

Carl Moyer Memorial Air Quality Standards Attainment Program Marine Shore Power Application

General

The Bay Area Air Quality Management District (District) is accepting applications for the Carl Moyer Program. The purpose of the program is to provide funding to reduce emissions from heavy-duty diesel engines. Although the District is accepting applications throughout its jurisdiction, priority will be given to projects that reduce emissions in the following six highly impacted communities: 1) Concord, 2) Richmond/San Pablo, 3) Western Alameda County, 4) San Jose, 5) Redwood City/East Palo Alto, and 6) Eastern San Francisco.

This program will generally follow the guidelines of the California Air Resources Board's (ARB) Carl Moyer Program. For more information visit: www.arb.ca.gov/msprog/moyer/guidelines/current.htm. For more information about the District's policies and application process visit: www.baaqmd.gov/moyer.

Eligible Shore Power Projects

This application is for marine shore power projects. For qualifying projects, Carl Moyer Program grantees will receive **up to 50 %** of the total cost of a shore power transformer (whether on board the vessel or at dock). **Up to 100 %** of on-board (non-transformer) retrofit costs specifically required to allow the vessel to plug into shore power are eligible for Carl Moyer Program funding. The Carl Moyer Program shall fund only the marine vessel retrofit modifications necessary for a vessel to receive shore power while at berth, including costs for a transformer, whether the transformer is on the ship or at the marine vessel terminal. Projects subject to the ARB Shore Power Regulation need to be completed by January, 1, 2011 to receive funding, unless the original funding application provides evidence that the project will receive surplus emission reductions to the 2014 implementation requirements of the Shore Power Regulation.

What You Need To Do

You can apply for funding by completing and mailing two copies of the attached **application form and required attachments to:**

<p style="text-align: center;">Bay Area Air Quality Management District Attn: Stacy Shull 939 Ellis St. San Francisco, CA 94109</p>

Applications that are determined to be **complete** will be evaluated on a first come first served basis. All applicants will receive application completeness notifications within 5 business days via email, fax or mail. If you do not hear from the District within 5 business days of delivery, please contact the District immediately.

The submittal of this information does not guarantee approval for funding, but will be used to determine the potential emission reductions and District funding contribution associated with the proposed project. Any equipment purchased prior to the execution of an official grant agreement will not be eligible for funding. If you have any questions regarding this program or the application process, please contact Stacy Shull by phone at **(415) 749-4955** or by e-mail at: sshull@baaqmd.gov

Part 1: Applicant Information

Please type, visit www.baaqmd.gov/moyer for an electronic copy of this application to fill out on a computer, or **print clearly**.

1. Legal Name of Applicant /Vessel or Terminal Owner:

2. Mailing Address: _____ The "Applicant"

Street Address/P.O. Box _____

City _____ County _____ State _____ Zip _____

Contact information

	Name	Email Address	Phone Number	Fax Number
3. Primary Project Contact				
4. Person Authorized to Sign Application and Execute Project Agreement				
5. Person Completed Application				

If a **Third Party** (e.g., engine dealer, distributor or consultant, etc.) assisted the Applicant to complete this application, such Third Party must complete this Section:

6. What is your position? _____

7. How much are you being paid to complete this application for the owner or to assist in the proposed project? \$ _____

8. What is the source of funds being used to pay you? _____

Signed: _____ **Date:** _____

Name (Please Print): _____

9. How did the applicant hear about the Carl Moyer Program?

10. Did the applicant or anyone associated with this application (primary contact, employee of owner, third party) attend a Carl Moyer Program Application Workshop, a meeting or other event where information was presented about BAAQMD grant programs? YES NO

11. If yes, please provide the event name and approximate date of the event:

12. Applicant must read and initial each item below to indicate understanding and agreement:

I understand that this application is for evaluation purposes only and does not guarantee project funding.

Initial: _____

I understand and agree that the District will conduct an inspection of the equipment, vehicle(s) and/or vessel(s) that are the subject of this application prior to an award in order to verify eligibility and compliance with the Carl Moyer Program.

Initial: _____

I certify that the proposed project is not required by any local, State or federal rule or regulation; judicial order, or agreement, memorandum of understanding, contract, or other binding obligation that requires the project application to implement any portion of the project that would be funded by the District under the Carl Moyer Program.

Initial: _____

I certify that this application is for equipment/vehicle(s)/engine(s) that have not already been funded, nor are currently under consideration for funding by another air district, the California Air Resources Board (ARB) or by another public agency.

Initial: _____

I certify that to the best of my knowledge, the information contained in this application and in any documentation accompanying this application or submitted in furtherance of this application is true and accurate.

Initial: _____

I have attached documentation showing that my organization carries the appropriate insurance (i.e. Protection & Indemnity Insurance and Hull Insurance)

Initial: _____

I understand and agree that new equipment/vehicle(s)/engine(s) funded by this program can only be purchased or ordered once the contract is signed between the equipment owner and the District and a pre-project inspection has been conducted.

Initial: _____

I certify that I have the legal authority to apply for funding on behalf of the applicant entity and that I am authorized to sign this application on behalf of applicant.

Signed: _____ **Date:** _____
(Authorized Representative of Applicant Equipment Owner)

Name (Please Print): _____

Title: _____

Part 2: Project Information

<p><u>Type of project: (ONLY CHECK ONE):</u></p> <p><input type="checkbox"/> Vessel retrofit to accept electrical power</p> <p><input type="checkbox"/> Vessel retrofit and transformer purchase</p> <p><input type="checkbox"/> Purchase of transformer and associated infrastructure</p>

<p>1. Type of applicant:</p> <p><input type="checkbox"/> Terminal Owner</p> <p><input type="checkbox"/> Vessel Owner</p> <p><input type="checkbox"/> Port Authority</p>
<p>2. Total project cost:</p>
<p>3. Total amount requested from BAAQMD for this project:</p>
<p>4. Identify other funding sources to be used for this project:</p>
<p>5. If funded, when will the equipment be ready for operation? <i>Please attach estimated project schedule.</i></p>
<p>6. Identify other potential project partners (ex. Port):</p>
<p>7. Power supplier (ex. PG&E):</p>
<p>8. Where does the electrical power infrastructure begin, and end?</p>
<p>9. Project location? Include- port, terminal, pier and berthing slip. If you are leasing the terminal, identify time left on the current lease:</p>
<p>10. Total number of vessels expected to use shore power at this location, per year:</p>
<p>11. Total number of annual vessel visits expected to use shore power:</p>

Information for the vessel that will use shore power

Complete this part for each vessel to be retrofitted (copy this page for multiple vessels), for transformer only projects please provide a detailed description of the vessels that typically use this terminal.

<p>12. Vessel type ¹:</p>
<p>13. Vessel name:</p>
<p>14. Vessel make:</p>
<p>15. Vessel model:</p>
<p>16. Vessel year:</p>
<p>17. Total number of vessels in the fleet:</p>
<p>18. IMO registration number:</p>

¹ If you are a refrigerated cargo ship, container-ship or passenger ship, please attach your Terminal Plan as required by the ARB shore-power regulation: <http://www.arb.ca.gov/ports/shorepower/shorepower.htm>

