Goods Movement Emission Reduction Program
Non-Port Truck Retrofit Application

Introduction
The Bay Area Air Quality Management District (“District”) is accepting applications for the Goods Movement Emission Reduction Program (the “Goods Movement Program”). The purpose of this program is to provide funding to replace, repower and retrofit heavy-duty diesel vehicles with lower-polluting engines and retrofit control devices that are operating in the State’s trade corridors. This application is for non-port truck engine retrofit projects only.

What You Need To Do
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 by **August 15, 2008**, to:

Bay Area Air Quality Management District
Attn: Joseph Steinberger
939 Ellis St.
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 will not be eligible for funding. If you have any questions regarding this program or the application process, please contact Joseph Steinberger by phone at **(415) 749-5018** or by e-mail at: jsteinberger@baaqmd.gov.

Application Information

1. General contact information
   - Name/organization/agency/company: ________________________________
   - Mailing address: ________________________________________________
   - Primary contact:
     - Name: ____________________________
     - E-mail Address: ________________________
     - Phone number: _______________________
   - Person with equipment contract signing authority (Owner):
     - Name: ____________________________
     - E-mail Address: ________________________
     - Phone number: _______________________
   - Person that completed application:
     - Name: ____________________________
     - E-mail Address: ________________________
     - Phone number: _______________________
   - Small business information:
     - Fleet size: ______
     - Number of employees: _____________
     - Annual gross income: _____________
2. **Third Party Assistance in Preparing the Application** (Complete this section if a third party assisted in the preparation of the application)

   - Third party person’s name: ________________________________
   - Third party person’s signature: ____________________________
   - Date: __________________
   - How much was third party paid for completing application: _____________
   - What source of funds are being used to pay the third party: ________________

3. **Current Vehicle Information**

   - **Truck data**
     
     1. Vehicle Make:  
     2. Vehicle Model:  
     3. Vehicle Model Year:  
     4. Vehicle Identification Number:  
     5. Gross Vehicle Weight Rating (GVWR):  
     6. License Plate Number:  
     7. Engine Make:  
     8. Engine Model:  
     9. Engine Year:  
     10. Engine Serial Number:  
     11. Engine Horsepower:  
     12. Engine Fuel Type:  

   - **Truck documentation**
     - Attach to this application proof of DMV registration for current and prior two years
     - Attach to this application documentation of current ownership (copy of title of truck)
     - Attach documentation showing that the truck owner carries the appropriate insurance (i.e. Workers Compensation, Automobile Liability, and Automobile Physical Damage Insurance.)

<table>
<thead>
<tr>
<th>Vocation and activity data for the past 2 years</th>
<th>Last Year</th>
<th>Two Years Ago</th>
</tr>
</thead>
<tbody>
<tr>
<td>13. What type of work have you been performing with your truck (Vocation)?</td>
<td></td>
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<tr>
<td>14. How many miles did you drive in a year (VMT)?</td>
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<tr>
<td>15. How many miles did you drive in California?</td>
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<tr>
<td>16. <strong>Percent (%)</strong> of miles you drive in a year in the trade corridors which include the Bay Area, Central Valley, Los Angeles/Inland Empire and San Diego?</td>
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<tr>
<td>17. In which of the following areas do you typically operate your truck? (San Francisco Bay Area, Central Valley, Los Angeles/Inland Empire and/or San Diego/Border Region):</td>
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</tr>
</tbody>
</table>

(Note: Vocation and activity documentation of at least 50% of travel in corridors for the past 2 years may be required)
4. **Equipment project schedule**
Complete the following project schedule by providing the number of weeks after the contract has been signed when you expect an activity to occur (Example: Equipment ordered 2 weeks after contract signed, Equipment acquisition 6 weeks after contract signed, etc.)

<table>
<thead>
<tr>
<th>Activity</th>
<th>Weeks after Contract Signed</th>
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</thead>
<tbody>
<tr>
<td>A. Equipment order.</td>
<td></td>
</tr>
<tr>
<td>B. Equipment acquisition/installation.</td>
<td></td>
</tr>
<tr>
<td>C. Submittal of invoice to Air District for reimbursement</td>
<td></td>
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<tr>
<td>D. Initial reporting 6 months after project completion</td>
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</tbody>
</table>

5. **Proposed equipment project information**
- Enter information on the retrofit device verified by the California Air Resources Board (ARB) that you propose to install on your truck:
  18. Retrofit device company name: 
  19. Name of the retrofit device: 
  20. PM reduction (%): 
  21. NOx reduction (%): 
- **Retrofit device documentation**
  22. ARB Executive Order number showing that the retrofit device you have selected to install on your truck is verified for your engine: 
- **Attach** to this application a picture of the engine label on your truck showing the engine family. 
- **Attach** to this application an itemized cost quote from vendor for all costs associated with the purchase and installation of the retrofit device. 
- Provide below an estimate of how you will use your truck over the next 4 years.
  23. Estimated miles you will drive in a year (VMT): 
  24. Estimated percent (%) of miles you drive in a year that will be in the trade corridors (San Francisco Bay Area, Central Valley, Los Angeles/Inland Empire and/or San Diego/Border Region): 
- **Enter below information regarding the financing of the project.**
  25. What is the estimated total cost of the project: 
  26. How much money are you requesting from the Air District: 
  27. Who will be providing the remaining money to pay for the project: (**Attach** to this application documentation showing the availability of this money) 
  28. Would you like the Air District to pay the company that installed the retrofit device: 
    ☐ YES ☐ NO

(Note: Equipment project applications shall identify any loan programs the equipment owner intends to utilize to fully fund the equipment project. The total project cost shall include the purchase price of the equipment, including shipping charges, and the cost of installation or construction (as applicable). Installation costs shall only include installation of the components necessary to operate the equipment. Taxes, fees, insurance, and other charges may not be included as part of the total project cost.)
6. Disclosures

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

a. Certification that once the equipment owner signs this application, the owner shall not submit other applications for funding for the same truck under this Program or the Carl Moyer Program:
   Initial: _________

b. 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: _________

c. Certification that Program funds were not used to previously upgrade the equipment identified in the equipment project application. For example, an owner of a truck that received funding for a retrofit device under this Program may not subsequently submit an application for Program funds to replace that truck.
   Initial: _________

d. Disclosure of any other source(s) of funding that the equipment owner has applied for that would be used for the same equipment project. The disclosure shall identify the Source of funds: _________________________________
   How much is being applied for: _________________________________
   What the funding would be used for: _________________________________
   Initial: _________

e. Certification that equipment project match funding is reasonably available to complete the equipment project according to the proposed timeframe.
   Initial: _________

f. Disclosure of the value of any existing financial incentive that directly reduces the project cost (including tax credits or deductions, grants, or other public financial assistance) for the same equipment project: _________________________________
   Initial: _________

g. Certification that neither the owner nor equipment identified in the equipment project application has any outstanding violations of ARB regulations.
   Initial: _________

h. I understand and agree that the District may 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 Goods Movement Program.
   Initial: _________

i. 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 Goods Movement Program.
   Initial: _________
j. I have attached documentation showing that my organization carries the appropriate insurance (i.e. Workers Compensation, Automobile Liability, and Automobile Physical Damage Insurance.)
Initial: _________

k. 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.
Initial: _________

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

m. I understand that new equipment funded by this program can only be purchased or ordered once the contract is signed between the equipment owner and the Air District.
Initial: _________

n. 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: _________

Signed: ___________________________________________       Date: __________________

(Authorized Representative of Applicant Vehicle Owner)

Name (Please Print):_________________________________________________________

Title: _________________________________________________________