



**CARL MOYER MEMORIAL AIR
QUALITY STANDARDS
ATTAINMENT PROGRAM**

**OFF-ROAD
COMPRESSION-IGNITION (CI)
APPLICATION**

A. APPLICANT INFORMATION

1. Company name/ Organization name/ Individual name:		
2. Business type:		
3. Contact name and title:		
4. Business mailing address and contact information:		
Street:		
City:	State:	Zip code:
Phone:	Fax: ()	
E-mail:		
5. Person with contract signing authority (<i>if different from above</i>):		
6. How many vehicles/engines/retrofits are being applied for?		
7. Total funding amount requested in this application (MAY NOT EXCEED \$100,000):		

B. FUNDING DISCLOSURE

1. Have any engines or vehicles listed in this application applied for or been awarded Carl Moyer Program funding or other grants (check one)? <input type="radio"/> Yes <input type="radio"/> No
2. If "yes", complete the following for each engine:
a. Agency applied to:
b. Date/Number of Agency Solicitation:
c. Funding Amount Requested:
d. Equipment Identification:
d. Baseline Engine Serial Number:
e. Status of Application:

ARB-verified retrofits are required on all off-road engine repowers as described in the Carl Moyer Program Guidelines. ARB has provided limited flexibility for applicants to opt-out of the default retrofit requirement on these projects. Applicants must complete the following if retrofits are not included as part of this application:

_____By initialing this paragraph, the applicant acknowledges that due to existing or future regulations they may be required to install retrofits on Carl Moyer Program funded equipment at their own cost. Please mark the appropriate box below if you would like to receive information regarding these regulations.

- Yes**
 No

I hereby certify that all information provided in this application and any attachments are true and correct.

Printed Name of Responsible Party:	Title:
Signature of Responsible Party:	Date:

Third Party Certification

I have completed the application, in whole or in part, on behalf of the applicant.

Printed Name of Third Party:	Title:
Signature of Third Party:	Date:
Amount Being Paid for Application Completion in Whole or Part:	Source of funding to Third party:

For each engine, please complete sections C, D, E, F, or G (as appropriate). Please include project cost documentation including vendor quotes and other substantiating data to support cost estimates provided in this application.

C. PROJECT ACTIVITY INFORMATION

1. Project name:																				
2. Project address (<i>if different than business address</i>):																				
Street Address:																				
City:	State:	Zip Code:																		
3. Estimated Annual Hours of Operation:																				
OR																				
Estimated Annual Gallons of Fuel Consumption:																				
4. List air district(s) in California in which the equipment operates and percent of operation in each:																				
5. Project Life:	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">Type</th> <th style="text-align: center;">Project Life</th> </tr> </thead> <tbody> <tr> <td>Repower only (no retrofit)</td> <td>7 years</td> </tr> <tr> <td>Farm equipment (all projects)</td> <td>10 years^(a)</td> </tr> <tr> <td>Replacement and repower to zero-emission</td> <td>10 years^(b)</td> </tr> <tr> <td>Retrofit only</td> <td>5 years</td> </tr> <tr> <td>Replacement Excavators</td> <td>3 years</td> </tr> <tr> <td>Replacement Skid steer loaders</td> <td>3 years</td> </tr> <tr> <td>Replacement Rough terrain forklifts</td> <td>3 years</td> </tr> <tr> <td>Replacement All other non-farm (existing diesel only)</td> <td>5 years</td> </tr> </tbody> </table>		Type	Project Life	Repower only (no retrofit)	7 years	Farm equipment (all projects)	10 years ^(a)	Replacement and repower to zero-emission	10 years ^(b)	Retrofit only	5 years	Replacement Excavators	3 years	Replacement Skid steer loaders	3 years	Replacement Rough terrain forklifts	3 years	Replacement All other non-farm (existing diesel only)	5 years
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<input type="radio"/> Maximum <input type="radio"/> Other: _____ years																				
6. Will the new engine have a functioning hour meter for the life of the project (circle one)?																				
<input type="radio"/> Yes <input type="radio"/> No																				

D. EXISTING (BASELINE) EQUIPMENT INFORMATION

Must be filled out for each piece of equipment requesting funding

1. Equipment Type/Specific Function:		
2. Equipment Make, Model, and Year:		
3. Equipment Serial Number:		
4. Equipment Identification Number (<i>unique number designated by applicant</i>)		
5. Number of Main Engines on this Equipment:		
6. Equipment Location:		
Street:		
City:	State:	Zip:
7. Engine Family: (<i>for controlled engines only</i>)		
8. Engine Tier (<i>for controlled engines only</i>)		
9. Engine Make, Model:		
10. Engine Model Year:		
11. Engine Horsepower:		
12. Engine Serial Number:		
13. Engine Fuel Type:		
14. Engine Annual Hours of Operation:		

E. REPOWER PROJECTS (NEW ENGINE)

1. Number of Main Engines to be Repowered:		
2. New Engine Family:		
3. New Engine Make:		
4. New Engine Model:		
5. New Engine Model Year:		
6. New Engine Serial Number: (<i>if available</i>)		
7. New Engine Horsepower:		

8. New Engine Tier:	
9a. Engine Cost:	9b. Engine Installation Cost (<i>optional</i>):

F. RETROFIT PROJECTS

1. ARB-verified Retrofit Device Manufacturer:	
2. Retrofit Device Make:	
3. Retrofit Device Model:	
4. Retrofit Device ARB Executive Order Number:	
5. Retrofit Device Serial Number (<i>if available</i>):	
6. ARB – Verified PM Reduction (%):	
7. ARB – Verified NOx Reduction (%):	
8a. Cost of Retrofit:	b. Cost of Retrofit Installation(<i>optional</i>):
9. Cost of Retrofit Maintenance for Project Life (<i>optional</i>):	
10. Has retrofit been verified for the engine? (choose one) <input type="radio"/> Yes <input type="radio"/> No	

G. REPLACEMENT PROJECTS

Replacement Equipment Description:	
1a. Engine Family:	
b. Engine Make:	
c. Engine Model:	
2. Engine Horsepower:	
3. Engine Tier	
4. Engine Model Year:	
5. Fuel Type:	
6. Baseline Equipment Cost:	7. New Equipment Cost:

H. FUNDING AMOUNT REQUEST

1. Total Amount Requested for this Piece of Equipment (**not to exceed \$100,000**):

Submit your application, Executive Order, and vendor quotes by mail:

CAPCOA Moyer RAP
1107 Ninth Street, Suite 801
Sacramento, CA 95814

Or by email:

laura@capcoa.org