

Off-Road Equipment Repower & Retrofit Application

Carl Moyer Memorial Air Standards Attainment Program
OFF-ROAD EQUIPMENT REPOWER & RETROFIT APPLICATION
Butte County Air Quality Management District
INSTRUCTIONS AND ELIGIBILITY CRITERIA

Instructions

Please print clearly or type all information on the application (pages 3-8) and submit to:

Butte County Air Quality Management District
629 Entler Avenue, Suite 15
Chico, CA 95928
Or fax to (530) 332-9417

Fill out one (1) application for each engine or piece of equipment. The 2017 Carl Moyer Program (CMP) Guidelines are available on the District's website at www.bcagmd.org or at California Air Resources Board (ARB)'s website at <http://www.arb.ca.gov/msprog/moyer/guidelines/current.htm>. Please note that additional information may be requested from the applicant in order to process this application.

General Eligibility Criteria

To be eligible for funding, projects must meet the criteria described in the 2017 CMP Guidelines and all current CMP Advisories. These criteria include, but are not limited to the following:

- Emission reductions obtained through CMP 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 established by the District and calculated in accordance with the cost-effectiveness methodology in the 2017 CMP Guidelines. All State funds plus any other funds under a district's budget authority or fiduciary control contributed toward a project must be included in the cost-effectiveness calculation.
- No emission reductions generated by the CMP 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 CMP shall be used for credit under any federal or State emission averaging banking and trading program.
- Funded projects must have at least 75% of their total activity for the project life in California.
- Emission reduction technologies must be certified/verified by ARB and must comply with durability and warranty requirements. For the purposes of the CMP, a technology granted conditional certification/verification by ARB is considered certified/verified.

Off-Road Equipment Eligibility Criteria

- ARB has adopted in-use fleet rules affecting off-road Compression Ignition (CI) equipment: the Regulation for In-Use Off-Road Diesel-Fueled Fleets (Off-Road Regulation). Portable engines are regulated under the Portable Airborne Toxic Control Measure (ATCM). There are limited funding opportunities for equipment subject to these rules.
- Existing engines must be greater than 25 horsepower (hp) (19 kilowatts). If actual engine hp cannot be determined, hp can be estimated by the following:
 - Engine hp = Power Take-Off x 120%
- Grant amount must be based off new engine within 125% of the hp of the existing engine.

- The owner must be in compliance with federal, State, and local regulations. Use the table below to determine if the existing engine is eligible for funding.
- The only forklifts eligible for funding under this application are Class 7 diesel forklifts.
- For fleets subject to the Off-Road Regulation, applicants must submit the Diesel Off-Road Reporting System (DOORS) Identification Number (ID), Engine Identification Number (EIN), and results of the fleet calculator. See 2017 CMP Guidelines Chapter 5(E).
- Stationary agricultural engines must be registered with the District.

Summary of Off-Road Equipment Funding Opportunities

Engine Type	Subject to ARB Fleet Rule?	CMP Funding Opportunities
Mobile agricultural equipment	No	Engine repowers and retrofits.
Stationary diesel agricultural engine repower projects (including electrification)	Stationary Diesel In-Use Agricultural Engines ATCM	Tier 3 engine repowers: Not limited by regulation. Tier 0, 1, and 2 engine repowers: Limited opportunities based on local rule.
Portable diesel engines	Portable Diesel ATCM ⁴	No opportunities for Tier 0 portable equipment. Limited opportunities exist for Tier 1, Tier 2, and Tier 3 portable equipment. ¹
All other equipment (e.g. construction, mining, rental, airport ground support and other industries)	Off-Road Regulation ³	Small fleets: Opportunities exist through 12/31/2025, after which the fleet must show 100% compliance with the regulation. Medium fleets: Opportunities exist through 12/31/2019, after which the fleet must show 100% compliance with the regulation. Large fleets: Opportunities exist through 12/31/2019, after which the fleet must show 100% compliance with the regulation.

1. Limited opportunities means a fleet's compliance status with the ARB regulation must be determined. Contact District CMP staff or consult fleet rule CMP Implementation Charts at: <http://www.arb.ca.gov/msprog/moyer/guidelines/supplemental-docs.htm> in addition to these guidelines.
2. Regulation for In-Use Off-Road Diesel-Fueled Fleets: <http://www.arb.ca.gov/msprog/ordiesel/ordiesel.htm>
3. Regulation for Portable Engine ATCM: <http://www.arb.ca.gov/diesel/peatcm/peatm.htm>

Additional criteria may be found in the 2017 CMP Guidelines Chapter 5: Off-Road Equipment

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This application is to be used for incentive funds for stationary/portable agricultural irrigation pump repowers, engine replacements with electric motors, off-road equipment repower projects, and engine retrofit projects. Additional information may be requested during the review process if needed. The applicant acknowledges that award of cash incentive is conditional upon approval by the District and must meet the minimum eligibility criteria.

REQUIRED ATTACHMENTS TO APPLICATION

Check each applicable box below to indicate inclusion.

- Completed application
- 24 months of complete historical usage (hour meter readings, employee logs, fuel logs)
- Itemized quote for new engine/retrofit
- Executive order for new engine/retrofit
- Proof of general liability insurance
- Proof of workers compensation insurance OR:
- IRS Form W-9 (for the entity that will sign the grant contract and receive funds, if awarded)
- Other _____

"I certify that the applicant does not have employees and does not carry workers compensation insurance."

Name: _____ Initial: _____

Applicant (Organization/Company/Individual Name): _____

Business Type: _____

Mailing Address/Street: _____

City/State/Zip Code: _____

Contact Name: _____

Phone: _____ Fax: _____

E-Mail: _____

Person with contract signing authority (if different than above): _____

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Funding Disclosure

Have any engines or vehicles listed in this application applied for or have been awarded Carl Moyer Program funding, or any other incentive funding?

- Yes
- No

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

Agency applied to: _____

Date and number of Agency Solicitation: _____

Funding Amount Requested or Awarded: _____

Equipment Identification: _____

Old Engine Serial Number: _____

Status of Funding: _____

Please list any other financial incentive, including tax credits or deductions, grants, or other public financial assistance for the vehicle/engine:

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: _____

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REGULATORY COMPLIANCE STATEMENT

Disclosure Statement

As an applicant/participant of the Carl Moyer Program, I declare that _____
 (Company Name)

1. Is in compliance with, and
2. Will remain in compliance with, and
3. Does not have any outstanding/unresolved/unpaid Notices of Noncompliance (NON) or citations for violations of

Any federal, State, and local air quality regulations including, but not limited to, the following:

- | | |
|--|---|
| Cargo Handling Equipment Regulation | Public Agency and Utility Rule |
| Commercial Harbor Craft Regulation | Sleeper Berth Truck Idling Regulation |
| Drayage Truck Regulation (including dray-off trucks) | Solid Waste Collection Vehicle Regulation |
| In-Use Off-Road Diesel Vehicle Regulation | Stationary Engine Airborne Toxic Control Measures |
| Marine Shore Power Regulation | Statewide Truck and Bus Regulation |
| Portable Diesel Airborne Toxic Control Measure | Transit Fleet Rule |

By signing below and submitting this application, I understand and acknowledge grant requirements and I hereby certify under penalty of perjury that the information in the application and attachments is accurate and true.

Authorized Signature: _____ Date: _____

Authorized Representative's Name (Print): _____

Authorized Representative's Title: _____

Legal Owner's Name: _____

Company Name: _____

Mailing Address: _____

City/State/Zip: _____

Physical Address of Equipment (if different than mailing address): _____

Phone: _____ E-Mail: _____

Fact sheets and additional information on the Regulations are available at <http://www.arb.ca.gov/permits.htm> or by calling ARB's diesel hotline at 866-6DIESEL (866-634-3735). To obtain these documents in an alternative format or languages, please call (866) 634-3735.

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PLEASE PRINT OR TYPE ALL INFORMATION

A. Project Information

1. Number of applications being submitted: _____
2. Project Name: _____
3. Project Life: Maximum (see notes below)
 Other: _____
4. Funding Requested: Maximum (see notes below)
 Other: _____
5. Percentage of operation in California: _____
6. Counties in which the equipment operates: _____

7. Percentage of operation in each of above counties: _____
8. Project Type (select one):
 - Repower diesel agricultural irrigation pump engine with a diesel engine
 - Repower diesel agricultural irrigation pump engine with an electric motor
 - Repower SI engine with a current Model Year SI engine or electric motor
 - Repower and/or retrofit a portable agricultural engine
 - Repower and/or retrofit other off-road equipment
9. Method of equipment purchase (please note, the grant is designed as a reimbursement):
 - Purchase in full
 - Use of short-term financing (PO account, Net 30 terms, etc.)
 - Use of long-term financing (the grant amount must immediately go towards principal).
 Lease agreements are not allowed.

The maximum project life for off-road CI projects are as follows:

- Repower only (no retrofit) – seven (7) years
- Retrofit – five (5) years
- All agricultural projects – ten (10) years

Maximum percentage of funding (up to \$100,000):

Project Type	Maximum
Repower	65%
Retrofit	100%

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PLEASE PRINT OR TYPE ALL INFORMATION

B. Information About Equipment (if a mobile or portable unit)

1. Equipment Type/Function: _____
2. Equipment Make: _____ 3. Equipment Model: _____
4. Equipment Serial Number: _____ 5. Model Year: _____
6. Number of Engines on Equipment: _____

C. Information About Existing Engine to be Repowered or Retrofitted

1. Engine Type: Compression Ignition Spark-Ignited
2. Engine Manufacturer: _____ 3. Engine Model: _____
4. Engine Series: _____ 5. Year of Manufacture: _____
6. Manufacturer's Maximum Rated Brake Hp Rating: _____
7. Serial Number: _____ 8. Estimated Hours of Operation (Hrs/Year): _____
9. Primary Fuel: Diesel Gas Other (specify) _____
10. Primary Function of Engine (e.g. irrigation pump): _____
11. U. S. Environmental Protection Agency (EPA) or CARB Engine Family Name and Tier:

D. Information About New Engine or Electric Motor

1. Engine Manufacturer: _____ 2. Engine Model: _____
3. Engine Serial #: _____ 4. Engine Model Year: _____
5. Manufacturer's Maximum Rated Brake Hp Rating: _____
6. Fuel Type: _____
7. EPA or ARB Standardized Engine Family Name and Tier: _____

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PLEASE PRINT OR TYPE ALL INFORMATION

E. Information About the Installer

1. Engine Installer: _____
2. Street Address: _____
3. City/State/Zip: _____
4. Contact Name: _____
5. Phone: _____ 6. Fax: _____

Check this box if the new equipment engine is Interim or Final Tier 4 and includes a diesel particulate trap as a control device on the executive order.

If a retrofit is to be included, please complete the following:

F. Information About the Engine Retrofit (if applicable)

1. ARB-verified Retrofit Device Manufacturer: _____
2. Retrofit Device Make/Model: _____
3. Retrofit Device ARB Executive Order Number: _____
4. Retrofit Device Serial # (if available): _____
5. ARB-Verified PM Reduction (%): _____
6. ARB-Verified NOx Reduction (%): _____
7. Cost of Retrofit: _____ 8. Cost of Installation (optional): _____
9. Cost of Retrofit Maintenance for Project Life (optional): _____