

# Colusa County Air Pollution Control District (District)



## Off-Road Equipment Replacement Application

### Funding Agricultural Replacement Measures for Emission Reductions (FARMER)

- Off-road equipment and repower projects  
*(Tractor and other Agricultural Farm Equipment)*

### California Air Pollution Control Officers Association (CAPCOA) Moyer Rural Assistance Program (RAP)

- Off-road equipment and repower projects  
*(Tractor and other Agricultural Farm Equipment)*

\* If an application is denied funding through the FARMER 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 FARMER Program, I authorize the District to submit this application to the Rural Assistance Program.**

**To apply for incentive grant funds for MULTIPLE equipment:**

- 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 engines or equipment 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: (e.g. agricultural tractor, forklift, on-road truck, utv, etc.)
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 engine have a functioning hour meter? <input type="checkbox"/> Yes <input type="checkbox"/> No, <b>ineligible</b> for funding

**D. Current (Old) Off-Road Equipment Information**

Equipment Make:	Equipment Model:
Equipment Model Year:	Equipment Identification Number (VIN)
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) Off-Road Equipment Information**

Equipment Make:	Equipment Model:
Equipment Model Year:	Equipment Identification Number (VIN)
Engine Make:	Engine Model:
Engine Model Year:	Engine Serial Number ( <i>if available</i> ):
Engine Horsepower:	Engine Family Name:
Engine Tier: <input type="checkbox"/> Final Tier 4 <input type="checkbox"/> Other ( <b>Ineligible</b> or require justification from dealer)	
Total Cost of New Equipment:	Tax Rate:
Funding <b>up to 80%</b> of total cost with <b>\$100,000.00</b> max limit.	

**F. Dealership Information**

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

**G. 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 equipment will be operated at least seventy-five percent (75%) of the equipment 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 80%** 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 the new equipment 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)**