

## Butte County Air Quality Management District On-Road Heavy-Duty Equipment Application

Please fill out one application for each engine or piece of equipment. All information necessary for completing this application is available in the 2008 Carl Moyer Program Guidelines. This document can be viewed at the District website [www.bcaqmd.org](http://www.bcaqmd.org) click on links. Please print clearly or type all information on this application.

### Eligibility Criteria

To be eligible for funding, projects must meet the criteria described in the 2008 Carl Moyer Program Guidelines and the 2008 Carl Moyer Program Advisories. These criteria include but are not limited to the following:

- Emission reductions obtained through Carl Moyer Program projects must not be required by any federal, state or local regulation, memorandum of agreement/understanding with a regulatory agency, settlement agreement, mitigation requirement, or other legal mandate.
- Projects must meet a cost-effectiveness of \$16,000 per weighed ton of NOx + ROG + twenty times combustion PM10 reduced, calculated in accordance with the cost-effectiveness methodology discussed in the Guidelines.
- No emission reductions generated by the Carl Moyer Program shall be used as marketable emission reduction credits, or to offset any emission reduction obligation of any person or entity.
- No project funded by the Carl Moyer Program shall be used for credit under any federal or state emission averaging banking and trading program.
- Funded projects must have at least 75 percent of their operation take place in California.
- All engines in new vehicle purchases and repower projects must be certified by the ARB for sale in California and must comply with durability and warranty requirements.
- All aftermarket emission controls (retrofits) must be verified by ARB.

### Funding Disclosure

Has the engine of vehicle in this application been awarded funding from another public agency or are any being considered for funding?

- Yes
- No

If "yes", complete the following for each engine or vehicle:

Agency applied to	_____
Date of application submittal	_____
Funding amount requested	_____
Baseline engine serial number	_____
Status of application	_____

State the value of any current financial incentive that directly reduces the project cost, including tax credits or deductions, grants, or other public financial assistance for the same engine or vehicle. Please Note: The incremental cost of the project shall be reduced by the amount of the financial incentive or assistance listed above.

**A. APPLICANT INFORMATION (required)**

Company or organization name:		
Business type:		
Contact name and title:		
Person with contract signing authority (if different from above):		
Contact mailing address and information:		
Street:		
City:	State:	Zip code:
Phone: (    )	Fax: (    )	
<b>E-mail:</b>		
Project location address (if different from above):		
Total funding amount requested for this engine/equipment:		

**NOTE:** Applications must be received at the District by March 1, 2010. If your application is selected and a contract award letter is mailed to you, you have 30 days to review, sign and complete the contract. If the contract is not completed and received by the District within 30 days of being notified, the grant funding may be allocated to another project.

**I hereby certify that all information provided in this application and any attachments are true and correct.**

Printed name of responsible party:	Title:
Signature of responsible party:	Date:

**Third Party Certification**

**I have completed the application, in whole or in part, on behalf of the applicant.**

Print name of third party:	Title:
Signature of third party:	Date:
Amount paid to third party:	Source of funding to third party:

For each engine or vehicle, please complete sections B and C and D, E or F (as appropriate).

**B. BASELINE VEHICLE INFORMATION (required)**

Vehicle type:		
Vehicle Identification Number (VIN):		
Vehicle make:	Model:	Year
Vehicle GVWR:		Vehicle license plate number
Registered owner:		
Department of Transportation number (if interstate):		
California Highway Patrol number (if applicable):		
Fuel type main engine:		Fuel type auxiliary engine:
New vehicle/equipment vendor:		

**C. ACTIVITY INFORMATION (required)**

Total annual miles traveled or annual gallons of fuel used (specify):
Percent operation in California:
List counties in California in which the vehicle operates and percent of operation in each:
Project Life:

**D. NEW VEHICLE PURCHASE PROJECTS (if applicable)**

Engine make:	Engine model:	Engine year:
Engine serial number (if available):		
ARB certification executive order (if engine is certified to alternative NOx standard):		
Fuel type of new engine:		
New vehicle cost:		
<b>Note: You must provide a written itemized estimate of the total costs with the application</b>		
Note: New replacement trucks are eligible for a maximum of Grant ranging from \$40,000 to \$60,000 based on the NOx level of the replacement engine. Only small fleets of three vehicles or less are eligible.		

**If the new vehicle has an auxiliary engine, complete the following.**

<b><u>Auxiliary Engine</u></b>	
Make:	Model:
Year:	Serial number:
Horsepower:	Tier:
Fuel:	Engine family (if applicable):

**E. REPOWER PROJECTS (if applicable)**

<b><u>Baseline Main Engine</u></b>		
Engine family:	Engine make:	Engine model:
Engine year:		Engine serial number:
Fuel type:		
Baseline main engine rebuild cost:		
<b><u>Reduced Emission Main Engine</u></b>		
Engine family:		Engine make:
Engine model:		Engine year:
Engine serial number (if available):		Fuel type:
ARB executive order number (if engine certified to alternative NOx standard):		
Reduced emission main engine cost:		Main engine cost with installation:
<b><u>Baseline Auxiliary Engine</u></b>		
Engine family:		Engine make:
Engine model:		Engine year:
Horsepower:		Engine serial number (if available):
Tier:		Fuel type:
Baseline auxiliary engine rebuild cost:		
<b><u>Reduced Emission Auxiliary Engine</u></b>		
Engine family:		Engine make:
Engine model:		Engine year:

Horsepower:	Engine serial number (if available):
Tier:	Fuel type
Reduced emission engine cost:	Auxiliary engine cost with installation:

**F. RETROFIT PROJECTS (if applicable)**

Engine family:	Engine make:	Engine model:
Engine year:	Tier (if auxiliary engine):	
Engine serial number:		
ARB – verified retrofit device name:	Retrofit device make:	
Retrofit device ARB executive order number:		
Retrofit device verification level: <input type="checkbox"/> LEVEL1 <input type="checkbox"/> LEVEL 2 <input type="checkbox"/> LEVEL 3		
Retrofit device serial number (if available):		
ARB – Verified NOx reduction (%):		
ARB – Verified PM reduction (%):		
ARB – Verified ROG reduction (%):		
Cost of retrofit device: Note: retrofits are eligible for up to 100% of total retrofit costs.	Cost of retrofit device with installation (optional):	
Total cost of retrofit device maintenance over life of project (optional):		