LAKE COUNTY AIR QUALITY MANAGEMENT DISTRICT 2617 SOUTH MAIN STREET, LAKEPORT, CA 95453 PHONE: 707-263-7000 FAX: 707-263-0421

APPLICATION FOR CARL MOYER PROGRAM FUNDING

Enclosed are the following forms (please indicate which type [B or C] you are applying for):

- Section A. Applicant Information (must be completed by all applicants)
- Section B. **Reduced-Emission Vehicle** Application Form (Section B or C must be completed)
- Section C. Engine Repower / Retrofit Application Form (Section B or C must be completed)
- Section D. Cost Worksheets for Repower / Retrofit Projects (must be completed by all applicants)
- Section E. Other Information
- Section F. Certifications and Disclosures (must be completed by all applicants)

INSTRUCTIONS:

- A. The application(s) must be filled out completely, with all necessary information provided.
 Please type or print information. The District may request additional information. <u>Please</u> contact District staff for assistance if necessary.
- **B.** The application **must be signed** by a responsible member of the organization.
- C. Submit original applications to: Lake County Air Quality Management District

2617 South Main Street, Lakeport, CA 95453

Applicant for Grant

Contact Person

Phone Number

For District Staff Use Only:

Received:	District Action: APPROVED DENIED Additional Information Requested
CMP Grant Requested: \$	CMP Grant Approved: \$

APPLICANT INFORMATION (SECTION A)

Must be completed by all applicants

SECTION A. APPLICANT INFORMAT	ΓΙΟΝ	
Organization:		
		aller bases of the
Contact name:		-
Person with contract signing authority:		
rerson with contract signing autionty.		
Mailing address:		
City:	State:	Zip Code:
Phone: ()	Fax: ()	
Links in the second second second	and the second second	
Geographic area served by organization:		
Geographic area to be served by project (if dif	ferent than above):	
Has this project applied for Co-Funds? Yes _	No	
Agency Name:		
Grant Amount (please provide documentation	and funding amour	nts):

REDUCED-EMISSION VEHICLE APPLICATION (SECTION B)

If you are purchasing a **new OEM (Original Equipment Manufacturer) vehicle with a reducedemission engine**, complete Section B, B-1 and B-2. [See Section C for engine replacement (repower) or retrofit.]

SECTION B.	GENERAL INFORMATION ABOUT EACH NEW VEHICLE		
1.	Number of vehicles to be purchased:		
2.	Fuel type:		
3.	Primary function of vehicle (e.g., construction: earth mover; agriculture: tractor):		
4a.	Estimated total annual hours of operation: 4b. Percent within Lake County boundaries: %		
5a.	Estimated total annual mileage: 5b. Percent within California boundaries: %		
6.	Estimated annual fuel usage (in gallons):		
7.	Is there any seasonality to the use of the vehicle? YES / NO If Yes, please explain:		

B-1.	FOR EACH NEW REDUCED-EMISSION VEHICLE PURCHASED			
8.	Vehicle make:			
9.	Vehicle model: 10.	Vehicle model:10.Model year:		
11.	Engine make: 12. Horsepower:			
13.	Engine model number:			
14.	Estimated vehicle life:			
15.	Estimated replacement schedule:			
16.	Certified emission level (g/bhp-hr):			

B-2.	GENERAL INFORMATION ABOUT THE MANUFACTURER / DEALER OF NEW OEM VEHICLE WITH REDUCED-EMISSION ENGINE		
Manufacturer/De	aler:		
Street address:			
City:		State:	Zip:
Phone: ()		Fax: ()	
Contact name:			

ENGINE REPOWER / RETROFIT APPLICATION (SECTION C)

Please check one:

Repowering a vehicle with a new reduced-emission engine (engine replacement)

Retrofitting a vehicle with new reduced-emission technology (rebuild same engine)

SECTION C.	GENERAL INFORMATION ABOUT ENGINE FOR REPOWER OR RETROFIT			
1.	Number of engines to be purchased/retrofitted:			
2.	Fuel type:			
3.	Primary function of vehicle (e.g., construction: earth mover; agriculture: tractor):			
4a.	Estimated total annual hours of operation: 4b. Percent within Lake County boundaries %			
5a.	Estimated total annual mileage : 5b. Percent within California boundaries: %			
6.	Estimated annual fuel usage (in gallons) for each vehicle:			
7.	Is there any seasonality to the use of the vehicle? YES / NO If Yes, please explain:			

C-1.	CURRENT VEHICLE ENGINE		
8.	Vehicle make and model:		
9.	Vehicle model year:	Vehicle license number:	
10.	Vehicle identification number:		
11.	Engine make: Engine model number:		
12.	Horsepower:	Engine year:	
13.	Serial number of engine:		
14.	Average vehicle life:		
15.	Typical rebuild/replacement schedule:		
16.	Cost of rebuilding engine: (from worksheet)		
17.	Certified NOx emission level (g/bhp-hr):		
18.	Certified PM emission level (g/bhp-hr):		

NEW REDUCED-EMISSION ENGINE WITH RETROFIT OR CURRENT ENGINE RETROFIT 19. Vehicle make and model: SAME AS CURRENT

20.	Vehicle model year: SAME	Vehicle license number: SAME
21.	Repower make:	Repower model number:
22.	Horsepower:	Engine year:
23.	Serial number of repower engine:	
24.	Estimated vehicle life:	
25.	Estimated rebuild/replacement schedule:	
26.	Cost of new engine repower: (from worksheet)	
27.	Cost of new engine retrofit: (from worksheet)	
28.	Certified NOx emission level (g/bhp-hr):	
29.	Certified PM emission level (g/bhp-hr):	

ENGINE REPOWER / RETROFIT APPLICATION (SECTION C continued)

Please check one:

Repower of uncontrolled engine.

Repower of emission-certified engine.

Retrofit of current engine to achieve emission reduction.

SECTION C-2. GENERAL INFORMATION ABOUT THE INSTALLER

Complete the appropriate information (note: retrofit required with repower).

OEM REDUCED EMISSION ENGINE FOR RE	POWER (replacement)
Engine installer:	
Street address:	
City:	State:
Phone: ()	Fax ()
Contact name:	

AND / OR

RETROFIT TECHNOLOGY (for repower engin	e or current engine)
Retrofit manufacturer:	
Retrofit installer:	
Installer street address:	
City:	State:
Phone: ()	Fax: ()
Contact name:	Retrofit kit number:
Description of retrofit technology:	
	A

COST WORKSHEETS FOR REPOWER/RETROFIT PROJECTS (SECTION D)

D-1. ENGINE REPOWER (Replace current engine) Attach estimates*		
	Dealer / Shop Installed	Self-Installed
Engine		and the second sec
Other Parts		
Labor		
Tax		
TOTAL		

Must be completed by all applicants

D-2. ENGINE RETROFIT (for repowered engine or current engine) Attach estimates*		
	Retrofit for repower engine	Retrofit for current engine
Retrofit Kit		
Other Parts	1	
Labor		
Tax		
TOTAL		

OTHER INFORMATION (SECTION E)

E-1. MAINTENANCE

Describe your maintenance facility and practices, including any training regarding the reduced-emission technology. If training has not been completed, provide a timeline for completion.

E-2. REFUELING (for alternate fuels)

Describe how and where the vehicle(s) will be refueled (e.g., on-site, existing facility, mobile / skidmounted equipment, etc.)

E-3. ADDITIONAL INFORMATION

Please use this space for additional explanations necessary to complete this application. Attach additional sheets if needed.

* Please include estimates with application.

CERTIFICATIONS AND DISCLOSURES (SECTION F)

Must be completed by all applicants

Please read and initial the appropriate items below:

- Initial _____ The emission reductions obtained through this program are **not** required by any federal, state, or local regulation, memorandum of agreement/understanding (MOA/MOU) with a regulatory agency, settlement agreement, mitigation requirement, or other legal mandate.
- Initial _____ The proposed project has not received funding and is not under an agreement with any other Air District, Public Agency, or the ARB.

or

Initial _____ The proposed project has received funding and is under agreement with:

Air District (specify):

Other Agency (specify):	

California Air Resource Board

Initial _____ The equipment will be used at least 75% of the time within California boundaries.

Initial _____ I will comply with the reporting requirements and shall keep appropriate paper records for the life of the project.

This grant is based on the project vehicle, engine, or equipment and/or process submitted by the applicant. Any owner, designee, or other third party who is found to have submitted multiple applications without the required disclosure or has signed multiple contracts for the same project may, at a minimum, be disqualified from funding for that project and banned from submitting future applications to any and all Carl Moyer Program solicitations. ARB and the districts may also levee fines and/or seek criminal charges for such conduct.

I have read the Carl Moyer Program Eligibility Criteria and Application Guidelines and agree to all the terms and conditions. I hereby certify that all of the information provided in this application and any attachments are true and correct to the best of my knowledge.

Printed Name of Responsible Party:	Title:
Signature of Responsible Party:	Date: