

SAN JOAQUIN VALLEY AIR POLLUTION CONTROL DISTRICT

Off-Road Vehicle Component

AG EQUIPMENT REPLACEMENT PROGRAM

APPLICATION

AGRICULTURAL EQUIPMENT / MOBILE EQUIPMENT REPLACEMENT OPTION

SECTION 1 - APPLICANT INFORMATION (PLEASE PRINT OR TYPE)

ORGANIZATION INFORMATION		
1. Organization, Company, or Proprietor's Name (as it appears on Form W-9): Note: This name should match the name that is going to purchase the equipment. If this name appears differently than what the purchasing documentation will show, it may create delays.		
2. Address:		
3. City:	4. State:	5. Zip Code:
6. Mailing Address (if different from above):		
7. City:	8. State:	9. Zip Code:
10. Description of Agricultural Operations Performed (i.e. crop harvesting, dairy farming, vineyard):		
11. Total Acreage of All Agricultural Operations in the San Joaquin Valley: Must include all acres that you own, lease, rent, and custom harvest. Also, must include all business entities that you are associated with.		
12. Would you have scrapped your existing vehicle/equipment and purchased a replacement without funding from this program? ☐ Yes ☐ No		
13. Have you applied to any other grant programs for this piece of equipment? ☐ Yes ☐ No If yes, please explain and provide the name of the agency:		

SECTION 2- CONTACT INFORMATION (PLEASE PRINT OR TYPE)

PRIMARY CONTACT INFORMATION	
1. First and Last Name:	2. Title:
3. Phone Number:	4. Fax Number:
5. Alternate Contact Number:	6. Email:
CONTRACT SIGNING AUTHORITY INFORMATION (IF DIFFERENT FROM ABOVE)	
7. First and Last Name:	8. Title:
9. Phone Number:	10. Fax Number:
11. Alternate Contact Number:	12. Email:

SECTION 3 – EXISTING/OLD EQUIPMENT ACTIVITY INFORMATION (PLEASE PRINT OR TYPE)

1. Equipment Address:	
2. City:	3. Zip Code:
4. Applicant Designated Fleet Number for Equipment (if applicable):	
5. County of Operation (check all that apply): ☐ Fresno ☐ Kern (Valley Portion) ☐ Kings ☐ Madera ☐ Merced ☐ San Joaquin ☐ Stanislaus ☐ Tulare ☐ Other, specify:	
6. Equipment Type: (examples: agricultural tractor, articulated wheel loader, baler, combine, grader, forklift)	
7. Annual Operation (in hours):	
8. % Use in Agricultural Operations: ☐ 100% ☐ 99%-51% (DOORS number: _____) ☐ <51% (Ineligible for funding) <i>Note: If usage is between 99%-51%, then please provide the DOORS number on the line above, and include a printout of your DOORS account in the application packet.</i>	
9. % Use in SJVAPCD:	10. % Use in California:
11. Have you owned and operated the equipment in California for the previous two (2) years? ☐ Yes ☐ No, this equipment is ineligible for funding.	
12. Is this equipment operational? ☐ Yes ☐ No, this equipment is ineligible for funding.	

SECTION 4 – EXISTING/OLD EQUIPMENT INFORMATION (PLEASE PRINT OR TYPE)

1. Equipment Make:	2. Equipment Model:
3. Equipment Model Year:	4. Equipment Identification Number (VIN or PIN):
5. Engine Make:	6. Engine Model:
7. Engine Model Year:	8. Advertised Horsepower Rating:
9. Engine Serial Number:	
10. US EPA Engine Family Name (if available):	
11. Engine Tier: ☐ Uncontrolled, Tier 0 ☐ Tier 1 ☐ Tier 2 ☐ Tier 3 or 4 (Ineligible for funding)	
12. Fuel Type: ☐ Diesel ☐ Gasoline (Ineligible for funding) ☐ Propane (Ineligible for funding)	

SECTION 5 – REPLACEMENT EQUIPMENT INFORMATION (PLEASE PRINT OR TYPE)

1. Equipment Make:		
2. Equipment Model:	3. Equipment Model Year:	
4. Engine Make:		
5. Engine Model:	6. Engine Model Year:	
7. Fuel Type:		8. Advertised Horsepower Rating:
9. US EPA Engine Family Name:		
10. Engine/Motor: ☐ Tier 1 (Ineligible for funding) ☐ Tier 2 (Ineligible for funding) ☐ Tier 3 (Ineligible for funding) ☐ Tier 4 Alt NOx ☐ Interim Tier 4 ☐ Tier 4 Final ☐ Zero-Emission		
11. Total Cost of Replacement Equipment:	12. Tax Rate:	

SECTION 6 – REPLACEMENT EQUIPMENT DEALER INFORMATION (PLEASE PRINT OR TYPE)

1. Dealership Name:		
2. Address:		
3. City:	4. State:	5. Zip Code:
6. Contact Name:		
7. Phone Number:	8. Fax Number:	9. Email:

THIRD PARTY INFORMATION

This section **must be completed** if any part of the application was filled out on your behalf by a third party. Please sign & date.

1. Contact Name:	2. Title:
3. Business Name:	4. Phone Number:
5. Cost of Services (not eligible for funding reimbursement):	6. Source of Funds to Pay for Third Party Services:

I hereby certify that all information provided in this application and any attachments are true and correct to the best of my knowledge, and that SJVAPCD funds may not be utilized to compensate me for my services.

Third Party Signature: _____ Date: _____

CERTIFICATIONS FORM

By signing this Certifications form, I certify that I have read and understand the Eligibility Criteria and Application Guidelines document and agree to adhere to its requirements. Additionally, by signing this Certifications form, I certify to the statements and agree to adhere to the terms and conditions described below:

1. The emission reductions obtained through this program are not required by any federal, state, or local regulation, memorandum of agreement/understanding (MOA/MOU) with a regulatory agency, settlement agreement, mitigation requirement, or other legal mandate.
2. Projects funded by SJVAPCD will not be used as marketable emission reduction credits, to offset any emission reduction obligation, or for credit under any federal or state emission averaging, banking and trading program. In addition, projects funded through this program may not be used to generate a compliance extension or extra credit for determining regulatory compliance.
3. Proposed project has not received funding or is not under agreement with any other air district, CARB, or any other public agency. Any current financial incentive that directly reduces the project cost; including tax credits or deductions, grants, or other public financial assistance for the same engine or equipment; must be disclosed to the SJVAPCD.
4. The replacement equipment will be domiciled within the boundaries of the SJVAPCD and the participant will operate the replacement equipment at least seventy-five percent (75%) of the equipment's annual hours of operation within California and fifty percent (50%) within SJVAPCD boundaries.
5. The replacement equipment will have no more than 500 hours on the hour meter at the time of purchase, will serve the same function and perform the same work equivalent as the old equipment(s). In addition, participant will comply with the reporting requirements of the program and keep appropriate records through the full term of the agreement, as determined by the SJVAPCD and CARB.
6. CARB is providing flexibility that allows participants in the Carl Moyer Program to opt-out of the default retrofit requirement for equipment not subject to an approved in-use regulation. Due to any existing or future regulations, the applicant may be required to install a retrofit on the engine at the applicant's expense if an OEM is not already installed on the replacement equipment. The designated agreement signing authority intends to opt-out of the default retrofit requirement and understands that due to any existing or future regulations the applicant may be required to install a retrofit(s) on the engine(s) at the applicant's expense.
7. Participant certifies that the equipment submitted in the application operates 100% of the time in agricultural operations as defined in the Off-Road Regulation and is therefore exempt from the regulation. (See Page 3 of the TRP guidelines for the definition) OR Participant certifies that the equipment submitted in the application operates between 51% and 99% of the time in agricultural operations as defined in the Off-Road Regulation and is therefore exempt from the performance requirements of the regulation. All other requirements of the regulation, such as, reporting fleet information to CARB's Diesel Off-Road On-Line Reporting System (DOORS) and labeling the participant's equipment with a CARB Equipment Identification Number (EIN), have been met. Documentation from the DOORS has been submitted with the application.
8. I certify that I am currently in compliance with all federal, State, and local air quality rules and regulations and I am not aware of any outstanding or pending enforcement actions.
9. I certify under penalty of perjury that I will not accept a grant from any other local, state or federal agency, including any funding from the Natural Resources Conservation Service (NRCS), for the equipment on this application.
10. I agree not to purchase, make a payment towards, and/or take possession of the replacement equipment prior to receiving an executed contract from the SJVAPCD.

Contract Signing Authority: _____ Date: _____

SJVAPCD Disclosure of Funds

Identification of Potential Co-Funding

Heavy-Duty Program Off-Road Component

To be eligible to receive incentive funding from the San Joaquin Valley Air Pollution Control District (SJVAPCD), you **must** indicate below if you have applied for or received funding from any other sources for this project. You must also indicate if you intend to apply for additional funding from other sources in the future for this project. Examples of additional funding sources include, but are not limited to, the USDA EQIP, California Air Resources Board Peaker Offset Program, and private sources. Additionally, you are required to disclose the value of any current financial incentive that directly reduces the project cost, including tax credits or deductions, grants, or other public financial assistance for the same engine.

Information provided on this form may be shared as required by federal, state, and local laws. Any owner, designee, or other third party who is found to have submitted multiple applications or signed multiple contracts for this same specific project without proper disclosure shall be disqualified from funding for that project from all sources within the control of the SJVAPCD, other air districts, or CARB.

NOTE: Applying for or receiving funding from other sources for this project does not necessarily preclude you from applying for or receiving funding from the SJVAPCD.

Applicant certifies (please check one):

☐ Yes, I **HAVE** applied for funding from other sources. List applicable Source, Program and Project/Reference Number(s).

Indicate Funding amount \$ _____

☐ No, I **HAVE NOT** applied and **WILL NOT** apply for funding from other sources.

Please list here any current financial incentive(s) you have received which directly reduces the project cost:

Contract Signing Authority (print name)

Contract Signing Authority Signature

Date

PACKET CHECKLIST

This application is limited to the purchase of one reduced-emission replacement equipment. Please complete a separate application for each piece of replacement equipment you intend to purchase. When submitting a project for consideration, submit a **complete** application packet. An incomplete application packet will lengthen the application processing time and delay possible incentive funding. A complete application packet includes the following items:

- ☐ Completed **Application**, all five (5) pages, which include the following:
 - ☐ If applicable, completed **Third Party Information** section (page 3).
 - ☐ Completed and signed **Certifications Form** (page 4).
 - ☐ Completed and signed **Disclosure of Funds Form** (page 5).
- ☐ First page of IRS Request for Taxpayer Identification Number and Certification Form W-9 (**Form W-9**).
- ☐ Dated and itemized dealer **quote** for the replacement equipment (previously owned equipment is not eligible). The quote must, at a minimum, include the following:
 - The applicant/organization name and address.
 - The replacement equipment dealer name and address.
 - The replacement equipment make, model and model year.
 - The CARB certified engine make, model, advertised horsepower (**not** PTO horsepower) and US EPA Engine Family Name
 - A complete and detailed breakdown of all material costs: replacement equipment, replacement engine, core charge, hardware, warranty costs, freight or shipping costs, setup fees, document preparation fees, tire disposal fees, and the sales tax with the percentage rate indicated. Please list all additional and optional equipment or attachments separately in a line item format.

INCENTIVE AMOUNT

Projects will be funded based on the total acreage of all of the applicant's agricultural operations in the Valley, as detailed in the table below.

Size of Operations	Total Acreage of All Agricultural Operations in the Valley (acres)	SJVAPCD Incentive
Small	1 – 100	80% of eligible equipment costs
Medium	101 – 500	70% of eligible equipment costs
Large	501+	Refer to table below

- Projects, where the total acreage of all of the applicant's agricultural operations in the Valley are 501 acres or greater, will be funded based on a dollar per advertised horsepower basis, based on the advertised horsepower of the engine in the replacement equipment, not to exceed 60% of eligible costs.
- Zero-emission equipment will be eligible to receive 60% of all eligible costs for large agricultural operations.

Cotton Pickers, Articulated Wheel Loaders, Backhoes & Motor Graders (advertised HP rating)	SJVAPCD Incentive*
All Horsepower Ratings	\$950/HP
Agricultural Tractors (advertised HP rating)	SJVAPCD Incentive*
25-74	\$450/HP
75-149	\$575/HP
150 +	\$725/HP
Specialty Equipment (advertised HP rating)	SJVAPCD Incentive*
25-109	\$750/HP
110+	\$800/HP
Zero-Emission Equipment (advertised HP rating)	SJVAPCD Incentive*
All Horsepower Ratings	60% of eligible equipment costs

***Incentive cannot exceed 60% of the eligible equipment costs**

Please return all completed applications to:
 1990 East Gettysburg Avenue Fresno, CA 93726-0244
 Phone: (559) 230-5800 ■ Fax: (559) 230-6112 ■ Email: grants@valleyair.org

Don't forget to retain a full copy of the completed application for your own records.

For additional assistance, please contact staff in the Strategies and Incentives Department at (559) 230-5800