



## Mendocino County Air Quality Management District

306 E. Gobbi Street, Ukiah, CA 95482  
Phone: 707-463-4354 "''''''"[www.mendoair.org](http://www.mendoair.org)  
[mcaqmd@mendocinocounty.gov](mailto:mcaqmd@mendocinocounty.gov)

### CARL MOYER PROGRAM GRANT APPLICATION

#### Eligibility Criteria

To be eligible for funding, projects must meet the criteria as described in the 2017 Carl Moyer Program Guidelines and subsequent Carl Moyer Program Advisories. The 2017 Carl Moyer Program Guidelines and Advisories may be viewed at <https://ww2.arb.ca.gov/guidelines-carl-moyer>

#### CHECK LIST FOR APPLICATION ITEMS

The following items must be included with the application submittal. Incomplete applications will delay review. The District may request additional information.

- ☐ A Completed and Signed Application.
- ☐ A Project timeline.
- ☐ Project cost documentation including current quotes to support cost estimates.

Submit applications to: **Mendocino County Air Quality Management District**

**306 E. Gobbi Street, Ukiah, CA 95482**

[mcaqmd@mendocinocounty.gov](mailto:mcaqmd@mendocinocounty.gov)

**Due by 5:00 p.m., Friday, January 5, 2024.**

CMP GRANT PROJECT CATEGORY			
<input type="checkbox"/> On-Road:	<input type="checkbox"/> Engine Repower <input type="checkbox"/> Engine Retrofit <input type="checkbox"/> Equipment/Vehicle Replacement	*** DISTRICT USE ONLY ***	
<input type="checkbox"/> Off-Road:	<input type="checkbox"/> Engine Repower <input type="checkbox"/> Engine Retrofit <input type="checkbox"/> Equipment/Vehicle Replacement		
<input type="checkbox"/> Agricultural:	<input type="checkbox"/> Pump Engine Repower <input type="checkbox"/> Pump Engine Retrofit <input type="checkbox"/> Equipment/Vehicle Replacement <input type="checkbox"/> Solar / Electric Infrastructure		
<input type="checkbox"/> Marine:	<input type="checkbox"/> Engine Repower <input type="checkbox"/> Engine Retrofit <input type="checkbox"/> Other:		
<input type="checkbox"/> Other	Describe:		
(Date Received)			
Applicant:		Phone #:	( )
Application #		CE Ranking #:	Contract#:
<input type="checkbox"/> Additional Information Requested	Facility #:	Due By:	



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In accordance with the Guidelines, applicants must disclose if they have applied for **OR** received other financial assistance that reduces the project cost, including tax credits or deductions, grants, or any other public financial assistance given for the vehicles and/ or engines listed in this application. The applicant must reduce the incremental cost of the project by the amount of any current financial incentive received. Any applicant failing to report additional funding for this project may be ineligible for future participation in the Carl Moyer Program and may be subject to criminal sanctions.

#### **Funding Disclosure**

Have any engines or vehicles listed in this application been awarded funding from another public agency or are any being considered for funding?

☐ **Yes**      ☐ **No**

If “Yes”, complete the following for each engine or vehicle:

Agency applied to \_\_\_\_\_

Date / Number of Agency Solicitation \_\_\_\_\_

Funding Amount Requested \_\_\_\_\_

Old Engine Serial Number \_\_\_\_\_

Status \_\_\_\_\_

Agency applied to \_\_\_\_\_

Date / Number of Agency Solicitation \_\_\_\_\_

Funding Amount Requested \_\_\_\_\_

Old Engine Serial Number \_\_\_\_\_

Status \_\_\_\_\_



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### CARL MOYER PROGRAM GRANT APPLICATION

**ALL APPLICANTS MUST COMPLETE THIS SECTION!**

#### REGULATORY COMPLIANCE STATEMENT

As an applicant / participant in the Carl Moyer Program, I declare that: \_\_\_\_\_

(Name of Company / Business)

is in compliance with, will remain in compliance with, and does not have any outstanding, unresolved, or unpaid Notices of Violations (NOV) or citations for violations of any federal, state and/ or local air quality regulations including, but not limited to, the following:

- In-Use Off-Road Diesel Vehicle Regulation
- Off-Road Large Spark Ignition Fleet Regulation
- Commercial Harbor Craft Regulation
- Marine Shore Power Regulation
- Cargo Handling Equipment Regulation
- Drayage Truck Regulation (including dray-off trucks)
- Statewide Truck and Bus Regulation
- Sleeper Berth Truck Idling Regulation
- Public Agency and Utility Rule
- Transit Fleet Rule
- Solid Waste Collection Vehicle Regulation
- Stationary Diesel Engine Airborne Toxic Control Measure
- Portable Diesel Engine Airborne Toxic Control Measure

I hereby certify that all information provided in this application and any attachments are true and correct to the best of my knowledge.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Representative's Name (please print): \_\_\_\_\_

Authorized Representative's Title: \_\_\_\_\_

Company Name: \_\_\_\_\_

Legal Owner Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Physical Address (if different than mailing address): \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Other Phone #: \_\_\_\_\_

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

Fact sheets and additional information on the Carl Moyer Program are available at <https://www.arb.ca.gov/msprog/moyer/moyer.htm>. In-Use regulations are available at <http://www.arb.ca.gov/permits/permits.htm> or by calling the ARB's diesel hotline at 866-6DIESEL [(866) 634-3735].



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PLEASE TYPE OR PRINT CLEARLY IN BLACK OR BLUE INK QPN[ 0

APPLICANT INFORMATION		
Company / Business Name:		
Business type:		Federal Tax ID #: (Attach Completed W-9 form)
Contact name:	Title:	
Person with contract signing authority (if different than above):		
Mailing address:		
City:	State:	Zip:
Telephone:	Fax:	
E-mail:		
Business Street Address:(If different than above):		
City:	State: CA	Zip:
Number of new engines/equipment/vehicles you are applying for:		

**I hereby certify that all information provided in this application and any attachments are true and correct to the best of my knowledge.**

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 3 <sup>rd</sup> party:



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## CARL MOYER PROGRAM GRANT APPLICATION

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### BASELINE (CURRENT) VEHICLE / EQUIPMENT INFORMATION

Primary Vehicle Function:		
Vehicle Make:	Model:	Year:
Registered Owner:	TRUCRS or DOORS ID#:	
Vehicle Identification Number (VIN):		
Vehicle GVWR:	Vehicle License Plate Number:	
DOT Number (if interstate):	CHP CA Number (if applicable):	
Main Engine Fuel Type:	Horsepower:	
Auxiliary Engine Fuel Type:	Horsepower:	
<b>ANNUAL OPERATING INFORMATION</b>		
Total Annual Miles Traveled <b>OR</b> Gallons of Fuel Used (Specify ONE Only):		
Annual Miles:	Fuel Usage:	(Gallons/ Year)
Percentage of Operation in California:	Project Life:	

### NEW VEHICLE PURCHASE PROJECT INFORMATION

Primary Vehicle Function:		
Engine Make:	Model:	Year:
Engine Serial Number (if available):	Fuel Type:	Horsepower:
ARB Certification Executive Order (if Engine is Certified to Alternate NOx Standard):		
New Vehicle Cost:\$		
Baseline Cost:\$		
<b>If the new vehicle has an auxiliary engine, complete the following:</b>		
Auxiliary Engine Make:	Model:	Year:
Serial Number:	Fuel:	Horsepower:
Tier:	Purpose:	



**CARL MOYER PROGRAM GRANT APPLICATION**

**REPOWER (ENGINE REPLACEMENT) PROJECT**

Vehicle Make		Model		Year	
License Plate #		DOT Number		CHP #:	
<b><u>Baseline Main Engine</u></b>			<b><u>Reduced Emission Main Engine</u></b>		
Engine Family:			Engine Family:		
			ARB Executive Order #:		
Engine Make/ Model:			Engine Make/ Model:		
Engine Year		Tier:	Engine Year		Tier:
Engine Serial #:			Engine Serial #:		
Fuel Type:			Fuel Type:		
Horsepower:			Horsepower:		
Baseline Main Engine Rebuild Cost:			Reduced Emission Main Engine Cost: Insert Below*		
Baseline Main Engine Installation Cost: Insert Below*			Main Engine Installation Cost: Insert Below*		
<b><u>Baseline Auxiliary Engine</u></b>			<b><u>Reduced Emission Auxiliary Engine</u></b>		
Engine Family:			Engine Family:		
Engine Make/ Model:			Engine Make/ Model:		
Engine Year		Tier:	Engine Year		Tier:
Engine Serial #:			Engine Serial #:		
Fuel Type:			Fuel Type:		
Horsepower:			Horsepower:		
Baseline Aux. Engine Rebuild Cost: Insert Below*			Reduced Emission Aux. Engine Cost:\$ Insert Below*		
Baseline Aux. Engine Installation Cost: Insert Below*			Reduced Emission Aux. Engine Installation Cost: Insert Below*		
	Dealer / Shop Installed*	Self- Installed		Dealer / Shop Installed*	Self-Installed
Main Engine *	\$	\$	Main Engine *	\$	\$
Aux. Engine *	\$	\$	Aux. Engine *	\$	\$
Other Parts *	\$	\$	Other Parts *	\$	\$
Labor *	\$	\$	Labor *	\$	\$
Tax	\$	\$	Tax	\$	\$
<b>TOTAL</b>	<b>\$</b>	<b>\$</b>	<b>TOTAL</b>	<b>\$</b>	<b>\$</b>
Dealer/ Shop Name & Address:			Dealer/ Shop Name & Address:		

\* Include written estimates with application



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### RETROFIT 'PROJECT' PHOTO CVKQP

Vehicle Make	Model	Year
License Plate #	DOT Number	CHP #:
Engine Make:	Engine Model	Engine Year:
Engine Family:	Tier (auxiliary engine):	
Engine Serial #:	Aux. Engine Serial #:	
Retrofit Device Make:		
ARB-verified Retrofit Device Name:		
Retrofit Device ARB Executive Order:		
Retrofit Device Serial # (if available):		
Verification Level	<input type="checkbox"/> LEVEL 1	<input type="checkbox"/> LEVEL 2
		<input type="checkbox"/> LEVEL 3
ARB - Verified NOx Reduction (%):		
ARB - Verified PM Reduction (%):		
ARB - Verified ROG Reduction (%):		
Retrofit Device Cost: \$		
Cost of Retrofit Installation:	Dealer / Shop Installed*	Self- Installed
Retrofit Device	\$	\$
Other Parts	\$	\$
Labor	\$	\$
Tax	\$	\$
<b>TOTAL</b>	<b>\$</b>	<b>\$</b>
Dealer / Shop Name & Address:		
Estimated Cost of Maintenance for Project Life:		

**\* Include written estimates with application**

# Request for Taxpayer Identification Number and Certification

Give Form to the  
requester. Do not  
send to the IRS.

► Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.  <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ► _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from FATCA reporting code (if any) _____  <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
				-				-	
or									
Employer identification number									
				-					

## Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ►	Date ►
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## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*