

## OFF-ROAD REPOWER/RETROFIT INSTRUCTIONS AND ELIGIBILITY CRITERIA

### Instructions

Please print clearly or type all information on the application (pages 3-8) and submit to:  
Feather River Air Quality Management District  
541 Washington Avenue  
Yuba City, CA 95991

Applications will be accepted from January 10, 2019, to March 11, 2019. March 11 at 5:00 pm will be the deadline to submit any Applications or information missing from previously submitted but incomplete Applications. Please note that Applications received less than 10 business days prior to March 11, 2019, may not be reviewed for completeness before the deadline. Interested applicants are encouraged to submit Applications early to have the greatest opportunity to be reviewed and have time to correct any errors or omissions. The Carl Moyer Program Guidelines are available at [www.fraqmd.org](http://www.fraqmd.org) or <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 Carl Moyer Program Guidelines, the FARMER Program Guidelines, and all current Carl Moyer Program Advisories. These criteria include but are not limited to the following:

- Emission reductions obtained 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 Guidelines. All state funds 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 shall be used as marketable emission reduction credits, or to offset any emission reduction obligation of any person or entity.
- No project funded shall be used for credit under any federal or state emission averaging banking and trading program.
- Funded projects must have at least 75 percent of their total activity for the project life in California.
- Emission reduction technologies must be certified/verified by the CARB and must comply with durability and warranty requirements.

### Off Road Equipment Eligibility Criteria

- Existing engines must be greater than 25 horsepower (19 kilowatts). If actual engine hp cannot be determined, hp can be estimated by the following:  
$$\text{Engine hp} = \text{Power Take Off} \times 120 \text{ percent}$$
- New engine/motor repower projects must be within 150 percent of the horsepower of the existing engine.
- The owner must be in compliance with federal, state, and local regulations. Use the table below to determine if existing engine is eligible for funding.
- The only forklifts eligible for funding under this application are Class 7 diesel forklifts.
- For fleets subject to the Off-Road Regulation, applicants must submit DOORS ID, EIN, and results of fleet calculator. See 2017 Guidelines Chapter 5 section (E)

## Summary of Off Road Equipment Funding Opportunities

Equipment Type	Subject to CARB Fleet Rule?	Moyer Funding Opportunities <sup>1</sup>
Mobile agricultural equipment	No	Engine repowers and retrofits.
Cargo handling equipment at ports/ intermodal rail yards	Cargo Handling Equipment Regulation <sup>2</sup>	Limited opportunities.
All other equipment (e.g. construction, mining, rental, airport ground support and other industries)	Off-Road Regulation <sup>3</sup>	Small fleets: Opportunities exist through Dec. 31, 2025, after which fleet must show 100% compliance with the regulation. Medium fleets: Opportunities exist through Dec. 31, 2019, after which fleet must show 100% compliance with the regulation. Large fleets: Not eligible after Dec. 31, 2016.
Portable diesel engines	Portable Diesel ATCM <sup>4</sup>	Limited opportunities exist ahead of the fleet average requirements.

1. Limited opportunities means a fleet's compliance status with the CARB regulation must be determined. Contact air district Moyer Program staff or consult fleet rule Carl Moyer Implementation Charts at: <http://www.arb.ca.gov/msprog/moyer/guidelines/current.htm>.
2. Regulation for Mobile Cargo Handling Equipment at Ports and Intermodal Rail Yards: <http://www.arb.ca.gov/ports/cargo/cargo.htm>
3. Regulation for In-Use Off-Road Diesel Vehicles <http://www.arb.ca.gov/msprog/ordiesel/ordiesel.htm>.
4. Regulation for Portable engine ATCM: <http://www.arb.ca.gov/diesel/peatcm/peatcm.htm>.

**Additional criteria may be found in the 2017 Carl Moyer Program Guidelines, Chapter 5 Off-Road Equipment**

## OFF-ROAD REPOWER AND RETROFIT APPLICATION

This application is to be used for incentive funds for repower and retrofit of off-road compression-ignition equipment. Additional information may be requested during the review process if needed. Applicant acknowledges that award is conditional upon approval of the District and must meet the minimum eligibility criteria.

### REQUIRED ATTACHMENTS TO APPLICATION

**Check each applicable box below to indicate inclusion.**

- Required: Proof of Liability Insurance
- Required: Itemized quote for new engine/retrofit
- Required: Executive order for new engine/retrofit
- Optional: 24 months of complete historical usage
- If Applicable: Co-funding information
- Other \_\_\_\_\_

Applicant (Organization/Company/Individual Name):		
Business Type:		
Street/Mailing Address:		
City:	State:	Zip Code:
Contact Name:		
Phone: (    )	Fax: (    )	
E-mail:		
Person with contract signing authority (if different than above):		
How would you prefer to receive the Application Completeness Notification:		
<input type="checkbox"/> Email		<input type="checkbox"/> Mail

**Disclosure Statement:**

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

Printed Name of Applicant:	Title:
Signature of Applicant:	Date:

## OFF-ROAD REPOWER AND RETROFIT APPLICATION

### Funding Disclosure:

Have any engines listed in this application applied for or have been awarded Carl Moyer Program funding, or any other incentive funding? <ul style="list-style-type: none"><li><input type="radio"/> Yes – Applied to FRAQMD Carl Moyer Program</li><li><input type="radio"/> Yes – Applied to other Carl Moyer Program</li><li><input type="radio"/> Yes – Applied to other grant program</li><li><input type="radio"/> No</li></ul>
If “Yes,” complete the following for each engine:
Agency applied to:
Date and/or number of Agency Solicitation:
Was the project awarded funding::
Engine serial number:
Amount of funding awarded and/or received:
Please list any other financial incentive, including tax credits or deductions, grants, or other public financial assistance for the engine:

**An applicant who is found to have applied for or received incentive funds from another entity or program for the same project without disclosing that information shall be disqualified from funding for that project from all sources within the control of an air district or CARB. The airdistrict or CARB may also seek penalties for such non-disclosure.**

### 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:

## Regulatory Compliance Statement

Completion of this Statement is a mandatory prerequisite to participation in the Carl Moyer Program and FARMER Program. Failure to accurately complete this Statement will result in the applicant's disqualification.

As an applicant/participant, I declare that (check only one):

1. \_\_\_\_\_ (Company Name) Is in compliance with, and will remain in compliance with, and does not have any outstanding or unresolved Notices of Violation (NOV) or Notices to Comply or any unpaid settlements for alleged violations of any federal, state, and local air quality regulations including, but not limited to, the following:

- In-Use Off-Road Diesel Vehicle Regulation
- Stationary Engine Airborne Toxic Control Measures
- Any Other Diesel Air Toxic Control Measures
- Statewide Truck and Bus Regulation
- Portable Diesel Airborne Toxic Control Measure
- Local District Regulations

Or,

2. \_\_\_\_\_ (Company Name) Is not in compliance with, or cannot remain in compliance with, or does have an outstanding or unresolved Notices of Violation (NOV) or Notices to Comply or any unpaid settlements for alleged violations of any federal, state, and local air quality regulation.

*A declaration must be attached to this document describing in detail the non-compliance or NOV, explaining the reason for the non-compliance or NOV and declaring the reasons why the applicant/participant believes their application should be considered.*

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

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: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

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

**OFF-ROAD REPOWER AND RETROFIT APPLICATION**  
**Please Print or Type All Information**

<b>A. Project Information</b>	
1. Please Select the Project Type: <ul style="list-style-type: none"> <li><input type="radio"/> Repower of existing equipment</li> <li><input type="radio"/> Retrofit purchase</li> <li><input type="radio"/> Repower + retrofit</li> </ul>	
2. Project Life: <ul style="list-style-type: none"> <li><input type="radio"/> Maximum Eligible <ul style="list-style-type: none"> <li><input type="radio"/> Repower only (no retrofit) = 7 years</li> <li><input type="radio"/> Repower + retrofit = 5 years</li> <li><input type="radio"/> Retrofit = 5 years</li> <li><input type="radio"/> Farm Equipment = 10 years</li> <li><input type="radio"/> Other: _____</li> </ul> </li> </ul>	3. Funding Requested: <ul style="list-style-type: none"> <li><input type="radio"/> Maximum (see Note below)</li> <li><input type="radio"/> Other: _____</li> </ul> Maximum Funding Levels: New Tier 4 engine or electric motor = 85% Retrofit = 100%
4. Percent Operation In California:	
5. Counties in which the Equipment Operates and percent operation in each:	
6. Has this equipment operated within a low-income community or disadvantaged community as designed by the State of California during the previous 2 years? If yes, please identify which ones by listing addresses or census tracts.	
<p>Note: Maps of low-income communities and disadvantaged communities are available at <a href="https://www.arb.ca.gov/cc/capandtrade/auctionproceeds/communityinvestments.htm">https://www.arb.ca.gov/cc/capandtrade/auctionproceeds/communityinvestments.htm</a>. Operation within such communities will not affect grant program eligibility – the data is used for reporting purposes only.</p>	
7. Equipment Primary Vocation: <ul style="list-style-type: none"> <li><input type="radio"/> Agricultural      <input type="radio"/> Construction      <input type="radio"/> Mining      <input type="radio"/> Government      <input type="radio"/> Other _____</li> </ul>	

<b>B. Information About Equipment</b>	
1. Equipment type/function:	
2. Equipment Make:	
3. Equipment Model:	
4. Equipment Serial Number:	
5. Equipment Model Year:	6. Number of engines on equipment:

**OFF-ROAD REPOWER AND RETROFIT APPLICATION**  
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<b>C. Information About Existing Engine to be Repowered or Retrofitted</b>	
1. Engine Manufacturer:	
2. Engine Model:	3. Engine Serial Number:
4. Manufacturer's Maximum Rated Brake Horsepower Rating:	5. Engine Model Year:
6. Fuel Type:	
7. Estimated Annual Hours of Operation (Hr/Year):	
8. United State Environmental Protection Agency or Air Resources Board Standardized Engine Family Name and Tier (if applicable):	

<b>D. Information About New Engine (If Applicable)</b>	
1. Engine Manufacturer:	
2. Engine Model:	3. Engine Serial Number:
4. Manufacturer's Maximum Rated Brake Horsepower Rating:	5. Engine Model Year:
6. Fuel Type:	
7. Indicate certified engine United State Environmental Protection Agency or Air Resources Board Standardized Engine Family Name and Tier:	

<b>E. Information About the Installer</b>		
1. Engine Installer:		
2. Street Address:		
City	State:	Zip Code:
3. Contact Name:		
Phone: (     )	Fax: (     )	

<b>F. Information About the Retrofit (If Applicable)</b>	
1. CARB-verified Retrofit Device Manufacturer:	
2. Retrofit Device Make:	
3. Retrofit Device Model:	
4. Retrofit Device CARB Executive Order Number:	
5. Retrofit Device Serial Number ( <i>if available</i> ):	
6. CARB – Verified PM Reduction (%):	
7. CARB – Verified NOx Reduction (%):	
8a. Cost of Retrofit:	b. Cost of Retrofit Installation( <i>optional</i> ):
9. Cost of Retrofit Maintenance for Project Life ( <i>optional</i> ):	