

Colusa County Air Pollution Control District (District)



On-Road Heavy-Duty Truck Replacement Application

Funding Agricultural Replacement Measures for Emission Reductions (FARMER)

- On-road heavy-duty truck replacement and repower projects

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:
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 ineligible for funding.
Is this equipment Operational? <input type="checkbox"/> Yes <input type="checkbox"/> No, this equipment is ineligible for funding.
Will the engine have a functioning hour meter? <input type="checkbox"/> Yes <input type="checkbox"/> No, ineligible for funding

D. Current (Old) Truck Information

VIN Number:	License Plate Number:	Fleet ID:
Truck Make:	Truck Model:	Truck Model Year:
GVWR: _____ lbs.	Miles Driven Per Year:	Odometer Reading:
Is this truck subject to a CARB Truck and Bus Regulation mileage limitation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many miles? <input type="checkbox"/> 1,000 <input type="checkbox"/> 10,000		
What type of Ag. Products do you haul?		
Engine Make:	Engine Model:	Engine Model Year:
Engine Serial Number:	Engine Family Name:	Fuel Type: <input type="checkbox"/> Diesel <input type="checkbox"/> Natural Gas
Engine Duty Cycle: <input type="checkbox"/> HHD <input type="checkbox"/> MHD <input type="checkbox"/> LHD		
Is a diesel particulate filter installed on the truck? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes: Date of installation: _____ Level _____		

E. Replacement (New) Truck Information

Truck Make:	Truck Model:	Horsepower:		
Engine Make:	Engine Model:	Engine Family Name:		
Cost of Replacement Truck:				
Fuel Type: <input type="checkbox"/> Diesel <input type="checkbox"/> Natural Gas <input type="checkbox"/> Other:				
Odometer Reading: _____ <input type="checkbox"/> Dash <input type="checkbox"/> Hub				
<input type="checkbox"/> Class 8 (33,001 lbs. or greater)	<input type="checkbox"/> Class 7 (26,001 – 33,000 lbs.)	<input type="checkbox"/> Class 6 (19,501 – 26,000 lbs.)	<input type="checkbox"/> Class 5 (16,001 – 19,500 lbs.)	<input type="checkbox"/> Class 4 (14,001 – 16,000 lbs.)

- New or used truck with 2012 or newer engine that meets 2010 emission standards of 0.20 g/bhp-hr NOx
- Mileage Limitations for used trucks:
 - Class 8: less than 650,000 miles
 - Class 7: less than 350,000 miles
 - Class 4-6: less than 25,000 miles

F. Retrofit Projects Information

ARB-verified Retrofit Device Name:	Retrofit Device Make:
Retrofit Device Model:	Executive Order:
Family Name:	Serial Number:
Verification Level: <input type="checkbox"/> LEVEL 1 <input type="checkbox"/> LEVEL 2 <input type="checkbox"/> LEVEL 3	
ARB-verified NOX Reduction (%):	ARB-verified PM Reduction (%):
ARB-verified ROG Reduction (%):	Retrofit Device Cost:
Cost of Retrofit Installation:	Cost of Retrofit Maintenance for Project Life:

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 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

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