

Carl Moyer Memorial Air Standards Attainment Program
ON-ROAD HEAVY-DUTY VEHICLE APPLICATION
Butte County Air Quality Management District
INSTRUCTIONS AND ELIGIBILITY CRITERIA

Instructions

Please print clearly or type all information on the application (pages 3-9) and submit to:

***Butte County Air Quality Management District
629 Entler Avenue, Suite 15
Chico, CA 95928***

Or fax to (530) 332-9417

Fill out one (1) application for each engine or piece of equipment. The 2017 Carl Moyer Program (CMP) Guidelines are available on the District's website at www.bcaqmd.org or at California Air Resources Board (ARB)'s website at <http://www.arb.ca.gov/msprog/moyer/guidelines/current.htm>. Please note that additional information may be requested from the applicant in order to process this application.

General Eligibility Criteria

To be eligible for funding, projects must meet the criteria described in the 2017 CMP Guidelines and all current CMP Advisories. These criteria include, but are not limited to the following:

- Emission reductions obtained through CMP projects must not be required by any federal, State or local regulation, memorandum of agreement/understanding with a regulatory agency, settlement agreement, mitigation requirement or other legal mandate.
- Projects must meet a cost-effectiveness established by the District and calculated in accordance with the cost-effectiveness methodology in the 2017 CMP Guidelines. All State funds (except tax credits, tax deductions, public rebates, or public loans) plus any other funds under a district's budget authority or fiduciary control contributed toward a project must be included in the cost-effectiveness calculation.
- No emission reductions generated by the CMP shall be used as marketable Emission Reduction Credits, or to offset any emission reduction obligation of any person or entity.
- No project funded by the CMP shall be used for credit under any federal or State emission averaging banking and trading program.
- Funded projects must have at least 51% of their total activity for the project life in California. The existing vehicle must be based in Butte County.
- Emission reduction technologies must be certified/verified by ARB and must comply with durability and warranty requirements. For the purposes of the CMP, a technology granted conditional certification/verification by ARB is considered certified/verified.

On-Road Heavy-Duty Vehicle Eligibility Criteria

- Existing vehicles must have an engine of Model Year 2010 or older.
- Existing vehicles must meet the criteria for either a Light Heavy-Duty, Medium Heavy-Duty, or Heavy Heavy-Duty vehicle as defined in the 2017 CMP Guidelines.
- The owner must be currently registered in California for the past twenty-four (24) months, and in compliance with federal, State, and local regulations. Use the table below to determine if the existing engine is eligible for funding.
- The existing vehicle must be in operational condition.
- For fleets subject to the On-Road Regulation, applicants must submit Truck Regulations Upload and Compliance Reporting System (TRUCRS) Identification Number (ID), Engine Identification Number (EIN), and results of the fleet calculator. See 2017 CMP Guidelines Chapter 4.

Summary of On-Road Heavy-Duty Fleet Modernization Funding Opportunities

Equipment Type	Subject to ARB Fleet Rule?	CMP Funding Opportunities
Transit fleet vehicles	Fleet Rule for Transit Agencies ²	Transit vehicles that have achieved compliance with all applicable regulatory requirements are eligible for surplus emission reduction funding.
Solid waste collection excluding transfer trucks	Solid Waste Collection Vehicle Regulation ³	SWCV fleets that have achieved compliance with the final SWCV Regulation (CCR, title 13, sections 2020-2021.2) deadline are eligible for funding.
Municipal vehicles, Utility vehicles	Fleet Rule for Public Agencies and Utilities ⁴	Limited opportunities. ¹
Most other On-Road Heavy-Duty vehicles	Statewide Truck & Bus Regulation ⁵	Limited opportunities. ¹

1. Limited opportunities means a fleet’s compliance status with the ARB regulation must be determined. Contact District CMP staff or consult fleet rule CMP Implementation Charts at: <http://www.arb.ca.gov/msprog/moyer/guidelines/supplemental-docs.htm> in addition to these guidelines.
2. Fleet Rule for Transit Agencies: <http://www.arb.ca.gov/msprog/bus/bus.htm>
3. Solid Waste Collection Vehicle Regulation: <http://www.arb.ca.gov/msprog/SWCV/SWCV.htm>
4. Fleet Rule for Public Agencies and Utilities: <http://www.arb.ca.gov/msprog/publicfleets/publicfleets.htm>
5. Statewide Truck & Bus Regulation: <http://www.arb.ca.gov/msprog/onrdiesel/onrdiesel.htm>

Additional School Bus Eligibility Criteria

- The existing school bus must have:
 - a. an engine Model Year of 1977 through 2006 with an “Extension of Deadline for Unavailability of Verified Diesel Emission Control Strategy,” or;
 - b. an engine Model Year of 1977 through 2006 with an existing Verified Diesel Emission Control Strategy (VDECS) retrofit.
- The existing school bus must have a California Highway Patrol (CHP) safety certification that has not lapsed.

Additional criteria may be found in the 2017 CMP Guidelines, Chapter 4: On-Road Heavy Duty Vehicles

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This application is to be used for incentive funds for on-road engine replacements, and/or engine retrofit projects. Additional information may be requested during the review process if needed. The applicant acknowledges that award of cash incentive is conditional upon approval by the District and must meet the minimum eligibility criteria.

REQUIRED ATTACHMENTS TO APPLICATION

Check each applicable box below to indicate inclusion.

- Completed application
- 24 months of complete historical usage
- Ownership and registration records
- Itemized quote for new vehicle with warranty information
- Executive order for new engine
- Fleet compliance certificate and fleet summary from TRUCRS
- Proof of workers compensation insurance OR: _____ →
- Proof of general liability insurance
- IRS Form W-9 (for the entity that will sign the grant contract and receive funds, if awarded)
- Other _____

"I certify that the applicant does not have employees and does not carry workers compensation insurance."

Name: _____

Initial: _____

Applicant (Organization/Company/Individual Name): _____

Business Type: _____

Mailing Address/Street: _____

City/State/Zip Code: _____

Contact Name: _____

Phone: _____ Fax: _____

E-Mail: _____

Person with contract signing authority (if different than above): _____

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Funding Disclosure

Have any engines or vehicles listed in this application applied for or have been awarded Carl Moyer Program funding, or any other incentive funding?

- Yes
- No

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

Agency applied to: _____

Date and number of Agency Solicitation: _____

Funding Amount Requested or Awarded: _____

Equipment Identification: _____

Old Engine Serial Number: _____

Status of Funding: _____

Please list any other financial incentive, including tax credits or deductions, grants, or other public financial assistance for the vehicle/engine:

PISP Certification

Initial: _____ I have read and understand that I am responsible for meeting the requirements of the Periodic Smoke Inspection Program (PSIP). I am either currently in compliance with PSIP requirements or I have paid all penalties for non-compliance and continue to meet requirements since payment.

Third Party Certification

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

Print Name of Third Party: _____ Title: _____

Signature of Third Party: _____ Date: _____

Amount Paid to Third Party: _____

Source of Funding to Third Party: _____

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REGULATORY COMPLIANCE STATEMENT

Disclosure Statement

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

1. Is in compliance with, and
2. Will remain in compliance with, and
3. Does not have any outstanding/unresolved/unpaid Notices of Noncompliance (NON) or citations for violations of

Any federal, State, and local air quality regulations including, but not limited to, the following:

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

By signing below and submitting this application, I understand and acknowledge grant requirements and I hereby certify under penalty of perjury that the information in the application and attachments is accurate and true.

Authorized Signature: _____ Date: _____

Authorized Representative's Name (Print): _____

Authorized Representative's Title: _____

Legal Owner's Name: _____

Company Name: _____

Mailing Address: _____

City/State/Zip: _____

Physical Address of Equipment (if different than mailing address): _____

Phone: _____ E-Mail: _____

Fact sheets and additional information on the Regulations are available at <http://www.arb.ca.gov/diesel/mobile.htm> or by calling ARB's diesel hotline at 866-6DIESEL (866-634-3735). To obtain these documents in an alternative format or languages, please call (866) 634-3735.

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PLEASE PRINT OR TYPE ALL INFORMATION

A. Project Information

1. Number of applications being submitted: _____
2. Total funding amount requested in this application: _____
3. Project Name: _____
4. Project Life: Maximum (see notes below)
 Other: _____
5. Funding Requested: Maximum (see notes on page 7)
 Other: _____
6. Percentage of Operation in California: _____
7. Counties in which the equipment operates: _____
8. Percentage of operation in each of above counties: _____
9. Project Type (select one):
 Retrofit purchase Replacement of a school bus
 Replacement of a fire apparatus
 Replacement of an existing on road heavy-duty vehicle
10. Method of equipment purchase (please note, the grant is designed as a reimbursement):
 Purchase in full
 Use of short-term financing (PO account, Net 30 terms, etc.)
 Use of long-term financing (the grant amount must immediately go towards principal).
Lease agreements are not allowed. Draft financing terms required before contract execution.

Notes:

The maximum project life for on-road projects is as follows:

- On-Road Heavy-Duty Vehicle Replacement Projects – seven (7) years
- School Bus Replacement Projects – ten (10) years
- Fire Apparatus Replacement Project – fourteen (14) years
- All Other Projects – three (3) years

Maximum amount of funding:

On-Road agricultural trucks funded through the FARMER Program: 65% of new equipment cost.

All other On-Road vehicles:

Project Type	Heavy Heavy-Duty (HHD) GVWR > 33,000lbs.	Medium Heavy-Duty (MHD) GVWR 19,501-33,000lbs	Light Heavy-Duty (LHD) GVWR 14,001-19,500lbs.
Heavy-Duty Vehicle Retrofit	\$20,000	\$20,000	\$20,000
0.20 g/bhp-hr Replacement	\$60,000	\$40,000	\$30,000
0.10 g/bhp-hr Replacement	\$70,000	\$50,000	\$40,000
0.05 g/bhp-hr Replacement	\$80,000	\$60,000	\$50,000
0.02 g/bhp-hr Replacement	\$100,000	\$80,000	\$70,000
Zero Emission Replacement	\$100,000	\$100,000	\$80,000
School Bus	\$100,000	\$100,000	\$100,000
Zero-Emission School Bus	\$100,000	\$100,000	\$100,000
Fire Apparatus Replacement	\$100,000	\$100,000	\$100,000

Grams per brake horsepower-hour (g/bhphr)

PLEASE PRINT OR TYPE ALL INFORMATION

B. Information About Existing Vehicle

1. Vehicle Type/Function: _____
2. Vehicle Make: _____
3. Vehicle Model: _____
4. Vehicle Serial Number: _____
5. Model Year: _____
6. Number of Heavy Duty Trucks in Fleet: _____
7. TRUCRS ID: _____
8. Gross Vehicle Weight Rating (GVWR): _____
9. Estimated Miles Travelled (Miles/Year): _____
10. Vehicle Location: _____

C. Information About Existing Engine

1. Engine Manufacturer: _____
2. Engine Model: _____
3. Engine Serial #: _____
4. Engine Model Year: _____
5. Manufacturer's Maximum Rated Brake Horsepower Rating: _____
6. Fuel Type: _____
7. U. S. Environmental Protection Agency (EPA) or ARB Standardized Engine Family Name: _____

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D. Information About New Vehicle

1. Projected Date of Purchase & Delivery of New Equipment: _____
2. New Equipment Make: _____
3. New Equipment Model/Model Year: _____
4. New Equipment Serial Number (if available): _____
5. Number of Main Engines on New Equipment: _____
6. New Engine Family: _____
7. New Engine Make/Model: _____
8. New Engine Model Year: _____ 9. New Engine Horsepower _____
10. New Engine Serial Number (if available): _____
11. New Engine Tier: _____

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RETROFIT INFORMATION (IF APPLICABLE)

E. Information About the Installer

1. Engine Installer: _____
2. Street Address: _____
3. City/State/Zip: _____
4. Contact Name: _____
5. Phone: _____ 6. Fax: _____

F. Information About the Engine Retrofit (if applicable)

1. ARB-verified Retrofit Device Manufacturer: _____
2. Retrofit Device Make/Model: _____
3. Retrofit Device ARB Executive Order Number: _____
4. Retrofit Device Serial # (if available): _____
5. ARB-Verified PM Reduction (%): _____
6. ARB-Verified NOx Reduction (%): _____
7. Cost of Retrofit: _____ 8. Cost of Installation (optional): _____
9. Cost of Retrofit Maintenance for Project Life (optional): _____