

Carl Moyer Memorial Air Quality Standards Attainment Program On-Road Heavy-Duty Diesel Emission Reduction Project: 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 heavy-duty diesel vehicles 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 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 retrofit projects only. Generally, for qualifying vehicles, Carl Moyer Program grants will cover 100% of the retrofit cost, including installation costs.

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.

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 retrofit only projects please 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 existing engine
- Retrofit Device ARB Executive Order Attachment Page that shows the existing engine is verified for the device (the Engine Family Name will appear on the list)
- Quote for the retrofit device that shows the:
 - Price for the retrofit device system
 - Price for the installation of the 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"

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 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 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)

Name (Please Print): _____

Title: _____

Part 2: Proposal to add a retrofit device to an existing engine in an on-road vehicle
Please complete Part 2 as needed for each vehicle submitted for consideration as part of this project.

Existing Vehicle Information

1. Unit Number:
2. Name of facility where the vehicle is housed:
3. Street Address:
4. City:
5. County:
6. 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):
10. Vehicle Identification Number (VIN):
11. Vehicle Make:
12. Vehicle Model:
13. Vehicle Model Year:
14. Gross Vehicle Weight Rating (GVWR):
15. License Plate Number:
16. Department of Transportation Number (if interstate):
17. California Highway Patrol CA Number:

Fleet Regulation Information

18. Is this vehicle <u>currently</u> subject to a state Fleet Regulation? <input type="checkbox"/> YES <input type="checkbox"/> 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, 20__.
21. If funded by the BAAQMD, when will this vehicle return to service?
22. How many vehicles are in this fleet?

Activity Information

23. Annual miles traveled and annual fuel use*		
	2006	2007
Miles		
Gallons of fuel		

*Two years of documentation is required, such as two years of maintenance records to document mileage and

two years of monthly logs to document fuel usage.
24. Project Life (How many years will this vehicle operate, once the project is completed and the vehicle returns to service?):
25. Percent Operation in California:
26. Percent Operation in District:
Note: The BAAQMD 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.

Impacted Communities

Projects that operate in Bay Area Impacted Communities will be ranked above other projects and considered for funding first. To be considered for this ranking, please answer the following questions.

27. Does this vehicle transport cargo to and from a maritime port or rail yard at least 400 times a year?
 YES NO

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

If yes, please answer the following question.
 If no, skip to “Existing 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.

29. Which impacted communities does this vehicle operate in? (Note: BAAQMD 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 BAAQMD will require the grantee to continue to operate this vehicle in Impacted Communities in the Bay Area.

Existing Engine Information Main Engine Auxiliary Engine

30. Engine Fuel Type:
31. Is the ARB Engine Executive Order attached? <input type="checkbox"/> YES <input type="checkbox"/> NO
The Executive Order should be available from your engine dealer or on the ARB webpage at http://www.arb.ca.gov/msprog/onroad/cert/cert.php (main engines) and http://www.arb.ca.gov/msprog/offroad/cert/cert.php (auxiliary engines).
32. Engine Make:
33. Engine Model:
34. Engine Model Year:
35. Engine Serial Number:
36. Engine Family Name:
Note: The Engine Family Name (EFN) is a string of approximately 12 letters and numbers found on most engine block tags and on the engine's Executive Order issued by ARB. Your engine dealer can provide an Executive Order, or see http://www.arb.ca.gov/msprog/onroad/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 .
37. Engine Horsepower:
38. Engine Tier (if applicable):

Engine Retrofit Information Main Engine Auxiliary Engine

39. Retrofit Device Make:
40. Retrofit Device Model:
41. Retrofit Device Level (1, 2, or 3):
42. Retrofit Device ARB Executive Order Number:
43. Is the page from the ARB Executive Order for the Retrofit Device proposed that shows the engine is verified for the device attached? <input type="checkbox"/> YES <input type="checkbox"/> 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

Cost Information – Provide Quotes from your Engine Dealer

44. Is a quote for the retrofit device attached? <input type="checkbox"/> YES <input type="checkbox"/> NO
45. Retrofit Device System Cost:
46. Retrofit Device Installation Cost:
47. Amount requested from BAAQMD for this engine retrofit:
48. If funded, when will this vehicle returned to service?