

## APPLICATION REQUIREMENTS CHECKLIST

	<p><b>Completed Application:</b> If the owner, partner or corporate officer will not be signing the Grant Agreement, please provide a letter naming and authorizing another individual to sign the grant agreement and other documents on behalf of the business.</p>
	<p><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>. AVAQMD will issue form 1099 as required by law.</p>
	<p><b>Participating Dealer Quote &amp; Supporting Documents for New Equipment:</b> New equipment must be purchased from a District approved dealer. (Equipment and parts are eligible for funding only if they are required to ensure the effective installation and functionality of the equipment/engine.)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Quote for the new equipment, itemizing all standard equipment and options, including tax and delivery.</li> <li><input type="checkbox"/> Evidence of warranty with minimum parts and labor coverage on engine and drive train for 1 year, 1600 hours. Warranty costs are not eligible for grant funding.</li> <li><input type="checkbox"/> Optional: An itemized quote of the parts and labor necessary to install the highest level ARB verified retrofit device available on the new engine.</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 equipment, engine, and/or retrofit device.</li> </ul>
	<p><b>Annual Usage:</b> Include documentation of the equipment usage 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. Engine hour documentation is preferred. Please provide at least one of the following types of usage documentation:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Hour meter reading log collected at minimum of once per year from an installed and fully functioning hour meter, or;</li> <li><input type="checkbox"/> Historical fuel usage documentation specific to the old equipment. Documentation must include fuel logs, purchase receipts, or ledger entries, or;</li> <li><input type="checkbox"/> At least two items from the following list:             <ul style="list-style-type: none"> <li>◆ Revenue and usage records that identify operational, standby, and down hours for the equipment;</li> <li>◆ Employee timesheets linked to specific equipment use;</li> <li>◆ Preventative maintenance records tied to specific hours of equipment use;</li> <li>◆ Repair work orders specific to the equipment;</li> <li>◆ Six months of tracking normal equipment usage with a functional, tamper proof hour meter with prior District approval</li> </ul> </li> </ul> <p>Limited usage documentation or other circumstances will be considered on a case-by-case basis. Prior to contracting, the District will conduct a pre-inspection of the old equipment to verify its operational status.</p>

	<b><u>AVAQMD Inspection of Existing Equipment:</u></b> Arrange with the District an on-site inspection of the existing equipment.
	<b><u>Proof of Existing Equipment Ownership and Residency in CA (2 years):</u></b>  <input type="checkbox"/> Bill of sale for existing equipment; and  One of the following: <ul style="list-style-type: none"> <li>◆ Tax depreciation logs</li> <li>◆ Property tax records</li> <li>◆ Equipment insurance records</li> <li>◆ Bank appraisal for equipment</li> <li>◆ Maintenance/service records</li> <li>◆ General ledgers</li> <li>◆ Fuel records specific to existing equipment</li> <li>◆ Other:</li> </ul> If no bill of sale, must provide 2 items from list above
	<b><u>Compliance Verification:</u></b> Attach report from ARB <b>DOORS</b> Reporting System for Off-road Diesel equipment or <b>TRUCRS</b> Reporting System for On-road vehicles.
	<b><u>Certificates of Insurance:</u></b> Provide current certificates of insurance with your application as evidence of coverage for General Liability and Worker's Compensation*. <small>* If the Applicant is exempt from the requirement of maintaining workers compensation insurance, provide evidence of such exemption.</small>
	<b><u>Certificates of Insurance:</u></b> Funded projects will be required to provide certificates of insurance endorsing the District 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 Worker's Compensation policy are renewed or changed, updated certificates must be submitted to the APCD until the Grant Agreement expires.
	<b><u>Financing Documentation:</u></b> If the Grantee obtains financing to assist in the purchase of replacement equipment, full documentation of financing must be provided to the APCD. No more than the Grantee's share of the cost of the equipment may be financed.

**Loan Assistance:** Loan assistance may be available for equipment replacement through the California Capital Access Program (CalCAP). Contact your lender for eligibility requirements and to see if they participate in CalCAP. Additional information on CalCAP loans is available from the ARB at: [www.arb.ca.gov/ba/loan/off-road/off-road.htm](http://www.arb.ca.gov/ba/loan/off-road/off-road.htm) or at 866-6-DIESEL, and from the California Pollution Control Financing Authority at: [www.treasurer.ca.gov/cpcfca/calcap.asp](http://www.treasurer.ca.gov/cpcfca/calcap.asp) For a list of participating lenders, see: [www.treasurer.ca.gov/cpcfca/calcap/institutions.pdf](http://www.treasurer.ca.gov/cpcfca/calcap/institutions.pdf)

## **After Replacement Equipment is Delivered**

	<b><u>AVAQMD Inspection of New Equipment:</u></b> Arrange with the District an on-site inspection of the New equipment.
	<b><u>Salvage Certification Form:</u></b> Salvage yard must be a District approved salvage yard. Submit this form to the District within 30 days of receiving new equipment.
	<b><u>Final Invoice from Dealership:</u></b> The applicant cannot finance more than their portion of the cost of the new equipment



**Antelope Valley Air Quality Management District**  
**43301 Division Street, Suite 206**  
**Lancaster, CA 93535**  
**(661) 723-8070**

**CARL MOYER PROGRAM APPLICATION**

**All applicants must complete this form.**  
**Please print or type all information on this and any attached applications.**

APPLICANT INFORMATION											
<b>Company Name</b>					<b>Mailing Address</b>						
<b>Type of Business</b>											
<b>Contact Person</b>					<b>City</b>						
<b>Title</b>					<b>State</b>		<b>ZIP</b>				
<b>Phone Number</b>					Fill in physical address below if different from mailing address						
<b>Fax Number</b>					<b>Physical Address</b>						
<b>E-mail Address</b>					<b>City</b>						
<b>Name and title of person who will sign Agreement</b>	Name				<b>State</b>		<b>ZIP</b>				
	Title										
<b>Tax ID (Check one)</b>	<input type="checkbox"/> Federal Employers ID #						--				
	<input type="checkbox"/> Individual/Sole Proprietor						--		--		

Vehicle / Equipment / Engine Vendor Information					
<b>Contact</b>			<b>Address</b>		
<b>Company</b>			<b>City</b>		
<b>Phone</b>			<b>State</b>		<b>ZIP</b>
<b>Fax</b>			<b>E-mail</b>		

Please read each section and initial in the space provided

**NOTE: ALL PROJECTS MUST RECEIVE BOARD APPROVAL BEFORE ANY WORK CAN BEGIN. GRANTS ARE ISSUED IN THE FORM OF REIMBURSEMENT AFTER PROJECT COMPLETION.**

**PLEASE ATTACH ESTIMATES/QUOTES FOR THE PROJECT**

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## GRANT PROGRAM EVALUATION CRITERIA

There are numerous evaluation criteria which may be applied to proposals/applications for Mobile Source Emission Reductions Program (AB 2766 and AB 923) funding. Of these, certain criteria may only be applicable to specific kinds of projects. These criteria include, but are not limited to:

- Emission reductions (quantifiable)
- Experience of applicant (including community participation)
- Quantifiable vehicle miles traveled (VMT) or Single occupant vehicle reductions
- Current and continued usage/operation of existing vehicle/engine/equipment within the AVAQMD boundaries
- Number of vehicles within fleet (including average age of fleet)
- Creativity
- Proposal and/or Application completeness (format/organization/content). Please reference attached "Application Checklist".
- Cost-effectiveness
- Project cost comparison (total project costs)
- No request for administrative cost support
- Broad based support
- Applicant/grantee funding contribution toward proposed project (including disclosure of all other funding sources.
- Multi-agency cooperation
- Current compliance with any local/state/federal regulations.

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## APPLICATION STATEMENT

- I understand that in order to receive incentive funds, I must enter into a Grant Agreement (contract) with the Antelope Valley Air Quality Management District (AVAQMD) 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 AVAQMD or the California Air Resources Board (ARB).
- I shall not place orders, make purchases or begin any work associated with this project until notified by the AVAQMD that all parties have signed the project's Grant Agreement and it is effective.
- I understand that 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 and 25% in the District, for the life of the Grant Agreement.
- I certify that the new or replacement equipment will be of the same type and be used for essentially the same work as the old equipment specified in this application.
- I certify that all sources of funding applied for at the time of the Moyer program application have been stated in the Funding Disclosure Statement, and that I shall update the Funding Disclosure Statement prior to payment of Moyer funds. Any applicant who is found to have applied for or received incentive funds from another entity or program for the same project without disclosing that information shall at a minimum be disqualified from all funding sources within the control of any air district or the ARB, and may be banned by the ARB from submitting any future applications to any State Grant Program solicitations. AVAQMD and the ARB may also seek civil penalties or criminal sanctions for such non-disclosure. An applicant that is not a public entity must provide at least 15 percent of a project's eligible cost from non-public sources. The sum of project funding from all sources, including Carl Moyer Program funds shall not exceed the total project cost.
- I certify that 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 that 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 understand that all information provided with this application will be used by the AVAQMD and/or ARB to evaluate the eligibility of this application to receive Grant funds. AVAQMD/ARB will at its sole discretion determine which program funds, if any, will be used for this project. I understand that AVAQMD/ARB staff reserves the right to request additional information of the applicant and can deny the application if such

requested information is not provided. AVAQMD 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 shall be suspended; in such cases, that applicant can petition the AVAQMD to re-initiate the application if they supply the previously identified missing information. The AVAQMD may require the applicant to provide updated information.

- I understand that grant programs have limited funds and shall terminate upon depletion of program funding. The AVAQMD shall honor projects that have been contracted, but are under no obligation to honor applications prior to contracting.
- I understand that the AVAQMD 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.
- I certify that I have the legal authority to apply for incentive funding for the entity described in this application.
- I have reviewed the information contained in this application and all attachments and I certify under penalty of perjury that it is complete, accurate and correct.
- I agree to the above statements by signing below.

Printed Name of Responsible Party:	Title:
Signature of Responsible Party:	Date:

**Third Party application preparation:**

List any preparation fee and source of funding:	
Printed Name of Responsible Party:	Title:
Company:	
Signature of Responsible Party:	Date:

**PLEASE PROVIDE COMPANY INFORMATION / HISTORY (AN ATTACHMENT MAY BE PROVIDED IN LEIU OF COMPLETING THIS SECTION).**

How many years of business in the Antelope Valley:	Number of employees:
Description of business/operations:	
Description of community participation (i.e. charities, volunteer services):	

**DELIVERABLES**

**All applicants must provide the information specified on this form.**

Provide the information detailed below. Attach additional pages if necessary.

- ⊕ A program schedule, with project milestones and dates clearly identified;

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⊕ Record-keeping for the life of the funded project: Please list steps taken to ensure information is available to provide at a minimum the following reports:

1. **Status reports** until the equipment has been purchased, delivered and placed into operation. These reports shall include a discussion of any problems encountered and how they were resolved, any changes in the schedule, and recommendations for completion of the project. These progress reports are required before any payment will be made.
2. **Annual reports**, for the duration of the project life used to determine cost-effectiveness, which provides the annual hours or mileage of operation and/or amount and type of fuel used, and operational and maintenance issues encountered and how they were resolved. All equipment will be required to have a non-resettable hour meter or odometer installed. AVAQMD reserves the right to verify the information provided.

Name of Contact: \_\_\_\_\_ Title: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_



**PLEASE COMPLETE VEHICLE / EQUIPMENT INFORMATION (AN ATTACHMENT LISTING INFORMATION AS REQUESTED MAY BE PROVIDED)**

**Primary Function of Vehicle/Engine/Equipment:**

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**Equipment Type (check one):**

<input type="checkbox"/> Off Road NEW	<input type="checkbox"/> Off Road REPOWER	<input type="checkbox"/> Off Road RETROFIT
<input type="checkbox"/> On Road NEW	<input type="checkbox"/> On Road REPOWER	<input type="checkbox"/> On-Road RETROFIT
<input type="checkbox"/> Locomotive	<input type="checkbox"/> Agricultural	<input type="checkbox"/> Forklift
<input type="checkbox"/> Auxiliary Power Unit	<input type="checkbox"/> GSE	<input type="checkbox"/> Other: Describe: _____
_____		

**Annual Vehicle Usage:**

Operation within California (%):	Operation within AVAQMD Boundaries (%):
Annual Hours Spent within AVAQMD Boundaries:	
Estimated Annual Fuel Consumption:	

**Existing Vehicle Information:**

Make:	Model:	Model Year:	GVWR:
Vehicle Identification Number:	Fleet ID Number:	License Plate:	Odometer Reading: Vehicle Type:

**Existing Engine Information:**

Make:	Model:	Model Year:	Serial Number:	HP:	Hour Meter:
Fuel Type: <input type="checkbox"/> CNG <input type="checkbox"/> LNG <input type="checkbox"/> LPG <input type="checkbox"/> Diesel <input type="checkbox"/> Gasoline <input type="checkbox"/> Other:					
Engine Tier:	Engine Family #:	Total Replacement Cost:			

**New or Replacement Vehicle Information:**

Make:	Model:	Model Year:	GVWR:
Vehicle Identification Number:	Fleet ID Number:	License Plate:	Odometer Reading: Vehicle Type:

**New Engine or Retrofit System Information:**

Make:	Model:	Model Year:	Serial Number:	HP:	Hour Meter:
Fuel Type: <input type="checkbox"/> CNG <input type="checkbox"/> LNG <input type="checkbox"/> LPG <input type="checkbox"/> Diesel <input type="checkbox"/> Gasoline <input type="checkbox"/> Other:					
Engine Repower Parts Cost:	Engine Repower Labor Cost:	Total Repower Cost:			
Description of retrofit technology (REQUIRED IF CARB VERIFIED):				Retrofit Cost:	
EMU required: Installed cost + data summarization fees:					
Certified NO <sub>x</sub> Emission Level:	List any other financial incentives/programs (tax credits, deductions, grants, or other public assistance) applied to project:				
EPA Engine Family: REQUIRED					

**PLEASE ATTACH NEW OR REPLACEMENT VEHICLE/EQUIPMENT VENDOR QUOTE ALONG WITH EXECUTIVE ORDER FOR THE ENGINE (REQUEST FROM VENDOR)**

**COMPLETED W-9 FORM REQUIRED FOR REIMBURSEMENT OF GRANT AWARD**

## Request for Taxpayer Identification Number and Certification

**Give form to the  
requester. Do not  
send to the IRS.**

Print or type  
See Specific Instructions on page 2.

Name	
Business name, if different from above	
Check appropriate box: <input type="checkbox"/> Individual/ Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶ .....	
<input type="checkbox"/> Exempt from backup withholding	
Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code	
List account number(s) here (optional)	

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). **However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3.** For other entities, it is your employer identification number (EIN). If you do not have a number, see **How to get a TIN** on page 3.

Social security number

OR

Employer identification number

**Note:** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), **and**
2. I am not subject to backup withholding because: **(a)** I am exempt from backup withholding, or **(b)** I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or **(c)** the IRS has notified me that I am no longer subject to backup withholding, **and**
3. I am a U.S. person (including a U.S. resident alien).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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### Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

**U.S. person.** Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

**Note:** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Foreign person.** If you are a foreign person, use the appropriate Form W-8 (see **Pub. 515**, Withholding of Tax on Nonresident Aliens and Foreign Entities).

### Nonresident alien who becomes a resident alien.

Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

**Antelope Valley Air Quality Management District**  
**Carl Moyer Program - Application Statement**

**Please initial each item to signify that you understand and agree with each statement. If you have questions on any of the statements, please call or email Julie McKeehan, Grants Analyst, ([jmckeehan@avaqmd.ca.gov](mailto:jmckeehan@avaqmd.ca.gov)) 661-723-8070 ext. 8.**

Initials

\_\_\_\_\_ I have legal authority to apply for grant funding for the entity described in this application.

\_\_\_\_\_ The proposed project is not required to be implemented by any local, state, and/or federal rule, regulation, or other legally binding requirement.

\_\_\_\_\_ No replacement engine/equipment/vehicles have been purchased and no work on this project has begun or will begin until the Grant Agreement is approved by the Board and signed by the Executive Director.

\_\_\_\_\_ I understand that I must complete the purchase, repower, or retrofit work specified in the application no later than 18 months after approval of the Grant Agreement and will be required to submit a progress report until that work is complete. This deadline may be earlier than 18 months after approval of the Grant Agreement in cases where a regulatory deadline is approaching. This deadline may be extended in some circumstances if requested by the applicant and approved in writing by the AVAQMD.

\_\_\_\_\_ I understand that it is my responsibility to ensure that all technologies are either verified or certified by the California Air Resources Board (CARB) to reduce NOx and/or PM pollutants.

\_\_\_\_\_ I understand that any engine/equipment/vehicles being replaced under Carl Moyer Program must be permanently destroyed and rendered useless. Dismantler requirements include, but are not limited to severed frame rails and a hole in the engine block as specified in the current guidelines. This work will be documented by AVAQMD inspection.

\_\_\_\_\_ I understand that for engine replacement projects, the engine may not be removed from the vehicle/equipment until the manufacturer's permanently marked serial number is made clearly legible and inspected by AVAQMD personnel. If no serial number is legible, I will make certain that an AVAQMD representative has documented a unique indelible mark on the engine prior to removal that ensures the engine's identity can be verified after removal. Alternatively an AVAQMD representative may witness that the engine has been permanently destroyed and rendered useless before it is removed from the vehicle, equipment, or boat.

\_\_\_\_\_ I understand that there will be conditions placed upon 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. One such condition is that the amount of future annual operation must be at least 70 percent of the historical level of operation claimed in the grant application. Another condition is that at least 75 percent of the equipment's operation must be in California for the entire term of the Grant Agreement. I understand that I must document compliance with these conditions and submit reports annually.

Initials

\_\_\_\_\_ I certify that I must disclose to the Grantor/District any and all funding applications directly or indirectly submitted to any other source of funds, including but not limited to federal, state, or local agencies for the same specific equipment as listed in this application.

\_\_\_\_\_ I understand that I will be prohibited from applying for any form of emission reduction credits for Moyer-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 AVAQMD, CARB or any other Air Quality Management or Air Pollution Control District.

\_\_\_\_\_ I understand that disclosure is required of the value of any current or prospective financial incentive or other public financial assistance for the same specific equipment as listed in this application. An applicant that is not a public entity must provide at least 15 percent of a project's eligible cost from non-public sources and I shall obtain additional monies to fund the total cost of the project. The sum of project funding from all sources, including Carl Moyer Program funds shall not exceed the total project cost.

\_\_\_\_\_ I certify that the requested funding does not include administrative costs. Administrative costs are defined as costs related to project submittal preparation, 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.

\_\_\_\_\_ I will review and accept the terms of the Grant Agreement as proposed prior to signing.

\_\_\_\_\_ **I have attached records, fuel receipts or logs or mileage or operating hour documentation that can be used to validate the amount of historical operation within AVAQMD boundaries. I understand that if the amount of future annual operation is less than 70 percent of this historical level of operation, I hereby agree to abide by actions taken by the District to ensure emission benefits are realized and captured including refunding the grant, or a pro-rated portion of the grant.**

\_\_\_\_\_ I understand that engine(s) must be certified to the highest NOx and diesel particulate emission standards according to CARB and/or EPA. For engine replacement projects, an engine with a certification lower than the highest NOx and diesel particulate emission standards will have the Grantor/District approval and include a letter from the equipment manufacturer or vendor specifying the reason(s) the highest could not be made available. All engines must meet the emission standards as described in the current CMP Guidelines.

\_\_\_\_\_ I understand that all engine replacement and retrofit projects must be certified and/or verified to the current applicable emission standards. If applicable, a VDECS lower than highest level available is to be installed, a letter from the engine manufacturer is attached specifying the highest level of VDECS that can be installed on the engine and will perform in the specific engine application. The costs of this device and associated installation are eligible for funding and may be included in the project grant request. Failure to install an available VDECS will trigger the refund provisions of the Grant Agreement.

\_\_\_\_\_ I understand that an IRS Form 1099 will be issued to me for each source of funds received. I understand that it is my responsibility to determine the tax liability associated with participating in the Moyer Program.

Initials

- \_\_\_\_\_ I understand that a Global Positioning System (GPS) unit may be required to be installed on vehicles/equipment. I will submit data as requested and otherwise cooperate with all data reporting requirements.
- \_\_\_\_\_ I understand that the AVAQMD 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.
- \_\_\_\_\_ I understand that a tamper proof, non-resettable digital hour meter/odometer must be installed and maintained in operating condition on all vehicles/equipment.
- \_\_\_\_\_ I understand that all projects must achieve the current cost-effectiveness limit per weighted ton of air pollutants reduced. Pollutants included in the cost-effectiveness calculation are NOx (oxides of nitrogen), ROG (reactive organic gases) and diesel PM (particulate matter). PM is weighted by a factor of 20; (NOx + ROG + 20\*PM). AQMD staff will calculate cost effectiveness.
- \_\_\_\_\_ I understand that for ranking purposes, only emission reductions occurring in the Antelope Valley AQMD will be used to calculate cost-effectiveness.
- \_\_\_\_\_ I understand that information regarding fleet size and compliance status must be submitted at time of application submittal by providing a copy of either the Diesel Off-Road On-line Reporting System (DOORS) ID and/or the Truck Regulation Upload, Compliance and Reporting System (TRUCRS) of the fleet. All documentation submitted must be signed and dated by the applicant and include language certifying that the fleet list provided is accurate and complete.
- \_\_\_\_\_ I understand that Moyer projects are not to be used for compliance extension or credit.
- \_\_\_\_\_ I certify to the best of my knowledge that the information contained in this application is true and accurate.
- \_\_\_\_\_ I understand that third party contracts are not permitted. A third party may, however complete an application on an owner's behalf. Third parties are required to list how much compensation, if any, they are receiving to prepare the application, and to certify that no Carl Moyer Program funds are being used for this compensation. (see below)

\_\_\_\_\_  
**Applicant's Signature**

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

\_\_\_\_\_  
**Applicant's Name (please print)**

\_\_\_\_\_  
**Title**

If an entity other than the applicant assisted in the preparation of the application, please provide the information requested below.

\_\_\_\_\_  
**Application Preparer's Name and Contact Information (please print)**

**Compensation received for application preparation: \$** \_\_\_\_\_

**I certify that no Carl Moyer Program funds are the source for this compensation:**

\_\_\_\_\_  
**Application Preparer's Signature**

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

**AVAQMD  
CARL MOYER PROGRAM  
FUNDING DISCLOSURE STATEMENT**

Have you applied for or been awarded other grants for any vehicle/equipment/engine listed in this application? <input type="checkbox"/> Yes, complete section below <input type="checkbox"/> No, skip the remaining items in this table and sign below.	
Agency Applied to:	
Date of Application:	
Funding Amount:	
Description of Vehicles/Equipment/Engines Included In This Request (list engine serial numbers):	
Status of Application: <input type="checkbox"/> Cancelled <input type="checkbox"/> Pending <input type="checkbox"/> Funded <input type="checkbox"/> Other, explain:	

(photocopy this page when blank to complete for engines included in separate funding/grant requests)

By signing below, the Applicant hereby certifies the following:

- (1) Applicant has disclosed to the Grantor/District any and all funding applications it has directly or indirectly submitted to any other source of funds, including but not limited to federal, state or local air pollution control districts or air quality management districts for the same specific equipment.
- (2) Applicant agrees to notify the District of any application(s) and agreement(s) made for the purpose of receiving any public financial assistance, incentives or grants from any other source of funds, including but not limited to federal, state or local air pollution control districts or air quality management districts or the California Air Resources Board for a multi-district solicitation. Applicant further agrees and understands that this Grant Agreement shall, at a minimum, be immediately terminated and may result in the Applicant being banned from submitting future applications to any and all Carl Moyer Program administering air pollution control district or air quality management district if it is discovered that the Applicant has submitted multiple applications or signed multiple contracts or grant agreements, not previously disclosed, for the same equipment as set forth in this Grant Agreement.
- (3) Applicant has and will disclose the value of any current or prospective financial incentive or other public financial assistance, for the same equipment.
- (4) Applicant understands that if it is found to be in violation of the terms and conditions of this Grant Agreement and/or this Disclosure Statement, the California Air Resources Board may levee fines and/or seek criminal charges to the fullest extent allowed by law against the Applicant, including but not limited to the Business and Professional Code and California Health and Safety Code Section 43016.

Printed Name of Responsible Party:	Title:
Signature of Responsible Party:	Date:

**AVAQMD  
CARL MOYER PROGRAM  
REGULATORY COMPLIANCE STATEMENT**

Legal Owner Name:
Company Name:
Mailing Address:
Physical Address (if different than mailing address):
Phone:
E-mail:

As an applicant/participant of the Carl Moyer Program, I declare that the company as listed above:

1. Is in compliance with, and
2. Will remain in compliance with, and
3. Does not have any outstanding/unresolved/unpaid Notices of Violations (NOV) or citations for violations of any federal, state, and local air quality regulations including, but not limited to, the following as may apply:

- Cargo Handling Equipment Regulation
- Drayage Truck Regulation (including dray-off trucks)
- In-Use Off-Road Diesel Vehicle Regulation
- Off-Road Large Spark Ignition Fleet Regulation
- Portable Diesel Airborne Toxic Control Measure
- Public Agency and Utility Rule
- Sleeper Berth Truck Idling Regulation
- Solid Waste Collection Vehicle Regulation
- Statewide Truck and Bus Regulation
- Stationary Engine Airborne Toxic Control Measure
- Transit Fleet Rule

I certify under penalty of perjury that the information provided is accurate.

Authorized Signature:	Date:
Authorized Representative's Printed Name:	Authorized Representative's Title: