Carl Moyer Memorial Air Quality Standards Attainment Program On-Road Heavy-Duty Diesel Emission Reduction Project: Engine Replacement & Retrofit Application

Introduction

The Bay Area Air Quality Management District ("District") is accepting applications for the Carl Moyer Memorial Air Quality Standards Attainment Program (the "Carl Moyer Program"). The purpose of this program is to provide funding to replace, repower and retrofit, and retrofit of 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 engine replacement (repower) and retrofit projects only. Generally, for qualifying vehicles, Carl Moyer Program grants will cover: 1) 100% of the retrofit cost, including installation, and 2) The cost of a replacement engine, including the installation cost, minus 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 Memorial Air Quality Standards Attainment Program**. For more information on this ARB program see: http://www.arb.ca.gov/msprog/moyer/moyer.htm.

For additional information about the District's policies and application process, see http://www.baaqmd.gov/moyer.

What You Need To Do

If you would like to be considered for participation in this program, please fill out the application and mail two copies of the application form along with two copies of the required attachments to:

Bay Area Air Quality Management District

Attn: Alison Kirk

939 Ellis St.

San Francisco, CA 94109

The submittal of this information does not guarantee approval for funding, but will be used to determine the potential emission reductions and District funding contribution associated with the proposed project. Any equipment purchased prior to the execution of an official grant agreement will not be eligible for funding. If you have any questions regarding this program or the application process, please contact Alison Kirk by phone at (415) 749-5169 or by e-mail at: akirk@baaqmd.gov.

Carl Moyer Program On-Road Application Complete Application Checklist Page 2 of 8

Part 1 Application Checklist
☐ Did you sign the application?
☐ If completed by a Third Party, did the Third Party sign the application?
☐ Did you make 2 copies of each application? Each project should have:
2 copies of Part 1, and
2 copies of Part 2, and
2 copies of all attachments for each vehicle submitted as part of the project.
☐ Did you attach proof of applicable insurance (Workers Compensation, Automobile Liability,
and Automobile Physical Damage Insurance)?
Checklist of Attachments
Part 2 For engine replacement with retrofit projects attach:
☐ Two years of mileage documentation (for example, maintenance logs)
☐ Two years of fuel documentation in gallons (for example, a fuel log in a monthly format)
☐ Engine CA Air Resources Board (ARB) Executive Order for the new replacement engine
☐ Retrofit Device ARB Executive Order Attachment Page that shows the replacement engine is
verified for the device (the Engine Family Name will appear on the list)
☐ Quote for an in-frame rebuild of the existing engine that shows:
Price of rebuild parts
Price of labor to complete the rebuild
☐ Quote for the new replacement engine that shows the:
• • • • • • • • • • • • • • • • • • •
Price of the engine and all required parts
Engine Family Name
Price of engine installation
Price for the retrofit device system
Price for the installation of retrofit device
Survey Questions
Was this application easy to follow? ☐ Yes ☐ No
If not, do you have any recommendations for making it easier to understand?

Part 1: Applicant Information 1. Legal Name of Applicant Vehicle Owner: The "Applicant"

	The "Applicant"			
2. Mailing Address:				
Street Address/P.O. Box				
City	County	State	Zip	
<u> </u>				

Contact information

Contact mormation		E Address	Dhana Nasahan	For Namehou
	Name	Email Address	Phone Number	Fax Number
3. Primary Project Contact				
4. Person Authorized to Sign Application and Execute Project Agreement				
5. Person Completed Application				

If a <i>Third Party</i> (e.g., engine dealer, distributor application, such Third Party must complete thi	or consultant, etc.) assisted the Applicant to complete this is Section:
6. What is your position?	_
7. How much are you being paid to complete the project?	his application for the owner or to assist in the proposed
8. What is the source of funds being used to pa	ay you?
Signed:	Date:
Name (Please Print):	

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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?
□ YES □ NO
11. If yes, please provide the event name and approximate date of the event:
12. Number of vehicles we have 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 Vehicle Owner)
(Authorized Representative of Applicant Vehicle Owner)
Name (Please Print):
Title:

<u>Part 2: Proposal to replace an engine and add a retrofit device in an on-road vehicle</u> Please complete Part 2 as needed for each vehicle submitted for consideration as part of this engine replacement and retrofit project.

Exi	stin	g Vehicle Information					
	1. Unit Number:						
	2.	Name of facility where vehicle is housed:					
		Street Address:					
	4.	City:					
	5.	County:					
		State:					
	7.	Zip Code:					
	8.	Vehicle Type (Solid Waste Collection Vehicle, Street Sweeper, School Bus, Urban Bus,					
		Other Transit Vehicle, Other Heavy-Heavy Duty Vehicle or Other Medium Heavy-Duty					
		Vehicle):					
	9.	If vehicle type is Other Transit Vehicle, Other Heavy-Heavy Duty Vehicle or Other					
		Medium Heavy-Duty Vehicle, please describe the work performed by the vehicle					
		(example: dump truck, concrete truck, water truck, shuttle service, etc):					
L							
-		Vehicle Identification Number (VIN):					
-		Vehicle Make:					
L		Vehicle Model:					
ŀ		Vehicle Model Year:					
L	14. Gross Vehicle Weight Rating (GVWR):						
-	15. License Plate Number:						
_		Department of Transportation Number (if interstate):					
L	17. California Highway Patrol CA Number:						
Ela	at D	aculation Information					
FIE		Legulation Information Lethic vehicle currently subject to a state Float Regulation?					
		Is this vehicle <u>currently</u> subject to a state Fleet Regulation? YES D NO					
	If yes, please answer questions 19 – 22; if no, skip to question 23.						
	19. Name of Fleet Regulation:						
	20. When is this vehicle required to be in compliance with the regulation? December 31,						
L	20						
L		If funded by the BAAQMD, when will this vehicle return to service?					
L	22. How many vehicles are in this fleet?						
	,						
Act		y Information					
	23. Annual miles traveled and annual fuel use*						
		2006 2007					
		Miles Collons of fuel					
	*Tu	Gallons of fuel vo years of documentation is required, such as two years of maintenance records to document mileage and					

	Zone Type	Po	rcent Operation	Zone Number
r	<u> </u>		-	(Note: BAAQMD staff may rerify the information provided
areas	s. If using a paper copy of marize the percent of time	the map, c spent in ea	ircle the areas that the ch Zone Type below	
	is available by request fro			o the internet, the PM Exposure ent Request Line, (415) 749-
If no Elec with perconnection the	out hatch-marks and three entage of the time this veh	Information viewed on the colored are icle operate it tool on the colored are in the colo	n" he District's webpages with hatch-marks in each zone and iche electronic version	e: There are three colored are areas. Please indicate the dentify the zone number found of the map to enlarge the map
	Exposure Map http://www.	•		Community? (See the PM
	a year?	cargo to an	d from a maritime po	ort or rail yard at least 400 time
Proje and	ed Communities ects that operate in Bay Ar considered for funding firs owing questions.			be ranked above other projects king, please answer the
Mate	e: The BAAQMD jurisdiction in eo and Santa Clara Counties, and ://www.baaqmd.gov/dst/jurisdic	d the southern	n portions of Sonoma and	Marin, Napa, San Francisco, San I Solano Counties. See
	Percent Operation in Distr			
	the vehicle returns to servi Percent Operation in Calif			
24.		ears will th		nce the project is completed an

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		Red Hatch-marked Zone			
		Gold Zone*			
		Gold Hatch-marked Zone			
		Green Zone*			
		Green Hatch-marked Zone			
	 	Not Hatch-marked			
		1,00 110011 11101100			
	Note:	If the vehicle currently operates in l	Impacted Communities and this p	proposal is funded, the contract	
		en the grantee and the BAAQMD w	ill require the grantee to continue	to operate this vehicle in Impacted	
	Comn	nunities in the Bay Area.			
Ex		Engine Information [☐ Main Engine	☐ Auxiliary Engine	
		Engine Fuel Type:			4
		Engine Make:			
		Engine Model:			
		Engine Model Year:			
	34. 1	Engine Serial Number:			
	35. l	Engine Horsepower:			
	36. l	s this a mechanical engine?	\square YES \square	l NO	
	37. I	Engine Tier (if applicable):			
Re	place	ment Engine Information [☐ Main Engine	☐ Auxiliary Engine	
	38. 1	Engine Fuel Type:		·	
	39.]	s the ARB Engine Executive (Order attached? YES	l NO	
		_			
		Executive Order should be available		e ARB webpage at	
		/www.arb.ca.gov/msprog/onroad/cet			
	http:/	/www.arb.ca.gov/msprog/offroad/ce	rt/cert.php (auxiliary engines)		
	40. 1	Engine Make:			
	41. 1	Engine Model:			
	42.]	Engine Model Year:			
	43.]	Engine Family Name:			
		,			
		The Engine Family Name (EFN) is			
		e block tags and on the engine's Exe			
		utive Order, or see http://www.arb.ca/www.epa.gov/otaq/retrofit/my_ider		p. For a key to the EFN code, see	
		/www.epa.gov/otaq/retrofit/mfrcode			
		s this a mechanical engine?	☐ YES ☐ NO		
		s the Engine a Family Emission			٦
			ms Emit (1 EE) engine.		
	Note	See Executive Order. Only FEL en	ngines that are cleaner-than-requ	ired for the engine year are eligible	
		power projects.			
		Engine Tier (if applicable):			

Engine Retrofit Information
47. Will a retrofit device be added to this engine as part of this project?
□ YES □ NO
If we also include the fellowing information (Notes, all angine newlecoment angiests would
If yes, please include the following information. (Note: all engine replacement projects must
have a retrofit device added.)
48. Retrofit Device Make:
49. Retrofit Device Model:
50. Retrofit Device Level (1, 2, or 3):
51. Retrofit Device ARB Executive Order Number:
52. Is the page from the ARB Executive Order for the Retrofit Device proposed that shows
the engine is verified for the device attached? ☐ YES ☐ NO
Look for the Engine Family Name (EFN) on the Retrofit Device's Executive Order Attachment(s). Links to the
lists of devices verified by Level are included below. Note that some devices have more than one Executive
Order and Attachment.
Level 1 technologies: http://www.arb.ca.gov/diesel/verdev/level1/level1.htm
Level 2 technologies: http://www.arb.ca.gov/diesel/verdev/level2/level2.htm Level 3 technologies: http://www.arb.ca.gov/diesel/verdev/level3/level3.htm
Level 3 technologies. http://www.arb.ca.gov/diesel/verdev/level3/level3.html
Cost Information – Provide Quotes from your Engine Dealer
53. Are all quotes from your engine dealer attached? □ YES □ NO
33. Are an quotes from your engine dealer attached:
54. Cost to complete an in-frame rebuild of the existing engine (show rebuild parts cost and
labor costs separately):
55. Cost of new replacement engine and parts:
56. Cost to install new replacement engine:
57. Retrofit Device System Cost:
58. Retrofit Device Installation Cost:
59. Amount requested from BAAQMD for this engine replacement and retrofit: