

- 2009 Grantee Annual Reporting Form -

Grantee Information:

Contact Name: _____
 Company: _____
 Address: _____
 Phone #: _____

Equipment Category: _____

Project Number: _____

Table 1: Funded Equipment description

Make: _____ Model: _____ Model Year: _____
 Power (hp): _____ Serial #: _____
 Identification (e.g. vessel name, #, etc.): _____

Please complete Table 2 if the above referenced project has been completed and Table 3 if the project is not yet complete.

Table 2: Equipment activity for projects operating between **July 1, 2008 – June 30, 2009**

This data represents operation for a: Full Year Partial Year (if partial, ___ months)

Hours or miles of operation within Air District: _____ **hrs or mi** Fuel use: _____ gal.
 (Circle one)

Has the location of your operation changed from when the equipment was originally funded? If yes, where are you operating now?

Location of equipment: _____

Please describe any repairs, problems, or unexpected benefits: _____

Please discuss issues that may have changed your usage quantities (hours, gallons of fuel) for the operation period from what was originally estimated at the time of application (i.e. bad season, medical problems, equipment problems, etc.):

Is the equipment purchased insured? yes or no (Circle one), if yes, please attach proof of insurance

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Table 3: Projects that have not yet been completed
Please provide a brief description of any changes in the project schedule since the project was originally approved:
Summarize activities completed as of: _____(mo./yr.)
Please provide a description and schedule for activities that have yet to be completed:

Under penalties of perjury, I certify that the information provided on this document is correct and complete. I currently own the equipment described above, and I have been and will continue to operate this equipment in the jurisdiction of the Bay Area Air Quality Management District.

Signature _____ **Date** _____

Notes:

- 1) If the project was for multiple engines or vehicles please feel free to submit the annual report in a spreadsheet format if it would be more convenient.
- 2) Please feel free to use the back of this page or attach additional sheets if you need more space for your responses.
- 3) Please mail this form along with proof of the current insurance policy (if not already submitted), covering the purchased equipment **no later than August 1, 2009** to:

Bay Area Air Quality Management District
 Attn: Lina Patel
 939 Ellis Street
 San Francisco, CA 94109