



Serving Sutter and Yuba Counties

541 Washington Avenue
Yuba City, CA 95991
(530) 634-7659
FAX (530) 634-7660
www.fraqmd.org

Christopher D. Brown, AICP
Air Pollution Control Officer

BLUE SKY PROGRAM PROPOSAL APPLICATION FORM AB 2766 Fiscal Year 2021/2022

PROJECT TITLE _____

Agency/Company Name: _____

Mailing Address: _____

Contact Person Name: _____ Title: _____

Phone Number: _____ Fax Number: _____

Physical Address (if different from above):

E-Mail Address: _____

FUNDING REQUESTED

AB2766 Funding: \$ _____ OR AB 923 Funding: \$ _____

PROJECT TYPE (check one)

- | | | |
|---|--|---|
| <input type="radio"/> Alternative Fuel Infrastructure | <input type="radio"/> Bicycle or Pedestrian | <input type="radio"/> Public Transit |
| <input type="radio"/> Public Education or Outreach | <input type="radio"/> Vanpool/Shuttle | <input type="radio"/> Clean Fuel Vehicle Purchase |
| <input type="radio"/> Public Transit Fare Reduction | <input type="radio"/> Employer Rideshare Incentive | <input type="radio"/> Other |

Authorized Representative who will sign the Grant Agreement:

| | |
|------------------------------|--------|
| Name: | Title: |
| Signature of Representative: | Date: |

Applicant Funding Disclosure:

Has the project in this application been awarded funding or is being considered for funding from another public agency? If yes, please provide agency name, amount of funding, and status of application for funding:

Application Statement:

All information provided in this application will be used by the FRAQMD to evaluate the eligibility of your proposed project to receive grant funding. The FRAQMD reserves the right to request additional information and can deny the application if such requested information is not provided. An incomplete application is an application that is missing information critical to the evaluation of the project. If the applicant does not respond within 30 days, the application will be automatically terminated.

- I certify to the best of my knowledge that the information contained in this application is true and accurate.
- I certify that the existing vehicles/equipment/engines referred to in this application are operational.
- I understand that all technologies must either be verified or certified by CARB to reduce Oxides of Nitrogen and/or other criteria pollutants.
- I understand that there will be conditions upon receiving grant funding and agree to refund these funds if it is found that at any time the conditions/contract are not met, and if so directed by the District.
- I understand as a participant that programs have limited funds and shall terminate upon depletion of those funds. The FRAQMD shall be under no obligation to honor requests received following depletion of program funding. I acknowledge that in accepting any incentive funding, I will be prohibited from applying for any other form of emission reduction credits from the District.
- In the event that the project does not complete the minimum term of any agreement eventually reached from this application I agree to return to the FRAQMD a pro-rated portion of incentive received based on activity and/or usage up to and including the full amount of the original incentive provided as directed by the FRAQMD. I understand that the FRAQMD may relieve this obligation to return the funds depending on the circumstances.
- I understand I must be in compliance with all applicable federal, state, and local air quality rules and regulations.

Authorized Signature

Date

Authorized Representative's Name

Title

STATEMENT OF OBJECTIVES (fill out all sections that are applicable)

| |
|---|
| Description of Proposal: |
| Explain the Need for this Project: |
| Estimated Emission Reductions/Vehicle Trip Reductions/Project Benefit: |
| Estimated Number of People Served: |
| Regional Benefit of Proposal: |
| Describe Previous Funding Received by Project from the Blue Sky Program: |
| Number of Years to Achieve Estimated Emission Reductions/VMT Reductions/Benefits: |

FUNDING REQUEST

| |
|---|
| Total Project Costs: |
| List Project Costs by Tasks, Phase, and Alternative Funding Levels (if applicable): |
| List all funding sources including direct and in-kind (non-dollar) contributions and sources: |
| Itemized list of equipment to be purchased and proportion of cost to be funded by Blue Sky Grant: |
| Percent or Amount of Funding Requested that is for Project Administration: |
| Names of any subcontractors, hourly or daily rates of compensation and number of hours. If specific contractors not yet known, list minimum qualifications: |

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PROJECT ORGANIZATION (if not government agency)

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|--|
| Project Proponents Management Structure: |
| Project Proponents Tax Status (501 (C) 3, etc.) |
| Proposal Monitoring Procedures: |
| Description of Facilities Available (if applicable): |

WORK STATEMENT

Describe each phase of the work to be performed, including tasks within each phase of work, the sequence of work activities (including starting and completion dates), and how the evaluation and monitoring of the work shall determine effectiveness of the proposal. Include all relevant information including the technology and parties involved. NOTE: The work statement, subject to modification by the Committee, Board, or FRAQMD staff, will be attached to the contract for successful applicants. The final report submitted to the FRAQMD will describe the success in implementing the work statement.

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ADDITIONAL INFORMATION ON SPECIFIC PROJECT TYPES

Alternative fuel infrastructure for CNG, LNG, or EVSE.

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|--|-------------|
| Fueling station address/city/ZIP: | |
| Estimated date of operation: | Total Cost: |
| Number of vehicles it will serve: | |
| Regional benefit of project: | |
| Will the fueling station be accessible to the public? If yes, describe accessibility (24/7; M-F, etc): | |

EMPLOYER RIDESHARE INCENTIVE PROJECTS

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|---|--------------------|
| Employer/TMA Name: | |
| Number of employees to be served: | Length of Project: |
| How will project encourage alternative commute modes: | |

BICYCLE OR PEDESTRIAN FACILITIES OR IMPROVEMENTS

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|--|
| Description of Location and Major Origins and Destinations (attach map): |
| Commuter or Recreational Focus: |
| Describe Consistency or Implementation w/Adopted Bicycle or Other Plan: |

EXPANSION OF TRANSIT SERVICES

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|--|
| Description of Bus Routes and Major Origins, Connections, and Destinations (attach map): |
| For New Service, Estimated Number of Passengers Per Trip: |

PUBLIC EDUCATION/OUTREACH/INFORMATION

| |
|---|
| Target Audience: |
| Message to be Delivered: |
| How Message Results in Reduced Emissions: |

VANPOOL/SHUTTLES

| | |
|---|---------------------------------|
| Describe the Proposed Route (attach map): | |
| Vehicle Capacity: | Vehicle Fuel Type: |
| Number of Vans/Shuttles: | Daily VMT for Each Van/Shuttle: |
| Submit copies of manufacture’s descriptive literature that includes the vehicle GVWR, engine make, emissions certification or Executive Order (EO) and picture of proposed vehicle. | |

TRANSIT FARE REDUCTION

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|--|
| Amount of Fare Reduction: |
| Estimated Number of Riders to Benefit: |
| Describe Type of Routes, Riders, or Service Eligible for Fare Reduction: |

CLEAN FUEL VEHICLES PROJECTS (excluding School buses):

Project types include: replacement of existing vehicle with new OEM low-emission vehicle; repowering or retrofitting existing on-road vehicles with cleaner engines or other low-emission technology.

| | |
|--|---------------------------------|
| Existing Vehicle Type: | |
| Existing Vehicle VIN: | |
| Average Annual Miles Traveled (miles): | |
| Does the vehicle operate in an AB 1550 area? If yes, please indicate address or lat/long coordinates: https://www3.arb.ca.gov/cc/capandtrade/auctionproceeds/communityinvestments.htm | |
| Existing Vehicle Manufacturer: | |
| Existing Vehicle Model: | |
| Existing Vehicle Model Year: | Existing Vehicle License Plate: |
| Existing Vehicle Odometer: | Existing Vehicle GVWR: |
| Existing Engine Manufacturer: | Existing Engine Model: |
| Existing Engine Serial Number: | Existing Engine Horsepower: |
| Existing Engine CARB Executive Order Number: | |

| | |
|---|-----------------------------|
| Existing Engine Model Year: | Existing Engine Fuel: |
| New Vehicle Manufacturer: | |
| New Vehicle VIN, ID Number, or License Plate (if known): | |
| New Vehicle Model: | New Vehicle Fuel Type: |
| New Vehicle Model Year: | New Vehicle GVWR: |
| New Vehicle Type: | Estimated Date of Delivery: |
| New Engine Manufacturer: | New Engine Model: |
| New Engine Model Year: | New Engine Horsepower: |
| New Engine CARB Executive Order Number: | |
| Incremental Cost of Project (cost difference between conventionally fueled new vehicle and the low emission vehicle): | |
| Number of Years Project to be under Contract: | |

Project Requirements:

- i. All new vehicles must be Original Equipment Manufacturer (OEM) and the vehicles (or any conversion kit) must be certified by the California Air Resources Board to be cleaner than the standard (base) gasoline or diesel vehicle.
- ii. Electric vehicles must meet all state and federal standards for on-road operation.
- iii. Submit copies of the new vehicle manufacturer's descriptive literature that includes the engine make and series, certification standard and a picture of the proposed vehicle.
- iv. Submit a copy of existing vehicle registration showing registration in CA for previous 24 months, proof of insurance for previous 24 months, existing engine Executive Order, new vehicle quote from vender, new vehicle warranty information, and new engine/retrofit Executive Order.