



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

**STATIONARY
AGRICULTURAL ENGINE
APPLICATION**

A. APPLICANT INFORMATION (Please Print Legibly)

1. Company name/ Organization name/ Individual name:	
2. Business type:	
3. Contact name and title:	
4. Business mailing address and contact information:	
a. Street:	b. City/State/Zip:
c. Phone: () Ext:	d. Fax: ()
e. E-mail:	
5. Person with contract signing authority (if different from above):	
6. How many vehicles/engines/retrofits are being applied for?	
7. Total funding amount requested in this application:	

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? ☐ Yes ☐ No
2. If "yes", complete the following for each engine or vehicle:
a. Agency applied to:
b. Date/Number of Agency Solicitations:
c. Funding Amount Requested:
d. Baseline Engine Serial Number:
e. Status of Application:

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 3 rd party:

For each engine or vehicle, please complete sections C, D, E, F, G, and H (as appropriate). Please include project cost documentation including vendor quotes and other substantiating data to support cost estimates provided in this application. Your application will not be considered without vendor quotes.

C. PROJECT ACTIVITY INFORMATION

1. Project name:							
2. Project address (If different than business address)							
a. Street:	b. City/State/Zip:						
3. Annual Hours of Operation _____ OR Annual Gallons of Fuel Consumption _____							
4. Percent Operation in California:							
5. Project Life: ☐ Maximum ☐ Other: _____ years	Maximum Project Life <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px 5px;">Diesel engines</td> <td style="text-align: right; padding: 2px 5px;">7 years</td> </tr> <tr> <td style="padding: 2px 5px;">Spark-ignited engines</td> <td style="text-align: right; padding: 2px 5px;">7 years</td> </tr> <tr> <td style="padding: 2px 5px;">Electric motors</td> <td style="text-align: right; padding: 2px 5px;">10 years</td> </tr> </table>	Diesel engines	7 years	Spark-ignited engines	7 years	Electric motors	10 years
Diesel engines	7 years						
Spark-ignited engines	7 years						
Electric motors	10 years						
6. Will the new engine have a functioning hour meter for the life of the project? ☐ Yes ☐ No							

D. EXISTING ENGINE INFORMATION – REPOWER + RETOFIT PROJECTS ONLY

1. Engine Function:
2. Engine type (stationary, other):
3. Engine Year, Make, and Model:
4. Engine Serial Number (if available):
5. Engine Fuel Type:
6. Engine Horsepower:
7. Engine Tier:
8. Engine Family:

E. REPOWER (ENGINE REPLACEMENT) PROJECTS

1. New Engine/Motor Make:
2. New Engine/Motor Model:
3. New Engine/Motor Model Year:
4. New Engine/Motor Serial Number (if available):
5. New Engine/Motor Fuel Type (specify):
6. New Engine/Motor Horsepower:
7. New Engine/Motor Tier:
8. New Engine/Motor Family:
10. New Engine/Motor Cost:
11. New Engine and Motor Installation Cost:
☐ Submersible

F. NEW PURCHASE PROJECTS (ELECTRIC MOTORS ONLY)

1. New electric motor make:
2. New electric motor model:
3. New electric motor serial number:
4. New electric motor family:
5. New electric motor model year:
6. New electric motor cost:
7. New electric motor installation cost:
8. New electric motor vendor (optional):
9. New electric horsepower (converted from kilowatts):
☐ Submersible

G. ADDITIONAL INFORMATION – RETROFIT PROJECTS ONLY

1. ARB-verified retrofit device:
2. Retrofit device serial number:
3. Existing engine model year:
4. ARB-verified NOx reduction %:
5. ARB-verified PM reduction %:
6. ARB-verified ROG reduction %:
7. Retrofit device Executive Order:
8. Verification Level: ☐ Level 1 ☐ Level 2 ☐ Level 3
9. Retrofit device cost:
10. Cost of retrofit installation:
11. Cost of retrofit maintenance over life of project:

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
1000 G St., Suite 360
Sacramento, CA 95814

Or by email:

laura@capcoa.org