

## PORTABLE AND STATIONARY AGRICULTURAL SOURCES 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 2017 Carl Moyer Program Guidelines are available on the District's website [www.fraqmd.org](http://www.fraqmd.org) or 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 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 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 Carl Moyer 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 ARB and must comply with durability and warranty requirements.

### Portable and Stationary Agricultural Sources Eligibility Criteria

- Existing engines must be greater than 25 horsepower (19 kilowatts)
- New engine/motor repower projects must be within 150 percent of the horsepower of the existing engine.
- The owner must be in compliance with the Stationary Diesel Engine ATCM and diesel engines must be registered with the FRAQMD in order to apply.

*Funding opportunities may be impacted by the compliance dates of an ATCM. Contact district staff or consult fleet rule Moyer implementation charts at <http://www.arb.ca.gov/msprog/moyer/guidelines/supplemental-docs.htm>.*

**Additional criteria may be found in the 2017 Carl Moyer Program Guidelines, Chapter 5: Off-Road Equipment and Chapter 10: Infrastructure**

**PORTABLE & STATIONARY AGRICULTURAL SOURCES APPLICATION**

Complete each section. If the question does not apply (for example: asking for a fax number but you do not have a fax number) mark the answer as “n/a” for not applicable. This application is to be used for incentive funds for stationary/portable engine repowers. Applicant acknowledges that award is conditional upon approval of the District and must meet the minimum eligibility criteria.

**PLEASE INCLUDE THE FOLLOWING ATTACHMENTS TO THIS APPLICATION:**

- o Required: Proof of Liability Insurance
- o Required: Itemized quote for new engine/retrofit
- o Required: Executive order for new engine/retrofit
- o Optional: 24 months of complete historical usage
- o If Applicable: Co-funding Information (if applicable)
- o 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:		
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:

**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>○ Yes – Applied to FRAQMD Carl Moyer Program</li><li>○ Yes – Applied to other Carl Moyer Program</li><li>○ Yes – Applied to other grant program</li><li>○ 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 air district or CARB may also seek penalties for such non-disclosure.**

**Third Party Certification:**

**Complete this section only if someone 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 the 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.

**PORTABLE & STATIONARY AGRICULTURAL SOURCES APPLICATION**  
**Please Print or Type All Information**

<b>A. Project Information</b>	
1. Engine's Primary Location:	
2. Has this engine operated within a low-income community or disadvantaged community as designated 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>	
3. Project Life:	4. Funding Requested:
<input type="radio"/> Maximum (see Note below) <input type="radio"/> Other: _____	<input type="radio"/> Maximum (see Note below) <input type="radio"/> Other: _____
5. Percent Operation In California:	
6. Counties in which the Equipment Operates and percent operation in each:	
7. Please Select the Project Type:	
<input type="radio"/> Repower a diesel agricultural irrigation pump engine with a diesel engine <input type="radio"/> Repower a diesel agricultural irrigation pump engine with an electric motor <input type="radio"/> Repower a diesel agricultural irrigation pump engine with a SI engine <input type="radio"/> Repower a SI engine with a current model year SI engine or electric motor <input type="radio"/> Retrofit a diesel agricultural irrigation pump engine <input type="radio"/> New electric motor purchase	

Notes:

- The maximum project life for agricultural use engine projects is as follows:
  - o New Diesel and spark-ignited engines 7 years
  - o New Electric motors 10 years
  - o Portable farm equipment 10 years
- Maximum Percent Funding:

Project Type	Maximum
Repower with Diesel Engine	85 percent
Repower with Certified SI Engine	85 percent
Repower with Electric Motor	85 percent
Electric motor new purchase	20 percent
Retrofit	100 percent

**PORTABLE & STATIONARY AGRICULTURAL SOURCES APPLICATION**  
**Please Print or Type All Information**

<b>B. Information About Existing Engine to be Repowered or Retrofitted</b>		
1. Engine Type: <input type="checkbox"/> Compression Ignition <input type="checkbox"/> Spark Ignition		
2. Primary Fuel: <input type="checkbox"/> Diesel <input type="checkbox"/> Gasoline <input type="checkbox"/> Other: _____		
3. Engine Manufacturer:		
4. Engine Model:	5. Engine Series:	6. Year of Manufacture:
7. Manufacturer's Maximum Rated Brake Horsepower Rating:	8. Serial Number:	
9. Primary Function of Engine (e.g., irrigation pump):		
10. Estimated Annual Hours of Operation (Hr/Year):		
11. FRAQMD Registration Number:		
12. United State Environmental Protection Agency or Air Resources Board Standardized Engine Family Name and Tier:		

<b>C. Information About New Reduced-Emission Engine or Electric Motor</b>		
1. Will New Motor Be Submersible?		
2. Manufacturer:		
3. Model:	4. Serial Number (if known):	
5. United State Environmental Protection Agency Standardized Engine Family Name and Engine Tier:		
6. Manufacturer's Maximum Rated Brake Horsepower Rating:	7. Year of Manufacture:	
8. Primary Fuel: <input type="checkbox"/> Diesel <input type="checkbox"/> Natural Gas <input type="checkbox"/> Electric <input type="checkbox"/> Other, specify fuel:		
9. Estimated Total Annual Hours of Operation:	10. Estimated Operating Load:	
11. Primary Function of Engine (e.g., irrigation pump):		
12. Is there any seasonality to the use of the engine? <u>YES/NO</u> If Yes, please explain:		
13. If an electric motor, does it require a variable frequency device?		

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

<b>E. Information About the Engine Retrofit (if applicable)</b>		
1. Retrofit Manufacturer:		
2. Retrofit Executive Order Number:		
3. Percent Reduction:		
4. Verification Level:		
5. Retrofit Installer:		
6. Installer Street Address:		
City:	State:	Zip Code:
7. Installer Contact Name:		
Phone: (     )	Fax: (     )	
8. Retrofit Kit Number:		
9. Description of Retrofit Technology:		
10. Month and Year of Manufacturer:		
11. Cost of Retrofit:		
12. Cost of Installation:		