

**PROPOSITION 1B - GOODS MOVEMENT EMISSION REDUCTION PROGRAM APPLICATION****FORM A1: Applicant Information** *(Complete one form per company)-Locomotive Projects***I. APPLICANT INFORMATION(Required Information)**

Organization/Agency/Company Name:		
Railroad Class (1,2, or3):		
Primary Contact Full Name:		Email:
Mailing Address:		Phone Number:
City:	State:	Zip Code:
Person with Equipment Contract Signing Authority (owner):		
Total Number of Locomotives:		Total Number of Employees:
BNSF and Union Pacific applicants please sign the statement included in Section III of this form.		

**II. PROJECT INFORMATION**

What type of project are you applying for?			
Project Type		Total Number of Equipment	Additional Forms to Complete
<input type="checkbox"/>	Switcher Locomotive	Number of switchers being replaced: ____	<b>Form B1</b> for each switcher included in the application
<input type="checkbox"/>	Medium Horsepower Locomotive	Number of locomotives being replaced: ____	<b>Form B2</b> for each locomotive included in the application
<input type="checkbox"/>	Line-Haul Locomotive	Number of locomotives being replaced: ____	<b>Form B3</b> for each locomotive included in the application

**III. SUPPLEMENTAL INFORMATION- PLEASE ATTACH THE FOLLOWING DOCUMENTS TO COMPLETE YOUR APPLICATION**

<input type="checkbox"/>	Attach one or more of the following forms to <b>Form A1</b> , as required: Form B1- Switcher Locomotive Form B2- Medium Horsepower Locomotive Form B3- Line-Haul Locomotive
<input type="checkbox"/>	<b>Applicable to BNSF and Union Pacific Only:</b> We certify that any locomotives that would operate in the South Coast Air Basin will be excluded from the railroads fleet average emission calculations under the 1998 agreement for the duration of the project life.  Signature of Applicant: _____

Submit the original completed application (with all required supporting documents and signatures) along with **two (2) copies** of **the entire application package** via mail delivery, or in person to:

**South Coast Air Quality Management District**  
**21865 Copley Dr., Diamond Bar, CA 91765**  
**Attn: Procurement**  
**Application Deadline: March 31, 2016**

**NOTE:** Facsimile or email submittals **will not be accepted**. You must submit total of 3 copies including the original application.



## PROPOSITION 1B - GOODS MOVEMENT EMISSION REDUCTION PROGRAM APPLICATION

### FORM A1: Applicant Information *(Complete one form per company)-Locomotive Project*

**I am the owner of the existing equipment, have the legal authority to apply for incentive funding for the entity described in this application, and agree to the following statement by signing below:**

- I (equipment owner) have reviewed the information provided in this application, including all supporting documentation, and certify the application information is true and correct, and meet the minimum requirements of the Proposition 1B –Goods Movement Emission Reduction Program;
- I agree to follow all requirements of the Proposition 1B - Goods Movement Emission Reduction Program- Final 2015 Staff Report and Guidelines for Implementation;
- The Program-funded equipment shall be placed into operation and post-inspected prior to the applicable operational deadline to remain eligible for funding;
- I understand that the Program-funded equipment may not be used by the equipment owner to comply with any applicable CARB regulations for the specified timeframe;
- Neither the owner nor equipment identified in the application has any outstanding violations or non-compliance with CARB regulations;
- I have not and will not apply for additional Proposition 1B – Goods Movement Emission Reduction Program grant funds from any other local agency or funding from any other CARB incentive program for the equipment included in this application.
- I will disclose any other source(s) of funding that has been applied for and will be used for the same project, including the source of funds, amount, and the purpose of the funding;
- I will disclose the value of any existing financial incentive that directly reduces the project cost, including tax credits or deductions, grants, or other public financial assistance for the same equipment project;
- Grant funds shall only be used to offset the capital cost of the equipment and/or shall reduce the principal owed to purchase the equipment;
- New equipment must **not** be purchased, received, installed, paid for, or placed into operation prior to contract execution unless specified by the Program Guidelines, and if allowed, equipment owner shall assume all financial risk and is in no way assured Program funds;
- New equipment purchased outside of California may be subject to California sales and/or use taxes;
- I have all the information needed to understand what must be done to maintain eligibility for Program funds. This includes maintaining registration and ownership; keeping equipment in legal operating condition within California; correcting any air pollution citations; complying with all CARB regulations; and reporting, repairing, or replacing equipment that has been damaged, destroyed, or stolen;
- I understand that an incomplete or illegible application, including applications that are missing required documentation, may be rejected by the SCAQMD at their discretion;
- I acknowledge that the SCAQMD may release information contained in the application to third parties if required by state and federal public records laws;
- I understand that for switcher and medium horsepower locomotive projects; the equipment owner must commit to operating the Program-funded equipment at least 50% of the time within the four California trade corridors during the project life; for line-haul locomotive projects: the equipment owner must commit at least a majority of the percentage California operation within the four CA trade corridors during the project life;
- Any additional non-Program funding needed to complete the equipment project according to the proposed timeframe is reasonably available; and
- I understand as an applicant that incentive programs have limited funds and shall terminate upon depletion of program funding.

**Printed Name of Owner:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Signature of Owner:** \_\_\_\_\_ **Date:** \_\_\_\_\_