

Mendocino County Air Quality Management District
306 E. Gobbi Street, Ukiah, CA 95482
Phone: 707-463-4354 Fax: 707-463-5707 Web: www.mendoair.org

CARL MOYER PROGRAM GRANT APPLICATION

DUE BY 1:00 P.M., FRIDAY, OCTOBER 30, 2015.

Eligibility Criteria

To be eligible for funding, projects must meet the criteria described in the 2011 Carl Moyer Program Guidelines and the 2011 Carl Moyer Program Advisories. The 2011 Carl Moyer Program Guidelines and Advisories can be viewed at <http://www.arb.ca.gov/msprog/moyer/guidelines/current.htm>.

CHECK LIST FOR APPLICATION ITEMS

The following items must be included with the application submittal. Incomplete applications will delay review. The District may request additional information. Please contact District staff for assistance if necessary.

- A Completed and Signed Application.
- A Project timeline.
- Project cost documentation including quotes to support cost estimates.

Submit applications to: Mendocino County Air Quality Management District
306 E. Gobbi Street, Ukiah, CA 95482

CMP GRANT PROJECT CATEGORY					
<input type="checkbox"/> On-Road:	<input type="checkbox"/> New Vehicle	*** DISTRICT USE ONLY ***			
	<input type="checkbox"/> Engine Retrofit				
	<input type="checkbox"/> Other				
<input type="checkbox"/> Off-Road:	<input type="checkbox"/> New Vehicle				
	<input type="checkbox"/> Engine Repower				
	<input type="checkbox"/> Engine Retrofit				
	<input type="checkbox"/> Other				
<input type="checkbox"/> Marine:	<input type="checkbox"/> New Vehicle				
	<input type="checkbox"/> Engine Repower				
	<input type="checkbox"/> Engine Retrofit				
	<input type="checkbox"/> Other				
<input type="checkbox"/> Agricultural:	<input type="checkbox"/> New Engine	(Date Received)			
	<input type="checkbox"/> Engine Retrofit				
	<input type="checkbox"/> Other				
<input type="checkbox"/> Other	Describe:				
Applicant:				Phone #:	()
Application #				CE Ranking #:	Contract#:
<input type="checkbox"/> Additional Information Requested					Due By:

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In accordance with the Guidelines, applicants must disclose if they have applied for **OR** received other financial assistance that reduces the project cost, including tax credits or deductions, grants, or any other public financial assistance given for the vehicles and/ or engines listed in this application. The applicant must reduce the incremental cost of the project by the amount of any current financial incentive received. Any applicant failing to report additional funding for this project may be ineligible for future participation in the Carl Moyer Program and may be subject to criminal sanctions.

Funding Disclosure

Have any engines or vehicles listed in this application been awarded funding from another public agency or are any being considered for funding?

- Yes** **No**

If “Yes”, complete the following for each engine or vehicle:

Agency applied to _____
Date / Number of Agency Solicitation _____
Funding Amount Requested _____
Old Engine Serial Number _____
Status _____

Agency applied to _____
Date / Number of Agency Solicitation _____
Funding Amount Requested _____
Old Engine Serial Number _____
Status _____



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CARL MOYER PROGRAM GRANT APPLICATION

ALL APPLICANTS MUST COMPLETE THIS SECTION!

REGULATORY COMPLIANCE STATEMENT

As an applicant / participant in the Carl Moyer Program, I declare that: _____
 (Name of Company / Business)

is in compliance with, and will remain in compliance with, and does not have any outstanding, unresolved, or unpaid Notices of Violations (NOV) or citations for violations of any federal, state and/or local air quality regulations including, but not limited to, the following:

- Cargo Handling Equipment Regulation
- Commercial Harbor Craft Regulation
- Drayage Truck Regulation (including dray-off trucks)
- In-Use Off-Road Diesel Vehicle Regulation
- Marine Shore Power Regulation
- Off-Road Large Spark Ignition Fleet Regulation
- Portable Diesel Airborne Toxic Control Measure
- Public Agency and Utility Rule
- Sleeper Berth Truck Idling Regulation
- Solid Waste Collection Vehicle Regulation
- Statewide Truck and Bus Regulation
- Stationary Engine Airborne Toxic Control Measure
- Transit Fleet Rule

I certify under penalty of perjury that the information provided is accurate.

Authorized Signature: _____ Date: _____

Authorized Representative's Name (please print): _____

Authorized Representative's Title: _____

Company Name: _____

Legal Owner Name: _____

Mailing Address: _____

City, State, ZIP: _____

Physical Address (if different than mailing address): _____

City, State, ZIP: _____

Telephone #: _____ Other Phone #: _____

Email: _____

Fact sheets and additional information on the Carl Moyer Program are available at <http://www.arb.ca.gov/msprog/moyer/moyer.htm>. In-Use regulations are available at <http://www.arb.ca.gov/permits/permits.htm> or by calling the ARB's diesel hotline at 866-6DIESEL [(866) 634-3735].

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CARL MOYER PROGRAM GRANT APPLICATION

PLEASE TYPE OR PRINT CLEARLY IN BLACK OR BLUE INK'QPN[0

APPLICANT INFORMATION		
Company / Business Name:		
Business type:	Federal Tax ID #: (Attach Completed Form W-9)	
Contact name:	Title:	
Person with contract signing authority (if different than above):		
Mailing address:		
City:	State:	Zip:
Telephone:	Fax:	
E-mail:		
Business Street Address:(If different than above):		
City:	State: CA	Zip:
Number of new vehicles / engines you are applying for:		

I hereby certify that all information provided in this application and any attachments are true and correct to the best of my knowledge.

Printed Name of Responsible Party:	Title:
Signature of Responsible Party:	Date:

Third Party Certification

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

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

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BASELINE (CURRENT) VEHICLE / EQUIPMENT INFORMATION

Primary Vehicle Function:		
Vehicle Make:	Model:	Year:
Registered Owner:	Lien Holder:	
Vehicle Identification Number (VIN):		
Vehicle GVWR:	Vehicle License Plate Number:	
DOT Number (if interstate):	CHP CA Number (if applicable):	
Main Engine Fuel Type:	Horsepower:	
Auxiliary Engine Fuel Type:	Horsepower:	
ANNUAL OPERATING INFORMATION		
Total Annual Miles Traveled OR Gallons of Fuel Used (Specify ONE Only):		
Annual Miles:	Fuel Usage:	(Gallons/ Year)
Percentage of Operation in California:	Project Life:	

NEW VEHICLE PURCHASE PROJECT

Primary Vehicle Function:		
Engine Make:	Model:	Year:
Engine Serial Number (if available):	Fuel Type:	Horsepower:
ARB Certification Executive Order (if Engine is Certified to Alternate NOx Standard):		
New Vehicle Cost:\$		
Baseline Cost:\$		
If the new vehicle has an auxiliary engine, complete the following:		
Auxiliary Engine Make:	Model:	Year:
Serial Number:	Fuel:	Horsepower:
Tier:	Purpose:	

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CARL MOYER PROGRAM GRANT APPLICATION

REPOWER (ENGINE REPLACEMENT) PROJECT PHQTO CVKQP

Vehicle Make		Model		Year	
License Plate #		DOT Number		CHP #:	
<u>Baseline Main Engine</u>			<u>Reduced Emission Main Engine</u>		
Engine Family:			Engine Family:		
			ARB Executive Order #:		
Engine Make/ Model:			Engine Make/ Model:		
Engine Year			Engine Year		
Engine Serial #:			Engine Serial #:		
Fuel Type:			Fuel Type:		
Horsepower:			Horsepower:		
Baseline Main Engine Rebuild Cost:			Reduced Emission Main Engine Cost: Insert Below*		
Baseline Main Engine Installation Cost: Insert Below*			Main Engine Installation Cost: Insert Below*		
<u>Baseline Auxiliary Engine</u>			<u>Reduced Emission Auxiliary Engine</u>		
Engine Family:			Engine Family:		
Engine Make/ Model:			Engine Make/ Model:		
Engine Year		Tier:	Engine Year		Tier
Engine Serial #:			Engine Serial #:		
Fuel Type:			Fuel Type:		
Horsepower:			Horsepower:		
Baseline Aux. Engine Rebuild Cost: Insert Below*			Reduced Emission Aux. Engine Cost:\$ Insert Below*		
Baseline Aux. Engine Installation Cost: Insert Below*			Reduced Emission Aux. Engine Installation Cost: Insert Below*		
	Dealer / Shop Installed*	Self- Installed		Dealer / Shop Installed*	Self-Installed
Main Engine *	\$	\$	Main Engine *	\$	\$
Aux. Engine *	\$	\$	Aux. Engine *	\$	\$
Other Parts *	\$	\$	Other Parts *	\$	\$
Labor *	\$	\$	Labor *	\$	\$
Tax	\$	\$	Tax	\$	\$
TOTAL	\$	\$	TOTAL	\$	\$
Dealer/ Shop Name & Address:			Dealer/ Shop Name & Address:		

* Include written estimates with application

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CARL MOYER PROGRAM GRANT APPLICATION

RETROFIT 'PROJECT' PHQT0 CVKQP

Vehicle Make		Model	Year
License Plate #		DOT Number	CHP #:
Engine Make:		Engine Model	Engine Year:
Engine Family:		Tier (auxiliary engine):	
Engine Serial #:		Aux. Engine Serial #:	
Retrofit Device Make:			
ARB-verified Retrofit Device Name:			
Retrofit Device ARB Executive Order:			
Retrofit Device Serial # (if available):			
Verification Level: <input type="checkbox"/> LEVEL 1 <input type="checkbox"/> LEVEL 2 <input type="checkbox"/> LEVEL 3			
ARB - Verified NOx Reduction (%):			
ARB - Verified PM Reduction (%):			
ARB - Verified ROG Reduction (%):			
Retrofit Device Cost: \$			
Cost of Retrofit Installation:		Dealer / Shop Installed*	Self- Installed
Retrofit Device		\$	\$
Other Parts		\$	\$
Labor		\$	\$
Tax		\$	\$
TOTAL		\$	\$
Dealer / Shop Name & Address:			
Estimated Cost of Maintenance for Project Life:			

*** Include written estimates with application**

Request for Taxpayer Identification Number and Certification

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

Print or type See Specific Instructions on page 2.	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; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> 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) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.)	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 Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> on page 3.																																																					
Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="10" style="text-align: center; padding: 2px;">Social security number</td> </tr> <tr> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td colspan="10" style="text-align: center; padding: 2px;">or</td> </tr> <tr> <td colspan="10" style="text-align: center; padding: 2px;">Employer identification number</td> </tr> <tr> <td style="width: 20px; height: 20px;"></td> </tr> </table>	Social security number																					or										Employer identification number																				
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or																																																					
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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 on page 3.	

Sign Here	Signature of U.S. person ▶ _____	Date ▶ _____
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General Instructions

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

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

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? on page 2.

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?* on page 2 for further information.