

Contact the District for current application period and deadlines

The Glenn County Air Pollution Control District Carl Moyer Memorial Air Quality Standards Attainment Program

AG EQUIPMENT REPLACEMENT APPLICATION

Please complete all applicable information and do so as accurately as possible. Local engine/motor distributors may be able to provide all required information about the new engine/motor/equipment. If you have any questions feel free to call our office.

An itemized estimate of new equipment and installation from the dealership must be included

Please circle or mark the intended project type for this application:

Ag. Pump Diesel	Ag. Pump Electrification	Ag. Pump Spark Ignition
Ag. Off-Road Equipment (Tractor)	Other: _____	

APPLICANT INFORMATION		
Organization/Company Name:		
Business Type:		
Project Name:		
Mailing Address:		
City:	State:	Zip Code:
Contact Name:		
Phone Number: ()	Cell Number: ()	
Fax Number: ()		
E-Mail Address:		
Street Address, Road Location, or Base of Equipment (please draw or attach map):		
Are You the Owner of this Equipment:		
Equipment Owner Name (If Different):		

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INFORMATION ABOUT <i>OLD</i> ENGINE REPLACEMENT
Equipment Make and Model:
Equipment Serial Number:
Engine Make and Model:
Engine Serial Number:
Equipment/Engine Year:
Engine Tier:
Manufacturer's Maximum Rated Brake Horsepower:
Fuel Type:
Estimated Annual Hours of Operation:
Percent Operation in Glenn County:
Other Counties of Operation:

INFORMATION ABOUT THE <i>NEW</i> ENGINE/MOTOR REPLACEMENT
Equipment Make and Model:
Engine/Motor Make and Model:
Equipment/Engine/Motor Year:
Engine/Motor Tier:
Engine Family (if available):
Manufacturer's Maximum Rated Brake Horsepower, KW:
Fuel Type:
Estimated Annual Hours of Operation:
Cost of New Engine or Replacement Equipment (Attach itemized estimate from dealership; Exclude costs of attachments not present on existing equipment):

General Eligibility Criteria:

To be eligible for funding, projects must meet the criteria described in the 2017 Carl Moyer Program (CMP) Guidelines and all current CMP Advisories. These criteria include, but are not limited to, the following:

- The existing equipment must be in operating condition at the time of project approval. Operating condition includes equipment ability to start, move forward and backward, operational steering wheel, tires in usable condition, and structurally sound.
- Equipment attachments (cab, loader, etc.) must be present on the existing equipment in order to be included in the funding determination. Dealer quote must include the cost of these attachments. The District may choose to exclude attachments from the cost determination that are not already present on the existing equipment.
- 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.
- Existing engines must be diesel powered and greater than 25 horsepower (hp) (19 kilowatts)
- Grant amount must be based off of equipment with new engine within 125% of the hp of the existing engine
- The owner must be in compliance with Local, State, and Federal regulations, including no outstanding compliance violations.
- If approved for funding, the applicant will be contractually obligated to use the new equipment or engine the amount of hours specified in this application for the duration of the contract term.

****AN ITEMIZED COST ESTIMATE IS REQUIRED WITH APPLICATION****

Please list any attachments (loader, cab, etc.) not on the existing equipment but listed on the vendor quote:

ADDITIONAL FUNDING DISCLOSURE

Have any engines, vehicles, or motors listed in this application been awarded funding from another private and or public/government agency or are any being considered for funding?

- Yes
- No

If “Yes”, complete the following four lines as well as the complete application:

Agency Applied to_____

Date/Number of Agency Solicitation_____

Funding Amount Requested or Received_____

Status_____

I hereby certify that all information provided in this application is true and correct. By signing this application, I hereby certify that this equipment is in compliance with applicable local, state, and federal regulations and that I am not aware of any outstanding or pending enforcement actions.

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:
Third Party Certification Fee:	Source of Funding to Third Party:

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MAP

Location of Existing Equipment/Engine/Motor



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Phone: (530) 934-6500
Fax: (530) 934-6503