

MOJAVE DESERT AIR QUALITY MANAGEMENT DISTRICT**BRAD POIRIEZ, EXECUTIVE DIRECTOR**

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Email: grants@mdaqmd.ca.govwww.MDAQMD.ca.gov • @MDAQMD*Carl Moyer Program***Heavy duty diesel emissions
reduction program application***All applicants must complete this form.***Please type or print all information on this and any attached applications.****Section 1: Applicant information**

COMPANY NAME:												
TYPE OF BUSINESS:												
CONTACT PERSON:												
MAILING ADDRESS:												
CITY:								STATE:		ZIP:		
PHONE:			FAX:			EMAIL:						
PHYSICAL ADDRESS (IF DIFFERENT FROM MAILING):												
PHYSICAL CITY:										ZIP:		
NAME OF SIGNEE:												
TITLE OF SIGNEE:												
TAX ID (Check one)		<input type="checkbox"/>	FEDERAL EMPLOYERS ID #		<input type="checkbox"/>							
		<input type="checkbox"/>	INDIVIDUAL/SOLE PROPRIETOR		<input type="checkbox"/>							

Section 2: Engine vendor/salesperson information

COMPANY NAME:											
CONTACT PERSON:											
ADDRESS:											
CITY:								STATE:		ZIP:	
PHONE:			FAX:			EMAIL:					

Section 3: Application statement

All information provided in this application will be used by the Mojave Desert Air Quality Management District to evaluate the eligibility of this application to receive incentive funds. MDAQMD staff reserves the right to request additional information of the applicant and can deny the application if such information is not provided.

- I certify to the best of my knowledge that the information contained in this application is true and correct.
- I have the legal authority to apply for incentive funding for the entity described in this application.

PRINTED NAME OF RESPONSIBLE PARTY:											
TITLE:										DATE:	
SIGNATURE OF RESPONSIBLE PARTY:											

Section 4: Third-party application preparation

PREPARATION FEE:	SOURCE OF FUNDING:
PRINTED NAME OF RESPONSIBLE PARTY:	
COMPANY:	TITLE:
SIGNATURE OF RESPONSIBLE PARTY:	DATE:

Section 5: Deliverables

All applicants must provide the information specified on this form.

Provide the information detailed below. Attach additional pages if necessary.

- A program schedule, with project milestones and dates clearly identified:

- Record-keeping for the life of the funded project: Please list steps taken to ensure information is available to provide at a minimum of the following reports:
 - 1. Quarterly status reports** until the equipment purchase has been accomplished. 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 will be made.
 - 2. An annual report**, for the duration of the project life used to determine cost-effectiveness, which provides the annual hours of operation, amount and type of fuel used, and operational maintenance issues encountered and how they were resolved. All equipment will be required to have a non-resettable hour meter or odometer installed. MDAQMD reserves the right to verify the information provided.

- Refueling (alternative fuels only: Describe how and where equipment will be refueled (on-site, existing facility, mobile equipment, etc.):

Section 6: Vehicle/equipment information

PRIMARY FUNCTION OF VEHICLE:						
PRINTED NAME OF RESPONSIBLE PARTY:						
COMPANY:	TITLE:					
EQUIPMENT TYPE (Check one):						
Off Road NEW	Off Road REPOWER	Off Road RETROFIT	On Road NEW	On Road REPOWER		
On Road RETROFIT	Locomotive	Agricultural	Forklift	Auxiliary Power Unit	GSE	Other

ANNUAL VEHICLE USAGE

OPERATION WITHIN CALIFORNIA (%):	OPERATION WITHIN MDAQMD BOUNDARIES (%):
ESTIMATED ANNUAL USAGE (HOURS, MILES AND/OR FUEL):	

EXISTING VEHICLE INFORMATION

MAKE:		
MODEL:		
MODEL YEAR:		
SERIAL NUMBER:		
HOUR/MILES METER:	HORSEPOWER:	
FUEL TYPE: CNG LNG LPG Diesel Gasoline Other: _____		
EXISTING ENGINE REBUILD COST		
PARTS:	LABOR:	TOTAL REBUILD:

NEW OR REPLACEMENT VEHICLE INFORMATION

MAKE:	
MODEL:	
MODEL YEAR:	
VEHICLE TYPE:	GROSS VEHICLE WEIGHT RATING:
LICENSE PLATE:	ODOMETER READING:
VEHICLE ID NO.:	FLEET ID NO.:

NEW ENGINE OR RETROFIT SYSTEM INFORMATION

MAKE:		
MODEL:		
MODEL YEAR:		
SERIAL NUMBER:		
HOUR/MILES METER:	HORSEPOWER:	
FUEL TYPE: CNG LNG LPG Diesel Gasoline Other: _____		
ENGINE REPOWER COST		
PARTS:	LABOR:	TOTAL REPOWER:
DESCRIPTION OF RETROFIT TECHNOLOGY (REQUIRED IF CARB VERIFIED):	RETROFIT COST:	

EMU REQUIRED Installed cost + data summarization fees:
CERTIFIED NOx EMISSION LEVEL:
EPA ENGINE FAMILY (REQUIRED):
LIST any other financial incentives/programs (tax credits, deductions, grants, or other public assistance) applied to project:

All estimates must be accompanied by proper documentation.

Application requirements checklist

	<p>COMPLETED APPLICATION: If the owner, partner or corporate officer will not be signing the Grant Agreement, please provide a letter naming and authorizing another individual to sign the grant agreement and other documents on behalf of the business.</p>
	<p>W-9 FORM: Complete and submit IRS form W-9, included as Page 6 of this packet. MDAQMD will issue form 1099 as required by law.</p>
	<p><u>PARTICIPATING DEALER QUOTE & SUPPORTING DOCUMENTS FOR NEW EQUIPMENT:</u> New equipment must be purchased from a District approved dealer. (Equipment and parts are eligible for funding only if they are required to ensure the effective installation and functionality of the equipment/engine.)</p> <p>Quote for the new equipment, itemizing all standard equipment and options, including tax and delivery.</p> <p>Evidence of warranty with minimum parts and labor coverage on engine and drive train for 1 year, 1600 hours. Warranty costs are not eligible for grant funding.</p> <p>Optional: An itemized quote of the parts and labor necessary to install the highest level ARB verified retrofit device available on the new engine.</p> <p>Copy of ARB Emissions Executive Order for new engine and/or retrofit device.</p> <p>Manufacturer’s specification sheet for the new equipment, engine, and/or retrofit device.</p>
	<p><u>ANNUAL USAGE:</u> Include documentation of the equipment usage for at least the twenty-four (24) month period immediately prior to the application date. More than 24 months’ usage can be considered if the average over that period is more indicative of future usage. Engine hour documentation is preferred. Please provide at least one of the following types of usage documentation:</p> <p>Hour meter reading log collected at minimum of once per year from an installed and fully functioning hour meter, or;</p> <p>Historical fuel usage documentation specific to the old equipment. Documentation must include fuel logs, purchase receipts, or ledger entries, or;</p> <p>At least two items from the following list:</p> <ul style="list-style-type: none"> • Revenue and usage records that identify operational, standby, and down hours for the equipment; • Employee timesheets linked to specific equipment use; • Preventative maintenance records tied to specific hours of equipment use; • Repair work orders specific to the equipment; • Six months of tracking normal equipment usage with a functional, tamper proof hour meter with prior District approval <p>Limited usage documentation or other circumstances will be considered on a case-by-case basis. Prior to contracting, the District will conduct a pre-inspection of the old equipment to verify its operational status.</p>
	<p><u>MDAQMD INSPECTION OF EXISTING EQUIPMENT:</u> Arrange with the District an on-site inspection of the existing equipment.</p>

	<p>PROOF OF EXISTING EQUIPMENT OWNERSHIP AND RESIDENCY IN CALIFORNIA (2 YEARS):</p> <p>Bill of sale for existing equipment; and</p> <ul style="list-style-type: none"> • One of the following: • Tax depreciation logs • Property tax records • Equipment insurance records • Bank appraisal for equipment • Maintenance/service records • General ledgers • Fuel records specific to existing equipment • Other: <p>If no bill of sale, must provide 2 items from list above</p>
	<p>TRUCRS REPORT: Attach report from ARB On-Road Heavy-Duty Diesel Reporting system, if required.</p>
	<p>DOORS REPORT: Attach report from ARB Diesel Off-road, On-line Reporting system, if required.</p>
	<p>CERTIFICATES OF INSURANCE: Provide current certificates of insurance with your application as evidence of coverage for General Liability and Worker's Compensation*. * If the Applicant is exempt from the requirement of maintaining workers compensation insurance, provide evidence of such exemption.</p>
	<p>CERTIFICATES OF INSURANCE: Funded projects will be required to provide certificates of insurance endorsing the District as additionally insured for this project for General Liability and Property Insurance that covers the replacement cost of the new equipment. When these policies, as well as your Worker's Compensation policy are renewed or changed, updated certificates must be submitted to the APCD until the Grant Agreement expires.</p>
	<p>FINANCING DOCUMENTATION: If the Grantee obtains financing to assist in the purchase of replacement equipment, full documentation of financing must be provided to the APCD. No more than the Grantee's share of the cost of the equipment may be financed.</p>

LOAN ASSISTANCE: Loan assistance may be available for equipment replacement through the California Capital Access Program (CalCAP). Contact your lender for eligibility requirements and to see if they participate in CalCAP. Additional information on CalCAP loans is available from the ARB at: www.arb.ca.gov/ba/loan/off-road/off-road.htm or at 866-6-DIESEL, and from the California Pollution Control Financing Authority at: www.treasurer.ca.gov/cpcf/calcap.asp For a list of participating lenders, see: www.treasurer.ca.gov/cpcf/calcap/institutions.pdf

After replacement equipment is delivered

	<p>MDAQMD INSPECTION OF NEW EQUIPMENT: Arrange with the District an on-site inspection of the new equipment.</p>
	<p>SALVAGE CERTIFICATION FORM: Salvage yard must be a District approved salvage yard. Submit this form to the District within 30 days of receiving new equipment.</p>
	<p>FINAL INVOICE FROM DEALERSHIP: The applicant cannot finance more than their portion of the cost of the new equipment</p>

