



**AIR POLLUTION  
CONTROL DISTRICT**  
COUNTY OF SAN LUIS OBISPO

3433 Roberto Court  
San Luis Obispo, CA 93401

**2010  
Marine Engine  
Grant Program  
APPLICATION CHECKLIST**

<b>Applicant Information</b>	<b>Dealer Information</b>
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 Manufacturer Specification Sheet:</b> For the engine replacement, material and labor quotes shall be provided by the engine manufacturer, manufacturer-approved dealer, or a certified 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. Note: Cost for parts are not part of the grant funding.</li> <li><input type="checkbox"/> Documentation of new engine's certified emission levels (<a href="http://www.epa.gov/otaq/certdata.htm">www.epa.gov/otaq/certdata.htm</a>) or Copy of ARB Emissions Executive Order for new engine. The APCD may provide assistance with this, if necessary.</li> <li><input type="checkbox"/> Manufacturer's specification sheet for the new engine.</li> <li><input type="checkbox"/> Installer must complete and sign section E, "System Engineering" of application.</li> </ul>
<input type="checkbox"/>	<p><b>Applicant's Business Structure:</b> Provide one of the following, to document 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>• Proof of sole proprietorship</li> <li>• Other business structure documentation not list above</li> </ul>
<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 grant documents on behalf of the business.
<input type="checkbox"/>	<b>Business License:</b> Provide a copy of City or County Business License.
<input type="checkbox"/>	<b>W-9 Form:</b> Submit a W-9 form if your company has not previously received a grant from the APCD.
<input type="checkbox"/>	<b>Annual Usage:</b> Include documentation of the engine hours for the twenty-four (24) month period immediately prior to the application date. Acceptable documentation include: Operation and/or maintenance records with engine hours and dates, hour meter records, vessel logs. Other documentation will be considered on a case-by-case basis.



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<input type="checkbox"/>	<p><b>Certificates of Insurance:</b> Provide current certificates of insurance with your application as evidence of coverage for Property Insurance, General Liability and Worker's Compensation; which may include Hull and Machinery, Protection and Indemnity (P&amp;I), or Longshoreman's (USL&amp;H) insurance*. Protection and Indemnity (P&amp;I) may include the equivalent of Worker's Compensation for the crew. Funded projects will be required to provide certificates of insurance endorsing the APCD as additionally insured and include insurance for the replacement cost of the new engine and equipment.</p> <p><i>* If the Applicant is exempt from the requirement of maintaining workers compensation insurance, provide evidence of such exemption.</i></p>
<input type="checkbox"/>	<p><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.</p>
<input type="checkbox"/>	<p><b>Vessel Registration:</b> Copy of current vessel registration from California Department of Motor Vehicles or United States Coast Guard.</p>

	<p><b><u>Determine Type of Vessel, listed below and provide requested documentation</u></b></p>
<input type="checkbox"/>	<p><b>Commercial Fishing Vessels:</b> If this is a commercial fishing vessel, provide the following documentation (<b>Note:</b> Fishing vessels that are operated over 300 hours per year and offer ferry, excursion (whale watching, harbor cruises, diving, etc.), tugboat, or towboat services at any time during the year are considered <b>Multipurpose Harbor Craft</b>):</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Copy of current Commercial Fishing License issued by the California Department of Fish and Game</li> <li><input type="checkbox"/> Copy of receipts documenting sale of catch for the last 24 months. Provide documentation to show Commercial Fishing Vessel status and verify operation within the San Luis Obispo County portion of California Regulated Waters (i.e. ports, estuaries, bays and within 24 nautical miles from the coastline).</li> <li><input type="checkbox"/> Letter signed by owner, partner or corporate officer verifying that the vessel operates solely for commercial fishing purposes.</li> </ul>
<input type="checkbox"/>	<p><b>Commercial Harbor Craft:</b> If this is a Commercial Harbor Craft other than a Fishing Vessel, provide copies of receipts of work for the last year to document Commercial Harbor Craft status and verify operation within the San Luis Obispo County portion of California Regulated Waters (i.e. ports, estuaries, bays and within 24 nautical miles from the coastline).</p>
<input type="checkbox"/>	<p><b>Multipurpose Harbor Craft:</b> Provide copies of all documentation listed above for Commercial Fishing Vessels <b>and</b> Commercial Harbor Craft,</p>

	<p><b>Additional Application Requirements, if your project is selected for funding</b></p>
<input type="checkbox"/>	<p><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 all required insurance policies and for the replacement cost of the new equipment. When these policies, as well as your Worker's Compensation (or equivalent) are renewed or changed, updated certificates must be submitted to the APCD until the Grant Agreement expires.</p>



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

**A. APPLICANT INFORMATION**

1.	Company/Organization Name: _____
2.	Business Type: _____
3.	Contact Name and Title: _____
4.	Person who filled out funding application: _____
5.	Person with contract signing authority <i>(if different from above)</i> : _____
6.	Business Mailing Address: _____ Street
	City: _____ County: _____ State: _____ Zip Code: _____
7.	Phone Information for Project Contact: Phone: (____) _____ - _____ Cell: (____) _____ - _____ FAX: (____) _____ - _____ Email: _____
8.	Project address <i>(if different from above)</i> : _____
9.	How many engines of each type are being applied for? Main (propulsion): _____ Auxiliary: _____ <i>(A separate application may be required for multiple engines)</i>
10.	Commercial Fishing License Number: _____

**I hereby certify that all information provided in this application and any attachments is accurate and correct.**

Printed name of responsible party:	Title:
Signature of responsible party:	Date:



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**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. VESSEL INFORMATION**

1. Owner Name(s):	2. Vessel Name:
3. Vessel Registration Number:	4. Home-Port:



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**C. ENGINE INFORMATION**

	<b>Existing (Baseline) Engine</b>	<b>New Engine</b>
1. Make:		
2. Model:		
3. Model year:		
4. Serial number (if available):		
5. Fuel type:		
6. Number of Cylinders:		
7. Total Displacement:		
8. Horsepower:		
9. Engine Tier (if known):		
10. Engine family # (if known):		
11. Exhaust Type:	<input type="checkbox"/> wet <input type="checkbox"/> dry	<input type="checkbox"/> wet <input type="checkbox"/> dry
12. Quoted cost for the repower. Quote must be itemized, including tax, shipping and hourly labor rate:  \$ _____	<p><b>Note:</b> SLOCAPCD will determine grant award amount and applicant cost share for the project from the quote and other documentation submitted with this application.</p>	



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**D. OTHER INFORMATION**

**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.

**Required Disclosure Statement**

**To be signed by company representative with contract signing authority:**

By signing below, I certify that the proposed project has not been funded and is not being considered for funding by another air district, ARB, or any other public agency. Any applicant who is found to have submitted multiple applications for the same project may be banned by the APCD from submitting future applications to grant program solicitations and may be subject to criminal sanctions. A project funded cooperatively by multiple air districts is eligible for funding if the project parameters are coordinated amongst the participating districts and the project meets all applicable program criteria. Applicants are allowed to re-apply for project funding if a previous application has been rejected and is no longer being considered for funding or if the applicant withdraws a previous application.

\_\_\_\_\_

Printed Name & Title of Signer

\_\_\_\_\_

Signature

\_\_\_\_\_

Date



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**All engine dealers/repower specialists must complete this section.**

**E. SYSTEM ENGINEERING**

<p>Verify the following:</p> <ol style="list-style-type: none"> <li>1. The engine(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 and safety.</li> <li>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).</li> <li>3. I have provided or will provide the applicant with the manufacturer's maintenance and operation specifications for the new proposed equipment in this application.</li> <li>4. I am authorized by the engine or equipment manufacturer to perform the installation proposed in this application and the manufacturer's warranty will be in full force and effect on this completed installation.</li> </ol>
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Printed Name of Engine Dealer/Repower Specialist:	
Signature of Engine Dealer/Repower Specialist:	Date: