



## Off-Road Equipment Replacement PROGRAM ELIGIBILITY

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

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### 1. Funding Opportunity Limitations:

- Grant-funded equipment replacement projects must be completed 3 years in advance of emission-reduction requirements of the ARB Off-Road Regulation (2 years for small fleets).
- Exempt Agricultural Equipment as defined in the ARB 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 equipment and optional VDECS, subject to the cost-effectiveness limit and a maximum award of \$150,000 per applicant per calendar year, based on the date the application is received by the APCD.
- Eligible costs are defined as the purchase price of the new equipment, the purchase price and installation cost of the VDECS, taxes, and reasonable delivery charges. Grant funding shall only be used to pay for items essential to the operation of the equipment.

### 3. Existing Equipment Requirements:

- Must be self-motive heavy-duty off-road equipment (e.g. agricultural tractor or construction equipment) with an uncontrolled (Tier 0), Tier 1 or Tier 2 engine of at least 25 hp.
- Old equipment must be in operational condition and in regular use in California for the previous two years.
- Equipment must be owned by a company with a physical address in SLO County.
- If old equipment is subject to registration by an ARB regulation, it must be registered in the reporting system specified by the regulation (e.g. Diesel Off-road On-line Reporting System).
- Old equipment and engine shall be destroyed and sold to an approved salvage yard. See the current list at: [www.slocleanair.org/programs/moyer.php](http://www.slocleanair.org/programs/moyer.php).
- The replacement of two (or more) pieces of old, like equipment with one piece of equipment may be eligible for funding.

### 4. Replacement Equipment Requirements:

- Replacement equipment must be purchased through an APCD-approved dealer. See current list at: [www.slocleanair.org/programs/moyer.php](http://www.slocleanair.org/programs/moyer.php).
- This Program does not provide funding for used equipment.
- Replacement equipment must have an engine meeting the current California emission standard. If such engines are not available, contact the APCD for alternative considerations.



- Engines that are participating in the “Tier-4 Early Introduction Incentive for Engine Manufacturers” program are ineligible for grant funding.
- Replacement equipment must serve the same function and perform equivalent work as the old equipment (i.e. like for like functionality), with at least 75% of operation in San Luis Obispo County.
- Horsepower of new engine in replacement equipment may not be greater than 125% of the original manufacturer rated hp for the old engine.
- Replacement equipment must have a one year or 1600 hour engine and drivetrain warranty covering parts and labor.
- Replacement equipment must be equipped with a fully operational, non-resettable hour meter.
- Verified Diesel Emission Control Systems (VDECS) (other than factory-installed OEM systems) are optional. The applicant acknowledges that they may be required to install such a device in the future at their own expense.

**For more information regarding Off-Road Equipment Replacement grants contact Meghan Field: 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 Equipment Replacement APPLICATION CHECKLIST

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>Participating Dealer Quote &amp; Supporting Documents for New Equipment:</b> New equipment must be purchased from a pre-approved participating dealer. See current list at: <a href="http://www.slocleanair.org/programs/moyer.php">www.slocleanair.org/programs/moyer.php</a>.</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 drivetrain 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>
<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 list 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 E).
<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.
<input type="checkbox"/>	<b>W-9 Form:</b> Complete and submit IRS form W-9. APCD will issue form 1099 as required by law.



<input type="checkbox"/>	<p><b>Documentation of Ownership:</b> Provide the following documentation that demonstrates that you have owned the old equipment in California for the previous two years:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Bill of sale or purchase receipt for the old equipment, and:</li> <li><input type="checkbox"/> Two years of documentation for at least one item in the following list. If a bill of sale can not be provided, two items from the following list may be submitted in substitution: <ul style="list-style-type: none"> <li>• Tax depreciation logs;</li> <li>• Property tax records;</li> <li>• Equipment insurance records;</li> <li>• Bank appraisals for equipment;</li> <li>• Maintenance/service records;</li> <li>• General ledgers;</li> <li>• Fuel records specific to the old equipment (To be used as evidence of California residency the fuel records must also identify the equipment owner).</li> </ul> </li> </ul>
<input type="checkbox"/>	<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 APCD 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 APCD will conduct a pre-inspection of the old equipment to verify its operational status.</p>
<input type="checkbox"/>	<p><b>Certificates of Insurance:</b> Provide current certificates of insurance with your application as evidence of coverage for General Liability and Worker's Compensation*.</p> <p>* If the Applicant is exempt from the requirement of maintaining workers compensation insurance, provide evidence of such exemption.</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>



<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 Worker's Compensation policy are renewed or changed, updated certificates must be submitted to the APCD until the Grant Agreement expires.
<input type="checkbox"/>	<b>Financing Documentation:</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.
<input type="checkbox"/>	<b>UCC-1 Financing Statement:</b> To protect its financial interest, APCD shall perfect its lien against the funded equipment through a UCC-1 financing statement filed with the Secretary of State of California, for the duration of the term of this Agreement.

**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/cpcf/calcap.asp](http://www.treasurer.ca.gov/cpcf/calcap.asp) For a list of participating lenders, see: [www.treasurer.ca.gov/cpcf/calcap/institutions.pdf](http://www.treasurer.ca.gov/cpcf/calcap/institutions.pdf)





## Off-Road Equipment Replacement APPLICATION FORM

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Please fill out one application for each 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 pieces of equipment 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. EXISTING (OLD) EQUIPMENT INFORMATION**

1. Equipment type and function:	
2. Equipment make:	
3. Equipment model:	4. Equipment model year:
5. Equipment serial number:	
6. DOORS Equipment Identification Number (EIN):	
7. <input type="checkbox"/> 2WD <input type="checkbox"/> 4WD	8. <input type="checkbox"/> Open Station <input type="checkbox"/> Enclosed Cab
9. Number of engines on this equipment: Main: _____ Auxiliary: _____	
10. Engine make:	11. Engine model:
12. Engine model year:	13. Engine tier (if known):
14. Engine family number (if known):	
15. Engine serial number:	
16. Engine horsepower:	17. Fuel type:
18. Percent operation in San Luis Obispo County for this piece of equipment:	
19. Percent operation in California for this piece of equipment:	
20. Do you want to consider installing a California Air Resources Board level 3 Verified Diesel Emission Control System (VDECS) as part of your project? <div style="text-align: center;"> <input type="checkbox"/> Yes    <input type="checkbox"/> No         </div> <p>If <b>no</b>, by signing this application, you acknowledge that you may be required to install such a device at a later date at your own expense.</p> <p>If <b>yes</b>, please work with your dealer or retrofit specialist to complete section "D" below.</p>	
<b>Note:</b> APCD will determine the historical annual usage for this equipment from documentation submitted with this application.	

### C. REPLACEMENT (NEW) EQUIPMENT 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. Engine make:	9. Engine model:
10. Engine model year: Note: Engine must meet current California emission standards	11. Engine tier:
12. Engine family number:	
12. Engine serial number:	
13. Engine horsepower: Note: Must not be more than 125% of old engine h.p.	14. Fuel type:
15. Percent operation in San Luis Obispo County for this piece of equipment:	
16. Percent operation in California for this piece of equipment:	
17. Quoted cost for the replacement equipment. Please attach dealer quote.  \$ _____	<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.
18. Does the applicant qualify for any public financial assistance or incentive that will directly reduce the cost of this project, including grants, tax credits or deductions? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>	
If yes, enter the value of such assistance or incentive: <span style="float: right;">\$ _____</span>	

### D. OPTIONAL: ARB-VERIFIED RETROFIT INFORMATION (Filter & catalyst installation)

1. Retrofit device make:	2. Retrofit device model:
3. Retrofit device ARB executive order number:	
4. Retrofit device serial number (if available):	
5a. ARB – Verified NOx reduction (%):	b. ARB – Verified ROG reduction (%):
c. ARB – Verified PM reduction (%):	
6. Quoted cost for the retrofit. Please attach itemized quote, including tax, shipping and hourly labor rate.  \$ _____	<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.



## E. FLEET INFORMATION

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

If **no**, 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) and Horsepower for each off-road vehicle or equipment in the company's fleet. By signing this application, you certify that this fleet list is accurate and complete.

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

San Luis Obispo

Santa Barbara

Yes  No

Monterey

Santa Cruz

If yes, will you claim your fleet a Captive Area Attainment

San Benito

fleet for the State Off-Road Regulation  Yes  No  Not Applicable

## F. 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.

### Refueling

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



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

- I understand that in order to receive incentive funds, I must enter into a Grant Agreement (contract) with the San Luis Obispo County Air Pollution Control District (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 shall 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.
- 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, 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 the proposed project has not been funded and is not being considered for funding by any air district, the ARB, or any other public agency. 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. APCD and the ARB may also seek civil penalties or criminal sanctions for such non-disclosure. I understand that if I want to apply for alternative funding for this project, I must first withdraw my APCD application. A project may be funded cooperatively by multiple air districts if the project parameters are coordinated amongst the participating districts and the project meets all applicable grant program criteria.
- 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 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. I understand that 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 shall be suspended; in such cases, that 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.
- I understand that grant programs have limited funds and shall terminate upon depletion of program funding. The APCD shall honor projects that have been contracted, but are under no obligation to honor applications prior to contracting.
- I understand that 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.
- 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 company representative with contract signing authority:	Title:
Signature:	Date:

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