

**Carl Moyer Memorial Air Quality Standards Attainment Program
Agricultural Engine Emission Reduction Project:
Repower and/or Retrofit Application**

Introduction

The Bay Area Air Quality Management District (“District”) is accepting applications for the Carl Moyer Memorial Air Quality Standards Attainment Program¹ (“Carl Moyer Program”). The purpose of this program is to provide funding to replace, repower, and retrofit heavy-duty diesel engines with lower-polluting engines and retrofit control devices. The District is accepting applications for projects throughout its jurisdiction, but will prioritize projects that reduce emissions in impacted communities. Highest priority will be given to the following six highly impacted communities: (1) Eastern San Francisco, (2) West Oakland, (3) East Oakland/San Leandro (4) Richmond, (5) San Jose and (6) Concord.

This application is for (1) stationary agricultural engine replacement (repower), (2) installing ARB-Verified retrofit device, and (3) stationary or portable electrification projects. For qualifying projects, Carl Moyer Program grants can generally cover up to the cost of replacement equipment or engine, including installation cost, less the cost to rebuild the old engine.

This program will, in general, follow the guidelines of the California Air Resources Board’s (ARB) **Carl Moyer Program**. Additional information about the District’s policies and application process can be found at <http://www.baaqmd.gov/moyer>.

What You Need To Do

Individuals and companies who plan to apply for a Moyer grant must complete the attached application and submit two copies of the completed and signed application (including two copies of all attachments). Applications may be downloaded from <http://www.baaqmd.gov/moyer>, printed and submitted by mail. Materials must be submitted **no later than 4pm on Friday April 4, 2008** to:

<p>Bay Area Air Quality Management District Administration and Incentives Division <u>Attention:</u> Richard Vesperman 939 Ellis Stret San Francisco CA 94109</p>
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Early filing of applications is encouraged and appreciated. The submittal of this information does not guarantee approval for funding, but will be used to determine the potential emission reductions and potential District funding contribution associated with the proposed project. No equipment purchased prior to the execution of an official grant agreement is eligible for funding. Questions regarding this program or the application process may be directed to Richard Vesperman by phone at **(415) 749-4925** or by e-mail at: rvesperman@baaqmd.gov.

Applications will be evaluated using criteria and formulas established by the ARB and priorities established by the District. Some projects which meet review criteria may not be funded if insufficient funds are available to meet all grant requests.

¹ For more information on the ARB Carl Moyer program see: <http://www.arb.ca.gov/msprog/moyer/moyer.htm>.

APPLICATION CHECKLIST

This checklist is provided to assist applicants in verifying that their application is complete before submitting it to the Bay Area Air Quality Management District.

PART 1 - Application Checklist

- Is the application signed by an authorized company officer?
- If completed by a Third Party, did the Third Party sign the application?
- Are two copies of the completed application and all attachments included?
 - ___ 2 copies of Part 1
 - ___ 2 copies of Part 2
 - ___ 2 copies of all attachments for each engine
- Is proof of required insurance attached (Workers Compensation, “Automobile” Liability, and “Automobile” Collision Insurance)?

PART 2 - Attachments Checklist

- Two years data on hours of in-use operation per year (for example, maintenance logs)
- Two years data of fuel consumed in gallons. (for example, a fuel log in a monthly format)
- CA Air Resources Board (ARB) Executive Order for the new replacement engine
- Price quote for an in-frame rebuild of the existing engine/motor that shows:
 - Price of rebuild parts
 - Price of labor to complete the rebuild
- Price quote for the new equipment or engine/motor and/or retrofit that shows the:
 - Price of the equipment or engine and all required parts
 - Engine Family Name
 - Price of installation
 - Price for the retrofit device system
 - Price for the installation of retrofit device

Survey Questions

Was this application easy to follow? Yes No

What suggestions do you have for improving it?

Part 1: Applicant Information

**1. Legal Name of Applicant
Equipment Owner:** _____

The "Applicant"

2. Mailing Address:

Street Address/P.O. Box _____

City _____ County _____ State _____ Zip _____

Contact information

	Name	Email Address	Phone Number	Fax Number
3. Primary Project Contact				
4. Person Authorized to Sign Application and Execute Project Agreement				
5. Person who Completed Application				

If a **Third Party** (e.g., engine dealer, distributor or consultant, etc.) assisted the Applicant to complete this application, such Third Party must complete this Section:

6. What is your position? _____

7. How much are you being paid to complete this application for the owner or to assist in the proposed project? \$ _____

8. What is the source of funds being used to pay you? _____

Signed: _____ **Date:** _____

Name (Please Print): _____

9. How did the applicant hear about the Carl Moyer Program?
10. Did the applicant or anyone associated with this application (primary contact, employee of owner, third party) attend a Carl Moyer Program Application Workshop, a meeting or other event where information was presented about BAAQMD grant programs? <input type="checkbox"/> YES <input type="checkbox"/> NO
11. If yes, please provide the event name and approximate date of the event:
12. Number of engines/motors applied for in this application _____

13. Applicant must read and initial each item below to indicate understanding and agreement:

I understand that this application is for evaluation purposes only and does not guarantee project funding.

Initial: _____

I understand and agree that the District may conduct an inspection of the equipment, vehicle(s) and/or vessel(s) that are the subject of this application prior to an award in order to verify eligibility and compliance with the Carl Moyer Program.

Initial: _____

I certify that the proposed project is not required by any local, State or federal rule or regulation; judicial order, or agreement, memorandum of understanding, contract, or other binding obligation that requires the project application to implement any portion of the project that would be funded by the District under the Carl Moyer Program.

Initial: _____

I certify that this application is for equipment/vehicle(s)/engine(s) that have not already been funded, nor are currently under consideration for funding by another air district, the California Air Resources Board (ARB) or by another public agency.

Initial: _____

I certify that to the best of my knowledge, the information contained in this application and in any documentation accompanying this application or submitted in furtherance of this application is true and accurate.

Initial: _____

I have attached documentation showing that my organization carries the appropriate insurance (i.e. Workers Compensation, Automobile Liability, and Automobile Physical Damage Insurance.)

Initial: _____

I certify that I have the legal authority to apply for funding on behalf of the applicant entity and that I am authorized to sign this application on behalf of applicant.

Signed: _____ **Date:** _____
(Authorized Representative of Applicant Equipment Owner)

Name (Please Print): _____

Title: _____

PART 2: Proposal to repower a stationary agricultural engine and/or install an emission reduction retrofit device

Please complete a separate Part 2 for each engine to be replaced and/or retrofitted as part of this application.

THIS APPLICATION IS FOR (check only one for each engine):

- | | |
|--|---|
| <input type="checkbox"/> Electrification of diesel-powered equipment | <input type="checkbox"/> Repower diesel engine (to Tier 3 engine) |
| <input type="checkbox"/> Install emission reduction retrofit device | <input type="checkbox"/> Repower and retrofit of diesel-powered equipment |

EQUIPMENT INFORMATION

1. Equipment Type (stationary pump, portable pump, other):
2. Unit number or other identifier :
3. What is the primary function of this equipment?
Project Address (if different from address provided above)
4. Street Address/Equipment Location:
5. City:
6. County:
7. State:
8. Zip Code:
9. Equipment Make:
10. Equipment Model:
11. Equipment Model Year:
12. Equipment Serial Number:
13. Equipment Fuel Type:
14. Percent Operation in California:
15. Percent Operation in District:
16. Will the new engine have a functioning hour meter for the life of the project? <input type="checkbox"/> YES <input type="checkbox"/> NO
17. Project life (How many years will this vehicle operate, after the project is completed and the vehicle is returned to service?):
18. If project is funded by the District, when will this equipment return to service?
19. Amount requested from the District for this project:

Note: The Bay Area Air Quality Management District jurisdiction includes all of Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo and Santa Clara Counties, and the southern portions of Sonoma and Solano Counties. See <http://www.baaqmd.gov/dst/jurisdiction.htm> for a jurisdiction map.

20. Is this equipment or engine <u>currently</u> subject to a state or local air quality regulation? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, please answer question 21; if No, skip to question 22.
21. Name of the regulation(s):

IMPACTED COMMUNITIES

Projects that operate in Bay Area Impacted Communities receive priority for grant funding. To be considered for this ranking, please answer the following question.

22. Does this equipment operate in a Bay Area Pollution Impacted Community? (See the PM Exposure Map <http://www.baaqmd.gov/moyer>):
- YES NO

If Yes to Question 23, please answer the following question.
If No, go to Question 24 “Engine Information”

Electronic PM Exposure Map viewed on the District’s webpage: There are three colored areas without hatch-marks and three colored areas with hatch-marks areas. Please indicate the percentage of the time this vehicle operates in each zone and identify the zone number found on the map. (Use the “zoom in” tool on the electronic version of the map to enlarge the map to best identify boundaries and zone numbers.)

Paper copy of PM Exposure Map: If you do not have access to the Internet, the PM Exposure Map is available by request from the Grants Programs Document Request Line, (415) 749-4994.

There are three colored areas without hatch-marks and three colored areas with hatch-marks areas. If using a paper copy of the map, circle the areas that the vehicle operates in and summarize the percent of time spent in each Zone Type below.

23. In which impacted communities does this vehicle operate? (Note: District staff may request that the grant applicant provide documentation to verify the information provided below.)

Zone Type	Percent Operation	Zone Number
Red Zone*		
Red Hatch-marked Zone		
Gold Zone*		
Gold Hatch-marked Zone		
Green Zone*		
Green Hatch-marked Zone		

* Not Hatch-marked

Note: If the vehicle currently operates in Impacted Communities and this proposal is funded, the contract between the grantee and the District will require the grantee to continue to operate this vehicle in Impacted Communities in the Bay Area.

EXISTING ENGINE/MOTOR INFORMATION

Note: As of January 1, 2007, portable diesel-to-diesel engine projects are no longer eligible for funding.

24. Engine/Motor Make :
25. Engine/Motor Model:
26. Engine/Motor Model Year:
27. Engine/Motor Serial Number:
28. Engine/Motor Family Name ¹ :
29. Engine/Motor Fuel Type:
30. Engine/Motor Horsepower:
31. Engine/Motor Tier ¹ :
32. Is this engine/motor currently covered by a Moyer Program contract? <input type="checkbox"/> YES <input type="checkbox"/> NO
33. Cost to rebuild existing engine/motor: \$ _____ (Parts) \$ _____ (Labor)
34. How many engines/motors of this type are owned by the Applicant?

35. Operation Information: Annual hours of operation and annual fuel use*		
	2006	2007
Hours of Operation		
Gallons of fuel		

*Two years of documentation is required, such as two years of maintenance or operating records to document hours of operation and two years of monthly logs to document fuel usage.

¹Engine Family Name (EFN) and Tier information can be found on most engine block tags and on the Executive Order issued by ARB. The EFN is a string of approximately 12 letters and numbers. Your engine dealer can provide an Executive Order or see <http://www.arb.ca.gov/msprog/offroad/cert/cert.php>. For a key to the EFN code, see http://www.epa.gov/otaq/retrofit/my_identifier.htm and http://www.epa.gov/otaq/retrofit/mfrcodes_bycateg.htm.

NEW EQUIPMENT AND/OR ENGINE/MOTOR INFORMATION

Note: As of January 1, 2008, diesel-to-diesel repowers must be certified to current off-road emission standards. Grants for new equipment purchase are for new electric motor only.

36. Equipment Make :
37. Equipment Model:
38. Equipment Model Year:
39. Engine/Motor Make :
40. Engine/Motor Model:
41. Engine/Motor Model Year:
42. Engine/Motor Family Name ¹ :
43. Engine/Motor Fuel Type:
44. Engine/Motor Horsepower (if electric, convert from kW):
45. Engine/Motor Tier ¹ :
46. Is this project participating in the PG&E AG-ICE Incentive Program? <input type="checkbox"/> YES <input type="checkbox"/> NO
47. New reduced emission equipment & parts cost:

48. Cost of engine/motor installation:
49. Other costs:
50. I have attached all quotes from my vendor: <input type="checkbox"/> YES <input type="checkbox"/> NO

RETROFIT DEVICE INFORMATION

51. ARB-Verified Retrofit Device Make :
52. ARB-Verified Retrofit Device Model:
53. Retrofit Device Executive Order Number:
54. Verification Level (Level 1, 2 or 3):
55. Cost of retrofit device & parts:
56. Cost of installation:
57. Cost of retrofit device maintenance for life of project (optional):