



# BAY AREA AIR QUALITY MANAGEMENT DISTRICT

## Off Road Equipment Electric Charging Infrastructure

### STEP-BY-STEP GUIDE FOR APPLICATIONS

[www.baaqmd.gov/infrastructure](http://www.baaqmd.gov/infrastructure)

**The deadline for submitting completed applications for the  
Electric Charging Infrastructure solicitation is noon PDT on September 12, 2023.**

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## STEP-BY-STEP GUIDE FOR INFRASTRUCTURE APPLICATIONS

The [online application system](#) was created to accept applications for equipment, vehicles, and their associated infrastructure. As a result, throughout the application, some questions will be specific to vehicles and equipment. Below are step-by-step directions for navigating this application system.

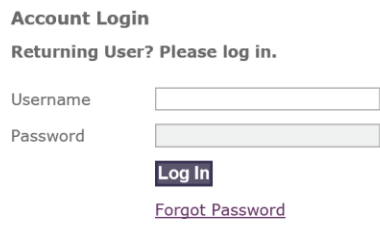
This guide includes figures for each page in the application, and these figures feature highlighted fields. These highlighted fields require you to provide specific information based on how it is highlighted. Please see Table 1: Description of highlighted fields.

Table 1: Description of highlighted fields.

Field Name	Description
<p><b>Project Category</b></p>  <p>Project Category * <input type="text" value="Off Road"/></p> <p>Project Subcategory * <input type="text" value="Equipment Replacement (with retrofit option)"/></p>	<p>Highlighted in yellow and framed by a dashed line means complete this field by inputting the exact answers you see provided in this step-by-step guide.</p> <p>For example: in this blank on your application, input “Off Road”</p>
<p><b>Proposal Name</b></p> <p><b>Proposal Info</b></p> <p>Proposal Name *</p> 	<p>Highlighted in blue and framed by a solid line means complete this field by providing project information for your specific project.</p> <p>For example: in this blank on your application, input the name of your project, e.g., “Company A Infrastructure.”</p>

## CREATE NEW ACCOUNT

If you do not already have an account, click on the link that says, “New User? Please create an account.”



**Account Login**

Returning User? Please log in.

Username

Password

**Log In**

[Forgot Password](#)

**[New User? Please create an account.](#)**

Figure 1: Login Page

If you are the applicant, click “Create Organization Account”. If you are a consultant working on behalf of another company, click on the “Create Third Party Account” link.

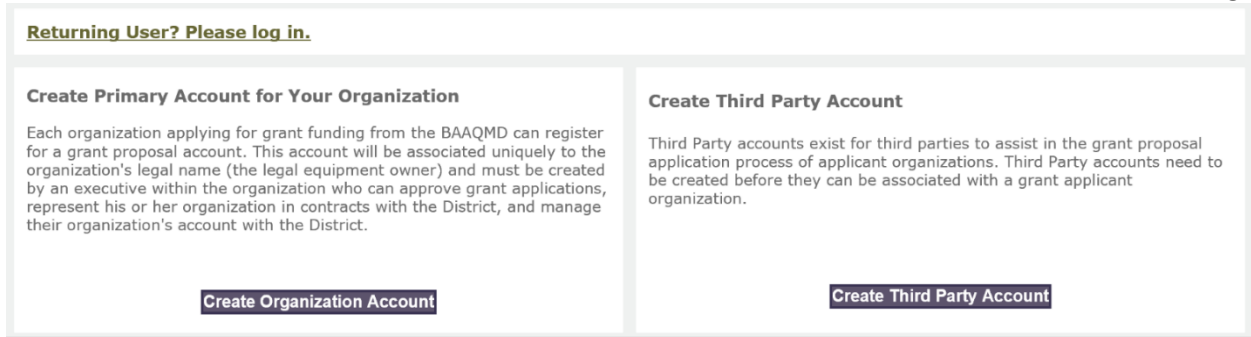


Figure 2: Create Organization or Third Party Account

Complete the information on the page, and a link will be emailed to you confirming your account was successfully created. Special characters such as &, %, \$, #, @, and ! are not allowed as part of the username and password. You will need to click the link in the account activation email to activate your account. Please check your junk mail inbox if you have not received the account activation email.

If you already have an account and have forgotten your password, enter your Username and click Forgot Password to reset it. A new password will be sent to the email associated with the existing account.

## CREATE NEW FUNDING PROPOSAL

This figure provides an overview of the “Account Home” page. To start the application, go to the menu titled “Proposal” and click on “Create a New Funding Proposal”.

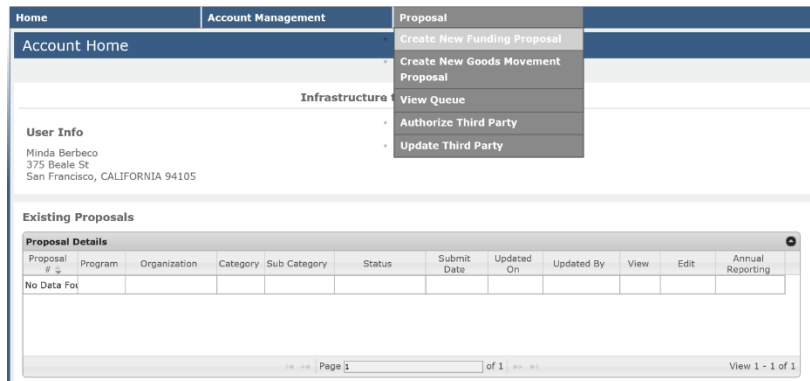


Figure 3: Account Home Page

Note that you can save and come back to your application at any time. Once the proposal has been created, it will appear on this same page listed under “Existing Proposals”. If applying to put infrastructure charging in multiple locations, complete and submit a different proposal for each location.

## AUTHORIZE THIRD PARTY

This figure provides an overview of the “Authorize Third Party” page. Third parties can assist in the application process of applicant organizations.

**Please note that a third party cannot create or submit a proposal on behalf of the applicant.**

<b>Home</b>	<b>Account Management</b>	<b>Proposal</b>	
<b>Authorize Third Party</b>		<ul style="list-style-type: none"> <li>○ Create New Funding Proposal</li> <li>○ Create New Goods Movement Proposal</li> <li>○ View Queue</li> <li>○ <b>Authorize Third Party</b></li> <li>○ Update Third Party</li> <li>○ Data Export</li> </ul>	

**Third Party Accounts**

Third Party accounts exist for third parties to assist in the grant proposal applications. Third Party accounts need to be created before they can be associated with a grant applicant organization.

**Third Party Information**

Note: Third Party accounts must be created in advance for organizations to authorize access to existing proposals. Please provide your email address to applicant organizations. Please enter the email address associated with the Third Party user account you would like to authorize in adding and updating proposal information.

Email Address \*

Confirm Email Address \*

\* Indicates a required field

Please authorize which proposal(s) this account can access. If the intended proposal does not exist, please create it first.

Proposal Access Details	
Proposal Name	Grant Access

**Authorize Third Party** **Cancel**

Figure 4: Authorize Third Party Page

To authorize a third party to access your application, go to the menu titled "Proposal" and click on "Authorize Third Party". Complete the information on the page. Be sure to put a check mark next to the application listed in "Proposal Access Details" that you want the third party to have access to.

# CREATE NEW PROPOSAL: GENERAL

This figure provides an overview of the "Create New Proposal" page. Instructions are on the pages that follow.

## Create New Proposal

GENERAL

Equipment

Fleet & Activity

Impacted Community

Engine & Activity

Attachment

### Proposal Info

Proposal Name \*

Organization

BAAQMD

### Primary proposal contact info

First Name \*

Last Name \*

Email Address \*

Phone Number \*

Fax Number

### Person authorized to sign contracts for Organization

Same as primary.

First Name \*

Last Name \*

Email Address \*

Phone Number \*

Fax Number

### Mailing Address

Update Organization's Mailing Address.

Street address/  
PO Box \*

1234 Main Street

Street Address Line 2

Apt 456

City \*

Oakland

State \*

CALIFORNIA

County \*

Alameda

Zip \*

12345-

### Project Category

What kind of project would you like to apply for?

Project Category \*

Off Road

Project Subcategory \*

Equipment Replacement (with retrofit option)

Note: Agricultural applicants wanting to replace their "mobile equipment", please use "off-road equipment replacement" proposal type.

### General Information

Infrastructure costs associated with the purchase of zero-emission equipment may be eligible for partial grant funding. Does this project involve the purchase of fueling or electric charging infrastructure? Is infrastructure associated with Zero-emission vehicle (ZEV) or alt-fuel equipment project? \*

Yes  No

If yes, describe the proposed infrastructure: \*

If yes, what is the cost to purchase and install the infrastructure?

If yes, where will the infrastructure be located?

Street address \*

Street Address Line 2

City \*

State \*

CALIFORNIA

Zip \*

Total project cost (all equipment and infrastructure) \*

Cancel

Save & Continue

Save & Close

Figure 5: Create New Proposal Page

**PROPOSAL INFO**

Please provide information on your proposal.

**PRIMARY PROPOSAL CONTACT INFO**

Please provide contact information for your primary point of contact on this proposal.

**PERSON AUTHORIZED TO SIGN CONTRACTS FOR ORGANIZATION**

Please provide contact information for the person authorized to sign contracts for your organization.

**MAILING ADDRESS**

Your mailing address is automatically populated for you. If you need to update your organization’s mailing address, you can do it here.

**PROJECT CATEGORY**

**Project Category**

What kind of project would you like to apply for?

Project Category \*

Project Subcategory \*

Note: Agricultural applicants wanting to replace their "mobile equipment", please use "off-road equipment replacement" proposal type.

Figure 6: Project Category Section

Please complete the following fields as follows:

Field Name	Instructions or Input
Project Category	Off Road
Project Subcategory	Equipment Replacement (with retrofit option)

**GENERAL INFORMATION**

**General Information**

Infrastructure costs associated with the purchase of zero-emission equipment may be eligible for partial grant funding. Does this project involve the purchase of fueling or electric charging infrastructure? Is infrastructure associated with Zero-emission vehicle (ZEV) or alt-fuel equipment project? \*

Yes  No

If yes, describe the proposed infrastructure: \*

Enter a detailed description of the project including the number and type of chargers, the kW of the chargers, type of vehicles that will be supported by the chargers and their primary vocation, and the site location.

If yes, what is the cost to purchase and install the infrastructure?

If yes, where will the infrastructure be located?

Street address \*

Street Address Line 2

City \*

State \*

Zip \*

Total project cost (all equipment and infrastructure) \*

Figure 7: General Information Section

Please complete the following fields as follows:

Field	Instructions or Input
Infrastructure costs...	Yes
If yes, describe the proposed infrastructure:	Enter a detailed description of the project including the number and type of chargers, the kW of the chargers, type of vehicles that will be supported by the chargers and their primary vocation, and the site location.
If yes, what is the cost to purchase and install the infrastructure?	Enter the total eligible cost for the project.
If yes, where will the infrastructure be located?	Enter the site location.
Total project cost (all equipment and infrastructure)	Enter the total cost of this project including any equipment that will be purchased.

# OFF-ROAD EQUIPMENT REPLACEMENT (WITH RETROFIT OPTION): EQUIPMENT INFORMATION

This figure provides an overview of the “Existing Equipment Information” page. Instructions are on the pages that follow.

## Off-Road Equipment Replacement (with retrofit option): Equipment Information

EQUIPMENT	Project Details	Impacted Community	Engine & Activity	Attachment
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### Existing Equipment Information

Has this equipment received Carl Moyer Program funds in the past? \*  Yes  No

Primary Function \*

Street address/PO Box \*

Street Address Line 2  City \*

County \*  State \*

If Other please specify  Equipment Category \*

Zip \*  Equipment Type \*

If other equipment type, please describe

Equipment Make \*  Equipment Model \*

Equipment Model Year \*  Equipment Serial Number

Unit Number \*  EIN \*

Can this equipment be repowered with the cleanest available engine? \*  Yes  No

Is 2 to 1 Replacement Applied? \*  Yes  No

### New Equipment Information

Unit Number  Equipment Category

Equipment Type \*

If other equipment type, please describe

Equipment Make \*  Equipment Model \*

Equipment Model Year \*  Number of Main Engines \*

Number of Auxiliary Engines \*  Replacement Equipment Cost \*

Name and location of dealership assisting with this vehicle  Vendor contact

Vendor Phone Number  EIN

**Save & Continue** **Exit without saving**

Figure 8: Off-Road Equipment Replacement (with retrofit option): Equipment Information Page

**EXISTING EQUIPMENT INFORMATION**

**Existing Equipment Information**

Has this equipment received Carl Moyer Program funds in the past? \*  Yes  No

Primary Function \*

Street address/PO Box \*

Street Address Line 2  City \*

County \*  State \*

If Other please specify  Equipment Category \*

Zip \*  Equipment Type \*

If other equipment type, please describe

Equipment Make \*  Equipment Model \*

Equipment Model Year \*  Equipment Serial Number

Unit Number \*  EIN \*

Can this equipment be repowered with the cleanest available engine? \*  Yes  No

Is 2 to 1 Replacement Applied? \*  Yes  No

Figure 9: Existing Equipment Information Section

Please complete the following fields as follows:

Field Name	Instructions or Input
Has this equipment received Carl Moyer Program funds in the past?	Select the option for your specific project.
Primary Function	Enter a description of the primary functions of the off-road equipment that will use this infrastructure.
Street Address/PO Box	N/A
City	N/A
County	Alameda
State	CALIFORNIA
Zip	11111
Equipment Category	Select the equipment category that will use this infrastructure.
Equipment Type	Select the type of equipment that will use this infrastructure. Select 'Other' if none are applicable or there are multiple types of equipment.
If other equipment type, please describe	If 'Equipment Type' is 'Other,' please describe the type of equipment.

Off-Road Equipment Replacement (with retrofit option): Equipment Information

Field Name	Instructions or Input
Equipment Make	N/A
Equipment Model	N/A
Equipment Model Year	2024
Unit Number	N/A
EIN	N/A
Can this equipment be repowered with the cleanest available engine?	No
Is 2 to 1 Replacement Applied?	No

**NEW EQUIPMENT INFORMATION**

This figure provides an overview of the “New Equipment Information” page. Instructions are below.

**New Equipment Information**

Unit Number  Equipment Category

Equipment Type \*

If other equipment type, please describe

Equipment Make \*  Equipment Model \*

Equipment Model Year \*  Number of Main Engines \*

Number of Auxiliary Engines \*  Replacement Equipment Cost \*

Name and location of dealership assisting with this vehicle  Vendor contact

Vendor Phone Number  EIN

Figure 10: New Equipment Information Section

Please complete the following fields as follows:

Field Name	Instructions or Input
Equipment Type	Backhoe
Equipment Make	N/A
Equipment Model	N/A
Equipment Model Year	2024
Number of Main Engines	0
Number of Auxiliary Engines	0
Replacement Equipment Cost	0

## OFF-ROAD EQUIPMENT REPLACEMENT (WITH RETROFIT OPTION): PROJECT DETAILS

### PROJECT DETAILS

This figure provides an overview of the “Project Details” section. Please complete this section with your project specific information.

### Off-Road Equipment Replacement (with retrofit option): Project Details

Equipment
**PROJECT DETAILS**
Impacted Community
Engine & Activity
Attachment

Have you, or will you, apply for other grant funding to support the project equipment in this application? \*

How many off-road vehicles are owned by the applicant? \*

What is the total horsepower of all vehicles in the fleet? \*

Is this vehicle subject to state Fleet Regulations? \*

Name of California State Fleet Regulation this vehicle is subject to

What is the fleet's first compliance date? (Date Format: MM/DD/YYYY)\*

Yes  No

Yes  No

ARB Cargo Handling Re

Figure 11: Off-Road Equipment Replacement (with retrofit option): Project Details Page

Please complete the following fields as follows:

Field Name	Instructions or Input
Have you, or will you, apply for other grant funding to support the project equipment in this application?	If 'Yes', please include all private or public financial incentives applied for or will be applied for the proposed project. Otherwise, select 'No.'
How many off-road vehicles are owned by the applicant?	Enter the number of off-road vehicles owned by the applicant
What is the total horsepower of all vehicles in the fleet?	Enter the total horsepower of all vehicles in the fleet.
Is this vehicle subject to state Fleet Regulations?	Enter 'Yes' if subject to any state Fleet Regulations. Otherwise, select 'No.'
Name of California State Fleet Regulation this vehicle is subject to	If subject to California State Fleet Regulation, please select the applicable regulation.
What is the fleet's first compliance date? (Date Format: MM/DD/YYYY)	If subject to California State Fleet Regulation, please enter fleet's first compliance date.

**OPERATION INFORMATION**

This figure provides an overview of the “Operation Information” section. Instructions are indicated below.

**Operation Information**

Is existing equipment in operable condition? \*

How many years has the applicant owned the existing equipment? \*

Does this vehicle have a functioning, non-resettable hour meter? \*

Percent Operation in California \*

Percent Operation in District \*

Note: See <http://www.baaqmd.gov/in-your-community> for a jurisdiction map.

If funded, how many years will you operate the replacement equipment? \*

Current engine hour meter/odometer reading \*

[Click here to view the Air District Jurisdiction Map](#)

Figure 12: Operation Information Section

Please complete the following fields as follows:

Field Name	Instructions or Input
Is existing equipment in operable condition?	Select ‘Yes’ if existing equipment is in operable condition, otherwise, select ‘No.’
How many years has the applicant owned the existing equipment?	Enter how many years the applicant has owned the existing equipment
Does this vehicle have a functioning, non-resettable hour meter?	Select ‘Yes’ if the equipment has a functioning, non-resettable hour meter, otherwise, select ‘No.’
Percent Operation in California	Enter percent of operation in California.
Percent Operation in District	Enter percent operation in Air District. See <a href="#">Interactive Data Maps (baaqmd.gov)</a> for an Air District jurisdiction map.
If funded, how many years will you operate the replacement equipment?	Enter how many years you will operate the replacement equipment.
Current engine hour meter/odometer reading	0

## OFF-ROAD EQUIPMENT REPLACEMENT (WITH RETROFIT OPTION): IMPACTED COMMUNITIES

This figure provides an overview of the “Impacted Communities” section. Please complete this section with your project specific information.

### Off-Road Equipment Replacement (with retrofit option): Impacted Communities

Equipment

Project Details

**IMPACTED COMMUNITY**

Engine & Activity

Attachment

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.

Does this equipment operate in a Bay Area highly impacted community? \*  
(See the Priority Community map: [Please click here.](#))

Yes  No

If yes, please answer the following question. If no, skip to “Existing Engine Information”

Please use the Priority Community map to identify which impacted communities this equipment operates in, and indicate the percentage of time this equipment 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. Use the “zoom in” tool on the electronic version of the map to enlarge the map to best identify boundaries.

Zone Number	Community	Percent Operation
1	Concord	<input type="text"/>
2	Richmond/San Pablo	<input type="text"/>
3	Western Alameda County	<input type="text"/>
4	San Jose	<input type="text"/>
5	Livermore	<input type="text"/>
6	Eastern San Francisco	<input type="text"/>
7	San Rafael	<input type="text"/>
8	Vallejo	<input type="text"/>
9	Antioch/Pittsburg	<input type="text"/>

Note: If the equipment 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 equipment in Impacted Communities in the Bay Area.

[Previous Page](#)

[Save & Continue](#)

[Exit without saving](#)

Figure 13: Off-Road Equipment Replacement (with retrofit option): Impacted Communities Page

Off-Road Equipment Replacement (with retrofit option): Impacted Communities

Please complete the following fields as follows:

Field Name	Instructions or Input
<p>Does this equipment operate in a Bay Area highly impacted community? (See the Priority Community map: <a href="#">Please click here.</a>)</p>	<p>Select 'Yes' if the infrastructure equipment will operate in a Bay Area highly impacted community, otherwise, select 'No.' See the Priority Community map: <a href="#">Please click here.</a></p>
<p>Impacted Communities Zones 1-9</p>	<p>If the equipment will operate in a Bay Area highly impacted community, please answer this question.  Please use the Priority Community map to identify which impacted communities the equipment will operate in and indicate the percentage of time this equipment operates in each highly impacted community in the table. Use the "zoom in" tool on the electronic version of the map to enlarge the map to best identify boundaries.  See the Priority Community map: <a href="#">Please click here.</a></p>

# OFF-ROAD EQUIPMENT REPLACEMENT (WITH RETROFIT OPTION): ENGINE & RETROFIT INFORMATION

This figure provides an overview of the “Engine & Retrofit” page. Instructions are on the pages that follow.

## Off-Road Equipment Replacement (with retrofit option): Engine & Retrofit Information

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Equipment
Project Details
Impacted Community
ENGINE & ACTIVITY
Attachment

### Existing/Baseline Engine Information

Engine Fuel Type *	<input type="text" value="Diesel"/>	Engine Make *	<input type="text" value="N/A"/>
Engine Model *	<input type="text" value="N/A"/>	Engine Model Year *	<input type="text" value="2024"/>
Engine Serial Number	<input type="text"/>	Engine Horsepower *	<input type="text" value="0"/>
EPA Engine Family Number	<input type="text"/>	Engine Emissions Tier *	<input type="text" value="Electric"/>
Estimated Fuel Consumption Rate (gallon/hours) *	<input type="text" value="0.000"/>		

### Reduced Emission Replacement Engine Information

Engine Fuel Type *	<input type="text" value="Diesel"/>	Engine Make *	<input type="text" value="N/A"/>
Engine Model *	<input type="text" value="N/A"/>	Engine Model Year *	<input type="text" value="2024"/>
Engine Serial Number	<input type="text"/>	Engine Horsepower *	<input type="text" value="0"/>
EPA Engine Family Number	<input type="text"/>	Engine Emissions Tier *	<input type="text" value="Electric"/>
Is the Engine a Family Emissions Limit (FEL) engine?			<input type="radio"/> Yes <input checked="" type="radio"/> No
Estimated Fuel Consumption Rate (gallon/hours) *	<input type="text" value="0.000"/>		

### Engine Retrofit Information

Will a retrofit device be added to this engine as part of this project? \*  Yes  No

Retrofit Device Make *	<input type="text"/>	Retrofit Device Model *	<input type="text"/>
% PM Reduction *	<input type="text" value="Select..."/>	% NOX Reduction *	<input type="text"/>
% ROG Reduction *	<input type="text"/>	Retrofit Device ARB Executive Order Number *	<input type="text"/>

### Retrofit Cost Information

Retrofit Device System Cost *	Retrofit Device Installation Cost*
<input type="text"/>	<input type="text"/>
Total Cost of Retrofit *	<input type="text"/>

Previous Page
Save & Continue
Exit without saving

Figure 14: Off-Road Equipment Replacement (with retrofit option): Engine & Retrofit Information Page

**EXISTING/BASELINE ENGINE INFORMATION**

**Existing/Baseline Engine Information**

Engine Fuel Type *	<input type="text" value="Diesel"/>	Engine Make *	<input type="text" value="N/A"/>
Engine Model *	<input type="text" value="N/A"/>	Engine Model Year *	<input type="text" value="2024"/>
Engine Serial Number	<input type="text"/>	Engine Horsepower *	<input type="text" value="0"/>
EPA Engine Family Number	<input type="text"/>	Engine Emissions Tier *	<input type="text" value="Electric"/>
Estimated Fuel Consumption Rate (gallon/hours) *	<input type="text" value="0.000"/>		

Figure 15: Existing/Baseline Engine Information Section

Please complete the following fields as follow:

Field Name	Instructions or Input
Engine Fuel Type	Diesel
Engine Make	N/A
Engine Model	N/A
Engine Model Year	2024
Engine Horsepower	0
Engine Emissions Tier	Electric
Estimated Fuel Consumption Rate (gallon/hours)	0

**REDUCED EMISSION REPLACEMENT ENGINE INFORMATION**

**Reduced Emission Replacement Engine Information**

Engine Fuel Type *	<input type="text" value="Diesel"/>	Engine Make *	<input type="text" value="N/A"/>
Engine Model *	<input type="text" value="N/A"/>	Engine Model Year *	<input type="text" value="2024"/>
Engine Serial Number	<input type="text"/>	Engine Horsepower *	<input type="text" value="0"/>
EPA Engine Family Number	<input type="text"/>	Engine Emissions Tier *	<input type="text" value="Electric"/>
Is the Engine a Family Emissions Limit (FEL) engine?		<input type="radio"/> Yes <input checked="" type="radio"/> No	
Estimated Fuel Consumption Rate (gallon/hours) *	<input type="text" value="0.000"/>		

Figure 16: Reduced Emission Replacement Engine Information Section

Please complete the following fields as follow:

Field Name	Instructions or Input
Engine Fuel Type	Diesel

Off-Road Equipment Replacement (with retrofit option): Engine & Retrofit Information

Field Name	Instructions or Input
Engine Make	N/A
Engine Model	N/A
Engine Model Year	2024
Engine Horsepower	0
Engine Emissions Tier	Electric
Estimated Fuel Consumption Rate (gallon/hours)	0

**ENGINE RETROFIT INFORMATION**

**Engine Retrofit Information**

Will a retrofit device be added to this engine as part of this project? \*

Yes  No

Retrofit Device Make \*  Retrofit Device Model \*

% PM Reduction \*  % NOX Reduction \*

% ROG Reduction \*  Retrofit Device ARB Executive Order Number \*

Figure 17: Engine Retrofit Information Section

Please complete the following fields as follow:

Field Name	Instructions or Input
Will a retrofit device be added to this engine as part of this project?	No

## OFF-ROAD EQUIPMENT REPLACEMENT (WITH RETROFIT OPTION): ENGINE ACTIVITY INFORMATION

This figure provides an overview of the “Engine Activity Information” page. Please complete this section with the provided answers.

**Off-Road Equipment Replacement (with retrofit option): Engine Activity Information**

---

Equipment
Project Details
Impacted Community
ENGINE & ACTIVITY
Attachment

Baseline Engine - Annual operation details \*

	2023 (Year to Date) *	2022 *	2021 *	Estimated Annual Future Usage *
Hours	0	0	0	0
Fuel Use (gallons/year)				

Previous Page
Save & Continue
Exit without saving

Figure 18: Off-Road Equipment Replacement (with retrofit option): Engine Activity Information Page

Please complete the following fields as follow:

Field Name	Instructions or Input
Hours: 2023 (Year to Date)	0
Hours: 2022	0
Hours: 2021	0
Hours: Estimated Annual Future Usage	0

To proceed to the next page, click **Save & Continue** then **No, Continue Navigating** and **Continue to Submit Proposal**.

**Proposal Action** ✕

Do you want to add new engine?

Yes, Add New Engine
No, Continue Navigating.
Cancel

➔

**Proposal Action** ✕

What do you want to do next?

Continue to Submit Proposal
Cancel

Add new Equipment

Figure 19: After Clicking "Save & Continue" on Engine Activity Information Page

## ATTACHMENTS: OFF ROAD EQUIPMENT REPLACEMENT (WITH RETROFIT OPTION)

This figure provides an overview of the “Attachments” page. Please add the required documents in this section and select the correct Attachment Type. If the document is not listed as one of the available Attachment Types, please select “Other miscellaneous attachments” and include a description of the document in the Comments. A list of required attachments is on the [solicitation website](#).

### Attachments: Off Road Equipment Replacement (with retrofit option)

[Previous Page](#) [Continue](#) [Exit](#)

The following attachments may be submitted for this proposal:

- Equipment ownership & registration records
- Equipment usage records or documentation
- Engine (or retrofit) Executive Order(s) or EPA Engine Certification
- Insurance documentation
- Quotes
- Equipment fleet compliance documentation
- Stationary agricultural diesel engine Airborne Toxic Control Measure
- Other miscellaneous attachments
- ARB Approval Letter or Conversion Certification (hybrid, zero-emissions only)
- Charging/fueling infrastructure proposal, quotes, required documentation (if requesting infrastructure funds)

Regulatory Compliance Statement: <http://www.baaqmd.gov/~media/Files/Strategic%20Incentives/Regulatory%20Compliance%20Statement.ashx>

Please attach this documentation as "Other misc. attachments" document type.

If you do not attach the proper documents to your application file, you will be required to submit them to BAAQMD before your application will be considered complete. Required documents can be submitted by mail, e-mail, or fax, or attached to this electronic file at a later time by returning to this page and following the onscreen upload instructions.

**NOTE:** Please do NOT upload files with punctuation in the file name. If your attachment name contains punctuation, please rename the file before attaching it to your proposal.

Attachment Type \*  
required if attaching documents

File Name  No file chosen

Comments

File Name	Submitted By	Submitted On	Attachment Type	Comments	Remove

[Previous Page](#) [Continue](#) [Exit](#)

Figure 20: Attachments: Off Road Equipment Replacement (with retrofit option) Page

## PROPOSAL SUMMARY: OFF ROAD EQUIPMENT REPLACEMENT (WITH RETROFIT OPTION)

This figure provides an overview of the “Proposal Summary” page. Please review the proposal and click **Continue**. A green check mark indicates the section is complete. A red cross mark indicates the section is incomplete.

Proposal Summary: Off Road Equipment Replacement (with retrofit option)

Note: All sections of your application must be completed prior to submittal. Please complete any items marked as Incomplete with the before continuing.

BAAQMD Infrastructure

- [N/A General Information](#)
- [N/A Fleet Regulations Information](#)
- [N/A Impacted Communities and Activity Info](#)
- [Main/Existing Engine](#)
- [Activity Info](#)

[Previous Page](#) [Continue](#) [Customer Survey](#) [Exit](#)

This section is complete.  
 This section is incomplete.

Figure 21: Proposal Summary: Off Road Equipment Replacement (with retrofit option) Page

## PROPOSAL SURVEY: OFF ROAD EQUIPMENT REPLACEMENT (WITH RETROFIT OPTION)

This figure provides an overview of the “Proposal Survey” page. Please complete the survey and click **Save and Continue**.

Proposal Survey: Off Road Equipment Replacement (with retrofit option)

**Comments**

Would you like to add any comments for the District staff about your proposal?

**Survey Info**

How did you hear about the Carl Moyer Program?

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

Event Location

Event Date

Was this application easy to follow?

Yes  No

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

[Previous Page](#) [Save and Continue](#) [Exit without Save](#)

Figure 22: Proposal Survey: Off Road Equipment Replacement (with retrofit option) Page

## PROPOSAL SUBMITTAL: OFF ROAD EQUIPMENT REPLACEMENT (WITH RETROFIT OPTION)

This figure provides an overview of the “Proposal Submittal” page. Please complete the form and click **Sign & Submit** to submit your application.

### Proposal Submittal: Off Road Equipment Replacement (with retrofit option)

Please read and check each item below to indicate understanding and agreement:

I understand that this application is for evaluation purposes only and does not guarantee project funding. Only a fully executed Grant Agreement or Voucher between the equipment owner and the Air District constitutes an obligation to fund a project.

I understand and agree that the Air District or its designee 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 applicable Funding Program guidelines and Air District policies.

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 applicant to implement any portion of the project that would be funded by the Air District.

I have disclosed to the Air District the value and source of all other private or public financial incentives applied for or used for this Project. I will not apply for, or receive other private or public financial incentives for the Project without prior approval from the Air District. I understand that the receipt of additional public funding for the Project Equipment could result in a reduction of the Total Grant Funds Awarded and that failure to disclose other incentive funds associated with this project could disqualify this project from funding consideration.

I understand and agree that any equipment, vehicle(s), and/or vessel(s) that receive Air District grant funding may not be used for credit under any Federal or State emission averaging, banking or trading program and may not be used as marketable emission reduction credits, or to offset any emission reduction obligation of any person or entity.

I certify that neither the owner nor equipment identified in the project application has any outstanding violations of applicable Federal, State, or local air quality regulations, and will remain in compliance with these regulations.

I certify that I am the legal owner of the equipment described in this application or that I have the legal signing authority to apply for funding for this equipment as or on behalf of the equipment owner and that I am authorized to sign this application as or on behalf of the equipment owner.

I understand and agree that, if my application is approved for replacement vehicle(s)/equipment/engine(s) purchase, my existing vehicle(s)/equipment/engine(s) identified on this application will be destroyed.

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

I have attached documentation showing that my organization carries the appropriate insurance (i.e. General Liability, Workers Compensation, Automobile Liability, and Automobile Comprehensive & Collision/Physical Damage Insurance).

I understand and certify that accepting grant funds may lead to tax liability and that by signing the Grant Agreement or Voucher for the Project, I agree to accept this liability.

I understand and agree that no equipment is to be ordered, and no work is to begin until there is a fully executed Grant Agreement or Voucher in place between the equipment owner and the Air District, and Air District staff or their designee has successfully conducted a pre-project inspection of the project equipment. No costs or financial commitments (e.g. purchase order) associated with the project that were incurred or undertaken before the date of execution of the Grant Agreement or Voucher will be accepted by the Air District for reimbursement.

Please type in your full name (first and last name):

The [person authorized to sign contracts for your organization](#) must type their full name.

"I certify that I:

- am the legal owner of the equipment described in this application or I have the legal signing authority to submit this application for funding on behalf of the applicant entity;
- am not prohibited from applying for grant funds from the Air District by an agreement, or role served with the Air District;
- am not a third-party; and,
- am submitting this proposal from my user account of which I have sole control."

[Previous Page](#)

[Sign & Submit](#)

[Exit without Submit](#)

Figure 23: Proposal Submittal: Off Road Equipment Replacement (with retrofit option) Page

Once your application is submitted, you will receive an email confirmation with your project number. The Air District will verify the completeness of your application and follow up with you in five business days.

Please contact [grants@baaqmd.gov](mailto:grants@baaqmd.gov) if you did not receive a confirmation email or if you have any questions.