



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

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

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

Existing Equipment Information

Equipment Address:	
City:	Zip:
Equipment Type: (examples: ag tractor, pull behind harvester, etc.)	
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

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 4 <input type="checkbox"/> Tier 4 Final <input type="checkbox"/> Electric	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

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.

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 it is my responsibility to ensure that all technologies are either verified or certified by CARB to reduce NOx, and/or PM pollutants.
8. I have attached records, fuel receipts, or 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 the existing baseline engine may not be removed from the vehicle, equipment, or vessel until the manufacturer's permanently marked serial number is documented by District inspection or a District tamperproof tag is affixed on the engine that ensures the engine's identity can be verified after removal.
10. I understand that any existing baseline engine or equipment which has been replaced using District Program funds must be permanently destroyed and rendered useless. This work shall be documented by the District.
11. I understand that both the existing equipment has, and the new replacement equipment will operate within the District as provided above.
12. I understand that I must submit reports annually to the District through the life of the project.
13. I understand I will be prohibited from applying for any form of emission reduction credits for District funded vehicles/engines including: Emission Reduction Credit (ERC), Mobile Source Emission Reduction Credit (MSERC), and/or Certificate of Advanced Placement (CAP), for all time, from the District, CARB, any/or any other district.
14. I certify that the proposed project has not been funded and is not being considered for Carl Moyer Program, Community Air Protection Incentive or FARMER funds by another air district or any other public agency.
15. I understand that disclosure is required of the value of any current financial incentive that directly reduces the project price, including tax credits or deductions, grants, or other public financial assistance.
16. I understand that a Global Positioning System (GPS) unit may be required to be installed on equipment if the District ascertains during the application process that the grant equipment has the potential of operating outside the boundaries of the District for a significant portion of the project life. I will submit data as requested and otherwise cooperate with all data monitoring and reporting requirements.
17. I understand that a tamperproof non-resettable digital hour meter/odometer must be installed and maintained in operating condition on all equipment.
18. 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.
19. I certify that the requested funds do not include administrative costs. Administrative costs are defined as costs related to application preparation and submittal, project administration, monitoring, oversight, data gathering, and report preparation. I will include funds necessary to cover administrative costs and any required matching funds in my budget for the duration of the project.
20. I understand that an IRS Form 1099 will be issued to me for the incentive funds received under any District Program. I understand that it is my responsibility to determine the tax liability associated with participating in District Programs.
21. I have signed and submitted to the District a CARB Regulatory Compliance Statement certifying that my company is, or I am in compliance with all federal, state, and local air quality rules and regulations at the time of application submittal.
22. 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 | Public Agency and Utility Rule |
| Commercial Harbor Craft Regulation | Sleeper Berth Truck Idling Regulation |
| Drayage Truck Regulation | Solid Waste Collection Vehicle Regulation |
| In-Use Off-Road Diesel Vehicle Regulation | Stationary Engine Airborne Toxic Control Measures |
| Marine Shore Power Regulation | Statewide Truck and Bus Regulation |
| Portable Diesel Airborne Toxic Control Measure | 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.