



ANTELOPE VALLEY AIR QUALITY MANAGEMENT DISTRICT

2551 West Avenue H
Lancaster, CA 93536
(661) 723-8070

COMMERCIAL LAWN & GARDEN EQUIPMENT REPLACEMENT PROGRAM

NOTE: ALL PROPOSED PROJECTS ARE SUBJECT TO GOVERNING BOARD APPROVAL. GRANTS ARE PROVIDED AS REIMBURSEMENT OF COSTS INCURRED AFTER AN APPROVED PROJECT. APPLICANT IS RESPONSIBLE FOR PAYMENT TO DEALER. VEHICLE AND/OR EQUIPMENT MUST BE TAKEN INTO POSSESSION PRIOR TO PAYMENT OF GRANT.

SECTION 1: APPLICANT INFORMATION – ALL SECTIONS MUST BE COMPLETED

COMPANY NAME:		
TYPE OF BUSINESS:		
CONTACT PERSON:		
MAILING ADDRESS:		
CITY:		STATE: ZIP:
OFFICE:	CELL:	EMAIL:
PHYSICAL ADDRESS (IF DIFFERENT FROM MAILING):		
PHYSICAL CITY:		ZIP:
NAME OF SIGNEE:		
TITLE OF SIGNEE:		
TAX PAYER INFORMATION REQUIRED – COMPLETION OF W-9 ON PAGE 5		

SECTION 2: TO BE COMPLETED BY 1st TIME APPLICANTS ONLY

DESCRIPTION OF BUSINESS/OPERATIONS:		
HOW MANY YEARS OF BUSINESS IN THE ANTELOPE VALLEY:	NO. OF EMPLOYEES:	LIST COMMUNITY PARTICIPATION/CHARITIES:

SECTION 3: EQUIPMENT VENDOR/SALESPERSON INFORMATION

COMPANY NAME:		
CONTACT PERSON:		
ADDRESS:		
CITY:		STATE: ZIP:
OFFICE:	CELL:	EMAIL:

SECTION 4: APPLICATION STATEMENT

INITIAL/ACKNOWLEDGE THE FOLLOWING STATEMENTS:

- I understand that in order to participate in any AVAQMD grant program, the applicant/business must reside within the AVAQMD district boundaries ([check eligibility by zip code](#)).
- I understand to participate in the AVAQMD grant program, I must have eligible, fully functional combustion Lawn and Garden Equipment (L&GE) that I have owned and operated in California for the previous two years.
- I understand each eligible combustion L&GE approved for replacement, must be replaced with a like-for-like New, Cordless, Zero-Emission Electric L&GE.
- I understand combustion L&GE is required to be surrendered into the L&GE Program prior to payment of grant and within 30 days of receiving New L&GE and will be permanently destroyed and rendered useless.
- 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).
- With the exception of participation in the [Clean Off-Road Equipment Voucher Incentive Project \(CORE\)](#), I shall not place orders or make purchases related to this application prior to receiving approval from the AVAQMD.
- All New, Cordless, Zero-Emission Electric L&GE must be purchased from an AVAQMD/CORE approved manufacturer or merchant even if applicant is not participating in the CORE project.
- I certify that all sources of funding applied for at the time of the program application have been stated in the Funding Disclosure Statement, and that I shall update the Funding Disclosure Statement prior to payment of grant 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.
- 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 shall not exceed 100% of 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.
- 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 will contact applicants who submit incomplete or illegible applications and work with them to complete the application.
- 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 agree to own and operate the New, Cordless, Zero-Emission Electric L&GE for a minimum 36 months and provide annual reports of usage upon request from the AVAQMD.
- 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:

DATE:

SIGNATURE OF RESPONSIBLE PARTY:

SECTION 5: NAME OF PROJECT CONTACT FOR ANNUAL REPORTING REQUIREMENTS

1. Annual reports , for the duration of the project life the following information is required on an annual basis:	
NAME OF CONTACT:	TITLE:
EMAIL:	PHONE:

THIS SECTION MUST BE COMPLETED ALONG W/ATTACHING COST ESTIMATE(S)

SECTION 6: FOR LAWN & GARDEN EQUIPMENT 25HP OR LESS

(I.E. LAWN MOWER, BLOWER, TRIMMER, CHAINSAW, HEDGERS, POLE SAW)

EXISTING LAWN & GARDEN EQUIPMENT INFORMATION

EQUIPMENT DESCRIPTION (I.E. LAWN MOWER, BLOWER, ETC. INCLUDING MAKE, MODEL YEAR)	# OF UNITS:
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NEW ZERO-EMISSIONS BATTERY-ELECTRIC EQUIPMENT INFORMATION

EQUIPMENT DESCRIPTION:		# OF UNITS:	COST PER:
NUMBER OF BATTERIES:	COST PER:	NUMBER OF CHARGERS:	COST PER:

EXISTING LAWN & GARDEN EQUIPMENT INFORMATION

EQUIPMENT DESCRIPTION (I.E. LAWN MOWER, BLOWER, ETC. INCLUDING MAKE, MODEL YEAR)	# OF UNITS:
--	-------------

NEW ZERO-EMISSIONS BATTERY-ELECTRIC EQUIPMENT INFORMATION

EQUIPMENT DESCRIPTION:		# OF UNITS:	COST PER:
NUMBER OF BATTERIES:	COST PER:	NUMBER OF CHARGERS:	COST PER:

[THIS PAGE MAY BE COPIED FOR ADDITIONAL EQUIPMENT]

EXISTING LAWN & GARDEN EQUIPMENT INFORMATION

EQUIPMENT DESCRIPTION (I.E. LAWN MOWER, BLOWER, ETC. INCLUDING MAKE, MODEL YEAR)	# OF UNITS:
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NEW ZERO-EMISSIONS BATTERY-ELECTRIC EQUIPMENT INFORMATION

EQUIPMENT DESCRIPTION:		# OF UNITS:	COST PER:
NUMBER OF BATTERIES:	COST PER:	NUMBER OF CHARGERS:	COST PER:

EXISTING LAWN & GARDEN EQUIPMENT INFORMATION

EQUIPMENT DESCRIPTION (I.E. LAWN MOWER, BLOWER, ETC. INCLUDING MAKE, MODEL YEAR)	# OF UNITS:
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NEW ZERO-EMISSIONS BATTERY-ELECTRIC EQUIPMENT INFORMATION

EQUIPMENT DESCRIPTION:		# OF UNITS:	COST PER:
NUMBER OF BATTERIES:	COST PER:	NUMBER OF CHARGERS:	COST PER:

EXISTING LAWN & GARDEN EQUIPMENT INFORMATION

EQUIPMENT DESCRIPTION (I.E. LAWN MOWER, BLOWER, ETC. INCLUDING MAKE, MODEL YEAR)	# OF UNITS:
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NEW ZERO-EMISSIONS BATTERY-ELECTRIC EQUIPMENT INFORMATION

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NUMBER OF BATTERIES:	COST PER:	NUMBER OF CHARGERS:	COST PER:

EXISTING LAWN & GARDEN EQUIPMENT INFORMATION

EQUIPMENT DESCRIPTION (I.E. LAWN MOWER, BLOWER, ETC. INCLUDING MAKE, MODEL YEAR)	# OF UNITS:
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NEW ZERO-EMISSIONS BATTERY-ELECTRIC EQUIPMENT INFORMATION

EQUIPMENT DESCRIPTION:		# OF UNITS:	COST PER:
NUMBER OF BATTERIES:	COST PER:	NUMBER OF CHARGERS:	COST PER:

[THIS PAGE MAY BE COPIED FOR ADDITIONAL EQUIPMENT]

SECTION 6: RIDING MOWERS 25 HP OR MORE

THIS SECTION MUST BE COMPLETED IN ADDITION TO ATTACHING COST ESTIMATE)

EXISTING RIDING MOWER INFORMATION

EQUIPMENT MAKE:	EQUIPMENT MODEL:	EQUIPMENT YEAR:
EQUIPMENT VIN NUMBER:		
NUMBER OF MAIN ENGINES:	ENGINE SERIAL NO.	
ENGINE FAMILY:	ENGINE TIER:	
ENGINE MAKE:	ENGINE MODEL:	ENGINE YEAR:
ENGINE HORSEPOWER:	ENGINE FUEL TYPE:	

NEW ELECTRIC RIDING MOWER INFORMATION

EQUIPMENT MAKE:	EQUIPMENT MODEL:	EQUIPMENT YEAR:
NUMBER OF MAIN ENGINES ON THIS EQUIPMENT:		
ENGINE FAMILY:	ENGINE TIER:	
ENGINE MAKE:	ENGINE MODEL:	ENGINE YEAR:
ENGINE HORSEPOWER:	ENGINE FUEL TYPE:	
NOTE: IF VEHICLE/EQUIPMENT IS ELECTRIC, PLEASE COMPLETE SHADED BOXES BELOW)		
MOTOR MAKE:	MOTOR MODEL:	MOTOR YEAR:
ELECTRIC MOTOR OUTPUT (kW):	ELECTRIC MOTOR HP EQUIVALENT: (hp = kW x 1.369)	

Request for Taxpayer Identification Number and Certification

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

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	Exempt payee code (if any) _____
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.	Exemption from FATCA reporting code (if any) _____
	<input type="checkbox"/> Other (see instructions) ▶ _____	(Applies to accounts maintained outside the U.S.)
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
6 City, state, and ZIP code		
7 List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number	
	-
	-
OR	
Employer identification number	
	-
	-

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. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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 for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)
Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.
If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

AVAQMD GRANT PROGRAMS FUNDING DISCLOSURE STATEMENT

Have you applied for or been awarded other grants for the new proposed and/or old existing equipment 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:
Status of Application: <input type="checkbox"/> Cancelled <input type="checkbox"/> Pending <input type="checkbox"/> Funded <input type="checkbox"/> Other, explain:

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.
- (3) 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 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.
- (4) Applicant has and will disclose the value of any current or prospective financial incentive or other public financial assistance, for the same equipment.
- (5) 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
GRANT PROGRAMS
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:

AVAQMD
CAMPAIGN DONATIONS DISCLOSURE STATEMENT

Applicants applying for grant funding whereas action might be taken by the AVAQMD Governing Board shall disclose whether they have made campaign donations to any councilmember of the City of Lancaster or City of Palmdale.

Have you contributed to any City of Lancaster or City of Palmdale Council Member’s campaign within the last twelve (12) months?

_____ Yes _____ No

If so, please provide the recipient’s name _____,
date of the contribution, ____/____/_____.

Amount \$_____.

By signing below, I declare under penalty of perjury that I have read the disclosure requirement as stated above and that the response is true and correct to the best of my knowledge.

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

GRANT PROGRAM APPLICATION CHECKLIST

ALL CHECKLIST ITEMS MUST BE SUBMITTED

	<p>COMPLETED APPLICATION: 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>W-9 FORM: Complete and submit IRS form W-9, available from the IRS web site: www.irs.gov/pub/irs-pdf/fw9.pdf. AVAQMD will issue form 1099 as required by law.</p>
	<p>AVAQMD INSPECTION OF EXISTING EQUIPMENT: Arrange with the District an on-site inspection of the existing equipment.</p>
	<p>DEALER QUOTE & SUPPORTING DOCUMENTS FOR NEW EQUIPMENT: DEALER MUST PROVIDE ALL THE REQUIRED DOCUMENTS BELOW.</p> <p><input type="checkbox"/> Quote for the new equipment, itemizing all L&GE, including tax and delivery.</p> <p><input type="checkbox"/> Warranty details including Service-and-Repair Facility</p>
	<p>FINANCING DOCUMENTATION: If the Grantee obtains financing to assist in the purchase of replacement equipment, full documentation of financing must be provided to the AVAQMD. No more than the Grantee's share of the cost of the equipment may be financed.</p>

AFTER NEW, ZERO EMISSIONS EQUIPMENT IS PLACED INTO SERVICE

	<p>AVAQMD INSPECTION OF NEW EQUIPMENT: Arrange with the District an on-site inspection of the New equipment.</p>
	<p>SALVAGE CERTIFICATION FORM: Coast Auto Salvage 46404 Division Street, Lancaster, CA 93535 (661) 942-3737</p>
	<p>FINAL INVOICE AND SHOWING PROOF OF PAYMENT: The applicant cannot finance more than their portion of the cost of the new equipment</p>