2018
CARL MOYER MEMORIAL
AIR QUALITY STANDARDS ATTAINMENT PROGRAM
PROGRAM ANNOUNCEMENT
"Year 20"

SCAQMD PROGRAM ANNOUNCEMENT
#PA2018-06

The South Coast Air Quality Management District (SCAQMD) is pleased to announce the availability of funds from the Carl Moyer Memorial Air Quality Standards Attainment Program (hereafter "CMP"). The CMP has played a significant role in incentivizing equipment owners to purchase cleaner-than-required engines, vehicles and equipment. This year marks the 20th year of implementation of the CMP by the SCAQMD.

The CMP is intended to obtain "surplus" emission reductions of Nitrogen Oxides (NOx), Particulate Matter (PM10) and Reactive Organic Gases (ROG) from heavy-duty vehicles and other equipment operating in California as early and as cost-effectively as possible. The CMP provides financial incentives to equipment owners to repower, retrofit or replace in-use heavy-duty vehicles and equipment with cleaner-than-required engine and equipment technologies that will achieve emission reductions that are real, surplus, quantifiable and enforceable.

SECTION I – OVERVIEW

PURPOSE

The purpose of this Program Announcement (PA) is to solicit project applications for the 2018 Carl Moyer Memorial Air Quality Standards Attainment Program (CMP). **The budget for this PA will be approximately $25 million from the CMP Fund. Additional funds through AB 134 are anticipated to be available for this Program Announcement.**

All applications will be evaluated based on the criteria set forth in this PA, the CMP Guidelines, and all subsequent updates and modifications/advisories to the Guidelines. This PA was prepared based on the latest version of the CMP Guidelines approved by the California Air Resources Board (CARB) on April 27, 2017, which are available online at:
http://www.arb.ca.gov/msprog/moyer/guidelines/current.htm.

This PA will identify the equipment categories, project options and key eligibility criteria to qualify for this year's CMP. The detailed requirements for projects can be found in the CMP Guidelines. Applicants are encouraged to review the CMP Guidelines to confirm eligibility and understand the funding "caps" that may apply to certain types of projects.

In the preparation of this PA, the words "Applicant," "Contractor," and "Consultant" are used interchangeably.

WHAT'S NEW?
In September 2017, the Governor approved AB 134 as an amendment to the Budget Act of 2017. Under Section 3 of this bill, $250 million will be distributed by CARB to air districts for implementation of projects pursuant to the Carl Moyer Program. SCAQMD's allocation of these funds is $107.5 million. Based on a successful solicitation last year, the SCAQMD's Governing Board approved about $51 million in eligible projects for AB 134. This leaves a balance of approximately $50 million in AB 134 funds. The SCAQMD anticipates the availability of AB 134 funds for eligible projects under this solicitation.

AB 1274 (O'Donnell) was signed by the Governor in October 2017 and will result in the postponement of smog checks on new vehicles from Year 6 to Year 8. A fee of $25 per year for each year the vehicle is exempted from smog check will be charged by DMV, and the revenues from the fee will be directed to the Carl Moyer Program. AB 1274 is expected to increase the current funding level for the Carl Moyer Program by more than double starting in January 2019.

FUNDING CATEGORIES
Below are the specific project categories identified for funding under this PA:

- On-Road Heavy-Duty Vehicles, including Emergency Vehicles (Fire Apparatus)
- Off-Road Equipment, including:
  - Marine Engine Repower
  - Shore Power (if project is not subject to CARB's At-Berth Regulation)
  - Construction Equipment
  - Agricultural Mobile Equipment (loaders, tractors, water pulls, etc.)
  - Locomotives
  - Cargo Handling Equipment
- Infrastructure to fuel or power a covered source under the CMP, including but not limited to: on-road heavy-duty vehicles, off-road equipment, agricultural equipment and marine vessels.

On-Road Heavy-Duty Vehicles
Below are the key requirements for on-road, heavy-duty vehicle projects:

- Fleets must be fully compliant with all applicable fleet regulations. Eligible project types include vehicle replacement and repower/conversion projects; on-road retrofit projects will be considered on a case-by-case basis.
- Eligible vehicle types include heavy-duty trucks and buses, transit buses, solid waste collection vehicles, public agency and utility fleet vehicles and emergency vehicles (however, emergency vehicles are only eligible under the replacement project type).
- In addition to the cost-effectiveness limit(s) prescribed by the CMP Guidelines, each vehicle/engine is also subject to a funding cap[1] based on various factors including weight class (i.e., GVWR), vehicle type, and the proposed technology. The maximum grant award will be based on the allowable cost effectiveness and the funding caps, whichever is less.
- Projects must include commercially available technologies that are certified or verified by CARB.

[1] Funding caps are provided in Tables 4-2 through 4-7 in the CMP Guidelines.

Off-Road Heavy-Duty Equipment/Engines
Below are the key requirements for the off-road equipment category:

- Fleets must be fully compliant with all applicable fleet regulations. Eligible project types include equipment replacement, engine repower and retrofit devices.
- Eligible equipment types include, but are not limited to: construction equipment, marine engines, shore power, locomotives, agricultural tractors, zero emission rubber-tired gantry (RTG) cranes and other cargo handling equipment.
- Large fleets are eligible for funding once after January 1, 2017. After January 1, 2017, for those large fleets eligible for funding a second or subsequent time, only zero-emission projects are eligible.

Infrastructure
The 2017 update to the CMP Guidelines allows funding for infrastructure projects that will enable the deployment of alternative, advanced, and cleaner technologies to support the State's air quality goals. Specifically, projects that install fueling or energy infrastructure that will be used to fuel or power a "covered source" are now eligible for CMP funding consideration. A "covered source" includes heavy-duty on-road vehicles, off-road non-recreational equipment and vehicles, locomotives, marine vessels, agricultural sources of air pollution, and other categories as determined by CARB and SCAQMD that are necessary for the state and air district to meet air quality goals.

Infrastructure projects will be selected on a competitive basis. Infrastructure projects are not subject to a cost-effectiveness limit. Applicants must provide a minimum of two bids from qualified installers for the infrastructure project as part of the application. In addition, applicants shall describe the process used or that will be used to solicit and select the final bid. Infrastructure projects may also require a case by case review by CARB. Applicants must demonstrate that they either own the land on which the project will be located, or control it through a long-term lease, easement or other legal arrangement, for the duration of the project life.

Eligible infrastructure projects include, but are not limited to:

- Battery charging stations: New, conversion of existing, and expansion to existing battery charging stations for heavy-duty vehicles and equipment
- Alternative Fuel Station: New, conversion of existing, or expansion of existing hydrogen or natural gas fueling station for heavy duty vehicles and equipment
- Stationary Agricultural Station: Pump electrification
- Shore Power: Shore-side electrification for projects not subject to CARB's shore power regulation. Only a port authority, terminal operator, or marine vessel owner is eligible for this type of infrastructure project.

A vehicle or equipment project is not required to be submitted as a condition of eligibility for infrastructure funding.

Purchase orders or other purchase commitments to design and install the proposed infrastructure shall not be placed until after the date of award approval by the SCAQMD Governing Board. Further, any purchase commitments placed after SCAQMD Governing Board approval but in advance of a fully executed contract are placed at the applicant's own risk.

Regulatory Compliance
All applicants must be fully compliant with all applicable regulations in order to be eligible for consideration for CMP funding. Refer to CARB's fleet rule Web pages that provide detailed information on compliance with these regulations. These are listed below in Section VI.

GENERAL PROGRAM INFORMATION

The CMP award amount shall not exceed the project's incremental cost, applicable funding caps and cost-effectiveness limit(s). The "Step 1" cost effectiveness limit, $30,000 per weighted ton of emissions reduced, applies to projects that bring vehicles and equipment up to current standards. The "Step 2" cost effectiveness limit, $100,000 per weighted ton of emissions reduced, applies to projects that are zero-emission or meet the cleanest certified optional standard applicable (by source category).

All projects must meet the criteria stated in this PA and the CMP Guidelines in effect at the time of contract execution. A project's cost-effectiveness is determined based on the annualized cost of the project and the amount of NOx, ROG and PM10 emission reductions that will be achieved by the project. Project cost-effectiveness is currently calculated according to the following formula:

$$\frac{\textbf{Annualized Cost (\$/year)}}{\textbf{[NOx reduction + 20 (combustion PM10 reduction) + ROG reduction] (Tons/year)}}$$

For projects that involve advanced technologies, the cost effectiveness will be calculated using the CMP's two-step calculation approach.[2]

All projects must be operational within eighteen (18) months of contract execution or by May 22, 2020, whichever is earlier. Some projects may have earlier in-service operational date requirements, if they are subject to CARB regulations.

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

In cases of conflict between CARB guidelines and SCAQMD criteria, the more stringent criteria will prevail. SCAQMD will post any new information and requirements on its CMP Web page at www.aqmd.gov/moyer.

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

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[2] Detailed guidance for the new two-step calculation approach, as well as all CMP emissions reduction and cost-effectiveness calculations is available at: https://www.arb.ca.gov/msprog/moyer/guidelines/2017gl/2017_gl_appendix_c.pdf.

All emission reductions resulting from funded projects will be credited to the Carl Moyer Program. A grant shall not be made that, net of taxes, provides the applicant with funds in excess of the incremental cost of the project.

A project may be leveraged with other funding sources, including but not limited to: federal funding programs that reduce greenhouse gas (GHG) emissions, funding provided by the Alternative and Renewable Fuel and Vehicle Technology Program, Air Quality Improvement Program, or CARB's Low Carbon Transportation Investment funds to reduce GHG emissions, provided the grantee pays at least 15 percent of the project cost from non-public sources.

The applicant must disclose all funding sources at the time of application and will be required to report all funding sources prior to invoice payment. The sum of all grants and other funds applied toward the project shall not exceed the total project cost. The emission reductions paid for by the CMP shall not be claimed by the other funding sources.

ELIGIBILITY INFORMATION

Emission reductions obtained through CMP projects must be real, surplus, quantifiable and enforceable. The emission reductions must not be required by any federal, state or local regulation, memorandum of agreement/understanding, settlement agreement, mitigation requirement or other legal mandate.

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

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

ON-ROAD VEHICLES

For purposes of the CMP, the following on-road vehicle classifications are used:

Vehicle Classification	GVWR
Light Heavy-Duty (LHD)	14,001 to 19,500 pounds
Medium Heavy-Duty (MHD)	19,501 to 33,000 pounds
Heavy Heavy-Duty (HHD)	Over 33,000 pounds

The proposed vehicle must be in the same weight class as the existing vehicle (LHD, MHD or HHD). The engine must be certified to the applicable heavy-duty intended service class as shown on the engine certification Executive Order. However, the following cases may be allowed: 1) MHD engines may be installed in HHD vehicles with GVWR up to 36,300 lbs. (10 percent higher than 33,000 lbs. GVWR) with written warranty verification by engine and chassis manufacturer, or 2) HHD engines may be installed in MHD vehicles if necessary for vocational purposes but only if the GVWR are within 10 percent of the HHD intended service class (i.e., GVWR of 29,701 lbs. or greater).

Executive Orders for on-road vehicles may be downloaded at:
http://www.arb.ca.gov/msprog/onroad/cert/cert.php.

Project emission reductions will be based on the lower of two 12-month periods of California usage during the previous twenty-four months. Fleet averages cannot be used.

Replacement
This project type involves the replacement of an older, in-use vehicle with a newer, cleaner vehicle. The replacement engine must be 2013 or newer engine model year certified by CARB at or below the optional low NOx standard of 0.10 g/bhp-hr and PM emission standard of 0.01 g/bhp-hr. In alignment with SCAQMD's 2016 AQMP, all on-road projects under the CMP must select the optional low-NOx or zero emission technologies for fleet sizes of greater than 10 vehicles. Fleet size is determined based on the number of vehicles with a GVWR of 14,001 lbs or greater.

The SCAQMD requires that all on-road projects be operated within the SCAQMD jurisdiction for at least 75% of the time. Applicants must clearly demonstrate their compliance status with the applicable CARB regulation (i.e., Statewide Truck & Bus Regulation, Drayage Truck Regulation, Fleet Rule for Public Agencies & Utilities, Transit Bus Regulation, TRU ATCM, etc.) at the time of application submittal.

Please note that if you are an owner of a fleet with 10 or fewer vehicles (greater than 14,000 lbs. GVWR), you may be eligible for funding through the On-Road Voucher Incentive Program (VIP). Please refer to the SCAQMD's VIP Web page to explore funding opportunities for replacement at: www.aqmd.gov/vip.

In addition, the following on-road projects will be considered on a case-by-case basis:

- On-road vehicles with a GVWR between 8,501 and 14,000 pounds,
- Retrofits that reduce NOx by at least 15 percent; for engines that are certified above 0.01 g/bhp-hr PM, the retrofit must also reduce PM emissions by 85 percent,
- Zero-emission transport refrigeration units (TRUs).

Emergency Vehicles
Authorized emergency vehicles, as described in California Vehicle Code 165, including but not limited to fire apparatus, pumpers, ladder trucks, water tenders, and prisoner transport buses, are exempt from CARB regulations and therefore eligible for CMP funding. Eligible emergency vehicle projects are those in which an older, more polluting emergency vehicle is replaced with a new or used replacement vehicle with an engine meeting the current model year California emission standards. The older, replaced vehicle must be destroyed. Emergency vehicles are eligible for up to 80 percent of the eligible costs as outlined in the program guidelines.

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

Repowers
This project type involves the repower of an existing, in-use engine with a new, cleaner engine. The replacement engine must be CARB-certified at or below the optional low-NOx emissions level of 0.10

g/bhp-hr NOx and 0.01 g/bhp-hr PM10. Repowers may be funded in various applications. However, due to technological constraints presented with the limited feasibility of newer engines with advanced emissions control equipment fitting into older chassis and maintaining durability, repowers with diesel engines are rare project types for trucks. Repowers with alternative fuel engines may not have the same technological constraints and may become more prevalent.

To ensure durability, certain repower projects may require prototype testing. If the project has been previously completed by the manufacturer, prototype testing is not required. The prototype testing must comply with the engine manufacturer quality assurance process that is equivalent to an Original Equipment Manufacturer (OEM) package. In these cases, a prototype vehicle (or vehicles) is thoroughly reviewed and tested to ensure that the installation meets OEM requirements, and the successful prototype installation is then replicated in other vehicles with the same chassis and engine combination. Per the CMP guidelines, air districts may approve repower projects that meet the OEM quality assurance process described above, subject to the following:

- Moyer Program funding may not be used for any costs associated with the prototype vehicle or vehicles.
- Repower contracts may not be executed until the prototype testing specified by the engine manufacturer is successfully completed.
- Written documentation from the engine manufacturer confirming that the prototype was successful must be maintained in the project file.
- If the proposed repower has been done previously by the manufacturer on the same chassis/engine configuration, prototype testing is not required. The manufacturer must provide written confirmation that the previous work was performed successfully and met OEM requirements.

Conversions

Conversions involve the replacement or modification of the original engine or vehicle to include either a cleaner engine or other system that provides motive power and change of the fuel type used. Hybrid conversion systems using internal combustion engines must be certified according to "California Certification and Installation Procedures for Medium-and Heavy-Duty Vehicle Hybrid Conversion Systems." The baseline engine model year for hybrid conversions must be 2010 or newer. The conversion system manufacturer must provide written confirmation that the funded vehicle would not exceed the certified allowable limit. All-electric conversion systems must receive an exemption Executive Order per Vehicle Code section 27156.

OFF-ROAD COMPRESSION-IGNITION EQUIPMENT

This category includes off-road, mobile compression ignition equipment with engines greater than 25 horsepower. Off-road heavy-duty equipment/engines include, but are not limited to: construction equipment, agricultural tractors, marine engines, shore power and locomotive equipment. Portable equipment is not eligible for CMP funding. The following off-road equipment projects may be eligible for funding:

- Repower: The replacement of an existing engine with a newer emission-certified engine, or zero-emission system, instead of rebuilding the existing engine to its original specifications.
- Retrofit: The installation of a CARB-verified emission control system on an existing engine. Examples include but are not limited to: particulate filters and diesel oxidation catalysts.

- Equipment Replacement: The purchase of new or used equipment with an engine certified to the current emission standard (Tier 4 Final) or zero emission technology to replace an older, fully functional piece of equipment that is to be scrapped.

For off-road replacement and repower projects, the CMP guidelines specify that the horsepower rating of the new (or replacement) engine must not be greater than 125 percent of the original manufacturer rated horsepower of the old (or existing) engine. If the new engine is greater than 125 percent, then the eligible funding amount will be based on the cost of an engine or equipment whose horsepower is no higher than 125 percent of the existing engine horsepower. The applicant must pay the additional costs associated with the higher horsepower engine and obtain a price quote for an engine or equipment that is within the 125 percent range for the funding determination. In addition, verifiable records on the existing engine must be provided with the application to accurately identify the engine manufacture year and horsepower (e.g., photographs of engine labels, statement from engine manufacturers, etc.).

Construction Equipment
Fleets must be in compliance with CARB's In-Use Off-Road Diesel Vehicle Regulation (Off-Road Regulation) in order to be eligible for funding. Large fleets are eligible for funding once after January 1, 2017. After January 1, 2017, for those large fleets eligible for funding a second or subsequent time, only zero-emission projects are eligible.

Applicants must submit information regarding fleet size and compliance status. **This must include the Diesel Off-Road On-line Reporting System (DOORS) ID of the fleet, the DOORS Compliance Snapshot, the DOORS equipment list, and the DOORS Equipment Identification Number (EIN) of the funded equipment.** All documentation submitted must be signed and dated by the applicant and include language certifying that the fleet list provided is accurate and complete.

Off-road projects fall into three distinct categories: 1) repower existing equipment with an emission-certified engine, 2) retrofit with a verified-diesel emission control strategy (VDECS), and 3) replacement of an older, fully functional piece of equipment (that is to be scrapped) by a vehicle with an engine certified as meeting the current off-road emission standards, or cleaner.

Marine Vessel Projects
Marine vessel project types include engine repower and shore power.

Marine Engine Repower
Vessels not subject to the in-use compliance requirements of CARB's Commercial Harbor Craft Regulation such as fishing vessels, pilot boats and work boats are eligible. Since the repower must be completed at least three (3) years prior to the vessel's regulatory in-use compliance date, limited CMP funding opportunities remain for vessel engines subject to the in-use compliance requirements of CARB's Commercial Harbor Craft (CHC) regulation (i.e., barge, crew/supply, dredge, excursion, ferry, towboat and tugboats). Based on the vessel's operation, the newer engine's emissions must be surplus to the currently required U.S. EPA marine engine emission standard (i.e., Tier 3, Tier 4, etc.). Remanufacture kits, which are comprised of engine component parts that, when installed, reduce the engine's emissions, are subject to the same requirements as engine repower projects. For all marine engine repower projects, the replacement engine must provide at least a 15 percent NOx reduction relative to the baseline engine.

Shore Power Projects
Limited CMP funding opportunities remain for shore power projects due to the applicability of CARB's At-Berth Regulation. Applicants must submit their CARB-approved Initial Terminal Plan to document compliance with CARB's Shore Power regulation. The proposed projects must provide emission reductions that are surplus to regulatory requirements. Projects not subject to CARB's regulation are eligible.

Locomotives
All new locomotives and replacement engines must be certified to Tier 4 standards to be eligible for CMP funding. There are very limited CMP funding opportunities for Class 1 freight railroads. Such a project will be subject to a case-by-case approval by CARB. Class 3 freight railroads and passenger railroads are not subject to any CARB fleet regulations and are therefore eligible for CMP funding.

The following project types are eligible for CMP funding:

1. Locomotive replacement (the reuse and/or recycling of the baseline chassis is allowed if the baseline engine is destroyed)
2. U.S. EPA-certified engine remanufacture kit or repower
3. Head-end power (HEP) unit (apply as an off-road engine project).

DEFINITIONS

Alternative Fuel
Alternative fuels include compressed natural gas (CNG), liquefied natural gas (LNG), hydrogen (H2), methanol, ethanol, propane (LPG) and electric technologies. Experimental technologies and fuels will be referred to CARB for evaluation and possible eligibility in the Program.

Equipment Replacement
Equipment replacement means the replacement of an older vehicle or piece of equipment that still has remaining useful life with a newer, cleaner vehicle or piece of equipment. For this project type, applicant must have owned and operated the old equipment in California for the previous two years.

Repower
Vehicle repower means the replacement of an in-use engine with another, cleaner engine (more than 15 percent cleaner).

Retrofit
An emission control system employed exclusively with an in-use engine, vehicle or piece of equipment. CARB guidance requires the applicant to select the highest level technology certified for that engine that provides the most emission reductions. For many projects, this includes a diesel emission control device that reduces both PM and NOx emissions. In order to be eligible for CMP funding, the retrofit device must be verified for the specific engine family found on the equipment and achieve the highest level emission reductions when compared to other verified retrofit devices. If a specific device reduces both NOx and PM, but the PM reduction from a retrofit is required by a regulation, only the NOx reduction may be eligible for funding.

SCAQMD Jurisdiction

The SCAQMD is the air pollution control agency for all of Orange County and the urban portions of Los Angeles, Riverside and San Bernardino counties. This area of 10,743 square miles is home to approximately 17 million people–about half the population of the whole state of California. It is the second most populated urban area in the United States and one of the smoggiest. Visit http://www.aqmd.gov/nav/about/jurisdiction for more information.

IMPORTANT PROGRAM INFORMATION

- Applicants **must** provide vendor quotes with their application to document the cost of the low- or zero-emission vehicle/equipment project. Applicants may be awarded up to the designated percentage of total cost for the specified type of project (new purchase, repower replacement and/or retrofit), subject to funding caps and program cost-effectiveness limits. Eligible costs include installation labor and sales tax. **All quotes must have been obtained within 90 days prior to the closing date of the Program Announcement.**

- A number of the CARB fleet rules and air quality regulations impact CMP eligibility. Compliance with existing CARB regulations is a pre-requisite for CMP funding. Only emission reductions in excess of regulatory requirements can be considered for CMP funding. If applicants are applying for CMP funds to reduce emissions before the required compliance date (i.e., early reductions), the equipment must demonstrate sufficient years of operation before the regulatory compliance deadline. Applicants are responsible for ensuring that they are in full compliance with all applicable regulations and that vehicles/equipment requests under the CMP provide surplus emissions reductions. As noted earlier, applicants must provide documentation of their regulatory compliance status.

- Any tax obligation associated with the award is the responsibility of the grantee.

- All projects must be operational within eighteen (18) months of contract execution or May 22, 2020, whichever is earlier.

- All project invoices must be submitted for payment no later than May 22, 2020. Projects which have not invoiced by the applicable date may forfeit their funding.

- No third-party contracts will be executed.

- Pre- and post-inspection of all vehicles/engines/equipment approved for funding will be conducted, as required. Applicants must make all equipment available **locally (i.e., within the SCAQMD boundaries)** for inspections unless specified during contract preparation. Documentation of compliance with existing regulatory requirements is required at the time of pre-inspection.

- **Local** destruction of the engine and/or equipment being replaced is required for repower or replacement projects.

- The project's cost effectiveness level will be based on the historical usage of the existing equipment for the previous two years. The usage for off-road equipment projects will be based on hours (except for locomotive projects, which require annual fuel consumption), and the usage for on-road vehicle projects will be based on mileage. The applicant must provide the historical usage records for the equipment as part of the application. If historical usage documentation is not available, the proposed annual usage provided by the applicant will be used to determine the project's cost-effectiveness and specified as a requirement in the contract.

PROGRAM ADMINISTRATION

The CMP will be administered locally by the SCAQMD through its Technology Advancement Office. The SCAQMD reserves the right to allocate the CMP funds among the program categories in accordance with SCAQMD priorities. Additionally, the SCAQMD reserves the right to partially fund a project.

All qualified applications submitted in response to this PA will first be evaluated for completeness. SCAQMD staff will notify each applicant of an incomplete application and request the additional information within thirty (30) business days of the application submittal due date. SCAQMD will send letters to applicants regarding missing information. Applicants will have seven (7) days to provide any missing information requested in the letter. It will be the applicant's responsibility to submit the missing or incomplete information within the time specified by SCAQMD staff. Only completed applications can move forward in the evaluation process.

Each project will be evaluated for its status as a Disadvantaged Community (DAC) or low-income community, as discussed in Section IV below. Each project will also be evaluated for cost effectiveness and ranked accordingly, except for infrastructure projects. Infrastructure projects are not subject to a cost effectiveness limit, but instead will be evaluated on a competitive basis using metrics that include, but are not limited to: fleet usage commitments, public access, project type (i.e., public, private, solar, wind), expected vehicle usage/throughput and cost share. Funding category allocations will be determined based on the evaluation and selection criteria in Section IV and approval by the SCAQMD Governing Board.

Applications for fuel and engine technologies that are not certified, verified or approved by CARB, or falling outside the categories specifically discussed in this PA, may be referred to CARB for determination of CMP eligibility on a case-by-case basis. Please discuss these projects with SCAQMD staff prior to application submittal.

SCHEDULE OF EVENTS

Issue #PA2018-06	March 2, 2018
Workshops	April – May 2018
All Applications Due by 1:00 pm	**Tuesday, June 5, 2018**
Awards Consideration by the Board	October 2018
Contract Execution	January 2019

ALL APPLICATIONS MUST BE RECEIVED ELECTRONICALLY OR ON PAPER AT THE SCAQMD HEADQUARTERS
NO LATER THAN 1:00 P.M. ON TUESDAY, JUNE 5, 2018

Electronic submission using SCAQMD's new CMP Online Application Program (OAP) is preferred and is available at: www.aqmd.gov/moyer.

If a paper copy application is being submitted, postmarks will not be accepted as compliant with the deadline; the paper copy application must be received at the SCAQMD Headquarters reception desk by the above deadline. Fax or email applications will not be accepted. Applicants may hand deliver applications to the SCAQMD by submitting the application to the SCAQMD reception desk. The application will be date and time-stamped and the person delivering the application will be given a receipt.

OFF-ROAD/CONSTRUCTION/AGRICULTURAL EQUIPMENT/ENGINES WORKSHOP

- **Wednesday, April 25, 2018 – 10 a.m. to 1 p.m.**
  Coachella Valley Mosquito & Vector Control District, Board Room
  43420 Trader Place
  Indio, CA 92201

MARINE VESSEL/SHORE POWER /CHE ELECTRIFICATION WORKSHOP

- **Wednesday, May 2, 2018 – 10 a.m. to Noon**
  Port of Los Angeles Board Room
  425 South Palos Verdes Street
  San Pedro, CA 90731

SCHEDULE OF CMP GENERAL WORKSHOPS:

- **Wednesday, May 9, 2018 - 9 a.m. to Noon**
  SCAQMD Headquarters, Conference Room CC6
  21865 Copley Drive
  Diamond Bar, CA 91765
- **Thursday, May 17, 2018 - 9 a.m. to Noon**
  SCAQMD Headquarters, Conference Room CC6
  21865 Copley Drive
  Diamond Bar, CA 91765
- **Wednesday, May 23, 2018 – 9 a.m. to Noon**
  SCAQMD Headquarters, Conference Room CC6
  21865 Copley Drive
  Diamond Bar, CA 91765

Training for the new online application system will be included in these workshops.

STATEMENT OF COMPLIANCE

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

CONTACT FOR ADDITIONAL INFORMATION

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

Walter Shen
Science and Technology Advancement
South Coast Air Quality Management District
21865 Copley Drive, Diamond Bar, CA 91765
Phone (909) 396-2487/FAX (909) 396-3252
wshen@aqmd.gov

SECTION II - WORK STATEMENT/SCHEDULE OF DELIVERABLES

Applicants must sign the Application form indicating their understanding of the requirements for submittal of additional project information to finalize a contract and that all vehicles, engines or equipment must be in operation within eighteen (18) months of contract execution or by May 22, 2020, whichever is earlier. **Unsigned applications may be deemed ineligible and may NOT be considered for funding.**

WORK STATEMENT

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

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

- Provide emission reductions that are real, surplus, quantifiable and enforceable in accordance with CMP guideline requirements.
- Meet the cost-effectiveness limit, as described in this PA and the CMP Guidelines, and subsequent CMP Advisories.
- For repower and replacement projects, the replacement engine must achieve an annual NOx emissions benefit of at least 15 percent to receive any funding for NOx reductions.
- Commit that project engines or equipment operate in-service for the full project life, a minimum of three years, and at least 75 percent of annual operation must occur within the SCAQMD. Project life is the number of years used to determine the cost-effectiveness and is equal to the contract term.
- Commit that all vehicles/engines/equipment are in operation within 18 months of contract execution or by May 22, 2020, whichever is earlier.

- Provide for appropriate recordkeeping during the project life (i.e., annual mileage, fuel consumption and/or hours of operation).
- Ensure that the project complies with all applicable rules and regulations, and the resulting emission reductions from the project are not required as a mitigation measure to reduce adverse environmental impacts that are identified in an environmental document prepared in accordance with the California Environmental Quality Act or the National Environmental Policy Act.
- If requested, contractor must provide a financial statement and bank reference, or other evidence of financial ability to fulfill contract requirements.
- If requested, contractor must make all equipment and records available to the SCAQMD or CARB for audit and inspections.

DELIVERABLES

The contract will describe how the project will be monitored and what type of information must be submitted as part of the reporting requirements. At a minimum, the SCAQMD expects to receive an annual report for each year during the full contract term, or project life, which provides the annual miles or hours of operation, where the vehicle or equipment was operated, annual fuel consumption, and operational and maintenance issues encountered and how they were resolved. SCAQMD reserves the right to verify the information provided.

Reporting forms are available online at: www.aqmd.gov/moyer.

SECTION III - APPLICATION SUBMITTAL REQUIREMENTS

Applicants are encouraged to apply for CMP funding using the SCAQMD's new CMP Online Application Program at: www.aqmd.gov/moyer. Applicants may also complete and submit a paper copy application with the appropriate application forms, which are listed in Appendix A. In addition, all Business Information Forms[3], including Conflict of Interest and Project Cost information, as described below, must also be submitted with the application. It is the responsibility of the applicant to ensure that all information submitted is accurate and complete.

CONFLICT OF INTEREST

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

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. The vendor quotes must be dated within

[3] www.aqmd.gov/moyer

90 days of the application submittal date. Applicants need to inform vendors of the time frame of the award process so that they can estimate prices based on the future/projected order/purchase date.

Purchase orders or other purchase commitments shall not be placed until after the date of award approval by the SCAQMD Governing Board. Purchase orders may be placed after SCAQMD Governing Board approval and in advance of a fully executed contract, but these orders/commitments are placed at the applicant's own risk[4].

The CMP will fund only a percentage of the cost of the low emission or zero emission technology based on the type of project**.** The proposed low-emission or zero-emission technology must be certified, verified or approved by CARB in most cases[5]. No administrative or operational costs will be funded.

All project costs must be clearly indicated in the application. In addition, applicants must disclose all sources of co-funding, including the name of the funding source and amount of funding 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 annual reporting obligation.** In other words, a project applicant using a ten-year life for the emissions reduction calculations will be required to operate, track and report activity for the project vehicle for the full ten years. The contract term will also be ten years.

Applicants are not required to calculate a project's cost-effectiveness, although it is helpful to understand your project's cost-effectiveness in order to anticipate the maximum possible grant award that might be recommended. Methodologies for calculating cost-effectiveness are provided in the CARB Moyer Guidelines at:
https://www.arb.ca.gov/msprog/moyer/guidelines/2017gl/2017_gl_appendix_c.pdf.

APPLICATION SUBMISSION

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

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

For Paper Copy Applications - Application Forms: (*This section does not pertain to applicants using the SCAQMD's CMP Online Application System.*) The application forms are identified in Appendix A. These must be completed and submitted with other required documents (i.e., Business Information Forms, activity documentation, project quotes, etc.) discussed in the application and below.

[4] Any purchase order/purchase commitment placed prior to the SCAQMD Governing Board approval of the project are prohibited by the CMP. However, orders/commitments placed after SCAQMD Governing Board approval but in advance of a fully executed contract are at the purchaser's own risk.
[5] Note that an experimental permit from CARB may be considered, but the project will require special CARB approval.

A separate Form A-1 is required for each category (i.e., marine, off-road, locomotive, etc.). For example, if an applicant is requesting funding for marine engine repowers and off-road construction equipment, then two (2) separate Form A-1's must be submitted – one for each category. In addition to each Form A-1, the applicable category Form is required for each piece of equipment for which grant funding is requested (i.e., B-1, C-1, etc.). For example:

Example Application Package:

Applicant X plans to submit a request for CMP funding to repower three marine vessels and two locomotive projects. The forms required are:

- Form A-1 for the **marine vessel** projects, which includes:
  - Application Checklist
  - Application Statement
  - Business Information Forms
  - Form D-1 for the first marine vessel repower
  - Form D-1 for the second marine vessel repower
  - Form D-1 for the third marine vessel repower

- Form A-1 for the **locomotive** projects, which includes:
  - Application Checklist
  - Application Statement
  - Business Information Forms
  - Form E-1 for the first locomotive project
  - Form E-1 for the second locomotive project

Business Information Forms: Consists of business information forms that **must** be completed and submitted with the Application. Please note, if recommended for an award, you will be required to submit an updated Campaign Contribution Disclosure form at a later date.

Methods for Delivery:

1. Electronic Submittal: The preferred method of delivery for this solicitation is through SCAQMD's CMP Online Application Program (OAP), available at: www.aqmd.gov/moyer. This online system allows applicants to submit their application electronically to the SCAQMD prior to the date and time specified below. SCAQMD "Business Information Forms" requiring signatures must be scanned and uploaded to the electronic application in PDF format. The system will not allow applications to be submitted after the due date and time.

First-time users must register as a new user to access the system. Applicants will receive a confirmation email after all required documents have been successfully uploaded. A tutorial of the system will be provided at the pre-application workshops and you may contact the Project Officer listed in Table 2 if you would like additional assistance.

2. Paper Copy Submittals – Although not preferred, an applicant may deliver the application in person or via a courier service or U.S. Mail. Applicants **shall submit three (3) complete**

signed copies of the application, as well as an electronic copy of the application and its supporting documents on a CD or flash drive, in a sealed envelope, plainly marked in the upper left-hand corner with the name and address of the applicant and the words "**Program Announcement #PA2018-06**. All paper copy applications shall be submitted in an environmentally friendly format: stapled, not bound, black and white print; no three-ring, spiral or plastic binders, and no card stock or colored paper. All application forms may be accessed from the SCAQMD's Carl Moyer Program homepage at www.aqmd.gov/moyer.

Due Date - All applications must be received, either electronically or on paper, no later than **1:00 p.m., on Tuesday, June 5, 2018.** Postmarks are not accepted as proof of deadline compliance. **Faxed or emailed applications will not be accepted**. Applications 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 applicant will not extend the submittal due date.

Grounds for Rejection - An application may be immediately rejected if:

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

Missing Information – Within thirty (30) business days of the application submittal due date, SCAQMD will send letters to applicants regarding the missing or incomplete information. Applicants will have seven (7) days to provide any missing information requested in the letter. It will be the applicant's responsibility to submit the missing or incomplete information within the time specified by SCAQMD staff. Only complete applications can move forward in the evaluation process.

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

SECTION IV - APPLICATION EVALUATION/CONTRACTOR SELECTION CRITERIA

SCAQMD staff will evaluate all qualified applications and make recommendations to the Governing Board for final selection of project(s) to be funded. Each project will be evaluated based on the cost-effectiveness of NOx, PM10 and ROG reduced, as well as the project's status with respect to the disadvantaged community and low-income criteria prescribed by CARB.

Note: Infrastructure projects are not subject to a cost effectiveness limit but instead will be evaluated on a competitive basis using metrics that include, but are not limited to: fleet usage commitments,

public access, project type (i.e., public, private, solar, wind), expected vehicle usage/throughput and cost share.

Be aware that there is a possibility that due to program priorities, cost-effectiveness or funding limitations, project applicants may be offered only partial funding, and not all applications that meet the cost-effectiveness criteria may be funded.

At least 50 percent of SCAQMD's CMP funds are targeted for projects that meet the criteria of a disadvantaged or low-income community. The Office of Environmental Health Hazard Assessment (OEHHA) in the California Environmental Protection Agency (CalEPA) has developed the California Communities Environmental Health Screening Tool: CalEnviroScreen Version 3.0 (CalEnviroScreen 3.0). The CalEnviroScreen 3.0 tool will be used by SCAQMD to identify projects that qualify as a DAC, which is defined as scoring in the top 25th percentile, and will strive to maximize the benefits to these communities from this PA. All applications will be assessed with the CalEnviroScreen tool to identify and verify if the project will benefit a DAC. This tool is available at: https://oehha.ca.gov/calenviroscreen/report/calenviroscreen-30

SECTION V - PAYMENT TERMS

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

SECTION VI: SCAQMD STAFF CONTACTS AND ADDITIONAL RESOURCES

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

Table 2: CMP Staff Contacts

Project Category	Staff Contact	Phone Number	Email
On-Road Heavy-Duty Vehicles	Krystle Martinez Mei Wang	(909) 396-3021 (909) 396-3257	kmartinez@aqmd.gov mwang@aqmd.gov
Off-Road Equipment	Greg Ushijima Walter Shen	(909) 396-3301 (909) 396-2487	gushijima@aqmd.gov wshen@aqmd.gov
Cargo Handling Equipment Electrification	Greg Ushijima	(909) 396-3301	gushijima@aqmd.gov
Marine Vessels	Mark Coleman	(909) 396-3074	mcoleman@aqmd.gov
Shore Power	Greg Ushijima	(909) 396-3301	gushijima@aqmd.gov
Locomotives	Walter Shen	(909) 396-2487	wshen@aqmd.gov
Infrastructure	George Wu Mei Wang	(909) 396-2533 (909) 396-3257	gwu@aqmd.gov mwang@aqmd.gov

WEBSITE LINKS TO CARB RULES THAT AFFECT CMP ELIGIBILITY

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

Drayage Truck Regulatory @ **https://www.arb.ca.gov/msprog/onroad/porttruck/porttruck.htm**

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

In-Use Off-Road @ **http://www.arb.ca.gov/msprog/ordiesel/ordiesel.htm**

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

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

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

APPENDIX A

Table of Contents

SCAQMD encourages applicants to utilize the CMP Online Application Program to submit applications to the Year 20 CMP. The CMP Online Application Program is available at the SCAQMD Carl Moyer Program homepage at www.aqmd.gov/moyer. If you choose to submit a paper application, please utilize the application forms and other documents identified below. Each document listed below is available on SCAQMD's CMP homepage for download.

1. Application Checklist – one per applicant.

2. Form A-1: General Application (includes Checklist and Application Statement). Provide a complete set of Form A-1 documents for each equipment category (i.e., locomotive, marine, off-road, etc.).

3. Category Application Form specific to your project category (one per unit, or use excel templates referenced in the form for multiple unit projects)

   a) Form B-1: On-Road Heavy-Duty Vehicles, Replacement

   b) Form B-2: On-Road Heavy-Duty Vehicles, Repower

   c) Form B-3: Emergency Vehicles (Fire Apparatus)

   d) Form C-1: Off-Road Equipment Replacement

   e) Form C-2: Off-Road Equipment (Repower, Repower with Retrofit)

   f) Form C-3: Off-Road Equipment Retrofit

   g) Form C-4: Cargo Handling Equipment (CHE) Electrification

   h) Form D-1: Marine Vessels, Repower

   i) Form D-2: Marine Vessels, Shore Power

   j) Form E-1 through E-3: Locomotives
      1.Form E-1: Locomotive Replacement
      2.Form E-2: US Engine Remanufacture Kit or Repower/Refurbishment
      3.Form E-3: Head-end power (HEP) Unit

   k) Form F-1: Infrastructure

4. Business Information Forms – complete, sign and submit all of these forms with your application.

APPLICATION CHECKLIST

Applicants are encouraged to submit their application using SCAQMD's online system. If you are applying in person, use this checklist to organize your paper copy application. Each of the following application sections is required to be submitted if you submit a paper application:

- ☐ A cover letter stating your grant request, how many pieces of equipment and/or engines included in the proposed project, and the funding amount being requested (per engine and for the total project). For applications covering more than one category, organize this information into project category (i.e., marine, locomotive, on-road, etc.)
- ☐ This Application Checklist (signed below).
- ☐ General Application Form A-1. Provide a separate Form A-1 for each category (i.e., marine, locomotive, etc.) for which grant funding is requested. Form A-1 also includes the Application Statement (signed and initialed, as applicable)
- ☐ Completed and **signed** Business Information Forms[6]
- ☐ Category Application Form specific to your project category (i.e., locomotive, off-road, marine, etc.), along with the following attachments/enclosures:
  - ☐ Optional Excel Worksheet associated with applicable application form/category (you may use this form for multiple unit projects, if desired)
  - ☐ Vendor quotes dated no earlier than 90 days prior to the closing date of the Program Announcement
  - ☐ CARB Executive Orders for each engine. Download at:
    On-road: http://www.arb.ca.gov/msprog/onroad/cert/cert.php
    Off-road: http://www.arb.ca.gov/diesel/cv.htm
  - ☐ Previous two years of historical records documenting equipment usage, retroactive to the date of application.

Once completed, please submit one electronic and four paper copies of the assembled package, in accordance with the Application Submittal Instructions.

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

_____ _____

Signature Date

[6] These forms may be downloaded at: www.aqmd.gov/moyer.

Carl Moyer and SOON Application
Form A-1
General Application Form (page 1 of 3)

The SCAQMD is accepting applications for projects throughout its jurisdiction. All proposals will be evaluated based on their cost-effectiveness and their disproportionate impact score as discussed in Section IV "Proposal Evaluation/Contract Selection Criteria" contained in Program Announcement. For additional information about SCAQMD's policies and application information, visit: www.aqmd.gov/moyer. In general, this program will follow CARB Carl Moyer Program guidelines, which are available at: http://www.arb.ca.gov/msprog/moyer/moyer.htm.

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

Organization Information

Legal Name of Organization *

The legal organization name must be that of the legal equipment owner.

Organization Address

Mailing Address *

Street Address/P.O. Box

City *

State *

Zip *

County *

Primary Contact Name and Information

First Name

Last Name

Email Address
(A valid Email address is required. Eg. john@gmail.com)

Phone Number

Fax Number

Person Authorized to Sign Application and Execute Grant Agreement

First Name

Last Name

Email Address
(A valid Email address is required. Eg. john@gmail.com)

Phone Number

Fax Number

Third Party Information

Name of Person Who Completed the Application

What is Your Position?

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

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

Signature of Third Party Person Who Completed the Application:

Date:

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

I understand that this application is for evaluation purposes only and does not guarantee project funding. Only a fully executed Grant Agreement between the equipment owner and the District constitutes an obligation to fund a project. ☐

I certify to the best of my knowledge and under penalty of perjury that the information contained in this application is true and accurate. ☐

I understand that all vehicles/equipment, both existing and new, must be made available within the SCAQMD boundaries for inspection, unless otherwise approved by SCAQMD's Project Officer. ☐

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. ☐

I understand that it is my responsibility to ensure that all technologies are either verified or certified by the California Air Resources Board (CARB) to reduce NOx and/or PM pollutants. CARB Verification Letters and/or Executive Orders are attached, as applicable. ☐

I understand that for repower projects, I am required to install the highest level available verified diesel emission control device (VDECS), and that the costs of this device and associated installation are a CMP eligible expense. These costs may be included in the project grant request up to the maximum cost-effectiveness limit. ☐

I understand that there may be conditions placed upon receiving a grant and agree to refund the grant (or pro-rated portion thereof) if it is found that at any time I do not meet those conditions and if directed by the SCAQMD in accordance with the contract agreement. ☐

I understand that, for this equipment, I am required to disclose if I have applied for or received incentive funding from another entity or program. Failure to do so will disqualify me from Carl Moyer Program Funding. ☐

In the event that the vehicle(s)/equipment do not complete the minimum term of any agreement eventually reached from this application, I agree to ensure the equivalent project emissions reductions, or to return grant funds to the SCAQMD as required by the contract. ☐

I understand that all on-road engines in my fleet that are eligible for a low-NOx software upgrade (reflash) must be reflashed within 60 days of receipt of contract execution. I may self-certify that the reflash has been performed by submitting a receipt of the completed reflash or a picture of the "Low NOx Reflash Label" from the reflashed engine to SCAQMD. ☐

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 Carl Moyer Program funds are being used for this compensation. ☐

I understand that off-road equipment applicants subject to CARB's In-Use Off-Road Diesel Vehicle Regulation (Off-Road Regulation must submit information regarding fleet size and compliance status. This must include the Diesel Off-Road On-line Reporting System (DOORS) ID of the fleet and the DOORS Equipment Identification Number (EIN) of the funded equipment. All documentation submitted must be signed and dated by the applicant and include language certifying that the fleet list provided is accurate and complete. ☐

I understand that additional project information may be requested during project review and must be submitted prior to contract award. ☐

I understand that all vehicles, engines or equipment funded by this program must be operational within eighteen (18) months of contract execution, or by the vehicle in service date as specified in the Statement of Work, whichever is earlier. ☐

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

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

I understand that an IRS Form 1099 may be issued to me for incentive funds received under the Moyer Program. I understand that it is my ☐

responsibility to determine the tax liability associated with participating in the Moyer Program.

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

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

I understand that all emission reductions resulting from Carl Moyer funded projects will be retired and the Carl Moyer Program claims all emission reductions from its funded projects. I also understand that there is no double counting or splitting of emission reductions if I receive additional incentive funding. ☐

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: $

I have checked this box to indicate that there are no potential conflicts of interest with other clients affected by actions performed by the firm on behalf of SCAQMD. If I have not checked this box, I have attached a description to this application oof the potential conflict of interest, which will be screened on a case-by-case basis by the SCAQMD District Counsel's Office. ☐

I understand and certify that I am currently in compliance with all federal, state and locaal air quality rules and regulations at the time of application submittal, and I am not aware of any outstanding or pending enforcement actions. ☐

By signing below, I cerify under penalty of perjury that the information provided in this application is accurate and true.

Please print the name of the signing authority (first and last name)

Signature of signing authority:

Please enter the proposal submission date:

__/__/____

APPLICATION CHECKLIST

Applicants are encouraged to submit their application using SCAQMD's online system. If you are applying in person, use this checklist to organize your paper copy application. Each of the following application sections is required to be submitted if you submit a paper application:

- ☐ A cover letter stating your grant request, how many pieces of equipment and/or engines included in the proposed project, and the funding amount being requested (per engine and for the total project). For applications covering more than one category, organize this information into project category (i.e., marine, locomotive, on-road, etc.)
- ☐ This Application Checklist (signed below).
- ☐ General Application Form A-1. Provide a separate Form A-1 for each category (i.e., marine, locomotive, etc.) for which grant funding is requested. Form A-1 also includes the following documents:
  - ☐ Application Statement (signed and initialed as applicable)
  - ☐ Completed and **signed** Business Information Forms[1]
- ☐ Category Application Form specific to your project category (i.e., locomotive, off-road, marine, etc.), along with the following attachments/enclosures:
  - ☐ Optional Excel Worksheet associated with applicable application form/category (you may use this form for multiple unit projects, if desired)
  - ☐ Vendor quotes dated no earlier than 90 days prior to the closing date of the Program Announcement
  - ☐ CARB Executive Orders for each engine. Download at:
    On-road: http://www.arb.ca.gov/msprog/onroad/cert/cert.php
    Off-road: http://www.arb.ca.gov/diesel/cv.htm
  - ☐ Previous two years of historical records documenting equipment usage, retroactive to the date of application.

Once completed, please submit one electronic and four paper copies of the assembled package, in accordance with the Application Submittal Instructions.

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

_____ _____

Signature Date

[1] These forms may be downloaded at: www.aqmd.gov/moyer

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:

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, remember to sign all 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,

Sujata Jain
Deputy Executive Officer
Finance

DH:tm

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

REV 1/18

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 *Check One:*	☐ Individual ☐ DBA, Name _____, County Filed in _____ ☐ Corporation, ID No. _____ ☐ LLC/LLP, ID No. _____ ☐ 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

BUSINESS STATUS CERTIFICATIONS

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

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

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

Check all that apply:

☐ Small Business Enterprise/Small Business Joint Venture
☐ Local business
☐ Minority-owned Business Enterprise
☐ Women-owned Business Enterprise
☐ Disabled Veteran-owned Business Enterprise/DVBE Joint Venture
☐ Most Favored Customer Pricing Certification

Percent of ownership: _____ %

Name of Qualifying Owner(s): _____ _____

State of California Public Works Contractor Registration No. _____. MUST BE INCLUDED IF BID PROPOSAL IS FOR PUBLIC WORKS PROJECT.

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 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.

Most Favored Customer as used in this policy means that the SCAQMD will receive at least as favorable pricing, warranties, conditions, benefits and terms as other customers or clients making similar purchases or receiving similar services.

Form **W-9**
(Rev. November 2017)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

▶ Go to *www.irs.gov/FormW9* for instructions and the latest information.

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

Print or type. See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

Requester's name and address (optional)

6 City, state, and ZIP code

7 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 generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN,* later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

☐☐☐ – ☐☐ – ☐☐☐☐

or

Employer identification number

☐☐ – ☐☐☐☐☐☐☐

Part II Certification

Under penalties of perjury, I certify that:

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

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 for Part II, later.

Sign Here **Signature of U.S. person ▶** **Date ▶**

General Instructions

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

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9.*

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, *later.*

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),

2. Certify that you are not subject to backup withholding, or

3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting,* later, for further information.

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

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

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

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

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

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

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.

2. The treaty article addressing the income.

3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.

4. The type and amount of income that qualifies for the exemption from tax.

5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

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

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

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

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,

2. You do not certify your TIN when required (see the instructions for Part II for details),

3. The IRS tells the requester that you furnished an incorrect TIN,

4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code,* later, and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships,* earlier.

What is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code,* later, and the Instructions for the Requester of Form W-9 for more information.

Updating Your Information

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

Penalties

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

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

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

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

Specific Instructions

Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note: ITIN applicant: Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C corporation, or S corporation.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. 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 line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

Line 3

Check the appropriate box on line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3.

IF the entity/person on line 1 is a(n) . . .	THEN check the box for . . .
• Corporation	Corporation
• Individual • Sole proprietorship, or • Single-member limited liability company (LLC) owned by an individual and disregarded for U.S. federal tax purposes.	Individual/sole proprietor or single-member LLC
• LLC treated as a partnership for U.S. federal tax purposes, • LLC that has filed Form 8832 or 2553 to be taxed as a corporation, or • LLC that is disregarded as an entity separate from its owner but the owner is another LLC that is not disregarded for U.S. federal tax purposes.	Limited liability company and enter the appropriate tax classification. (P= Partnership; C= C corporation; or S= S corporation)
• Partnership	Partnership
• Trust/estate	Trust/estate

Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

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 U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

4—A foreign government or any of its political subdivisions, agencies, or instrumentalities

5—A corporation

6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession

7—A futures commission merchant registered with the Commodity Futures Trading Commission

8—A real estate investment trust

9—An entity registered at all times during the tax year under the Investment Company Act of 1940

10—A common trust fund operated by a bank under section 584(a)

11—A financial institution

12—A middleman known in the investment community as a nominee or custodian

13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over $600 required to be reported and direct sales over $5,000[1]	Generally, exempt payees 1 through 5[2]
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

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

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

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a)

J—A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

Note: You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, write NEW at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

Line 6

Enter your city, state, and ZIP code.

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.

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

Note: See *What Name and Number To Give the Requester,* later, 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 SSA office or get this form online at *www.SSA.gov*. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at *www.irs.gov/Businesses* and clicking on Employer Identification Number (EIN) under Starting a Business. Go to *www.irs.gov/Forms* to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to *www.irs.gov/OrderForms* to place an order and have Form W-7 and/or SS-4 mailed to you within 10 business days.

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

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

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

Part II. Certification

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

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code,* earlier.

Signature requirements. Complete the certification as indicated in items 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 made in settlement of payment card and third party network transactions, 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), ABLE accounts (under section 529A), 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) other than an account maintained by an FFI	The actual owner of the account or, if combined funds, the first individual on the account[1]
3. Two or more U.S. persons (joint account maintained by an FFI)	Each holder of the account
4. Custodial account of a minor (Uniform Gift to Minors Act)	The minor[2]
5. 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]
6. Sole proprietorship or disregarded entity owned by an individual	The owner[3]
7. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The grantor*
For this type of account:	**Give name and EIN of:**
8. Disregarded entity not owned by an individual	The owner
9. A valid trust, estate, or pension trust	Legal entity[4]
10. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
11. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
12. Partnership or multi-member LLC	The partnership
13. A broker or registered nominee	The broker or nominee
14. 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
15. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))	The trust

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

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

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

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

***Note:** The grantor also must provide a Form W-9 to trustee of trust.

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

Secure Your Tax Records From Identity Theft

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

To reduce your risk:

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

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

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

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

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

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

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

If you receive an unsolicited email claiming to be from the IRS, forward this message to *phishing@irs.gov*. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at *spam@uce.gov* or report them at *www.ftc.gov/complaint*. You can contact the FTC at *www.ftc.gov/idtheft* or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see *www.IdentityTheft.gov* and Pub. 5027.

Visit *www.irs.gov/IdentityTheft* to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

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

TAXABLE YEAR

CALIFORNIA FORM

2018 Withholding Exemption Certificate 590

The payee completes this form and submits it to the withholding agent. The withholding agent keeps this form with their records.

Withholding Agent Information

Name

Payee Information

Name

☐ SSN or ITIN ☐ FEIN ☐ CA Corp no. ☐ CA SOS file no.

Address (apt./ste., room, PO box, or PMB no.)

City (If you have a foreign address, see instructions.) | State | ZIP code

Exemption Reason

Check only one box.

By checking the appropriate box below, the payee certifies the reason for the exemption from the California income tax withholding requirements on payment(s) made to the entity or individual.

☐ **Individuals — Certification of Residency:**
I am a resident of California and I reside at the address shown above. If I become a nonresident at any time, I will promptly notify the withholding agent. See instructions for General Information D, Definitions.

☐ **Corporations:**
The corporation has a permanent place of business in California at the address shown above or is qualified through the California Secretary of State (SOS) to do business in California. The corporation will file a California tax return. If this corporation ceases to have a permanent place of business in California or ceases to do any of the above, I will promptly notify the withholding agent. See instructions for General Information D, Definitions.

☐ **Partnerships or Limited Liability Companies (LLCs):**
The partnership or LLC has a permanent place of business in California at the address shown above or is registered with the California SOS, and is subject to the laws of California. The partnership or LLC will file a California tax return. If the partnership or LLC ceases to do any of the above, I will promptly inform the withholding agent. For withholding purposes, a limited liability partnership (LLP) is treated like any other partnership.

☐ **Tax-Exempt Entities:**
The entity is exempt from tax under California Revenue and Taxation Code (R&TC) Section 23701 _____ (insert letter) or Internal Revenue Code Section 501(c) _____ (insert number). If this entity ceases to be exempt from tax, I will promptly notify the withholding agent. Individuals cannot be tax-exempt entities.

☐ **Insurance Companies, Individual Retirement Arrangements (IRAs), or Qualified Pension/Profit-Sharing Plans:**
The entity is an insurance company, IRA, or a federally qualified pension or profit-sharing plan.

☐ **California Trusts:**
At least one trustee and one noncontingent beneficiary of the above-named trust is a California resident. The trust will file a California fiduciary tax return. If the trustee or noncontingent beneficiary becomes a nonresident at any time, I will promptly notify the withholding agent.

☐ **Estates — Certification of Residency of Deceased Person:**
I am the executor of the above-named person's estate or trust. The decedent was a California resident at the time of death. The estate will file a California fiduciary tax return.

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

CERTIFICATE OF PAYEE: Payee must complete and sign below.

To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to **ftb.ca.gov/forms** and search for **1131**. To request this notice by mail, call 800.852.5711.

Under penalties of perjury, I declare that I have examined the information on this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare under penalties of perjury that if the facts upon which this form are based change, I will promptly notify the withholding agent.

Type or print payee's name and title _____ Telephone (_____)_____

Payee's signature ▶ _____ Date _____

7061183

Form 590 2017

2017 Instructions for Form 590

Withholding Exemption Certificate

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

General Information

Registered Domestic Partners (RDP) – For purposes of California income tax, references to a spouse, husband, or wife also refer to a Registered Domestic Partner (RDP) unless otherwise specified. For more information on RDPs, get FTB Pub. 737, Tax Information for Registered Domestic Partners.

A Purpose

Use Form 590, Withholding Exemption Certificate, to certify an exemption from nonresident withholding.

Form 590 does not apply to payments of backup withholding. For more information, go to **ftb.ca.gov** and search for **backup withholding**.

Form 590 does not apply to payments for wages to employees. Wage withholding is administered by the California Employment Development Department (EDD). For more information, go to **edd.ca.gov** or call **888**.745.3886.

Do not use Form 590 to certify an exemption from withholding if you are a **Seller of California real estate**. Sellers of California real estate use Form 593-C, Real Estate Withholding Certificate, to claim an exemption from the real estate withholding requirement.

The following are excluded from withholding and completing this form:

- The United States and any of its agencies or instrumentalities.
- A state, a possession of the United States, the District of Columbia, or any of its political subdivisions or instrumentalities.
- A foreign government or any of its political subdivisions, agencies, or instrumentalities.

B Income Subject to Withholding

California Revenue and Taxation Code (R&TC) Section 18662 requires withholding of income or franchise tax on payments of California source income made to nonresidents of California.

Withholding is required on the following, but is not limited to:

- Payments to nonresidents for services rendered in California.
- Distributions of California source income made to domestic nonresident partners, members, and S corporation shareholders and allocations of California source income made to foreign partners and members.
- Payments to nonresidents for rents if the payments are made in the course of the withholding agent's business.
- Payments to nonresidents for royalties from activities sourced to California.
- Distributions of California source income to nonresident beneficiaries from an estate or trust.
- Endorsement payments received for services performed in California.
- Prizes and winnings received by nonresidents for contests in California.

However, withholding is optional if the total payments of California source income are $1,500 or less during the calendar year.

For more information on withholding get FTB Pub. 1017, Resident and Nonresident Withholding Guidelines. To get a withholding publication, see Additional Information.

C Who Certifies this Form

Form 590 is certified by the payee. California residents or entities exempt from the withholding requirement should complete Form 590 and submit it to the withholding agent before payment is made. The withholding agent is then relieved of the withholding requirements if the agent relies in good faith on a completed and signed Form 590 unless notified by the Franchise Tax Board (FTB) that the form should not be relied upon.

An incomplete certificate is invalid and the withholding agent should not accept it. If the withholding agent receives an incomplete certificate, the withholding agent is required to withhold tax on payments made to the payee until a valid certificate is received. In lieu of a completed exemption certificate, the withholding agent may accept a letter from the payee as a substitute explaining why they are not subject to withholding. The letter must contain all the information required on the certificate in similar language, including the under penalty of perjury statement and the payee's taxpayer identification number (TIN). The withholding agent must retain a copy of the certificate or substitute for at least five years after the last payment to which the certificate applies, and provide it upon request to the FTB.

If an entertainer (or the entertainer's business entity) is paid for a performance, the entertainer's information must be provided. **Do not** submit the entertainer's agent or promoter information.

The grantor of a grantor trust shall be treated as the payee for withholding purposes. Therefore, if the payee is a grantor trust and one or more of the grantors is a nonresident, withholding is required. If all of the grantors on the trust are residents, no withholding is required. Resident grantors can check the box on Form 590 labeled "Individuals — Certification of Residency."

D Definitions

For California nonwage withholding purposes, **nonresident** includes all of the following:

- Individuals who are not residents of California.
- Corporations not qualified through the California Secretary of State (CA SOS) to do business in California or having no permanent place of business in California.
- Partnerships or limited liability companies (LLCs) with no permanent place of business in California.
- Any trust without a resident grantor, beneficiary, or trustee, or estates where the decedent was not a California resident.

Foreign refers to non-U.S.

For more information about determining resident status, get FTB Pub. 1031, Guidelines for Determining Resident Status. Military servicemembers have special rules for residency. For more information, get FTB Pub. 1032, Tax Information for Military Personnel.

Permanent Place of Business:
A corporation has a permanent place of business in California if it is organized and existing under the laws of California or it has qualified through the CA SOS to transact intrastate business. A corporation that has not qualified to transact intrastate business (e.g., a corporation engaged exclusively in interstate commerce) will be considered as having a permanent place of business in California only if it maintains a permanent office in California that is permanently staffed by its employees.

E Military Spouse Residency Relief Act (MSRRA)

Generally, for tax purposes you are considered to maintain your existing residence or domicile. If a military servicemember and nonmilitary spouse have the same state of domicile, the MSRRA provides:

- A spouse shall not be deemed to have lost a residence or domicile in any state solely by reason of being absent to be with the servicemember serving in compliance with military orders.
- A spouse shall not be deemed to have acquired a residence or domicile in any other state solely by reason of being there to be with the servicemember serving in compliance with military orders.

Domicile is defined as the one place:

- Where you maintain a true, fixed, and permanent home.
- To which you intend to return whenever you are absent.

A military servicemember's nonmilitary spouse is considered a nonresident for tax purposes if the servicemember and spouse have the same domicile outside of California and the spouse is in California solely to be with the servicemember who is serving in compliance with Permanent Change of Station orders.

California may require nonmilitary spouses of military servicemembers to provide proof that they meet the criteria for California personal income tax exemption as set forth in the MSRRA.

Income of a military servicemember's nonmilitary spouse for services performed in California is not California source income subject to state tax if the spouse is in California to be with the servicemember serving in compliance with military orders, and the servicemember and spouse have the same domicile in a state other than California.

For additional information or assistance in determining whether the applicant meets the MSRRA requirements, get FTB Pub. 1032.

Specific Instructions

Payee Instructions

Enter the withholding agent's name.

Enter the payee's information, including the TIN and check the appropriate TIN box.

You must provide a valid TIN as requested on this form. The following are acceptable TINs: social security number (SSN); individual taxpayer identification number (ITIN); federal employer identification number (FEIN); California corporation number (CA Corp no.); or CA SOS file number.

Private Mail Box (PMB) – Include the PMB in the address field. Write "PMB" first, then the box number. Example: 111 Main Street PMB 123.

Foreign Address – Follow the country's practice for entering the city, county, province, state, country, and postal code, as applicable, in the appropriate boxes. **Do not** abbreviate the country name.

Exemption Reason – Check the box that reflects the reason why the payee is exempt from the California income tax withholding requirement.

Withholding Agent Instructions

Do not send this form to the FTB. The withholding agent retains this form for a minimum of five years or until the payee's status changes, and must provide this form to the FTB upon request.

The payee must notify the withholding agent if any of the following situations occur:

- The individual payee becomes a nonresident.
- The corporation ceases to have a permanent place of business in California or ceases to be qualified to do business in California.
- The partnership ceases to have a permanent place of business in California.
- The LLC ceases to have a permanent place of business in California.
- The tax-exempt entity loses its tax-exempt status.

If any of these situations occur, then withholding may be required. For more information, get Form 592, Resident and Nonresident Withholding Statement, Form 592-B, Resident and Nonresident Withholding Tax Statement, and Form 592-V, Payment Voucher for Resident and Nonresident Withholding.

Additional Information

Website:	For more information go to **ftb.ca.gov** and search for **nonwage**. **MyFTB** offers secure online tax account information and services. For more information and to register, go to **ftb.ca.gov** and search for **myftb**.
Telephone:	**888**.792.4900 or 916.845.4900, Withholding Services and Compliance phone service
Fax:	916.845.9512
Mail:	WITHHOLDING SERVICES AND COMPLIANCE MS F182 FRANCHISE TAX BOARD PO BOX 942867 SACRAMENTO CA 94267-0651

For questions unrelated to withholding, or to download, view, and print California tax forms and publications, or to access the TTY/TDD numbers, see the information below.

Internet and Telephone Assistance

Website:	**ftb.ca.gov**
Telephone:	800.852.5711 from within the United States 916.845.6500 from outside the United States
TTY/TDD:	800.822.6268 for persons with hearing or speech impairments

Asistencia Por Internet y Teléfono

Sitio web:	**ftb.ca.gov**
Teléfono:	800.852.5711 dentro de los Estados Unidos 916.845.6500 fuera de los Estados Unidos
TTY/TDD:	800.822.6268 para personas con discapacidades auditivas o de habla

Certification Regarding
Debarment, Suspension, and Other Responsibility Matters

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

(a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;

(b) Have not within a three year period preceding this proposal been convicted of or had a civil judgement rendered against them or commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction: violation of Federal or State antitrust statute or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property:

(c) Are not presently indicted for or otherwise criminally or civilly charged by a government entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (b) of this certification; and

(d) Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause or default.

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

_____

Typed Name & Title of Authorized Representative

_____

Signature of Authorized Representative Date

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

_____

CAMPAIGN CONTRIBUTIONS DISCLOSURE

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

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

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

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

SECTION I.

Contractor (Legal Name): _____

DBA, Name _____, County Filed in_____

Corporation, ID No._____

LLC/LLP, ID No. _____

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

_____

_____

SECTION II.

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

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

Campaign Contributions Disclosure, *continued:*

Name of Contributor _____

_____	_____	_____
Governing Board Member or MSRC Member/Alternate	Amount of Contribution	Date of Contribution

Name of Contributor _____

_____	_____	_____
Governing Board Member or MSRC Member/Alternate	Amount of Contribution	Date of Contribution

Name of Contributor _____

_____	_____	_____
Governing Board Member or MSRC Member/Alternate	Amount of Contribution	Date of Contribution

Name of Contributor _____

_____	_____	_____
Governing Board Member or MSRC Member/Alternate	Amount of Contribution	Date of Contribution

I declare the foregoing disclosures to be true and correct.

By:_____

Title:_____

Date:_____

DEFINITIONS

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

(1) Parent subsidiary. A parent subsidiary relationship exists when one corporation directly or indirectly owns shares possessing more than 50 percent of the voting power of another corporation.

(2) Otherwise related business entity. Business entities, including corporations, partnerships, joint ventures and any other organizations and enterprises operated for profit, which do not have a parent subsidiary relationship are otherwise related if any one of the following three tests is met:

(A) One business entity has a controlling ownership interest in the other business entity.

(B) There is shared management and control between the entities. In determining whether there is shared management and control, consideration should be given to the following factors:

(i) The same person or substantially the same person owns and manages the two entities;
(ii) There are common or commingled funds or assets;
(iii) The business entities share the use of the same offices or employees, or otherwise share activities, resources or personnel on a regular basis;
(iv) There is otherwise a regular and close working relationship between the entities; or

(C) A controlling owner (50% or greater interest as a shareholder or as a general partner) in one entity also is a controlling owner in the other entity.

South Coast Air Quality Management District

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

Direct Deposit Authorization

STEP 1: Please check all the appropriate boxes

- ☐ Individual (Employee, Governing Board Member)
- ☐ Vendor/Contractor
- ☐ Changed Information
- ☐ New Request
- ☐ Cancel Direct Deposit

STEP 2: Payee Information

Last Name	First Name	Middle Initial	Title
Vendor/Contractor Business Name (if applicable)			
Address		Apartment or P.O. Box Number	
City	State	Zip	Country
Taxpayer ID Number	Telephone Number	Email Address	

Authorization

1. I authorize South Coast Air Quality Management District (SCAQMD) to direct deposit funds to my account in the financial institution as indicated below. I understand that the authorization may be rejected or discontinued by SCAQMD at any time. If any of the above information changes, I will promptly complete a new authorization agreement. If the direct deposit is not stopped before closing an account, funds payable to me will be returned to SCAQMD for distribution. This will delay my payment.
2. This authorization remains in effect until SCAQMD receives written notification of changes or cancellation from you.
3. I hereby release and hold harmless SCAQMD for any claims or liability to pay for any losses or costs related to insufficient fund transactions that result from failure within the Automated Clearing House network to correctly and timely deposit monies into my account.

STEP 3:

You must verify that your bank is a member of an Automated Clearing House (ACH). Failure to do so could delay the processing of your payment. You must attach a voided check or have your bank complete the bank information and the account holder must sign below.

To be Completed by your Bank

Staple Voided Check Here

Name of Bank/Institution		
Account Holder Name(s)		
☐ Saving ☐ Checking	Account Number	Routing Number
Bank Representative Printed Name	Bank Representative Signature	Date
ACCOUNT HOLDER SIGNATURE:		Date

For SCAQMD Use Only Input By _____ Date _____

Carl Moyer and SOON Application
Form B-1
On-Road Heavy-Duty Vehicle Replacement
Existing Vehicle Information

If you have any questions regarding this program or the application process, please contact Mei Wang by phone at (909) 396-3257 or by email at: mwang@aqmd.gov

Existing Vehicle Information

Registered Owner

Has this equipment received Carl Moyer Program funds in the past? Yes No

Is the vehicle location address the same as the applicant address? If not, please complete below. Yes No

Street Address (if no address, provide intersection)

City

County

State

Zip

Vehicle Type

If other, please describe:

Vehicle Identification Number (VIN)

Vehicle Make

Vehicle Model

Vehicle Model Year

Gross Vehicle Weight Rating (GVWR)

California Highway Patrol CA Number

Unit Number

License Plate #

Existing Engine Information

Engine Fuel Type

Engine Model

Engine Make

Engine Serial Number

Engine Model Year

ARB Engine Family Number

ARB Certification Executive Order (EO) Number (if zero-emission, attach ARB Approval Letter)

Carl Moyer and SOON Application
Form B-1
On-Road Heavy-Duty Vehicle Replacement
Project Details

ARB Fleet Regulation this vehicle is subject to

What is the GVWR for the existing vehicle?

Amount requested from SCAQMD for the project (includes all vehicles in proposal)

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

If applicable did you register your fleet through ARB's TRUCRS Database by January 31, 2018?
Please provide a copy of the Compliance Certificate on the Attachments page.

Yes No

Total Funding Requested

Identify other funding sources to be used for this project

Total Project Cost (From Quote: MUST EQUAL QUOTE)

Applicant Co-Funding Amount

Operation Information

Percent operation in California (%)

Percent Operation in District (%)
SCAQMD District Boundaries http://www.aqmd.gov/home/about/jurisdiction"

Proposed Project Life (this is the number of years that the equipment must operate as specified in your SCAQMD contract)

Maximum Project Life for On-Road Projects

Replacements	7 years
Transit Bus Replacements	12 years
Repowers	7 Years
School Bus Replacements	10 years
Electric Conversions	5 years
Emergency Vehicles	14 years
Other On-Road Projects	3 years

Carl Moyer and SOON Application
Form B-1
On-Road Heavy-Duty Vehicle Replacement
Replacement Vehicle Information

Replacement Vehicle and Vendor Information

Replacement Vehicle Cost (Including Tax)		Replacement Vehicle Identification Number (VIN)	
California Highway Patrol CA Number		Replacement Unit Number	
Is this a public fleet vehicle?			○ Yes ○ No
Replacement Vehicle Make		Replacement Vehicle Model	
Replacement Vehicle Model Year		Replacement Vehicle GVWR	
Vendor		Vendor Contact Name	
Vendor Phone Number		Vendor Address	
Vendor City		Vendor State	
Vendor Zip			

Replacement Engine Information

Engine Fuel Type			
Engine Make		Engine Model	
Engine Model Year			
ARB Engine Family Number		ARB Certification Executive Order (EO) Number (if zero-emission, attach ARB Approval Letter)	

Download the EO at: http://www.arb.ca.gov/msprog/onroad/cert/cert.php

The proposed engine for the project must be consistent with the Intended Service Class per the EO (MHD Intended Service Class engines cannot be used for projects which have the HHD vehicle classifications). Applicant must ATTACH a copy of the referenced Executive Order with the application. Download the EO at: http://www.arb.ca.gov/msprog/onroad/cert/cert.php

Carl Moyer and SOON Application
Form B-1
On-Road Heavy-Duty Vehicle Replacement
Engine Activity Information

Please provide projected annual usage for the new equipment over the proposed life of the project. This projection should be based on actual usage data for the baseline, or existing, equipment. Applicants requesting evaluation based on fuel consumption MUST provide both mileage and fuel records from the past 24 months. Supporting documentation may be in the form of maintenance records, fuel receipts, logs, or other paperwork for each piece of baseline equipment covering at least the past 24 months. No such documentation is required for project evaluations based solely on mileage.

Activity Information

Existing Engine - Annual operation details for the past 24-months

	Jan - Date of Application Submittal 2018	Jan - Dec 2017	Mar - Dec 2016
Miles			

The following attachments may be submitted for this proposal:

- Insurance Documentation
- Engine Executive Order(s) and Retrofit Device Executive Order(s)
- Quotes (must be within 90 days of application submittal)
- Equipment Usage Documentation (for past 24 – months)
- Other misc. attachments
- ARB Approval Letter (for Zero-Emission)
- Business Information Request Form
- Campaign Contribution Disclosure
- W-9 Form
- Direct Deposit Form
- Business Status Certification
- Certification of Debarment, Suspension and Other Responsibility Matters

Carl Moyer and SOON Application
Form B-2
On-Road Heavy-Duty Equipment
Repower Only : Vehicle Information

If you have any questions regarding this program or the application process, please contact Mei Wang by phone at (909) 396-3257 or by email at: mwang@aqmd.gov

Existing Vehicle Information

Registered Owner

Has this equipment received Carl Moyer Program funds in the past? Yes No

Is the vehicle location address the same as the applicant address? If not, please complete below. Yes No

Street Address (if no address, please provide intersection)

City

County

State

Zip

Vehicle Type

If other, please describe:

Vehicle Identification Number (VIN)

Vehicle Make

Vehicle Model

Vehicle Model Year

Gross Vehicle Weight Rating (GVWR)

California Highway Patrol CA Number

Unit Number

License Plate #

Carl Moyer and SOON Application
Form B-2
On-Road Heavy-Duty Equipment
Repower Only : Project Details

Name of California State Fleet Regulation this vehicle is subject to	
Amount requested from SCAQMD for the project (includes all vehicles in proposal)	
What is your current fleet size? (Should reflect all diesel fuel vehicles with a GVWR greater than 14,000 lbs.)	
If applicable did you register your fleet through ARB's TRUCRS Database by January 31, 2016?	Yes No
Total Funding Requested	
Identify other funding sources to be used for this project	
Total Project Cost (From Quote: MUST EQUAL QUOTE)	
Applicant Co-Funding Amount	

Operation Information

Percent operation in California (%)	
Percent Operation in District (%) SCAQMD District Boundaries http://www.aqmd.gov/home/about/jurisdiction	
Proposed Project Life (this is the number of years that the equipment must operate as specified in your SCAQMD contract)	

Maximum Project Life for On-Road Projects

Replacements	7 years
Transit Bus Replacements	12 years
Repowers	7 Years
School Bus Replacements	10 years
Electric Conversions	5 years
Emergency Vehicles	14 years
Other On-Road Projects	3 years

Carl Moyer and SOON Application Form B-2

On-Road Heavy-Duty Equipment
Repower Only : Engine Information

Baseline Engine Information

Engine Fuel Type		Engine Model	
Engine Make		Engine Serial Number	
Engine Model Year		ARB Engine Family Number	

New Engine Information

New Engine Fuel Type			
New Engine Make		New Engine Model	
New Engine Model Year		New Engine Serial Number	
New Engine ARB Engine Family Number			
ARB Certification Executive Order (EO) Number (if zero-emission, attach ARB Approval Letter)			

Funding Information

New Engine Cost (Including Tax)		New Engine Installation Cost	
Grant Request Amount for this Repower			
Vendor		Vendor Contact Name	
Vendor Phone Number		Vendor Address	
Vendor City		Vendor State	
Vendor Zip			

The proposed engine for the project must be consistent with the Intended Service Class per the EO (MHD Intended Service Class engines cannot be used for projects which have the HHD vehicle classifications). Applicant must ATTACH a copy of the referenced Executive Order with the application. Download the EO at: http://www.arb.ca.gov/msprog/onroad/cert/cert.php

Carl Moyer and SOON Application
Form B-2
On-Road Heavy-Duty Equipment
Repower Only : Engine Activity Information

Please provide projected annual usage for the new equipment over the proposed life of the project. This projection should be based on actual usage data for the baseline, or existing, equipment. Applicants requesting evaluation based on fuel consumption MUST provide both mileage and fuel records from the past 24 months. Supporting documentation may be in the form of maintenance records, fuel receipts, logs, or other paperwork for each piece of baseline equipment covering at least the past 24 months. No such documentation is required for project evaluations based solely on mileage.

Activity Information

Baseline Engine - Annual operation details for the past 24-months

	Jan - Date of Application Submittal 2018	Jan - Dec 2017	Mar - Dec 2016	Estimated Annual Future Usage
Miles				
Fuel Use (gallons/year)				

Carl Moyer and SOON Application
Form B-2

On-Road Heavy-Duty Equipment
Repower Only : Attachments

The following attachments may be submitted for this proposal:

- Insurance Documentation
- Engine Executive Order(s) and Retrofit Device Executive Order(s)
- Quotes (must be within 90 days of application submittal)
- Equipment Usage Documentation (for past 24 – months)
- Other misc. attachments
- ARB Approval Letter (for Zero-Emission)
- Business Information Request Form
- Campaign Contribution Disclosure
- W-9 Form
- Direct Deposit Form
- Business Status Certification
- Certification of Debarment, Suspension and Other Responsibility Matters

Carl Moyer and SOON Application
Form B-3
On-Road Emergency Equipment (Fire Apparatus)
New Only : Equipment Information

If you have any questions regarding this program or the application process, please contact Mei Wang by phone at (909) 396-3257 or by email at: mwang@aqmd.gov

Existing Vehicle Information

Registered Owner

Has this equipment received Carl Moyer Program funds in the past? Yes No

Is the vehicle location address the same as the applicant address? If not, please complete below. Yes No

Street Address (if no address, please provide intersection)

City

County

State

Zip

Vehicle Type

If other, please describe:

Is the vehicle an Authorized Emergency Vehicle?
(Authorized emergency vehicles as described in the California Vehicle Code, sections 27156.2 and 165? including, but not limited to pumpers, ladder trucks, and water tenders) Yes No

Proposed Project Life (in years)
This is the number of years that the equipment must operate as specified in your SCAQMD contract. (The maximum project life available for fire apparatus is 14 years and represents the average remaining useful life of the vehicle.)

Vehicle Identification Number (VIN)

Vehicle Make

Vehicle Model

Vehicle Model Year

Gross Vehicle Weight Rating (GVWR)

License Plate #

Unit Number

I have attached proof of California registration for the past 24-months and a copy of the Title, proving ownership (without lien holder) for each project vehicle. Yes No

Is 2 to 1 Replacement Applied? Yes No

Replacement Vehicle and Vendor Information

New Vehicle Make

New Vehicle Model

New Vehicle Model Year

New Vehicle Cost

New Vehicle GVWR

Vendor

Vendor Contact Name

Vendor Phone Number

Vendor Address

Vendor City

Vendor State

Carl Moyer and SOON Application
Form B-3
On-Road Emergency Equipment (Fire Apparatus)
New Only : Project Details

Are the project vehicle(s) being submitted for funding under this category exempt from ARB Regulations?
Authorized emergency vehicle(s) are described under California Vehicle Code Sections 27156.2 and 165.

Yes No

Is this a public fleet vehicle?

Yes No

Grant Request Amount

Total Funding Requested

Identify other funding sources to be used for this project

Total Project Cost (From Quote: MUST EQUAL QUOTE)

Applicant Co-Funding Amount

Operation Information

Percent operation in California (%)

Percent Operation in District (%)

Carl Moyer and SOON Application
Form B-3
On-Road Emergency Equipment (Fire Apparatus)
New Only : Engine Information

Baseline Engine Information

Engine Fuel Type		Engine Model	
Engine Make		Engine Serial Number	
Engine Model Year		ARB Engine Family Number	

ARB Certification Executive Order (EO) Number (if zero-emission, attach ARB Approval Letter)

Download the EO at: http://www.arb.ca.gov/msprog/onroad/cert/cert.php

New Engine Information

Engine Fuel Type			
Engine Make		Engine Model	
Engine Model Year			
ARB Engine Family Number		ARB Certification Executive Order (EO) Number (if zero-emission, attach ARB Approval Letter)	

The proposed engine for the project must be consistent with the Intended Service Class per the EO (MHD Intended Service Class engines cannot be used for projects which have the HHD vehicle classifications). Applicant must ATTACH a copy of the referenced Executive Order with the application. Download the EO at: http://www.arb.ca.gov/msprog/onroad/cert/cert.php

Carl Moyer and SOON Application
Form B-3
On-Road Emergency Equipment (Fire Apparatus)
New Only : Engine Activity Information

Please provide projected annual usage for the new equipment over the proposed life of the project. This projection should be based on actual usage data for the baseline, or existing, equipment. Applicants requesting evaluation based on fuel consumption MUST provide both mileage and fuel records from the past 24 months. Supporting documentation may be in the form of maintenance records, fuel receipts, logs, or other paperwork for each piece of baseline equipment covering at least the past 24 months. No such documentation is required for project evaluations based solely on mileage.

Activity Information

Baseline Engine - Annual operation details for the past 24-months. If fuel based evaluation you must also provide mileage.

	Jan - Date of Application Submittal 2018	Jan - Dec 2017	Mar - Dec 2016	Estimated Annual Future Usage
Miles				
Fuel Use (gallons/year)				

Carl Moyer and SOON Application
Form B-3

On-Road Emergency Equipment (Fire Apparatus)
New Only : Attachments

The following attachments may be submitted for this proposal:

- Vehicle Registration
- ARB Approval Letter (for Zero-Emission)
- Fuel/Mileage Logs
- Engine Executive Order(s) and Retrofit Device Executive Order(s)
- Quotes (must be within 90 days of application submittal)
- Business Information Request Form
- Campaign Contribution Disclosure
- W-9 Form
- Direct Deposit Form
- Miscellaneous Documents
- Business Status Certification
- Certification of Debarment, Suspension and Other Responsibility Matters

Carl Moyer and SOON Application
Form C-1
Off-Road Equipment Replacement
Equipment Information (page 1 of 2)

If you have any questions regarding this program or the application process, please contact Walter Shen by phone at (909) 396-2487 or by email at wshen@aqmd.gov.

Large Off-Road Fleets have limited eligibility for Carl Moyer Program funding, but may apply for SOON Program funding using this application. For more information, please visit www.aqmd.gov/SOON.

Please complete one Form for each piece of equipment.

Existing Equipment Information

Are you applying under Carl Moyer Program or the Surplus Off-Road NOx Program?

Has this equipment received Carl Moyer Program funds in the past? Yes No

For Large Fleets Only - have you received Carl Moyer funding after January 1, 2017? Yes No

What is the primary function of this equipment?

Is the vehicle location address the same as the applicant address? If not, please complete below. Yes No

Street Address (if no address, provide intersection)

City

County

State

Zip

Vehicle Type

If other, please describe:

Equipment Category

Equipment Type

If other equipment type, please describe

Equipment Make

Equipment Model

Equipment Model Year

Equipment Serial Number or VIN

Unit Number or EIN#(for non-Ag Operations)

Is 2 to 1 Replacement Applied? Yes No

Number of Main Engines

Number of Auxiliary Engines

Is this equipment used in Agricultural operations? Yes No

What percentage of equipment operations are in Agriculture?

Carl Moyer and SOON Application
Form C-1
Off-Road Equipment Replacement
Equipment Information (page 2 of 2)

New Equipment and Vendor Information

Unit Number		Equipment Category	
Equipment Type			

If other equipment type, please describe

Equipment Make		Equipment Model	
Equipment Model Year			
Vendor		Vendor Contact Name	
Vendor Phone Number		Vendor Address Vendor	
Vendor City		State	
Vendor Zip			

All cost estimates must be based on quotes that have been obtained within 90 days prior to the closing date of the Program Announcement. Attach all quotes to the application.

Number of engines for this New Equipment Unit:

Main (Front) Engine(s)		Auxiliary (Rear) Engine(s)	
New Replacement Unit Cost $		Tax $	
Total Cost $		Applicant Co-Funding Amount (If Any) $	
Applicant Grant Request (If Any) $			

Carl Moyer and SOON Application
Form C-1
Off-Road Equipment Replacement
Project Details

Is equipment currently subject to CARB's Off-Road Regulation? ◯ Yes ◯ No

What is the total horsepower of all vehicles in the fleet?

Enter DOORS Fleet Number

All Off-Road equipment applicants subject to CARB's In-Use Off-Road Diesel Vehicle Regulation must submit their DOORS fleet compliance snapshot and fleet vehicle list.

You may contact the DOORS hotline at (877) 593-6677 for assistance.

SOON applications must also submit the fleet average calculation. Please visit https://arb.ca.gov/msprog/ordiesel/fac.htm for more information.

Total Funding Requested

Identify other funding sources to be used for this project

Total Project Cost (From Quote: MUST EQUAL QUOTE)

Applicant Co-Funding Amount

Operation Information

Is existing equipment in operable condition? ◯ Yes ◯ No

How many years has the applicant owned the existing equipment?

Does this vehicle have a functioning, non-resettable hour meter? ◯ Yes ◯ No

Percent Operation in California

Percent Operation in District
Note: See http://www.aqmd.gov/home/about/jurisdiction for a jurisdiction map.

Proposed Project Life (this is the number of years that the equipment must operate as specified in your SCAQMD contract)

Carl Moyer and SOON Application
Form C-1
Off-Road Equipment Replacement
Engine Information

If you have more than one engine for your project, please make copies of this form and use one form for each engine.

Existing/Baseline Engine Information

Baseline Engine Type ◯ Main ◯ Auxiliary

Baseline Engine Fuel Type

Baseline Engine Make

Baseline Engine Model

Baseline Engine Model Year

Baseline Engine Serial Number

Baseline Engine Horsepower

Baseline Engine Family Number

Old Engine (Baseline) Emissions Tier

New Engine Information

New Engine Fuel Type

New Engine Make

New Engine Model

New Engine Model Year

New Engine Serial Number

New Engine Horsepower

New Engine Family Number

New Engine (Reduced) Emissions Tier

Carl Moyer and SOON Application
Form C-1
Off-Road Equipment Replacement
Engine Activity Information

<u>If you have more than one engine for your project, please make copies of this form and use one form for each engine.</u>

Project application must include documentation of existing equipment usage for the previous 24 months prior to the application date.

Baseline Engine - Annual operation details for the past 24-months

	Jan - Date of Application Submittal 2018	Jan - Dec 2017	Mar - Dec 2016	Estimated Annual Future Usage
Hours				

Carl Moyer and SOON Application
Form C-1
Off-Road Equipment Replacement
Attachments

The following attachments may be submitted for this proposal:

- Insurance Documentation
- Engine Executive Order(s) and Retrofit Device Executive Order(s)
- Quotes (must be within 90 days of application submittal)
- Equipment Usage Documentation (for past 24 – months including, but not limited to, maintenance records, hour meter readings)
- Photo showing the baseline engine (old) engine model year, engine serial #, HP, engine family # (if available)
- Equipment Ownership (Bill of Sale)
- SOON Fleet Average Calculation (please go to https://arb.ca.gov/msprog/ordiesel/fac.htm) - only for applicants applying for SOON funding
- DOORS Fleet Compliance Snapshot including vehicle list
- Business Information Request Form
- Campaign Contribution Disclosure
- Business Status Cert
- W-9 Form
- Direct Deposit Form
- Certification of Debarment, Suspension and Other Responsiblity Matters

Carl Moyer and SOON Application
Form C-2
Off-Road Equipment Repower
Equipment Information

If you have any questions regarding this program or the application process, please contact Walter Shen by phone at (909) 396-2487 or by email at: wshen@aqmd.gov

Large Off-Road Fleets have limited eligibility for Carl Moyer Program funding, but may apply for SOON Program funding using this application. For more information, please visit www.aqmd.gov/SOON.

Please complete ONE form for each piece of equipment.

Existing Equipment Information

Are you applying under Carl Moyer Program or the Surplus Off-Road NOx Program?

Has this equipment received Carl Moyer Program funds in the past? Yes No

For Large Fleets Only - have you received Carl Moyer funding after January 1, 2017? Yes No

What is the primary function of this equipment?

Is the vehicle location address the same as the applicant address? If not, please complete below. Yes No

Street Address (if no address, provide intersection)

City

County

State

Zip

Vehicle Type

If other, please describe:

Equipment Category

Equipment Type

If other equipment type, please describe

Equipment Make

Equipment Model

Equipment Model Year

Equipment Serial Number or VIN

Unit Number or EIN# (for non-Ag Operations)

Is 2 to 1 Replacement Applied? Yes No

Number of Main Engines

Number of Auxiliary Engines

Is this equipment used in Agricultural operations? Yes No

Carl Moyer and SOON Application
Form C-2
Off-Road Equipment Repower
Project Details

Is equipment currently subject to CARB's Off-Road Regulation? ◯ Yes ◯ No

What is the total horsepower of all vehicles in the fleet?

Enter DOORS Fleet Number

All Off-Road equipment applicants subject to CARB's In-Use Off-Road Diesel Vehicle Regulation must submit their DOORS fleet compliance snapshot and fleet vehicle list.

You may contact the DOORS hotline at (877) 593-6677 for assistance.

SOON applications must also submit the fleet average calculation. Please visit https://arb.ca.gov/msprog/ordiesel/fac.htm for more information.

Total Funding Requested (including Retrofit cost, if applicable)

Identify other funding sources to be used for this project

Total Project Cost (From Quote: MUST EQUAL QUOTE - incl. Retrofit if applicable)

Applicant Co-Funding Amount

Operation Information

Is existing equipment in operable condition? ◯ Yes ◯ No

How many years has the applicant owned the existing equipment?

Does this vehicle have a functioning, non-resettable hour meter? ◯ Yes ◯ No

Percent Operation in California

Percent Operation in District

Proposed Project Life (this is the number of years that the equipment must operate as specified in your SCAQMD contract)

Carl Moyer and SOON Application
Form C-2
Off-Road Equipment Repower
Engine Information (page 1 of 2)

If you have more than one engine for your project, please make copies of this form and use one form for each engine.

Existing/Baseline Engine Information

Baseline Engine Type ◯ Main ◯ Auxiliary

Baseline Engine Fuel Type

Baseline Engine Make

Baseline Engine Model

Baseline Engine Model Year

Baseline Engine Serial Number

Baseline Engine Horsepower

Baseline Engine Family Number

Old Engine (Baseline) Emissions Tier

Method proposed for rendering the baseline engine(s) inoperable

New Engine Information

New Engine Fuel Type

New Engine Make

New Engine Model

New Engine Model Year

New Engine Serial Number

New Engine Horsepower

New Engine Family Number

New Engine (Reduced) Emissions Tier

Is the New Engine a Family Emissions Limit (FEL) engine? ◯ Yes ◯ No

New Engine Cost Information

New Engine Unit Cost

Cost of Installation/Labor

Cost of New Engine Tax

Total Cost of Repower

Applicant Co-Funding Amount (if any)

Grant Request Amount for this Repower

All cost estimates must be based on quotes that have been obtained within 90 days prior to the closing date of the Program Announcement. Attach all quotes to the application.

New Engine Vendor Information

Vendor

Vendor Contact Name

Vendor Phone Number

Vendor Address

Vendor City

Vendor State

Vendor Zip

Carl Moyer and SOON Application
Form C-2
Off-Road Equipment Repower
Engine Information (page 2 of 2)

If you have more than one engine for your project, please make copies of this form and use one form for each engine.

Engine Retrofit Information

Will a retrofit device be added to this engine as part of this project? ◯ Yes ◯ No

Retrofit Device Make		Retrofit Device Model	
% PM Reduction		% NOX Reduction	
% ROG Reduction		Retrofit Device ARB Executive Order Number	
Project Life			

Retrofit Cost Information

Retrofit Device System Cost		Retrofit Device Installation Cost	
Total Cost of Retrofit		Amount requested for this retrofit	$

Carl Moyer and SOON Application
Form C-2
Off-Road Equipment Repower
Engine Activity Information

If you have more than one engine for your project, please make copies of this form and use one form for each engine.

Project application must include documentation of existing equipment usage for the previous 24 months prior to the application date.

Baseline Engine - Annual operation details for the past 24-months

	Jan - Date of Application Submittal 2018	Jan - Dec 2017	Mar - Dec 2016	Estimated Annual Future Usage
Hours				

The following attachments may be submitted for this proposal:

- Insurance Documentation
- Engine Executive Order(s) and Retrofit Device Executive Order(s)
- Quotes (must be within 90 day of application submittal)
- Equipment Usage Documentation (for past 24 – months including, but not limited to, maintenance records, hour meter readings)
- Photo showing the baseline (old) engine model year, engine serial #, horsepower, engine family # (if available)
- SOON Fleet Average Calculation (please go to https://arb.ca.gov/msprog/ordiesel/fac.htm) - only for applicants applying for SOON funding
- DOORS Fleet Compliance Snapshot - including vehicle list
- Business Information Request Form
- Campaign Contribution Disclosure
- W-9 Form
- Direct Deposit Form
- Business Status Certification
- Certification of Debarment, Suspension and Other Responsibility Matters

Carl Moyer and SOON Application
Form C-3
Off-Road Equipment Retrofit
Equipment Information

If you have questions regarding this program or the application process, please contact Walter Shen by phone at (909) 396-2487 or by email at: wshen@aqmd.gov.

Existing Equipment Information

Are you applying under Carl Moyer Program or the Surplus Off-Road NOx Program?

Has this equipment received Carl Moyer Program funds in the past? Yes No

What is the primary function of this equipment?

Is the vehicle location address the same as the applicant address? If not, please complete below. Yes No

Street Address (if no address, provide intersection)

City

County

State

Zip

Vehicle Type

If other, please describe:

Equipment Category

Equipment Type

If other equipment type, please describe

Equipment Make

Equipment Model

Equipment Model Year

Equipment Serial Number or VIN

Unit Number

Is 2 to 1 Replacement Applied? Yes No

Number of Main Engines

Number of Auxiliary Engines

Is this equipment used in Agricultural operations? Yes No

Carl Moyer and SOON Application
Form C-3
Off-Road Equipment Retrofit
Project Details

Is equipment currently subject to CARB's Off-Road Regulation? ◯ Yes ◯ No

What is the total horsepower of all vehicles in the fleet?

Enter DOORS Fleet Number

All Off-Road equipment applicants subject to CARB's In-Use Off-Road Diesel Vehicle Regulation must submit their DOORS fleet compliance snapshot and fleet vehicle list.

You may contact the DOORS hotline at (877) 593-6677 for assistance.

SOON applications must also submit the fleet average calculation. Please visit https://arb.ca.gov/msprog/ordiesel/fac.htm for more information.

Total Funding Requested

Identify other funding sources to be used for this project

Total Project Cost (From Quote: MUST EQUAL QUOTE)

Applicant Co-Funding Amount

Operation Information

Is existing equipment in operable condition? ◯ Yes ◯ No

How many years has the applicant owned the existing equipment?

Does this vehicle have a functioning, non-resettable hour meter? ◯ Yes ◯ No

Percent Operation in California

Percent Operation in District
See http://www.aqmd.gov/home/about/jurisdiction for a jurisdiction map.

Proposed Project Life (this is the number of years that the equipment must operate as specified in your SCAQMD contract)

Carl Moyer and SOON Application
Form C-3
Off-Road Equipment Retrofit
Engine & Retrofit Information

If you have more than one engine for your project, please make copies of this form and use one form for each engine.

Existing/Baseline Engine Information

Baseline Engine Type ◯ Main ◯ Auxiliary

Baseline Engine Fuel Type

Baseline Engine Make

Baseline Engine Model

Baseline Engine Model Year

Baseline Engine Serial Number

Baseline Engine Horsepower

Baseline Engine Family Number

Old Engine (Baseline) Emissions Tier

Engine Retrofit Information

Retrofit Device Make

Retrofit Device Model

Verification Level

Project Life

Verified % PM Reduction

Verified % NOX Reduction

Verified % ROG Reduction

Retrofit Device ARB Executive Order Number

Retrofit Device Serial Number

Retrofit Cost Information

Retrofit Device System Cost

Retrofit Device Installation Cost

Tax Amount for Retrofit

Total Cost of Retrofit

Maintenance Cost

Amount requested for this retrofit

Retrofit Dealer Vendor

All cost estimates must be based on quotes that have been obtained within 90 days prior to the closing date of the Program Announcement. Attach all quotes to the application. The data-logging cost of a retrofit project cannot be included in the eligible project cost.

Carl Moyer and SOON Application
Form C-3
Off-Road Equipment Retrofit
Engine Activity Information

If you have more than one engine for your project, please make copies of this form and use one form for each engine.

Project application must include documentation of existing equipment usage for the previous 24 months prior to the application date.

Baseline Engine - Annual operation details for past 24 months

	Jan - Date of Application Submittal 2018	Jan - Dec 2017	Mar - Dec 2016	Estimated Annual Future Usage
Hours				

Carl Moyer and SOON Application
Form C-3
Off-Road Equipment Retrofit
Attachments

The following attachments may be submitted for this proposal:

- Insurance Documentation
- Engine Executive Order(s) and Retrofit Device Executive Order(s)
- Quotes (must be within 90 days of application submittal)
- Equipment Usage Documentation (for past 24 – months)
- Other misc. attachments
- DOORS Vehicle List
- SOON Fleet Average Calculation (please go to https://arb.ca.gov/msprog/ordiesel/fac.htm)
- DOORS Fleet Compliance Snapshot
- Business Information Request Form
- Campaign Contribution Disclosure
- W-9 Form
- Business Status Certification
- Direct Deposit Form
- Certification of Debarment, Suspension and Other Responsibility Matters

Carl Moyer and SOON Application
Form C-4
Off-Road Cargo Handling Equipment Electrification : Equipment Information

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

Please complete ONE form for each piece of equipment.

Existing Equipment Information

Has this equipment received Carl Moyer Program funds in the past? Yes No

Is equipment currently subject to CARB's Cargo Handling Equipment regulation?
Note: If you are unable to document that project equipment is not subject to the CARB regulation, then the project is ineligible. Yes No

What is the primary function of this equipment?

Is the vehicle location address the same as the applicant address? If not, please complete below. Yes No

Street Address (if no address, provide intersection)

City

County

State

Zip

Vehicle Type

If other, please describe:

Project Type

Equipment Category

Equipment Type

If other equipment type, please describe

Equipment Make

Equipment Model

Equipment Model Year

Equipment Serial Number or VIN

Unit Number

Carl Moyer and SOON Application
Form C-4
Off-Road Cargo Handling Equipment Electrification : Project Details

Total Funding Requested

Identify other funding sources to be used for this project

Total Project Cost (From Quote: MUST EQUAL QUOTE)

Applicant Co-Funding Amount

Operation Information

Is existing equipment in operable condition? Yes No

How many years has the applicant owned the existing equipment (must be greater than 2 years)?

Does the existing equipment have a functioning, non-resettable hour meter? Yes No

Proposed Project Life (this is the number of years that the equipment must operate as specified in your SCAQMD contract)

Please provide a full description of the proposed project. Include specifications for the equipment electrification and associated infrastructure. *SEE ATTACHMENTS*

Carl Moyer and SOON Application
Form C-4
Off-Road Cargo Handling Equipment Electrification : Engine & Retrofit Information

If you have more than one engine for your project, please make copies of this form and use one form for each engine.

Existing/Baseline Engine Information

Baseline Engine Type ☐ Main ☐ Auxiliary

Baseline Engine Fuel Type

Baseline Engine Make

Baseline Engine Model

Baseline Engine Model Year

Baseline Engine Serial Number

Baseline Engine Horsepower

Baseline Engine Family Number

Old Engine (Baseline) Emissions Tier

Please provide a full description of the proposed project. Include specifications for the equipment electrification and associated infrastructure. *SEE ATTACHMENTS*

Electrification Vendor /Contractor Information

Vendor

Vendor Contact Name

Vendor Phone Number

Vendor Address

Vendor City

Vendor State

Vendor Zip

Retrofit Cost Information

Total Project Materials Cost

Total Project Labor Cost

Total Project Cost

Applicant Co-Funding Amount (if any)

Grant Request Amount

Funding/Cost Information for this Electrification Project - You MUST attach a written estimate from the equipment vendor/contractor documenting the cost of the device; this quote must be obtained within 90 days prior to the closing date of the Program Announcement. Quote must itemize material costs and labor costs separately and must provide explanatory details on each line item. *SEE ATTACHMENTS*

Carl Moyer and SOON Application
Form C-4
Off-Road Cargo Handling Equipment Electrification : Engine Activity Information

If you have more than one engine for your project, please make copies of this form and use one form for each engine.

Project application must include documentation of existing equipment usage for the previous 24 months prior to the application date.

Baseline Engine - Annual operation details for the past 24 months

	Jan - Date of Application Submittal 2018	Jan - Dec 2017	Mar - Dec 2016	Estimated Annual Future Usage*
Hours				

*Please note: Estimated annual usage is only necessary if actual usage is not known. Approved projects will require the applicant to meet the estimated annual usage for the duration of the contract.

The following attachments may be submitted for this proposal:

- CARB's Cargo Handling Equipment Regulation
- DOORS Vehicle List
- SOON Fleet Average Calculation (please go to https://arb.ca.gov/msprog/ordiesel/fac.htm)
- Project Description
- Written Estimate for Project
- Business Information Request Form
- Campaign Contribution Disclosure
- W-9 Form
- Direct Deposit Form
- Business Status Certification
- Certification of Debarment, Suspension and Other Responsibility Matters
- Photo of Equipment, Equipment Tag, Current Hour Meter and Engine Tag

Carl Moyer and SOON Application
Form D-1
Marine Vessels
Repower : Equipment Information

If you have any questions regarding this program or the application process, please contact Mark Coleman at (909) 396-3074 or mcoleman@aqmd.gov

All Commercial Harbor Craft are currently subject to CARB's Commercial Harbor Craft regulation. Attach a copy of your most recent CARB Commercial Harbor Craft Initial Report, and all updates.

Existing Equipment Information

Has this equipment received Carl Moyer Program funds in the past? ☐ Yes ☐ No

Contract #		Amount Received	
Vessel Name		Port/Harbor	
Terminal		Pier	

Physical Address of the Vessel (including City, State, Zip)

Vessel berth/slip number		Primary Vessel Use	

If other vessel type, please describe

Secondary Vessel Use

If other secondary vessel type, please describe

Primary Vessel Hours per Year		Secondary Vessel Hours per Year	
Vessel Make		Vessel Model	
Vessel Model Year			
Total number of main engines on the vessel		Total number of aux engines on the vessel	

U.S. Coast Guard Documentation Number (IMO Lloyd's Number if oceangoing vessel, or CF# AND CA Department of Fish & Game license for fishing vessels manufactured out of the United States or less than five net tons displacement)

Does the project vessel utilize a wet exhaust system? ☐ Yes ☐ No

Carl Moyer and SOON Application
Form D-1
Marine Vessels
Repower : Project Details

Total Funding Requested

Identify other funding sources to be used for this project

Total Project Cost (From Quote: MUST EQUAL QUOTE)

Applicant Co-Funding Amount

Operation Information

Percent Operation in California

Percent Operation in District

Note: For SCAQMD Marine Jurisdiction Map, please see next page.

Purchasing new transmission (if applicable) Yes No

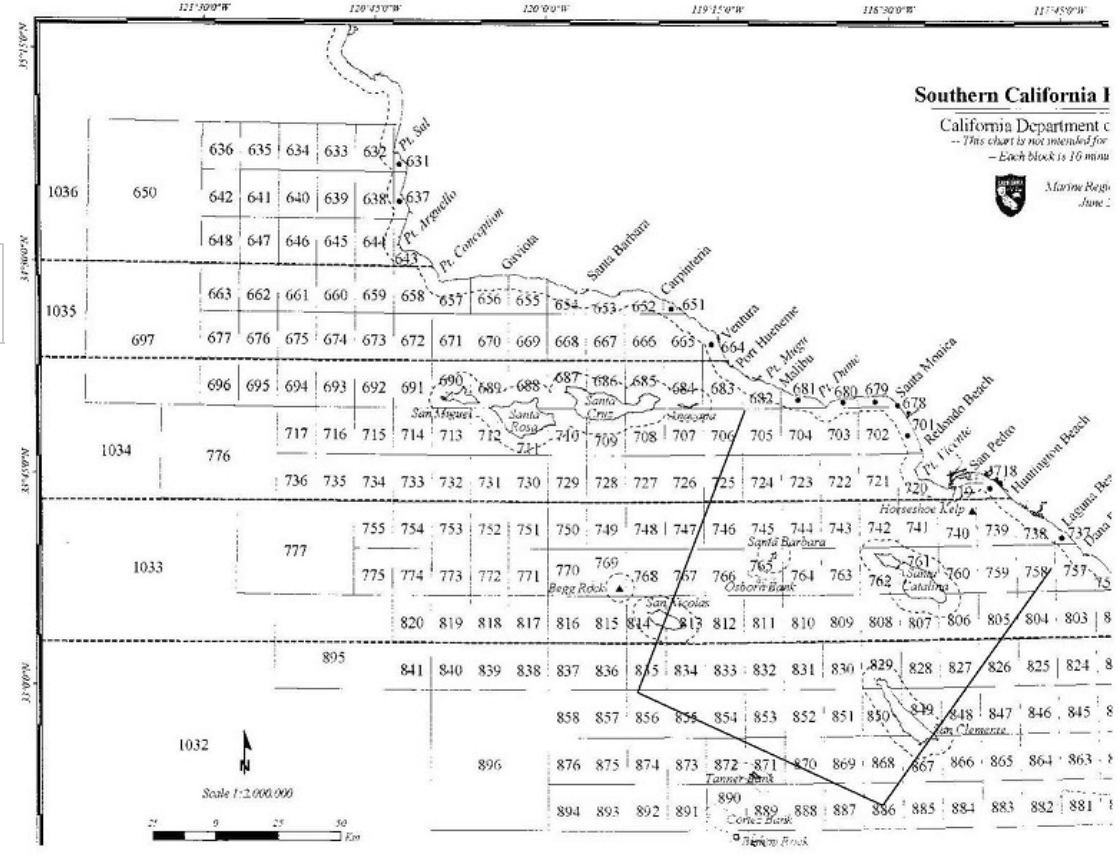
Justification For Purchasing New Transmission

New Transmission Cost

Electronic Monitoring Unit: I understand that a new Electronic Monitoring Unit (EMU) will be installed as part of this Project. (This is a program requirement.) Yes No

The vessel is required to have a functioning non-resettable hour meter for the full project life. Select YES to indicate understanding and compliance: Yes No

Proposed Project Life (this is the number of years that the vessel must operate as specified in your SCAQMD contract)



Boundary points for the Box:

Southern Coastal Boundary - San Diego - Orange County Border
Northern Coastal Boundary - Ventura - Los Angeles County Border

Northern Tip: 33° N and 119° 30' W
Southern Tip: 32° 30'N and 118° 30' W

Distance between northern coastal point and northern tip: 80 miles approx.
Distance between southern coastal point and southern tip: 74 miles approx.

Carl Moyer and SOON Application
Form D-1
Marine Vessels
Repower : Engine Information

If you have more than one engine for your marine vessel, please make copies of this page and use one form for each engine.

Existing / Baseline Engine Information

Engine Fuel Type		Old Engine (Baseline) Emissions Tier	
Engine Make		Engine Model	
Engine Model Year		Engine Horsepower	
Engine Type	◯ Main ◯ Auxiliary	Engine Serial Number	
EPA Engine Family Number		Method proposed for rendering the replaced engine inoperable:	
Number of Cylinders		Liters	

Does the existing engine have a functioning hour meter? ◯ Yes ◯ No

New Reduced-Emission Engine Information

Engine Fuel Type			
Engine Make		Engine Model	
Engine Model Year		Engine Horsepower	
Engine Type	◯ Main ◯ Auxiliary	Engine Serial Number	
EPA Engine Family Number			
Emissions Tier Type	◯ Off Road ◯ Marine		
New Engine (Reduced) Emissions Tier			
Number of Cylinders		Liters	
New Engine Cost (Including Tax)		New Engine Installation/Labor Cost	

NOTE: You MUST attach a written estimate or quotation from the equipment vendor documenting the cost of the new equipment. This quote must be obtained within 90 days prior to the closing date of the Program Announcement. The quote must indicate the certification level of the new, replacement engine (i.e., Tier 3 or cleaner).

Vendor		Vendor Contact Name	
Vendor Address		Vendor City	
Vendor Zip		Vendor State	
Vendor Phone Number			

Carl Moyer and SOON Application
Form D-1
Marine Vessels
Repower : Engine Activity Information

If you have more than one engine for your marine vessel, please make copies of this page and use one form for each engine.

Project application must include documentation of existing equipment usage for the previous 24 months prior to the application date.

Activity Information

Engine Specific Usage - Annual Operation Details for the Past 24-months

	Jan - Date of Application Submittal in 2018	Jan - Dec 2017	Mar - Dec 2016	Estimated Annual Future Usage
Hours				

Carl Moyer and SOON Application
Form D-1

Marine Vessels

Repower : Attachments

The following attachments may be submitted for this proposal:

- Insurance Documentation
- Harbor Craft Regulation Initial Report
- Quotes (must be within 90 days of application submittal)
- Equipment Usage Documentation (for past 24 – months) Other
- misc. attachments
- Business Information Request Form
- Campaign Contribution Disclosure
- W-9 Form
- Direct Deposit Form
- Business Status Cert
- Certification of Debarment, Suspension and Other Responsibility Matters

Carl Moyer and SOON Application
Form D-2
Marine Vessels
Shore Power : Equipment Information

If you have any questions regarding this program or the application process, please contact Greg Ushijima by phone at (909) 396-3301 or by email at: gushijima@aqmd.gov. Please complete one form for each Shore Power project.

Type of Project

Please note that if you are applying for the Purchase of Transformer and Associated Infrastructure ("Shore Side"), please use the Infrastructure application.

Vessel Retrofit to Accept Electrical Power ("Ship-Side") ☐

Type Of Applicant

Existing Equipment Information

Complete one equipment section for each vessel to be retrofitted. For transformer only projects please provide a detailed description of the vessels that typically use this terminal.
If your vessel type is a refrigerated cargo ship, container-ship or passenger ship, please attach your Vessel Plan as required by the ARB shore power regulation: http://www.arb.ca.gov/ports/shorepower/shorepower.htm

Vessel Name		Port/Harbor	
Terminal		Pier	
Vessel berth/slip number		Primary Vessel Function	

If other vessel type, please describe

Vessel Make		Vessel Model	
Vessel Model Year			
Total number of main engines on the vessel		Total number of aux engines on the vessel	
Lloyds Register or IMO Ship ID		US Coast Guard Documentation Number	

If you are leasing the terminal, what is the time left on the current lease?

Average berthing time (hours) of the vessel, per visit (include time needed to connect and disconnect the vessel to shore power)

Vessel power (kW) requirements while at berth Average Power Requirement

Vessel power (kW) requirements while at berth Maximum Power Requirement

Carl Moyer and SOON Application
Form D-2
Marine Vessels
Shore Power : Project Details

Total Funding Requested

Total number of vessels in the fleet

Identify other funding sources to be used for this project

Total Project Cost (From Quote: MUST EQUAL QUOTE)

Applicant Co-Funding Amount

Identify other potential project partners (ex. Port)

Power supplier (ex. PG&E)

Where does the electrical power infrastructure begin, and end? *

Operation Information

Total number of annual vessel visits expected to use shore power

Total number of annual visits to the terminal

Total number of annual hours of usage for vessels expecting to use shorepower

Project Funding Information

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. **See Attachments Section.**

Transformer Poject Cost		Associated Infrastrucutre Cost	
Retrofit Equip. Cost (incl. tax)		Retrofit Equip. Installation Cost	
Total Project Costs			

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

REQUEST: MAXIMUM ALLOWABLE

☐ Shore Power Vessel Retrofit ("ship-side"): 100% of retrofit cost & 50% of transformer cost.

REQUEST : OTHER

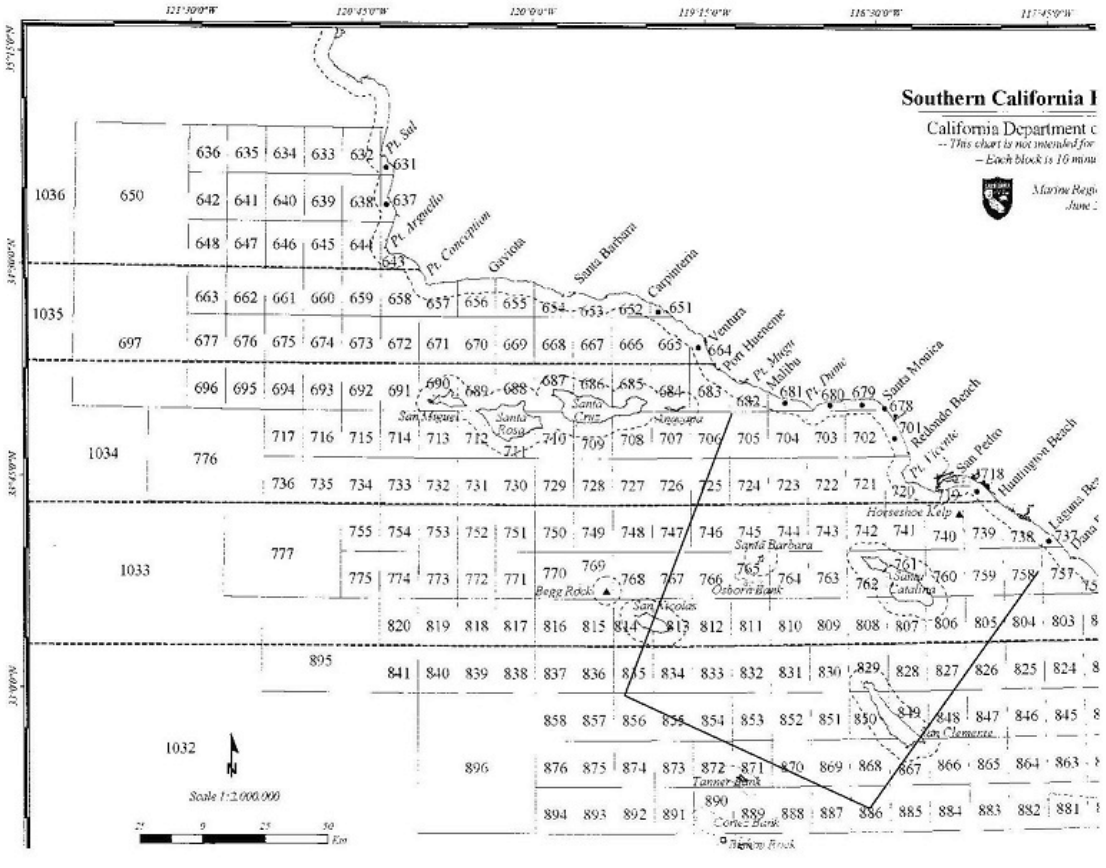
☐

(You may request less than the maximum allowable funding amount to improve cost-effectiveness of your project.)

Anticipated Project Completion Date

Please attach a detailed project schedule. ***SEE ATTACHMENTS PAGE***

Carl Moyer and SOON Application
Form D-2
Marine Vessels
Shore Power : SCAQMD Boundary Lines



Boundary points for the Box:

Southern Coastal Boundary - San Diego - Orange County Border
Northern Coastal Boundary - Ventura - Los Angeles County Border

Northern Tip: 33° N and 119° 30' W
Southern Tip: 32° 30'N and 118° 30' W

Distance between northern coastal point and northern tip: 80 miles approx.
Distance between southern coastal point and southern tip: 74 miles approx.

Carl Moyer and SOON Application
Form D-2
Marine Vessels
Shore Power : Engine Information

Existing / Baseline Engine Information

Please attach a detailed description of the vessels that will be using the shore power equipment. This description should include:

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

Carl Moyer and SOON Application
Form D-2
Marine Vessels
Shore Power : Engine Activity Information

If you have more than one engine for your project, please make copies of this page and use one form for each engine.

Project application must include documentation of existing equipment usage for the previous 24 months prior to the application date.

Activity Information

Expected annual hours

Expected annual fuel use

"Current Berth Activity" Number of annual ship visits to the berth (attach the log of vessel visits for each of the specified years): For last 3 years

Last Year Vessel Visits

Prior Year Vessel Visits

2 Years Prior Year Vessel Visits

Predicted (Future) Berth Activity:

Estimated annual ship visits using shore power:

2017-2019

2020 and beyond

Estimated monthly hours of operation:

2017-2019

2020 and beyond

Estimated monthly megawatt (MW) usage:

2017-2019

2020 and beyond

Carl Moyer and SOON Application
Form D-2

Marine Vessels
Shore Power : Attachments

The following attachments may be submitted for this proposal:

- Detailed Project Proposal
- Other misc. attachments
- ARB Shore Power Vessel Plan
- Vessel Logs
- Vessel Activity Information
- Written Estimate Or Quote
- Proposed Project Schedule
- Business Information Request Form
- Campaign Contribution Disclosure
- W-9 Form
- Direct Deposit Form
- Business Status Certification Form
- Certification of Debarment, Suspension and Other Responsibility Matters

Carl Moyer and SOON Application
Form E-1
Locomotive Replacement Equipment Information

For project criteria please refer to the locomotive chapter in the Carl Moyer Program Guidelines.

If you have any questions regarding this program or the application process, please contact Mei Wang by phone at (909) 396-3257 or by email at: mwang@aqmd.gov.

<u>If you have more than one equipment for your project, please make copies of this form and use one form for each equipment.</u>

Existing Locomotive Information

Has this locomotive received Carl Moyer Program funds in the past? Yes No

Equipment Location Address

Is the equipment location address the same as the applicant address? If not, please complete section below Yes No

Street Address

If no address, provide intersection

City

County

State

Zip

Vehicle Type

If other, please describe:

Locomotive type

Locomotive Make

Locomotive Model

Locomotive Model Year

Locomotive Serial Number

Unit number or other identifier

New Locomotive Information

Locomotive Make

Locomotive Model

Locomotive Model Year

Equipment Type

Locomotive Serial Number (If Available)

Will the locomotive have a functioning idle limit device (ILD) installed? Yes No

If other equipment type, please describe

# of Main Engines

# of Auxiliary Engines

New Locomotive Cost ($)

Locomotive Vendor Name

All cost estimates must be based on quotes that have been obtained within 90 days prior to the closing date of the Program Announcement. Attach all quotes to the application.

Carl Moyer and SOON Application
Form E-1
Locomotive Replacement
Project Details

Railroad Class

All cost estimates must be based on quotes that have been obtained within 90 days prior to the closing date of the Program Announcement. Attach all quotes to the application.

Total Funding Requested from SCAQMD

Identify other funding sources to be used for this project

Total Project Cost (From Quote: MUST EQUAL QUOTE)

Applicant Co-Funding Amount

Operation Information

Future/Projected Locomotive Activity Annual Fuel Usage (gallons per year)

If fuel usage is not available, please provide the future/projected locomotive activity in Megawatt Hour (MWh) per year.

Percent Operation in California

Percent Operation in District

Proposed Project Life (this is the number of years that the equipment must operate as specified in your SCAQMD contract)

Carl Moyer and SOON Application
Form E-1
Locomotive Replacement
Engine Information

If you have more than one engine for your project, please make copies of this form and use one form for each engine.

Existing/Baseline Engine Information

Engine Fuel Type			
Engine Make		Engine Model	
Engine Model Year		Engine Serial Number	
Engine Type	◯ Main ◯ Auxiliary	Engine Horsepower	
Existing Engine (Baseline) Emissions Tier			
Baseline Engine Family		US EPA Certificate of Conformity No	
CARB Executive Order No			

US EPA Certificate of Conformity MUST BE ATTACHED – SEE ATTACHMENTS SECTION

CARB Executive Order MUST BE ATTACHED – SEE ATTACHMENTS SECTION

Reduced Emission Replacement Engine Information

Engine Fuel Type			
Engine Make		Engine Model	
Engine Model Year			
Engine Serial Number		Engine Horsepower	
EPA Engine Family Name		New Engine (Reduced) Emissions Tier	
Engine Cost		Installation Cost	
Has this engine been certified by U.S. EPA?	◯ Yes ◯ No	U.S. EPA certified locomotive NOx emission rate (g/bhp-hr)	
U.S. EPA certified locomotive HC emission rate (g/bhp-hr)		U.S. EPA certified locomotive PM emission rate (g/bhp-hr)	

Carl Moyer and SOON Application
Form E-1
Locomotive Replacement
Engine Activity Information

<u>If you have more than one engine for your project, please make copies of this form and use one form for each engine.</u>

Project application must include documentation of existing equipment usage for the previous 24 months prior to the application date.

Please attach documentation to support the reported usage per year.

Annual Fuel Usage - Annual Operation Details for the Past 24-months

	Jan - Date of Application Submittal in 2018	Jan - Dec 2017	Mar - Dec 2016	Estimated Annual Future Usage
Fuel Use (gallons/year)				

If fuel usage is not available, please attach documentation of the megawatt hours used during the previous 24 months.

Carl Moyer and SOON Application Form E-1

Locomotive Replacement
Attachments

The following attachments may be submitted for this proposal:

- Insurance Documentation
- Emissions certification documentation
- Quotes (must be within 90 days of application submittal)
- Equipment Usage Documentation (for past 24 – months)
- Other misc. attachments
- Engine Executive Order(s) and Retrofit Device Executive Order(s)
- Fuel Documentation
- Business Information Request Form
- Campaign Contribution Disclosure
- W-9 Form
- Direct Deposit Form
- Business Status Cert
- Certification of Debarment, Suspension and Other Responsibility Matters

Carl Moyer and SOON Application
Form E-2
Locomotive Engine Repower
Equipment Information

For project criteria please refer to the locomotive chapter in the Carl Moyer Program Guidelines.

If you have any questions regarding this program or the application process, please contact Mei Wang by phone at (909) 396-3257 or by email at: mwang@aqmd.gov.

<u>If you have more than one equipment for your project, please make copies of this form and use one form for each equipment.</u>

Existing Locomotive Information

Has this locomotive received Carl Moyer Program funds in the past? ◯ Yes ◯ No

Equipment Location Address

Is the equipment location address the same as the applicant address? If not, complete below: ◯ Yes ◯ No

Street Address (if no address, provide intersection)

City

County

State

Zip

Vehicle Type

If other, please describe:

Locomotive type

If other locomotive type, please describe

Locomotive Make

Locomotive Model

Locomotive Model Year

Locomotive Serial Number

Unit number or other identifier

Carl Moyer and SOON Application
Form E-2
Locomotive Engine Repower
Project Details

Railroad Class

All cost estimates must be based on quotes that have been obtained within 90 days prior to the closing date of the Program Announcement. Attach all quotes to the application.

Total Funding Requested from SCAQMD

Identify other funding sources to be used for this project

Total Project Cost (From Quote: MUST EQUAL QUOTE)

Applicant Co-Funding Amount

Operation Information

Percent Operation in California

Percent Operation in District

Proposed Project Life (this is the number of years that the equipment must operate as specified in your SCAQMD contract):

Carl Moyer and SOON Application
Form E-2
Locomotive Engine Repower
Engine Information

If you have more than one engine for your project, please make copies of this form and use one form for each engine.

Existing/Baseline Engine Information

Engine Fuel Type			
Engine Make		Engine Model	
Engine Model Year		Engine Serial Number	
Engine Type	○ Main ○ Auxiliary	Engine Horsepower	
Existing Engine (Baseline) Emissions Tier			
Baseline Engine Family		US EPA Certificate of Conformity No	
CARB Executive Order No			

US EPA Certificate of Conformity MUST BE ATTACHED – SEE ATTACHMENTS SECTION

CARB Executive Order MUST BE ATTACHED – SEE ATTACHMENTS SECTION

New Engine Information

Engine Fuel Type			
Engine Make		Engine Model	
Engine Model Year			
Engine Serial Number		Engine Horsepower	
EPA Engine Family Name		U.S. EPA Certified Locomotive Emission Level	
Engine Cost		Installation Cost	

All cost estimates must be based on quotes that have been obtained within 90 days prior to the closing date of the Program Announcement. Attach all quotes to the application.

Vendor Information

Vendor		Vendor Contact Name	
Vendor Address		Vendor City	
Vendor Zip		Vendor State	
Vendor Phone Number			

Carl Moyer and SOON Application
Form E-2
Locomotive Engine Repower
Engine Activity Information

If you have more than one engine for your project, please make copies of this form and use one form for each engine.

Project application must include documentation of existing equipment usage for the previous 24 months prior to the application date

Please attach documentation to support the reported gallons per year

Annual Fuel Usage - Annual Operational Details for the Past 24-months

	Jan - Date of Application Submittal in 2018	Jan - Dec 2017	Mar - Dec 2016	Estimated Annual Future Usage
Fuel Use (gallons/year)				

Carl Moyer and SOON Application
Form E-2

Locomotive Engine Repower
Attachments

The following attachments may be submitted for this proposal:

- Insurance Documentation
- Emissions certification documentation
- Quotes (must be within 90 days of application submittal)
- Equipment Usage Documentation (for past 24 – months)
- Other misc. attachments
- Engine Executive Order(s) and Retrofit Device Executive Order(s)
- Fuel Documentation
- Business Information Request Form
- Campaign Contribution Disclosure
- W-9 Form
- Business Status Cert
- Direct Deposit Form
- Certification of Debarment, Suspension and Other Responsibility Matters

Carl Moyer and SOON Application
Form E-3
Locomotive - Head End Power Unit
Equipment Information

For project criteria please refer to the locomotive chapter in the Carl Moyer Program Guidelines.

If you have any questions regarding this program or the application process, please contact Mei Wang by phone at (909) 396-3257 or by email at: mwang@aqmd.gov.

<u>If you have more than one equipment for your project, please make copies of this form and use one form for each equipment.</u>

Existing Locomotive Information

Has this locomotive received Carl Moyer Program funds in the past? ◯ Yes ◯ No

Equipment Location Address

Is the equipment location address the same as the applicant address? If not, please complete below. ◯ Yes ◯ No

Street Address (if no address, provide intersection)		City	
County		State	
Zip		Vehicle Type	

If other, please describe:

Locomotive Make		Locomotive Model	
Locomotive Model Year		Locomotive Serial Number	
Unit number or other identifier			

Carl Moyer and SOON Application
Form E-3
Locomotive - Head End Power Unit
Project Details

Railroad Class

All cost estimates must be based on quotes that have been obtained within 90 days prior to the closing date of the Program Announcement. Attach all quotes to the application.

Total Funding Requested from the SCAQMD

Identify other funding sources to be used for this project

Total Project Cost (From Quote: MUST EQUAL QUOTE)

Applicant Co-Funding Amount

Operation Information

Percent Operation in California

Percent Operation in District

Proposed Project Life (this is the number of years that the equipment must operate as specified in your SCAQMD contract)

Carl Moyer and SOON Application
Form E-3
Locomotive - Head End Power Unit
Engine Activity Information

If you have more than one engine for your project, please make copies of this form and use one form for each engine.

Project application must include documentation of existing equipment usage for the previous 24 months prior to the application date.

Please attach documentation to support the reported gallons per year.

Annual Fuel Usage
Contact the SCAQMD Staff Lead to discuss your project and appropriate assumptions for this projection:

	Jan - Date of Application Submittal in 2018	Jan - Dec 2017	Mar - Dec 2016	Annual Fuel Usage (gallons per year)
Fuel Use (gallons/year)				

If fuel usage is not available, please attach documentation of the megawatt hours used during the previous 24 months.

ADDITIONAL PROJECT INFORMATION: Please provide a full description of the proposed project. Include an explanation of any project elements that are not adequately covered in the Application. SEE ATTACHMENTS PAGE.

Carl Moyer and SOON Application Form E-3

Locomotive - Head End Power Unit Engine Information

If you have more than one engine for your project, please make copies of this form and use one form for each engine.

Existing / Baseline Engine Information

Engine Fuel Type			
Engine Make		Engine Model	
Engine Model Year		Engine Serial Number	
Engine Type	◯ Main ◯ Auxiliary	Engine Horsepower	
Existing Engine (Baseline) Emissions Tier			
Baseline Engine Family		US EPA Certificate of Conformity No	
CARB Executive Order No			

Is the engine certified to off road or locomotive standards? ◯ Off Road ◯ Locomotive

CARB Executive Order MUST BE ATTACHED – SEE ATTACHMENTS SECTION

US EPA Certificate of Conformity MUST BE ATTACHED – SEE ATTACHMENTS SECTION

Reduced Emission Replacement Engine Information

Engine Fuel Type		Engine Type	◯ Main ◯ Auxiliary
Engine Make		Engine Model	
Engine Model Year			
Engine Serial Number		Engine Horsepower	
EPA Engine Family Name		New Engine (Reduced) Emissions Tier	
Engine Cost			
Does this Engine Have a US EPA Certificate of Conformity (PLEASE ATTACH THE CERTIFICATE IN THE ATTACHMENTS SECTION)	◯ Yes ◯ No	U.S. EPA certified locomotive NOx emission rate (g/bhp-hr)	
U.S. EPA certified locomotive HC emission rate (g/bhp-hr)		U.S. EPA certified locomotive PM emission rate (g/bhp-hr)	
Does this engine have a CARB Executive Order?	◯ Yes ◯ No	CARB Executive Order Number	

All cost estimates must be based on quotes that have been obtained within 90 days prior to the closing date of the Program Announcement. Attach all quotes to the application.

Carl Moyer and SOON Application Form E-3

Locomotive - Head End Power Unit
Attachments

The following attachments may be submitted for this proposal:

- Additional Project Information
- US EPA Certificate of Conformity
- Insurance Documentation
- Emissions certification documentation
- Quotes (must be within 90 of application submittal)
- Equipment Usage Documentation (for past 24 – months)
- Other misc. attachments
- Business Information Request Form
- Campaign Contribution Disclosure
- W-9 Form
- Business Status Cert
- Direct Deposit Form
- Certification Regarding Debarment, Suspension, and other Responsibility Matters

Carl Moyer Program – Application for Infrastructure

If you have any questions regarding this program or the application process, please contact George Wu by phone at (909) 396-2533 or by email at: gwu@aqmd.gov. Information on the eligible projects and cost for the program can be obtained from Carl Moyer Program Guidelines, Volume 1 Chapter 10[1].

Part 1: Applicant Information

Applicant Name:	Business Name:
Phone Number:	Email:
Address:	
City:	Zip Code:
Is the project location the same as the applicant address? ☐ Yes ☐ No (If not, please provide project location address below): Street Address:_____ City:_____ Zip Code:_____	

Part 2: Infrastructure Project Information

Eligible infrastructure projects are those that provide fuel or power to Carl Moyer Program (CMP) eligible vehicles and equipment (i.e., no light-duty vehicle charging stations). Note that a vehicle or equipment application is not required in order to be considered for infrastructure funding. Eligible projects include, but are limited to, the following:

Eligible costs are limited to the purchase and installation of the equipment for power delivery or fueling directly related to the infrastructure project and must utilize commercially available technologies. Eligible project costs include:

- Cost of design and engineering (i.e., labor, site preparation, Americans with Disabilities Act accessibility, signage).
- Cost of equipment (e.g., charging/fueling units, parts for electrical upgrade, energy storage equipment, materials).
- Cost of insulation directly related to the construction of the station.
- Meter/data loggers.
- On-site power generation system that fuels or powers covered sources (i.e., solar and wind power generation equipment).

Table 1. Maximum Percentage of Eligible Cost for Moyer Program Infrastructure Projects

Maximum Percentage of Eligible Cost	Infrastructure Projects
50%	All Projects
60%	Publicly Accessible Projects
65%	Projects with Solar/Wind Power Systems[2]
75%	Publicly Accessible Projects with Solar/Wind Power Systems[1]
100%	Public School Buses- Battery Charging and Alternative Fueling

[1] https://www.arb.ca.gov/msprog/moyer/guidelines/2017gl/2017_gl_chapter_10.pdf
[2] At least 50 percent of the energy provided to covered sources by the project must be generated from solar or wind.

Project Type:

☐ Battery Charging Station (e.g. airport, distribution centers, warehouses, ports),

Number of charging units _____

☐ New
☐ Expansion of existing non-residential charging stations to add capacity
☐ Other

☐ Alternative Fuel Station

☐ Hydrogen / ☐ Natural Gas
☐ New
☐ Expansion of existing fueling stations
☐ Other

☐ Stationary Agricultural Pump (Pump Electrification)

☐ Shore Power (Shore-Side Electrification)
Shore-side electrification for projects not subject to CARB's Shore Power Regulation. Only a port authority, terminal operator, or marine vessel owner may apply.

☐ Infrastructure for Transport Refrigeration Unit

☐ Truck Stop Electrification

Please select the following if applicable:

Publicly Accessible Project ☐ Yes ☐ No

Solar/Wind Power System[1]? ☐ Yes ☐ No

☐ Public School Buses -Battery Charger or Alternative Fuel

Project Description

Please fully describe your project below including, but not limited to:

A. *Annual usage projection such as expected usage- in kWhr per month, standard cubic feet natural gas per month, kg Hydrogen per month.*
B. *Technical specification, including a complete listing of all infrastructure equipment, hardware, and components, including (as applicable) component manufacturer and model number if known. In addition, the specification must provide minimum fuel storage capacities, compression and dispenser ratings, as well as number, make, and model of dispensers, hoses and card readers, etc. if known.*
C. *Chargers must be certified by a nationally recognized testing laboratory (i.e., Underwriter's Laboratories, Intertek) and provide design specifications including voltage, amperage, wattage, efficiency, compressor size, number of dispensers,, number of fuel nozzles or charge connections, dispensing rate, storage capacity, etc.*
D. *An estimate of the annual connections to the chargers and average connection time.*
E. *For stations expanding to accommodate new load, provide information on the base load and justify the need for and amount of the new load that is needed to accommodate the growth in vehicles or equipment using the infrastructure.*
F. *Fleet commitment information, including number of vehicles/equipment planning to fuel or power at the new infrastructure, including the engine model year and certification level of each vehicle.*
G. *A site plan depicting the infrastructure location, including at a minimum the adjacent streets, entrance and exit locations, locations of dispenser islands or chargers, canopies, fuel storage tanks, compressors, walls and/or spill containment areas as appropriate.*
H. *A description of other project elements, including site amenities such as private access/public access islands, card reader payment options, overhead canopies, signage, traffic circulation plan, landscaping, fencing, security lighting, etc.*

Project Description (Attach extra pages as necessary):

Part 3: Project Installer and Vendor Information

In the section below, please provide information for each installer and vendor that will be involved with the infrastructure project:

Name of the Vendor:	Vendor Contact Name:
Phone Number:	Email:
Address:	City:
State:	Zip Code:
What is the scope of work for this installer/vendor?	
Is there another installer/vendor for your infrastructure project? ☐ Yes ☐ No If yes, please attach vendor information as an Attachment to this page.	

Part 4: Project Cost and Funding Request

All cost estimates must be based on quotes/bids. A minimum of two quotes/bids from licensed installers for the project is required. In addition, the applicant should summarize their solicitation and selection process (i.e., how will the winning bidder be selected by the applicant) in an attachment.

Attach all quotes/bids to the application.
Design and Engineering Cost $_____
Total Equipment Cost $_____
Installation Cost $_____
Other Cost $_____
For other costs, please describe:
_____
_____
_____
Total Cost $_____

Applicant Grant Request (total grant funds requested for the project): $_____

Proposed Project Life: _____
This is the number of years that the equipment must operate as specified in your SCAQMD contract.(must be at least 3 years and no longer than 15 years, subject to CMP Guidelines)

Part 5: Disclosure of Amounts of Other Funding

Applicant must disclose all sources of funding (private, local, other State, Federal funding sources, etc.) for the project at the time of application.

Name of Funding Entity:	**Program Description:**	**Funding Amount:**	**Status *(Planned, Application Submitted or Application Granted)*:**
(Example: EPA)	*(DERA)*	*($25,000)*	*(Application Submitted)*

Supporting documentation:

- Quotes/bids (At least two quotes/bids from licensed installers)
- Local Permits Obtained for the Project (if not yet obtained, please submit a plan)
- Land Ownership/Lease agreement (applicants must document that they either own the land on which the project will be located, or control it through a long-term lease for the duration of the project life)
- Documentation that sufficient power or fuel is being provided to the site (e.g. application, payment to the local utility company for power installation, or contract)
- Project Timeline/Schedule/Plan
- For Shorepower projects, provide the "Initial Terminal Plan"