

**Surplus Off-Road Opt-In for NOx (SOON)
Program Announcement**

**AQMD PROGRAM ANNOUNCEMENT
PA #2012-04**

The South Coast Air Quality Management District (AQMD) 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 AQMD 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 AQMD 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 ambient air quality standard in the South Coast Air Basin by 2014.

Funding is available for PA #2012-04 and is from a combination of SB 1107 and AB 923 funds. 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 cost-effectiveness of \$5,000 (maximum of \$16,640) per ton of NOx emissions reduced and any additional AQMD criteria as stated in this PA (the cost-effectiveness limit may be changed depending on the demand for program funds). 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).

AQMD SOON requirements may sometimes be more stringent than CARB guidelines. For example, AQMD may have a lower cost-effectiveness ceiling for a particular category. In case there are any conflicts between CARB guidelines and AQMD criteria, the more stringent criteria will prevail. AQMD 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 NO_x reductions which are needed to meet the PM_{2.5} ambient air quality standard in the South Coast Air Basin by 2014. 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
- AQMD Rule 2202 Air Quality Investment Program
- AQMD RECLAIM Air Quality Investment Program for NO_x
- Emission Credit Programs encompassed in the AQMD 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, 2014.** 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 AQMD's Governing Board.

All proposals will be evaluated based on criteria set forth in this PA. The AQMD will evaluate and/or verify information submitted by the applicant. At AQMD's discretion, consultants to the AQMD 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 AQMD 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 engine (for a Tier 4I or Tier 3 repower). Fleets applying for funding may voluntarily choose to use the funding for replacement of a vehicle with a new Interim Tier 4 vehicle in lieu of repowering the vehicle.

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 PM and/or NOx 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 and PM retrofit system is being installed, PA #2012- 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 2014-2019 targets of CARB's In-Use Off-Road Vehicle regulation, as well as identify new projects under this PA to meet SOON NOx targets in 2014 and 2017.**
- 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. However, a shorter project life may affect the project's ranking relative to other project applicants.
- No third party contracts will be executed.
- Pre- and post-inspection of all vehicles/engines/equipment approved for funding will be conducted by AQMD.
- 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 (i.e., repower) with an emission certified engine instead of rebuilding the existing engine to its original specifications. Although this is commonly a diesel-to-diesel repower, significant NOx and PM benefits are achieved due to the high emission levels of the older in-use engine being replaced. Eligible engines are those that are certified to the current applicable emission standard or to an optional credit emission standard. 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 or rebuilt on-road engine certified to an emission standard equal to or cleaner than the Tier 3 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 an actual repower quote, or if no 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 Interim Tier 4 or Tier 4 vehicle. 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 AQMD 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.
- 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 AQMD 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.
- Replacement of an uncontrolled diesel off-road engine with a new or rebuilt on-road engine certified to an emission standard equal to or lower than the Tier 3 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 number.
- Applicants must provide their DOORS EIN and proof of ownership for each vehicle for which funding is requested.

COST-EFFECTIVENESS EVALUATION DISCUSSION

Cost-effectiveness calculations are based on oxides of nitrogen (NOx) only. AQMD 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:

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

where

$ER_{\text{NOx-old}}$	=	NOx emission rate of old engine (g/bhp-hr)
$ER_{\text{NOx-new}}$	=	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

¹ Unless the AQMD “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.

discount rate of 2 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.

$$CRF = [(1 + i)^n (i)] / [(1 + i)^n - 1]$$

where

i = discount rate (2 percent)

n = project life

Table 1 lists the CRF for different project lives using a discount rate of 2 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 2 Percent Discount Rate

Project Life	CRF
3	0.347
4	0.263
5	0.212
6	0.179
7	0.155
8	0.137
9	0.123
10	0.111
11	0.102
12	0.095
13	0.088
14	0.083
15	0.078
16	0.074
17	0.070
18	0.067
19	0.064
20	0.061

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 AQMD for this full project life. The AQMD 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 AQMD inspection. The AQMD 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 AQMD 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

AQMD 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 #2012-04	November 4, 2011
Workshops	February through May 2012
All Applications due by 1:00 p.m.	Tuesday, June 5, 2012
Anticipated Award Consideration by the Board	October 2, 2012

<p>ALL PROPOSALS MUST BE RECEIVED AT THE AQMD HEADQUARTERS NO LATER THAN 1:00 P.M. ON TUESDAY, JUNE 5, 2012</p>
--

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

AQMD 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 AQMD 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, 2014.

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 AQMD. 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 AQMD 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, 2013.
- Provide for appropriate record-keeping during the project life (i.e., annual hours of operation).
- Provide a compliance plan.
- 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 AQMD 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. AQMD 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 AQMD. Although the proposer will not be automatically disqualified by reason of work performed for such firms, the AQMD 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 AQMD District 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 AQMD Governing Board. Any orders placed or payments made in advance of an executed contract with the AQMD are done at the risk of the applicant. The AQMD 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 \$16,640/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.

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.

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 cofunding 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 (5 or 6 year project life will be considered on a case-by-case basis) will be used for all projects subject to PA #2012-04 .

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 2020 inclusive:

- A vehicle list which includes, but is not limited to, vehicle type, manufacturer, model, model year, and if 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.
- Information including, but not limited to, calculations, fleet information, etc., showing whether the fleet is 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 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 #2012- 04**". 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 Tuesday, June 5, 2012**. 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 AQMD reserves the right to reject any or all proposals. All responses become the property of the AQMD. One copy of the proposal shall be retained for AQMD 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 AQMD. 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

AQMD 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. AQMD uses the following method to meet these requirements.

1. All projects must qualify for the CMP by meeting the cost-effectiveness limit of \$16,640 per ton of NO_x 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, full payment will be made upon installation and commencement of operation of the funded equipment.

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

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** \leq 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 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, 2013, 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 #2012-04 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 #2012-04. 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
Federal Contract Debarment Certification
Campaign Contribution Disclosure

REV 2/11



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 31.36(e), 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:

- | | |
|---|--|
| <input type="checkbox"/> Small Business Enterprise/Small Business Joint Venture | <input type="checkbox"/> Women-owned Business Enterprise |
| <input type="checkbox"/> Local business | <input type="checkbox"/> Disabled Veteran-owned Business Enterprise/DVBE Joint Venture |
| <input type="checkbox"/> Minority-owned Business Enterprise | |

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.

Social security number								
or								
Employer identification number								

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

Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- 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:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding,
- or
- 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:

- The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
- The treaty article addressing the income.
- 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)	The grantor-trustee ¹
b. So-called trust account that is not a legal or valid trust under state law	The actual owner ¹
5. Sole proprietorship or single-owner LLC	The owner ³
For this type of account:	Give name and EIN of:
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

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 judgment 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

California law prohibits a party, or an agent, from making campaign contributions to AQMD Governing Board Members or members/alternates of the Mobile Source Pollution Reduction Committee (MSRC) of \$250 or more while their contract or permit is pending before the AQMD; 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, 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 \$250 or more in the 12-month period prior to the consideration of the item by the Governing Board or the MSRC. Gov’t Code §84308(c). When abstaining, the Board Member or members/alternates of the MSRC must announce the source of the campaign contribution on the record. *Id.* The requirement to abstain is triggered by campaign contributions of \$250 or more in total contributions of the bidder or contractor, *plus* any of its parent, subsidiary, or affiliated companies. 2 C.C.R. §18438.5.

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 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).

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

SECTION I. Please complete Section I.

Contractor:

RFP #: PA2012-04

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

SECTION II

Has contractor and/or 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 members/alternates 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

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.

- (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.*

2 Cal. Code of Regs., §18703.1(d).



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: _____ 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 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: \$	
<p>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.</p>			
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: \$	
<p>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.</p>			
Applicant Co-Funding Amount (if any): \$			
Applicant Grant Request Amount: \$			
New Equipment Vendor:			

VII. FUNDING INFORMATION (RETROFIT)

<input type="checkbox"/> Main (Front) Engine _____ <input type="checkbox"/> 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:
<input type="checkbox"/> Main (Front) Engine <input type="checkbox"/> 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): _____ <small>(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.)</small>
--

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. 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

<input type="checkbox"/> Main (Front) Engine <input type="checkbox"/> 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:
<input type="checkbox"/> Main (Front) Engine <input type="checkbox"/> 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: