

PROPOSAL: Adopt Resolution Recognizing Funds and Accepting Terms and Conditions for FY 2013-14 Carl Moyer Program Award, Issue Program Announcements for Carl Moyer Program and SOON Provision, and Execute and Amend Contracts

SYNOPSIS: These actions are to adopt a resolution recognizing \$24,465,399 in Carl Moyer Program grant awards from CARB under SB 1107 with its terms and conditions for FY 2013-14 and to approve the release of Program Announcements for the FY 2013-14 “Year 16” Carl Moyer Program and SOON Provision to provide incentive funding for low-emitting on- and off-road vehicles and equipment. Additionally, this action is to execute and amend Carl Moyer contracts or prior awards in the amount of \$680,819 from the Carl Moyer Program SB 1107 Fund (32).

COMMITTEE: No Committee Review; the February 21, 2014 meeting was cancelled.

RECOMMENDED ACTIONS:

- A. Adopt the attached resolution accepting the terms and conditions of the FY 2013-14 Carl Moyer Grant award and recognize upon receipt up to \$24,465,399 from CARB into the Carl Moyer Program SB 1107 Fund (32).
- B. Approve issuance of Program Announcement PA #2014-08 to solicit projects for the FY 2013-14 “Year 16” Carl Moyer Memorial Air Quality Standards Attainment Program.
- C. Approve issuance of Program Announcement PA #2014-07 to solicit projects for the SOON Provision.
- D. Authorize the Chairman to amend the following awards with additional funding not to exceed \$680,819 from the Carl Moyer Program SB 1107 Fund (32):
 1. Sanitation Districts of Los Angeles County to replace two off-road vehicles with new vehicles with Final Tier 4 instead of Interim Tier 4 engines with a funding increase of \$18,858 to the new total amount of \$312,046;
 2. Rentrac for the replacement of six off-road vehicles instead of repowering them with a funding increase of \$661,961 to the new total amount of \$2,871,778; and
 3. Sukut Equipment to replace two off-road vehicles from the total of five vehicles, instead of repowering them all, with no change in the award amount.

- E. Authorize the Chairman to execute a contract with Catalina Sea Ranch for the repower of two main and one auxiliary engines of a marine vessel in a not-to-exceed amount of \$483,710 from the Carl Moyer Program SB 1107 Fund (32).

Barry R. Wallerstein, D.Env.
Executive Officer

MMM:FM

Background

The Carl Moyer Memorial Air Quality Standards Attainment Program (CMP) and the Surplus Off-Road Opt-in for NO_x (SOON) Provision provide funding on an incentive basis for the incremental cost of purchasing cleaner than required engines and equipment. Both programs are funded with the Carl Moyer Program SB 1107 and AB 923 funds. This is the 16th year of the CMP and the 10th year of the program with funding from SB 1107 and AB 923.

Additionally, the Board previously approved proposed awards from the Carl Moyer Program SB 1107 Fund (32) to the Sanitation Districts of Los Angeles County, Rentrac and Sukut Equipment and revisions to these awards are necessary. Finally, at its October 4, 2013 meeting, the Board also approved an award to Close Quarters Foundation from the Carl Moyer Program SB 1107 Fund (32) for the repower of three engines of a marine vessel, but the contract has not been executed and Close Quarters has gone through a change of ownership. The new owner, Catalina Sea Ranch, is willing to carry out the contract.

Proposal

Staff recommends that the Board adopt the attached resolution accepting the terms and conditions of the FY 2013-14 Carl Moyer Grant award and recognize upon receipt up to \$24,465,399 from CARB into the Carl Moyer Program SB 1107 Fund (32) for implementation of the FY 2013-14 CMP. Of the \$24,465,399 amount, \$23,242,129 is designated for project funding and \$1,223,270 for administrative and outreach efforts. In addition, \$3,669,810 is required from the SCAQMD as the local match, which will be provided from AB 923 funds.

Staff also recommends the Board approve the issuance of Program Announcements (PAs) PA #2014-08, and PA #2014-07 for the Carl Moyer Program and the SOON Provision, respectively. The minimum amounts of available funding are approximately \$22.2 million for the Carl Moyer Program and \$5 million for the SOON Provision. Additional funds may become available by the time of award approval, upon which more projects will be awarded up to the total amount of funds available. A detailed account of available funds from the Carl Moyer Program Fund, including earned interest and the split between the SB 1107 and the AB 923 funds, will be outlined at the time of award recommendations.

The PAs are issued based on the current program guidelines approved by CARB on April 28, 2011. The Carl Moyer PA outlines the proposed minimum funding allocations and the maximum allowed cost-effectiveness limit for each project category and solicits projects for on-road vehicles, off-road vehicles of small and medium size fleets, locomotives, marine and port applications and other vehicles and equipment. The SOON Provision PA solicits projects for off-road vehicles in large fleets. As in previous years, SCAQMD will only fund diesel-to-diesel applications when alternative fuel engines/vehicles are not commercially available or certified by CARB except for emergency vehicles. Approval of emergency vehicle applications will be on a case-by-case basis. Proposals for all categories will be due by 1:00 pm on Wednesday, June 4, 2014. Staff expects to finalize the review and evaluation of the proposals and recommend awards for Board approval at the September and October 2014 Board meetings. The Carl Moyer Program and the SOON Provision PAs are attached.

Additionally, staff recommends the Board revise previous Carl Moyer awards as follows: 1) Sanitation Districts of Los Angeles County to replace two off-road vehicles with new vehicles with Final Tier 4 instead of Interim Tier 4 engines, which will achieve additional NO_x emission reductions of 0.107 tons/year; 2) Rentrac to replace six off-road vehicles instead of repowering them, which will achieve additional NO_x emission reductions of 7.620 tons/year and PM emission reductions of 0.931 tons/year; and 3) Sukut Equipment to replace two off-road vehicles with cleaner engines than originally proposed instead of repowering all five vehicles (emission reductions will remain the same). Finally, staff recommends the Board execute a contract with Catalina Sea Ranch for the repower of two main and one auxiliary engines of a marine vessel from the Carl Moyer Program SB 1107 Fund (32). This award was previously made to Close Quarters Foundation but before the contract could be executed they went through a change of ownership. The new owner has indicated its willingness to move forward with the project.

Program Guideline

At its July 8, 2005 meeting, the Board approved a long-term Program Guideline for the implementation of the Carl Moyer Program in the South Coast Air Basin. The proposed funding distribution for different equipment categories is made in this Board letter according to the criteria outlined in that Guideline with emphasis on the following priorities in order to achieve the highest emission reductions:

- Goods Movement (40 percent allocation)
- Environmental Justice (50 percent allocation)
- Cost-Effectiveness
- Low Emission Engine / Vehicle Preference
- Early Commercialization of Advanced Technologies/Fuels
- Fleet Rules
- School Buses

Funding Distribution

The CMP Guideline includes the requirement that at least 50% of the program funds must be spent in disproportionately impacted areas. At least half the funding allocated under SB 1107 and collected under AB 923 will be awarded to projects located in disproportionately impacted areas. It has been the policy of the SCAQMD to allocate at least 50% of all funding available in the CMP and the SOON Provision, including roll-over funding from previous years and turn-back funds, to disproportionately impacted areas.

Disproportionately Impacted Areas Point Ranking

The requirements of the CMP and the SOON Provision will be implemented according to the following criteria.

- 1) All projects must qualify by meeting the cost-effectiveness limits established in the Program Announcement.
- 2) All projects will be evaluated according to the following criteria to qualify for funding as a disproportionately impacted area:
 - a) Poverty Level: All projects in areas where at least 10 percent of the population falls below the federal poverty level based on the year 2000 census data are eligible to be included in this category, and
 - b) PM_{2.5} Exposure: All projects in areas with the highest 15 percent of PM_{2.5} concentration measured within a 2 km grid will be eligible to be ranked in this category. The highest 15 percent of PM_{2.5} concentration is 19.01 micrograms per cubic meter and above, on an annual average, or
 - c) Air Toxics Exposure: All projects in areas with a cancer risk of 865 in a million and above (based on Mates III estimates) will be eligible to be ranked in this category.

The maximum score will be comprised of 40 percent for poverty level and 30 percent each for PM and toxic exposures. Special circumstances exist in some areas, such as the Ports of Long Beach and Los Angeles. Since there are no residents within the ports, poverty ranking could not be established. In this case, the poverty ranking from the adjacent on-shore areas was extended to the ports since these populated areas are directly impacted by port activities.

Outreach

In accordance with SCAQMD's Procurement Policy and Procedure, a public notice advertising the RFP/RFQ and inviting bids will be published in the Los Angeles Times, the Orange County Register, the San Bernardino Sun, and Riverside County Press Enterprise newspapers to leverage the most cost-effective method of outreach to the South Coast Basin.

Additionally, potential bidders may be notified utilizing SCAQMD's own electronic listing of certified minority vendors. Notice of the RFP/RFQ will be e-mailed to the

Black and Latino Legislative Caucuses and various minority chambers of commerce and business associations, and placed on the Internet at SCAQMD's website (<http://www.aqmd.gov> where it can be viewed by making menu selections "Inside AQMD"/"Employment and Business Opportunities"/"Business Opportunities" or by going directly to <http://www.aqmd.gov/rfp/index.html>). Information is also available on SCAQMD's bidder's 24-hour telephone message line (909) 396-2724.

Benefits to SCAQMD

The SCAQMD has supported a number of activities directed to the advancement of new technologies and commercialization of low-emission alternative fuel technologies. The successful implementation of the Carl Moyer Program and the SOON Provision are direct results of these Technology Advancement activities. The vehicles and equipment funded under these Program Announcements will operate many years, providing long-term emission reductions.

Resource Impacts

CARB has allocated \$24,465,399 to the SCAQMD under SB 1107 for implementation of the FY 2013-14 CMP. Of this amount, \$23,242,129 is designated for project funding and \$1,223,270 for administrative and outreach efforts. These funds shall be recognized into the Carl Moyer Program SB 1107 Fund (32). In addition, \$3,669,810 is required as the local match from the SCAQMD, which will be provided from AB 923 funds.

The total funding increase for the amendment of previous Board awards from the Carl Moyer Program SB 1107 Fund (32) shall not exceed \$680,819, as follows: 1) additional funding in the amount of \$18,858 for a new total of \$312,046 will be awarded to the Sanitation Districts of Los Angeles County; and 2) additional funding in the amount of \$661,961 for a new total of \$2,871,778 will be awarded to Rentrac. There is no change in the funding award to Sukut Equipment. Additionally, there are no funding changes for the project originally awarded to Close Quarters Foundation; instead the \$483,710 funded from the Carl Moyer Program SB 1107 Fund (32) will be awarded to and a contract executed with the new owner, Catalina Sea Ranch.

Attachments

1. A Resolution of the South Coast Air Quality Management District Board Recognizing Funds and Accepting the Terms and Conditions of the FY 2013-14 Carl Moyer Award
2. Carl Moyer Program Announcement PA #2014-08
3. SOON Provision Program Announcement PA #2014-07

RESOLUTION NO. 14-XXX

**A Resolution of the South Coast Air Quality Management District Board
Recognizing Funds and Accepting the Terms and Conditions of the
FY 2013-14 Carl Moyer Award**

WHEREAS, under Health & Safety Code §40400 *et seq.*, the South Coast Air Quality Management District (SCAQMD) is the local agency with the primary responsibility for the development, implementation, monitoring and enforcement of air pollution control strategies, clean fuels programs and motor vehicle use reduction measures; and

WHEREAS, the SCAQMD is authorized by Health & Safety Code §§40402, 40440, and 40448.5 to implement programs to reduce transportation emissions, including programs to encourage the use of alternative fuels and low-emission vehicles; to develop and implement other strategies and measures to reduce air contaminants and achieve the state and federal air quality standards; and

WHEREAS, the Board has adopted several programs to reduce emissions from on-road and off-road vehicles, as well as emissions from other equipment, including the School Bus Incentive Program and the Carl Moyer Program; and

WHEREAS, the SCAQMD is designated as an extreme non-attainment area for ozone and as such is required to utilize all feasible means to meet national ambient air quality standards.

THEREFORE, BE IT RESOLVED that the Board of the SCAQMD, State of California, in regular session assembled on March 7, 2014, does hereby accept the terms and conditions of the FY 2013-14 (Year 16) Carl Moyer Program grant award and recognizes up to \$24,465,399 in SB 1107 funds.

BE IT FURTHER RESOLVED that the Executive Officer is authorized and directed to take all steps necessary to carry out this Resolution.

Date

Clerk of the Board

2014
CARL MOYER MEMORIAL
AIR QUALITY STANDARDS ATTAINMENT PROGRAM
PROGRAM ANNOUNCEMENT
“Year 16”

SCAQMD PROGRAM ANNOUNCEMENT
PA #2014-08

The South Coast Air Quality Management District (SCAQMD) is seeking project applications for the following purpose according to terms and conditions attached. In the preparation of this Program Announcement (PA) the words “Proposer,” “Applicant,” “Contractor,” and “Consultant” are used interchangeably.

SECTION I – OVERVIEW

PURPOSE

The SCAQMD is seeking applications for the 2014 Carl Moyer Memorial Air Quality Standards Attainment Program (CMP), referred to as “Year 16”.

Funding for this PA will be approximately \$22.2 million, from the CMP Fund.

The purpose of the CMP is to achieve near-term emission reductions of nitrogen oxides (NOx), particulate matter (PM10) and Reactive Organic Gases (ROG) from heavy- and medium-duty vehicles and equipment operating in California as early and as cost-effectively as possible. The CMP provides financial incentives to assist in the purchase of low-emission heavy- and medium-duty engine technologies to achieve emission reductions that are real, surplus, and quantifiable.

This Program Announcement (PA) was prepared based on the Approved Revision of the Carl Moyer Program (CMP) Guidelines dated April 28, 2011 which is available on-line at:
www.arb.ca.gov/msprog/moyer/guidelines/current.htm.

All applications will be evaluated based on criteria set forth in this PA, the CMP Guidelines, and all subsequent updates and modifications/advisories; up to date CMP information may be obtained at Carl Moyer Program web page at www.arb.ca.gov/msprog/moyer/moyer.htm.

INTRODUCTION

CMP funding is provided via two legislative bills, SB 1107 and AB 923. SB 1107 provides approximately \$61 million a year in statewide funding, and AB 923 permits air districts in designated non-attainment areas to collect an additional two dollars in vehicle registration fees to expend on programs to reduce emissions from vehicular sources and off-road. A resolution approving such fees was adopted by the SCAQMD Board on December 3, 2004.

FUNDING CATEGORIES

The specific project categories identified for funding under the SCAQMD's 2014 CMP solicitation are:

- On-Road Heavy-Duty Vehicle projects must generate surplus emission reductions. Therefore, all vehicles subject to CARB's Fleet Rules, including but not limited to the Statewide Truck & Bus Regulation, Solid Waste Collection Vehicle Rule, Public Agencies & Utilities Fleet Rule, and Drayage Truck Regulation, significantly reduce if not eliminate, funding opportunities. **The remaining funding opportunities apply exclusively to emergency vehicles and to fleets of 10 or fewer vehicles.**
- Off-Road Heavy-Duty Equipment/Engines, including but not limited to, construction equipment, marine engines, shore power, locomotives, agricultural tractors, zero-emission rubber-tired gantry (RTG) crane and other cargo handling equipment.

Refer to Table 3 for links to ARB's fleet rule web sites that provide detailed information on compliance with these regulations.

GENERAL PROGRAM INFORMATION

All project awards shall not exceed the maximum cost-effectiveness limit of \$17,460 per ton of weighted emissions reduced unless revised by CARB prior to SCAQMD awards. All projects must meet the criteria stated in this PA, its Appendices and the CMP Guidelines. Cost-effectiveness is based on NOx, ROG and PM reductions. Project cost-effectiveness is calculated according to the following formula:

$$\frac{\text{Annualized Cost } (\$/\text{year})}{[\text{NOx reductions} + 20(\text{combustion PM10 reductions}) + \text{ROG reductions}] \text{ (tons/year)}}$$

All projects must be operational within eighteen (18) months of contract execution or by May 20, 2016, whichever is earlier. Some projects may have earlier in-service operation date requirements, if they are subject to CARB regulations.

It is the applicant's responsibility to ensure that the most current information and requirements are reflected in a submitted application. Applicants should check the CARB website for updates and advisories to the guidelines. (www.arb.ca.gov/msprog/moyer/moyer.htm).

In cases of conflict between CARB guidelines and SCAQMD criteria, the more stringent criteria will prevail. SCAQMD will post any new information and requirements on its CMP web page at (http://www.aqmd.gov/tao/implementation/carl_moyer_program_2001.html).

Projects subject to CARB regulations, must submit a copy of the most recent CARB compliance report(s) or other documentation that provides SCAQMD with clear understanding of the applicant's fleet rule compliance status.

All emission reductions resulting from funded projects will be retired by the SCAQMD. To avoid double counting of emission reductions, project vehicles and/or equipment may not receive funding from any other government grant program that is designed to reduce mobile source emissions. These programs include, but are not limited to:

- Proposition 1B Bond program
- All Mobile Source Air Pollution Reduction Review Committee (MSRC) Programs
- All CARB Emission Reduction Credit Programs
- State of California School Bus Program
- SCAQMD Lower-Emissions School Bus Replacement Program
- SCAQMD Rule 2202 Air Quality Investment Program
- SCAQMD RECLAIM Air Quality Investment Program for NOx
- Emission credit programs encompassed in the SCAQMD Rule 1600-series and 1309.1
- AB118 funding program

ELIGIBILITY INFORMATION

Emission reductions obtained through Carl Moyer Program projects must not be required by any federal, state or local regulation, memorandum of agreement/understanding, settlement agreement, mitigation requirement, or other legal mandate.

Engines operating under a regulatory compliance extension granted by ARB, an air district, or the United States Environmental Protection Agency (U.S. EPA) are not eligible for funding.

A grant recipient subject to an in-use regulation may be eligible to receive CMP funding if the applicant has met all compliance requirements of applicable regulations. Documentation of regulatory compliance must be provided by applicants to air districts at the time of pre-inspection.

Key program requirements for on- and off-road equipment categories are highlighted below, however applicants are responsible for consulting the CMP guidelines for additional program limitations/requirements.

ON-ROAD VEHICLES

All on-road projects must generate surplus emission reductions. Therefore, all vehicles subject to CARB's Fleet Rules, including but not limited to the Statewide Truck & Bus Regulation, Solid Waste Collection Vehicle Rule, Public Agencies & Utilities Fleet Rule, and Drayage Truck Regulation, significantly reduce if not eliminate funding opportunities. **The remaining funding opportunities discussed below apply exclusively to emergency vehicles and fleets of 10 or fewer vehicles.**

The proposed engine for each on-road project must be consistent with the "Intended Service Class" per the Executive Order (medium-heavy duty (MHD) Intended Service Class engines cannot be used for projects which have the heavy-heavy duty (HHD) vehicle classifications).

Emergency Vehicles

Eligible emergency vehicle projects are those in which a new or used replacement vehicle with an engine meeting the current model year California emission standard replaces an older, more polluting emergency vehicle. The older, replaced vehicle must be destroyed.

A fire truck reuse option is also available on a case-by-case basis. The fire truck reuse option allows fire departments to give away the existing old vehicle and destroy another older vehicle in its place. Additional requirements should be reviewed and understood at

http://www.arb.ca.gov/msprog/moyer/guidelines/2011gl/2011cmp_chp6_4_28_11.pdf

New Purchase

Due to ARB's 2010 New Diesel Engine Emission Standards (0.20 g/bhp-hr NOx and 0.01 g/bhp-hr PM) that took effect on January 1, 2010, on-road new purchase projects are limited exclusively to zero-emission technologies, which would generate minimal surplus emission reductions, resulting in very nominal funding amounts.

Repowers

A replacement engine for a repower project must be an ARB-certified engine meeting emissions levels of 0.50 g/bhp-hr NOx and 0.01 g/bhp-hr PM or lower. Repowers with replacement family emission limit (FEL) engines that meet these emissions levels must be based on emission factors for model year 2007-2009 engines.

Due to technological constraints presented with the limited feasibility of newer engines with advanced emissions control equipment fitting into an older vehicle chassis, single vehicle repower projects are not eligible for Moyer funding. However, the economics of repower projects involving a large quantity of the same chassis and engine combination may allow compliance with the engine manufacturer quality assurance process that is equivalent to an OEM package. In these cases, a prototype vehicle is thoroughly reviewed and tested to ensure that the installation meets OEM requirements, and the successful prototype installation is then replicated in other vehicles with the same chassis and engine combination. While the prototype evaluation (with documented OEM approval) is not eligible for CMP funding, projects to replicate the identical chassis and engine combination will be considered on a case-by-case basis.

Retrofit/Replacement

Please refer to the On-Road Voucher Incentive Program (VIP) to explore funding opportunities for replacement and retrofit funding at

<http://www.arb.ca.gov/msprog/moyer/voucher/voucher.htm>

OFF-ROAD EQUIPMENT

Propulsion engines greater than 25 horsepower on mobile off-road equipment are eligible for CMP funding, with limitations. Off-road heavy-duty equipment/engines include, but are not limited to, construction equipment, agricultural tractors, marine engines, shore power and locomotive equipment.

Construction

Fleets must be in compliance with ARB's In-Use Off-Road Diesel Vehicle Regulation (Off-Road Regulation) in order to be eligible for funding. Applicants must submit information regarding fleet size and compliance status. This must include the Diesel Off-Road On-line Reporting System (DOORS) ID of the fleet and the DOORS Equipment Identification Number (EIN) of the funded equipment. All documentation submitted must be signed and dated by the applicant and include language certifying that the fleet list provided is accurate and complete. Off-road projects fall into three distinct categories: 1) repower with an emission-certified engine, 2) retrofit with a verified-diesel emission control strategy (VDECS), and 3) replacement by a vehicle with an engine certified as meeting the current off-road emission standards.

Engine Repower

Engine repowers are commonly diesel-to-diesel repowers and significant NOx and PM benefits are achieved due to the higher emission levels of the engine being replaced. Funding is not available for projects where a spark-ignition engine (i.e., natural gas, gasoline, etc.) is replaced with a diesel engine.

Retrofit Purchase

Retrofit is the installation of an ARB-verified diesel emission control device on an existing engine. Examples include, but are not limited to, particulate filters and diesel oxidation catalysts. Retrofit projects that control PM must use the highest level technically feasible technology available for the equipment being retrofitted, which is defined as a device that achieves the highest level of PM reductions (Level 3 - 85 percent) and the highest level of NOx reductions.

New Purchase/Replacement

Fleets may apply for replacement in lieu of repowering their vehicle, where new or used replacement equipment with an engine certified to the current emission standard or Tier is purchased to replace the existing equipment (which will be scrapped). New equipment purchase project eligibility requires case-by-case approval by ARB.

Cargo Handling Equipment (CHE) Electrification

Cargo handling equipment fleets must be fully compliant with ARB's Regulation for Cargo Handling Equipment at Ports and Intermodal Rail Yards in order to be eligible for CMP funding. Applicants must provide a copy of their most recent ARB Compliance Plan to document compliance with the regulation.

Existing diesel-powered rubber-tired gantry (RTG) cranes or diesel-powered CHE (i.e., yard trucks, etc.) operating at a seaport or intermodal railyard in a trade corridor are eligible for CMP funding to offset costs to electrify this equipment. Projects utilizing regulatory extensions are not eligible for funding.

CHE Electrification – RTG Cranes

The CMP allows funding to upgrade existing diesel-powered RTG cranes with a zero-emission power system. Eligible costs may include the purchase of a new crane or installation of a zero-emission engine, necessary parts for an existing RTG crane including directly related vehicle modifications, and infrastructure to supply electrical power, utility construction, and costs associated with increasing the capacity of electrical power to the crane. Ineligible costs include design, engineering, consulting, environmental review, legal fees, permits, licenses and associated fees, taxes, metered costs, insurance, operation, maintenance, and repair. Projects are evaluated on a case-by-case basis.

CHE Electrification – Other

The CMP allows partial funding of up to 50 percent of the eligible cost or \$50,000/unit, whichever is less, to replace an existing CHE with a zero-emission propulsion system. Eligible costs may include the purchase of a zero-emission yard truck. Ineligible costs include license, registration, taxes (other than federal excise and sales tax), insurance, operation, maintenance, and repair. Projects are evaluated on a case-by-case basis.

Marine/Shore Power

Marine vessel project types include engine repower, engine retrofit, new purchase and shore power. Each category is summarized below.

Marine Engine Repower

Limited CMP funding opportunities remain for vessel engines subject to the in-use compliance requirements of ARB's Commercial Harbor Craft (CHC) regulation, since the repower must be completed at least three (3) years prior to the vessel's regulatory in-use compliance date. Based on the vessel's operation, the newer engine's emissions must be surplus to the currently required United States Environmental Protection Agency (U.S. EPA) marine engine emission standard (i.e., Tier 2 or cleaner). Remanufacture kits, which are comprised of engine component parts that, when installed, reduce the engine's emissions, are subject to the same requirements as engine repower projects.

Marine Engine Retrofit Devices

The installation of an ARB verified diesel emission control strategy (VDECS) will be considered by CARB for CMP funding on a case-by-case basis.

Marine Vessel - New Purchase

New marine vessels with propulsion and auxiliary engines certified to be at least 30 percent cleaner than the applicable oxides of nitrogen (NOx) emission standard are eligible for CMP funding on a case-by-case basis.

Shore Power Projects

Shore power projects are eligible only if applicants submit their ARB-approved Initial Terminal Plan with their application to document¹ compliance with ARB's Shore Power regulation and that the proposed project provides emissions reductions that are surplus to regulatory requirements. Projects not subject to the Shore Power regulation are also eligible to apply.

All subsequent project reports to air districts must include any new or updated Terminal Plans in order to evaluate compliance with the project contract.

For shore power projects that demonstrate eligibility, up to 50 percent of the total cost of a shore-side transformer and other equipment between the vessel and shore-side transformer at the port or terminal is eligible for CMP funding. Any costs directly related and necessary to the installation of the eligible equipment may reasonably be included in the total cost, such as labor for installation, and costs of site preparation. Design and engineering costs associated with the transformer and other eligible equipment between the vessel and transformer are considered professional labor costs required to complete the installation and are eligible for funding.

Up to 100 percent of necessary vessel (non-transformer) retrofit costs, specifically required to allow the vessel to plug into shore-side power, are eligible for CMP funding. Up to 50 percent of any necessary transformer costs on board the vessel are eligible for CMP funding.

Ineligible costs include modifications or enhancements made to the shore-side electrical infrastructure needed to bring power to the terminal. Other ineligible shore power costs consist of barge or other acquisitions and modification for a portable system, design, construction or metered costs, insurance, operation, maintenance and repair.

Locomotives

In the SCAQMD, all new locomotives and replacement engines must be certified to Tier 4 standards to be eligible for CMP funding.

Class 3 freight railroads and passenger railroads are not subject to any ARB fleet regulations and are therefore eligible for CMP funding. There are five types of locomotive projects that are eligible for Carl Moyer Program funding:

1. Alternative technology switcher (or other cleaner-than-required new locomotive)
2. Idle limiting device (ILD)
3. U.S. EPA certified engine remanufacture kit or repower/refurbishment
4. ARB verified retrofit
5. Head end power unit (HEP) (apply as an off-road engine project)

Refer to the CMP guidelines for additional information regarding these project types.

Locomotive project activity must be based upon fuel consumption.

¹ Note that shore power project contracts will require that all subsequent project reports to AQMD must include any new or updated Terminal Plans in order to evaluate compliance with the project contract.

All locomotive projects receiving more than \$50,000 per locomotive in Carl Moyer Program funds must include the purchase and installation of an ILD if the locomotive is not already equipped with such a device and installation is technically feasible.

DEFINITIONS

Alternative Fuel

Alternative fuels include compressed natural gas (CNG), liquefied natural gas (LNG), methanol, ethanol, propane (LPG), and electric technologies. Experimental technologies and fuels will be referred to CARB for evaluation and possible eligibility in the program.

Repower

Vehicle repower refers to replacing an existing engine in an existing vehicle with a newer engine certified to lower emission standards. The replacement engine must be certified for sale in California to a NOx emission standard that is at least 15 percent lower than the original NOx certification level for the engine being replaced. Diesel-to-alternative fuel repowers are eligible for all categories. Diesel-to-diesel repowers will only be considered in the off-road and on-road emergency vehicles categories.

Retrofit

Add-on after-treatment emissions reduction devices are considered retrofits. The retrofit kit must be CARB-verified to achieve specific emission reductions. CARB guidance requires the applicant to select the highest level technology certified for that engine that provides the most emission reductions. For many projects, this includes a diesel emission control device that reduces both PM and NOx emissions. In order to be eligible for CMP funding, the retrofit device must be verified for the specific engine family found on the equipment and achieve the highest level emission reductions when compared to other verified retrofit devices. If a specific device reduces both NOx and PM but the PM reduction from a retrofit is required by a regulation, only the NOx reduction may be eligible for funding.

IMPORTANT PROGRAM INFORMATION

- Applicants **must** provide vendor quotes with their application to document the cost of the low-emission vehicle/equipment project. Applicants may be awarded up to the designated percentage of total cost for the specified type of project (new purchase, repower and/or retrofit). Eligible costs include installation labor and sales tax; however, the total award may not exceed the maximum cost-effectiveness for the equipment/vehicle category. **All quotes must have been obtained within 90 days of application submittal.**
- A number of the CARB fleet rules and air quality regulations have reduced or eliminated CMP eligibility. Compliance with existing air quality regulations is a pre-requisite for CMP funding. Only emissions reductions in excess of regulatory requirements can be considered for CMP funding. If applicants are applying for CMP funds to reduce emissions before the required compliance date (i.e., early reductions), the equipment must demonstrate sufficient years of operation before the regulatory compliance deadline. Applicants are responsible for ensuring that they are in full compliance with all applicable regulations and that vehicles/equipment requests under the CMP provide surplus

emissions reductions. As noted earlier, applicants must provide documentation of their regulatory compliance status.

- Any tax obligation associated with the award is the responsibility of the grantee.
- All projects must be operational within eighteen (18) months of contract execution or May 20, 2016, whichever is earlier.
- All project invoices must be submitted for payment no later than May 20, 2016. Projects which have not invoiced by this date may forfeit their funding.
- The highest level verified diesel emissions control system (VDECS) available is required as part of any retrofit project and may be required for some repower projects. The cost of the VDECS equipment and installation may be included in the CMP grant request. It is the responsibility of the applicant to determine the applicability of this requirement, and if required, to include quotes for this equipment in their application. Projects that require the additional VDECS that do not have cost and system specification information may not be evaluated by SCAQMD staff.
- No third party contracts will be executed.
- Pre- and post-inspection of all vehicles/engines/equipment approved for funding will be conducted, as required. Applicants must make all equipment **locally** available for inspections unless specified during contract preparation. Documentation of compliance with existing regulatory requirements is required at the time of pre-inspection.
- Destruction of the engine and/or equipment being replaced is required for repower or replacement projects.
- Emissions reduction calculations must use hour-based (off-road) or mileage-based (on-road) equipment activity. Fuel-based activity may be used if documentation of previous fuel usage and mileage records demonstrates at least 30% better cost-effectiveness.
- If using the fuel based formula, usage must be based on two years of historical fuel usage documentation submitted with the application and specific to the equipment for which funding is requested. Documentation may include fuel logs, purchase receipts, business logs, ledger entries, etc.

PROGRAM ADMINISTRATION

The CMP will be administered locally by the SCAQMD through the Science and Technology Advancement office.

Funding category allocations are provided below in Table 1. The SCAQMD reserves the right to reallocate the funds to another category or subcategory. Additionally, the SCAQMD reserves the right to partially fund a project.

All qualified applications submitted for each category/subcategory will be evaluated for disproportional impacts (discussed in Section IV) and ranked by emission reduction cost-effectiveness.

Table 1: Proposed Funding and Cost-Effectiveness Limits

| Category | Minimum Amount ¹ (\$ millions) | Cost-Effectiveness \$/ton |
|---|--|------------------------------|
| ON-ROAD | | |
| (A) Vehicles ² (Including Emergency Vehicle) | 4.0 | 17,460 |
| OFF-ROAD | | |
| (A) Marine/Shore Power | 6.0 | 17,460 |
| (B) Construction (Small and medium fleets only) ³ | 3.2 | 17,460 |
| (C) Locomotives | 7.0 | 17,460 |
| (D) Cargo Handling Equipment (Electrification only) | <u>2.0</u> | 17,460 |
| 22.2 | | |

¹ In case of oversubscription in these categories, greater funding may be recommended.

² Due to the California Air Resources Board's 2010 New Diesel Engine Emission Standards (0.20 g/bhp-hr NOx and 0.01 g/bhp-hr PM) that took effect on January 1, 2010, on-road new purchase projects are limited exclusively to zero-emission technologies that still result in generating surplus emission reductions

³ Large off-road fleets should apply to the SOON Program.

<http://aqmd.gov/tao/implementation/soonprogram.htm>

It is noteworthy that proposals for fuel and engine technologies not yet certified by CARB, or falling outside the categories specifically discussed in this PA, will be referred to CARB for determination of CMP eligibility. Please discuss these projects with SCAQMD staff prior to submittal.

SCHEDULE OF EVENTS

| | |
|-----------------------------------|--------------------------------|
| Issue PA #2014-08 | March 7, 2014 |
| Workshops | April – May 2014 |
| All Applications Due by 1:00 pm | Wednesday, June 4, 2014 |
| Awards Consideration by the Board | September - October 2014 |

**ALL PROPOSALS MUST BE RECEIVED AT THE SCAQMD HEADQUARTERS
NO LATER THAN 1:00 P.M. ON WEDNESDAY, JUNE 4, 2014**

Postmarks will not be accepted. Fax or e-mail proposals will not be accepted. Proposers may hand-deliver proposals to the SCAQMD by submitting the proposal to the SCAQMD reception desk. The proposal will be date and time-stamped and the person delivering the proposal will be given a receipt.

SCHEDULE OF CMP GENERAL WORKSHOPS:

- **Wednesday April 16, 2014 - 10 a.m. to Noon**
SCAQMD Headquarters, Room CC-2
21865 Copley Drive
Diamond Bar, CA 91765
- **Wednesday, April 30, 2014 - 10 a.m. to Noon**
SCAQMD Headquarters, Room CC-2
21865 Copley Drive
Diamond Bar, CA 91765

MARINE VESSEL/SHORE POWER /CHE ELECTRIFICATION WORKSHOP

- **Thursday May 8, 2014 – 10 a.m. to Noon**
Port of Los Angeles Board Room
425 South Palos Verdes Street
San Pedro, CA 90731

STATEMENT OF COMPLIANCE

Government Code Section 12990 and California Administrative Code, Title II, Division 4, Chapter 5, require employers to agree not to unlawfully discriminate against any employee or applicant because of race, religion, color, national origin, ancestry, physical handicap, medical condition, marital status, sex, or age. A statement of compliance with this clause is included in all SCAQMD contracts.

CONTACT FOR ADDITIONAL INFORMATION

Questions regarding the content or intent of this PA, procedural matters, or locations of workshops should be addressed to:

Lani Montojo
Science and Technology Advancement
South Coast Air Quality Management District
21865 Copley Drive, Diamond Bar, CA 91765
(909) 396-2231/3252 FAX

SECTION II - WORK STATEMENT/SCHEDULE OF DELIVERABLES

Applicants must sign the Application form indicating their understanding of the requirements for submittal of additional project information to finalize a contract and that all vehicles, engines or equipment must be in operation within eighteen (18) months of contract execution or by May 20, 2016, whichever is earlier. **Unsigned applications will be deemed ineligible and may NOT be considered for funding.**

WORK STATEMENT

The scope of work involves a series of tasks and deliverables that demonstrate compliance with the requirements of the CMP as administered by CARB and the SCAQMD. The responsibility for developing detailed project plans that address the program criteria is the project applicant's. In addition, alternative fuel project applicants must discuss their plan for refueling the proposed vehicles/equipment, and if appropriate, should provide a letter of agreement from their fuel provider (see Application forms).

At a minimum, any contract for funding the proposed project must meet the following criteria:

- Provide emission reductions that are real, quantifiable, enforceable and surplus in accordance with CARB and SCAQMD guidelines.
- Meet the cost-effectiveness limits, as described in Table 1 of this PA.
- Provide at least 30 percent NOx emission reduction for new engine/vehicle purchases and 15 percent for repowers and retrofits, compared to baseline NOx emissions, if NO_x emission reductions are to be considered in the cost-effectiveness calculations.
- Commit that project engines or equipment operate in-service for the full project life, a minimum of three years, and at least 75 percent of annual operation must occur within the SCAQMD. Project life is the number of years used to determine the cost-effectiveness and is equal to the contract term.
- Commit that all vehicles/engines/equipment are in operation within 18 months of contract execution or by May 20, 2016 whichever is earlier.
- Provide for appropriate record-keeping during the project life (i.e., annual mileage, fuel consumption and/or hours of operation).
- Ensure that the project complies with other local, state, and federal programs, and resulting emission reductions from a specific project are not required as a mitigation measure to reduce adverse environmental impacts that are identified in an environmental document prepared in accordance with the California Environmental Quality Act or the National Environmental Policy Act.
- If requested, contractor must provide a financial statement and bank reference, or other evidence of financial ability to fulfill contract requirements.

DELIVERABLES

The contract will describe how the project will be monitored and what type of information will be included in project progress reports. At a minimum, the SCAQMD expects to receive the following reports:

1. Quarterly status reports until the vehicle or equipment purchase, repower or retrofit has been accomplished and in operation. These reports shall include a discussion of any problems encountered and how they were resolved, any changes in the schedule, and recommendations for completion of the project. These progress reports are required before payment for the purchase, repower or retrofit will be made.
2. An annual report for each year during the full contract term, or project life, which provides the annual miles or hours of operation, where the vehicle or equipment was operated (75 percent required in-Basin), annual fuel consumption, and operational and maintenance

issues encountered and how they were resolved. SCAQMD reserves the right to verify the information provided.

Reporting forms are available online at:

http://aqmd.gov/tao/implementation/carl_moyer_program.html

SECTION III - PROPOSAL SUBMITTAL REQUIREMENTS

Proposers **must** complete the appropriate application forms, which are included in the Appendices. In addition, Conflict of Interest and Project Cost information, as described below, must also be submitted with the application. It is the responsibility of the applicant to ensure that all information submitted is accurate and complete. Please note, that if recommended for an award you will be required to submit an updated Conflict of Interest form at a later date.

CONFLICT OF INTEREST

Applicant must address any potential conflicts of interest with other clients affected by actions performed by the firm on behalf of the SCAQMD. Although the proposer will not be automatically disqualified by reason of work performed for such firms, the SCAQMD reserves the right to consider the nature and extent of such work in evaluating the proposal. Conflicts of interest will be screened on a case-by-case basis by the SCAQMD General Counsel's Office. Conflict of interest provisions of the state law, including the Political Reform Act, may apply to work performed pursuant to this contract. Please discuss potential conflicts of interest on the application form entitled "Contracting Statements".

PROJECT COST

Applicants must provide cost information that specifies the amount of funding requested and the basis for that request by attaching vendor quotes to the application. Applicants need to inform vendors of the time frame of the award process so that they can project costs to the projected order/purchase date. **Note that purchase orders may not be placed for projects awarded under this PA until after the date of award approval by the SCAQMD Governing Board. However, it is important to understand that any orders placed in advance of a fully executed contract are done so at the applicant's risk.** The CMP funds only a percentage of the cost of the low-emission technology based on the type of project. The proposed low-emission technology must be CARB-certified in most cases². No fueling infrastructure, administrative or operational costs will be funded.

² Note that an experimental permit from CARB may be considered, but the project will require special CARB approval.

All project costs must be clearly indicated in the application. In addition, applicants should be sure to include any sources of co-funding and the amount of each co-funding source in the application. **Proposers are cautioned that the project life period used in calculating emissions reductions will be used to determine the length of their data reporting obligation. In other words, a project applicant using a ten year life for the emissions reduction calculations will be required to operate, track and report activity for the project vehicle for the full ten years. The contract term will also be ten years.**

Proposers are not required to calculate a project's cost-effectiveness, although it is helpful to understand your project's cost-effectiveness in order to anticipate the maximum possible grant award that might be recommended. Methodologies for calculating cost-effectiveness are provided in the CARB Moyer Guidelines www.arb.ca.gov/msprog/moyer/moyer.htm

APPLICATION SUBMISSION

All applications must be submitted according to specifications set forth herein. Failure to adhere to these specifications may be cause for rejection of the proposal without evaluation.

Staff Contact Information: SCAQMD staff contacts for each program category are listed in Table 2 below. Applicants are strongly encouraged to contact SCAQMD staff experts to discuss their project prior to submitting an application to ensure program eligibility.

Application Forms: Program application forms are provided in the Appendix. These must be completed and submitted with other required documents (i.e. Certifications and Representations, activity documentation, project quotes, etc.) discussed in the application and below.

Certifications and Representations: Consists of five forms which **must** be completed and submitted with the Application.

Due Date - The proposer shall submit four (4) complete signed copies of the application, as well as an electronic copy of the application and its supporting documents on a CD or flash drive, in a sealed envelope, plainly marked in the upper left-hand corner with the name and address of the proposer and the words "**Program Announcement PA #2014-08**". All proposals/applications shall be submitted in an environmentally friendly format: stapled, not bound, black and white print; no three-ring, spiral, or plastic binders, and no card stock or colored paper

All proposals must be received no later than **1:00 p.m., on Wednesday, June 4, 2014**. Postmarks are not accepted as proof of deadline compliance. **Faxed or e-mailed proposals will not be accepted.** Proposals must be directed to:

Procurement Unit
South Coast Air Quality Management District
21865 East Copley Drive
Diamond Bar, CA 91765

Any correction or resubmission done by the proposer will not extend the submittal due date.

Grounds for Rejection - A proposal may be immediately rejected if:

- It is not prepared in the format described
- It is not signed by an individual authorized to represent the firm
- Does not include current cost quotes, Contractor Statement Forms and other forms required in this PA.

Missing Information – Within five (5) business days of the proposal due date, SCAQMD will send letters to applicants regarding missing information. Applicants will have seven (7) days to provide any missing information requested in this letter. Any additional information requests will also have a seven (7) day response deadline.

Disposition of Proposals - The SCAQMD reserves the right to reject any or all proposals. All responses become the property of the SCAQMD. One copy of proposals not selected for funding shall be retained for one year. Additional copies and materials will be returned only if requested and at the proposer's expense.

SECTION IV - PROPOSAL EVALUATION/CONTRACTOR SELECTION CRITERIA

SCAQMD staff will evaluate all submitted proposals and make recommendations to the Governing Board for final selection of project(s) to be funded. Proposals will be evaluated on the cost-effectiveness of NOx, PM10 and ROG reduced, as well as a project's disproportional impact evaluation (discussed below). Be aware that there is a possibility that due to program priorities, cost-effectiveness and/or funding limitations, project applicants may be offered only partial funding, and not all proposals that meet cost-effectiveness criteria may be funded.

At least 50 percent of the SCAQMD's CMP funds must be spent in areas that are most significantly impacted by air pollution and are low income or communities of color, or both (i.e., receive a disproportionate impact from air pollution). CARB issued broad goals and left the details of how to implement this requirement to each air agency. SCAQMD uses the following method to meet these requirements.

1. All projects must qualify for the CMP by meeting the cost-effectiveness limits established in the PA, Table 1.
2. All projects will be evaluated according to the following criteria to qualify for disproportionate impact funding:
 - a) Poverty Level: All projects in areas where at least 10 percent of the population falls below the Federal poverty level based on the year 2010 census data are eligible to be included in this category, and
 - b) PM 2.5 Exposure: All projects in areas with the highest 15 percent of PM 2.5 concentration measured within a 2 km grid will be eligible to be ranked in this category. The highest 15 percent of PM2.5 concentration is 19.01 micrograms per cubic meter and above, on an annual average, or
 - c) Air Toxics Exposure: All projects in areas with a cancer risk of 865 in a million and above (based on Mates III estimates) will be eligible to be ranked in this category.

The maximum score will be comprised of 40 percent for poverty level and 30 percent each for PM and toxic exposures. Special circumstances exist in some areas, such as the Ports of Long Beach and Los Angeles. Since there are no residents within the ports, poverty ranking could not be established. In this case, the poverty ranking from the adjacent on-shore areas were extended to the port since these populated areas are directly impacted by port activities.

3. Fifty percent of the available funding from this PA will be allocated to proposals located in disproportionately impacted areas. If available funding is not exhausted with the outlined methodology, then staff will return to the Governing Board for direction. If on the other hand, funding requests exceed the available funding levels, then all qualified projects will be ranked for poverty level, PM and toxic exposures. The maximum score will be comprised of 40 percent for poverty level, and 30 percent each for PM and toxic exposures.
4. All the proposals not awarded under the fifty percent disproportional impact funding will then be ranked according to cost-effectiveness, with the most cost-effective project funded first and then in descending order for each funding category until the remainder of the CMP funds are exhausted.

SECTION V - PAYMENT TERMS

For all projects, except shore power projects, full payment will be made upon installation and commencement of operation of the funded equipment. For shore power projects, a progress payment schedule will be established that allows payment upon completion of key milestones, as delineated in the contract.

SCAQMD STAFF CONTACTS AND ADDITIONAL RESOURCES

The SCAQMD staff contacts are listed in Table 2 by project category. Copies of the Program Announcement, Application Forms and a sample SCAQMD CMP contract may be accessed at: http://www.aqmd.gov/tao/implementation/carl_moyer_program_2001.html

Table 2: CMP Staff Contacts

| Appendix Name | Staff Contact | Phone Number | E-mail |
|--|------------------------------|----------------------------------|--|
| Heavy-Duty On-Road Vehicles | Ashkaan Nikravan | (909) 396-3260 | anikravan@aqmd.gov |
| Off-Road Equipment | Vasken Yاردémian | (909) 396-3296 | vyardemian@aqmd.gov |
| Locomotives | Connie Day | (909) 396-3055 | cday@aqmd.gov |
| Marine Vessels | Mark Coleman Von Loveland | (909) 396-3074 (909) 396-3063 | mcoleman@aqmd.gov vloveland@aqmd.gov |
| Cargo Handling Equipment Electrification | Greg Ushijima | (909) 396-3301 | gushijima@aqmd.gov |
| Shore Power | Greg Ushijima | (909) 396-3301 | gushijima@aqmd.gov |

TABLE 3 - WEBSITE LINKS TO CARB RULES THAT AFFECT CMP ELIGIBILITY

On-Road Private (truck and bus) @ <http://www.arb.ca.gov/msprog/onrdiesel/onrdiesel.htm>

Public/Utility Fleets @<http://www.arb.ca.gov/msprog/publicfleets/publicfleets.htm>

In-Use Off-Road (CI) @ <http://www.arb.ca.gov/msprog/ordiesel/ordiesel.htm>

Harbor Craft @<http://www.arb.ca.gov/ports/marinevess/harborcraft.htm>

Cargo Handling Equipment @<http://www.arb.ca.gov/ports/cargo/cargo.htm>

Shore Power @<http://www.arb.ca.gov/ports/shorepower/shorepower.htm>

APPENDIX

Table of Contents

- Form A-1: Application Checklist and Required Disclosure Forms
- Form B-1: Off-Road Heavy-Duty Equipment, Equipment Replacement and Cargo Handling Equipment (CHE) Electrification
- Form B-2: Off-Road Heavy Duty Equipment, Repower Only, Repower/Retrofit and Locomotive HEP
- Form B-3: Off-Road Heavy Duty Equipment, Retrofit Only
- Form C-1: On-Road Heavy-Duty Vehicles, New Purchase
- Form C-2: On-Road Heavy-Duty Vehicles, Repower
- Form C-3: On-Road Heavy-Duty Diesel Emergency (Fire Apparatus) Equipment
- Form D-1: Marine Vessels, Repower and/or Retrofit
- Form D-2: Marine Vessels, Shore Power
- Form E-1: Locomotive Project Application, New Purchase and Idle Limit Device
- Form E-2: Locomotive Project Application, Repower or Remanufacture



Valid until June 4, 2014 at 1:00 PM

South Coast Air Quality Management District
Application Check list and Disclosure Documents Form A – 1

Application Check List

In order to have a completed application the following information is required to be submitted:

- A cover letter stating your request, how many pieces of equipment and/or engines you are requesting, and the funding amount being requested
- Checklist with all disclosure forms completed and signed.
- Application form specific to your equipment, along with the following data:
 - Vendor quotes dated within 90 days of application submittal
 - ARB Executive Orders for each engine
 - Previous two years of historical data documenting usage

Once completed please submit four copies of the assembled package.

I understand that all documents, as listed above, are required in order to have a complete application package in order to be considered for funding under the Carl Moyer Program

Signature

Date

Application Statement – Please Read and Sign

All information provided in this application will be used by SCAQMD staff to evaluate the eligibility of this application to receive program funds. SCAQMD staff reserves the right to request additional information and can deny the application if such requested information is not provided by the requested deadline. Incomplete or illegible applications will be returned to applicant or vendor, without evaluation. An incomplete application is an application that is missing information critical to the evaluation of the project.

- ◆ I certify to the best of my knowledge that the information contained in this application is true and accurate.
- ◆ I understand that it is my responsibility to ensure that all technologies are either verified or certified by the California Air Resources Board (CARB) to reduce NOx and/or PM pollutants. CARB Verification Letters and/or Executive Orders are attached, as applicable.
- ◆ I understand that for repower projects, I am required to install the highest level available verified diesel emission control device (VDECS), and that the costs of this device and associated installation are a CMP eligible expense. These costs may be included in the project grant request up to the maximum cost-effectiveness limit.
- ◆ I understand that there may be conditions placed upon receiving a grant and agree to refund the grant (or pro-rated portion thereof) if it is found that at any time I do not meet those conditions and if directed by the SCAQMD in accordance with the contract agreement.
- ◆ I understand that, for this equipment, I will be prohibited from applying for any other form of emission reduction credits for Moyer-funded vehicles/engines, including: Emission Reduction Credit (ERC); Mobile Source Emission Reduction Credit (MSERC) and/or Certificate of Advanced Placement (CAP), for all time, from the SCAQMD, CARB or any other Air Quality Management or Air Pollution Control District.
- ◆ The proposed project has not been funded and is not being considered for Carl Moyer Program funds by another air district, CARB, or any other public agency.
- ◆ In the event that the vehicle(s)/equipment do not complete the minimum term of any agreement eventually reached from this application, I agree to ensure the equivalent project emissions reductions, or to return grant funds to the SCAQMD as required by the contract.
- ◆ I understand that all on-road engines in my fleet that are eligible for a low NOx software upgrade (reflash) must be reflashed within 60 days of receipt of an award payment. I may self-certify that the reflash has been performed by submitting receipt of reflash completed or a picture of the “Low NOx Reflash Label from the reflashed engine to the district.
- ◆ I have the legal authority to apply for grant funding for the entity described in this application.
- ◆ Disclosure of the value of any current financial incentive that directly reduces the project price, including tax credits or deductions, grants, or other public financial assistance for the same engine is required. To avoid double counting of incentives, all tax credits or deductions, grants, or other public financial assistance must be deducted from the CMP request.

Application Statement, con't.

- ◆ I understand that third party contracts are not permitted. A third party may, however complete an application on an owner's behalf. Third parties are required to list how much compensation, if any, they are receiving to prepare the application(s), and to certify that no CMP funds are being used for this compensation.
- ◆ I understand that additional project information must be submitted to finalize a contract.
- ◆ I understand that all vehicles, engines or equipment funded by this program must be operational within eighteen (18) months of contract execution, or by May 20, 2016, whichever is earlier.
- ◆ I have initialed this bullet to indicate that there are no potential conflicts of interest with other clients affected by actions performed by the firm on behalf of the SCAQMD. If this bullet is not initialed, I have attached a description to this application of the potential conflict of interest, which will be screened on a case-by-case basis by the SCAQMD District Counsel's Office. There is no potential conflict of interest: _____(Please Initial if applicable, otherwise attach separate sheet describing the potential conflict)

Applicant's Signature

Date

Applicant's Name (please print)

Title

Application Statement, con't.

Please initial each section.

(See PA #2014- 08 for additional information and requirements):

The purchase of this low-emission technology is NOT currently required by any local, state, and/or federal rule or regulation (with the exception of Agricultural Assistance Program projects).

The definitions of qualifying projects are described in PA #2014-08. These definitions have been reviewed and this application is consistent with those definitions.

The vehicle/engine will be used within the SCAQMD boundaries (with the emission reduction system operating) for at least the projected usage shown in this application, and no less than 75 percent of the time.

All project applicants must submit documentation that supports the activity claimed in the application (i.e., fuel receipts, mileage logs and/or hour-meter readings covering the last two years). This documentation is attached.

The grant contract language cannot be modified without the written consent of all parties. I have reviewed and accepted the sample contact language.

I understand that an IRS Form 1099 may be issued to me for incentive funds received under the Moyer Program. I understand that it is my responsibility to determine the tax liability associated with participating in the Moyer Program.

I understand that an SCAQMD-funded Global Positioning System (GPS) unit will be installed on vehicles/equipment not operating within SCAQMD boundaries full time. I will submit data as requested and otherwise cooperate with all data reporting requirements. I also understand that the additional cost of the GPS unit will be added to the project cost when calculating cost-effectiveness, though the SCAQMD will pay for this system directly.

I understand that the SCAQMD has the right to conduct unannounced inspections for the full project life to ensure the project equipment is fully operational at the activity level committed to by the contract.

I understand that all emission reductions resulting from funded projects will be retired. To avoid double counting of emission reductions, project vehicles and/or equipment may not receive funding from any other government grant program that is designed to reduce mobile source emissions.

I understand that a tamper proof, non-resettable digital hour meter/odometer must be installed on all vehicles/equipment and that the digital hour meter/odometer will record the hours/miles accumulated within the SCAQMD boundaries. This cost is my responsibility.

I understand that any tax credits claimed must be deducted from the CMP request.
Please check one:

I do not plan to claim a tax credit or deduction for costs funded by the CMP.

I do plan to claim a tax credit or deduction for costs funded by the CMP.
If so, please indicate amount here: \$ _____

I plan to claim a tax credit or deduction only for the portion of incremental costs not funded by the CMP. If so, please indicate amount here: \$ _____



South Coast Air Quality Management District

21865 Copley Drive, Diamond Bar, CA 91765-4178
(909) 396-2000 • www.aqmd.gov

Business Information Request

Dear SCAQMD Contractor/Supplier:

The South Coast Air Quality Management District (SCAQMD) is committed to ensuring that our contractor/supplier records are current and accurate. If your firm is selected for award of a purchase order or contract, it is imperative that the information requested herein be supplied in a timely manner to facilitate payment of invoices. In order to process your payments, we need the enclosed information regarding your account. **Please review and complete the information identified on the following pages, complete the enclosed W-9 form, remember to sign both documents for our files, and return them as soon as possible to the address below:**

**Attention: Accounts Payable, Accounting Department
South Coast Air Quality Management District
21865 Copley Drive
Diamond Bar, CA 91765-4178**

If you do not return this information, we will not be able to establish you as a vendor. This will delay any payments and would still necessitate your submittal of the enclosed information to our Accounting department before payment could be initiated. Completion of this document and enclosed forms would ensure that your payments are processed timely and accurately.

If you have any questions or need assistance in completing this information, please contact Accounting at (909) 396-3777. We appreciate your cooperation in completing this necessary information.

Sincerely,

**Michael B. O'Kelly
Chief Financial Officer**

DH:tm

Enclosures: Business Information Request
Disadvantaged Business Certification
W-9
Federal Contract Debarment Certification
Campaign Contribution Disclosure

REV 1/13



South Coast Air Quality Management District

21865 Copley Drive, Diamond Bar, CA 91765-4178

(909) 396-2000 • www.aqmd.gov

BUSINESS INFORMATION REQUEST

| | |
|---------------------------------------|--|
| Business Name | |
| Division of | |
| Subsidiary of | |
| Website Address | |
| Type of Business <i>Check One:</i> | <input type="checkbox"/> Individual <input type="checkbox"/> DBA, Name _____, County Filed in _____ <input type="checkbox"/> Corporation, ID No. _____ <input type="checkbox"/> LLC/LLP, ID No. _____ <input type="checkbox"/> Other _____ |

REMITTING ADDRESS INFORMATION

| | | | |
|---------------------------|----------------|-------|------------|
| Address | | | |
| | | | |
| City/Town | | | |
| State/Province | | Zip | |
| Phone | () - Ext | Fax | () - |
| Contact | | Title | |
| E-mail Address | | | |
| Payment Name if Different | | | |

All invoices must reference the corresponding Purchase Order Number(s)/Contract Number(s) if applicable and mailed to:

Attention: Accounts Payable, Accounting Department
South Coast Air Quality Management District
21865 Copley Drive
Diamond Bar, CA 91765-4178

DISADVANTAGED BUSINESS CERTIFICATION

Federal guidance for utilization of disadvantaged business enterprises allows a vendor to be deemed a small business enterprise (SBE), minority business enterprise (MBE) or women business enterprise (WBE) if it meets the criteria below.

- is certified by the Small Business Administration or
 - is certified by a state or federal agency or
 - is an independent MBE(s) or WBE(s) business concern which is at least 51 percent owned and controlled by minority group member(s) who are citizens of the United States.

Statements of certification:

As a prime contractor to the SCAQMD, _____ (name of business) will engage in good faith efforts to achieve the fair share in accordance with 40 CFR Section 33.301, and will follow the six affirmative steps listed below **for contracts or purchase orders funded in whole or in part by federal grants and contracts.**

1. Place qualified SBEs, MBEs, and WBEs on solicitation lists.
 2. Assure that SBEs, MBEs, and WBEs are solicited whenever possible.
 3. When economically feasible, divide total requirements into small tasks or quantities to permit greater participation by SBEs, MBEs, and WBEs.
 4. Establish delivery schedules, if possible, to encourage participation by SBEs, MBEs, and WBEs.
 5. Use services of Small Business Administration, Minority Business Development Agency of the Department of Commerce, and/or any agency authorized as a clearinghouse for SBEs, MBEs, and WBEs.
 6. If subcontracts are to be let, take the above affirmative steps.

Self-Certification Verification: Also for use in awarding additional points, as applicable, in accordance with SCAQMD Procurement Policy and Procedure:

Check all that apply:

Percent of ownership: _____ %

Name of Qualifying Owner(s):

I, the undersigned, hereby declare that to the best of my knowledge the above information is accurate. Upon penalty of perjury, I certify information submitted is factual.

NAME

TITLE

TELEPHONE NUMBER

DATE

Definitions

Disabled Veteran-Owned Business Enterprise means a business that meets all of the following criteria:

- is a sole proprietorship or partnership of which is at least 51 percent owned by one or more disabled veterans, or in the case of any business whose stock is publicly held, at least 51 percent of the stock is owned by one or more disabled veterans; a subsidiary which is wholly owned by a parent corporation but only if at least 51 percent of the voting stock of the parent corporation is owned by one or more disabled veterans; or a joint venture in which at least 51 percent of the joint venture's management and control and earnings are held by one or more disabled veterans.
- the management and control of the daily business operations are by one or more disabled veterans. The disabled veterans who exercise management and control are not required to be the same disabled veterans as the owners of the business.
- is a sole proprietorship, corporation, partnership, or joint venture with its primary headquarters office located in the United States and which is not a branch or subsidiary of a foreign corporation, firm, or other foreign-based business.

Joint Venture means that one party to the joint venture is a DVBE and owns at least 51 percent of the joint venture. In the case of a joint venture formed for a single project this means that DVBE will receive at least 51 percent of the project dollars.

Local Business means a business that meets all of the following criteria:

- has an ongoing business within the boundary of the SCAQMD at the time of bid application.
- performs 90 percent of the work within SCAQMD's jurisdiction.

Minority-Owned Business Enterprise means a business that meets all of the following criteria:

- is at least 51 percent owned by one or more minority persons or in the case of any business whose stock is publicly held, at least 51 percent of the stock is owned by one or more minority persons.
- is a business whose management and daily business operations are controlled or owned by one or more minority person.
- is a business which is a sole proprietorship, corporation, partnership, joint venture, an association, or a cooperative with its primary headquarters office located in the United States, which is not a branch or subsidiary of a foreign corporation, foreign firm, or other foreign business.

"Minority" person means a Black American, Hispanic American, Native American (including American Indian, Eskimo, Aleut, and Native Hawaiian), Asian-Indian American (including a person whose origins are from India, Pakistan, or Bangladesh), Asian-Pacific American (including a person whose origins are from Japan, China, the Philippines, Vietnam, Korea, Samoa, Guam, the United States Trust Territories of the Pacific, Northern Marianas, Laos, Cambodia, or Taiwan).

Small Business Enterprise means a business that meets the following criteria:

- a. 1) an independently owned and operated business; 2) not dominant in its field of operation; 3) together with affiliates is either:
 - A service, construction, or non-manufacturer with 100 or fewer employees, and average annual gross receipts of ten million dollars (\$10,000,000) or less over the previous three years, or
 - A manufacturer with 100 or fewer employees.
- b. Manufacturer means a business that is both of the following:
 - 1) Primarily engaged in the chemical or mechanical transformation of raw materials or processed substances into new products.
 - 2) Classified between Codes 311000 to 339000, inclusive, of the North American Industrial Classification System (NAICS) Manual published by the United States Office of Management and Budget, 2007 edition.

Small Business Joint Venture means that one party to the joint venture is a Small Business and owns at least 51 percent of the joint venture. In the case of a joint venture formed for a single project this means that the Small Business will receive at least 51 percent of the project dollars.

Women-Owned Business Enterprise means a business that meets all of the following criteria:

- is at least 51 percent owned by one or more women or in the case of any business whose stock is publicly held, at least 51 percent of the stock is owned by one or more women.
- is a business whose management and daily business operations are controlled or owned by one or more women.
- is a business which is a sole proprietorship, corporation, partnership, or a joint venture, with its primary headquarters office located in the United States, which is not a branch or subsidiary of a foreign corporation, foreign firm, or other foreign business.

Request for Taxpayer Identification Number and Certification

Give form to the
requester. Do not
send to the IRS.

| | | | | | |
|---|---|--|---|--|--|
| Print or type See Specific Instructions on page 2. | Name (as shown on your income tax return) | | | | |
| | Business name, if different from above | | | | |
| | Check appropriate box: <input type="checkbox"/> Individual/ Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ► <input type="checkbox"/> Exempt from backup withholding | | | | |
| | Address (number, street, and apt. or suite no.) | | Requester's name and address (optional) | | |
| | City, state, and ZIP code | | | | |
| | List account number(s) here (optional) | | | | |

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

| | |
|------------------------|---|
| Social security number | + |
|------------------------|---|

or

| | |
|--------------------------------|---|
| Employer identification number | + |
|--------------------------------|---|

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

| | | |
|--------------|-------------------------------|--------|
| Sign Here | Signature of U.S. person ► | Date ► |
|--------------|-------------------------------|--------|

Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or

● Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

Foreign person. If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien.

Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.

4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments (after December 31, 2002). This is called "backup withholding." Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester, or
2. You do not certify your TIN when required (see the Part II instructions on page 4 for details), or
3. The IRS tells the requester that you furnished an incorrect TIN, or
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate Instructions for the Requester of Form W-9.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Name

If you are an individual, you must generally enter the name shown on your social security card. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

Sole proprietor. Enter your individual name as shown on your social security card on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name" line.

Limited liability company (LLC). If you are a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Treasury regulations section 301.7701-3, enter the owner's name on the "Name" line. Enter the LLC's name on the "Business name" line. Check the appropriate box for your filing status (sole proprietor, corporation, etc.), then check the box for "Other" and enter "LLC" in the space provided.

Other entities. Enter your business name as shown on required Federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name" line.

Note. You are requested to check the appropriate box for your status (individual/sole proprietor, corporation, etc.).

Exempt From Backup Withholding

If you are exempt, enter your name as described above and check the appropriate box for your status, then check the "Exempt from backup withholding" box in the line following the business name, sign and date the form.

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

Note. If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

Exempt payees. Backup withholding is not required on any payments made to the following payees:

1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2),
 2. The United States or any of its agencies or instrumentalities,
 3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities,
 4. A foreign government or any of its political subdivisions, agencies, or instrumentalities, or
 5. An international organization or any of its agencies or instrumentalities.
- Other payees that may be exempt from backup withholding include:
6. A corporation,

7. A foreign central bank of issue,
8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States,
9. A futures commission merchant registered with the Commodity Futures Trading Commission,
10. A real estate investment trust,
11. An entity registered at all times during the tax year under the Investment Company Act of 1940,
12. A common trust fund operated by a bank under section 584(a),
13. A financial institution,
14. A middleman known in the investment community as a nominee or custodian, or
15. A trust exempt from tax under section 664 or described in section 4947.

The chart below shows types of payments that may be exempt from backup withholding. The chart applies to the exempt recipients listed above, 1 through 15.

| IF the payment is for . . . | THEN the payment is exempt for . . . |
|--|--|
| Interest and dividend payments | All exempt recipients except for 9 |
| Broker transactions | Exempt recipients 1 through 13. Also, a person registered under the Investment Advisers Act of 1940 who regularly acts as a broker |
| Barter exchange transactions and patronage dividends | Exempt recipients 1 through 5 |
| Payments over \$600 required to be reported and direct sales over \$5,000 ¹ | Generally, exempt recipients 1 through 7 ² |

¹See Form 1099-MISC, Miscellaneous Income, and its instructions.

²However, the following payments made to a corporation (including gross proceeds paid to an attorney under section 6045(f), even if the attorney is a corporation) and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees; and payments for services paid by a Federal executive agency.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-owner LLC that is disregarded as an entity separate from its owner (see *Limited liability company (LLC)* on page 2), enter your SSN (or EIN, if you have one). If the LLC is a corporation, partnership, etc., enter the entity's EIN.

Note. See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at www.socialsecurity.gov/online/ss-5.pdf. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/businesses/ and clicking on Employer ID Numbers under Related Topics. You can get Forms W-7 and SS-4 from the IRS by visiting www.irs.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note. Writing "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, and 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). Exempt recipients, see *Exempt From Backup Withholding* on page 2.

Signature requirements. Complete the certification as indicated in 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

| For this type of account: | Give name and SSN of: |
|---|---|
| 1. Individual | The individual |
| 2. Two or more individuals (joint account) | The actual owner of the account or, if combined funds, the first individual on the account ¹ |
| 3. Custodian account of a minor (Uniform Gift to Minors Act) | The minor ² |
| 4. a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law | The grantor-trustee ¹ |
| 5. Sole proprietorship or single-owner LLC | The actual owner ¹ |
| 6. Sole proprietorship or single-owner LLC | The owner ³ |
| 7. A valid trust, estate, or pension trust | Legal entity ⁴ |
| 8. Corporate or LLC electing corporate status on Form 8832 | The corporation |
| 9. Association, club, religious, charitable, educational, or other tax-exempt organization | The organization |
| 10. Partnership or multi-member LLC | The partnership |
| 11. A broker or registered nominee | The broker or nominee |
| 12. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments | The public entity |
| For this type of account: | Give name and EIN of: |

¹List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

²Circle the minor's name and furnish the minor's SSN.

³You must show your individual name and you may also enter your business or "DBA" name on the second name line. You may use either your SSN or EIN (if you have one). If you are a sole proprietor, IRS encourages you to use your SSN.

⁴List first and circle the name of the legal trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.)

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA, or Archer MSA or HSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, and the District of Columbia to carry out their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 28% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.



United State Environmental Protection Agency
Washington, DC 20460

Certification Regarding Debarment, Suspension, and Other Responsibility Matters

The prospective participant certifies to the best of its knowledge and belief that it and the principals:

- (a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
- (b) Have not within a three year period preceding this proposal been convicted of or had a civil judgement rendered against them or commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction: violation of Federal or State antitrust statute or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- (c) Are not presently indicted for or otherwise criminally or civilly charged by a government entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (b) of this certification; and
- (d) Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause or default.

I understand that a false statement on this certification may be grounds for rejection of this proposal or termination of the award. In addition, under 18 USC Sec. 1001, a false statement may result in a fine of up to \$10,000 or imprisonment for up to 5 years, or both.

Typed Name & Title of Authorized Representative

Signature of Authorized Representative Date

- I am unable to certify to the above statements. My explanation is attached.

EPA Form 5700-49 (11-88)



CAMPAIGN CONTRIBUTIONS DISCLOSURE

In accordance with California law, bidders and contracting parties are required to disclose, at the time the application is filed, information relating to any campaign contributions made to South Coast Air Quality Management District (SCAQMD) Board Members or members/alternates of the MSRC, including: the name of the party making the contribution (which includes any parent, subsidiary or otherwise related business entity, as defined below), the amount of the contribution, and the date the contribution was made. 2 C.C.R. §18438.8(b).

California law prohibits a party, or an agent, from making campaign contributions to SCAQMD Governing Board Members or members/alternates of the Mobile Source Air Pollution Reduction Review Committee (MSRC) of more than \$250 while their contract or permit is pending before the SCAQMD; and further prohibits a campaign contribution from being made for three (3) months following the date of the final decision by the Governing Board or the MSRC on a donor's contract or permit. Gov't Code §84308(d). For purposes of reaching the \$250 limit, the campaign contributions of the bidder or contractor plus contributions by its parents, affiliates, and related companies of the contractor or bidder are added together. 2 C.C.R. §18438.5.

In addition, SCAQMD Board Members or members/alternates of the MSRC must abstain from voting on a contract or permit if they have received a campaign contribution from a party or participant to the proceeding, or agent, totaling more than \$250 in the 12-month period prior to the consideration of the item by the Governing Board or the MSRC. Gov't Code §84308(c).

The list of current SCAQMD Governing Board Members can be found at the SCAQMD website (www.aqmd.gov). The list of current MSRC members/alternates can be found at the MSRC website (<http://www.cleantransportationfunding.org>).

SECTION I.

Contractor (Legal Name): _____

- | |
|---|
| <input type="checkbox"/> DBA, Name _____, County Filed in _____ |
| <input type="checkbox"/> Corporation, ID No._____ |
| <input type="checkbox"/> LLC/LLP, ID No._____ |

List any parent, subsidiaries, or otherwise affiliated business entities of Contractor:
(See definition below).

SECTION II.

Has Contractor and/or any parent, subsidiary, or affiliated company, or agent thereof, made a campaign contribution(s) totaling \$250 or more in the aggregate to a current member of the South Coast Air Quality Management Governing Board or member/alternate of the MSRC in the 12 months preceding the date of execution of this disclosure?

Yes No **If YES, complete Section II below and then sign and date the form.
If NO, sign and date below. Include this form with your submittal.**

Campaign Contributions Disclosure, continued:

Name of Contributor _____

| | | |
|---|------------------------|----------------------|
| Governing Board Member or MSRC Member/Alternate | Amount of Contribution | Date of Contribution |
|---|------------------------|----------------------|

Name of Contributor _____

| | | |
|---|------------------------|----------------------|
| Governing Board Member or MSRC Member/Alternate | Amount of Contribution | Date of Contribution |
|---|------------------------|----------------------|

Name of Contributor _____

| | | |
|---|------------------------|----------------------|
| Governing Board Member or MSRC Member/Alternate | Amount of Contribution | Date of Contribution |
|---|------------------------|----------------------|

Name of Contributor _____

| | | |
|---|------------------------|----------------------|
| Governing Board Member or MSRC Member/Alternate | Amount of Contribution | Date of Contribution |
|---|------------------------|----------------------|

I declare the foregoing disclosures to be true and correct.

By: _____

Title: _____

Date: _____

DEFINITIONS

Parent, Subsidiary, or Otherwise Related Business Entity (2 Cal. Code of Regs., §18703.1(d).)

- (1) Parent subsidiary. A parent subsidiary relationship exists when one corporation directly or indirectly owns shares possessing more than 50 percent of the voting power of another corporation.
- (2) Otherwise related business entity. Business entities, including corporations, partnerships, joint ventures and any other organizations and enterprises operated for profit, which do not have a parent subsidiary relationship are otherwise related if any one of the following three tests is met:
 - (A) One business entity has a controlling ownership interest in the other business entity.
 - (B) There is shared management and control between the entities. In determining whether there is shared management and control, consideration should be given to the following factors:
 - (i) The same person or substantially the same person owns and manages the two entities;
 - (ii) There are common or commingled funds or assets;
 - (iii) The business entities share the use of the same offices or employees, or otherwise share activities, resources or personnel on a regular basis;
 - (iv) There is otherwise a regular and close working relationship between the entities; or
- (C) A controlling owner (50% or greater interest as a shareholder or as a general partner) in one entity also is a controlling owner in the other entity.



Valid until June 4, 2014 at 1:00 PM

South Coast Air Quality Management District
Off-Road Heavy-Duty Equipment Replacement Application Form B – 1

**Carl Moyer Memorial Air Quality Standards Attainment Program
Off-Road Heavy-Duty Equipment Replacement and Cargo Handling Equipment (CHE)
Electrification Application**

The South Coast Air Quality Management District (SCAQMD) is accepting applications for the Carl Moyer Memorial Air Quality Standards Attainment Program (“CMP”). In general, the purpose of the program is to provide funding to replace, repower and retrofit heavy-duty diesel engines with lower-polluting engines and retrofit control devices.

The SCAQMD is accepting applications for projects throughout its jurisdiction. All proposals will be evaluated based on their cost-effectiveness and their disproportionate impact score as discussed in Section IV “Proposal Evaluation/Contract Selection Criteria” contained in PA #2014-08.

For additional information about SCAQMD’s policies and applications information see:
http://aqmd.gov/tao/implementation/carl_moyer_program_2001.html.

In general, this program will follow the guidelines of the California Air Resources Board (CARB) Carl Moyer Memorial Air Quality Standards Attainment Program. For more information on this CARB program see: <http://www.arb.ca.gov/msprog/moyer/moyer.htm>.

The submittal of the following application information does not guarantee approval for funding, but will be used to determine the potential emission reductions and funding contribution associated with the proposed project. Any equipment purchased prior to project approval at a duly noticed SCAQMD Governing Board Hearing will not be eligible for funding. Applicant may, at their own risk, issue a purchase order for approved equipment prior to contract execution. Other than a purchase order, **no work shall proceed** until a fully executed contract, i.e. signed by the applicant and SCAQMD Board Chairman and a Pre-inspection, is completed.

If you have any questions regarding this program or the application process, please contact **Vasken Yاردemian** by phone at **(909) 396-3296** or by e-mail at: vvardemian@aqmd.gov.

Off-Road Heavy-Duty Equipment Replacement Application

Part 1: Applicant Information

| | |
|--|--|
| Legal Name of Applicant Vehicle | |
|--|--|

| | |
|-------------------------|--|
| Mailing Address: | |
|-------------------------|--|

| | |
|-------------------------|--|
| Street Address/P.O. Box | |
|-------------------------|--|

| | |
|-------|--|
| State | |
|-------|--|

| | |
|--------|--|
| County | |
|--------|--|

| | |
|------|--|
| City | |
|------|--|

| | |
|-----|--|
| Zip | |
|-----|--|

Contact Information:

| | Name | E-Mail | Phone Number | Fax Number |
|---|-------------|---------------|---------------------|-------------------|
| Primary Project Contact | | | | |
| Person Authorized to Sign Application and Execute Grant Agreement | | | | |
| Person who Completed Application | | | | |

| |
|------------------------|
| What is your position? |
|------------------------|

| |
|--|
| How much are you being paid to complete this application for the owner or to assist in the proposed project? |
|--|

| |
|--|
| What is the source of funds being used to pay you? |
|--|

| |
|-------|
| Sign: |
|-------|

| |
|-------|
| Date: |
|-------|

| |
|-------|
| Name: |
|-------|

I. EXISTING EQUIPMENT INFORMATION

| |
|---|
| Unit Number/Equipment ID: |
| Has this equipment received Carl Moyer Program funds in the past? (Yes / No): |
| What is the primary function of this equipment? |
| Street Address: |
| City: |
| County: |
| State: |
| Zip Code: |
| Equipment Type (e.g. tractor, scraper, roller, loader, etc.): |
| Equipment Serial Number: |
| Equipment Make: |
| Equipment Model: |
| Equipment Model Year: |
| Can this equipment be repowered with the cleanest available engine? |
| Is 2 to 1 Replacement Applied? |
| Is this vehicle currently subject to a state Fleet Regulation? |
| If yes, state which fleet regulation (Cargo Handling Regulation, Off-Road Regulation or Large Spark Ignition): |
| How many off-road vehicles are owned by the applicant? |
| Project Details: <input type="checkbox"/> Off-Road Replacement <input type="checkbox"/> CHE Electrification <input type="checkbox"/> RTG Crane Electrification |

II. EXISTING /MAIN ENGINE INFORMATION

| |
|--|
| Engine Fuel Type: |
| Engine Make: |
| Engine Model: |
| Engine Model Year: |
| Engine Serial Number: |
| Engine Family Name: * |
| Engine Horsepower: |
| Engine Emissions Tier (if applicable): |
| * The Engine Family Name (EFN) is a string of approximately 12 letters and numbers found on most engine block tags and on the engine's Executive Order issued by ARB. Your engine dealer can provide an Executive Order, or see http://www.arb.ca.gov/msprog/onroad/cert/cert.php |

III. NEW EQUIPMENT INFORMATION

| |
|---|
| Equipment Type (e.g. tractor, scraper, roller, loader, etc.): |
| Equipment Make: |
| Equipment Model: Equipment |
| Model Year: |

| |
|------------------------------------|
| # of Main Engines |
| # of Auxiliary Engines Replacement |
| Equipment Cost: \$ |

| |
|---|
| What is the fleet's first compliance date? (Month/Day/Year). |
| What is the total horsepower of all vehicles in the fleet? |
| *If subject to Off-Road Regulation please submit the Compliance Summary Page and fleet list from DOORS. |

IV. OPERATION INFORMATION

| |
|---|
| If funded, how many years will you operate the replacement equipment? |
| Percent Operation in California: |
| Percent Operation in District (%): |
| Is existing equipment in operable condition? |
| How long has applicant owned the existing piece of equipment? |
| Does the existing equipment have a functioning, non- resettable hour meter? |

V. EQUIPMENT VENDOR INFORMATION

| |
|--|
| Name and location of dealership assisting with this equipment: |
| Equipment Vendor Contact: |
| Equipment Vendor Phone: |

VI. EXISTING ENGINE ACTIVITY INFORMATION

| |
|---------------------------------------|
| Annual Operation Hours: |
| Annual Fuel Usage (gallons per year): |
| Estimated Fuel Consumption (hr/gal): |

VII. NEW ENGINE INFORMATION

| |
|--|
| Engine Fuel Type: |
| Engine Make: |
| Engine Model: |
| Engine Model Year: |
| Engine Serial Number: |
| Engine Horsepower: |
| Engine Emissions Tier (if applicable): |
| Is the Engine a Family Emissions Limit (FEL) engine? * |
| * See Executive Order. For FEL engines, only those that are cleaner-than-required for the engine year are eligible for repower projects. |

VIII. NEW ENGINE ACTIVITY INFORMATION

| |
|---|
| Estimated Future Annual Hours of Operation: |
| Estimated Future Annual Fuel Usage: |
| Estimated Fuel Consumption (hr/gal): |

IX. FOR CHE ELECTRIFICATION PROJECT

Please provide a full description of the proposed project:

A quote for equipment cost is attached



Valid until June 4, 2013 at 1:00 PM

South Coast Air Quality Management District
Off-Road Heavy-Duty Equipment Repower Only or Repower/Retrofit Application Form B – 2

**Carl Moyer Memorial Air Quality Standards Attainment Program
Off-Road Heavy-Duty Equipment Repower Only or Repower/Retrofit
Locomotive HEP Application**

The South Coast Air Quality Management District (SCAQMD) is accepting applications for the Carl Moyer Memorial Air Quality Standards Attainment Program (“CMP”). The purpose of this program is to provide funding to replace, repower and retrofit heavy-duty diesel engines with lower-polluting engines and retrofit control devices.

The SCAQMD is accepting applications for projects throughout its jurisdiction. All proposals will be evaluated based on their cost-effectiveness and their disproportionate impact score as discussed in Section IV “Proposal Evaluation/Contract Selection Criteria” contained in PA# 2014-08

For additional information about SCAQMD’s policies and applications information see:
http://aqmd.gov/tao/implementation/carl_moyer_program_2001.html.

In general, this program will follow the guidelines of the California Air Resources Board (CARB) Carl Moyer Memorial Air Quality Standards Attainment Program. For more information on this CARB program see: <http://www.arb.ca.gov/msprog/moyer.htm>.

The submittal of the following application information does not guarantee approval for funding, but will be used to determine the potential emission reductions and funding contribution associated with the proposed project. Any equipment purchased prior to project approval at a duly noticed SCAQMD Governing Board Hearing will not be eligible for funding. Applicant may, at their own risk, issue a purchase order for approved equipment prior to contract execution. Other than a purchase order, **no work shall proceed** until a fully executed contract, i.e. signed by the applicant and SCAQMD Board Chairman and a Pre-inspection, is completed.

If you have any questions regarding this program or the application process, please contact Vasken Yاردемian by phone at **(909) 396-3296** or by e-mail at: vyardemian@aqmd.gov.

Off-Road Heavy-Duty Equipment Repower Only or Repower/Retrofit Application

Part 1: Applicant Information

Legal Name of Applicant Vehicle Owner:

Mailing Address:

Street Address/P.O. Box

State

County

City

Zip

Contact Information:

| | Name | E-Mail | Phone Number | Fax Number |
|---|------|--------|--------------|------------|
| Primary Project Contact | | | | |
| Person Authorized to Sign Application and Execute Grant Agreement | | | | |
| Person who Completed Application | | | | |

Third Party Information:

If a **Third Party** (e.g., engine dealer, distributor or consultant, etc.) assisted the Application to complete this application, such Third Party must complete this Section:

What is your position?

How much are you being paid to complete this application for the owner or to assist in the proposed project?

What is the source of funds being used to pay you?

Sign:

Date:

Name:

Please complete one form for each piece of equipment. For multiple unit requests, you may submit a spreadsheet that provides all requested information below, in the order presented below.

| |
|---|
| Company name/ Organization name/ Individual name: |
| Equipment Identifier (Unit # or Company ID): |
| Is the vehicle location address the same as the applicant address? <input type="checkbox"/> Yes <input type="checkbox"/> No, (please provide vehicle address below) |
| Street Address: |
| City: |
| Zip Code: |

I. BASELINE (EXISTING) EQUIPMENT INFORMATION

| |
|--|
| Equipment Type/Function (Diesel) : _____ (Backhoe, baler, cargo container handling unit, combine, crane, crawler tractor, crushing/processing, excavator, forklift, grader, ground support equipment, hydro-power unit, loader, mower, off-highway tractor, off-highway truck, paver, paving equipment, roller, rubber-tired dozer, rubber-tired loader, scraper, signal board, skid steer loader, sprayer, surfacing equipment, swather, tractor, tiller, trencher, or other.) |
|--|

| | |
|--|---------------------------------|
| Equipment Make: | Equipment Model: |
| Equipment Model Year: | Equipment Serial Number or VIN: |
| Number of Engines on this Equipment: ____ Main (Front) ____ Auxiliary (Rear) | |

II. USAGE/ACTIVITY INFORMATION

Note: Please provide projected annual usage for the repowered pr retrofit equipment over the proposed life of the project. This projection should be based on actual usage data for the existing equipment or equipment. You **MUST** attach documentation supporting the projected annual usage and operation within the District and within California. Supporting documentation may be in the form of maintenance records, fuel receipts, hour-meter reports, logs, or other paperwork for each piece of baseline equipment covering at least the past 24 months.

| | |
|---|--|
| Total Annual Hours of Operation: _____ | |
| If Hours, Does the Equipment Have a Functioning Hour Meter? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Percent Operation within CA: _____ % | Percent Operation within District: _____ % |
| Project Life: _____ years. Equipment must operate for this full life; this life is equivalent to the contract and the reporting term. | |
| Note: If subject to Off-Road Regulation, submit Compliance Summary Page and fleet list from DOORS. | |

III. BASELINE (EXISTING) ENGINE INFORMATION (for each engine)

| | |
|---|-----------------------------|
| <input type="checkbox"/> Main (Front) Engine _____ <input type="checkbox"/> Auxiliary (Rear) Engine _____ | |
| Fuel Type: | Baseline Engine Make: |
| Baseline Engine Model: | Baseline Engine Year: |
| Engine Serial No.: | Baseline Engine Horsepower: |
| Baseline Engine Tier: | Baseline Engine Family: |
| <input type="checkbox"/> Main (Front) Engine _____ <input type="checkbox"/> Auxiliary (Rear) Engine _____ | |
| Fuel Type: | Baseline Engine Make: |
| Baseline Engine Model: | Baseline Engine Year: |
| Engine Serial No.: | Baseline Engine Horsepower: |
| Baseline Engine Tier: | Baseline Engine Family: |
| Method proposed for rendering the baseline engine(s) inoperable: | |

IV. NEW ENGINE INFORMATION (for each engine)

| | |
|---|------------------------|
| <input type="checkbox"/> Main (Front) Engine _____ <input type="checkbox"/> Auxiliary (Rear) Engine _____ | |
| Fuel Type: | New Engine Make: |
| New Engine Model: | New Engine Year: |
| New Engine Tier: | New Engine Horsepower: |
| New Engine CARB Executive Order Number (Attach a copy): | New Engine Family: |
| <input type="checkbox"/> Main (Front) Engine _____ <input type="checkbox"/> Auxiliary (Rear) Engine _____ | |
| Fuel Type: | New Engine Make: |
| New Engine Model: | New Engine Year: |
| New Engine Tier: | New Engine Horsepower: |
| New Engine CARB Executive Order Number (Attach a copy): | New Engine Family: |

V. RETROFIT INFORMATION: Attach documentation to justify a repower-only project.

NOTE: You MUST attach a copy of the CARB Executive Order for the retrofit device and indicate (circle) on the Executive Order Attachment the engine family name for the engine on which the device will be installed.

NOTE: All off-road repower projects must include installation of the highest level CARB-verified retrofit device if one is available. Repower projects are not disqualified from participation in the Carl Moyer Program if retrofit devices are not available, technically infeasible or unsafe. If installation of a retrofit device is infeasible or unsafe you MUST provide documentation from the retrofit device manufacturer stating the reason(s) that the device is infeasible or unsafe. Attach documentation justifying that a retrofit is not available (if applicable).

| | |
|---|---------------------------|
| <input type="checkbox"/> Main (Front) Engine _____ <input type="checkbox"/> Auxiliary (Rear) Engine _____ | |
| Retrofit Device Make: | Verified NOx Reduction: % |
| Retrofit Device Model: | Verified PM Reduction: % |
| Retrofit Family Name: | Verified ROG Reduction: % |
| Verification Level: | |
| <input type="checkbox"/> Main (Front) Engine _____ <input type="checkbox"/> Auxiliary (Rear) Engine _____ | |
| Retrofit Device Make: | Verified NOx Reduction: % |
| Retrofit Device Model: | Verified PM Reduction: % |
| Retrofit Family Name: | Verified ROG Reduction: % |
| Verification Level: | |

VI. FUNDING INFORMATION (ENGINE REPOWER)

| | |
|--|-----------------------|
| <input type="checkbox"/> Main (Front) Engine _____ <input type="checkbox"/> Auxiliary (Rear) Engine _____ | |
| New Engine Cost (incl. tax): \$ | Installation Cost: \$ |
| NOTE: You <u>MUST</u> attach a written estimate or quotation from the equipment vendor documenting the cost of the new engine. This quote must be obtained within 90 days of prior to the closing date of the Program Announcement. | |
| Applicant Co-Funding Amount (if any): \$ | |
| Applicant Grant Request Amount: \$ | |
| New Equipment Vendor: | |

VII. FUNDING INFORMATION (RETROFIT)

Main (Front) Engine _____ Auxiliary (Rear) Engine _____

Retrofit Device Cost (including tax): \$

NOTE: You MUST attach a written estimate from the equipment vendor documenting the cost of the device; this quote must be obtained within 90 days prior to the closing date of the Program Announcement.

Retrofit Device Installation Cost:

Retrofit Device Maintenance Cost:

Applicant Grant Request: \$

Retrofit Device Vendor and Installer:

Main (Front) Engine Auxiliary (Rear) Engine

Retrofit Device Cost (including tax): \$

NOTE: You MUST attach a written estimate from the equipment vendor documenting the cost of the device; this quote must be obtained within 90 days prior to the closing date of the Program Announcement.

Retrofit Device Installation Cost:

Retrofit Device Maintenance Cost:

Applicant Grant Request: \$

Retrofit Device Vendor and Installer:



Valid until June 4, 2013 at 1:00 PM

South Coast Air Quality Management District
Off-Road Heavy-Duty Equipment Retrofit Only Application Form B – 3

**Carl Moyer Memorial Air Quality Standards Attainment Program
Off-Road Heavy-Duty Equipment Retrofit Only Application**

The South Coast Air Quality Management District (SCAQMD) is accepting applications for the Carl Moyer Memorial Air Quality Standards Attainment Program (“CMP”). The purpose of this program is to provide funding to replace, repower and retrofit heavy-duty diesel engines with lower-polluting engines and retrofit control devices.

The SCAQMD is accepting applications for projects throughout its jurisdiction. All proposals will be evaluated based on their cost-effectiveness and their disproportionate impact score as discussed in Section IV “Proposal Evaluation/Contract Selection Criteria” contained in PA# 2014-08.

For additional information about SCAQMD’s policies and applications information see:
http://aqmd.gov/tao/implementation/carl_moyer_program_2001.html.

In general, this program will follow the guidelines of the California Air Resources Board (CARB) Carl Moyer Memorial Air Quality Standards Attainment Program. For more information on this CARB program see: <http://www.arb.ca.gov/msprog/moyer.htm>.

The submittal of the following application information does not guarantee approval for funding, but will be used to determine the potential emission reductions and funding contribution associated with the proposed project. Any equipment purchased prior to project approval at a duly noticed SCAQMD Governing Board Hearing will not be eligible for funding. Applicant may, at their own risk, issue a purchase order for approved equipment prior to contract execution. Other than a purchase order, **no work shall proceed** until a fully executed contract, i.e. signed by the applicant and SCAQMD Board Chairman and a Pre-inspection, is completed.

If you have any questions regarding this program or the application process, please contact **Vasken Yاردemian** by phone at **(909) 396-3296** or by e-mail at: vyardemian@aqmd.gov.

Off-Road Heavy-Duty Equipment Replacement Application

Part 1: Applicant Information

| | |
|--|--|
| Legal Name of Applicant Vehicle | |
| Mailing Address: | |
| Street Address/P.O. Box | |
| State | |
| County | |
| City | |
| Zip | |

Contact Information:

| | Name | E-Mail | Phone Number | Fax Number |
|---|-------------|---------------|---------------------|-------------------|
| Primary Project Contact | | | | |
| Person Authorized to Sign Application and Execute Grant Agreement | | | | |
| Person who Completed Application | | | | |

| |
|--|
| What is your position? |
| How much are you being paid to complete this application for the owner or to assist in the proposed project? |
| What is the source of funds being used to pay you? |
| Sign: |
| Date: |
| Name: |

Please complete one form for each piece of equipment. For multiple unit requests, you may submit a spreadsheet that provides all requested information below, in the order presented below.

| |
|---|
| Company name/ Organization name/ Individual name: |
| Equipment Identifier (Unit # or Company ID): |
| Is the vehicle location address the same as the applicant address? <input type="checkbox"/> Yes <input type="checkbox"/> No, (please provide vehicle address below) |
| Street Address: |
| City: |
| Zip Code: |

I. BASELINE (EXISTING) EQUIPMENT INFORMATION

| |
|--|
| Equipment Type/Function (Diesel) : _____ (Backhoe, baler, cargo container handling unit, combine, crane, crawler tractor, crushing/processing, excavator, forklift, grader, ground support equipment, hydro-power unit, loader, mower, off-highway tractor, off-highway truck, paver, paving equipment, roller, rubber-tired dozer, rubber-tired loader, scraper, signal board, skid steer loader, sprayer, surfacing equipment, swather, tractor, tiller, trencher, or other.) |
|--|

| | |
|--|---------------------------------|
| Equipment Make: | Equipment Model: |
| Equipment Model Year: | Equipment Serial Number or VIN: |
| Number of Engines on this Equipment: ____ Main (Front) ____ Auxiliary (Rear) | |

II. USAGE/ACTIVITY INFORMATION

| |
|---|
| Note: Please provide projected annual usage for the retrofit equipment over the proposed life of the project. This projection should be based on actual usage data for the existing equipment. You MUST attach documentation supporting the projected annual usage and operation within the District and within California. Supporting documentation may be in the form of maintenance records, fuel receipts, hour-meter reports, logs, or other paperwork for each piece of baseline equipment covering at least the past 24 months. |
|---|

| | |
|---|--|
| Total Annual Hours of Operation: _____ | |
| If Hours, Does the Equipment Have a Functioning Hour Meter? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Percent Operation within CA: _____ % | Percent Operation within District: _____ % |
| Project Life: _____ years. Equipment must operate for this full life; this life is equivalent to the contract and the reporting term. | |
| Note: If subject of Off-Road Regulations submit Compliance Summary Page and fleet list from DOORS. | |

III. BASELINE (EXISTING) ENGINE INFORMATION (for each engine)

| | |
|---|-----------------------------|
| <input type="checkbox"/> Main (Front) Engine _____ <input type="checkbox"/> Auxiliary (Rear) Engine _____ | |
| Fuel Type: | Baseline Engine Make: |
| Baseline Engine Model: | Baseline Engine Year: |
| Engine Serial No.: | Baseline Engine Horsepower: |
| Baseline Engine Tier: | Baseline Engine Family: |
| <input type="checkbox"/> Main (Front) Engine _____ <input type="checkbox"/> Auxiliary (Rear) Engine _____ | |
| Fuel Type: | Baseline Engine Make: |
| Baseline Engine Model: | Baseline Engine Year: |
| Engine Serial No.: | Baseline Engine Horsepower: |
| Baseline Engine Tier: | Baseline Engine Family: |
| Method proposed for rendering the baseline engine(s) inoperable: | |

IV. RETROFIT INFORMATION (for each engine)

NOTE: You **MUST** attach a copy of the CARB Executive Order for the retrofit device and indicate (circle) on the Executive Order Attachment the engine family name for the engine on which the device will be installed.

NOTE: All off-road retrofit projects must include installation of the highest level CARB-verified retrofit device.

| | |
|---|---------------------------|
| <input type="checkbox"/> Main (Front) Engine _____ <input type="checkbox"/> Auxiliary (Rear) Engine _____ | |
| Retrofit Device Make: | Verified NOx Reduction: % |
| Retrofit Device Model: | Verified PM Reduction: % |
| Retrofit Family Name: | Verified ROG Reduction: % |
| Verification Level: | |
| Retrofit Device Serial #: | |
| <input type="checkbox"/> Main (Front) Engine _____ <input type="checkbox"/> Auxiliary (Rear) Engine _____ | |
| Retrofit Device Make: | Verified NOx Reduction: % |
| Retrofit Device Model: | Verified PM Reduction: % |
| Retrofit Family Name: | Verified ROG Reduction: % |
| Verification Level: | |
| Retrofit Device Serial #: | |

V. FUNDING INFORMATION

Main (Front) Engine _____ Auxiliary (Rear) Engine _____

Retrofit Device Cost (including tax): \$

NOTE: You MUST attach a written estimate from the equipment vendor documenting the cost of the device; this quote must be obtained within 90 days prior to the closing date of the Program Announcement.

Retrofit Device Installation Cost:

Retrofit Device Maintenance Cost:

Applicant Grant Request: \$

Retrofit Device Vendor and Installer:

Main (Front) Engine Auxiliary (Rear) Engine

Retrofit Device Cost (including tax): \$

NOTE: You MUST attach a written estimate from the equipment vendor documenting the cost of the device; this quote must be obtained within 90 days prior to the closing date of the Program Announcement.

Retrofit Device Installation Cost:

Retrofit Device Maintenance Cost:

Applicant Grant Request: \$

Retrofit Device Vendor and Installer:



Valid until June 4, 2013 at 1:00 PM

South Coast Air Quality Management District
On-Road Heavy-Duty Vehicles New Purchase Application Form C – 1

**Carl Moyer Memorial Air Quality Standards Attainment Program
On-Road Heavy-Duty Vehicles New Purchase Application**

The South Coast Air Quality Management District (SCAQMD) is accepting applications for the Carl Moyer Memorial Air Quality Standards Attainment Program (“CMP”). The purpose of this program is to provide funding to replace, repower and retrofit heavy-duty diesel engines with lower-polluting engines and retrofit control devices.

The SCAQMD is accepting applications for projects throughout its jurisdiction. All proposals will be evaluated based on their cost-effectiveness and their disproportionate impact score as discussed in Section IV “Proposal Evaluation/Contract Selection Criteria” contained in PA# 2014-08.

For additional information about SCAQMD’s policies and applications information see:
http://aqmd.gov/tao/implementation/carl_moyer_program_2001.html.

In general, this program will follow the guidelines of the California Air Resources Board (CARB) Carl Moyer Memorial Air Quality Standards Attainment Program. For more information on this CARB program see: <http://www.arb.ca.gov/msprog/moyer.htm>.

The submittal of the following application information does not guarantee approval for funding, but will be used to determine the potential emission reductions and funding contribution associated with the proposed project. Any equipment purchased prior to project approval at a duly noticed SCAQMD Governing Board Hearing will not be eligible for funding. Applicant may, at their own risk, issue a purchase order for approved equipment prior to contract execution. Other than a purchase order, **no work shall proceed** until a fully executed contract, i.e. signed by the applicant and SCAQMD Board Chairman, and a Pre-inspection is completed.

If you have any questions regarding this program or the application process, please contact **Ashkaan Nikravan** by phone at **(909) 396-3260** or by e-mail at: anikravan@aqmd.gov.

On-Road Heavy-Duty Vehicles New Purchase Application

| | |
|---|--|
| <u>Part 1: Applicant Information</u> | |
| Legal Name of Applicant Vehicle | |
| Mailing Address: | |
| Street Address/P.O. Box | |
| State | |
| County | |
| City | |
| Zip | |

| Contact Information: | | | | |
|---|------|--------|--------------|------------|
| | Name | E-Mail | Phone Number | Fax Number |
| Primary Project Contact | | | | |
| Person Authorized to Sign Application and Execute Grant Agreement | | | | |
| Person who Completed Application | | | | |

| | |
|--|--|
| Third Party Information: | |
| If a Third Party (e.g., engine dealer, distributor or consultant, etc.) assisted the Application to complete this application, such Third Party must complete this Section: | |
| What is your position? | |
| How much are you being paid to complete this application for the owner or to assist in the proposed project? | |
| What is the source of funds being used to pay you? | |
| Sign: | |
| Date: | |
| Name: | |

For On-Road heavy-duty vehicle new purchase project, only vehicles with technologies that are certified below the 0.20 NOx standard, such as electric vehicles, are eligible for funding.

Please complete one form for each piece of equipment. For multiple unit requests, you may submit a spreadsheet that provides all requested information below, in the order presented below.

| |
|---|
| Company name/ Organization name/ Individual name: |
| Equipment Identifier (Company ID or Unit #): |
| Is the vehicle location address the same as the applicant address? <input type="checkbox"/> Yes <input type="checkbox"/> No, (please provide vehicle address below) |
| Street Address: |
| City: |
| Zip Code: |

I. NEW VEHICLE INFORMATION

| | |
|---|--|
| Vehicle type (Solid Waste Collection Vehicle, Stop-and-Go Street Sweeper, Urban Transit Bus, School Bus, Other Medium-Heavy Duty Vehicle (GVWR 14,001-33,000 lbs), Other Heavy-Heavy Duty Vehicle (GVWR >33,000 lbs), Other Transit Vehicle): _____ | |
| Project Life (in years): _____ | |
| NOTE: Equipment must operate for this full life; this life is equivalent to the contract and the reporting term. | |
| Vehicle Make: | Vehicle GVWR: |
| Vehicle Model: | Is this a public fleet vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Vehicle Model Year: | Registered Owner: |
| Department of Transportation Number (if interstate): | |
| California Highway Patrol CA Number (if applicable): | |
| Projected Year of New Vehicle Purchase: | |

II. FLEET RULE STATUS

ARB Rule Applicability (Check One):

NOTE: The CARB rules listed below severely limit, and in some cases eliminate, funding opportunities for certain vehicle types. In order to ensure eligibility, Please confirm your project provides emission reductions that are *surplus* to CARB regulatory requirements by contacting SCAQMD staff as indicated in PA #2014-08.

- Fleet Rule for Transit Agencies (Urban Buses & Transit Fleet Vehicles)
- SWCV Rule (Solid Waste Collection Vehicles, Excluding Transfer Trucks)
- Fleet Rule for Public Agencies & Utilities (Municipal & Utility Vehicles)
- Port Truck Regulation (Port & Drayage Trucks)
- On-Road Private Truck and Bus Regulation (All diesel or alternative diesel – fueled vehicles with a GVWR > 14,000 lbs operating in CA) **IF CHECKED PLEASE COMPLETE SECTION III**
- None, project is exempt from CARB Rules (supporting documentation validating exemption from any CARB rule is attached)

Is supporting documentation demonstrating compliance with the applicable CARB rule included in this application? Yes No

(Applications submitted without supporting documentation that demonstrates an applicant's current fleet compliance status will be deemed incomplete).

III. EXSISTING VEHICLE COMPLIANCE APPLICABILITY

What is the GVWR for this vehicle?

- 8,501 to 14,000*
- 14,001 to 26,000
- 26,001 or greater

What is your current fleet size? (Should reflect all diesel fuel vehicles with a GVWR greater than 14,000 lbs.) _____

If applicable did you register your fleet through ARB's TRUCRS Database by January 31, 2014.

Yes, please provide a copy of the Compliance Certificate from the TRUCRS Database. No

*Note: On-road heavy-duty diesel vehicles with this GVWR range will be considered for CMP funding on a case-by-case basis.

IV. ACTIVITY INFORMATION

Please provide projected annual usage for the new equipment over the proposed life of the project. This projection should be based on actual usage data for the baseline, or existing, equipment.

Applicants requesting evaluation based on fuel consumption **MUST** provide *both* mileage and fuel records from the past 24 months. Supporting documentation may be in the form of maintenance records, fuel receipts, logs, or other paperwork for each piece of baseline equipment covering at least the past 24 months.

No such documentation is required for project evaluations based solely on mileage.

Total Annual Miles Traveled: _____ **or** Gallons of Fuel Used: _____

Percent Operation within CA: _____ % Percent Operation within District: _____ %

V. NEW VEHICLE'S ENGINE INFORMATION

ARB Certification Executive Order (EO) Number: _____

NOTE: The proposed engine for the project must be consistent with the **Intended Service Class** per the EO (MHD Intended Service Class engines **cannot** be used for projects which have the HHD vehicle classifications). Applicant **must ATTACH a copy** of the referenced Executive Order with the application.

| | |
|---------------------------------------|--|
| Propulsion System Engine Make: _____ | Propulsion System Engine Model Year: _____ |
| Propulsion System Engine Model: _____ | Fuel Type (Fuel Cell, Battery, etc.) : _____ |
| Engine Family: _____ | |

VI. FUNDING INFORMATION

New Vehicle Cost (including tax): \$ _____

Note: You **MUST** attach a written estimate from the equipment vendor documenting the cost of the new vehicle; this quote must be obtained within 90 days prior to the closing date of the Program Announcement. .

Applicant Grant Request: \$ _____

New Equipment Vendor:



Valid until June 4, 2013 at 1:00 PM

South Coast Air Quality Management District
On-Road Heavy-Duty Vehicles Repower Application Form C – 2

**Carl Moyer Memorial Air Quality Standards Attainment Program
On-Road Heavy-Duty Vehicles Repower Application**

The South Coast Air Quality Management District (SCAQMD) is accepting applications for the Carl Moyer Memorial Air Quality Standards Attainment Program (“CMP”). The purpose of this program is to provide funding to replace, repower and retrofit heavy-duty diesel engines with lower-polluting engines and retrofit control devices.

The SCAQMD is accepting applications for projects throughout its jurisdiction. All proposals will be evaluated based on their cost-effectiveness and their disproportionate impact score as discussed in Section IV “Proposal Evaluation/Contract Selection Criteria” contained in PA# 2014-08.

For additional information about SCAQMD’s policies and applications information see:
http://aqmd.gov/tao/implementation/carl_moyer_program_2001.html.

In general, this program will follow the guidelines of the California Air Resources Board (CARB) Carl Moyer Memorial Air Quality Standards Attainment Program. For more information on this CARB program see: <http://www.arb.ca.gov/msprog/moyer/moyer.htm>.

The submittal of the following application information does not guarantee approval for funding, but will be used to determine the potential emission reductions and funding contribution associated with the proposed project. Any equipment purchased prior to project approval at a duly noticed SCAQMD Governing Board Hearing will not be eligible for funding. Applicant may, at their own risk, issue a purchase order for approved equipment prior to contract execution. Other than a purchase order, **no work shall proceed** until a fully executed contract, i.e. signed by the applicant and SCAQMD Board Chairman, and a Pre-inspection is completed.

If you have any questions regarding this program or the application process, please contact **Ashkaan Nikravan** by phone at **(909) 396-3260** or by e-mail at: anikravan@aqmd.gov.

On-Road Heavy-Duty Vehicles Repower Application

Part 1: Applicant Information

| | |
|--|--|
| Legal Name of Applicant Vehicle | |
| Mailing Address: | |
| Street Address/P.O. Box | |
| State | |
| County | |
| City | |
| Zip | |

Contact Information:

| | Name | E-Mail | Phone Number | Fax Number |
|---|------|--------|--------------|------------|
| Primary Project Contact | | | | |
| Person Authorized to Sign Application and Execute Grant Agreement | | | | |
| Person who Completed Application | | | | |

Third Party Information:

If a **Third Party** (e.g., engine dealer, distributor or consultant, etc.) assisted the Application to complete this application, such Third Party must complete this Section:

| |
|--|
| What is your position? |
| How much are you being paid to complete this application for the owner or to assist in the proposed project? |
| What is the source of funds being used to pay you? |
| Sign: |
| Date: |
| Name: |

For On-Road vehicle projects, only alternative fuel vehicles and engines are eligible for funding, with the single exception of emergency vehicles and equipment.

Please complete one form for each piece of equipment. For multiple unit requests, you may submit a spreadsheet that provides all requested information below, in the order presented below.

| |
|---|
| Company name/ Organization name/ Individual name: |
| Equipment Identifier (Company ID or Unit #): |
| Is the vehicle location address the same as the applicant address? <input type="checkbox"/> Yes <input type="checkbox"/> No, (please provide vehicle address below) |
| Street Address: |
| City: |
| Zip Code: |

I. EXISTING VEHICLE INFORMATION

| | |
|--|--|
| Vehicle type (Solid Waste Collection Vehicle, Stop-and-Go Street Sweeper, School Bus, Other Medium-Heavy Duty Vehicle (GVWR 14,001-25,999 lbs), Other Heavy-Heavy Duty Vehicle): | |
| Project Life: _____ years. Equipment must operate for this full life; this life is equivalent to the contract and the reporting term. | |
| Vehicle Identification Number (VIN): | |
| Vehicle License Plate: | |
| Vehicle Make: | Vehicle GVWR: |
| Vehicle Model: | Is this a public fleet vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Vehicle Model Year: | Registered Owner: |
| Department of Transportation Number (if interstate): | |
| California Highway Patrol CA Number (if applicable): | |
| Projected Year of Repower Completion: | |

II.

FLEET RULE STATUS

ARB Rule Applicability (Check One): NOTE: The CARB rules listed below severely limit, and in some cases eliminate, funding opportunities for certain vehicle types. Please confirm your project provides emission reductions that are *surplus* to CARB regulatory requirements in order to ensure eligibility.

- Fleet Rule for Transit Agencies (Urban Buses & Transit Fleet Vehicles)
- SWCV Rule (Solid Waste Collection Vehicles, Excluding Transfer Trucks)
- Fleet Rule for Public Agencies & Utilities (Municipal & Utility Vehicles)
- Port Truck Regulation (Port & Drayage Trucks)
- On-Road Private Truck and Bus Regulation (All diesel or alternative diesel - fueled vehicles with a GVWR > 14,000 lbs operating in CA) **IF CHECKED PLEASE COMPLETE SECTION III**
- None, project is exempt from CARB Rules (supporting documentation validating exemption from any CARB rule is attached)

Is supporting documentation demonstrating compliance with the applicable CARB rule included in this application? Yes No

(Applications submitted without supporting documentation that demonstrates an applicant's current fleet compliance status will be deemed incomplete).

III. EXSISTING VEHICLE COMPLIANCE APPLICABILITY

What is the GVWR for this vehicle?

- 8,501 to 14,000*
- 14,001 to 26,000
- 26,001 or greater

What is your current fleet size? (Should reflect all diesel fuel vehicles with a GVWR greater than 14,000 lbs.) _____

If applicable, did you register your fleet through ARB's TRUCRS Database by January 31, 2014?

Yes, please provide a copy of the Compliance Certificate from the TRUCRS Database.

No

*Note: On-road heavy-duty diesel vehicles with this GVWR range will be considered for CMP funding on a case-by-case basis.

IV. ACTIVITY INFORMATION

Please provide projected annual usage for the new equipment over the proposed life of the project. This projection should be based on actual usage data for the baseline, or existing, equipment.

Applicants requesting evaluation based on fuel consumption **MUST** provide *both* mileage and fuel records from the past 24 months. Supporting documentation may be in the form of maintenance records, fuel receipts, logs, or other paperwork for each piece of baseline equipment covering at least the last 24 months.

No such documentation is required for project evaluations based solely on mileage.

Total Annual Miles Traveled: _____ **or** Gallons of Fuel Used: _____

Percent Operation within CA: _____ % Percent Operation within District: _____ %

V. BASELINE ENGINE INFORMATION

Baseline Main Engine

| | |
|---------------|--------------------|
| Fuel Type: | Engine Year: |
| Engine Make: | Engine Serial No.: |
| Engine Model: | Engine Family: |

VI. NEW REDUCED-EMISSION ENGINE INFORMATION

New Reduced-Emission Main Engine

| | |
|--|---------------------------|
| Fuel Type: | Engine Year: _____ |
| Engine Make: _____ | Engine Family: _____ |
| Engine Model: _____ | Engine Horse Power: _____ |
| Will a retrofit be added to the new main engine? <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, fill out Section V) | |

ARB Certification Executive Order (EO) Number: _____

NOTE: The proposed engine for the project must be consistent with the Intended Service Class per the EO (MHD Intended Service Class engines cannot be used for projects which have the HHD vehicle classifications). Applicant must ATTACH a copy of the referenced Executive Order with the application.

VI. RETROFIT INFORMATION (for each new engine for which device funding is requested)

NOTE: You MUST attach a copy of the CARB Executive Order for the retrofit device and indicate (circle) on the Executive Order Attachment the engine family name for the engine on which the device will be installed.

NOTE: All on-road repower projects must include installation of the highest level CARB-verified retrofit device if one is available. Repower projects are not disqualified from participation in the Carl Moyer Program if retrofit devices are not available, technically infeasible or unsafe. If installation of a retrofit device is infeasible or unsafe you MUST provide documentation from the retrofit device manufacturer stating the reason(s) that the device is infeasible or unsafe.

| | |
|------------------------|---------------------------|
| Retrofit Make: | Verified NOx Reduction: % |
| Retrofit Device Model: | Verified PM Reduction: % |
| Retrofit Family Name: | Verified ROG Reduction: % |
| Verification Level: | |

VII. FUNDING INFORMATION

Note: You MUST attach a written estimate from the equipment vendor documenting the cost of the new equipment; this quote must be obtained within 90 days prior to the closing date of the Program Announcement. .

New Engine Cost:

New Engine Installation Cost:

Engine Core Charge (optional):

Applicant Grant Request: \$

New Engine Vendor:

New Engine Installer:

RETROFIT SYSTEM COST (include if a retrofit device is proposed for this project)

Retrofit Device Cost (including tax): \$

Note: You MUST attach a written estimate from the equipment vendor documenting the cost of the device; this quote must be obtained within 90 days prior to the closing date of the Program Announcement.

Retrofit Device Installation Cost:

Retrofit Device Maintenance Cost:

Applicant Grant Request: \$

Retrofit Device Vendor and Installer:



Valid until June 4, 2013 at 1:00 PM

South Coast Air Quality Management District
Marine Vessel Repower Application Form D – 1

Carl Moyer Memorial Air Quality Standards Attainment Program Marine Vessels Repower and/or Retrofit Application

The South Coast Air Quality Management District (SCAQMD) is accepting applications for the Carl Moyer Memorial Air Quality Standards Attainment Program (“CMP”). The purpose of this program is to provide funding to replace, repower and retrofit heavy-duty diesel engines with lower-polluting engines and retrofit control devices.

The SCAQMD is accepting applications for projects throughout its jurisdiction. All proposals will be evaluated based on their cost-effectiveness and their disproportionate impact score as discussed in Section IV “Proposal Evaluation/Contract Selection Criteria” contained in PA# 2014-08.

For additional information about SCAQMD’s policies and applications information see:
http://aqmd.gov/tao/implementation/carl_moyer_program_2001.html.

In general, this program will follow the guidelines of the California Air Resources Board (CARB) Carl Moyer Memorial Air Quality Standards Attainment Program. For more information on this CARB program see: <http://www.arb.ca.gov/msprog/moyer.htm>.

The submittal of the following application information does not guarantee approval for funding, but will be used to determine the potential emission reductions and funding contribution associated with the proposed project. Any equipment purchased prior to project approval at a duly noticed SCAQMD Governing Board Hearing will not be eligible for funding. Applicant may, at their own risk, issue a purchase order for approved equipment prior to contract execution. Other than a purchase order, **no work shall proceed** until a fully executed contract, i.e. signed by the applicant and SCAQMD Board Chairman, and a Pre-inspection is completed.

If you have any questions regarding this program or the application process, please contact **Mark Coleman** by phone at **(909) 396-3074** or by e-mail at: mcoleman@aqmd.gov or **Von Loveland** by phone at **(909) 396-3063** or by e-mail at: vloveland@aqmd.gov.

Marine Vessels Repower and/or Retrofit Application**Carl Moyer Program Marine Engine Replacement Application****Applicant Information****Legal Name of Vessel Owner:****Mailing Address:**

Street Address/P.O. Box

State

County

City

Zip

Contact Information:

| | Name | E-Mail | Phone Number | Fax Number |
|---|------|--------|--------------|------------|
| Primary Project Contact | | | | |
| Person Authorized to Sign Application and Execute Grant Agreement | | | | |
| Person who Completed Application | | | | |

Third Party Information:

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:

What is your position

How much are you being paid to complete this application for the owner or to assist in the proposed project? \$

What is the source of funds being used to pay you?

Signed:**Date:****Name:**

EQUIPMENT INFORMATION

| |
|---|
| Vessel Name: |
| Has this equipment received Carl Moyer Program funds in the past? (Yes / No): |
| Port/ harbor |
| Terminal: Pier: |
| Vessel berth / slip number: |
| Primary Vessel Use: (Commercial Fishing, Charter Fishing, Crew & Supply, Pilot, Work, Ferry/ Excursion, Tow, Tug, Barge, Other) |
| Secondary Vessel Use (If Applicable): |
| Vessel Make: |
| Vessel Model: |
| Vessel Year: |
| U.S. Coast Guard Documentation Number (IMO Lloyd's Number if oceangoing vessel, or CF# AND CA Department of Fish & Game license for fishing vessels manufactured out of the United States or less than five net tons displacement): |
| Does the project vessel utilize a wet exhaust system: (Yes / No) |
| Total number of main engines on vessel: |
| Total number of auxiliary engines on vessel: |

I. USAGE/ACTIVITY INFORMATION

(Attach a copy of the Commercial Harbor raft Initial Report required by CARB)

Note: Please provide projected annual usage for the vessel/engines over the proposed life of the project. This projection should be based on actual usage data for the marine vessel. You **MUST** attach documentation supporting the projected annual usage and operation within District and California waters. Supporting hours of operation documentation may be in the form of maintenance records, hour-meter reports, logs, or other paperwork for each piece of baseline equipment covering at least the past 24 months.

Total Project Cost (amount should equal vendor's quotes): \$ _____

The vessel is required to have a functioning non-resettable hour meter for the full project life.
Will you comply with this requirement? Yes No

Project Life _____ years. Project Life is equivalent to the contract reporting term. (Project life may be adjusted by SCAQMD)

Number of Propulsion Engines to be replaced: _____

Number of Auxiliary Engines to be replaced: _____

For each Propulsion engine: Hours of Operation (per year): _____

For each Auxiliary engine: Total Hours of Operation (per year): _____

Percent of Operation within California waters: _____ %

Percent of Operation within District waters: _____ %

Justification for purchasing new transmission (if applicable):

Electronic Monitoring Unit

I understand that a new Electronic Monitoring Unity (EMU) will be installed as part of this Project? (This is a program requirement)

I. ENGINE INFORMATION

| <input type="checkbox"/> Main Engine ____ of ____ | | <input type="checkbox"/> Auxiliary Engine ____ of ____ | |
|---|---|--|--|
| Baseline (Existing) Engine Information | | | |
| Fuel Type: | Engine Make: | | |
| Engine Model: | Engine Year: | | |
| Engine Serial No.: | Horsepower: | | |
| Engine Displacement: Ltr: _____ cyl: _____ | Engine Family: | | |
| Method proposed for rendering the replaced engine inoperable: | | | |
| New Reduced-Emission Engine Information | | | |
| Fuel Type: | Engine Make: | | |
| Engine Model: | Engine Year: | | |
| | Horsepower: | | |
| Engine Displacement: (ltr/cyl): | Engine Family: | | |
| New Engine Cost (incl. tax) \$ | New Engine Installation/Labor Cost: \$ | | |
| <input type="checkbox"/> Main Engine ____ of ____ | | <input type="checkbox"/> Auxiliary Engine ____ of ____ | |
| Baseline (Existing) Engine Information | | | |
| Fuel Type: | Engine Make: | | |
| Engine Model: | Engine Year: | | |
| Engine Serial No.: | Horsepower: | | |
| Engine Displacement: Ltr: _____ cyl: _____ | Engine Family: | | |
| Method proposed for rendering the replaced engine inoperable: | | | |
| New Reduced-Emission Engine Information | | | |
| Fuel Type: | Engine Make: | | |
| Engine Model: | Engine Year: | | |
| | Horsepower: | | |
| Engine Displacement: (ltr/cyl): | Engine Family: | | |
| New Engine Cost (incl. tax) \$ | New Engine Installation/Labor Cost: \$ | | |

| | |
|---|--|
| <input type="checkbox"/> Main Engine ____ of ____ | <input type="checkbox"/> Auxiliary Engine ____ of ____ |
| Baseline (Existing) Engine Information | |
| Fuel Type: | Engine Make: |
| Engine Model: | Engine Year: |
| Engine Serial No.: | Horsepower: |
| Engine Displacement: Ltr: _____ cyl: _____ | Engine Family: |
| Method proposed for rendering the replaced engine inoperable: | |
| New Reduced-Emission Engine Information | |
| Fuel Type: | Engine Make: |
| Engine Model: | Engine Year: |
| | Horsepower: |
| Engine Displacement: (ltr/cyl): | Engine Family: |
| New Engine Cost (incl. tax) \$ | New Engine Installation/Labor Cost: \$ |
| <input type="checkbox"/> Main Engine ____ of ____ | <input type="checkbox"/> Auxiliary Engine ____ of ____ |
| Baseline (Existing) Engine Information | |
| Fuel Type: | Engine Make: |
| Engine Model: | Engine Year: |
| Engine Serial No.: | Horsepower: |
| Engine Displacement: Ltr: _____ cyl: _____ | Engine Family: |
| Method proposed for rendering the replaced engine inoperable: | |
| New Reduced-Emission Engine Information | |
| Fuel Type: | Engine Make: |
| Engine Model: | Engine Year: |
| | Horsepower: |
| Engine Displacement: (ltr/cyl): | Engine Family: |
| New Engine Cost (incl. tax) \$ | New Engine Installation/Labor Cost: \$ |

II. FUNDING INFORMATION:

| | | | |
|--|---|--|--|
| <input type="checkbox"/> Main Engine ____ of ____ | | <input type="checkbox"/> Auxiliary Engine ____ of ____ | |
| Baseline (Existing) Engine Information | | | |
| Fuel Type: | Engine Make: | | |
| Engine Model: | Engine Year: | | |
| Engine Serial No.: | Horsepower: | | |
| Engine Displacement: Ltr: _____ cyl: _____ | Engine Family: | | |
| Method proposed for rendering the replaced engine inoperable: | | | |
| New Reduced-Emission Engine Information | | | |
| Fuel Type: | Engine Make: | | |
| Engine Model: | Engine Year: | | |
| | Horsepower: | | |
| Engine Displacement: (ltr/cyl): | Engine Family: | | |
| New Engine Cost (incl. tax) \$ | New Engine Installation/Labor Cost: \$ | | |
| Total Cost of All New Engines (incl. tax and labor): \$ | | | |
| NOTE: You MUST attach a written estimate or quotation from the equipment vendor documenting the cost of the new equipment. This quote must be obtained within 90 days prior to the closing date of the Program Announcement. | | | |
| Applicant Co-Funding Amount (if any): \$ | | | |
| Total Funding Requested (all engines): \$ | | | |
| New Engine Vendor: | New Engine Installer: | | |

III. ENGINE INFORMATION

| | | | |
|--|-----------------------|--|--|
| Total Cost of All New Engines (incl. tax and labor): \$ | | | |
| NOTE: You MUST attach a written estimate or quotation from the equipment vendor documenting the cost of the new equipment. This quote must be obtained within 90 days prior to the closing date of the Program Announcement. | | | |
| Applicant Co-Funding Amount (if any): \$ | | | |
| Total Funding Requested (all engines): \$ | | | |
| New Engine Vendor: | New Engine Installer: | | |



Valid until June 4, 2013 at 1:00 PM

South Coast Air Quality Management District
Marine Vessel Power Application Form D – 2

Carl Moyer Memorial Air Quality Standards Attainment Program Marine Shore Power Application

The South Coast Air Quality Management District (SCAQMD) is accepting applications for the Carl Moyer Memorial Air Quality Standards Attainment Program (“CMP”). In general, the purpose of the program is to provide funding to replace, repower and retrofit heavy-duty diesel engines with lower-polluting engines/technologies and retrofit control devices.

The SCAQMD is accepting applications for projects throughout its jurisdiction. All proposals will be evaluated based on their cost-effectiveness and their disproportionate impact score as discussed in Section IV “Proposal Evaluation/Contract Selection Criteria” contained in PA# 2014-08.

For additional information about SCAQMD’s policies and applications information see:
http://aqmd.gov/tao/implementation/carl_moyer_program_2001.html.

In general, this program will follow the guidelines of the California Air Resources Board (CARB) Carl Moyer Memorial Air Quality Standards Attainment Program. For more information on this CARB program see: <http://www.arb.ca.gov/msprog/moyer/moyer.htm>.

The submittal of the following application information does not guarantee approval for funding, but will be used to determine the potential emission reductions and funding contribution associated with the proposed project. Any equipment purchased prior to project approval at a duly noticed SCAQMD Governing Board Hearing will not be eligible for funding. Applicant may, at their own risk, issue a purchase order for approved equipment prior to contract execution. Other than a purchase order, **no work shall proceed** until a fully executed contract, i.e. signed by the applicant and SCAQMD Board Chairman and a Pre-inspection, is completed.

If you have any questions regarding this program or the application process, please contact **Greg Ushijima** by phone at **(909) 396-3301** or by e-mail at: gushijima@aqmd.gov.

Marine Vessel Shore Power

| Applicant Information | |
|---------------------------------------|--|
| Legal Name of Equipment Owner: | |
| Mailing Address: | |
| Street Address/P.O. | |
| State | |
| County | |
| City | |
| Zip | |

| Contact Information: | | | | |
|---|-------------|---------------|---------------------|-------------------|
| | Name | E-Mail | Phone Number | Fax Number |
| Primary Project Contact | | | | |
| Person Authorized to Sign Application and Execute Grant Agreement | | | | |
| Person who Completed Application | | | | |

| |
|---|
| A third-Party (i.e., engine dealer, consultant, etc.) that assisted the Applicant with the application must complete the information below: |
| What is your position? |
| How much are you being paid to complete this application for the owner or to assist in the proposed project? |
| What is the source of funds being used to pay you? |
| Sign: |
| Date: |
| Print Name: |

I. PROJECT INFORMATION

| |
|--|
| Company name/ Organization name/ Individual name: |
| Type of project (check all that apply): <input type="checkbox"/> Vessel retrofit to accept electrical power ("ship-side") <input type="checkbox"/> Purchase of transformer and associated infrastructure ("shore-side") |
| Type of applicant: <input type="checkbox"/> Terminal Operator <input type="checkbox"/> Vessel Owner <input type="checkbox"/> Port Authority <input type="checkbox"/> Other |
| Other potential project partners (if applicable): |
| Power supplier: |
| Where does the electrical power infrastructure begin and end? |
| Project Location: (Please include port, terminal, pier and berthing slip) If you are leasing the terminal, identify time left on the current lease: |
| Total number of vessels expected to use shore power at this location (per year): |
| Total number of annual vessel visits expected to use shore power: |
| Total number of annual hours of usage for vessels expecting to use shore power: |

II. VESSEL INFORMATION Complete Section II for each vessel to be retrofitted. For transformer only projects please provide a detailed description of the vessels that typically use this terminal.

| | |
|---|--------------|
| Vessel Type ¹ : | |
| Vessel Name: | Vessel Make: |
| Vessel Model: | Vessel Year: |
| US Coast Guard Documentation Number: | |
| Lloyds Register/IMO Ship ID Number: | |
| Vehicle Registration (CF) Number: | |
| Total Number of main and auxiliary engines on vessel: Main engine(s) Auxiliary engine(s) | |
| Total number of annual visits to the terminal: | |
| Average berthing time (hours) of the vessel, per visit (include time needed to connect and disconnect the vessel to shore power): | |
| Vessel power (kW) requirements while at berth Average Power Requirement: Maximum Power Requirement: | |

¹ Note: If your vessel type is a refrigerated cargo ship, container-ship or passenger ship, please attach your Vessel Plan as required by the ARB shore power regulation: <http://www.arb.ca.gov/ports/shorepower/shorepower.htm>

III. CURRENT BERTH ACTIVITY (CUMULATIVE)

Number of annual ship visits to the berth (attach the log of vessel visits for each of the specified years)

2011_____

2012_____

2013_____

IV. PREDICTED BERTH ACTIVITY

Estimated annual ship visits using electrical power:

2014-2016_____

2017-2019_____

2020 and beyond_____

Estimated monthly hours of operation:

2014-2016_____

2017-2019_____

2020 and beyond_____

Estimated monthly megawatt (MW) usage:

2014-2016_____

2017-2019_____

2020 and beyond_____

V. VESSEL ACTIVITY INFORMATION

Attach a detailed description of the vessels that will be using the shore power equipment. Title this attachment “Part 4 – Vessel Activity Information”. This description should include:

- Vessel type
- Ship size (in 20-foot equivalent units (TEU) capacity)
- Number and type of engines
- Power demand (total auxiliary power (kW) – not hotelling load)
- This number of auxiliary engines typically operating while at berth per vessel
- Number of annual visits
- Average berthing time (hours) of the vessel, per visit (include time needed to connect and disconnect the vessel to shore power). Be sure to consider the maximum time the auxiliary engines are in use.
- Vessel power (kW) requirements while at berth
 - Average power requirement
 - Maximum power requirement

VI. FUNDING INFORMATION

| | |
|---|---------------------------------------|
| Transformer Project Cost: \$ | Associated Infrastructure: \$ |
| Retrofit Equip. Cost (incl. tax): \$ | Retrofit Equip. Installation Cost: \$ |
| Total Project Cost: | |
| Total Amount Requested for this Project⁶: | |
| <input type="checkbox"/> Maximum allowable Shore Power Transformer (“shore-side”): 50% of transformer & other equipment between the vessel and transformer Shore Power Vessel Retrofit (“ship-side”): 100% of retrofit cost 50% of transformer cost | |
| <input type="checkbox"/> Other: \$ You may request less than the maximum allowable funding amount to improve the cost-effectiveness of your project | |
| Anticipated Project Completion Date: Please attach a proposed project schedule. | |

⁶ Note: You **MUST** attach a written estimate/quote from the equipment vendor for the cost of the equipment and labor.



Valid until June 4, 2013 at 1:00 PM

South Coast Air Quality Management District
New Locomotive Application Form E - 1

**Carl Moyer Memorial Air Quality Standards Attainment Program
Off-Road Heavy-Duty Equipment Repower Only or Repower/Retrofit
Locomotive HEP Application**

The South Coast Air Quality Management District (SCAQMD) is accepting applications for the Carl Moyer Memorial Air Quality Standards Attainment Program (“CMP”). The purpose of this program is to provide funding to replace, repower and retrofit heavy-duty diesel engines with lower-polluting engines and retrofit control devices.

The SCAQMD is accepting applications for projects throughout its jurisdiction. All proposals will be evaluated based on their cost-effectiveness and their disproportionate impact score as discussed in Section IV “Proposal Evaluation/Contract Selection Criteria” contained in PA# 2014-08

For additional information about SCAQMD’s policies and applications information see:
http://aqmd.gov/tao/implementation/carl_moyer_program_2001.html.

In general, this program will follow the guidelines of the California Air Resources Board (CARB) Carl Moyer Memorial Air Quality Standards Attainment Program. For more information on this CARB program see: <http://www.arb.ca.gov/msprog/moyer/moyer.htm>.

The submittal of the following application information does not guarantee approval for funding, but will be used to determine the potential emission reductions and funding contribution associated with the proposed project. Any equipment purchased prior to project approval at a duly noticed SCAQMD Governing Board Hearing will not be eligible for funding. Applicant may, at their own risk, issue a purchase order for approved equipment prior to contract execution. Other than a purchase order, **no work shall proceed** until a fully executed contract, i.e. signed by the applicant and SCAQMD Board Chairman and a Pre-inspection, is completed.

If you have any questions regarding this program or the application process, please contact **Vasken Yاردemian** by phone at **(909) 396-3296** or by e-mail at: vyardemian@aqmd.gov.

Carl Moyer Locomotive Application

Part 1: Applicant Information

| | |
|----------------------------|--|
| Legal Name of Applicant: | |
| Mailing Address: | |
| Street Address / P.O. Box: | |
| State: | |
| County: | |
| City: | |
| Zip: | |

Contact Information:

| | Name | Email | Phone Number | Fax Number |
|---|------|-------|--------------|------------|
| Primary Project Contact | | | | |
| Person Authorized to Sign Application and Execute Grant Agreement | | | | |
| Person Who Completed Application | | | | |

Third Party Information:

If a **Third Party** (e.g., engine dealer, distributor or consultant, etc.) assisted the Application to complete this application, such Third Party must complete this Section:

What is your position?

How much are you being paid to complete this application for the owner or to assist in the proposed project?

What is the source of funds being used to pay you?

Sign:

Date:

Name:

I. LOCOMOTIVE INFORMATION

| |
|--|
| I am requesting \$_____ (total award request) for _____ (total number) of Locomotive or ILDS |
| Note: All cost estimates must have been obtained within 90 days of application submittal |
| How long do you expect the equipment to operate? |
| Percent Operation in California (%): |
| Percent Operation in District (%):* |

II. EXISTING LOCOMOTIVE INFORMATION

| | |
|--|--|
| Unit Number or Other Identifier: | |
| Has this equipment received Carl Moyer Program funds in the past? (Yes / No): | |
| Equipment Location Address: | |
| Equipment Location City: | |
| Equipment Location County: | |
| Equipment Location State: | |
| Equipment Location Zip Code: | |
| Locomotive Type (Line Haul, Traditional Switcher, Alternative Technology Switcher, Passenger): | |
| Does the locomotive already have a functioning automatic start-stop (AESS) ILD installed? | |
| Locomotive Serial Number: | |
| Locomotive Make: | |
| Locomotive Model: | |
| Locomotive Model Year: | |

III. EXISTING / MAIN ENGINE INFORMATION

Engine # ____ of ____

| | |
|----------------------------------|--|
| Engine Type (Main or Auxiliary): | |
| Engine Fuel Type: | |
| Engine Make: | |
| Engine Model: | |
| Engine Model Year: | |
| Engine Serial Number: | |
| Locomotive Horsepower: | |
| Engine Emissions Tier: | |

IV. PROJECT DETAILS

| | |
|--|--|
| Total Amount requested from the SCAQMD for this locomotive: \$ | |
| Total Project Cost: \$ | |
| Name the Railroad Class: | |

V. NEW LOCOMOTIVE INFORMATION

| | |
|---|--|
| Locomotive Make: | |
| Locomotive Model: | |
| Locomotive Model Year: | |
| Locomotive Type (Line Haul, Traditional Switcher Alternative Technology Switcher, Passenger): | |
| Number of Main Engines: | |
| Number of Auxiliary Engines: | |
| What type of engine(s) does the new equipment use (on-road or off-road)? | |
| New Locomotive cost: | |
| Locomotive Vendor: | |

VI. ENGINE ACTIVITY INFORMATION

| | 2010 | 2011 | 2012 |
|---------------------------------------|------|------|------|
| Annual Fuel Usage (gallons per year): | | | |

VII. NEW / REDUCED EMISSION REPLACEMENT ENGINE INFORMATION

| | |
|------------------------|--|
| Engine Fuel Type: | |
| Engine Make: | |
| Engine Model: | |
| Engine Model Year: | |
| Engine Serial Number: | |
| Locomotive Horsepower: | |
| Engine Emissions Tier: | |
| EPA Family Name: | |

| | |
|--|--|
| Engine Cost: \$ | |
| Engine Installation Cost: \$ | |
| Has this engine been certified by U.S. EPA? (Yes / No) If yes, Certificate # | |
| U.S. EPA certified locomotive NOx emission rate (g/bhp-hr): | |
| U.S. EPA certified locomotive HC emission rate (g/bhp-hr): | |
| U.S. EPA certified locomotive PM emission rate (g/bhp-hr): | |

VIII. ENGINE ACTIVITY INFORMATION

| |
|-------------------------------------|
| Estimated Future Annual Fuel Usage: |
|-------------------------------------|

IX. AUTOMATIC ENGINE STOP/START DETAILS

| |
|----------------------------|
| AESS: |
| Make: |
| AESS Model: |
| AESS Year: |
| AESS ID Number: |
| AESS Capital Cost: \$ |
| AESS Installation Cost: \$ |



Valid until June 4, 2013 at 1:00 PM

South Coast Air Quality Management District
Off-Road Heavy-Duty Equipment Repower or Remanufacture Application Form E-2

**Carl Moyer Memorial Air Quality Standards Attainment Program
Off-Road Heavy-Duty Equipment Repower or Remanufacture Application**

The South Coast Air Quality Management District (SCAQMD) is accepting applications for the Carl Moyer Memorial Air Quality Standards Attainment Program (“CMP”). The purpose of this program is to provide funding to replace, repower and retrofit heavy-duty diesel engines with lower-polluting engines and retrofit control devices.

The SCAQMD is accepting applications for projects throughout its jurisdiction. All proposals will be evaluated based on their cost-effectiveness and their disproportionate impact score as discussed in Section IV “Proposal Evaluation/Contract Selection Criteria” contained in PA #2014-08.

For additional information about SCAQMD’s policies and applications information see:
http://aqmd.gov/tao/implementation/carl_moyer_program_2001.html.

In general, this program will follow the guidelines of the California Air Resources Board (CARB) Carl Moyer Memorial Air Quality Standards Attainment Program. For more information on this CARB program see: <http://www.arb.ca.gov/msprog/moyer/moyer.htm>. The submittal of the following application information does not guarantee approval for funding, but will be used to determine the potential emission reductions and funding contribution associated with the proposed project. Any equipment purchased prior to project approval at a duly noticed SCAQMD Governing Board Hearing will not be eligible for funding. Applicant may, at their own risk, issue a purchase order for approved equipment prior to contract execution. Other than a purchase order, **no work shall proceed** until a fully executed contract, i.e. signed by the applicant and SCAQMD Board Chairman, and a Pre-inspection is completed. If you have any questions regarding this program or the application process, please contact **Connie Day** by phone at **(909) 396-3055** or by e-mail at: cday@aqmd.gov.

Carl Moyer Locomotive Application

| | |
|---|--|
| <u>Part 1: Applicant Information</u> | |
| Legal Name of Applicant Vehicle | |
| Mailing Address: | |
| Street Address/P.O. Box | |
| State | |
| County | |
| City | |
| Zip | |

| Contact Information: | | | | |
|---|------|--------|--------------|------------|
| | Name | E-Mail | Phone Number | Fax Number |
| Primary Project Contact | | | | |
| Person Authorized to Sign Application and Execute Grant Agreement | | | | |
| Person who Completed Application | | | | |

| | |
|--|--|
| Third Party Information: | |
| If a Third Party (e.g., engine dealer, distributor or consultant, etc.) assisted the Application to complete this application, such Third Party must complete this Section: | |
| What is your position? | |
| How much are you being paid to complete this application for the owner or to assist in the proposed project? | |
| What is the source of funds being used to pay you? | |
| Sign: | |
| Date: | |
| Name: | |

I. LOCOMOTIVE INFORMATION

| |
|---|
| I am requesting \$ _____ (total award request) for _____ (total number) units |
| Note: All cost estimates must have been obtained within 90 days of application submittal |
| How long do you expect the equipment to operate? |
| Percent Operation in California (%): |
| Percent Operation in District (%):* |
| Note: The SCAQMD is the air pollution control agency for all of Orange County and the urban portions of Los Angeles, Riverside, and San Bernardino counties, the smoggiest region in the U.S. See http://www.aqmd.gov/map/mapaqmd2.pdf for a jurisdiction map. |

II. EXISTING LOCOMOTIVE INFORMATION

| | |
|--|--|
| Unit Number or Other Identifier: | |
| Has this equipment received Carl Moyer Program funds in the past? (Yes / No): | |
| Equipment Location Address: | |
| Equipment Location City: | |
| Equipment Location County: | |
| Equipment Location State: | |
| Equipment Location Zip Code: | |
| Locomotive Type (Line Haul, Traditional Switcher, Alternative Technology Switcher, Passenger): | |
| Does the locomotive already have a functioning automatic start-stop (AESS) ILD installed? | |
| Locomotive Serial Number: | |
| Locomotive Make: | |
| Locomotive Model: | |
| Locomotive Model Year: | |

III. NEW LOCOMOTIVE INFORMATION

| | |
|--|--|
| Total Amount requested from the SCAQMD for this Locomotive repower or remanufacture: | |
| Total Project Cost: | |
| Name the Railroad Class: | |

IV. EXISTING / MAIN ENGINE INFORMATION Engine # of

| | |
|----------------------------------|--|
| Engine Type (Main or Auxiliary): | |
| Engine Fuel Type: | |
| Engine Make: | |
| Engine Model: | |
| Engine Model Year: | |
| Engine Serial Number: | |
| Locomotive Horsepower: | |
| Engine Emissions Tier: | |

V. ENGINE ACTIVITY INFORMATION

| | 2010 | 2011 | 2012 |
|---------------------------------------|------|------|------|
| Annual Fuel Usage (gallons per year): | | | |

VI. NEW / REDUCED EMISSION REPLACEMENT ENGINE INFORMATION

| | |
|---|--|
| Engine Fuel Type: | |
| Engine Make: | |
| Engine Model: | |
| Engine Model Year: | |
| Engine Serial Number: | |
| Locomotive Horsepower: | |
| Engine Emissions Tier: | |
| EPA family name | |
| Engine Cost: \$ | |
| Engine Installation Cost: \$ | |
| Has this engine been certified by U.S. EPA? (Yes / No): | |

| | |
|---|--|
| U.S. EPA certified locomotive NOx emission rate (g/bhp-hr): | |
| U.S. EPA certified locomotive HC emission rate (g/bhp-hr): | |
| U.S. EPA certified locomotive PM emission rate (g/bhp-hr): | |

VII. ENGINE ACTIVITY INFORMATION

Estimated Future Annual Fuel Usage:

Surplus Off-Road Opt-In for NOx (SOON)

SCAQMD PROGRAM ANNOUNCEMENT

PA #2014-07

The South Coast Air Quality Management District (SCAQMD) is soliciting project proposals for the following purpose according to terms and conditions attached. In this Program Announcement (PA) the words "Proposer," "Applicant," "Contractor," and "Consultant" are used interchangeably.

SECTION I – OVERVIEW

PURPOSE

The SCAQMD is seeking proposals for the Surplus Off-Road Opt-In for NOx (SOON) Provision of the California Air Resources Board's (CARB's) In-Use Off-Road Diesel Vehicle Regulation. The primary purpose of this program is to provide financial incentives to assist in the purchase of low-emission heavy-duty engine technologies to achieve near-term nitrogen oxides (NOx) emission reductions from in-use off-road equipment. Since funding for the SOON Program is from the Carl Moyer Program (CMP), all CMP requirements apply to this program, except where specifically noted, or where the SCAQMD implements more stringent program criteria as described in the Rule 2449 SOON Implementation Guidelines.

INTRODUCTION

The SOON Program is designed to achieve additional NOx reductions above those that would be obtained from the State In-Use Off-Road Vehicle Regulation. These reductions are critical to meeting the PM_{2.5} and ozone ambient air quality standards in the South Coast Air Basin.

Funding for PA #2014-07 is from state SB 1107 and AB 923 funds. The initial funding for PA #2017-07 is \$5,000,000. Project awards are contingent upon receiving these funds from CARB. Additional sources of funding may become available and added to this program.

Desirable projects must strive to meet a maximum cost-effectiveness limit of \$17,460 per ton of NOx emissions reduced and any additional SCAQMD criteria as stated in this PA (the cost-effectiveness limit may be changed depending on the demand for program funds). Projects exceeding the cost-effectiveness limit may receive partial funding. Except where otherwise stated, projects must meet the requirements of the CMP program guidelines.

The current Program Announcement was prepared using the Approved Revision of the Carl Moyer Program Guidelines released on June 6, 2011. It is the applicant's responsibility to ensure that the most current information and requirements are reflected in a submitted application. Applicants should check the CARB website for updates and advisories to the guidelines (www.arb.ca.gov/msprog/moyer/moyer.htm).

SCAQMD SOON requirements may sometimes be more stringent than CARB guidelines. For example, SCAQMD may have a lower cost-effectiveness ceiling for a particular category. In case there are any conflicts between CARB guidelines and SCAQMD criteria, the more stringent criteria will prevail. SCAQMD will post any new information and requirements on its

SOON web page at <http://www.aqmd.gov/tao/implementation/soonprogram.htm>. It is the responsibility of the applicant to ensure that the most current information and requirements are reflected in a submitted application.

GENERAL PROGRAM INFORMATION

The primary focus of the SOON Program is to achieve emission reductions from heavy-duty vehicles and equipment operating in California as early and as cost-effectively as possible. The SOON Program is intended to achieve additional NOx reductions which are needed to meet the PM_{2.5} and ozone ambient air quality standards in the South Coast Air Basin. The emission reductions expected through the deployment of low-emission engines or retrofit technologies under this program must be real, surplus, and quantifiable. To avoid double counting of emission reductions, project vehicles and/or equipment may not receive funding from any other government grant program that is designed to reduce mobile source emissions. Specifically, these programs include, but are not limited to:

- All Mobile Source Air Pollution Reduction Review Committee (MSRC) Programs
- All CARB Emission Reduction Credit Programs
- SCAQMD Rule 2202 Air Quality Investment Program
- SCAQMD RECLAIM Air Quality Investment Program for NOx
- Emission Credit Programs encompassed in the SCAQMD Rule 1600-series and 1309.1
- 1B Bond Program
- AB 118 Funding Program

Both alternative fuel and diesel to diesel projects are eligible. **All projects must meet the program's cost-effectiveness limits and be operational no later than May 31, 2016.** No administrative or vehicle operational costs are eligible.

It is expected that multiple awards will be granted under this PA, subject to the approval of the SCAQMD's Governing Board.

All proposals will be evaluated based on criteria set forth in this PA. The SCAQMD will evaluate and/or verify information submitted by the applicant. At SCAQMD's discretion, consultants to the SCAQMD may conduct all or part of such evaluation and/or verification. Data verification during the evaluation and contracting process may cause initial cost-effectiveness rankings, and associated awards, to change. Furthermore, the SCAQMD reserves the right to make adjustments to awards based on the subsequent verification of information as well as changes in cost-effectiveness.

DEFINITIONS

Alternative Fuel

Alternative fuels include compressed natural gas (CNG), liquefied natural gas (LNG), methanol, ethanol, propane (LPG), and electric technologies. Dual-fuel technologies such as CNG/diesel, LNG/diesel and electric hybrids are also eligible, as long as they are CARB-certified to the optional standards. Experimental technologies and fuels will be referred to CARB for evaluation and possible eligibility in the program.

Base Rule

Base rule is defined as CARB's In-Use Off-Road Diesel regulation without the SOON provisions.

Repower

Vehicle repower refers to replacing an existing engine in an existing vehicle with a newer engine certified to lower emission standards. The replacement engine must be certified for sale in California to the current NOx emission standard or to at least 15 percent lower than the original NOx certification level for the engine being replaced.

For vehicle repower projects, the portion of the cost for a vehicle repower project eligible to be funded through the SOON is up to 85% of the total cost of purchasing and installing the new emission-certified Tier 4 or Interim Tier 4 engine. If a Tier 4 or Interim Tier 4 engine is not available or cannot be installed in the equipment, a new Tier 3 Replacement Engine rated at 175 hp or higher and certified by CARB may be used. A Tier 3 Replacement Engine rated at less than 175 hp cannot be used for a repower project unless it complies with US EPA requirements in 40 CFR 1068.240. Fleets may also apply for funding for replacement of a vehicle in lieu of repowering the vehicle. In some cases, funding for vehicle replacement may be less than for vehicle repower.

Retrofit

Retrofit devices may be eligible for SOON provided they obtain NOx reductions. All retrofit devices will be evaluated on a case by case basis. Add-on after-treatment devices reducing NOx or NOx plus PM emissions are considered retrofit devices. The retrofit device must be CARB-verified to achieve specific emission reductions. CARB guidance requires the applicant to select the highest level technology that provides the most emission reductions. In order to be eligible for SOON funding, the retrofit device must be verified for the specific engine family found on the equipment and achieve the highest level emission reductions when compared to other verified retrofit devices. In case a combined NOx plus PM retrofit system is installed, PA #2014-07 will pay for only the NOx portion of the retrofit device.

IMPORTANT PROGRAM INFORMATION

- Fleets with a total statewide equipment horsepower over 20,000 hp and with 40 percent or more of their vehicles at Tier 0 and Tier 1 emission levels as of January 1, 2008 are subject to the SOON Program. Fleets not meeting both of the above criteria on January 1, 2008 may voluntarily participate in this program.
- For this program cycle, all projects will be subject to a seven year operational requirement within the South Coast Air District. Shorter project life will be considered on a case-by-case basis and may be required if repower funds are instead used for replacement projects. However, a shorter project life may affect the project's ranking relative to other project applicants and the amount of funding that can be provided.
- For all repower projects, fleets are not required to, but may install the highest level verified diesel emission control system (VDECS) at their own cost. Retrofits which can achieve NOx reductions may be funded on a case-by-case basis. Repowers or NOx retrofits funded under SOON are ineligible for compliance with the base rule until the end of the contract period.

- Applicants **must** provide vendor quotes with their application to document the cost of implementing the proposed technology. **All quotes must have been obtained within 90 days of application submittal. Applicants may be required to submit quotes from more than one technology provider.**
- Applicants must demonstrate that they are in full compliance with all CARB applicable regulations and that vehicle/equipment funding requests under this program provide surplus emissions reductions. **Applicants are required to submit a compliance plan showing how they will comply with the targets of CARB's In-Use Off-Road Vehicle regulation throughout the Contract term, as well as the new projects under this PA that meet SOON NOx targets in 2017 and 2020.**
- Applicants must ensure that the vehicle/equipment to be purchased or installed is in compliance with all applicable federal, state, and local air quality rules and regulations and that it will maintain compliance for the full Contract term.
- Any associated tax obligation with the award is the responsibility of the grantee.
- The project life is seven (7) years. Shorter project life will be considered on a case-by-case basis for repower projects and may be required for replacement projects. However, a shorter project life may affect the project's ranking relative to other project applicants and result in lower funding.
- No third party contracts will be executed.
- Pre- and post-inspection of all vehicles/engines/equipment approved for funding will be conducted by SCAQMD.
- Destruction of the engine/equipment being replaced is required.
- To avoid double dipping, applicants shall not apply for funding of the same equipment in any other air district.

POTENTIAL PROJECTS

All eligible projects must use certified technology or technology that has been verified by CARB for real and quantifiable emission reductions that go beyond any regulatory requirement.

Off-road projects fall into three distinct categories: 1) repower with an emission certified engine, 2) retrofit with a verified diesel emission control strategy (VDECS), and 3) replacement by a vehicle with an engine certified as meeting the current off-road emission standards.

Repower

A repower is the replacement of the in-use engine with an emission certified engine meeting current emission standards instead of rebuilding the existing engine to its original specifications. If an engine meeting a current emission standard (Tier 4 or Interim Tier 4) is not available or cannot be installed, a Tier 3 Replacement Engine can be used if it is rated at 175 hp or higher. A Tier 3 Replacement Engine which is rated at less than 175 horsepower cannot be used for repower projects unless it complies with the US EPA requirements related to replacing in-use engines contained in the Code of Federal Regulations, Title 40, Section 1068.240. Although a repower is commonly diesel-to-diesel engine replacement, significant NOx and PM benefits are achieved due to the high emission levels of the older in-use engine being replaced. For off-road equipment with similar modes of operation to on-road vehicles, other possible options include the replacement of an older diesel off-road

engine with a new on-road engine certified to an emission standard equal to or cleaner than the Tier 4 off-road emission standard or a newer emission certified alternative fuel engine.

Funding is not available for projects where a spark-ignition engine (i.e., natural gas, gasoline, etc.) is replaced with a diesel engine.

Retrofit

Retrofit refers to modifications made to an engine and/or fuel system such that the specifications of the retrofitted engine are different from the original engine. The most straightforward retrofit projects are add-on after treatments. To qualify for SOON Program funding, the retrofit technology must be verified for sale in California, must comply with established durability and warranty requirements and cost effectiveness criteria and must be designed to reduce NOx only or NOx and PM. Retrofit technology options for off-road diesel engines are increasing and the applicant will find more information on VDECS, including a list of currently verified DECS, at <http://www.arb.ca.gov/diesel/verdev/verdev.htm>.

Replacement

Fleets may voluntarily apply for replacement funding in lieu of repowering their vehicle. The amount of funding will be equivalent to that of repowering the vehicle and will be calculated using a Tier 4 repower quote, or if no Tier 4 repower solution is available, the replacement funding will be calculated at \$420/hp (this value may change as more information becomes available and is contingent on CARB approval). This means that a 100 hp vehicle would receive funding up to 85% of \$42,000 (or \$35,700) toward purchase of a new or used Interim Tier 4 or Tier 4 vehicle. If equipment with a Tier 4 engine will not be available within 6 months of the application submittal, equipment with an Interim Tier 4 engine may be purchased. All applicable Moyer Guidelines for Off-Road Equipment Replacement must be met, including project life, maximum funding cap not to exceed 80% of purchase price, and the cost effectiveness limit. Funding under this SOON option may only be 10-15% of the vehicle replacement cost. Applicants interested in equipment replacement are encouraged to apply for traditional Carl Moyer Program funding.

Maximum project life for all off-road diesel powered replacement vehicle projects is five years with the following exceptions:

- Three year life for excavators, skid steer loaders, and rough terrain forklifts.
- Seven years for crawler tractors, off-highway tractors, rubber tired dozers and workover rigs.

PROJECT CRITERIA

The SCAQMD retains the authority to impose more stringent additional requirements in order to address local concerns.

- Off-road CI equipment eligible for SOON Program funding includes equipment 25 hp (19 kilowatt) or greater. The complete definition can be found in CARB's In-use Off-road Diesel regulation at <http://www.arb.ca.gov/msprog/ordiesel/ordiesel.htm>.
- SOON Program grants can be no greater than a project's incremental cost. The incremental cost is the cost of the project minus the baseline cost. The incremental cost shall be reduced by the value of any current financial incentive that reduces the project price, including, but not limited to, tax credits or deductions, grants, or other public financial assistance.

- Potential projects that fall outside of these criteria may be considered on a case-by-case basis if evidence provided to the air district suggests potential surplus, real, quantifiable, and enforceable emission reduction benefits.
- Applicants must ensure that the vehicle/equipment to be purchased or installed is in compliance with all applicable federal, state, and local air quality rules and regulations and that it will maintain compliance for the full Contract term.
- The certification emission standard and Tier designation for the engine must be determined from the CARB's Executive Order issued for that engine, not by the engine model year. Executive orders for off-road engines may be found at <http://www.arb.ca.gov/msprog/offroad/cert/cert.php>.
- Reduced-emission engines or retrofits must be certified/verified for sale in California and must comply with durability and warranty requirements. These may include new CARB certified engines, CARB certified after-market part engine/control devices, and verified diesel emission control strategies.
- New vehicles equipped with FEL engines participating in the ABT program are ineligible for participation in the SOON Program. *However, FEL engines may be eligible for a repower project if the FEL is below the applicable emission standard for the engine model year.*
- Equipment manufactured under the "Flexibility Provisions for Equipment Manufacturers", as detailed in Title 13, CCR, section 2423(d), are not eligible for SOON Program funding.
- Class 7 diesel forklifts are the only diesel forklifts eligible for SOON Program funding and are subject to all off-road project criteria. The SCAQMD must obtain and verify documentation of the classification of the forklift prior to funding.
- If repower with an engine meeting the current applicable standard is technically infeasible, unsafe, or cost prohibitive, the replacement engine must meet the most current practicable previously applicable emission standard and the cost-effectiveness criteria and, if rated at less than 175 hp, must comply with the requirements related to replacing in-use engines contained in Title 40, Code of Federal Regulations, Section 1068.240.
- Replacement of an uncontrolled diesel off-road engine with a new on-road engine certified to an emission standard equal to or lower than the Tier 4 off-road emission standard or a newer emission-certified alternative-fuel engine may be eligible for funding in off-road equipment with similar modes of operation to on-road vehicles on a case-by-case basis. Other equipment may be eligible for funding on a case-by-case basis. These repowers must meet all other applicable project criteria.
- Applicants must provide their DOORS Fleet Compliance Snapshot.
- Applicants must provide their DOORS EIN and proof of ownership for each vehicle for which funding is requested.
- Applicants must provide a current Compliance Plan using the SCAQMD fleet calculator or the DOORS calculator demonstrating compliance with the Off-Road regulation throughout the anticipated contract period.
- Applicants must provide the most recent 2 years of usage information, preferably hour-meter readings.

COST-EFFECTIVENESS EVALUATION DISCUSSION

Cost-effectiveness calculations are based on oxides of nitrogen (NOx) only. SCAQMD staff will calculate the NOx emissions reductions from the difference between the average annual emissions from the old and new engine. The methodology for determining cost-effectiveness is developed by (CARB) and can be found in Appendix E of The Carl Moyer Program Guidelines (see <http://www.arb.ca.gov/msprog/moyer/guidelines/current.htm>). Typically the formula for determining the tons per year emission reduction is:

$$\text{Annual NOx Emission Reduction} = (\text{ER}_{\text{NOx-old}} - \text{ER}_{\text{NOx-new}}) * \text{LF} * \text{AAHours} * \text{HP} * \text{CF}$$

where

| | |
|--------------------------------|--|
| $\text{ER}_{\text{NOx-old}}$ = | NOx emission rate of old engine (g/bhp-hr) |
| $\text{ER}_{\text{NOx-new}}$ = | NOx emission rate of new engine (g/bhp-hr) |
| LF = | Load factor (unit less) |
| AAHours = | Annual average vehicle operational hours |
| HP = | Maximum horsepower rating of engine |
| CF = | Conversion factor from grams to tons |

Only SOON funds are to be used in determining cost-effectiveness¹. The one-time incentive grant amount is to be amortized over the project life (which is also the contract term) at a discount rate of 1 percent. The amortization formula (given below) yields a capital recovery factor (CRF), which, when multiplied by the initial capital cost, gives the annual cost of a project over its project term.

$$\text{CRF} = [(1 + i)^n (i)] / [(1 + i)^n - 1]$$

where

| | |
|-------|---------------------------|
| i = | discount rate (1 percent) |
| n = | project life |

Table 1 lists the CRF for different project lives using a discount rate of 1 percent. Cost-effectiveness is determined by dividing the annualized costs of a project by the annual NOx emission reductions offered by the project.

Table 1 – Capital Recovery Factors (CRF) for Various Project Lives at 1 Percent Discount Rate

| Project Life | CRF |
|--------------|-------|
| 1 | 1.010 |
| 2 | 0.508 |
| 3 | 0.340 |
| 4 | 0.256 |
| 5 | 0.206 |
| 6 | 0.173 |
| 7 | 0.149 |

¹ Unless the SCAQMD “buys down” the cost of the project by adding additional funding, in which case the total grant funding amount should be used for the cost-effectiveness calculation.

REPORTING AND MONITORING

All participants in the SOON Program are required to keep appropriate records during the full contract period. Project life is the number of years used to determine the cost-effectiveness and is equivalent to the contract life. All equipment must operate in the SCAQMD for this full project life. The SCAQMD shall conduct periodic reviews of each project's operating records to ensure that the engine is operated as stated in the program application. Annual records must contain the following, at a minimum:

- Total Hours of Operation
- Total Hours of Operation in the South Coast Air District
- Annual Fuel Consumed (if cost-effectiveness was determined on fuel basis)
- Annual Maintenance and Repair Information

Records must be retained and updated throughout the project life and made available for SCAQMD inspection. The SCAQMD may conduct periodic reviews of each vehicle/equipment project's operating records to ensure that the vehicle is operated as required by the project requirements.

PROGRAM ADMINISTRATION

The SOON Program will be administered locally by the SCAQMD through the Science and Technology Advancement Office.

FUNDING CATEGORIES

Only equipment identified in the CARB In-Use Off-Road Diesel Vehicle regulation is eligible for this program.

PROJECT EVALUATION/AWARDS

SCAQMD staff will evaluate all submitted proposals and make recommendations to the Governing Board for final selection of project(s) to be funded. Proposals will be evaluated on the cost-effectiveness of NOx reduced on a vehicle/equipment-by-vehicle/equipment basis, as well as a project's disproportional impact evaluation (This is discussed further in Section IV).

SCHEDULE OF EVENTS

| | |
|--|-------------------------|
| Release of PA #2014-07 | March 7, 2014 |
| All Applications due by 1:00 p.m. | Wednesday, June 4, 2014 |
| Anticipated Award Consideration by the Board | October 3, 2014 |

**ALL PROPOSALS MUST BE RECEIVED AT THE SCAQMD HEADQUARTERS
NO LATER THAN 1:00 P.M. ON WEDNESDAY, JUNE 4, 2014**

**Postmarks will not be accepted. Faxed or email proposals will not be accepted.
Proposers may hand-deliver proposals to the SCAQMD by submitting the proposal to
the SCAQMD Public Information Center. The proposal will be date and time-stamped
and the person delivering the proposal will be given a receipt.**

SCAQMD may issue subsequent solicitations if insufficient applications are received in the initial solicitation.

STATEMENT OF COMPLIANCE

Government Code Section 12990 and California Administrative Code, Title II, Division 4, Chapter 5, require employers to agree not to unlawfully discriminate against any employee or applicant because of race, religion, color, national origin, ancestry, physical handicap, medical condition, marital status, sex, or age. A statement of compliance with this clause is included in all SCAQMD contracts.

SECTION II: WORK STATEMENT/SCHEDULE OF DELIVERABLES

All applicants that are selected for funding awards must complete the Work Statement and Schedule of Deliverables described below as part of the contracting process. Development of these materials for the initial application is NOT required; however, applicants must sign the application form indicating their understanding of the requirements for submittal of additional project information to finalize a contract and that all vehicles, engines, or equipment must be in operation no later than May 31, 2016.

WORK STATEMENT

The scope of work involves a series of tasks and deliverables that demonstrate compliance with the requirements of the SOON Program as administered by CARB and the SCAQMD. The project applicant is responsible for developing detailed project plans that address the program criteria. In addition, alternative fuel project applicants must discuss their plan for refueling the proposed vehicles/equipment, and if appropriate, should provide a letter of agreement from their fuel provider.

At a minimum, any contract for funding the proposed project must meet the following criteria:

- Provide emission reductions that are real, quantifiable, enforceable, and surplus in accordance with CARB and SCAQMD guidelines.
- Cost-effectiveness of the project must meet the minimum requirement of the Carl Moyer guidelines.
- Commit project engines or equipment to operate in-service for the full project life. Project life is the number of years used to determine the cost-effectiveness.
- Commit all vehicles/engines/equipment to be in operation no later than May 31, 2016.
- Provide for appropriate record-keeping during the project life (i.e., annual hours of operation).
- Provide a compliance plan that demonstrates compliance with the off-road regulation throughout the contract period.
- Ensure that the project complies with other local, state, and federal programs, and resulting emission reductions from a specific project are not required as a mitigation measure to reduce adverse environmental impacts that are identified in an environmental document prepared in accordance with the California Environmental Quality Act or the National Environmental Policy Act.

- If requested, a contractor must provide a financial statement and bank reference, or other evidence of financial ability to fulfill contract requirements.

DELIVERABLES

The contract will describe how the project will be monitored and what type of information will be included in project progress reports. At a minimum, the SCAQMD expects to receive the following reports:

1. Quarterly status reports until the vehicle(s) or equipment purchase(s), repower(s), or retrofit(s) has been completed and the vehicle(s) is operational. These reports shall include a discussion of any problems encountered and how they were resolved, any changes in the schedule, and recommendations for completion of the project. These progress reports are required before payment for the purchase, repower or retrofit will be made.
2. An annual report, throughout the project life, which provides the annual hours of operation, where the vehicle(s) or equipment(s) was operated, annual fuel consumption, and operational and maintenance issues encountered and how they were resolved. SCAQMD reserves the right to verify the information provided.

SECTION III: PROPOSAL SUBMITTAL REQUIREMENTS

Proposers **must** complete the appropriate application forms committing that the information requested in Section II, Work Statement/Schedule of Deliverables will be submitted if the Proposer's project is selected for funding.

In addition, Conflict of Interest and Project Cost information, as described below, must also be submitted with the application. It is the responsibility of the proposer to ensure that all information submitted is accurate and complete.

CONFLICT OF INTEREST

Applicant must address any potential conflicts of interest with other clients affected by actions performed by the firm on behalf of the SCAQMD. Although the proposer will not be automatically disqualified by reason of work performed for such firms, the SCAQMD reserves the right to consider the nature and extent of such work in evaluating the proposal. Conflicts of interest will be screened on a case-by-case basis by the SCAQMD General Counsel's Office. Conflict of interest provisions of the state law, including the Political Reform Act, may apply to work performed pursuant to this contract. Please discuss potential conflicts of interest on the application form entitled "Contracting Statements".

PROJECT COST

Applicants must provide cost information that specifies the amount of funding requested and the basis for that request by attaching vendor quotes to the application. Applicants need to inform vendors of the time frame of the award process so that they can project costs to the projected order/purchase date. **Note that no purchase orders may be placed or work performed for projects awarded under this PA until after the date of award approval by the SCAQMD Governing Board. Any orders placed or payments made in advance of an executed contract with the SCAQMD are done at the risk of the applicant. The SCAQMD has no obligation to fund the project until a contract is fully executed by both parties.**

The SOON Program funds only the differential cost between existing technology and low-emission technology. The proposed low-emission technology must be CARB-certified in most cases.² Proposals will be ranked by cost-effectiveness on a vehicle/equipment-by-vehicle/equipment basis. The cost-effectiveness limit has been established at \$17,460/ton of NOx emissions reduced. The cost-effectiveness may be changed depending on the demand for program funds. No fueling infrastructure, administrative or operational costs will be funded.

All project costs must be clearly indicated in the application. In addition, applicants must include any sources of co-funding and the amount of each co-funding source in the application. **Applicants are cautioned that the project life period used in calculating emissions reductions will be used to determine the length of their data reporting obligation. In other words, a project applicant using a seven year life for the emissions reduction calculations will be required to operate and track activity for the project vehicle for the full seven years.** A seven year life (shorter project life will be considered on a case-by-case basis and may be required for replacement projects) will be used for all projects subject to PA #2014-07.

PROPOSAL SUBMISSION

All proposals must be submitted according to specifications set forth herein.

Application Forms

Program application forms are provided after this document. These must be completed and submitted with other required documents (i.e., Certifications and Representations and vendor quotations) discussed in the application and below.

Certifications and Representations

Contained in Form A-1 of this PA are five forms which must also be completed and submitted with the application.

Compliance Plan

Projects funded by SOON monies must result in emission reductions that are surplus to those that would be realized by fleets complying with the base rule. Fleets are required to submit a compliance plan in electronic format to demonstrate how they comply with both the base rule as well as the SOON provision of the rule. Fleet owners, at a minimum, must provide the following information for each year, 2010 through 2022 inclusive:

- A vehicle list which includes, but is not limited to, vehicle type, manufacturer, model, model year, and whether the equipment is included in the base or SOON fleet for each piece of equipment in the fleet.
- Information including, but not limited to, calculations, fleet information, etc., showing compliance with the base rule fleet target levels or compliance with the BACT turnover and retrofit requirements. Either the CARB DOORS calculator (if it projects future years) or the Excel SOON fleet calculator may be used.

² Note that non-CARB certified engines/devices requiring an experimental permit from CARB may be considered, but the project will require special CARB approval.

- Information including, but not limited to, calculations, fleet information, etc., showing whether the vehicles funded by the SOON program are in compliance with the SOON NOx fleet average target levels.

SOON Compliance Plan documents and the Microsoft Excel SOON fleet calculator can be downloaded at the SCAQMD SOON website
<http://www.aqmd.gov/tao/Implementation/SOONProgram.htm>.

Due Date

The proposer shall submit **four (4) complete copies of the application and one electronic copy of the compliance plan** in a sealed envelope, plainly marked in the upper left-hand corner with the name and address of the proposer and the words "**Program Announcement #2014-07**". All proposals/applications shall be submitted in an eco-friendly format: stapled, not bound, black and white print; no three-ring, spiral, or plastic binders, and no card stock or colored paper. Applicants must also submit a CD of the application in Microsoft Word format and compliance plan. All proposals must be received no later than **1:00 p.m., on Wednesday, June 4, 2014**. Postmarks are not accepted as proof of deadline compliance. **Faxed or emailed proposals will not be accepted.** Proposals must be directed to:

Procurement Unit
South Coast Air Quality Management District
21865 Copley Drive
Diamond Bar, CA 91765

Any correction or resubmission done by the proposer will not extend the submittal due date.

Grounds for Rejection

A proposal may be immediately rejected if:

1. It is not prepared in the format described.
2. It is not signed by an individual authorized to represent the firm.
3. Does not include current cost quotes, Contractor Statement Forms, and other forms required in this PA.

Disposition of Proposals

The SCAQMD reserves the right to reject any or all proposals. All responses become the property of the SCAQMD. One copy of the proposal shall be retained for SCAQMD files. Additional copies and materials will be returned only if requested and at the proposer's expense.

Modification or Withdrawal

Once submitted, proposals cannot be altered without the prior written consent of SCAQMD. All proposals shall constitute firm offers and may not be withdrawn for a period of ninety (90) days following the last day to accept proposals.

SECTION IV: PROPOSAL EVALUATION/CONTRACTOR SELECTION CRITERIA

SCAQMD staff will evaluate all submitted proposals and make recommendations to the Governing Board for final selection of project(s) to be funded. Proposals will be evaluated based on the cost-effectiveness of NOx reduced on a vehicle/equipment-by-vehicle/equipment basis. Be aware that there is a possibility that due to program priorities, cost-effectiveness and/or funding limitations, project applicants may be offered only partial funding, and not all proposals that meet minimum cost-effectiveness criteria may be funded.

Funding will be awarded based on the cost-effectiveness of each piece of equipment. . Distribution will be as follows:

1. 75% of total project funding will be awarded to the most cost-effective projects. No individual company shall receive more than 10% of this portion of the funding.
2. The remaining 25% of funding will be distributed so that at least one piece of equipment per applicant is funded, until funding is expended. If funds are still remaining after this distribution, they will be distributed according to cost-effectiveness.

In addition, at least 50 percent of the CMP funds must be spent in areas that are most significantly impacted by air pollution and are low income or communities of color, or both (i.e., receive a disproportionate impact from these factors). CARB issued broad goals and left the details of how to implement this requirement to each air agency. SCAQMD uses the following method to meet these requirements.

1. All projects must qualify for the CMP by meeting the cost-effectiveness limit of \$17,460 per ton of NOx controlled.
2. All projects will be evaluated according to the following criteria to qualify for disproportionate impact funding:
 - a. Poverty Level: All projects in areas where at least 10 percent of the population falls below the Federal poverty level, based on the year 2000 census data, will be eligible to be included in this category
 - b. PM Exposure: All projects in areas with the highest 15 percent of PM concentration will be eligible to be ranked in this category. The highest 15 percent of PM concentration is 46 micrograms per cubic meter and above, on an annual average
 - c. Toxic Exposure: All projects in areas with a cancer risk of 1,000 in a million and above (based on Mates II estimates) will be eligible to be ranked in this category.
3. 50 percent of the available funding from this PA will be allocated among proposals located in disproportionately impacted areas. If available funding is not exhausted with the outlined methodology, then staff will return to the Governing Board for direction. If on the other hand, funding requests exceed the available funding levels, then all qualified projects will be ranked for poverty level, PM and toxic exposures. The maximum score will be comprised of 40 percent for poverty level, and 30 percent each for PM and toxic exposures
4. All the proposals not awarded under the 50 percent disproportional impact funding will then be ranked according to cost-effectiveness, with the most cost-effective project

funded first and then in descending order for each funding category until the remainder of the CMP funds are exhausted.

SECTION V: PAYMENT TERMS

For all projects, payment will be made upon installation and commencement of operation of the funded equipment for 85% of the submitted invoice or the contract maximum amount, whichever is less.

CONTACT FOR ADDITIONAL INFORMATION

Questions regarding the content or intent of this PA, procedural matters, sample contract, or locations of workshops can be found at the SOON website (<http://www.aqmd.gov/tao/Implementation/SOONProgram.htm>), or can be addressed to:

Adewale Oshinuga
Science and Technology Advancement
South Coast Air Quality Management District
21865 Copley Drive
Diamond Bar, CA 91765
Phone: (909) 396-2599 Fax: (909) 396-3324

The remainder of this page is left intentionally blank.

Application Forms

FORM A-1 - GENERAL PROJECT INFORMATION APPLICATION

All Sections of Form A-1 must be submitted for an application to be deemed complete. If information does not pertain to your project, please write "NA" on the form and sign it. In addition, supplemental forms are required for each piece of requested equipment.

I. APPLICANT INFORMATION

| | | |
|---|----------|-----------|
| Company name/ Organization name/ Individual name: | | |
| Business address (Mailing address): Street: | | |
| City: | State: | Zip code: |
| Contact name and title: | | |
| E-mail: | | |
| Phone: () | Fax: () | |
| Person with contract signing authority (if different from above): | | |

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: |

Complete this section if application was prepared by another person

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

| | |
|---|---------------------------------|
| Printed Name: | Title: |
| Signature: | Date: |
| Amount Being Paid for Application Completion in Whole or Part: | Source of funding to 3rd party: |

II. FUNDING INFORMATION

| | |
|---|--|
| Total Number of Equipment Included in Project: | |
| Total Number of Engines Included in Project: | |
| Total Amount of Funding Requested: \$ | Total Applicant Co-Funding Amount (if any): \$ |

III. GENERAL PROJECT INFORMATION

There are three types of emission reduction projects:

New Purchase - Purchasing a new vehicle or piece of equipment with an engine that is cleaner than the current year standard.

Repower - Replacing an existing engine with a new reduced-emission engine.

Retrofit – Installing an ARB-verified emission control system on an in-use engine.

IMPORTANT REMINDER: Only projects that are demonstrated to be surplus to California Air Resources Board (ARB) regulations are eligible for Carl Moyer Program (CMP) funding. Please ensure your proposed project is eligible prior to submitting an application.

Check the appropriate box(es) below for each type of project and indicate the total number of equipment/engines included in your project.

B. Off-Road Diesel - SOON

(Please Circle Fleet Size)

Diesel Fleet Size (Total hp): **Small** ≤ 2,500 **Medium** 2,501-5,000 **Large** > 5,000

Equipment Replacement – Total pieces of equipment: _____

A supplemental application (Form B-1) must be completed for each piece of new equipment

Repower Only – Total engines to be repowered: _____

A supplemental application (Form B-2) must be completed for each engine repower

Repower with NOx Retrofit – Total engines to be repowered/retrofit: _____

A supplemental application (Form B-2) must be completed for each engine repower

NOx Retrofit Only – Total engines to be retrofit: _____

A supplemental application (Form B-3) must be completed for each retrofit

IV. FUNDING DISCLOSURE

Have any engines or vehicles listed in this application been awarded funding from the Air Resources Board or 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/Number of Agency Solicitation: |
| Total Funding Amount Requested or Awarded: \$ |
| Amount per Unit Requested or Awarded: \$ |
| Status: |
| Do you plan to claim a tax credit or deduction for the project vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If "yes", please indicate the estimated tax credit amount to be claimed per vehicle: _____. |

Application Statement – Please Read and Sign

All information provided in this application will be used by AQMD staff to evaluate the eligibility of this application to receive program funds. AQMD staff reserves the right to request additional information and can deny the application if such requested information is not provided by the requested deadline. Incomplete or illegible applications will be returned to applicant or vendor, without evaluation. An incomplete application is an application that is missing information critical to the evaluation of the project.

- ◆ I certify to the best of my knowledge that the information contained in this application is true and accurate.
- ◆ I understand that, if awarded funding under the CMP, development and submittal of a detailed work statement, with deliverables and schedule is a requirement of the contracting process.
- ◆ I understand that it is my responsibility to ensure that all technologies are either verified or certified by the California Air Resources Board (CARB) to reduce NOx and/or PM pollutants. CARB Verification Letters and/or Executive Orders are attached, as applicable.
- ◆ I understand that it is my responsibility to ensure that the vehicle/equipment to be purchased or installed is in compliance with all applicable federal, state, and local air quality rules and regulations and that it will maintain compliance for the full Contract term.
- ◆ I understand that for SOON repower projects, I am **not** required to install the highest level available verified diesel emission control device (VDECS).
- ◆ I understand that there may be conditions placed upon receiving a grant and agree to refund the grant (or pro-rated portion thereof) if it is found that at any time I do not meet those conditions and if directed by the AQMD in accordance with the contract agreement.
- ◆ I understand that, for this equipment, I will be prohibited from applying for any other form of emission reduction credits for Moyer-funded vehicles/engines, including: Emission Reduction Credit (ERC); Mobile Source Emission Reduction Credit (MSERC) and/or Certificate of Advanced Placement (CAP), for all time, from the AQMD, CARB or any other Air Quality Management or Air Pollution Control District.
- ◆ The proposed project has not been funded and is not being considered for Carl Moyer Program funds by another air district, CARB, or any other public agency.
- ◆ In the event that the vehicle(s)/equipment do not complete the minimum term of any agreement eventually reached from this application, I agree to ensure the equivalent project emissions reductions, or to return grant funds to the AQMD as required by the contract.
- ◆ I have the legal authority to apply for grant funding for the entity described in this application.
- ◆ Disclosure of that value of any current financial incentive that directly reduces the project price, including tax credits or deductions, grants, or other public financial assistance for the same engine is required. To avoid double counting of incentives, all tax credits or deductions,

grants, or other public financial assistance must be deducted from the CMP request. I understand that third party contracts are not permitted. A third party may, however complete an application on an owner's behalf. Third parties are required to list how much compensation, if any, they are receiving to prepare the application(s), and to certify that no CMP funds are being used for this compensation. (see below)

- ◆ I understand that additional project information must be submitted to finalize a contract. This information may be found under Section II: Work Statements/Schedule of Deliverables in the PA.
- ◆ I understand that all vehicles, engines or equipment funded by this program must be operational within eighteen (18) months of contract execution, or by May 31, 2016, whichever is earlier.
- ◆ I have initialed this bullet to indicate that there are no potential conflicts of interest with other clients affected by actions performed by the firm on behalf of the AQMD. If this bullet is not initialed, I have attached a description to this application of the potential conflict of interest, which will be screened on a case-by-case basis by the AQMD District Counsel's Office.
There is no potential conflict of interest: _____(Please Initial if applicable, otherwise attach separate sheet describing the potential conflict)

Applicant's Signature

Applicant's Name (please print)

Date

Title

Please initial each section.
(See PA #2014-07 for additional information and requirements.):

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

The definitions of qualifying projects are described in PA #2014-07. These definitions have been reviewed and this application is consistent with those definitions.

The vehicle/engine will be used within the SCAQMD boundaries (with the emission reduction system operating) for at least the projected usage shown in this application, and no less than 75 percent of the time.

All project applicants must submit documentation that supports the activity claimed in the application (i.e., fuel receipts, mileage logs and/or hour-meter readings covering the last two years). This documentation is attached.

The grant contract language cannot be modified without the written consent of all parties. I have reviewed and accepted the sample contact language.

I understand that an IRS Form 1099 may be issued to me for incentive funds received under the Moyer Program. I understand that it is my responsibility to determine the tax liability associated with participating in the Moyer Program.

I understand that a SCAQMD-funded Global Positioning System (GPS) unit may be installed on vehicles/equipment not operating within SCAQMD boundaries full time. I will submit data as requested and otherwise cooperate with all data reporting requirements. I also understand that the additional cost of the GPS unit will be added to the project cost when calculating cost-effectiveness, though the SCAQMD will pay for this system directly.

I understand that the SCAQMD has the right to conduct unannounced inspections for the full project life to ensure the project equipment is fully operational at the activity level committed to by the contract.

I understand that all emission reductions resulting from funded projects will be retired. To avoid double counting of emission reductions, project vehicles and/or equipment may not receive funding from any other government grant program that is designed to reduce mobile source emissions.

I understand that a tamper proof, non-resettable digital hour meter/odometer must be installed on all vehicles/equipment and that the digital hour meter/odometer will record the hours/miles accumulated within the SCAQMD boundaries. This cost is my responsibility.

I understand that any tax credits claimed must be deducted from the CMP request.
Please check one:

I do not plan to claim a tax credit or deduction for costs funded by the CMP.

I do plan to claim a tax credit or deduction for costs funded by the CMP.
If so, please indicate amount here: \$ _____

I plan to claim a tax credit or deduction only for the portion of incremental costs not funded by the CMP. If so, please indicate amount here: \$ _____



South Coast Air Quality Management District

21865 Copley Drive, Diamond Bar, CA 91765-4178

(909) 396-2000 • www.aqmd.gov

Business Information Request

Dear SCAQMD Contractor/Supplier:

The South Coast Air Quality Management District (SCAQMD) is committed to ensuring that our contractor/supplier records are current and accurate. If your firm is selected for award of a purchase order or contract, it is imperative that the information requested herein be supplied in a timely manner to facilitate payment of invoices. In order to process your payments, we need the enclosed information regarding your account. **Please review and complete the information identified on the following pages, complete the enclosed W-9 form, remember to sign both documents for our files, and return them as soon as possible to the address below:**

**Attention: Accounts Payable, Accounting Department
South Coast Air Quality Management District
21865 Copley Drive
Diamond Bar, CA 91765-4178**

If you do not return this information, we will not be able to establish you as a vendor. This will delay any payments and would still necessitate your submittal of the enclosed information to our Accounting department before payment could be initiated. Completion of this document and enclosed forms would ensure that your payments are processed timely and accurately.

If you have any questions or need assistance in completing this information, please contact Accounting at (909) 396-3777. We appreciate your cooperation in completing this necessary information.

Sincerely,

**Michael B. O'Kelly
Chief Financial Officer**

DH:tm

Enclosures: Business Information Request
Disadvantaged Business Certification
W-9
Form 590 Withholding Exemption Certificate
Federal Contract Debarment Certification
Campaign Contributions Disclosure
Direct Deposit Authorization

REV 3/13



South Coast Air Quality Management District

21865 Copley Drive, Diamond Bar, CA 91765-4178

(909) 396-2000 • www.aqmd.gov

BUSINESS INFORMATION REQUEST

| | |
|---------------------------------------|--|
| Business Name | |
| Division of | |
| Subsidiary of | |
| Website Address | |
| Type of Business <i>Check One:</i> | <input type="checkbox"/> Individual <input type="checkbox"/> DBA, Name _____, County Filed in _____ <input type="checkbox"/> Corporation, ID No. _____ <input type="checkbox"/> LLC/LLP, ID No. _____ <input type="checkbox"/> Other _____ |

REMITTING ADDRESS INFORMATION

| | | | |
|---------------------------|----------------|-------|------------|
| Address | | | |
| | | | |
| City/Town | | | |
| State/Province | | Zip | |
| Phone | () - Ext | Fax | () - |
| Contact | | Title | |
| E-mail Address | | | |
| Payment Name if Different | | | |

All invoices must reference the corresponding Purchase Order Number(s)/Contract Number(s) if applicable and mailed to:

**Attention: Accounts Payable, Accounting Department
South Coast Air Quality Management District
21865 Copley Drive
Diamond Bar, CA 91765-4178**

DISADVANTAGED BUSINESS CERTIFICATION

Federal guidance for utilization of disadvantaged business enterprises allows a vendor to be deemed a small business enterprise (SBE), minority business enterprise (MBE) or women business enterprise (WBE) if it meets the criteria below.

- is certified by the Small Business Administration or
 - is certified by a state or federal agency or
 - is an independent MBE(s) or WBE(s) business concern which is at least 51 percent owned and controlled by minority group member(s) who are citizens of the United States.

Statements of certification:

As a prime contractor to the SCAQMD, _____ (name of business) will engage in good faith efforts to achieve the fair share in accordance with 40 CFR Section 33.301, and will follow the six affirmative steps listed below **for contracts or purchase orders funded in whole or in part by federal grants and contracts.**

1. Place qualified SBEs, MBEs, and WBEs on solicitation lists.
 2. Assure that SBEs, MBEs, and WBEs are solicited whenever possible.
 3. When economically feasible, divide total requirements into small tasks or quantities to permit greater participation by SBEs, MBEs, and WBEs.
 4. Establish delivery schedules, if possible, to encourage participation by SBEs, MBEs, and WBEs.
 5. Use services of Small Business Administration, Minority Business Development Agency of the Department of Commerce, and/or any agency authorized as a clearinghouse for SBEs, MBEs, and WBEs.
 6. If subcontracts are to be let, take the above affirmative steps.

Self-Certification Verification: Also for use in awarding additional points, as applicable, in accordance with SCAQMD Procurement Policy and Procedure:

Check all that apply:

Percent of ownership: %

Name of Qualifying Owner(s):

I, the undersigned, hereby declare that to the best of my knowledge the above information is accurate. Upon penalty of perjury, I certify information submitted is factual.

NAME

TITLE

TELEPHONE NUMBER

DATE

Definitions

Disabled Veteran-Owned Business Enterprise means a business that meets all of the following criteria:

- is a sole proprietorship or partnership of which is at least 51 percent owned by one or more disabled veterans, or in the case of any business whose stock is publicly held, at least 51 percent of the stock is owned by one or more disabled veterans; a subsidiary which is wholly owned by a parent corporation but only if at least 51 percent of the voting stock of the parent corporation is owned by one or more disabled veterans; or a joint venture in which at least 51 percent of the joint venture's management and control and earnings are held by one or more disabled veterans.
- the management and control of the daily business operations are by one or more disabled veterans. The disabled veterans who exercise management and control are not required to be the same disabled veterans as the owners of the business.
- is a sole proprietorship, corporation, partnership, or joint venture with its primary headquarters office located in the United States and which is not a branch or subsidiary of a foreign corporation, firm, or other foreign-based business.

Joint Venture means that one party to the joint venture is a DVBE and owns at least 51 percent of the joint venture. In the case of a joint venture formed for a single project this means that DVBE will receive at least 51 percent of the project dollars.

Local Business means a business that meets all of the following criteria:

- has an ongoing business within the boundary of the SCAQMD at the time of bid application.
- performs 90 percent of the work within SCAQMD's jurisdiction.

Minority-Owned Business Enterprise means a business that meets all of the following criteria:

- is at least 51 percent owned by one or more minority persons or in the case of any business whose stock is publicly held, at least 51 percent of the stock is owned by one or more minority persons.
- is a business whose management and daily business operations are controlled or owned by one or more minority person.
- is a business which is a sole proprietorship, corporation, partnership, joint venture, an association, or a cooperative with its primary headquarters office located in the United States, which is not a branch or subsidiary of a foreign corporation, foreign firm, or other foreign business.

"Minority" person means a Black American, Hispanic American, Native American (including American Indian, Eskimo, Aleut, and Native Hawaiian), Asian-Indian American (including a person whose origins are from India, Pakistan, or Bangladesh), Asian-Pacific American (including a person whose origins are from Japan, China, the Philippines, Vietnam, Korea, Samoa, Guam, the United States Trust Territories of the Pacific, Northern Marianas, Laos, Cambodia, or Taiwan).

Small Business Enterprise means a business that meets the following criteria:

- a. 1) an independently owned and operated business; 2) not dominant in its field of operation; 3) together with affiliates is either:
 - A service, construction, or non-manufacturer with 100 or fewer employees, and average annual gross receipts of ten million dollars (\$10,000,000) or less over the previous three years, or
 - A manufacturer with 100 or fewer employees.
- b. Manufacturer means a business that is both of the following:
 - 1) Primarily engaged in the chemical or mechanical transformation of raw materials or processed substances into new products.

- 2) Classified between Codes 311000 to 339000, inclusive, of the North American Industrial Classification System (NAICS) Manual published by the United States Office of Management and Budget, 2007 edition.

Small Business Joint Venture means that one party to the joint venture is a Small Business and owns at least 51 percent of the joint venture. In the case of a joint venture formed for a single project this means that the Small Business will receive at least 51 percent of the project dollars.

Women-Owned Business Enterprise means a business that meets all of the following criteria:

- is at least 51 percent owned by one or more women or in the case of any business whose stock is publicly held, at least 51 percent of the stock is owned by one or more women.
- is a business whose management and daily business operations are controlled or owned by one or more women.
- is a business which is a sole proprietorship, corporation, partnership, or a joint venture, with its primary headquarters office located in the United States, which is not a branch or subsidiary of a foreign corporation, foreign firm, or other foreign business.

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

| | | | | | | |
|---|---|--|--|---|--|--|
| Print or type See Specific Instructions on page 2. | Name (as shown on your income tax return) | | | | | |
| | Business name/disregarded entity name, if different from above | | | | | |
| | Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ► _____ | | | | | |
| | <input type="checkbox"/> Other (see instructions) ► _____ | | | | | |
| | Address (number, street, and apt. or suite no.) | | | Requester's name and address (optional) | | |
| | City, state, and ZIP code | | | | | |
| List account number(s) here (optional) | | | | | | |

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I Instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

| | | | |
|------------------------|--|---|--|
| Social security number | | | |
| | | - | |
| | | - | |
| | | | |

| | | | | | | | | | |
|--------------------------------|--|---|--|--|--|--|--|--|--|
| Employer identification number | | | | | | | | | |
| | | - | | | | | | | |
| | | - | | | | | | | |
| | | | | | | | | | |

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

| | | |
|----------------------|-------------------------------|--------|
| Sign Here | Signature of U.S. person ► | Date ► |
|----------------------|-------------------------------|--------|

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,
- The U.S. grantor or other owner of a grantor trust and not the trust, and
- The U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS a percentage of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate Instructions for the Requester of Form W-9.

Also see *Special rules for partnerships* on page 1.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account, for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

Sole proprietor. Enter your individual name as shown on your income tax return on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name/disregarded entity name" line.

Partnership, C Corporation, or S Corporation. Enter the entity's name on the "Name" line and any business, trade, or "doing business as (DBA) name" on the "Business name/disregarded entity name" line.

Disregarded entity. Enter the owner's name on the "Name" line. The name of the entity entered on the "Name" line should never be a disregarded entity. The name on the "Name" line must be the name shown on the income tax return on which the income will be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a domestic owner, the domestic owner's name is required to be provided on the "Name" line. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on the "Business name/disregarded entity name" line. If the owner of the disregarded entity is a foreign person, you must complete an appropriate Form W-8.

Note. Check the appropriate box for the federal tax classification of the person whose name is entered on the "Name" line (Individual/sole proprietor, Partnership, C Corporation, S Corporation, Trust/estate).

Limited Liability Company (LLC). If the person identified on the "Name" line is an LLC, check the "Limited liability company" box only and enter the appropriate code for the tax classification in the space provided. If you are an LLC that is treated as a partnership for federal tax purposes, enter "P" for partnership. If you are an LLC that has filed a Form 8832 or a Form 2553 to be taxed as a corporation, enter "C" for C corporation or "S" for S corporation. If you are an LLC that is disregarded as an entity separate from its owner under Regulation section 301.7701-3 (except for employment and excise tax), do not check the LLC box unless the owner of the LLC (required to be identified on the "Name" line) is another LLC that is not disregarded for federal tax purposes. If the LLC is disregarded as an entity separate from its owner, enter the appropriate tax classification of the owner identified on the "Name" line.

Other entities. Enter your business name as shown on required federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name/disregarded entity name" line.

Exempt Payee

If you are exempt from backup withholding, enter your name as described above and check the appropriate box for your status, then check the "Exempt payee" box in the line following the "Business name/disregarded entity name," sign and date the form.

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

Note. If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

The following payees are exempt from backup withholding:

1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2),
2. The United States or any of its agencies or instrumentalities,
3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities,
4. A foreign government or any of its political subdivisions, agencies, or instrumentalities, or
5. An international organization or any of its agencies or instrumentalities.

Other payees that may be exempt from backup withholding include:

6. A corporation,
7. A foreign central bank of issue,
8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States,
9. A futures commission merchant registered with the Commodity Futures Trading Commission,
10. A real estate investment trust,
11. An entity registered at all times during the tax year under the Investment Company Act of 1940,
12. A common trust fund operated by a bank under section 584(a),
13. A financial institution,
14. A middleman known in the investment community as a nominee or custodian, or
15. A trust exempt from tax under section 664 or described in section 4947.

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 15.

| IF the payment is for ... | THEN the payment is exempt for ... |
|--|---|
| Interest and dividend payments | All exempt payees except for 9 |
| Broker transactions | Exempt payees 1 through 5 and 7 through 13. Also, C corporations. |
| Barter exchange transactions and patronage dividends | Exempt payees 1 through 5 |
| Payments over \$600 required to be reported and direct sales over \$5,000 ¹ | Generally, exempt payees 1 through 7 ² |

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.

² However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney, and payments for services paid by a federal executive agency.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on page 2), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note. See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at www.ssa.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/businesses and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting IRS.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note. Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, below, and items 4 and 5 on page 4 indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on the "Name" line must sign. Exempt payees, see *Exempt Payee* on page 3.

Signature requirements. Complete the certification as indicated in items 1 through 3, below, and items 4 and 5 on page 4.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

| For this type of account: | Give name and SSN of: |
|---|---|
| 1. Individual | The individual |
| 2. Two or more individuals (joint account) | The actual owner of the account or, if combined funds, the first individual on the account ¹ |
| 3. Custodian account of a minor (Uniform Gift to Minors Act) | The minor ² |
| 4. a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law | The grantor-trustee ³ |
| 5. Sole proprietorship or disregarded entity owned by an individual | The actual owner ¹ |
| 6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulation section 1.671-4(b)(2)(i)(A)) | The owner ³ |
| For this type of account: | Give name and EIN of: |
| 7. Disregarded entity not owned by an individual | The owner |
| 8. A valid trust, estate, or pension trust | Legal entity ⁴ |
| 9. Corporation or LLC electing corporate status on Form 8832 or Form 2553 | The corporation |
| 10. Association, club, religious, charitable, educational, or other tax-exempt organization | The organization |
| 11. Partnership or multi-member LLC | The partnership |
| 12. A broker or registered nominee | The broker or nominee |
| 13. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments | The public entity |
| 14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulation section 1.671-4(b)(2)(i)(B)) | The trust |

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name and you may also enter your business or "DBA" name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴ List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 1.

*Note. Grantor also must provide a Form W-9 to trustee of trust.

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information such as your name, social security number (SSN), or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Publication 4535, Identity Theft Prevention and Victim Assistance.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: spam@uce.gov or contact them at www.ftc.gov/idtheft or 1-877-IDTHEFT (1-877-438-4338).

Visit IRS.gov to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

2013 Withholding Exemption Certificate

590

This form can only be used to certify exemption from nonresident withholding under California Revenue and Taxation Code (R&TC) Section 18662. Do not use this form for exemption from wage withholding.

File this form with your withholding agent. (Please type or print)
Withholding agent's name _____

Payee's name _____

| | | | | |
|---------|--------------------------|--------------|--------------------------|----------------|
| Payee's | <input type="checkbox"/> | SSN or ITIN | <input type="checkbox"/> | FEIN |
| | <input type="checkbox"/> | CA corp. no. | <input type="checkbox"/> | CA SOS file no |

Address (number and street, PO Box, or PMB no.) _____

Apt. no./Ste. no. _____

City _____

State _____ ZIP Code _____

Read the following carefully and check the box that applies to the payee.

I certify that for the reasons checked below, the payee named on this form is exempt from the California income tax withholding requirement on payment(s) made to the entity or individual.

 Individuals — Certification of Residency:

I am a resident of California and I reside at the address shown above. If I become a nonresident at any time, I will promptly notify the withholding agent. See instructions for General Information D, Who is a Resident, for the definition of a resident.

 Corporations:

The above-named corporation has a permanent place of business in California at the address shown above or is qualified through the California Secretary of State (SOS) to do business in California. The corporation will file a California tax return and withhold on payments of California source income to nonresidents when required. If this corporation ceases to have a permanent place of business in California or ceases to do any of the above, I will promptly notify the withholding agent. See instructions for General Information F, What is a Permanent Place of Business, for the definition of permanent place of business.

 Partnerships or limited liability companies (LLC):

The above-named partnership or LLC has a permanent place of business in California at the address shown above or is registered with the California SOS, and is subject to the laws of California. The partnership or LLC will file a California tax return and will withhold on foreign and domestic nonresident partners or members when required. If the partnership or LLC ceases to do any of the above, I will promptly inform the withholding agent. For withholding purposes, a limited liability partnership (LLP) is treated like any other partnership.

 Tax-Exempt Entities:

The above-named entity is exempt from tax under California Revenue and Taxation Code (R&TC) Section 23701 _____ (insert letter) or Internal Revenue Code Section 501(c) _____ (insert number). The tax-exempt entity will withhold on payments of California source income to nonresidents when required. If this entity ceases to be exempt from tax, I will promptly notify the withholding agent. Individuals cannot be tax-exempt entities.

 Insurance Companies, Individual Retirement Arrangements (IRAs), or Qualified Pension/Profit Sharing Plans:

The above-named entity is an insurance company, IRA, or a federally qualified pension or profit-sharing plan.

 California Trusts:

At least one trustee and one noncontingent beneficiary of the above-named trust is a California resident. The trust will file a California fiduciary tax return and will withhold on foreign and domestic nonresident beneficiaries when required. If the trustee becomes a nonresident at any time, I will promptly notify the withholding agent.

 Estates — Certification of Residency of Deceased Person:

I am the executor of the above-named person's estate. The decedent was a California resident at the time of death. The estate will file a California fiduciary tax return and will withhold on foreign and domestic nonresident beneficiaries when required.

 Nonmilitary Spouse of a Military Servicemember:

I am a nonmilitary spouse of a military servicemember and I meet the Military Spouse Residency Relief Act (MSRRA) requirements. See instructions for General Information E, MSRRA.

CERTIFICATE: Please complete and sign below.

Under penalties of perjury, I hereby certify that the information provided in this document is, to the best of my knowledge, true and correct. If conditions change, I will promptly notify the withholding agent.

Payee's name and title (type or print) _____ Daytime telephone no. _____

Payee's signature _____ Date _____

Instructions for Form 590

Withholding Exemption Certificate

References in these instructions are to the California Revenue and Taxation Code (R&TC).

General Information

For purposes of California income tax, references to a spouse, husband, or wife also refer to a Registered Domestic Partner (RDP) unless otherwise specified. For more information on RDPs, get FTB Pub. 737, Tax Information for Registered Domestic Partners. Private Mail Box (PMB) – Include the PMB in the address field. Write "PMB" first, then the box number. Example: 111 Main Street PMB 123.

Foreign Address – Enter the information in the following order: City, Country, Province/Region, and Postal Code. Follow the country's practice for entering the postal code. Do not abbreviate the country's name.

A Purpose

Use Form 590, Withholding Exemption Certificate, to certify an exemption from nonresident withholding. California residents or entities should complete and present Form 590 to the withholding agent. The withholding agent is then relieved of the withholding requirements if the agent relies in good faith on a completed and signed Form 590 unless told by the Franchise Tax Board (FTB) that the form should not be relied upon.

Important – This form cannot be used for exemption from wage and real estate withholding.

- If you are an employee, any wage withholding questions should be directed to the FTB General Information number, 800.852.5711. Employers should call 888.745.3886 or go to edd.ca.gov.
- Sellers of California real estate use Form 593-C, Real Estate Withholding Certificate, to claim an exemption from real estate withholding.

B Requirement

R&TC Section 18662 requires withholding of income or franchise tax on payments of California source income made to nonresidents of California.

Withholding is required on the following, but is not limited to:

- Payments to nonresidents for services rendered in California.
- Distributions of California source income made to domestic nonresident S corporation shareholders, partners and members and allocations of California source income made to foreign partners and members.
- Payments to nonresidents for rents if the payments are made in the course of the withholding agent's business.
- Payments to nonresidents for royalties with activities in California.

- Distributions of California source income to nonresident beneficiaries from an estate or trust.

- Prizes and winnings received by nonresidents for contests in California.

However, withholding is optional if the total payments of California source income are \$1,500 or less during the calendar year.

For more information on withholding get FTB Pub. 1017, Resident and Nonresident Withholding Guidelines. To get a withholding publication see General Information H, Publications, Forms, and Additional Information.

Backup Withholding – Beginning on or after January 1, 2010, with certain limited exceptions, payers that are required to withhold and remit backup withholding to the Internal Revenue Service (IRS) are also required to withhold and remit to the FTB. The California backup withholding rate is 7% of the payment. For California purposes, dividends, interests, and any financial institutions release of loan funds made in the normal course of business are exempt from backup withholding. For additional information on California backup withholding, go to ftb.ca.gov and search for **backup withholding**.

If a payee has backup withholding, the payee must contact the FTB to provide a valid Taxpayer Identification Number (TIN) before filing a tax return. The following are acceptable TINs: social security number (SSN); individual taxpayer identification number (ITIN); federal employer identification number (FEIN); California corporation number (CA Corp No.); or California Secretary of State (SOS) file number. Failure to provide a valid TIN will result in the denial of the backup withholding credit. For more information go to ftb.ca.gov and search for **backup withholding**.

Who is Excluded from Withholding – The following are excluded from withholding and completing this form:

- The United States and any of its agencies or instrumentalities
- A state, a possession of the United States, the District of Columbia, or any of its political subdivisions or instrumentalities
- A foreign government or any of its political subdivisions, agencies, or instrumentalities

C Who Certifies this Form

Form 590 is certified by the payee. An incomplete certificate is invalid and the withholding agent should not accept it. If the withholding agent receives an incomplete certificate, the withholding agent is required to withhold tax on payments made to the payee until a valid certificate is received. In lieu of a completed certificate on the preprinted form, the

withholding agent may accept as a substitute certificate a letter from the payee explaining why the payee is not subject to withholding. The letter must contain all the information required on the certificate in similar language, including the under penalty of perjury statement and the payee's taxpayer identification number. The withholding agent must retain a copy of the certificate or substitute for at least four years after the last payment to which the certificate applies, and provide it upon request to the FTB.

For example, if an entertainer (or the entertainer's business entity) is paid for a performance, the entertainer's information must be provided. Do not submit the entertainer's agent or promoter information.

The grantor of a grantor trust shall be treated as the payee for withholding purposes. Therefore, if the payee is a grantor trust and one or more of the grantors is a nonresident, withholding is required. If all of the grantors on the trust are residents, no withholding is required. Resident grantors can check the box on Form 590 labeled "Individuals — Certification of Residency."

D Who is a Resident

A California resident is any individual who is in California for other than a temporary or transitory purpose or any individual domiciled in California who is absent for a temporary or transitory purpose.

An individual domiciled in California who is absent from California for an uninterrupted period of at least 546 consecutive days under an employment-related contract is considered outside California for other than a temporary or transitory purpose.

An individual is still considered outside California for other than a temporary or transitory purpose if return visits to California do not total more than 45 days during any taxable year covered by an employment contract.

This provision does not apply if an individual has income from stocks, bonds, notes, or other intangible personal property in excess of \$200,000 in any taxable year in which the employment-related contract is in effect.

A spouse/RDP absent from California for an uninterrupted period of at least 546 days to accompany a spouse/RDP under an employment-related contract is considered outside of California for other than a temporary or transitory purpose.

Generally, an individual who comes to California for a purpose which will extend over a long or indefinite period will be considered a resident. However, an individual who comes to perform a particular contract of short duration will be considered a nonresident.

For assistance in determining resident status, get FTB Pub. 1031, Guidelines for Determining Resident Status, and FTB Pub. 1032, Tax Information for Military Personnel, or call the FTB at 800.852.5711 or 916.845.6500.

E Military Spouse Residency Relief Act (MSRRA)

Generally, for tax purposes you are considered to maintain your existing residence or domicile. If a military servicemember and nonmilitary spouse have the same state of domicile, the MSRRA provides:

- A spouse shall not be deemed to have lost a residence or domicile in any state solely by reason of being absent to be with the servicemember serving in compliance with military orders.
- A spouse shall not be deemed to have acquired a residence or domicile in any other state solely by reason of being there to be with the servicemember serving in compliance with military orders.

Domicile is defined as the one place:

- Where you maintain a true, fixed, and permanent home
- To which you intend to return whenever you are absent

A military servicemember's nonmilitary spouse is considered a nonresident for tax purposes if the servicemember and spouse have the same domicile outside of California and the spouse is in California solely to be with the servicemember who is serving in compliance with Permanent Change of Station orders.

Note: California may require nonmilitary spouses of military servicemembers to provide proof that they meet the criteria for California personal income tax exemption as set forth in the MSRRA.

Income of a military servicemember's nonmilitary spouse for services performed in California is not California source income subject to state tax if the spouse is in California to be with the servicemember serving in compliance with military orders, and the servicemember and spouse have the same domicile in a state other than California.

For additional information or assistance in determining whether the applicant meets the MSRRA requirements, get FTB Pub. 1032.

F What is a Permanent Place of Business

A corporation has a permanent place of business in California if it is organized and existing under the laws of California or if it is a foreign corporation qualified to transact intrastate business by the California SOS. A corporation that has not qualified to transact intrastate business (e.g., a corporation engaged exclusively in interstate commerce) will be considered as having a permanent place of business in California only if it maintains a permanent office in California that is permanently staffed by its employees.

G Withholding Agent

Keep Form 590 for your records. Do not send this form to the FTB unless it has been specifically requested.

For more information, contact Withholding Services and Compliance, see General Information H.

The payee must notify the withholding agent if any of the following situations occur:

- The individual payee becomes a nonresident.
- The corporation ceases to have a permanent place of business in California or ceases to be qualified to do business in California.
- The partnership ceases to have a permanent place of business in California.
- The LLC ceases to have a permanent place of business in California.
- The tax-exempt entity loses its tax-exempt status.

The withholding agent must then withhold and report the withholding using Form 592, Resident and Nonresident Withholding Statement, and remit the withholding using Form 592-V, Payment Voucher for Resident and Nonresident Withholding. Form 592-B, Resident and Nonresident Withholding Tax Statement, is retained by the withholding agent and a copy is given to the payee.

H Additional Information

To get additional nonresident withholding information, contact the Withholding Services and Compliance.

WITHHOLDING SERVICES AND
COMPLIANCE MS F182
FRANCHISE TAX BOARD
PO BOX 942867
SACRAMENTO CA 94267-0651
Telephone: 888.792.4900
916.845.4900
Fax: 916.845.9512

You can download, view, and print California tax forms and publications at ftb.ca.gov.

OR to get forms by mail write to:

TAX FORMS REQUEST UNIT MS F284
FRANCHISE TAX BOARD
PO BOX 307
RANCHO CORDOVA CA 95741-0307

For all other questions unrelated to withholding or to access the TTY/TDD numbers, see the information below.

Internet and Telephone Assistance

Website: ftb.ca.gov
Telephone: 800.852.5711 from within the United States
916.845.6500 from outside the United States

TTY/TDD: 800.822.6268 for persons with hearing or speech impairments

Asistencia Por Internet y Teléfono

Sitio web: ftb.ca.gov
Teléfono: 800.852.5711 dentro de los Estados Unidos
916.845.6500 fuera de los Estados Unidos
TTY/TDD: 800.822.6268 personas con discapacidades auditivas y del habla



United State Environmental Protection Agency
Washington, DC 20460

Certification Regarding Debarment, Suspension, and Other Responsibility Matters

The prospective participant certifies to the best of its knowledge and belief that it and the principals:

- (a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
- (b) Have not within a three year period preceding this proposal been convicted of or had a civil judgement rendered against them or commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction: violation of Federal or State antitrust statute or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- (c) Are not presently indicted for or otherwise criminally or civilly charged by a government entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (b) of this certification; and
- (d) Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause or default.

I understand that a false statement on this certification may be grounds for rejection of this proposal or termination of the award. In addition, under 18 USC Sec. 1001, a false statement may result in a fine of up to \$10,000 or imprisonment for up to 5 years, or both.

Typed Name & Title of Authorized Representative

Signature of Authorized Representative Date

- I am unable to certify to the above statements. My explanation is attached.

EPA Form 5700-49 (11-88)



CAMPAIGN CONTRIBUTIONS DISCLOSURE

In accordance with California law, bidders and contracting parties are required to disclose, at the time the application is filed, information relating to any campaign contributions made to South Coast Air Quality Management District (SCAQMD) Board Members or members/alternates of the MSRC, including: the name of the party making the contribution (which includes any parent, subsidiary or otherwise related business entity, as defined below), the amount of the contribution, and the date the contribution was made. 2 C.C.R. §18438.8(b).

California law prohibits a party, or an agent, from making campaign contributions to SCAQMD Governing Board Members or members/alternates of the Mobile Source Air Pollution Reduction Review Committee (MSRC) of more than \$250 while their contract or permit is pending before the SCAQMD; and further prohibits a campaign contribution from being made for three (3) months following the date of the final decision by the Governing Board or the MSRC on a donor's contract or permit. Gov't Code §84308(d). For purposes of reaching the \$250 limit, the campaign contributions of the bidder or contractor plus contributions by its parents, affiliates, and related companies of the contractor or bidder are added together. 2 C.C.R. §18438.5.

In addition, SCAQMD Board Members or members/alternates of the MSRC must abstain from voting on a contract or permit if they have received a campaign contribution from a party or participant to the proceeding, or agent, totaling more than \$250 in the 12-month period prior to the consideration of the item by the Governing Board or the MSRC. Gov't Code §84308(c).

The list of current SCAQMD Governing Board Members can be found at the SCAQMD website (www.aqmd.gov). The list of current MSRC members/alternates can be found at the MSRC website (<http://www.cleantransportationfunding.org>).

SECTION I.

Contractor (Legal Name): _____

- | | |
|--|-----------------------|
| <input type="checkbox"/> DBA, Name _____ | County Filed in _____ |
| <input type="checkbox"/> Corporation, ID No. _____ | |
| <input type="checkbox"/> LLC/LLP, ID No. _____ | |

List any parent, subsidiaries, or otherwise affiliated business entities of Contractor:
(See definition below).

SECTION II.

Has Contractor and/or any parent, subsidiary, or affiliated company, or agent thereof, made a campaign contribution(s) totaling \$250 or more in the aggregate to a current member of the South Coast Air Quality Management Governing Board or member/alternate of the MSRC in the 12 months preceding the date of execution of this disclosure?

Yes No If YES, complete Section II below and then sign and date the form.
If NO, sign and date below. Include this form with your submittal.

Campaign Contributions Disclosure, *continued*:

Name of Contributor _____

| Governing Board Member or MSRC Member/Alternate | Amount of Contribution | Date of Contribution |
|---|------------------------|----------------------|
|---|------------------------|----------------------|

Name of Contributor _____

| Governing Board Member or MSRC Member/Alternate | Amount of Contribution | Date of Contribution |
|---|------------------------|----------------------|
|---|------------------------|----------------------|

Name of Contributor _____

| Governing Board Member or MSRC Member/Alternate | Amount of Contribution | Date of Contribution |
|---|------------------------|----------------------|
|---|------------------------|----------------------|

Name of Contributor _____

| Governing Board Member or MSRC Member/Alternate | Amount of Contribution | Date of Contribution |
|---|------------------------|----------------------|
|---|------------------------|----------------------|

I declare the foregoing disclosures to be true and correct.

By: _____

Title: _____

Date: _____

DEFINITIONS

Parent, Subsidiary, or Otherwise Related Business Entity (2 Cal. Code of Regs., §18703.1(d).)

- (1) Parent subsidiary. A parent subsidiary relationship exists when one corporation directly or indirectly owns shares possessing more than 50 percent of the voting power of another corporation.
- (2) Otherwise related business entity. Business entities, including corporations, partnerships, joint ventures and any other organizations and enterprises operated for profit, which do not have a parent subsidiary relationship are otherwise related if any one of the following three tests is met:
 - (A) One business entity has a controlling ownership interest in the other business entity.
 - (B) There is shared management and control between the entities. In determining whether there is shared management and control, consideration should be given to the following factors:
 - (i) The same person or substantially the same person owns and manages the two entities;
 - (ii) There are common or commingled funds or assets;
 - (iii) The business entities share the use of the same offices or employees, or otherwise share activities, resources or personnel on a regular basis;
 - (iv) There is otherwise a regular and close working relationship between the entities; or
 - (C) A controlling owner (50% or greater interest as a shareholder or as a general partner) in one entity also is a controlling owner in the other entity.



**South Coast
AIR QUALITY MANAGEMENT DISTRICT**
21865 Copley Dr., Diamond Bar, CA 91765
www.aqmd.gov

Direct Deposit Authorization

STEP 1: Please check all the appropriate boxes

- | | |
|--|--|
| <input type="checkbox"/> Individual (Employee, Governing Board Member) | <input type="checkbox"/> New Request |
| <input type="checkbox"/> Vendor/Contractor | <input type="checkbox"/> Cancel Direct Deposit |
| <input type="checkbox"/> Changed Information | |

STEP 2: Payee Information

| | | | |
|---|------------------|------------------------------|-------|
| Last Name | First Name | Middle Initial | Title |
| Vendor/Contractor Business Name (if applicable) | | | |
| Address | | Apartment or P.O. Box Number | |
| City | | State | Zip |
| Taxpayer ID Number | Telephone Number | Email Address | |

Authorization

1. I authorize South Coast Air Quality Management District (SCAQMD) to direct deposit funds to my account in the financial institution as indicated below. I understand that the authorization may be rejected or discontinued by SCAQMD at any time. If any of the above information changes, I will promptly complete a new authorization agreement. If the direct deposit is not stopped before closing an account, funds payable to me will be returned to SCAQMD for distribution. This will delay my payment.
2. This authorization remains in effect until SCAQMD receives written notification of changes or cancellation from you.
3. I hereby release and hold harmless SCAQMD for any claims or liability to pay for any losses or costs related to insufficient fund transactions that result from failure within the Automated Clearing House network to correctly and timely deposit monies into my account.

STEP 3:

You must verify that your bank is a member of an Automated Clearing House (ACH). Failure to do so could delay the processing of your payment. You must attach a voided check or have your bank complete the bank information and the account holder must sign below.

To be Completed by your Bank

| | | | |
|---------------------------------|---|----------------|-------------------------------|
| Staple Voided Check Here | Name of Bank/Institution | | |
| | Account Holder Name(s) | | |
| | <input type="checkbox"/> Saving <input type="checkbox"/> Checking | Account Number | Routing Number |
| | Bank Representative Printed Name | | Bank Representative Signature |
| | | | Date |
| | ACCOUNT HOLDER SIGNATURE: | | Date |

For SCAQMD Use
Only

Input By _____

Date _____



SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT
21865 Copley Drive, Diamond Bar, CA 91765
Off-Road Mobile Source (909) 396-2903
<http://www.aqmd.gov/tao/implementation/soonprogram.htm>

FORM 2449-CP
Revised 02/06/09

RULE 2449 FLEET COMPLIANCE PLAN

| |
|---|
| 1. COMPANY NAME: |
| 2. MAILING ADDRESS: |
| 3. CONTACT PERSON, TITLE, TELEPHONE, EMAIL: |
| 4. ALTERNATE CONTACT, TITLE, TELEPHONE, EMAIL: |
| 5. FLEET SUMMARY PLEASE PROVIDE DESCRIPTION OF YOUR FLEET AND TYPE OF BUSINESS IT IS IN. FLEET DESCRIPTION: _____ # OF VEHICLES: _____ # OF ENGINES: _____ DOORS FLEET # _____ TOTAL HORSEPOWER OF FLEET: _____ |
| 6. SIGNATURE OF PERSON RESPONSIBLE FOR RULE 2449 COMPLIANCE I HEREBY CERTIFY, UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA, THAT ALL INFORMATION CONTAINED HEREIN AND INFORMATION SUBMITTED WITH THIS COMPLIANCE PLAN IS TRUE AND CORRECT. I ALSO ACKNOWLEDGE THAT THIS PLAN IS BEING PROVIDED TO THE AQMD EXECUTIVE OFFICER IN COMPLIANCE WITH THE AQMD RULE 2449. APPROVAL OF THIS COMPLIANCE PLAN IS SUBJECT TO VERIFICATION OF INFORMATION SUBMITTED. I UNDERSTAND THAT AQMD STAFF MAY REQUIRE ADDITIONAL INFORMATION TO PROCESS THIS COMPLIANCE PLAN, AND AGREE TO PROVIDE SUCH INFORMATION. SIGNATURE: _____ NAME: _____ TITLE: _____ SIGNED THIS _____ DAY OF _____ IN _____, CALIFORNIA |

If you need assistance in preparing the compliance plan,
please call the Off-Road Mobile Source Section at (909) 396-2903.



AQMD Use Only: App. # _____

Project Type: _____

**SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT
SOON PROGRAM (FY 10/11)**

**FORM B-1 - OFF-ROAD HEAVY-DUTY
EQUIPMENT REPLACEMENT**

Please complete one form for each piece of equipment. For multiple unit requests, you may submit a spreadsheet that provides all requested information below, in the order presented below.

| | |
|---|-----|
| Company name/ Organization name/ Individual name: | |
| Equipment Identifier (Unit # or Company ID): | EIN |
| Is the vehicle location address the same as the applicant address? <input type="checkbox"/> Yes <input type="checkbox"/> No, (please provide vehicle address below) | |
| Street Address: | |
| City: | |
| Zip Code: | |

I. BASELINE (EXISTING) EQUIPMENT INFORMATION

| |
|---|
| Equipment Type/Function (Diesel): _____ (Backhoe, baler, cargo container handling unit, combine, crane, crawler tractor, crushing/processing, excavator, forklift, grader, ground support equipment, hydro-power unit, loader, mower, off-highway tractor, off-highway truck, paver, paving equipment, roller, rubber-tired dozer, rubber-tired loader, scraper, signal board, skid steer loader, sprayer, surfacing equipment, swather, tractor, tiller, trencher, or other.) |
|---|

| | |
|--|---------------------------------|
| Equipment Make: | Equipment Model: |
| Equipment Model Year: | Equipment Serial Number or VIN: |
| Number of Engines on this Equipment: <u> </u> Main (Front) <u> </u> Auxiliary | |

II. USAGE/ACTIVITY INFORMATION

| | |
|---|--|
| Note: Please provide projected annual usage for the new equipment over the proposed life of the project. This projection should be based on actual usage data for the baseline equipment. You MUST attach documentation supporting the projected annual usage and operation within the District and within California. Supporting documentation may be in the form of maintenance records, fuel receipts, hour-meter reports, logs, or other paperwork for each piece of baseline equipment covering at least the past 24 months. | |
|---|--|

| | |
|---|--|
| Total Annual Hours of Operation: _____ or Gallons of Fuel Used: _____ | |
| If Hours, Does the Equipment Have a Functioning Hour Meter? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Percent Operation within CA: _____ % | Percent Operation within District: _____ % |
| Project Life: _____ years. Equipment must operate for this full life; this life is equivalent to the contract and the reporting term. | |

III. BASELINE (EXISTING) ENGINE INFORMATION (for each engine)

| <input type="checkbox"/> Main (Front) Engine | <input type="checkbox"/> Auxiliary (Rear) Engine |
|--|--|
| Fuel Type: | Baseline Engine Make: |
| Baseline Engine Model: | Baseline Engine Year: |
| Engine Serial No.: | Baseline Engine Horsepower: |
| Baseline Engine Tier: | Baseline Engine Family: |
| <input type="checkbox"/> Main (Front) Engine | <input type="checkbox"/> Auxiliary (Rear) Engine |
| Fuel Type: | Baseline Engine Make: |
| Baseline Engine Model: | Baseline Engine Year: |
| Engine Serial No.: | Baseline Engine Horsepower: |
| Baseline Engine Tier: | Baseline Engine Family: |
| Method proposed for rendering the baseline engine(s) inoperable: | |

IV. NEW REPLACEMENT EQUIPMENT INFORMATION

| | |
|--|--|
| Equipment Type/Function: | Equipment Make: |
| Equipment Model: | Equipment Model Year: |
| Equipment Serial Number or VIN (If available): | Number of Engines on this Equipment: _____ Main (Front) _____ Auxiliary (Rear) |

V. NEW REPLACEMENT EQUIPMENT ENGINE INFORMATION (for each engine)

| <input type="checkbox"/> Main (Front) Engine | <input type="checkbox"/> Auxiliary (Rear) Engine |
|--|--|
| Fuel Type: | New Engine Make: |
| New Engine Model: | New Engine Year: |
| Engine Serial No.: | New Engine Horsepower: |
| New Engine Tier: | New Engine Family: |
| New Engine ARB Executive Order Number (Attach a copy): | |
| <input type="checkbox"/> Main (Front) Engine | <input type="checkbox"/> Auxiliary (Rear) Engine |
| Fuel Type: | New Engine Make: |
| New Engine Model: | New Engine Year: |
| Engine Serial No.: | New Engine Horsepower: |
| New Engine Tier: | New Engine Family: |
| New Engine ARB Executive Order Number (Attach a copy): | |

VI. FUNDING INFORMATION

New Equipment Cost (incl. tax): \$ _____

NOTE: You **MUST** attach a written estimate or quotation from the equipment vendor documenting the cost of the new equipment. This quote must be obtained within 90 days of prior to the closing date of the Program Announcement.

Applicant Co-Funding Amount (if any): \$ _____

Funds Requested: \$ _____

New Equipment Vendor: _____



AQMD Use Only: App. # _____ Project Type: _____

**SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT
SOON PROGRAM (FY 10/11)**

**FORM B-2 - OFF-ROAD HEAVY-DUTY EQUIPMENT
Repower Only or Repower/Retrofit**

Please complete one form for each piece of equipment. For multiple unit requests, you may submit a spreadsheet that provides all requested information below, in the order presented below.

| | |
|---|-----|
| Company name/ Organization name/ Individual name: | |
| Equipment Identifier (Unit # or Company ID): | EIN |
| Is the vehicle location address the same as the applicant address? <input type="checkbox"/> Yes <input type="checkbox"/> No, (please provide vehicle address below) | |
| Street Address: | |
| City: | |
| Zip Code: | |

I. BASELINE (EXISTING) EQUIPMENT INFORMATION

| | |
|---|--|
| Equipment Type/Function (Diesel): _____ (Backhoe, baler, cargo container handling unit, combine, crane, crawler tractor, crushing/processing, excavator, forklift, grader, ground support equipment, hydro-power unit, loader, mower, off-highway tractor, off-highway truck, paver, paving equipment, roller, rubber-tired dozer, rubber-tired loader, scraper, signal board, skid steer loader, sprayer, surfacing equipment, swather, tractor, tiller, trencher, or other.) | |
|---|--|

| | |
|---|---------------------------------|
| Equipment Make: | Equipment Model: |
| Equipment Model Year: | Equipment Serial Number or VIN: |
| Number of Engines on this Equipment: ____ Main (Front) ____ Auxiliary | |

II. USAGE/ACTIVITY INFORMATION

Note: Please provide projected annual usage for the new equipment over the proposed life of the project. This projection should be based on actual usage data for the baseline equipment. You **MUST** attach documentation supporting the projected annual usage and operation within the District and within California. Supporting documentation may be in the form of maintenance records, fuel receipts, hour-meter reports, logs, or other paperwork for each piece of baseline equipment covering at least the past 24 months.

| | |
|---|--|
| Total Annual Hours of Operation: _____ or Gallons of Fuel Used: _____ | |
| If Hours, Does the Equipment Have a Functioning Hour Meter? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Percent Operation within CA: _____ % | Percent Operation within District: _____ % |
| Project Life: _____ years. Equipment must operate for this full life; this life is equivalent to the contract and the reporting term. | |

III. BASELINE (EXISTING) ENGINE INFORMATION (for each engine)

| <input type="checkbox"/> Main (Front) Engine <input type="checkbox"/> Auxiliary (Rear) Engine | |
|---|-----------------------------|
| Fuel Type: | Baseline Engine Make: |
| Baseline Engine Model: | Baseline Engine Year: |
| Engine Serial No.: | Baseline Engine Horsepower: |
| Baseline Engine Tier: | Baseline Engine Family: |
| <input type="checkbox"/> Main (Front) Engine <input type="checkbox"/> Auxiliary (Rear) Engine | |
| Fuel Type: | Baseline Engine Make: |
| Baseline Engine Model: | Baseline Engine Year: |
| Engine Serial No.: | Baseline Engine Horsepower: |
| Baseline Engine Tier: | Baseline Engine Family: |
| Method proposed for rendering the baseline engine(s) inoperable: | |

IV. NEW ENGINE INFORMATION (for each engine)

| <input type="checkbox"/> Main (Front) Engine <input type="checkbox"/> Auxiliary (Rear) Engine | |
|---|------------------------|
| Fuel Type: | New Engine Make: |
| New Engine Model: | New Engine Year: |
| New Engine Tier: | New Engine Horsepower: |
| New Engine ARB Executive Order Number (Attach a copy): | New Engine Family: |
| <input type="checkbox"/> Main (Front) Engine <input type="checkbox"/> Auxiliary (Rear) Engine | |
| Fuel Type: | New Engine Make: |
| New Engine Model: | New Engine Year: |
| New Engine Tier: | New Engine Horsepower: |
| New Engine ARB Executive Order Number (Attach a copy): | New Engine Family: |

V. RETROFIT INFORMATION (If Applicable)

NOTE: You **MUST** attach a copy of the ARB Executive Order for the retrofit device and indicate (circle) on the Executive Order Attachment the engine family name for the engine on which the device will be installed.

| | |
|--|--|
| <input type="checkbox"/> Main (Front) Engine | <input type="checkbox"/> Auxiliary (Rear) Engine |
| Retrofit Device Make: | Verified NOx Reduction: % |
| Retrofit Device Model: | Verified PM Reduction: % |
| Retrofit Family Name: | Verified ROG Reduction: % |
| Verification Level: | |
| <input type="checkbox"/> Main (Front) Engine | <input type="checkbox"/> Auxiliary (Rear) Engine |
| Retrofit Device Make: | Verified NOx Reduction: % |
| Retrofit Device Model: | Verified PM Reduction: % |
| Retrofit Family Name: | Verified ROG Reduction: % |
| Verification Level: | |

VI. FUNDING INFORMATION (ENGINE REPOWER)

| | |
|--|--|
| <input type="checkbox"/> Main (Front) Engine | <input type="checkbox"/> Auxiliary (Rear) Engine |
| New Engine Cost (incl. tax): \$ | Installation Cost: \$ |
| NOTE: You MUST attach a written estimate or quotation from the equipment vendor documenting the cost of the new engine. This quote must be obtained within 90 days of prior to the closing date of the Program Announcement. | |
| Applicant Co-Funding Amount (if any): \$ | |
| Applicant Grant Request Amount: \$ | |
| New Equipment Vendor: | |
| <input type="checkbox"/> Main (Front) Engine | <input type="checkbox"/> Auxiliary (Rear) Engine |
| New Engine Cost (incl. tax): \$ | Installation Cost: \$ |
| NOTE: You MUST attach a written estimate or quotation from the equipment vendor documenting the cost of the new engine. This quote must be obtained within 90 days of prior to the closing date of the Program Announcement. | |
| Applicant Co-Funding Amount (if any): \$ | |
| Applicant Grant Request Amount: \$ | |
| New Equipment Vendor: | |

VII. FUNDING INFORMATION (RETROFIT)

Main (Front) Engine _____ Auxiliary (Rear) Engine _____

Retrofit Device Cost (including tax): \$

NOTE: You MUST attach a written estimate from the equipment vendor documenting the cost of the device; this quote must be obtained within 90 days prior to the closing date of the Program Announcement.

Retrofit Device Installation Cost:

Retrofit Device Maintenance Cost:

Applicant Grant Request: \$

Retrofit Device Vendor and Installer:

Main (Front) Engine Auxiliary (Rear) Engine

Retrofit Device Cost (including tax): \$

NOTE: You MUST attach a written estimate from the equipment vendor documenting the cost of the device; this quote must be obtained within 90 days prior to the closing date of the Program Announcement.

Retrofit Device Installation Cost:

Retrofit Device Maintenance Cost:

Applicant Grant Request: \$

Retrofit Device Vendor and Installer:



AQMD Use Only: App. # _____ Project Type: _____

SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT SOON PROGRAM (FY 10/11)

FORM B-3 - OFF-ROAD HEAVY-DUTY EQUIPMENT
NOx Retrofit Only

Please complete one form for each piece of equipment. For multiple unit requests, you may submit a spreadsheet that provides all requested information below, in the order presented below.

| | |
|---|-----|
| Company name/ Organization name/ Individual name: | |
| Equipment Identifier (Unit # or Company ID): | EIN |
| Is the vehicle location address the same as the applicant address? <input type="checkbox"/> Yes <input type="checkbox"/> No, (please provide vehicle address below) | |
| Street Address: | |
| City: | |
| Zip Code: | |

I. BASELINE (EXISTING) EQUIPMENT INFORMATION

Equipment Type/Function (Diesel): _____
(Backhoe, baler, cargo container handling unit, combine, crane, crawler tractor, crushing/processing, excavator, forklift, grader, ground support equipment, hydro-power unit, loader, mower, off-highway tractor, off-highway truck, paver, paving equipment, roller, rubber-tired dozer, rubber-tired loader, scraper, signal board, skid steer loader, sprayer, surfacing equipment, swather, tractor, tiller, trencher, or other.)

| | |
|--|---------------------------------|
| Equipment Make: | Equipment Model: |
| Equipment Model Year: | Equipment Serial Number or VIN: |
| Number of Engines on this Equipment: <input type="checkbox"/> Main (Front) <input type="checkbox"/> Auxiliary | |

II. USAGE/ACTIVITY INFORMATION

Note: Please provide projected annual usage for the new equipment over the proposed life of the project. This projection should be based on actual usage data for the baseline equipment. You **MUST** attach documentation supporting the projected annual usage and operation within the District and within California. Supporting documentation may be in the form of maintenance records, fuel receipts, hour-meter reports, logs, or other paperwork for each piece of baseline equipment covering at least the past 24 months.

| | | |
|---|--|-----------------------------|
| Total Annual Hours of Operation: _____ | <u>or</u> | Gallons of Fuel Used: _____ |
| If Hours, Does the Equipment Have a Functioning Hour Meter? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Percent Operation within CA: _____ % | Percent Operation within District: _____ % | |
| Project Life: _____ years. Equipment must operate for this full life; this life is equivalent to the contract and the reporting term. | | |

III. BASELINE (EXISTING) ENGINE INFORMATION (for each engine)

| <input type="checkbox"/> Main (Front) Engine <input type="checkbox"/> Auxiliary (Rear) Engine | |
|---|-----------------------------|
| Fuel Type: | Baseline Engine Make: |
| Baseline Engine Model: | Baseline Engine Year: |
| Engine Serial No.: | Baseline Engine Horsepower: |
| Baseline Engine Tier: | Baseline Engine Family: |
| <input type="checkbox"/> Main (Front) Engine <input type="checkbox"/> Auxiliary (Rear) Engine | |
| Fuel Type: | Baseline Engine Make: |
| Baseline Engine Model: | Baseline Engine Year: |
| Engine Serial No.: | Baseline Engine Horsepower: |
| Baseline Engine Tier: | Baseline Engine Family: |
| Method proposed for rendering the baseline engine(s) inoperable: | |

IV. RETROFIT INFORMATION (for each engine)

NOTE: You **MUST** attach a copy of the ARB Executive Order for the retrofit device and indicate (circle) on the Executive Order Attachment the engine family name for the engine on which the device will be installed.

| <input type="checkbox"/> Main (Front) Engine <input type="checkbox"/> Auxiliary (Rear) Engine | |
|---|---------------------------|
| Retrofit Device Make: | Verified NOx Reduction: % |
| Retrofit Device Model: | |
| Retrofit Family Name: | |
| Verification Level: | |
| Retrofit Device Serial #: | |
| <input type="checkbox"/> Main (Front) Engine <input type="checkbox"/> Auxiliary (Rear) Engine | |
| Retrofit Device Make: | |
| Retrofit Device Model: | |
| Retrofit Family Name: | |
| Verification Level: | |
| Retrofit Device Serial #: | |

V. FUNDING INFORMATION

Main (Front) Engine

Auxiliary (Rear) Engine

Retrofit Device Cost (including tax): \$

NOTE: You MUST attach a written estimate from the equipment vendor documenting the cost of the device; this quote must be obtained within 90 days prior to the closing date of the Program Announcement.

Retrofit Device Installation Cost:

Retrofit Device Maintenance Cost:

Applicant Grant Request: \$

Retrofit Device Vendor and Installer:

Main (Front) Engine

Auxiliary (Rear) Engine

Retrofit Device Cost (including tax): \$

NOTE: You MUST attach a written estimate from the equipment vendor documenting the cost of the device; this quote must be obtained within 90 days prior to the closing date of the Program Announcement.

Retrofit Device Installation Cost:

Retrofit Device Maintenance Cost:

Applicant Grant Request: \$

Retrofit Device Vendor and Installer: