

Carl Moyer Memorial Air Quality Standards Attainment Program Marine Repower 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 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 marine engine (main or auxiliary) replacement (repower) projects only. Generally, for qualifying vessels, Carl Moyer Program grants will cover the cost of a replacement engine, including the installation cost, minus the cost to rebuild the old engine. Engines on marine vessels which are not self-propelled (e.g. barges) are not eligible for funding.

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: Tina McRee
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 Tina McRee by phone at (415) 749-4701 or by e-mail at: tmcree@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 vessel submitted as part of the project.
- Did you attach proof of applicable insurance (Protection & Indemnity Insurance and Hull Insurance)?

Checklist of Attachments

Part 2 For engine replacement projects attach:

- Two years of hours of operation documentation (for example, maintenance logs)
- Quote for 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
 - Price of engine installation

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 /Vessel Owner: _____

2. Mailing Address: _____ The "Applicant"

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? YES 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. Protection & Indemnity Insurance and Hull Insurance) Note: Owner-operated fishing vessels are not required to provide 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 replace an engine on a marine vessel**Vessel Information**

1.	Equipment Type (Commercial Fishing, Charter Fishing, Crew & Supply), Ferry Excursion, Pilot, Tow, Tug, Work, or Other):
2.	Number of Propulsion Engines to be Repowered:
3.	Number of Auxiliary Engines to be Repowered:
4.	Vessel Name:
5.	Vessel Make:
6.	Vessel Model:
7.	Vessel Year:
8.	U.S. Coast Guard Documentation Number (IMO Lloyd's Number if oceangoing vessel):
9.	Does the project vessel utilize a wet exhaust system: <input type="checkbox"/> YES <input type="checkbox"/> NO
10.	If funded, when will this vessel return to service?
11.	Total Amount requested from BAAQMD for engine replacement(s):
12.	Are all quotes from your engine dealer attached? <input type="checkbox"/> YES <input type="checkbox"/> NO

Activity Information

13.	Vessel Berthing Location:
14.	Percent Operation in California Waters:
15.	Percent Operation in District Waters: Note: See http://www.baaqmd.gov/dst/jurisdiction.htm for a jurisdiction map.
16.	Vessel Annual Hours of Operation: Note: Attach to this application two years of hours of operation documentation, such as maintenance records.
17.	Will the vessel have a functioning hour meter for the full project life? <input type="checkbox"/> YES <input type="checkbox"/> NO
18.	Does the Vessel Remain in Port Only? <input type="checkbox"/> YES <input type="checkbox"/> NO
19.	Project Life:

For each engine provide the following:

First Engine:

20. Engine function:	<input type="checkbox"/> Main Engine	<input type="checkbox"/> Auxiliary Engine
-----------------------------	--------------------------------------	---

<u>Existing Engine Information</u>	<u>Replacement Engine Information</u>
21. Make:	22. Make:
23. Model:	24. Model:
25. Year:	26. Year:
27. Serial Number:	28. Serial Number:
29. Horsepower:	30. Horsepower:
31. Number of Cylinders:	32. Number of Cylinders:
33. Displacement (litres):	34. Displacement (litres):
35. Fuel Type:	36. Fuel Type:
37. Annual Hours of Operation for this engine:	
38. Cost of Parts to Rebuild:	39. Cost of new engine and parts:
40. Labor Cost to Rebuild:	41. Cost to install new engine:

Second Engine:

42. Engine function:	<input type="checkbox"/> Main Engine	<input type="checkbox"/> Auxiliary Engine
-----------------------------	--------------------------------------	---

<u>Existing Engine Information</u>	<u>Replacement Engine Information</u>
43. Make:	44. Make:
45. Model:	46. Model:
47. Year:	48. Year:
49. Serial Number:	50. Serial Number:
51. Horsepower:	52. Horsepower:
53. Number of Cylinders:	54. Number of Cylinders:
55. Displacement (litres):	56. Displacement (litres):
57. Fuel Type:	58. Fuel Type:
59. Annual Hours of Operation for this engine:	
60. Cost of Parts to Rebuild:	61. Cost of new engine and parts:
62. Labor Cost to Rebuild:	63. Cost to install new engine:

(If you are requesting funding for additional engines, copy this page and proceed with engine 3, 4, 5, etc.)