

**Applications are to be received by our office or post dated by March 11, 2016**

**CARL MOYER AIR STANDARDS ATTAINMENT PROGRAM**

**OFF-ROAD EQUIPMENT REPLACEMENT**

**PROJECT APPLICATION**

## OFF-ROAD EQUIPMENT REPLACEMENT APPLICATION

Please print clearly or type all information on this application and on all attachments. Fill out one application for each engine or piece of equipment. All information necessary for completing this application is available in 2008 Carl Moyer Program Guidelines. This document can be viewed 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.

### Eligibility Criteria

To be eligible for funding, projects must meet the criteria described in the 2008 Carl Moyer Program Guidelines and all current Carl Moyer Program Advisories. These criteria include but are not limited to the following:

- Emission reductions obtained through Carl Moyer Program 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 of \$16,000 per weighed ton of NOx, ROG, and PM10 reduced calculated in accordance with the cost-effectiveness methodology in Appendix C of the 2008 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.
- Projects must have a minimum project life of three years, except for engines subject to the Stationary Diesel In-Use Agricultural Engine Airborne Toxic Control Measure, which must have a minimum project life of one year.
- Maximum Project Life:
  - The maximum project life for all off-road CI equipment replacement projects is five years with the following exceptions:
    1. Three years: excavators, skid steer loaders, and rough terrain forklifts as defined in Section VI of this chapter.
    2. Seven years: crawler tractors, off-highway tractors, rubber tired dozers, and workover rigs as defined in Section VI of this chapter.
  - The maximum project life for all off-road LSI equipment replacement projects is three years.
  - The maximum project life for replacement of an LSI forklift with a zero emission forklift is ten years.
- No emission reductions generated by the Carl Moyer Program 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 Carl Moyer Program 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 for sale in California and must comply with durability and warranty requirements. For the purposes of the Carl Moyer Program, a technology granted a conditional certification/verification by ARB is considered certified/verified.
- Projects in this category may only be considered in Districts that have an ARB approved Equipment Replacement Plan.

Eligible projects are those in which a new or used piece of equipment with an engine meeting the current Model Year California emission standard replaces an uncontrolled, fully functional off-road compression-ignition or large spark ignition piece of equipment that is to be scrapped.

#### **Summary of Off-Road CI Equipment Replacement Funding Opportunities**

<b>Equipment Type</b>	<b>Subject to ARB Fleet Rule?</b>	<b>Moyer Funding Opportunities*</b>
Mobile agricultural equipment	No	Not limited by regulation.
Cargo handling equipment at ports/ intermodal rail yards	CHE Regulation	Limited opportunities.
All other equipment (e.g. construction, mining, rental, airport ground support and other industries)	Off-Road Regulation	Small fleets: Not limited by regulation.  Medium fleets: Equipment replacement through 2/28/10. Limited opportunities after this date.  Large fleets: Limited opportunities for equipment replacement.

\* *Limited funding opportunities* means a fleet's compliance status with the ARB regulation must be determined. Contact district Moyer Program staff or consult fleet rule Moyer implementation charts at <http://www.arb.ca.gov/msprog/moyer/guidelines/supplemental-docs.htm> in addition to these guidelines.

#### **Summary of Off-Road LSI Equipment Funding Opportunities**

<b>Equipment Type</b>	<b>Subject to ARB Fleet Rule?</b>	<b>Moyer Funding Opportunities*</b>
Forklifts, sweeper/ scrubbers, industrial tow tractors, airport ground support equipment (GSE)	LSI Fleet Rule	Small fleets: Not limited by regulation.  Large/Medium fleets: Funding opportunities are limited.
Agricultural crop preparation services (forklifts only)	LSI Fleet Rule	Pre-1990 MY forklifts: Not limited by regulation.  1990 and later MY forklifts: Funding opportunities are limited.

All other equipment (e.g. aerial lifts, construction, mining, other industrial )	No	Not limited by regulation.
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*\*Limited funding opportunities means a fleet's compliance status with the ARB regulation must be determined. Contact district Moyer Program staff or consult fleet rule Moyer implementation charts at <http://www.arb.ca.gov/msprog/moyer/guidelines/supplemental-docs.htm> in addition to these guidelines.*

**Additional criteria may be found in the 2008 Carl Moyer Program Guidelines, Chapter 2 and Chapter 7, Section IV.**

## A. APPLICANT INFORMATION

1. Company name/ Organization name/ Individual name:		
2. Business type:		
3. Contact name and title:		
4. Business mailing address and contact information:		
Street:		
City:	State:	Zip code:
Phone: (    )	Fax: (    )	
E-mail:		
5. Person with contract signing authority ( <i>if different from above</i> ):		
6. How many equipment/retrofits are being applied for?		
7. Total funding amount requested in this application:		

## B. FUNDING DISCLOSURE

<p>1. Have any engines or vehicles listed in this application applied for or have been awarded Carl Moyer Program funding or other grants?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>2. If "yes", complete the following for each engine or vehicle:</p>
<p>Agency applied to:</p>
<p>Date/Number of Agency Solicitation:</p>
<p>Funding Amount Requested:</p>
<p>Equipment Identification:</p>
<p>Old Engine Serial Number:</p>
<p>Status of Project:</p>

**ARB-verified retrofits are required on all off-road compression ignition equipment replacement projects as described in the Carl Moyer Program Guidelines. ARB has provided limited flexibility for applicants to opt-out of the default retrofit requirement on these projects. Applicants must complete the following if retrofits are not included as part of this application:**

\_\_\_\_ By initializing this paragraph, the applicant acknowledges that due to existing or future regulations they may be required to install retrofits on Carl Moyer Program funded equipment at their own cost. Please mark the appropriate box below if you would like to receive information regarding these regulations.

- Yes  
 No

**I hereby certify that all information provided in this application and any attachments are true and correct.**

Printed Name of Responsible Party:	Title:
Signature of Responsible Party:	Date:

**Third Party Certification**

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

Printed Name of Third Party:	Title:
Signature of Third Party:	Date:
Amount Being Paid for Application Completion in Whole or Part:	Source of funding to Third party:

For each equipment replacement, please complete sections C, D, E, F, or G (as appropriate). Please include project cost documentation including vendor quotes and other substantiating data to support cost estimates provided in this application.

**C. PROJECT ACTIVITY INFORMATION**

1. Project name:		
2. Project address ( <i>if different than business address</i> ):		
Street:		
City:	State:	Zip Code:
3. Annual Hours of Operation:		
4. Percent Operation in California:		
5. List counties in California in which the vehicle operates and percent of operation in each:		
6. Project Life:		
<input type="checkbox"/> Maximum		
<input type="checkbox"/> Other: _____ years		



#### D. EXISTING EQUIPMENT INFORMATION

*Must be filled out for each piece of equipment requesting funding*

1. Equipment Type/Function:		
2. Equipment Make:		
3. Equipment Model:		
4. Equipment Model Year:		
5. Equipment Serial Number:		
6. Equipment Identification Number ( <i>unique number designated by the applicant</i> ):		
7. Number of Main Engines on this Equipment ( <i>for Compression-Ignition engines only</i> ):		
8. Equipment Location (if different than above):		
Street:		
City:	State:	Zip:
9. Engine Family: ( <i>for controlled engines</i> )		
10. Engine Make:		
11. Engine Model:		
12. Engine Model Year:		
13. Engine Horsepower:		
14. Engine Serial Number:		
15. Engine Fuel Type:		
16. Does the applicant rent/lease forklift to others ( <i>if applicable, for Large Spark Ignition only</i> )?		
17. Forklift Class ( <i>if applicable, for Large Spark Ignition only</i> ):		

### **E. EQUIPMENT REPLACEMENT PROJECTS**

1. Projected Date of Purchase of New Equipment :
2. Projected Date of Delivery of New Equipment:
3. New Equipment Make:
4. New Equipment Model:
5. New Equipment Model Year:
6. New Equipment Serial Number: <i>(if available)</i>
7. Number of Main Engines on this Equipment:
8. New Engine Family:
9. New Engine Make:
10. New Engine Model:
11. New Engine Model Year:
12. New Engine Serial Number: <i>(if available)</i>
13. New Engine Horsepower:
14. New Engine Tier <i>(for compression-ignition equipment only)</i> :
15. New Equipment Cost:

**F. RETROFIT - For Compression-Ignition Equipment Only**

1. ARB-verified Retrofit Device Manufacturer:	
2. Retrofit Device Make:	
3. Retrofit Device Model:	
4. Retrofit Device ARB Executive Order Number:	
5. Retrofit Device Serial Number ( <i>if available</i> ):	
6. ARB – Verified PM Reduction (%):	
7. ARB – 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> ):	
10. Has retrofit been verified for the engine? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**G. FUNDING AMOUNT REQUEST**

1. Total Amount Requested for this Piece of Equipment: <input type="checkbox"/> Maximum allowable <input type="checkbox"/> Other: \$_____
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