

# **Carl Moyer Memorial Air Quality Standards Attainment Program Off-Road Heavy Duty Equipment Emission Reduction Project: Repower & Retrofit Application**

## **Introduction**

The Bay Area Air Quality Management District (“District”) is accepting applications for the Carl Moyer Memorial Air Quality Standards Attainment Program (“the Carl Moyer Program”). The purpose of this program is to provide funding to replace, repower, and retrofit heavy-duty off-road engines with lower-polluting engines and retrofit control devices. The District is accepting applications for projects throughout its jurisdiction, but will prioritize 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 application is for (1) heavy-duty diesel or large spark ignition off-road vehicles only, (2) engine replacement (repower) and retrofit projects only. A different application form must be used for the purchase of new equipment or the retrofit (only) of existing off-road engines with an approved diesel emission control system. For qualifying equipment, the **maximum** percentage of project costs the off-road Carl Moyer Program grants can cover is: 1) 85% of the replacement engine cost, including installation; 2) 100% of the cost of an approved diesel emissions control device, including installation.

This program will, in general, follow the guidelines of the California Air Resources Board’s (ARB) **Carl Moyer Memorial Air Quality Standards Attainment Program**. For more information on this ARB program see: <http://www.arb.ca.gov/msprog/moyer/moyer.htm>. Additional information about the District’s policies and application process can be found at <http://www.baaqmd.gov/moyer>.

## **What You Need To Do**

Applications that are determined to be **complete** will be evaluated on a first-come first-served basis. If you would like to be considered for participation in this program, please fill out the application and mail two copies of the application form along with two copies of the required attachments to:

**Bay Area Air Quality Management District  
Strategic Incentives Division  
Attention: Mara Weibley  
939 Ellis Street  
San Francisco, CA 94109**

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 and pre-project inspection will not be eligible for funding.

All applicants will receive notification of received applications 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.

If you have any questions regarding this program or the application process, please contact Mara Weibley by phone at (415) 749-4965 or by e-mail at: [mweibley@baaqmd.gov](mailto:mweibley@baaqmd.gov).

Applicant Name:

**Part 1: Applicant Information**

Please type, visit [www.baaqmd.gov/moyer](http://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**

**Equipment Owner:** \_\_\_\_\_

The "Applicant"

**2. Mailing Address:**

Street Address/P.O. Box \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Contact information**

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

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):** \_\_\_\_\_

Applicant Name:

Carl Moyer Program Off-Road Application  
Part 1: Applicant Information

<p><b>9.</b> How did the applicant hear about the Carl Moyer Program?</p>
<p><b>10.</b> 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?</p> <p><input type="checkbox"/> YES      <input type="checkbox"/> NO</p>
<p><b>11.</b> If yes, please provide the event name and approximate date of the event:</p>
<p><b>12.</b> Number of vehicles we have applied for in this application _____</p>

**13. 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. General Liability and Property) as Appendix A in this application.

**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):** \_\_\_\_\_

Applicant Name:  
Unit #:

Carl Moyer Program Off-Road Application  
Part 2: Unit Information

**PART 2: Proposal to repower a heavy-duty off-road vehicle engine and install an emission reduction retrofit device. Please complete a separate Part 2 for each engine to be repowered and retrofitted as part of this application.**

**VEHICLE INFORMATION**

1. Equipment Unit Number:
2. Yard Name where Vehicle Kept when Not in Use:
3. Street Address:
4. City:
5. County:
6. State:
7. Zip Code:
8. Equipment Type (e.g. scraper, roller, loader, etc.):
9. Equipment Make:
10. Equipment Model:
11. Equipment Model Year:
12. Equipment Serial Number:
13. Number of Engines:
14. Horsepower of Engine(s):
15. Project Life (How many years will this vehicle operate, after the project is completed and the vehicle is returned to service?):
16. Percent Operation in California:
17. Percent Operation in District:
18. If funded by the BAAQMD, when will this vehicle return to service?
19. Does this vehicle have a functioning, non-resettable hour meter?

NOTE: The BAAQMD jurisdiction includes all of Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo and Santa Clara Counties, and the southern portions of Sonoma and Solano Counties. See <http://www.baaqmd.gov/dst/jurisdiction.htm> for a jurisdiction map.

**FLEET INFORMATION**

20. How many off-road vehicles are owned by the applicant?
21. What is the total horsepower of all vehicles in the fleet?
22. Is this vehicle currently subject to a state Fleet Regulations? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, state which fleet regulation (Cargo Handling Regulation, Off-Road Regulation or Large Spark Ignition):
23. What year is this vehicle required to be in compliance with the applicable fleet regulation?
24. All fleets must complete and submit the fleet average calculator document as found on the California Air Resources Board website: <a href="http://www.arb.ca.gov/msprog/ordiesel/documents/documents.htm#fleet">http://www.arb.ca.gov/msprog/ordiesel/documents/documents.htm#fleet</a> . See Part 3, Appendix B for more information. Is this attached as Appendix B? <input type="checkbox"/> YES <input type="checkbox"/> NO

**IMPACTED COMMUNITIES**

Projects that operate in Bay Area highly impacted communities will be prioritized for funding. To be considered for this prioritization, please answer the following questions.

25. Does this vehicle operate in a Bay Area highly impacted community? (See the Priority Community map <http://www.baaqmd.gov/moyer>):

YES       NO

If yes, please answer the following question.

If no, skip to **“Engine Information”**

26. Please use the Priority Community map to identify which impacted communities this vehicle operates in, and indicate the percentage of time this vehicle operates in each highly impacted community in the table below. BAAQMD staff may request that the grant applicant provide documentation to verify the information provided below.

The electronic Priority Community map is located on the District’s webpage identifies the six highly impacted communities. Use the “zoom in” tool on the electronic version of the map to enlarge the map to best identify boundaries. If you do not have access to the internet, the PM Exposure Map is available by request from the Grants Programs Document Request Line, (415) 749-4994.

<b>Zone Number</b>	<b>Highly Impacted Community</b>	<b>Percent Operation</b>
<b>1</b>	Concord	<b>%</b>
<b>2</b>	Richmond/San Pablo	<b>%</b>
<b>3</b>	Western Alameda County	<b>%</b>
<b>4</b>	San Jose	<b>%</b>
<b>5</b>	Redwood City/East Palo Alto	<b>%</b>
<b>6</b>	Eastern San Francisco	<b>%</b>

**Note:** If the vehicle currently operates in Impacted Communities and this proposal is funded, the contract between the grantee and the BAAQMD will require the grantee to continue to operate this vehicle in Impacted Communities in the Bay Area.

Applicant Name:  
Unit #:

Carl Moyer Program Off-Road Application  
Part 2: Unit Information

**ENGINE INFORMATION**

**Note:** Engines that do not move/propel the equipment are not eligible for funding

	<b>Existing/Baseline Engine</b>	<b>Reduced Emission Replacement Engine</b>
27. Engine Fuel Type		
28. Engine Make		
29. Engine Model		
30. Engine Model Year		
31. Engine Serial Number		
32. Engine Horsepower		
33. Engine Family Name <sup>1</sup>		
34. Engine Emissions Tier		
35. Is the Engine a Family Emissions Limit (FEL) engine? <sup>2</sup>		<input type="checkbox"/> YES <input type="checkbox"/> NO
36. Are the appropriate ARB Engine Executive Orders <sup>3</sup> attached as Appendix C?		<input type="checkbox"/> YES <input type="checkbox"/> NO
CC37. Cost of replacement/reduced emission engine (tax & freight are optional, can be added to parts line)		\$ _____ (parts) \$ _____ (labor)
38. Is the itemized cost quote from your engine supplier/ rebuilder attached as Appendix D?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

<sup>1</sup>The Engine Family Name (EFN) is a string of approximately 12 letters and numbers found on most engine block tags and on the engine's Executive Order issued by ARB. Your engine dealer can provide an Executive Order, or see <http://www.arb.ca.gov/msprog/offroad/cert/cert.php>. For a key to the EFN code, see [http://www.epa.gov/otaq/retrofit/my\\_identifier.htm](http://www.epa.gov/otaq/retrofit/my_identifier.htm) and [http://www.epa.gov/otaq/retrofit/mfrcodes\\_bycateg.htm](http://www.epa.gov/otaq/retrofit/mfrcodes_bycateg.htm).

<sup>2</sup>See Executive Order. For FEL engines, only those that are cleaner-than-required for the engine year are eligible for repower projects.

<sup>3</sup>The Executive Orders should be available from your engine dealer or on the ARB webpage at <http://www.arb.ca.gov/msprog/offroad/cert/cert.php> or <http://arb.ca.gov/msprog/offroad/ofcie/ofciectp/ofciectp.htm>.

39. Operation Information: Annual engine hours of operation and annual fuel use		
	<b>2007</b>	<b>2008</b>
<b>Hours of Operation</b>		
<b>Gallons of fuel</b>		
40. Two years of documentation is required, such as two years of maintenance or operating records or logs that confirm hours of operation and fuel usage. Are these attached as Appendix E? <input type="checkbox"/> YES <input type="checkbox"/> NO		

Applicant Name:  
Unit #:

Carl Moyer Program Off-Road Application  
Part 2: Unit Information

**ENGINE RETROFIT INFORMATION**

41. Will a retrofit device be added to this engine as part of this project? <input type="checkbox"/> YES <input type="checkbox"/> NO  If yes, please answer questions 41 – 48.  <b>Note:</b> all engine replacement projects <b>must</b> have the highest level retrofit device added if one is available and cost-effective.
42. Retrofit Device Make:
43. Retrofit Device Model:
44. Retrofit Device Level (1, 2, or 3): <input type="checkbox"/> Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3
45. Retrofit Device System Cost: \$
46. Retrofit Device Installation Cost: \$
47. Total Cost of Retrofit: \$
48. Is the itemized cost quote attached as Appendix D? <input type="checkbox"/> YES <input type="checkbox"/> NO
49. Retrofit Device ARB Executive Order Number:
50. Is the ARB Executive Order for the Retrofit Device proposed that shows the engine is verified for the device attached as Appendix C? <input type="checkbox"/> YES <input type="checkbox"/> NO
Links to the lists of verified devices are provided below. Note that some devices have more than one Executive Order and Attachment. Look for the Engine Family Name (EFN) on the Retrofit Device’s Executive Order and Attachment(s). Level 1 technologies: <a href="http://www.arb.ca.gov/diesel/verdev/level1/level1.htm">http://www.arb.ca.gov/diesel/verdev/level1/level1.htm</a> Level 2 technologies: <a href="http://www.arb.ca.gov/diesel/verdev/level2/level2.htm">http://www.arb.ca.gov/diesel/verdev/level2/level2.htm</a> Level 3 technologies: <a href="http://www.arb.ca.gov/diesel/verdev/level3/level3.htm">http://www.arb.ca.gov/diesel/verdev/level3/level3.htm</a>

**Part 3: Documentation to be Submitted with Application**

**Appendix A: Insurance Information**

**Verification of Coverage**

Please attach certificates (“Evidence of Coverage”) and/or other evidence of the insurance coverage required below as initialed in Part I of the application.

**Acceptability of Insurers**

Insurance is to be placed with insurers with a current A.M. Best’s rating of no less than A: VII. The Air District may, at its sole discretion, waive or alter this requirement or accept self-insurance in lieu of any required policy of insurance.

**1. Liability Insurance:**

Corporations and Public Entities - a limit of not less than \$1,000,000 per occurrence.

Single Vehicle Owners - a limit of not less than \$750,000 per occurrence.

**2. Property Insurance for Repower and New Vehicle/Equipment Purchase** in an amount of not less than the insurable value of Grantee’s vehicles or equipment funded, and covering all risks of loss, damage or destruction of such vehicles or equipment.

### **Part 3: Documentation to be Submitted with Application**

#### **Appendix B: California Air Resources Board (ARB) Fleet Average Calculator Document**

Please attach required documentation to confirm fleet size information as requested in Question 24.

The ARB requires fleet size reporting as part of the In-Use Off-Road Diesel Vehicle and Large Spark-Ignited Engine fleet rules. Applicants can satisfy this requirement for the purposes of this application by completing a document called the Fleet Average Calculator, found on the ARB website address:

<http://www.arb.ca.gov/msprog/ordiesel/documents/documents.htm#fleet>.

1. Locate ARB webpage (<http://www.arb.ca.gov/msprog/ordiesel/documents/documents.htm#fleet>) and choose applicable Fleet Calculator. The Medium/Large Fleet Calculator is used for fleets with more than 2500 in total horsepower. The Small Fleet Calculator is used for fleets with 2500 or less total horsepower.
2. Note that the Fleet Calculator is an Excel document with 4 tabs.
  - READ ME FIRST!: Read Tab #1 for important information before entering information.
  - Enter Fleet Information: Populate the cells in Tab #2 with information specific to the equipment in your fleet.
  - Summary Results: Tab #3 will automatically calculate the summary of results for your fleet.
  - Source Data: Tab #4 shows emissions factors data by equipment hp and year, as well as emissions target data by year. This is for fleet-owner information and planning.
3. Once completed, save the Fleet Calculator and include as Appendix B for this application either by printing Tabs #2 and #3 and including in full application, or by emailing to [mweibley@baaqmd.gov](mailto:mweibley@baaqmd.gov), making sure to cite project applicant.

**Part 3: Documentation to be Submitted with Application**

**Appendix C: Engine Executive Order(s) and Retrofit Device Executive Order(s)**

Please attach the Executive Order for the replacement engine for each new engine requested, as requested in Question 36. Executive Orders are available through your engine dealer or on the ARB webpage at <http://www.arb.ca.gov/msprog/offroad/cert/cert.php>.

Please also attach the Executive Order for the retrofit device for each new retrofit device requested, as requested in Question 50.

Links to the lists of verified devices are provided below. Note that some devices have more than one Executive Order and Attachment. Look for the Engine Family Name (EFN) on the Retrofit Device's Executive Order and Attachment(s).

Level 1 technologies: <http://www.arb.ca.gov/diesel/verdev/level1/level1.htm>

Level 2 technologies: <http://www.arb.ca.gov/diesel/verdev/level2/level2.htm>

Level 3 technologies: <http://www.arb.ca.gov/diesel/verdev/level3/level3.htm>

**Part 3: Documentation to be Submitted with Application**

**Attachment D: Quotes for repower & retrofit projects**

Please attach quotes for the engine repower as requested in Question 38 and retrofit device as requested in Question 48. Projects that include repower and retrofits may include one quote from one vendor or two quotes from two separate vendors.

Quotes for repower projects must include:

1. Contact information for the vendor
2. Vehicle that quote is for
3. Engine make
4. Engine model
5. Engine model year
6. Engine family name (EFN)
7. Itemized engine & parts costs
8. Labor/ installation costs (include estimated number of hours and cost per hour)
9. OPTIONAL costs include tax and shipping/freight

Quotes for retrofit projects must include:

1. Contact information for the vendor
2. Vehicle that quote is for
3. Retrofit device make
4. Retrofit level (1, 2, or 3)
5. Engine family name (EFN) of engine in the piece of equipment to be repowered
6. Retrofit device cost
7. Retrofit installation and labor costs (include estimated number of hours and cost per hour)
8. OPTIONAL costs include tax, shipping/freight and retrofit device maintenance costs for the duration of the project period (3-5 years, depending on eligibility)

**Part 3: Documentation to be Submitted with Application**

**Appendix E: Annual Hours of Operation and Fuel Documentation**

Please attach documentation to support claim of annual hours of operation and fuel usage for at least the previous two years of operation as requested in Questions 39 & 40. Please summarize data by month or quarter.

For example, two years of fuel documentation may be based upon:

1. Maintenance records
2. Operation logs
3. Ledger entries
4. Fuel logs
5. Purchase receipts summarized by month or quarter

**Part 4 Application Checklist**

**Please submit this completed checklist with your application**

Part 1 (complete once)

- Is the project contact information complete?
- Did you sign the application?
- If completed by a Third Party, did the Third Party sign the application?
- Did you make 2 copies of the full application?

Part 2 (complete once for **each** vehicle proposed for a repower & retrofit project)

- Is the Fleet Regulation section completed?
- Did you complete the Impacted Communities section, if applicable?
- Did you include information about the vehicle and repower engine?
- Did you include information about the retrofit device?

Part 3 Attachments (complete Attachment A & B once, complete Attachment C, D and E for **each** vehicle proposed for a project)

Attachment A: Insurance Documentation

- Did you attach Evidence of Coverage showing proof of applicable insurance (general liability and equipment property?)

Attachment B: Fleet Average Calculator Document

- Did you attach Tabs #2 and #3 of the Fleet Average Calculator Document?

Attachment C: Engine & Retrofit Device Executive Order(s)

- Did you attach the Executive Order(s) for the repower engine(s) and retrofit device(s)?

Attachment D: Quotes

- Did you attach quote for repower engine and retrofit device, including all the details described in Attachment D?

Attachment E: Annual hours of operation and fuel usage

- Did you attach the required two years of documentation for hours of operation and fuel usage as described in Attachment E?

**Survey Questions**

**Was this application easy to follow?  Yes  No**

**If not, do you have any recommendations for making it easier to understand?**

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