



# Off-Road Repower or Retrofit 2018 PROGRAM ELIGIBILITY

For more information  
please contact the APCD at  
805-781-5912

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## 1. Funding Opportunity Limitations:

- Grant-funded projects must be completed at least 3 years in advance of any emission-reduction requirements of the ARB Off-Road Regulation (2 years for small fleets).
- Exempt Agricultural Equipment as defined in the Off-Road Regulation currently has no time limitation on funding eligibility.

## 2. Maximum Eligible Funding Amounts:

- Funding is available for up to 65% of eligible costs of the new engine, Verified Diesel Emission Control Systems (VDECS), and installation, subject to the cost-effectiveness limit and maximum award amounts stipulated in the RFP.
- Eligible costs are defined as the purchase price and installation cost of the replacement engine, the purchase price and installation cost of the VDECS, taxes and reasonable delivery charges.

## 3. Existing Engine Requirements:

- Existing propulsion engines greater than 25 horsepower on mobile off-road equipment owned by a company with a physical address in SLO County are eligible for funding. Auxiliary engines on mobile equipment and portable engines are not eligible for funding.
- Old equipment must be registered, if required by ARB regulation (e.g. Diesel Off-road On-line Reporting System), and fleet must be in compliance with all applicable rules and regulations, including the ARB Off-Road Regulation. All stationary or portable diesel engines 50 horsepower or more must be registered with or permitted by the APCD.
- Repowered old engines must be delivered to an approved salvage yard and destroyed. See the current list at: [www.slocleanair.org/community/grants/moyer.php](http://www.slocleanair.org/community/grants/moyer.php).

## 4. Replacement Engine Requirements:

- Replacement engine must meet Tier 4 final emission standards. If such engines are unavailable, contact the APCD for alternative considerations.
- VDECS retrofits must be ARB verified level 3 or cleaner.
- Replacement engine must be equipped with a fully operational, non-resettable hour meter.
- The applicant must ensure that repower or retrofit installations are completed in a manner such that they void neither the engine or retrofit warranty provided by the manufacturer nor any remaining warranty provided by the equipment/vehicle manufacturer.

**For more information regarding Off-Road Repower or Retrofit grants contact Meghan Field at: 805-781-1003 or [mfield@co.slo.ca.us](mailto:mfield@co.slo.ca.us).**

This information is a summary. The full program requirements are available from the California Air Resources Board (ARB) at [www.arb.ca.gov/msprog/moyer/guidelines/current.htm](http://www.arb.ca.gov/msprog/moyer/guidelines/current.htm).





# Off-Road Repower/Retrofit 2018 APPLICATION CHECKLIST

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Applicant Information	Dealer Information
Company name:	Dealership company:
Contact name:	Dealer rep:
Phone:	Phone:
Fax:	Fax:
E-mail:	E-mail:
<i>Option: Attach business card</i>	<i>Option: Attach business card</i>

✓	<b>Application Requirements</b>
<input type="checkbox"/>	<b>Completed Application:</b> Complete and submit this checklist and ALL application pages, sign and date in ink.
<input type="checkbox"/>	<p><b>Price Quotes and Spec Sheet:</b> For the engine, retrofit device or other equipment, material and labor quotes must be provided by the engine manufacturer, manufacturer-approved dealer, or an installation professional.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Itemized quote of the parts, tax, shipping costs and labor to complete the project. Labor must be broken down by hourly rate and expected hours to complete the project.</li> <li><input type="checkbox"/> Copy of ARB Emissions Executive Order for new engine and/or retrofit device.</li> <li><input type="checkbox"/> Manufacturer's specification sheet for the new engine, retrofit device or other equipment.</li> <li><input type="checkbox"/> Installer must complete and sign section G, "System Engineering" of application.</li> </ul>
<input type="checkbox"/>	<p><b>Applicant's Business Structure:</b> Provide one of the following, depending on the structure of your business:</p> <ul style="list-style-type: none"> <li>• Articles of Incorporation and specific documentation identifying the officers for the corporation</li> <li>• Partnership agreement</li> <li>• Sole proprietors provide a signed W9 form and a copy of a photo ID.</li> <li>• Other business structure documentation not listed above</li> </ul>
<input type="checkbox"/>	<b>DOORS Report:</b> Attach report from ARB Diesel Off-road, On-line Reporting system, if required (see application section B).
<input type="checkbox"/>	<b>Signature Delegation Letter:</b> If the owner, partner or corporate officer will not be signing the contract, then they must provide a letter naming and authorizing another individual to sign the grant contract and other documents on behalf of the business. General partnerships please provide a letter of authorization for the signing partner, signed by the non-signing partner(s).



<input type="checkbox"/>	<b>W-9 Form:</b> Complete and submit IRS form W-9, available from the IRS web site: <a href="http://www.irs.gov/pub/irs-pdf/fw9.pdf">www.irs.gov/pub/irs-pdf/fw9.pdf</a> . APCD will issue form 1099 as required by law.
<input type="checkbox"/>	<b>Annual Usage:</b> Include documentation of the engine hours for at least the twenty-four (24) month period immediately prior to the application date. More than 24 months' usage can be considered if the average over that period is more indicative of future usage. Acceptable documentation includes: copies of operation or maintenance records showing engine hours and dates. Limited documentation or other circumstances will be considered on a case-by-case basis.
<input type="checkbox"/>	<b>Certificates of Insurance:</b> Provide current certificates of insurance with your application as evidence of coverage for General Liability and Workers' Compensation*. <i>* If the Applicant is exempt from the requirement of maintaining workers' compensation insurance, provide evidence of such exemption.</i>
<input type="checkbox"/>	<b>Applications completed by someone other than Applicant:</b> If compensated for completing the application on the owner's/company's behalf, then attach details on the source of payment and the amount paid.

	<b>Additional Application Requirements, if your project is selected for funding</b>
<input type="checkbox"/>	<b>Certificates of Insurance:</b> Funded projects will be required to provide certificates of insurance endorsing the APCD as additionally insured for this project for General Liability and Property Insurance that covers the replacement cost of the new equipment. When these policies, as well as your Workers' Compensation policy are renewed or changed, updated certificates must be submitted to the APCD until the Grant Agreement expires.





# Off-Road Repower/Retrofit 2018 APPLICATION FORM

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**Please fill out one application for each engine or piece of equipment. Please print clearly or type all information on this application.**

## A. APPLICANT INFORMATION

1. Company or organization name:			
2. Business type:			
3. Contact name and title:			
4. Person who filled out funding application:			
5. Person with contract signing authority (if different from above):			
6. Business mailing address and contact information:			
Street:			
City:	County:	State:	Zip code:
Phone for project contact: (    )		Fax: (    )	
Cell: (    )	E-mail:		
7. Project address (if different from above):			
8. How many engines are being applied for? (Use a separate application for each)			

### Third Party Certification

**I have completed the application, in whole or in part, on behalf of the applicant.**

Print name of third party:	Title:
Signature of third party:	Date:
Amount paid to third party:	Source of funding to third party:



## B. FLEET INFORMATION

Does your fleet operate exclusively (100%) in agricultural operations as defined in the ARB Off-Road Regulation?  
 Yes       No

If **yes**, skip to section **C**; if **no**, then:

1. Attach a report from the ARB Diesel Off-road On-line Reporting System ("DOORS"), indicating your fleet ID and listing the ARB-assigned Equipment Identification Number (EIN) for each off-road vehicle or equipment in the company's fleet, the fleet size information (total horsepower), as well as the DOORS "compliance snapshot" for the company's fleet. Indicate the EIN of any equipment which has received a previous grant of public funds. By signing this application, you certify that all of the information provided from DOORS is accurate and complete; and,

2. Does your off-road fleet operate solely in the following counties:

San Luis Obispo

Santa Barbara

Yes       No

Monterey

Santa Cruz

San Benito

If **yes**, will you claim your fleet a Captive Area Attainment  
fleet for the State Off-Road Regulation

Yes       No

## C. PROJECT INFORMATION

1. Equipment type and function:

2. Equipment make:

3. Equipment model:

4. Equipment model year:

5. Equipment serial number:

6. Number of main engines on this equipment:

7. Number of auxiliary engines on this equipment:

8. Percent operation in San Luis Obispo County for this piece of equipment:

9. Percent operation in California for this piece of equipment:

10. Public Funding Disclosure: Will the applicant apply for any other grants or public financial assistance for this project?

Yes       No

**Note:** APCD will determine the historical annual usage for this equipment from documentation submitted with this application.



### D. REPOWER PROJECTS (Engine Replacement)

	Existing (Baseline) Engine	New Engine
1. Make:		
2. Model:		
3. Model year:		
4. Serial number:		
5. Hour Meter Reading:		
6. Fuel type:		
7. Horsepower:		
8. Engine tier (if known):		
9. Engine family # (if known):		
10. Quoted cost for the repower. Quote must be itemized, including tax, shipping and hourly labor rate:  \$ _____	<p><b>Note:</b> APCD will determine grant award amount and applicant cost share for the project from the quote and other documentation submitted with this application.</p>	

### E. RETROFIT PROJECTS (Filter & Catalyst Installation)

1a. Engine make:	b. Engine model:	c. Engine year:
d. Engine horsepower:	e. Engine serial number:	f. Engine tier:
g. Engine family number:		
2. ARB - Verified retrofit device make and model:		
3. Retrofit device ARB executive order number:		
4. Retrofit device serial number (if available):		
5. Quoted cost for the retrofit. Quote must be itemized, including tax, shipping and hourly labor rate:  \$ _____	<p><b>Note:</b> APCD will determine grant award amount and applicant cost share for the project from the quote and other documentation submitted with this application.</p>	



## F. OTHER INFORMATION

### Agricultural Engine Registration

All stationary or portable agricultural diesel engines 50 horsepower or more (water well pumps, booster pumps, irrigation engines, generators, etc.) must be registered with or permitted by the APCD. Please list information for any of these engines residing on the property in the fields below. If the registration number is unknown, please list the owner or entity name under which it is registered. (Do not list the project engine. Use additional sheet if necessary.)

Engine Make	Engine Model Year	Registration or Permit Number

### Maintenance

Describe your maintenance facility and practices, including any training regarding the low-emission technology. If the training has not been completed, provide a time line for completion.

### Refueling

Describe how and where the vehicle will be refueled (e.g. on-site, existing facility, mobile/skid mounted equipment, etc.)



**Engine dealer or repower specialist must complete this section.**

**G. SYSTEM ENGINEERING**

By signing below, I certify the following:

1. The engine(s) and/or retrofit(s) have been appropriately selected for the application and are original equipment manufacturer (OEM) parts or, if not OEM, are functionally equivalent to OEM parts with regard to emissions, durability, warranty and safety.
2. Only necessary and applicable engine accessories and support systems have been included as part of the project and are appropriately selected for the application and the engine(s).
3. I have provided or will provide the applicant with the manufacturer's maintenance and operation specifications and manuals for the equipment proposed in this application.
4. I warrant that the installation work, as proposed in this application, will be completed in a workmanlike manner and meet or exceed manufacturer's specifications and requirements. All manufacturers' warranties on equipment installed or affected by this installation will be in full force and effect.

Printed name of engine dealer/repower specialist:

Signature of engine dealer/repower specialist:

Date:





**H. APPLICANT'S STATEMENT – To be signed by company representative with contract signing authority**

- ❖ I hereby make an application to the San Luis Obispo County Air Pollution Control District (APCD) for emission reduction incentive funding and I understand and agree to the following:
  - In order to receive incentive funds, I must enter into a Grant Agreement (contract) with the APCD and that there will be conditions placed upon receiving the grant award. I agree to refund the grant award, or a portion thereof as specified in the Grant Agreement, if it is found that at any time I do not meet those conditions and if directed to do so by the APCD or the California Air Resources Board (ARB).
  - I will not place orders, make purchases or begin any work associated with this project until notified by the APCD that all parties have signed the project's Grant Agreement and it is effective.
  - The replacement equipment and any certified emission system must operate in a manner consistent with historic usage of the old equipment, with at least 75% of operation in California, for the life of the Grant Agreement.
  - All information provided with this application will be used by the APCD and/or ARB to evaluate the eligibility of this application to receive incentive funds. APCD/ARB will at its sole discretion determine which program funds, if any, will be used for this project. APCD/ARB staff reserves the right to request additional information of the applicant and can deny the application if such requested information is not provided. APCD will contact applicants who submit incomplete or illegible applications and work with them to complete the application. If the applicant does not respond within 30 days, the application will be suspended; in such cases, the applicant can petition the APCD to re-initiate the application if they supply the previously identified missing information. The APCD may require the applicant to provide updated information.
  - Grant programs have limited funds and will terminate upon depletion of program funding. The APCD will honor projects that have been contracted, but are under no obligation to honor applications prior to contracting.
  - The APCD will issue IRS form 1099 to grant recipients as required by law. It is the grant recipient's responsibility to determine their tax liability associated with their participation in the grant program.
  - The old equipment specified in this application will be delivered to an APCD-approved salvage yard to be permanently removed from service and destroyed within 14 days of the delivery of the new replacement equipment.
- ❖ I have reviewed the information contained in this application and all attachments. I certify under penalty of perjury that the information contained in this application, including all attachments and the following statements, is complete, accurate and correct:
  - If the proposed project has been or may be considered for funding by any air district, the ARB, or any other public agency, then I have disclosed the specifics to the APCD.
  - The applicant entity is in compliance and will remain in compliance with all applicable federal, state, and local laws, air quality rules and regulations, and the applicant entity does not have any outstanding/unresolved/unpaid Notices of Violation (NOV) or citations for violations of any federal, state or local air quality regulation.
  - I have the legal authority to apply for incentive funding for the entity described in this application.
- ❖ I agree to the above statements by signing below.

Printed name of company representative with contract signing authority:	Title:
Signature:	Date:

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