust Territories of the Pacific, Northern Marianas, Laos, Cambodia, or Taiwan).

Small Business Enterprise means a business that meets the following criteria:

- 1) an independently owned and operated business; 2) not dominant in its field of operation; 3) together with affiliates is either:
 - **A service, construction, or non-manufacturer with 100 or fewer employees, and average annual gross receipts of ten million dollars (\$10,000,000) or less over the previous three years, or**
 - A manufacturer with 100 or fewer employees.
- b. Manufacturer means a business that is both of the following:
 - 1) Primarily engaged in the chemical or mechanical transformation of raw materials or processed substances into new products.
 - 2) Classified between Codes 2000 to 3999, inclusive, of the Standard Industrial Classification (SIC) Manual published by the United States Office of Management and Budget, 1987 edition.

Women-Owned Business Enterprise means a business that meets all of the following criteria:

- is at least 51 percent owned by one or more women or in the case of any business whose stock is publicly held, at least 51 percent of the stock is owned by one or more women.
- is a business whose management and daily business operations are controlled or owned by one or more women.
- is a business which is a sole proprietorship, corporation, partnership, or a joint venture, with its primary headquarters office located in the United States, which is not a branch or subsidiary of a foreign corporation, foreign firm, or other foreign business.

Request for Taxpayer Identification Number and Certification

Give form to the
requester. Do not
send to the IRS.

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/ Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶	<input type="checkbox"/> Exempt from backup withholding
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number								
or								
Employer identification number								

Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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, and
- I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

Sign Here	Signature of U.S. person ▶	Date ▶
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Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or

- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

Foreign person. If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien.

Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

- The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
- The treaty article addressing the income.
- The article number (or location) in the tax treaty that contains the saving clause and its exceptions.

4. The type and amount of income that qualifies for the exemption from tax.

5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments (after December 31, 2002). This is called "backup withholding." Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester, or
2. You do not certify your TIN when required (see the Part II instructions on page 4 for details), or
3. The IRS tells the requester that you furnished an incorrect TIN, or
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate Instructions for the Requester of Form W-9.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Name

If you are an individual, you must generally enter the name shown on your social security card. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

Sole proprietor. Enter your individual name as shown on your social security card on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name" line.

Limited liability company (LLC). If you are a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Treasury regulations section 301.7701-3, enter the owner's name on the "Name" line. Enter the LLC's name on the "Business name" line. Check the appropriate box for your filing status (sole proprietor, corporation, etc.), then check the box for "Other" and enter "LLC" in the space provided.

Other entities. Enter your business name as shown on required Federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name" line.

Note. You are requested to check the appropriate box for your status (individual/sole proprietor, corporation, etc.).

Exempt From Backup Withholding

If you are exempt, enter your name as described above and check the appropriate box for your status, then check the "Exempt from backup withholding" box in the line following the business name, sign and date the form.

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

Note. If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

Exempt payees. Backup withholding is not required on any payments made to the following payees:

1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2),
 2. The United States or any of its agencies or instrumentalities,
 3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities,
 4. A foreign government or any of its political subdivisions, agencies, or instrumentalities, or
 5. An international organization or any of its agencies or instrumentalities.
- Other payees that may be exempt from backup withholding include:
6. A corporation,

7. A foreign central bank of issue,
8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States,
9. A futures commission merchant registered with the Commodity Futures Trading Commission,
10. A real estate investment trust,
11. An entity registered at all times during the tax year under the Investment Company Act of 1940,
12. A common trust fund operated by a bank under section 584(a),
13. A financial institution,
14. A middleman known in the investment community as a nominee or custodian, or
15. A trust exempt from tax under section 664 or described in section 4947.

The chart below shows types of payments that may be exempt from backup withholding. The chart applies to the exempt recipients listed above, 1 through 15.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt recipients except for 9
Broker transactions	Exempt recipients 1 through 13. Also, a person registered under the Investment Advisers Act of 1940 who regularly acts as a broker
Barter exchange transactions and patronage dividends	Exempt recipients 1 through 5
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt recipients 1 through 7 ²

¹See Form 1099-MISC, Miscellaneous Income, and its instructions.

²However, the following payments made to a corporation (including gross proceeds paid to an attorney under section 6045(f), even if the attorney is a corporation) and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees; and payments for services paid by a Federal executive agency.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-owner LLC that is disregarded as an entity separate from its owner (see *Limited liability company (LLC)* on page 2), enter your SSN (or EIN, if you have one). If the LLC is a corporation, partnership, etc., enter the entity's EIN.

Note. See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at www.socialsecurity.gov/online/ss-5.pdf. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/businesses/ and clicking on Employer ID Numbers under Related Topics. You can get Forms W-7 and SS-4 from the IRS by visiting www.irs.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note. Writing "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, and 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). Exempt recipients, see *Exempt From Backup Withholding* on page 2.

Signature requirements. Complete the certification as indicated in 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor ²
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee ¹
b. So-called trust account that is not a legal or valid trust under state law	The actual owner ¹
5. Sole proprietorship or single-owner LLC	The owner ³
For this type of account:	Give name and EIN of:
6. Sole proprietorship or single-owner LLC	The owner ³
7. A valid trust, estate, or pension trust	Legal entity ⁴
8. Corporate or LLC electing corporate status on Form 8832	The corporation
9. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
10. Partnership or multi-member LLC	The partnership
11. A broker or registered nominee	The broker or nominee
12. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name and you may also enter your business or "DBA" name on the second name line. You may use either your SSN or EIN (if you have one). If you are a sole proprietor, IRS encourages you to use your SSN.

⁴ List first and circle the name of the legal trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.)

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA, or Archer MSA or HSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, and the District of Columbia to carry out their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 28% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.



United State Environmental Protection Agency
Washington, DC 20460

Certification Regarding Debarment, Suspension, and Other Responsibility Matters

The prospective participant certifies to the best of its knowledge and belief that it and the principals:

- (a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
- (b) Have not within a three year period preceding this proposal been convicted of or had a civil judgement rendered against them or commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction: violation of Federal or State antitrust statute or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- (c) Are not presently indicted for or otherwise criminally or civilly charged by a government entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (b) of this certification; and
- (d) Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause or default.

I understand that a false statement on this certification may be grounds for rejection of this proposal or termination of the award. In addition, under 18 USC Sec. 1001, a false statement may result in a fine of up to \$10,000 or imprisonment for up to 5 years, or both.

Typed Name & Title of Authorized Representative

Signature of Authorized Representative Date

☐ I am unable to certify to the above statements. My explanation is attached.

EPA Form 5700-49 (11-88)



CAMPAIGN CONTRIBUTIONS DISCLOSURE

California law prohibits a party, or an agent, from making campaign contributions to AQMD Governing Board Members or members/alternates of the Mobile Source Pollution Reduction Committee (MSRC) of \$250 or more while their contract or permit is pending before the AQMD; and further prohibits a campaign contribution from being made for three (3) months following the date of the final decision by the Governing Board or the MSRC on a donor's contract or permit. Gov't Code §84308(d). For purposes of reaching the \$250 limit, the campaign contributions of the bidder or contractor plus contributions by its parents, affiliates, and related companies of the contractor or bidder are added together. 2 C.C.R. §18438.5.

In addition, Board Members or members/alternates of the MSRC must abstain from voting on a contract or permit if they have received a campaign contribution from a party or participant to the proceeding, or agent, totaling \$250 or more in the 12-month period prior to the consideration of the item by the Governing Board or the MSRC. Gov't Code §84308(c). When abstaining, the Board Member or members/alternates of the MSRC must announce the source of the campaign contribution on the record. *Id.* The requirement to abstain is triggered by campaign contributions of \$250 or more in total contributions of the bidder or contractor, *plus* any of its parent, subsidiary, or affiliated companies. 2 C.C.R. §18438.5.

In accordance with California law, bidders and contracting parties are required to disclose, at the time the application is filed, information relating to any campaign contributions made to Board Members or members/alternates of the MSRC, including: the name of the party making the contribution (which includes any parent, subsidiary or otherwise related business entity, as defined below), the amount of the contribution, and the date the contribution was made. 2 C.C.R. §18438.8(b).

The list of current AQMD Governing Board Members can be found at the AQMD website (www.aqmd.gov). The list of current MSRC members/alternates can be found at the MSRC website (<http://www.cleantransportationfunding.org>).

SECTION I. Please complete Section I.

Contractor:

RFP #: PA #2011-09

List any parent, subsidiaries, or otherwise affiliated business entities of Contractor:
(See definition below).

SECTION II

Has contractor and/or parent, subsidiary, or affiliated company, or agent thereof, made a campaign contribution(s) totaling \$250 or more in the aggregate to a current member of the South Coast Air Quality Management Governing Board or members/alternates of the MSRC in the 12 months preceding the date of execution of this disclosure?

☐ Yes ☐ No **If YES, complete Section II below and then sign and date the form.**

If NO, sign and date below. Include this form with your submittal.

Campaign Contributions Disclosure, *continued*:

Name of Contributor _____

_____	_____	_____
Governing Board Member or MSRC Member/Alternate	Amount of Contribution	Date of Contribution

Name of Contributor _____

_____	_____	_____
Governing Board Member or MSRC Member/Alternate	Amount of Contribution	Date of Contribution

Name of Contributor _____

_____	_____	_____
Governing Board Member or MSRC Member/Alternate	Amount of Contribution	Date of Contribution

Name of Contributor _____

_____	_____	_____
Governing Board Member or MSRC Member/Alternate	Amount of Contribution	Date of Contribution

Name of Contributor _____

_____	_____	_____
Governing Board Member or MSRC Member/alternate	Amount of Contribution	Date of Contribution

I declare the foregoing disclosures to be true and correct.

By: _____

Title: _____

Date: _____

DEFINITIONS

Parent, Subsidiary, or Otherwise Related Business Entity.

- (1) Parent subsidiary. A parent subsidiary relationship exists when one corporation directly or indirectly owns shares possessing more than 50 percent of the voting power of another corporation.**
- (2) Otherwise related business entity. Business entities, including corporations, partnerships, joint ventures and any other organizations and enterprises operated for profit, which do not have a parent subsidiary relationship are otherwise related if any one of the following three tests is met:**
- (A) One business entity has a controlling ownership interest in the other business entity.**
 - (B) There is shared management and control between the entities. In determining whether there is shared management and control, consideration should be given to the following factors:**
 - (i) The same person or substantially the same person owns and manages the two entities;**
 - (ii) There are common or commingled funds or assets;**
 - (iii) The business entities share the use of the same offices or employees, or otherwise share activities, resources or personnel on a regular basis;**
 - (iv) There is otherwise a regular and close working relationship between the entities; or**
 - (C) A controlling owner (50% or greater interest as a shareholder or as a general partner) in one entity also is a controlling owner in the other entity.**

2 Cal. Code of Regs., §18703.1(d).



AQMD Use Only: App. # _____ Project Type: _____

FORM B-1 - OFF-ROAD HEAVY-DUTY EQUIPMENT Equipment Replacement

Please complete one form for each piece of equipment. For multiple unit requests, you may submit a spreadsheet that provides all requested information below, in the order presented below.

Company name/ Organization name/ Individual name:
Equipment Identifier (Unit # or Company ID):
Is the vehicle location address the same as the applicant address? <input type="checkbox"/> Yes <input type="checkbox"/> No, (please provide vehicle address below)
Street Address:
City:
Zip Code:

I. BASELINE (EXISTING) EQUIPMENT INFORMATION

Equipment Type/Function (Diesel) : _____ (Backhoe, baler, cargo container handling unit, combine, crane, crawler tractor, crushing/processing, excavator, forklift, grader, ground support equipment, hydro-power unit, loader, mower, off-highway tractor, off-highway truck, paver, paving equipment, roller, rubber-tired dozer, rubber-tired loader, scraper, signal board, skid steer loader, sprayer, surfacing equipment, swather, tractor, tiller, trencher, or other.)	
Equipment Make:	Equipment Model:
Equipment Model Year:	Equipment Serial Number or VIN:
Number of Engines on this Equipment: _____ Main (Front) _____ Auxiliary	

II. USAGE/ACTIVITY INFORMATION

Note: Please provide projected annual usage for the new equipment over the proposed life of the project. This projection should be based on actual usage data for the baseline equipment. You MUST attach documentation supporting the projected annual usage and operation within the District and within California. Supporting documentation may be in the form of maintenance records, fuel receipts, hour-meter reports, logs, or other paperwork for each piece of baseline equipment covering at least the past 24 months.	
Total Annual Hours of Operation: _____ or Gallons of Fuel Used: _____	
If Hours, Does the Equipment Have a Functioning Hour Meter? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Percent Operation within CA: _____%	Percent Operation within District: _____%
Project Life: _____ years. Equipment must operate for this full life; this life is equivalent to the contract and the reporting term.	

III. BASELINE (EXISTING) ENGINE INFORMATION (for each engine)

<input type="checkbox"/> Main (Front) Engine _____ <input type="checkbox"/> Auxiliary (Rear) Engine _____	
Fuel Type:	Baseline Engine Make:
Baseline Engine Model:	Baseline Engine Year:
Engine Serial No.:	Baseline Engine Horsepower:
Baseline Engine Tier:	Baseline Engine Family:
<input type="checkbox"/> Main (Front) Engine _____ <input type="checkbox"/> Auxiliary (Rear) Engine _____	
Fuel Type:	Baseline Engine Make:
Baseline Engine Model:	Baseline Engine Year:
Engine Serial No.:	Baseline Engine Horsepower:
Baseline Engine Tier:	Baseline Engine Family:
Method proposed for rendering the baseline engine(s) inoperable:	

IV. NEW REPLACEMENT EQUIPMENT INFORMATION

Equipment Type/Function:	Equipment Make:
Equipment Model:	Equipment Model Year:
Equipment Serial Number or VIN (If available) :	Number of Engines on this Equipment: _____ Main (Front) _____ Auxiliary (Rear)

V. NEW REPLACEMENT EQUIPMENT ENGINE INFORMATION (for each engine)

<input type="checkbox"/> Main (Front) Engine _____ <input type="checkbox"/> Auxiliary (Rear) Engine _____	
Fuel Type:	New Engine Make:
New Engine Model:	New Engine Year:
Engine Serial No:	New Engine Horsepower:
New Engine Tier:	New Engine Family:
New Engine CARB Executive Order Number (Attach a copy):	
<input type="checkbox"/> Main (Front) Engine _____ <input type="checkbox"/> Auxiliary (Rear) Engine _____	
Fuel Type:	New Engine Make:
New Engine Model:	New Engine Year:
Engine Serial No:	New Engine Horsepower:
New Engine Tier:	New Engine Family:
New Engine CARB Executive Order Number (Attach a copy):	

VI. FUNDING INFORMATION

New Equipment Cost (incl. tax): \$_____

NOTE: You **MUST** attach a written estimate or quotation from the equipment vendor documenting the cost of the new equipment. This quote must be obtained within 90 days of prior to the closing date of the Program Announcement.

Applicant Co-Funding Amount (if any): \$

Funds Requested:\$

New Equipment Vendor:



AQMD Use Only: App. # _____ Project Type: _____

FORM B-2 - OFF-ROAD HEAVY-DUTY EQUIPMENT Repower Only or Repower/Retrofit

Please complete one form for each piece of equipment. For multiple unit requests, you may submit a spreadsheet that provides all requested information below, in the order presented below.

Company name/ Organization name/ Individual name:
Equipment Identifier (Unit # or Company ID):
Is the vehicle location address the same as the applicant address? <input type="checkbox"/> Yes <input type="checkbox"/> No, (please provide vehicle address below)
Street Address:
City:
Zip Code:

I. BASELINE (EXISTING) EQUIPMENT INFORMATION

Equipment Type/Function (Diesel) : _____ (Backhoe, baler, cargo container handling unit, combine, crane, crawler tractor, crushing/processing, excavator, forklift, grader, ground support equipment, hydro-power unit, loader, mower, off-highway tractor, off-highway truck, paver, paving equipment, roller, rubber-tired dozer, rubber-tired loader, scraper, signal board, skid steer loader, sprayer, surfacing equipment, swather, tractor, tiller, trencher, or other.)	
Equipment Make:	Equipment Model:
Equipment Model Year:	Equipment Serial Number or VIN:
Number of Engines on this Equipment: _____ Main (Front) _____ Auxiliary	

II. USAGE/ACTIVITY INFORMATION

Note: Please provide projected annual usage for the new equipment over the proposed life of the project. This projection should be based on actual usage data for the baseline equipment. You MUST attach documentation supporting the projected annual usage and operation within the District and within California. Supporting documentation may be in the form of maintenance records, fuel receipts, hour-meter reports, logs, or other paperwork for each piece of baseline equipment covering at least the past 24 months.	
Total Annual Hours of Operation: _____ or Gallons of Fuel Used: _____	
If Hours, Does the Equipment Have a Functioning Hour Meter? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Percent Operation within CA: _____%	Percent Operation within District: _____%
Project Life: _____ years. Equipment must operate for this full life; this life is equivalent to the contract and the reporting term.	

III. BASELINE (EXISTING) ENGINE INFORMATION (for each engine)

<input type="checkbox"/> Main (Front) Engine _____ <input type="checkbox"/> Auxiliary (Rear) Engine _____	
Fuel Type:	Baseline Engine Make:
Baseline Engine Model:	Baseline Engine Year:
Engine Serial No.:	Baseline Engine Horsepower:
Baseline Engine Tier:	Baseline Engine Family:
<input type="checkbox"/> Main (Front) Engine _____ <input type="checkbox"/> Auxiliary (Rear) Engine _____	
Fuel Type:	Baseline Engine Make:
Baseline Engine Model:	Baseline Engine Year:
Engine Serial No.:	Baseline Engine Horsepower:
Baseline Engine Tier:	Baseline Engine Family:
Method proposed for rendering the baseline engine(s) inoperable:	

IV. NEW ENGINE INFORMATION (for each engine)

<input type="checkbox"/> Main (Front) Engine _____ <input type="checkbox"/> Auxiliary (Rear) Engine _____	
Fuel Type:	New Engine Make:
New Engine Model:	New Engine Year:
New Engine Tier:	New Engine Horsepower:
New Engine CARB Executive Order Number (Attach a copy):	New Engine Family:
<input type="checkbox"/> Main (Front) Engine _____ <input type="checkbox"/> Auxiliary (Rear) Engine _____	
Fuel Type:	New Engine Make:
New Engine Model:	New Engine Year:
New Engine Tier:	New Engine Horsepower:
New Engine CARB Executive Order Number (Attach a copy):	New Engine Family:

V. RETROFIT INFORMATION (If Applicable)

NOTE: You **MUST** attach a copy of the CARB Executive Order for the retrofit device and indicate (circle) on the Executive Order Attachment the engine family name for the engine on which the device will be installed.

NOTE: All off-road retrofit projects must include installation of the highest level CARB-verified retrofit device if one is available. Repower projects are not disqualified from participation in the Carl Moyer Program if retrofit devices are not available, technically infeasible or unsafe. If installation of a retrofit device is infeasible or unsafe you **MUST** provide documentation from the retrofit device manufacturer stating the reason(s) that the device is infeasible or unsafe.

<input type="checkbox"/> Main (Front) Engine _____		<input type="checkbox"/> Auxiliary (Rear) Engine _____	
Retrofit Device Make:		Verified NOx Reduction:	%
Retrofit Device Model:		Verified PM Reduction:	%
Retrofit Family Name:		Verified ROG Reduction:	%
Verification Level:			
<input type="checkbox"/> Main (Front) Engine _____		<input type="checkbox"/> Auxiliary (Rear) Engine _____	
Retrofit Device Make:		Verified NOx Reduction:	%
Retrofit Device Model:		Verified PM Reduction:	%
Retrofit Family Name:		Verified ROG Reduction:	%
Verification Level:			

VI. FUNDING INFORMATION (ENGINE REPOWER)

<input type="checkbox"/> Main (Front) Engine _____		<input type="checkbox"/> Auxiliary (Rear) Engine _____	
New Engine Cost (incl. tax): \$		Installation Cost: \$	
NOTE: You MUST attach a written estimate or quotation from the equipment vendor documenting the cost of the new engine. This quote must be obtained within 90 days of prior to the closing date of the Program Announcement.			
Applicant Co-Funding Amount (if any): \$			
Applicant Grant Request Amount: \$			
New Equipment Vendor:			

VII. FUNDING INFORMATION (RETROFIT)

<input type="checkbox"/> Main (Front) Engine _____ <input type="checkbox"/> Auxiliary (Rear) Engine _____
Retrofit Device Cost (including tax): \$
NOTE: You MUST attach a written estimate from the equipment vendor documenting the cost of the device; this quote must be obtained within 90 days prior to the closing date of the Program Announcement.
Retrofit Device Installation Cost:
Retrofit Device Maintenance Cost:
Applicant Grant Request: \$
Retrofit Device Vendor and Installer:
<input type="checkbox"/> Main (Front) Engine <input type="checkbox"/> Auxiliary (Rear) Engine
Retrofit Device Cost (including tax): \$
NOTE: You MUST attach a written estimate from the equipment vendor documenting the cost of the device; this quote must be obtained within 90 days prior to the closing date of the Program Announcement.
Retrofit Device Installation Cost:
Retrofit Device Maintenance Cost:
Applicant Grant Request: \$
Retrofit Device Vendor and Installer:



AQMD Use Only: App. # _____ Project Type: _____

FORM B-3 - OFF-ROAD HEAVY-DUTY EQUIPMENT Retrofit Only

Please complete one form for each piece of equipment. For multiple unit requests, you may submit a spreadsheet that provides all requested information below, in the order presented below.

Company name/ Organization name/ Individual name:
Equipment Identifier (Unit # or Company ID):
Is the vehicle location address the same as the applicant address? <input type="checkbox"/> Yes <input type="checkbox"/> No, (please provide vehicle address below)
Street Address:
City:
Zip Code:

I. BASELINE (EXISTING) EQUIPMENT INFORMATION

Equipment Type/Function (Diesel) : _____ (Backhoe, baler, cargo container handling unit, combine, crane, crawler tractor, crushing/processing, excavator, forklift, grader, ground support equipment, hydro-power unit, loader, mower, off-highway tractor, off-highway truck, paver, paving equipment, roller, rubber-tired dozer, rubber-tired loader, scraper, signal board, skid steer loader, sprayer, surfacing equipment, swather, tractor, tiller, trencher, or other.)	
Equipment Make:	Equipment Model:
Equipment Model Year:	Equipment Serial Number or VIN:
Number of Engines on this Equipment: _____ Main (Front) _____ Auxiliary	

II. USAGE/ACTIVITY INFORMATION

Note: Please provide projected annual usage for the new equipment over the proposed life of the project. This projection should be based on actual usage data for the baseline equipment. You MUST attach documentation supporting the projected annual usage and operation within the District and within California. Supporting documentation may be in the form of maintenance records, fuel receipts, hour-meter reports, logs, or other paperwork for each piece of baseline equipment covering at least the past 24 months.	
Total Annual Hours of Operation: _____ or Gallons of Fuel Used: _____	
If Hours, Does the Equipment Have a Functioning Hour Meter? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Percent Operation within CA: _____%	Percent Operation within District: _____%
Project Life: _____ years. Equipment must operate for this full life; this life is equivalent to the contract and the reporting term.	

III. BASELINE (EXISTING) ENGINE INFORMATION (for each engine)

<input type="checkbox"/> Main (Front) Engine _____		<input type="checkbox"/> Auxiliary (Rear) Engine _____	
Fuel Type:		Baseline Engine Make:	
Baseline Engine Model:		Baseline Engine Year:	
Engine Serial No.:		Baseline Engine Horsepower:	
Baseline Engine Tier:		Baseline Engine Family:	
<input type="checkbox"/> Main (Front) Engine _____		<input type="checkbox"/> Auxiliary (Rear) Engine _____	
Fuel Type:		Baseline Engine Make:	
Baseline Engine Model:		Baseline Engine Year:	
Engine Serial No.:		Baseline Engine Horsepower:	
Baseline Engine Tier:		Baseline Engine Family:	
Method proposed for rendering the baseline engine(s) inoperable:			

IV. RETROFIT INFORMATION (for each engine)

NOTE: You **MUST** attach a copy of the CARB Executive Order for the retrofit device and indicate (circle) on the Executive Order Attachment the engine family name for the engine on which the device will be installed.

NOTE: All off-road retrofit projects must include installation of the highest level CARB-verified retrofit device if one is available. Repower projects are not disqualified from participation in the Carl Moyer Program if retrofit devices are not available, technically infeasible or unsafe. If installation of a retrofit device is infeasible or unsafe you **MUST** provide documentation from the retrofit device manufacturer stating the reason(s) that the device is infeasible or unsafe.

<input type="checkbox"/> Main (Front) Engine _____		<input type="checkbox"/> Auxiliary (Rear) Engine _____	
Retrofit Device Make:		Verified NOx Reduction: %	
Retrofit Device Model:		Verified PM Reduction: %	
Retrofit Family Name:		Verified ROG Reduction: %	
Verification Level:			
Retrofit Device Serial #:			
<input type="checkbox"/> Main (Front) Engine _____		<input type="checkbox"/> Auxiliary (Rear) Engine _____	
Retrofit Device Make:		Verified NOx Reduction: %	
Retrofit Device Model:		Verified PM Reduction: %	
Retrofit Family Name:		Verified ROG Reduction: %	
Verification Level:			
Retrofit Device Serial #:			

V. FUNDING INFORMATION

<input type="checkbox"/> Main (Front) Engine _____ <input type="checkbox"/> Auxiliary (Rear) Engine _____
Retrofit Device Cost (including tax): \$
NOTE: You MUST attach a written estimate from the equipment vendor documenting the cost of the device; this quote must be obtained within 90 days prior to the closing date of the Program Announcement.
Retrofit Device Installation Cost:
Retrofit Device Maintenance Cost:
Applicant Grant Request: \$
Retrofit Device Vendor and Installer:
<input type="checkbox"/> Main (Front) Engine <input type="checkbox"/> Auxiliary (Rear) Engine
Retrofit Device Cost (including tax): \$
NOTE: You MUST attach a written estimate from the equipment vendor documenting the cost of the device; this quote must be obtained within 90 days prior to the closing date of the Program Announcement.
Retrofit Device Installation Cost:
Retrofit Device Maintenance Cost:
Applicant Grant Request: \$
Retrofit Device Vendor and Installer:



AQMD Use Only: App. # _____ Project Type: _____

Form C-1 - ON-ROAD HEAVY-DUTY VEHICLES New Purchase

For On-Road vehicle projects, only zero emission vehicles and engine technologies are eligible for funding, except for emergency vehicles and equipment.

Please complete one form for each piece of equipment. For multiple unit requests, you may submit a spreadsheet that provides all requested information below, in the order presented below.

Company name/ Organization name/ Individual name:
Equipment Identifier (Company ID or Unit #):
Is the vehicle location address the same as the applicant address? <input type="checkbox"/> Yes <input type="checkbox"/> No, (please provide vehicle address below)
Street Address:
City:
Zip Code:

I. NEW VEHICLE INFORMATION

Vehicle type (Solid Waste Collection Vehicle, Stop-and-Go Street Sweeper, Urban Transit Bus, School Bus, Other Medium-Heavy Duty Vehicle (GVWR 14,001-33,000 lbs), Other Heavy-Heavy Duty Vehicle (GVWR >33,000 lbs), Other Transit Vehicle): _____	
Project Life (in years): _____	
NOTE: Equipment must operate for this full life; this life is equivalent to the contract and the reporting term.	
Vehicle Make:	Vehicle GVWR:
Vehicle Model:	Is this a public fleet vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No
Vehicle Model Year:	Registered Owner:
Department of Transportation Number (if interstate):	
California Highway Patrol CA Number (if applicable):	
Projected Year of Purchase of New Vehicle:	

II. FLEET RULE STATUS

ARB Rule Applicability (Check One):

NOTE: The CARB rules listed below severely limit, and in some cases eliminate, funding opportunities for certain vehicle types. Please confirm your project provides emission reductions that are *surplus* to CARB regulatory requirements in order to ensure eligibility.

- ☐ Fleet Rule for Transit Agencies (Urban Buses & Transit Fleet Vehicles)
- ☐ SWCV Rule (Solid Waste Collection Vehicles, Excluding Transfer Trucks)
- ☐ Fleet Rule for Public Agencies & Utilities (Municipal & Utility Vehicles)
- ☐ Port Truck Regulation (Port & Drayage Trucks)
- ☐ On-Road Private Truck and Bus Regulation (All diesel or alternative diesel - fueled vehicles with a GVWR > 14,000 lbs operating in CA)
- ☐ None, project is exempt from CARB Rules (supporting documentation validating exemption from any CARB rule is attached)

Is supporting documentation demonstrating compliance with the applicable CARB rule included in this application? ☐ Yes ☐ No

(Applications submitted without supporting documentation that demonstrates an applicant's current fleet compliance status will be deemed incomplete).

III. ACTIVITY INFORMATION

Please provide projected annual usage for the new equipment over the proposed life of the project. This projection should be based on actual usage data for the baseline, or existing, equipment.

Applicants requesting evaluation based on fuel consumption **MUST** provide both mileage and fuel records from the past 24 months. Supporting documentation may be in the form of maintenance records, fuel receipts, logs, or other paperwork for each piece of baseline equipment covering at least the last 24 months.

No such documentation is required for project evaluations based solely on mileage.

Total Annual Miles Traveled: _____ **or** Gallons of Fuel Used: _____

Percent Operation within CA: _____%

Percent Operation within District: _____%

IV. NEW VEHICLE ENGINE INFORMATION

ARB Certification Executive Order (EO) Number: _____

NOTE: The proposed engine for the project must be consistent with the **Intended Service Class** per the EO (MHD Intended Service Class engines **cannot** be used for projects which have the HHD vehicle classifications). Applicant **must ATTACH a copy** of the referenced Executive Order with the application.

Engine Make: _____	Engine Model Year: _____
Engine Model: _____	Fuel Type : _____
	Engine Family: _____

V. FUNDING INFORMATION

<p>New Vehicle Cost (including tax): \$_____</p> <p>Note: You MUST attach a written estimate from the equipment vendor documenting the cost of the new vehicle; this quote must be obtained within 90 days prior to the closing date of the Program Announcement. .</p>
Applicant Grant Request: \$
New Equipment Vendor:



AQMD Use Only: App. # _____ Project Type: _____

Form C-2 - ON-ROAD HEAVY-DUTY VEHICLES **Repower**

For On-Road vehicle projects, only alternative fuel vehicles and engines are eligible for funding, with the single exception of emergency vehicles and equipment.

Please complete one form for each piece of equipment. For multiple unit requests, you may submit a spreadsheet that provides all requested information below, in the order presented below.

Company name/ Organization name/ Individual name:
Equipment Identifier (Company ID or Unit #):
Is the vehicle location address the same as the applicant address? <input type="checkbox"/> Yes <input type="checkbox"/> No, (please provide vehicle address below)
Street Address:
City:
Zip Code:

I. EXISTING VEHICLE INFORMATION

Vehicle type (Solid Waste Collection Vehicle, Stop-and-Go Street Sweeper, Urban Transit Bus, School Bus, Other Medium-Heavy Duty Vehicle (GVWR 14,001-33,000 lbs), Other Heavy-Heavy Duty Vehicle (GVWR >33,000 lbs), Other Transit Vehicle):	
Project Life: _____ years. Equipment must operate for this full life; this life is equivalent to the contract and the reporting term.	
Vehicle Identification Number (VIN):	
Vehicle License Plate:	
Vehicle Make:	Vehicle GVWR:
Vehicle Model:	Is this a public fleet vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No
Vehicle Model Year:	Registered Owner:
Department of Transportation Number (if interstate):	
California Highway Patrol CA Number (if applicable):	
Projected Year of Repower Completion:	

II. FLEET RULE STATUS

ARB Rule Applicability (Check One): NOTE: The CARB rules listed below severely limit, and in some cases eliminate, funding opportunities for certain vehicle types. Please confirm your project provides emission reductions that are *surplus* to CARB regulatory requirements in order to ensure eligibility.

- ☐ Fleet Rule for Transit Agencies (Urban Buses & Transit Fleet Vehicles)
- ☐ SWCV Rule (Solid Waste Collection Vehicles, Excluding Transfer Trucks)
- ☐ Fleet Rule for Public Agencies & Utilities (Municipal & Utility Vehicles)
- ☐ Port Truck Regulation (Port & Drayage Trucks)
- ☐ On-Road Private Truck and Bus Regulation (All diesel or alternative diesel - fueled vehicles with a GVWR > 14,000 lbs operating in CA)
- ☐ None, project is exempt from CARB Rules (supporting documentation validating exemption from any CARB rule is attached)

Is supporting documentation demonstrating compliance with the applicable CARB rule included in this application? ☐ Yes ☐ No

(Applications submitted without supporting documentation that demonstrates an applicant's current fleet compliance status will be deemed incomplete).

III. ACTIVITY INFORMATION

Please provide projected annual usage for the new equipment over the proposed life of the project. This projection should be based on actual usage data for the baseline, or existing, equipment.

Applicants requesting evaluation based on fuel consumption **MUST** provide both mileage and fuel records from the past 24 months. Supporting documentation may be in the form of maintenance records, fuel receipts, logs, or other paperwork for each piece of baseline equipment covering at least the last 24 months.

No such documentation is required for project evaluations based solely on mileage.

Total Annual Miles Traveled: _____ **or** Gallons of Fuel Used: _____

Percent Operation within CA: _____%

Percent Operation within District: _____%

IV. BASELINE ENGINE INFORMATION

Baseline Main Engine	
Fuel Type:	Engine Year:
Engine Make:	Engine Serial No.:
Engine Model:	Engine Family:

V. NEW REDUCED-EMISSION ENGINE INFORMATION

New Reduced-Emission Main Engine	
Fuel Type: _____	Engine Year: _____
Engine Make: _____	Engine Family: _____
Engine Model: _____	Engine Horse Power: _____
Will a retrofit be added to the new main engine? <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, fill out Section V)	
ARB Certification Executive Order (EO) Number: _____	
NOTE: The proposed engine for the project must be consistent with the Intended Service Class per the EO (MHD Intended Service Class engines cannot be used for projects which have the HHD vehicle classifications). Applicant must ATTACH a copy of the referenced Executive Order with the application.	

VI. RETROFIT INFORMATION (for each new engine)

NOTE: You **MUST** attach a copy of the CARB Executive Order for the retrofit device and indicate (circle) on the Executive Order Attachment the engine family name for the engine on which the device will be installed.

NOTE: All on-road repower projects must include installation of the highest level CARB-verified retrofit device if one is available. Repower projects are not disqualified from participation in the Carl Moyer Program if retrofit devices are not available, technically infeasible or unsafe. If installation of a retrofit device is infeasible or unsafe you **MUST** provide documentation from the retrofit device manufacturer stating the reason(s) that the device is infeasible or unsafe.

Retrofit Make: _____	Verified NOx Reduction: _____ %
Retrofit Device Model: _____	Verified PM Reduction: _____ %
Retrofit Family Name: _____	Verified ROG Reduction: _____ %
Verification Level: _____	

VII. FUNDING INFORMATION

Note: You <u>MUST</u> attach a written estimate from the equipment vendor documenting the cost of the new equipment; this quote must be obtained within 90 days prior to the closing date of the Program Announcement. .
New Engine Cost: _____
New Engine Installation Cost: _____
Engine Core Charge (optional): _____
Applicant Grant Request: \$ _____
New Engine Vendor: _____

New Engine Installer:
<u>RETROFIT SYSTEM COST (include if a retrofit device is proposed for this project)</u>
Retrofit Device Cost (including tax): \$ Note: You MUST attach a written estimate from the equipment vendor documenting the cost of the device; this quote must be obtained within 90 days prior to the closing date of the Program Announcement.
Retrofit Device Installation Cost:
Retrofit Device Maintenance Cost:
Applicant Grant Request: \$
Retrofit Device Vendor and Installer:



AQMD Use Only: App. # _____ Project Type: _____

Form C-3 - ON-ROAD HEAVY-DUTY VEHICLES Retrofit Only

Please complete one form for each piece of equipment. For multiple unit requests, you may submit a spreadsheet that provides all requested information below, in the order presented below.

For on-road heavy-duty retrofit projects, only engine model years 2004-2006 are eligible to receive CMP funds as long as the project is "surplus" to CARB regulations. Retrofits are eligible for a maximum of \$5,000 each.

Company name/ Organization name/ Individual name:
Equipment Identifier (Company ID or Unit #):
Is the vehicle location address the same as the applicant address? <input type="checkbox"/> Yes <input type="checkbox"/> No, (please provide vehicle address below)
Street Address:
City:
Zip Code:

I. EXISTING VEHICLE INFORMATION

Vehicle type (Solid Waste Collection Vehicle, Stop-and-Go Street Sweeper, Urban Transit Bus, School Bus, Other Medium-Heavy Duty Vehicle (GVWR 14,001-33,000 lbs), Other Heavy-Heavy Duty Vehicle (GVWR >33,000 lbs), Other Transit Vehicle):	
Project Life: _____ years. Equipment must operate for this full life; this life is equivalent to the contract and the reporting term.	
Vehicle Identification Number (VIN):	
Vehicle License Plate):	
Vehicle Make:	Vehicle GVWR:
Vehicle Model:	Is this a public fleet vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No
Vehicle Model Year:	Registered Owner:
Department of Transportation Number (if interstate):	
California Highway Patrol CA Number (if applicable):	
Projected Year of Retrofit Completion:	

II. FLEET RULE STATUS

ARB Rule Applicability (Check One): NOTE: The CARB rules listed below severely limit, and in some cases eliminate, funding opportunities for certain vehicle types. Please confirm your project provides emission reductions that are *surplus* to CARB regulatory requirements in order to ensure eligibility.

- ☐ Fleet Rule for Transit Agencies (Urban Buses & Transit Fleet Vehicles)
☐ SWCV Rule (Solid Waste Collection Vehicles, Excluding Transfer Trucks)
☐ Fleet Rule for Public Agencies & Utilities (Municipal & Utility Vehicles)
☐ Port Truck Regulation (Port & Drayage Trucks)
☐ On-Road Private Truck and Bus Regulation (All diesel or alternative diesel - fueled vehicles with a GVWR > 14,000 lbs operating in CA)
☐ None, project is exempt from CARB Rules (supporting documentation validating exemption from any CARB rule is attached)

Is supporting documentation demonstrating compliance with the applicable CARB rule included in this application? ☐ Yes ☐ No

(Applications submitted without supporting documentation that demonstrates an applicant's current fleet compliance status will be deemed incomplete).

III. ACTIVITY INFORMATION

Please provide projected annual usage for the new equipment over the proposed life of the project. This projection should be based on actual usage data for the baseline, or existing, equipment.

Applicants requesting evaluation based on fuel consumption **MUST** provide both mileage and fuel records from the past 24 months. Supporting documentation may be in the form of maintenance records, fuel receipts, logs, or other paperwork for each piece of baseline equipment covering at least the last 24 months.

No such documentation is required for project evaluations based solely on mileage.

Total Annual Miles Traveled: _____ **or** Gallons of Fuel Used: _____

Percent Operation within CA: _____%

Percent Operation within District: _____%

Is this vehicle involved in the movement of freight/goods? ☐ Yes ☐ No

If yes, describe:

IV. BASELINE ENGINE INFORMATION

Baseline Main Engine	
Fuel Type:	Engine Year:
Engine Make:	Engine Serial No.:
Engine Model:	Engine Family:

V. RETROFIT INFORMATION (for each engine)

NOTE: You **MUST** attach a copy of the CARB Executive Order for the retrofit device and indicate (circle) on the Executive Order Attachment the engine family name for the engine on which the device will be installed.

NOTE: All on-road retrofit projects must include installation of the highest level CARB-verified retrofit device if one is available. Repower projects are not disqualified from participation in the Carl Moyer Program if retrofit devices are not available, technically infeasible or unsafe. If installation of a retrofit device is infeasible or unsafe you **MUST** provide documentation from the retrofit device manufacturer stating the reason(s) that the device is infeasible or unsafe.

Retrofit Make:	Verified NOx Reduction: %
Retrofit Device Model:	Verified PM Reduction: %
Retrofit Family Name:	Verified ROG Reduction: %
Verification Level:	

VI. FUNDING INFORMATION

<u>RETROFIT SYSTEM COST</u>
Retrofit Device Cost (including tax): \$ Note: You MUST attach a written estimate from the equipment vendor documenting the cost of the device; this quote must be obtained within 90 days prior to the closing date of the Program Announcement.
Retrofit Device Installation Cost:
Retrofit Device Maintenance Cost:
Applicant Grant Request: \$
Retrofit Device Vendor and Installer:



AQMD Use Only: App. # _____ Project Type: _____

FORM D-1 – MARINE VESSELS **REPOWER AND/OR RETROFIT**

NOTE: If you are subject to CARB's Harbor Craft regulation, please attach documentation that demonstrates the proposed project is surplus to the regulation.

Please complete one form for each piece of equipment. For multiple unit requests, you may submit a spreadsheet that provides all requested information below, in the order presented below.

Project Type? ☐ Repower ☐ Retrofit ☐ Repower and Retrofit

Company name/ Organization name/ Individual name:

Equipment Identifier (Company ID or Unit #):

Vessel Berth Location:

I. MARINE VESSEL INFORMATION

Vessel Name:	Vessel Make:
Vessel Model:	Vessel Year:
Vessel Type:	
Does the project vessel utilize a wet exhaust system? <input type="checkbox"/> YES <input type="checkbox"/> NO	
US Coast Guard Documentation Number:	
Lloyds Register/IMO Ship ID Number:	
Number of Propulsion Engines to be Repowered/Retrofitted: (Complete Section IV)	Number of Auxiliary Engines to be Repowered/Retrofitted: (Complete Section IV)

II. ELECTRONIC MONITORING UNIT

I understand that a new Electronic Monitoring Unit (EMU) will be installed as part of this Project? ☐ Yes (This is a program requirement.)

III. USAGE/ACTIVITY INFORMATION

Note: Please provide projected annual usage for the vessel/engines over the proposed life of the project. This projection should be based on actual usage data for the marine vessel. You MUST attach documentation supporting the projected annual usage and operation within District and California waters. Supporting documentation may be in the form of maintenance records, fuel receipts, hour-meter reports, logs, or other paperwork for each piece of baseline equipment covering at least the past 24 months.	
For <u>each</u> Propulsion engine: Hours of Operation (per year): _____ -or- Gallons of Fuel Used (per year): _____	
For <u>each</u> Auxiliary engine: Total Hours of Operation (per year): _____ -or- Total Gallons of Fuel Used (per year): _____	
If Hours, Does the Engine Have a Functioning Hour Meter? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Percent Operation within CA Waters: _____ %	Percent Operation within District Waters: _____ %
Does this Vessel Remain in Port Only? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Project Life: _____ years. Equipment must operate for this full life; this life is equivalent to the contract and the reporting term.	
Is there any seasonality to the use of the vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:	

IV. ENGINE INFORMATION (Complete one box for each project engine)

<input type="checkbox"/> Main Engine 1 of _____ <input type="checkbox"/> Auxiliary Engine 1 of _____	
Baseline (Existing) Engine Information	
Fuel Type:	Engine Make:
Engine Model:	Engine Year:
Engine Serial No.:	Horsepower:
Engine Displacement (ltr/cyl):	Engine Family:
Method proposed for rendering the replaced engine inoperable:	
New Reduced-Emission Engine Information	
Fuel Type:	Engine Make:
Engine Model:	Engine Year:
	Horsepower:
Engine Displacement (ltr/cyl):	Engine Family:
New Engine Cost (incl. tax): \$	New Engine Installation/Labor Cost: \$

If necessary, please copy this page and use for additional engines.

<input type="checkbox"/> Main Engine ____ of ____ <input type="checkbox"/> Auxiliary Engine ____ of ____	
Baseline (Existing) Engine Information	
Fuel Type:	Engine Make:
Engine Model:	Engine Year:
Engine Serial No.:	Horsepower:
Engine Displacement (ltr/cyl):	Engine Family:
Method proposed for rendering the replaced engine inoperable:	
New Reduced-Emission Engine Information	
Fuel Type:	Engine Make:
Engine Model:	Engine Year:
	Horsepower:
Engine Displacement (ltr/cyl):	Engine Family:
New Engine Cost (incl. tax): \$	New Engine Installation/Labor Cost: \$
<input type="checkbox"/> Main Engine ____ of ____ <input type="checkbox"/> Auxiliary Engine ____ of ____	
Baseline (Existing) Engine Information	
Fuel Type:	Engine Make:
Engine Model:	Engine Year:
Engine Serial No.:	Horsepower:
Engine Displacement (ltr/cyl):	Engine Family:
Method proposed for rendering the replaced engine inoperable:	
New Reduced-Emission Engine Information	
Fuel Type:	Engine Make:
Engine Model:	Engine Year:
	Horsepower:
Engine Displacement (ltr/cyl):	Engine Family:
New Engine Cost (incl. tax): \$	New Engine Installation/Labor Cost: \$

V. RETROFIT TECHNOLOGY INFORMATION

Make and Model of Retrofit Technology:

NOTE: You **MUST** attach a CARB or U.S. EPA verification of the technology that documents the emission reduction capability of the technology.

Verified Emissions Reductions for the Retrofit Technology

Name, address and contact information for the vendor selected to install the retrofit system:

VI. FUNDING INFORMATION

Total Cost of All New Engines (incl. tax and labor): \$

NOTE: You **MUST** attach a written estimate or quotation from the equipment vendor documenting the cost of the new equipment. This quote must be obtained within 90 days prior to the closing date of the Program Announcement.

Applicant Co-Funding Amount (if any): \$

Total Funding Requested (all engines): \$

New Engine Vendor:

New Engine Installer:



AQMD Use Only: App. # _____ Project Type: _____

FORM E-1 - LOCOMOTIVE PROJECT APPLICATION **New Purchase and ILD**

An alternative technology switcher is considered a new locomotive if it includes at least 75 percent (by value) new parts.

Note: Purchase of a new locomotive must achieve federal Tier 3 locomotive emission standards. Recently locomotives have been certified by USEPA at the Tier 3++ level for PM and Tier 4 for NOx.

Please complete one form for each piece of equipment. For multiple unit requests, you may submit a spreadsheet that provides all requested information below, in the order presented below.

Company name/ Organization name/ Individual name:
Equipment Identifier (Company ID or Unit #):
Is the vehicle location address the same as the applicant address? <input type="checkbox"/> Yes <input type="checkbox"/> No, (please provide vehicle address below)
Street Address:
City:
Zip Code:

I. ACTIVITY INFORMATION

Please provide projected annual usage for the new equipment over the proposed life of the project. This projection should be based on actual usage data for the baseline, or existing, equipment. For alternative technology switchers the applicant may estimate fuel consumption per the "Method for Estimating Fuel Consumption of a New Locomotive" located at www.arb.ca.gov/nsprog/moyer/guidelines/supplemental-docs.htm	
Total Annual Gallons of Fuel Consumed (gal/year): _____	
Project Life (in years): _____ NOTE: Equipment must operate for this full life; this life is equivalent to the contract and the reporting term.	
Percent Operation within CA: _____%	Percent Operation within District: _____%
Is there any seasonality to the use of the equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:	

II. NEW LOCOMOTIVE INFORMATION

Railroad Class: <input type="checkbox"/> Class I <input type="checkbox"/> Class III <input type="checkbox"/> Passenger	
Locomotive Type : <input type="checkbox"/> Line Haul <input type="checkbox"/> Traditional Switcher * <input type="checkbox"/> Alternative Technology Switcher <input type="checkbox"/> Passenger *If alternative technology switcher please complete section III below	
Locomotive Make:	Locomotive Model:
Locomotive Horsepower:	Locomotive Serial Number:
Engine Make:	Engine Model:
Engine Year:	Engine Fuel Type:
New Locomotive Equipment Cost (incl. tax): \$	
Projected Year of Purchase of New Locomotive:	Locomotive Vendor:

III. ALTERNATIVE TECHNOLOGY SWITCHER INFORMATION (if applicable)

What type of engine(s) does the new switcher use?: <input type="checkbox"/> On-Road <input type="checkbox"/> Off-Road/Stationary	
Reduced Emission Engine Fuel Type:	Reduced Emission Engine Make:
Reduced Emission Engine Model:	Reduced Emission Engine Year:
Reduced Emission Engine Horsepower:	Reduced Emission Engine Serial Number (if available):
ARB Certification Executive Order, if any (on-road engine(s) only):	
Engine Family Name (off-road/stationary engine(s) only):	Engine Tier (off-road/stationary engine(s) only):
New Switcher Fuel Consumption (if different from baseline):	
Has this locomotive been certified by U.S. EPA?: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: U.S. EPA certification Number: _____ <ul style="list-style-type: none">• U.S. EPA certified locomotive NO_x emission rate (g/bhp-hr): _____• U.S. EPA certified locomotive HC emission rate (g/bhp-hr): _____• U.S. EPA certified locomotive PM emission rate (g/bhp-hr): _____	
New Alternative Technology Switcher Cost (incl. tax): \$	
Projected Year of Purchase of New Switcher:	Switcher Vendor:

IV. AUTOMATIC ENGINE STOP-START (AESS) IDLE LIMITING DEVICE (ILD)

All locomotive purchase projects receiving more than \$50,000 in CMP funds MUST include purchase and installation of an AESS ILD if the locomotive is not already equipped with such a device and AESS installation is technically feasible. All ILDs must comply with applicable durability and warranty requirements.	
Does the project locomotive already have a functioning Automatic Engine Start-Stop (AESS) Idle Limiting Device (ILD) installed?: <input type="checkbox"/> Yes <input type="checkbox"/> No	
AESS Make:	AESS Model:
AESS Model Year:	AESS ID Number:

V. ELECTRONIC MONITORING UNIT (EMU)

All line-haul locomotive new purchase projects MUST include an EMU to track activity and geographic location. Eligible EMUs include a geographic positioning system (GPS) unit, transponding device, automated vehicle locator (AVL), or other similar device. The EMU must be capable of providing complete digital information regarding total activity both within the air district and the State of California.	
EMU Make:	EMU Model:
EMU Model Year:	EMU ID Number:

VI. FUNDING INFORMATION

You MUST attach a written estimate from the equipment vendor documenting the cost of the new locomotive or switcher, EMU and AESS (if applicable). This quote must be obtained within 90 days prior to the closing date of the Program Announcement.	
The full purchase, installation and data summarization or transmittal costs associated with the EMU is eligible for Carl Moyer Program funding and may be included when calculating project cost-effectiveness.	
If not already required by a rule, regulation, MOU, or other legal mandate, the AESS purchase cost (up to a maximum of \$8,000) and installation cost (up to a max of \$3,400) is eligible for Carl Moyer Program funding and may be included when calculating project cost-effectiveness.	
New Locomotive Equipment Cost (incl. tax): \$	
EMU Cost (incl. tax): \$	AESS Cost: \$
Applicant Co-Funding Amount (if any): \$	
Total Funds Requested:	



AQMD Use Only: App. # _____ Project Type: _____

FORM E-2 - LOCOMOTIVE PROJECT APPLICATION Repower or Remanufacture

An alternative technology switcher is defined as a hybrid (e.g. Green Goat) or multiple engine switchers in which an existing locomotive chassis is significantly refurbished with a new engine, batteries, electronic controls, and/or other equipment. An alternative technology switcher project is considered "new" if the locomotive includes at least 75 percent (by value) new parts. If your project for an alternative technology switcher qualifies as new, please use form F-1 for New Purchases.

Projects which include a replacement of between 50 and 75 percent (by value) of an existing locomotive's parts are defined as "locomotive refurbishment" by U.S. EPA. Refurbished locomotives with less than 3,000 engine horsepower that are at least 30 percent cleaner than the standard applicable to the baseline locomotive are eligible as a locomotive repower project. Locomotive repower projects that do not exceed 3.5 g/bhp-hr NO_x and 0.14 g/bhp-hr PM, are considered an alternative technology switcher and are subject to the alternative technology switcher project criteria and should use Form F-1 New Locomotives.

Please complete one form for each piece of equipment. For multiple unit requests, you may submit a spreadsheet that provides all requested information below, in the order presented below.

Company name/ Organization name/ Individual name:
Equipment Identifier (Company ID or Unit #):
Is the vehicle location address the same as the applicant address? <input type="checkbox"/> Yes <input type="checkbox"/> No, (please provide vehicle address below)
Street Address:
City:
Zip Code:

I. ACTIVITY INFORMATION

Please provide projected annual usage for the new equipment over the proposed life of the project. This projection should be based on actual usage data for the baseline equipment. You MUST attach documentation supporting the projected annual usage and operation within the District and within California. Supporting documentation may be in the form of fuel receipts, logs, or other paperwork for each piece of baseline equipment covering at least the last 24 months.	
Total Annual Gallons of Fuel Consumed (gal/year): _____	
Project Life (in years): _____ NOTE: Equipment must operate for this full life; this life is equivalent to the contract and the reporting term.	
Percent Operation within CA: _____%	Percent Operation within District: _____%
Is there any seasonality to the use of the equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:	

II. BASELINE LOCOMOTIVE INFORMATION

Railroad Class: <input type="checkbox"/> Class 1 <input type="checkbox"/> Class 3 <input type="checkbox"/> Passenger	
Locomotive Type : <input type="checkbox"/> Line Haul <input type="checkbox"/> Traditional Switcher <input type="checkbox"/> Alternative Technology Switcher <input type="checkbox"/> Passenger	
Locomotive Make:	Locomotive Model:
Locomotive Horsepower:	Locomotive Serial Number:
Locomotive Year:	Fuel Type:
Baseline Engine Make:	Baseline Engine Model:
Baseline Engine Year:	Baseline Engine Serial Number:

III. NEW REDUCED EMISSION ENGINE INFORMATION

New Engine Make:	New Engine Horsepower:
New Engine Model:	New Engine Fuel Type:
New Engine Year:	

IV. ENGINE REMANUFACTURE KIT INFORMATION

Note: Remanufacture kits must be demonstrated not to increase in-use NO_x, ROG or PM emissions. Also, you **MUST** attach a copy of the U.S. EPA Certification for the remanufacture kit.

Remanufacture Kit Make:	Remanufacture Kit Model:
U.S. EPA Certified Locomotive Emission Level: <input type="checkbox"/> Tier 2 <input type="checkbox"/> Tier 3 <input type="checkbox"/> Tier 4	
Remanufacture Kit Vendor:	Remanufacture Kit Installer:

V. AUTOMATIC ENGINE STOP-START (AESS) IDLE LIMITING DEVICE (ILD)

All locomotive purchase projects receiving more than \$50,000 in CMP funds MUST include purchase and installation of an AESS ILD if the locomotive is not already equipped with such a device and AESS installation is technically feasible. All ILDs must comply with applicable durability and warranty requirements.	
Does the project locomotive already have a functioning Automatic Engine Start-Stop (AESS) Idle Limiting Device (ILD) installed?: <input type="checkbox"/> Yes <input type="checkbox"/> No	
AESS Make:	AESS Model:
AESS Model Year:	AESS ID Number:

VI. ELECTRONIC MONITORING UNIT

All line-haul locomotive repower projects <u>MUST</u> include an EMU to track activity and geographic location. Eligible EMUs include a geographic positioning system (GPS) unit, transponding device, automated vehicle locator (AVL), or other similar device. The EMU must be capable of providing complete digital information regarding total activity both within the air district and the State of California.	
EMU Make:	EMU Model:
EMU Model Year:	EMU ID Number:

VII. FUNDING INFORMATION

You <u>MUST</u> attach a written estimate from the equipment vendor documenting the cost of the new locomotive or switcher, EMU and AESS (if applicable). This quote must be obtained within 90 days prior to the closing date of the Program Announcement.	
The full purchase, installation and data summarization or transmittal costs associated with the EMU is eligible for Carl Moyer Program funding and may be included when calculating project cost-effectiveness.	
If not already required by a rule, regulation, MOU, or other legal mandate, the AESS purchase cost (up to a maximum of \$8,000) and installation cost (up to a max of \$3,400) is eligible for Carl Moyer Program funding and may be included when calculating project cost-effectiveness.	
New Locomotive Equipment (Engine, Kit, etc.) Cost (incl. tax): \$	
EMU Cost (incl. tax): \$	AESS Cost: \$
Applicant Co-Funding Amount (if any): \$	
Funds Requested:	



AQMD Use Only: App. # _____ Project Type: _____

Form F - ON-ROAD HEAVY-DUTY VEHICLES Transport Refrigeration Unit (TRU) and Idle Reduction (APU)

IMPORTANT NOTE: TRU and Auxiliary Power Unit (APU) project eligibility is limited and most projects must be approved by the California Air Resources Board on a case-by-case basis. Only applications that clearly demonstrate compliance with CARB regulations and provide surplus emission reductions will be evaluated.

TRU projects that comply with the Ultra Low Emission TRU requirements may be eligible. Heavy-duty TRU Trucks with 2006 or older engines are eligible for retrofit with CARB verified APUs. The cost of electric plug-in option for internal combustion engine APU is eligible for Moyer funding.

Please complete one form for each piece of equipment. For multiple unit requests, you may submit a spreadsheet that provides all requested information below, in the order presented below.

Type of Equipment: <input type="checkbox"/> APU <input type="checkbox"/> TRU
Company name/ Organization name/ Individual name:
Equipment Identifier (Company ID or Unit #):
Is the vehicle location address the same as the applicant address? <input type="checkbox"/> Yes <input type="checkbox"/> No, (please provide vehicle address below)
Street Address:
City:
Zip Code:

I. ACTIVITY INFORMATION

Please provide projected annual usage for the new TRU/APU over the proposed life of the project. This projection should be based on actual usage data for the baseline, or existing, equipment. Note that an hour-meter must be installed with the TRU/APU to track operation.	
Total Annual Hours: _____ or Gallons of Fuel Used: _____	
Percent Operation within CA: _____%	Percent Operation within District: _____%
Project Life: _____ years. Equipment must operate for this full life; this life is equivalent to the contract and the reporting term.	

II. NEW TRU/APU EQUIPMENT INFO (Box II for New Purchase Projects Only)

TRU/APU application: <input type="checkbox"/> TRU/APU Truck <input type="checkbox"/> Trailer <input type="checkbox"/> Shipping Container <input type="checkbox"/> Railcar

Vehicle Identification type: VIN: _____ Railcar recoding mark: _____ Container number: _____	
TRU/APU Make:	TRU/APU Model:
TRU/APU Model Year:	TRU/APU Engine Family:
TRU/APU Horsepower Rating:	TRU/APU Fuel Type:
TRU/APU Engine Tier:	
TRU/APU Engine CARB Executive Order: _____ Note: You MUST attach a copy of the CARB Engine Executive Order for the new engine.	Projected Year of Purchase of New TRU/APU:

III. BASELINE (EXISTING) TRANSPORT REFRIGERATION UNIT EQUIPMENT INFO (Box III for TRU/APU repowers or retrofits)

TRU/APU application: <input type="checkbox"/> TRU/APU Truck <input type="checkbox"/> Trailer <input type="checkbox"/> Shipping Container <input type="checkbox"/> Railcar	
Vehicle Identification type: VIN: _____ Railcar recoding mark: _____ Container number: _____	
TRU/APU Make:	TRU/APU Model:
TRU/APU Model Year:	TRU/APU Serial Number:
TRU/APU Horsepower Rating:	TRU/APU Fuel Type:
TRU/APU Engine Tier:	TRU/APU Engine Family:
TRU/APU Engine CARB Executive Order: _____ Note: You MUST attach a copy of the CARB Engine Executive Order for the new engine.	Projected Year of Purchase of New TRU/APU:
New TRU/APU Make:	New TRU/APU Model:
New TRU/APU Model Year:	New TRU/APU Fuel Type:
New TRU/APU Horsepower Rating:	New TRU/APU Engine Family:
New TRU/APU Engine Tier:	New TRU/APU Engine CARB Certification Executive Order: _____ Note: You MUST attach a copy of the CARB Engine Executive Order for the new engine.

IV. TRU/APU RETROFIT INFORMATION

NOTE: You **MUST** attach a copy of the CARB Executive Order for the retrofit device and indicate (circle) on the Executive Order Attachment the engine family name for the engine on which the device will be installed.

Retrofit Make:	Verified NOx Reduction: %
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Retrofit Device Model:	Verified PM Reduction: %
Retrofit Family Name:	Verified ROG Reduction: %
Verification Level:	

V. FUNDING INFORMATION

<u>TRU/APU COST</u>
TRU/APU Cost (including tax): \$ Note: You <u>MUST</u> attach a written estimate from the equipment vendor documenting the cost of the new vehicle; this quote must be obtained within 90 days prior to the closing date of the Program Announcement. .
TRU/APU Cost:
TRU/APU Installation Cost:
Applicant Grant Request: \$
TRU/APU Vendor:
TRU/APU Installer:
<u>TRU/APU RETROFIT SYSTEM COST (include if a retrofit device is proposed for this project)</u>
Retrofit Device Cost (including tax): \$ Note: You <u>MUST</u> attach a written estimate from the equipment vendor documenting the cost of the device; this quote must be obtained within 90 days prior to the closing date of the Program Announcement.
Retrofit Device Installation Cost:
Retrofit Device Maintenance Cost:
Applicant Grant Request: \$
Retrofit Device Vendor and Installer: