

# Colusa County Air Pollution Control District (District)



## Agricultural Irrigation Pump Engine Application

- Carl Moyer Memorial Air Quality Standards Attainment Program (CMP)**
  - Agricultural irrigation pump engines (*Stationary and Portable*)
  
- California Air Pollution Control Officers Association (CAPCOA) Moyer Rural Assistance Program (RAP)**
  - Agricultural irrigation pump engines (*Stationary and Portable*)

\* If an application is denied funding through the Carl Moyer Program, the District will submit the application to the Rural Assistance Program at the applicant's request. **Please check the box below for authorization.**

- If denied funding through the Carl Moyer Program, I authorize the District to submit this application to the Rural Assistance Program.**

### To apply for incentive grant funds for MULTIPLE engines:

- Fill out section **D** for each additional engine.
- The District will accept applications for 1-1, 2-1, and 3-1 projects.

## A. Applicant Information

Organization, Company or Proprietor's Name (as it appears on Form W-9):		
Equipment Address:		
City:	State:	Zip Code:
Mailing Address (if different from above):		
City:	State:	Zip Code:
First and Last Name:	Contact Title:	Phone Number:
Fax Number:	Email Address:	Alternate Phone Number:
Person with Signing Authority:		Signing Authority Title:

## B. Funding Disclosure

Have any engine(s) listed in this application applied for or have been awarded Carl Moyer Program funding or other grants? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If "Yes", complete the following for each engine or vehicle:		
Agency applied to:	Date applied:	Funding Amount:
Current (Old) Engine Serial Number:	Status of application: <input type="checkbox"/> approved <input type="checkbox"/> denied	

## C. Project Activity Information

Project Name:
Equipment Type:
Estimated Annual Hours of Operation:
List air district(s) in California in which the equipment operated and percent of operation in each:
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 <b>ineligible</b> for funding.
Is this equipment Operational? <input type="checkbox"/> Yes <input type="checkbox"/> No, this equipment is <b>ineligible</b> for funding.
Will the equipment have a functioning hour meter? <input type="checkbox"/> Yes <input type="checkbox"/> No, <b>ineligible</b>

**D. Current (Old) Engine Information**

Engine Function:	
Engine Type: <input type="checkbox"/> Stationary <input type="checkbox"/> Portable	
Engine Make:	Engine Model:
Engine Model Year:	Engine Serial Number:
Engine Horsepower:	Engine Family Name <i>(if available)</i> :
Engine Tier: <input type="checkbox"/> Uncontrolled, Tier 0 <input type="checkbox"/> Tier 1 <input type="checkbox"/> Tier 2 <input type="checkbox"/> Tier 3/4 ( <b>Ineligible</b> )	
Fuel Type: <input type="checkbox"/> Diesel <input type="checkbox"/> Gasoline ( <b>Ineligible</b> ) <input type="checkbox"/> Propane ( <b>Ineligible</b> )	

**E. Replacement (New) Engine Information**

Engine Function:	
Engine Type: <input type="checkbox"/> Stationary <input type="checkbox"/> Portable	
Engine Make:	Engine Model:
Engine Model Year:	Engine Serial Number <i>(if available)</i> :
Engine Horsepower:	Engine Family Name <i>(if available)</i> :
Engine Tier: <input type="checkbox"/> Tier 3 (flex) <input type="checkbox"/> Tier 4 Alt NOx <input type="checkbox"/> Interim Tier 4 <input type="checkbox"/> Tier 4 Final	
Fuel Type: <input type="checkbox"/> Diesel <input type="checkbox"/> Propane <input type="checkbox"/> Other:	
Total Cost of New Engine:	Tax Rate:

**F. Location** *(Please provide a sketch of the location of the engine(s))*

<u>MAP</u>
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## G. Dealership Information

Dealership Name:		
Address:		
City:	State:	Zip Code:
Contact Name:	Phone Number:	Email:

## H. Third Party Information

This section **must be completed** if any part of the application was filled out on your behalf by a third party. Please sign and date.

Contact Name:	Title:
Business Name:	Phone Number:
Cost of Services ( <i>not eligible for funding</i> ):	Source of Funds to Pay for Third Party Services:

**I hereby certify that all information provided in this application and any attachments are true and correct to the best of my knowledge, and the District funds may not be utilized to compensate me for my services.**

\_\_\_\_\_  
Third Party Signature

\_\_\_\_\_  
Date

## Certifications

By initialing each of the following sections below, I certify to the statements and agree to adhere to the terms and conditions described:

Initial \_\_\_\_\_ 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.

Initial \_\_\_\_\_ The new replacement engine will be operated at least seventy-five percent (75%) of the engine's annual hours of operation within Colusa County boundaries.

Initial \_\_\_\_\_ I will comply with the reporting requirements and keep appropriate records through the full term of the agreement of the project, as determined by the District and ARB.

Initial \_\_\_\_\_ The District will pay **up to 85%** of the eligible incentive amount. The District has the authority to reduce the percentage at its discretion. Additionally, the incentive amount may be reduced after the claim for payment has been finalized, depending on all eligible items invoiced.

Initial \_\_\_\_\_ I agree not to purchase or install the new engine prior to agreement execution.

**I hereby certify that all information provided in this application and any attachments are true and correct to the best of my knowledge.**

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

## **Application Packet Checklist**

A complete application packet includes the following items:

**Completed Application**, which include the following:

- Completed Third Party Information section (*if applicable*)
- Completed Certifications section, initialed and signed
- Executive Order (*if available*)

Dated and itemized dealer **quote** for the new reduced-emission engine and eligible equipment. The quote must, at a minimum, include the following:

- The applicant/organization name and address.
- The engine dealer name and address
- The engine make, model, model year, horsepower, and engine family name.

**Please return all completed applications to:**

**Casey Ryan**

**Colusa County Air Pollution Control District**

**100 Sunrise Blvd., Suite F Colusa, Ca 95932**

**Phone: (530) 458-0583 ● Fax: (530) 458-3789**

**Email: [cryan@countyofcolusa.com](mailto:cryan@countyofcolusa.com)**