

**Northern Sierra Air Quality Management District
Off and 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.myairdistrict.com click on "Grants and Incentives". 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 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 and be a public or private agency fleets that permanently reside within Nevada, Sierra, or Plumas Counties.
- 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 or 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.

Please initial each applicable section:

The vehicle(s)/equipment/engine(s) will be used in the State California at a minimum of 75% of the time (with the emission reduction system operating, if applicable) for at least the projected usage shown in this application. Applicant's business and fleet must permanently reside within the NSAQMD.

I have not and will not apply for additional grant funds from any other entities or programs for this project.

The purchase of this low-emission technology is **NOT** required by any local, state, and/or federal rule or regulation.

I understand that an IRS Form 1099 will be issued to me for incentive funds received under the Northern Sierra Air Quality Management District (NSAQMD) Vehicle/Equipment/Engine Incentive Program(s). I understand that it is my responsibility to determine the tax liability associated with participating in the NSAQMD Vehicle/Equipment/Engine Incentive Program(s).

I understand that a NSAQMD approved digital hour meter/odometer/GPS unit may be required on NSAQMD specified project types and that the digital hour meter/odometer will record the hours/miles accumulated within and outside the State of California.

I understand that the NSAQMD and/or the California Air Resources Board (CARB) staff will evaluate this application and determine if it meets the eligibility requirements and criteria of any incentive program. The NSAQMD /CARB will at its sole discretion determine which program funds, if any, will be used for this application.

I understand that I must be in compliance and remain in compliance with all applicable federal, state, and local air quality rules and regulations.

Application Statement – Please Read

All information provided in this application will be used by the Northern Sierra Air Quality Management District (NSAQMD) and/or the California Air Resources Board (CARB) to evaluate the eligibility of this application to receive incentive funds. NSAQMD /CARB staff reserves the right to request additional information of the applicant and can deny the application if such requested information is not provided. Incomplete and illegible applications will be returned to the applicant or vendor. An incomplete application is an application that is missing information critical to the evaluation of the project. If the applicant does not respond within 30 days, the application will be automatically terminated and the application process will have to be re-initiated in order for the project to be considered.

- ◆ I certify to the best of my knowledge that the information contained in this application is true and accurate.
- ◆ I certify that all the existing vehicles/equipment/engines referred to in this application are operational.
- ◆ I agree to accept the evaluation performed on my application by the NSAQMD /CARB staff and that I can request that NSAQMD /CARB staff review that evaluation upon a reasonable request.
- ◆ I understand that all technologies must either be verified or certified by CARB to reduce Oxides of Nitrogen (NOx) and/or other criteria pollutants.
- ◆ I understand that there may be conditions placed upon receiving an incentive and agree to refund the incentive if it is found that at any time I do not meet those conditions and if directed by the NSAQMD /CARB.

- ◆ I understand as a participant that programs have limited funds and shall terminate upon depletion of program funding. The NSAQMD /CARB shall be under no obligation to honor requests received following depletion of program funding. I acknowledge that in accepting any incentive funding, I will be prohibited from applying for any other form of emission reduction credits, including: Emission Reduction Credit (ERC); Mobile Emission Reduction Credit (MERC) and/or Certificate of Advanced Placement (CAP), for all time, from the NSAQMD /CARB or any other Air Quality Management or Air Pollution Control District.
- ◆ In the event that the vehicle(s)/equipment/engine(s) do not complete the minimum term of any agreement eventually reached from this application I agree to return to the NSAQMD /CARB a pro-rated portion of incentive received based on usage up to and including the full amount of the original incentive provided as directed by the NSAQMD /CARB. I understand that the Air Pollution Control Officer for the NSAQMD may relieve this obligation to return the funds depending on the circumstances.
- ◆ I have the legal authority to apply for incentive funding for the entity described in this application.
- ◆ I agree to the above statements by signing below.

Authorized Signature

Date

Authorized Representative's Name (please print)

Title

NORTHERN SIERRA AIR QUALITY MANAGEMENT DISTRICT
Heavy-Duty Low-Emission Vehicle/Equipment/Engine Incentive Programs

On-Road Application Form

Instructions: ➤ Fill in all applicable sections with ink. Please print legibly. ➤ Return application to: NSAQMD PO Box 9766 Truckee, CA 96162	<i>(For office use only)</i> Date Received: Project Life:
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Date of application submittal _____
Funding amount requested _____
Baseline engine serial number _____
Status of application _____

A. APPLICANT INFORMATION (required)

1. Company or organization name:		
2. Business type:		
3. Contact name and title:		
4. Person with contract signing authority (if different from above):		
5. Contact mailing address and information:		
Street:		
City:	State:	Zip code:
Phone: ()	Fax: ()	
E-mail:		
6. Project location address (if different from above):		
7. How many engines are being applied for?		
8. Total funding amount requested for this engine/equipment:		

Third Party Certification

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

Print name of third party:	Title:
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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)

1. Vehicle type:		
2a. Vehicle Identification Number (VIN):		
b. Vehicle make:	c. Model:	d. Year:
e. Vehicle GVWR:		f. Vehicle license plate number:
3. Registered owner:		
4a. Department of transportation number (if interstate):		
b. California Highway Patrol number (if applicable):		
5a. Fuel type main engine:		b. Fuel type auxiliary engine:
6. New vehicle/equipment vendor:		

C. ACTIVITY INFORMATION (required)

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

D. NEW VEHICLE PURCHASE PROJECTS (if applicable)

1a. Engine make:	b. Engine model:	c. Engine year:
d. Engine serial number (if available):		

2. ARB certification executive order (if engine is certified to alternative Nox standard):	
3. Fuel type of new engine:	
4. New vehicle cost:	
5. Baseline cost:	
If the new vehicle has an auxiliary engine, complete the following.	
<u>Auxiliary Engine</u>	
6a. Make:	b. Model:
c. Year:	d. Serial number:
e. Horsepower:	f. Tier:
g. Fuel:	h. Engine family (if applicable):

E. REPOWER PROJECTS (if applicable)

1. <u>Baseline Main Engine</u>		
a. Engine family:	b. Engine make:	c. Engine model:
d. Engine year:		e. Engine serial number:
f. Fuel type:		
2. Baseline main engine rebuild cost:		
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3. <u>Reduced Emission Main Engine</u>		
a. Engine family:	b. Engine make:	
c. Engine model:	d. Engine year:	
e. Engine serial number (if available):	f. Fuel type:	
4. ARB executive order number (if engine certified to alternative NOx standard):		
5a. Reduced emission main engine cost:	b. Main engine cost with installation:	
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6. <u>Baseline Auxiliary Engine</u>		
a. Engine family:	b. Engine make:	
c. Engine model:	d. Engine year:	
e. Horsepower:	f. Engine serial number (if available):	
g. Tier:	h. Fuel type	
7. Baseline auxiliary engine rebuild cost:		
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8. <u>Reduced Emission Auxiliary Engine</u>		
a. Engine family:	b. Engine make:	
c. Engine model:	d. Engine year:	
e. Horsepower:	f. Engine serial number (if available):	
g. Tier:	h. Fuel type	
i. Reduced emission engine cost:	j. Auxiliary engine cost with installation:	

F. RETROFIT PROJECTS

1a. Engine family:	b. Engine make:	c. Engine model:
d. Engine year:	e. Tier (if auxiliary engine):	
f. Engine serial number:		
2. ARB-verified retrofit device name:		
3. Retrofit device make:		
4. Retrofit device ARB executive order:		
5. Retrofit device serial number (if available):		
6. Verification level: <input type="checkbox"/> LEVEL 1 <input type="checkbox"/> LEVEL 2 <input type="checkbox"/> LEVEL 3		
7a. ARB-verified NOx reduction (%):		
b. ARB-verified PM reduction (%):		
c. ARB-verified ROG reduction (%):		
8. Retrofit device cost:		
9. Cost of retrofit device with installation:		
10. Total cost of retrofit maintenance over project life (optional):		

NORTHERN SIERRA AIR QUALITY MANAGEMENT DISTRICT
Heavy-Duty Low-Emission Vehicle/Equipment/Engine Incentive Programs

Off-Road Application Form

<p><u>Instructions:</u></p> <ul style="list-style-type: none"> ➤ Fill in all applicable sections with ink. Please print legibly. ➤ Return application to: NSAQMD PO Box 9766 Truckee, CA 96162 	<p align="center"><i>(For office use only)</i></p> <p>Date Received: _____</p>
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Date of application submittal _____
 Funding amount requested _____
 Baseline engine serial number _____
 Status of application _____

A. APPLICANT INFORMATION (required)

1. Company or organization name:		
2. Business type:		
3. Contact name and title:		
4. Person with contract signing authority (if different from above):		
5. Contact mailing address and information:		
Street:		
City:	State:	Zip code:
Phone: ()	Fax: ()	
E-mail:		
6. Project location address (if different from above):		
7. How many engines are being applied for?		
8. Total funding amount requested for this engine/equipment:		

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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B. PROJECT DESCRIPTION (required)

1. Project name:
2. Total annual hours of operation and/or annual gallons of fuel consumed (specify which):
3. Percent operation in California:
4. Counties in which the equipment operates <u>and</u> percent of total operation in each county:
5. Project life

C. EQUIPMENT INFORMATION (required)

1. Equipment type and function:
2. Equipment make:
3. Equipment model:
4. Equipment model year:
5. Equipment serial number:
6. Number of main engines on this equipment:
7. Number of auxiliary engines on this equipment:

D. REPOWER PROJECTS

1. Number of main engines to be repowered:	
<u>Baseline Engine:</u>	<u>Reduced Emission:</u>
2a. Baseline engine make:	3a. Reduced emission engine make:

b. Baseline engine model:	b. Reduced emission engine model:
c. Baseline engine year:	c. Reduced emission engine year:
d. Baseline engine horsepower:	d. Reduced emission engine horsepower:
e. Baseline engine tier:	e. Reduced emission engine tier:
f. Baseline engine serial number:	f. Reduced emission engine serial number (if available):
g. Baseline fuel type:	g. Reduced emission engine fuel type:
4. Baseline annual gallons of fuel consumed or annual hours of operation:	h. Reduced emission engine family:
5. Baseline engine rebuild cost:	6. Reduced emission engine cost:
	7. Reduced emission engine cost with installation (optional):

E. RETROFIT PROJECTS (if applicable)

1a. Engine make:	b. Engine model:	c. Engine year:
d. Engine horsepower:	e. Engine serial number:	f. Engine tier:
2. ARB – Verified retrofit device name:		
3. Retrofit device ARB executive order number:		
4. Retrofit device verification level: <input type="checkbox"/> LEVEL 1 <input type="checkbox"/> LEVEL 2 <input type="checkbox"/> LEVEL 3		
5. Retrofit device serial number (if available):		
6a. ARB – Verified NO _x reduction (%):		
b. ARB – Verified PM reduction (%):		
c. ARB – Verified ROG reduction (%):		
7a. Cost of retrofit device:	b. Cost of retrofit device with installation (optional):	
c. Total cost of retrofit device maintenance over life of project (optional):		