



**YOLO-SOLANO AIR QUALITY MANAGEMENT DISTRICT  
OFF-ROAD EQUIPMENT REPLACEMENT APPLICATION**

<b>Instructions:</b> <ol style="list-style-type: none"><li>1. Complete all sections of the application.</li><li>2. Sign application and collect all required documentation.</li><li>3. Submit to: YSAQMD Attn: Incentives 1947 Galileo Court, Ste. 103 Davis, CA 95618 grants@ysaqmd.org</li></ol>	<b>For District Use Only:</b>  Date Received: _____  Application No.: _____
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**Applicant Information**

Organization, Company, or Proprietor's Name (as it appears on Form W-9):		
Address:		
City	State	Zip
Mailing Address (if different from above):		
City	State	Zip
Have you applied to any other grant programs <u>for this piece of equipment</u> ? If yes, please explain and provide the name of the agency:		
Please select the acreage that reflects the size of your operation:	<input type="checkbox"/> 100 acres or less <input type="checkbox"/> Over 100 acres	

**Contact Information**

**Primary Contact Information**

First and Last Name:	Title:
Phone Number:	Email:

**Contract Signing Authority Information (if different from above)**

First and Last Name:	Title:
Phone Number:	Email:

**Fleet Information**

<i>Applicants are not required to submit DOORS and compliance information on exempt equipment or fleets. Leave DOORS information blank if fleet is exempt.</i>	
Check the following as they apply to your fleet or equipment: <input type="checkbox"/> Fleet <b>is not</b> exempt from the Off-Road Regulation <input type="checkbox"/> Fleet <b>is</b> exempt from the Off-Road Regulation <input type="checkbox"/> Existing equipment in this application is exempt from Off-Road Regulation	
DOORS ID*:	Total Horsepower of Fleet*:
DOORS EIN*:	Date fleet is Compliant through*:

**Existing Equipment Information**

Equipment Address:	
City:	Zip:
Equipment Type : <input type="checkbox"/> Self-Propelled <input type="checkbox"/> Pull-behind PTO	
Total Acres Current Unit Harvests Per Year:	
Annual Operation (in hours):	% Use within District:
Have you owned and operated the equipment in California for the previous two (2) years? <input type="checkbox"/> Yes <input type="checkbox"/> No, this equipment is ineligible for funding	
Is this equipment operational? <input type="checkbox"/> Yes <input type="checkbox"/> No, this equipment is ineligible for funding	

Equipment Make:	Equipment Model:
Equipment Model Year:	Equipment Identification number (VIN/PIN):
Engine Make:	Engine Model:
Engine Model Year:	Advertised Horsepower Rating:
Engine Serial Number:	EPA Engine Family Name:
Current Hour Meter Reading:	Fleet ID No.
Engine Tier: <input type="checkbox"/> Tier 0 <input type="checkbox"/> Tier 1 <input type="checkbox"/> Tier 2 <input type="checkbox"/> Tier 3	Is the equipment powered by a Diesel engine? <input type="checkbox"/> Yes <input type="checkbox"/> No

**Tractor Information (currently pulling PTO Harvesters)**

Tractor Make:	Tractor Model:
Tractor Model Year:	Product Identification number (VIN/PIN):
Engine Make:	Engine Model:
Engine Model Year:	Advertised Horsepower Rating:
Engine Serial Number:	EPA Engine Family Name:
Current Hour Meter Reading:	Fleet ID No.:
Engine Tier: <input type="checkbox"/> Tier 0 <input type="checkbox"/> Tier 1 <input type="checkbox"/> Tier 2 <input type="checkbox"/> Tier 3 <input type="checkbox"/> Tier 4	Is the equipment powered by a Diesel engine? <input type="checkbox"/> Yes <input type="checkbox"/> No

**New Equipment Information**

Equipment Make:	Equipment Model:
Equipment Model Year:	EPA Engine Family Name:
Engine Make:	Engine Model:
Engine Model Year:	Advertised Horsepower Rating:
Engine Tier: <input type="checkbox"/> Tier 0 <input type="checkbox"/> Tier 1 <input type="checkbox"/> Tier 2 <input type="checkbox"/> Tier 3	Is the equipment powered by a Diesel engine? <input type="checkbox"/> Yes <input type="checkbox"/> No
Total Cost of New Equipment:	Have you applied for and received any District funds for your fleet since January 1, 2017? <input type="checkbox"/> Yes <input type="checkbox"/> No

**Dealer Information**

Dealership Name:	Contact Name:
Phone Number:	Email:

**Funding Disclosure**

Applicants are required to disclose any funding they have applied for or received from any other source for this project. Other sources may include, but are not limited to, the USDA EQIP, CARB, US. EPA, and private sources. Additionally, if you intend to apply for additional funding, this information must be disclosed. Receiving funding from other sources for this project does not necessarily preclude you from applying for or receiving funding through YSAQMD.

Applicant certifies:   ☐Yes, I have applied for funding from other sources.  
                                  ☐No, I have not applied and will not apply for funding from other sources.

If yes, provide the Source, Program and Project/Application Number and Funding amount applied for or awarded.

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**Required Attachments to Application:**

- ☐ Completed and signed Form W-9
- ☐ Proof of equipment ownership for at least 24 months (bill of sale, tax records, insurance)
- ☐ Photos of Existing Equipment (including VIN/EIN, Odometer, and Engine Plate)
- ☐ 24 months of complete historical usage (hour meter readings, fuel logs, employee logs)
- ☐ Dated and itemized quote for new equipment with warranty information
- ☐ Executive Order for new engine

**If selected, Applicant agrees to provide and will be ineligible to receive funding if not able to produce the following:**

- ☐ Proof of general liability insurance

☐ Proof of workers' compensation or certification that applicant does not have employees

#### **APPLICATION STATEMENT OF TERMS AND CONDITIONS**

1. I have legal authority to apply for grant funds for the equipment described in this application.
2. The proposed project is not required to be implemented by any local, state, and/or federal rule, regulations, or other legally binding requirement.
3. No replacement engines/equipment have been purchased and no work on this project has begun or will begin until the Grant Agreement is fully executed by the District.
4. I understand the grant will pay for a portion of the total costs and I must retain copies of receipts and cancelled checks to prove that I paid my share of the costs.
5. I understand there are conditions placed on receiving a grant and agree to refund the grant (or a pro-rated portion) if it is found that at any time I do not meet those conditions.
6. I understand I must complete the equipment purchase specified in the application no later than the period of performance stated in the Grant Agreement. This deadline may be extended for cause if requested by the applicant and approved in writing by the District.
7. I understand that any new self-propelled equipment must have no more than 250 hours on the hour meter at the time of purchase, will serve the same function, and perform the same work equivalent as the old equipment.
8. I have attached records, fuel receipts, logs, or operating hour documentation that validates the historic operation of the baseline equipment for at least the previous 24 months.
9. I understand that any existing baseline engine or equipment which has been replaced as part of this program must be permanently destroyed and rendered useless. This work shall be documented by the District.
10. I understand that both the existing equipment has, and the new replacement equipment will operate within the District as provided above.
11. I understand that I must submit reports annually to the District through the life of the project.
12. I understand that projects funded by this program will not be used as marketable emission reduction credits, to offset any emission reduction obligation, or for credit under any federal or state emission averaging, banking or trading program. In addition, projects funded through this program may not be used to generate a compliance extension or extra credit for determining regulatory compliance.
13. I certify that the proposed project has not received funding or is not under agreement with any other air district, ARB, or any other public agency. Any current financial incentive that directly reduces the project cost; including tax credits or deductions, grants, or other public financial assistance for the same engine or equipment; must be disclosed to the District.
14. I certify under penalty of perjury that I will not accept a grant from any other local, state or federal agency, including any funding from the Natural Resources Conservation Service (NRCS), for the equipment on this application.
15. I understand that a tamperproof non-resettable digital hour meter/odometer must be installed and maintained in operating condition on all equipment.
16. I understand the District has the right to conduct unannounced inspections to ensure the project equipment is fully operational and at the activity level committed to in the grant agreement.
17. I understand that an IRS Form 1099 will be issued to me for the incentive funds received under the District Program. I understand that it is my responsibility to determine the tax liability associated with participating in District Programs.
18. I certify to the best of knowledge that the information contained in this application is true and correct.

I agree to the above statements.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Representative's Name (Print)

\_\_\_\_\_  
Title



**YOLO-SOLANO AIR QUALITY MANAGEMENT DISTRICT  
OFF-ROAD EQUIPMENT REPLACEMENT APPLICATION  
REGULATORY COMPLIANCE STATEMENT**

**Disclosure Statement**

As a YSAQMD grant program applicant/participant, I declare that \_\_\_\_\_  
(Company Name)

is in compliance with, will remain in compliance with, and does not have any outstanding, unresolved, or unpaid Notice of Noncompliance (NON), Notice of Violation (NOV), or citations for violations of any federal, State and local air quality regulations including, but not limited to, the following:

Cargo Handling Equipment Regulation  
Commercial Harbor Craft Regulation  
Drayage Truck Regulation  
In-Use Off-Road Diesel Vehicle Regulation  
Marine Shore Power Regulation  
Portable Diesel Airborne Toxic Control Measure

Public Agency and Utility Rule  
Sleeper Berth Truck Idling Regulation  
Solid Waste Collection Vehicle Regulation  
Stationary Engine Airborne Toxic Control Measures  
Statewide Truck and Bus Regulation  
Transit Fleet Rule

**By signing below and submitting this application, I understand and acknowledge grant requirements and I hereby certify under penalty of perjury that the information in the application and attachments is accurate and true.**

Authorized Signature:	Date:
Authorized Representative's Name (Print):	Authorized Representative's Title:
Legal Owner's Name:	Company Name:
Mailing Address:	City/State/Zip:
Physical Address of Equipment (if different):	City/State/Zip:
Phone:	Email:

Fact sheets and additional information on the regulations are available at <https://www.arb.ca.gov/permits/permits.htm> or by calling CARB's diesel hotline at 866-6DIESEL (866-634-3735). To obtain these documents in an alternative format or language please call (866) 634-3735.