



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 applications will be evaluated based on their cost-effectiveness and their disproportionate impact score as discussed in Section IV "Application Evaluation/ Contractor 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:



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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. ☐

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

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 accept the sample contract 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 ☐



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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 of 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 local air quality rules and regulations at the time of application submittal, and I am not aware of any outstanding or pending enforcement actions.



Please indicate the Total Funding Requested (for the entire project, including all equipment/vehicle replacements, repowers, etc.): \$

By signing below, I certify 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 application 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 Forms¹
- ☐ 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 date of application submittal
 - ☐ 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 original plus three (3) complete signed copies of the application package (all forms and documents), as well as an electronic copy of the application and its supporting documents on a CD or flash drive.

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