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 Truck and Bus 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.
• Maximum grant amounts may be very limited for On-Road vehicles nearing their state compliance deadline. ARB has a maximum grant calculator at https://ww2.arb.ca.gov/our-work/programs/carl-moyer-program/on-road-grant-calculator. Regulations that may apply to on-road projects include:
  o Fleet Rule for Transit Agencies: http://www.arb.ca.gov/msprog/bus/bus.htm
  o Solid Waste Collection Vehicle Regulation: http://www.arb.ca.gov/msprog/SWCV/SWCV.htm
  o Fleet Rule for Public Agencies and Utilities: http://www.arb.ca.gov/msprog/publicfleets/publicfleets.htm
  o Statewide Truck & Bus Regulation: http://www.arb.ca.gov/msprog/onrdiesel/onrdiesel.htm

• The District has a list of Participating Dealerships at https://bcaqmd.org/incentives-grants-rebates/carl-moyer-program/participating-dealerships/.

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 for Associated Infrastructure Supporting Zero-Emission Vehicle Replacement Projects
• The applicant must be able to obtain all required land use permits from agencies needed to install and operate the new infrastructure. The project must comply with all applicable federal, State, local laws and requirements including environmental laws, and State building, environmental and fire codes.
• Applicants must demonstrate that they own the land on which the project will be located.
• Work must be performed by a licensed contractor.
• Equipment and parts must be new. Remanufactured or refurbished equipment and parts are not eligible.
• Chargers must be level 2 or higher.
• New electric charging equipment must have at least a one year warranty. New alternative fueling equipment must have at least a three year warranty.
• Applicants must be able to provide documentation that power or fuel is being provided to the site (e.g. application, payment to the local utility company for power installation, or contract).

Additional criteria may be found in the 2017 CMP Guidelines, Chapter 4: On-Road Heavy Duty Vehicles and Chapter 10: Infrastructure.
This application is to be used for incentive funds for on-road engine replacements 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 (past 24 months)
- [ ] 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
- [ ] Other _____________________________________________________________________

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): ________________________

“I certify that the applicant does not have employees and does not carry workers compensation insurance.”
Name: ___________________ Initial: _____
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: ____________________________________________________
Disclosure Statement

As an applicant/participant of the Carl Moyer Program, I declare that __________________________________

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

1. Number of applications being submitted: ______________________________________

2. Project Name: ______________________________________________________________

3. Project Life: ☐ Maximum (see notes below)
   ☐ Other: __________________________________________________________________

4. Funding Requested: ☐ Maximum (see notes on page 7)
   ☐ Other: __________________________________________________________________

5. Percentage of Operation in California: ________________________________________

6. Counties in which the equipment operates: _____________________________________

7. Percentage of operation in each of above counties: ______________________________

8. Project Type (select all that apply):
   - ☐ Replacement of a school bus
   - ☐ Replacement of a fire apparatus
   - ☐ Replacement of an existing on road heavy-duty vehicle
   - ☐ Associated infrastructure to support zero-emission replacement vehicle

9. 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.**
On-road projects funded through the Community Air Protection (CAP) program: **See CAP Guidelines**

**All other On-Road vehicles:**

<table>
<thead>
<tr>
<th>Project Type</th>
<th>Heavy Heavy-Duty (HHD) GVWR &gt; 33,000lbs</th>
<th>Medium Heavy-Duty (MHD) GVWR 19,501-33,000lbs</th>
<th>Light Heavy-Duty (LHD) GVWR 14,001-19,500lbs</th>
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<tbody>
<tr>
<td>0.20 g/bhp-hr Replacement</td>
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<td>$40,000</td>
<td>$30,000</td>
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<tr>
<td>0.10 g/bhp-hr Replacement</td>
<td>$70,000</td>
<td>$50,000</td>
<td>$40,000</td>
</tr>
<tr>
<td>0.05 g/bhp-hr Replacement</td>
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<tr>
<td>0.02 g/bhp-hr Replacement</td>
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<td>$100,000</td>
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<tr>
<td>Fire Apparatus Replacement</td>
<td>$100,000</td>
<td>$100,000</td>
<td>$100,000</td>
</tr>
<tr>
<td>Associated EV Infrastructure</td>
<td>Public School Buses: 100% - All Other Projects: 50%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**PLEASE PRINT OR TYPE ALL INFORMATION**

**B. Information About Existing Vehicle**

1. Vehicle Type/Function: ________________________________
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: ________________________
11. Is the existing vehicle controlled with a Level 3 retrofit (DPF)? ☐ Yes ☐ No

**C. Information About Existing Engine**

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

Form 549 Updated 5/21 CMP On-Road Heavy-Duty Vehicle Application Apndx C-2
# On-Road Heavy-Duty Vehicle Application

**Carl Moyer Memorial Air Standards Attainment Program**

**Butte County Air Quality Management District**

## Please Print Or Type All Information

### D. Information About New Vehicle

1. Projected Date of Purchase & Delivery of New Vehicle:

2. New Vehicle Make:

3. New Vehicle Model/Model Year:

4. New Vehicle Serial Number (if available):

5. New Vehicle Gross Vehicle Weight Rating (GVWR):

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):

### E. Information about Associated Infrastructure (if applicable – for zero-emission projects)

1. Location of Installation:

2. Name of Manufacturer:

3. Will the new infrastructure be accessible to the public? □ Yes □ No

4. Number of Charging Stations:

5. Number of Ports:

4. Amperage / Voltage:

5. Recharge Rate: