



Mendocino County Air Quality Management District

306 E. Gobbi Street, Ukiah, CA 95482

Phone: 707-463-4354 Fax: 707-463-5707 Web: www.mendoair.org

2020 AGRICULTURAL GRANT PROGRAM APPLICATION

DUE BY 5:00 P.M., Tuesday, March 24, 2020

Eligibility Criteria

To be eligible for funding, projects must meet the criteria described in the 2017 Carl Moyer Program Guidelines and the 2017 Carl Moyer Program Advisories. The 2017 Carl Moyer Program Guidelines and Advisories can be viewed at <http://www.arb.ca.gov/msprog/moyer/guidelines/current.htm>.

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. Please contact District staff for assistance if necessary.

- A Completed and signed application.
- A Project timeline.
- Project cost documentation including quotes to support cost estimates.

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

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AGRICULTURAL GRANT PROJECT CATEGORY			
<input type="checkbox"/>	<input type="checkbox"/>	<i>(Date Received)</i>	
<input type="checkbox"/> Off-Road: Farm Equipment	<input type="checkbox"/> Engine Repower		
	<input type="checkbox"/> Engine Retrofit		
	<input type="checkbox"/> Vehicle Replacement		
<input type="checkbox"/> On-Road: Farm Equipment	<input type="checkbox"/> Engine Repower		
	<input type="checkbox"/> Engine Retrofit		
	<input type="checkbox"/> Other		
<input checked="" type="checkbox"/> Agricultural Pump:	<input type="checkbox"/> Engine Repower		
	<input type="checkbox"/> Engine Retrofit		
	<input type="checkbox"/> Engine Replacement to Other Fuel		
<input type="checkbox"/> Other	Describe:		
*** DISTRICT USE ONLY ***			
Applicant:		Phone #:	()
Application #		CE Ranking #:	Contract#:
<input type="checkbox"/> Additional Information Requested		Due By:	Date Rcvd:



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Please type or print clearly in black or blue ink.

APPLICANT INFORMATION		
Company / Business Name:		
Business Type:	Federal Tax ID #: (Attach Completed Form W-9)	
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 vehicles / engines / retrofit devices / electric motors 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 rd party:



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AGRICULTURAL EQUIPMENT INFORMATION

Complete ONE form for each engine or vehicle. Attach cost estimates.

Primary Equipment Function:		<input type="checkbox"/> Stationary	<input type="checkbox"/> Portable
		<input type="checkbox"/> Other	
Equipment Make:	Model:	Year:	
Registered Owner:	Lien Holder:		
Location of Equipment:		City/State/ZIP:	
Existing Main Engine Make:	Model:	Year:	
Engine Serial Number:	Fuel Type:	Horsepower:	
Engine Tier:	Hour Meter Reading:		
Will the new engine have a functioning hour meter for the life of the project?: <input type="checkbox"/> Yes <input type="checkbox"/> No			
If equipment has an auxiliary engine, complete the following:			
Existing Auxiliary Engine Make:	Model:	Year:	
Engine Serial Number:	Fuel Type:	Horsepower:	
Engine Tier:	Hour Meter Reading:		
Will the new auxiliary engine have a functioning hour meter for the life of the project?: <input type="checkbox"/> Yes <input type="checkbox"/> No			
ANNUAL OPERATING INFORMATION			
Total Annual Hours Operated OR Gallons of Fuel Used (Specify ONE Only):			
Annual Hours of Operation: _____		Fuel Usage: _____ (Gallons/ Year)	
Percentage of Operation in California:	Project Life:		
	<input type="checkbox"/> Maximum <input type="checkbox"/> Other: _____ Years		
Dealer / Shop Name & Address:			
Estimated Cost of Maintenance for Project Life:			
Total Funding Amount Requested*: \$			

* Include written estimates with application.



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REPOWER (ENGINE REPLACEMENT) PROJECTS

<u>Baseline Main Engine</u> Engine Family: (Certified Engines)			<u>Reduced Emission Main Engine / Electric Motor</u> Engine Family:		
			ARB Executive Order #:		
Engine Make/ Model:			Engine Make/ Model:		
Engine Year			Engine Year		
Engine Serial #:			Engine Serial #:		
Fuel Type:			Fuel Type:		
Horsepower:			Horsepower:		
Baseline Main Engine Rebuild Cost: List Below*			Reduced Emission Main Engine Cost: List Below*		
Baseline Main Engine Installation Cost: List Below*			Main Engine Installation Cost: List Below*		
<u>Baseline Auxiliary Engine</u> Engine Family:			<u>Reduced Emission Auxiliary Engine / Electric Motor</u> 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: List Below*			Reduced Emission Aux. Engine Cost:\$ List Below*		
Baseline Aux. Engine Installation Cost: List Below*			Reduced Emission Aux. Engine Installation Cost: List 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	\$	\$
TOTAL	\$	\$	TOTAL	\$	\$
Dealer/ Shop Name & Address:			Dealer/ Shop Name & Address:		
How many diesel engines will this engine replace?:					
Total Funding Amount Requested*: \$					

* Include written estimates with application



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ENGINE RETROFIT PROJECTS

Vehicle Make:		Model:		Year:	
License Plate:		DOT Number:	CHP #:		DOORS or TRUCRS #:
Engine Make:		Engine Model:		Engine Year:	Horsepower:
Engine Family:			Tier:		
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		\$		\$	
TOTAL		\$		\$	
Dealer / Shop Name & Address:					
Estimated Cost of Retrofit Maintenance for Project Life:					
Total Funding Amount Requested: \$					

*** Include written estimates with application.**



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REGULATORY COMPLIANCE STATEMENT

As an applicant / participant in the Program, I declare that: _____
 (Name of Company / Business)

is in compliance with, and 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:

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

I certify under penalty of perjury that the information provided is accurate.

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 <http://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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FUNDING DISCLOSURE

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 other grant programs and may be subject to criminal sanctions.

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 _____

Request for Taxpayer Identification Number and Certification

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

► Go to 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 one 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) ► _____ Note: 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 not 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:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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.

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.