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|  | **Goods Movement Emission Reduction Grant Program BAAQMD Cargo Handling Equipment Project Application** |
| *375 Beale Street, Suite 600, San Francisco, CA 94105*  *www.baaqmd.gov/goods* |

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| ***PART I - Applicant Contact and Project Information - Complete only 1 copy of Part I and a copy of Part II for each proposed equipment project*** | |
| **APPLICANT INFORMATION** | |
| **1. Name of Applicant:** | |
| **2. Organization/agency/business name:** | |
| **3. Mailing Address:** | |
| Street Address/P.O. Box: | |
| State: | County: |
| City: | Zip: |
| Fleet size\*: | Number of Employees: |

\*Off-road fleet, state total fleet horsepower

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| **CONTACT INFORMATION** | | | | |
|  | **Name** | **E-Mail** | **Phone number** | **Fax number** |
| Primary Project Contact |  |  |  |  |
| Person(s) with Authority to Sign contracts (owner) |  |  |  |  |
| Person who Completed Application |  |  |  |  |

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| If a ***Third Party*** (e.g., engine dealer, distributor or consultant, etc.) assisted the Applicant to complete the application, complete questions 7-10 below: |
| **7.** What is your position? |
| **8.** How much are you being paid to complete this application for the owner or to assist in the proposed project?  $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **9.** What is the source of funds being used to pay you? |
| **10. Third Party Signature and Date**  Name:  Signature: Date: |

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***Describe the facility where equipment operates or charging/fueling infrastructure will be installed – if there is more than one facility, provide the information below on this form or on separate sheet.***

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| **FACILITY INFORMATION** | |
| **Address of Facility**   |  |  | | --- | --- | | Street Address: | | | State: | County: | | City: | Zip: | | Is facility a (circle): Port Rail yard Freight facility | | | |
| **Charging or Fueling Infrastructure Applications** - Attach or upload a brief written proposal describing required elements of infrastructure project proposal as outlined in 2015 Guideline Appendix E (pp. E-1 through E-9) and including itemized quotation for all project costs. | |
| Estimated annual charge/fuel connections: | Avg connection time (per use): |

**Applicant must read and initial each item below to indicate understanding and agreement:**

1. I certify that I am the legal owner of the equipment described in this application or that I have the legal authority to apply for funding for this equipment as or on behalf of the equipment owner and that I am authorized to sign this application as or on behalf of the equipment owner.

**Initial**: \_\_\_\_\_\_\_\_\_

1. I certify that I have reviewed the application and to the best of my knowledge, the information contained in this application and in any documentation submitted in furtherance of this application is true and accurate.

**Initial:** \_\_\_\_\_\_\_\_\_

1. I understand that an incomplete or illegible application or the absence of any required documentation may cause this application to be considered incomplete, and this application may be rejected by the Air District at its discretion.

**Initial**: \_\_\_\_\_\_\_\_\_

1. I agree to comply with all requirements of the Proposition 1B Goods Movement Emission Reduction Program Guidelines, and terms & conditions of the grant agreement signed in furtherance of the proposed Project.

**Initial**: \_\_\_\_\_\_\_\_\_

1. I certify that I have not applied for or received additional grant funds from any other public entity (including any air district, the California Air Resources Board (CARB), or any Federal agency) or public program for the equipment described in this application and I agree that, if in the future, I submit an application for or receive additional grant funds from other public entities that would be used for the same equipment, I will disclose the name of the funding source(s), the full grant amount(s) and purpose(s) of that additional funding.

**Initial**: \_\_\_\_\_\_\_\_\_

1. I certify that if previous Goods Movement Program, Carl Moyer Program, or other incentive funds have been used to retrofit or upgrade the same equipment described in this application, I have indicated this in the application form.

**Initial**: \_\_\_\_\_\_\_\_\_

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1. (If applicable) I hereby disclose the value of any existing financial incentive that directly reduces the Project cost (including tax credits or deductions, grants, or other financial assistance) for the same equipment described in this application:

**Existing financial incentive**: $\_\_\_\_\_\_\_\_\_

**Initial**: \_\_\_\_\_\_\_\_\_

1. I certify that the equipment owner will pay any project costs beyond the grant amount awarded for this Project and that these matching funds will be available within a reasonable timeframe to complete this Project.

**Initial**: \_\_\_\_\_\_\_\_\_

1. I certify that neither the equipment owner nor the equipment described in this application has any outstanding (meaning “unpaid”) violations of ARB regulations.

**Initial**: \_\_\_\_\_\_\_\_\_

1. I understand and agree that the Air District or its designees must conduct inspections of the equipment that is the subject of this application prior to an award in order to verify eligibility and compliance with requirements of the Goods Movement Program.

**Initial**: \_\_\_\_\_\_\_\_\_

1. I certify that the proposed project is not required by any local, State or Federal rule or regulation; judicial order, or agreement, memorandum of understanding, contract, or other binding obligation that requires the project equipment to implement any portion of the project that would be funded by the Air District under the Goods Movement Program.

**Initial**: \_\_\_\_\_\_\_\_\_

1. I certify that I have been provided information outlining equipment owner responsibilities to maintain eligibility for grant funds, including maintaining required vehicle registration and ownership; keeping equipment in legal operating condition, satisfying outstanding air pollution citations, complying with all ARB regulations, and reporting, replacing or repairing equipment that has been damaged, destroyed, stolen or had a change of usage from that described in this application.

**Initial**: \_\_\_\_\_\_\_\_\_

1. I certify that I have attached documentation to this application showing that my organization carries at least the minimum insurance (e.g., Workers Compensation, Vehicle Liability, and Vehicle Physical Damage Insurance) as required by law for my fleet or company and that this insurance is held with a carrier rated A.M. Best’s rating of no less than A: VII.

**Initial**: \_\_\_\_\_\_\_\_\_

1. I understand that funded equipment purchased under terms & conditions of the grant agreement executed for this Project cannot be used to comply with the regulatory requirement for replacing non-compliant equipment with electric or zero-emission equipment associated with obtaining third and/or fourth years of “No VDECS (Verified Diesel Emission Control Systems) Available” compliance extension. Program-funded equipment is not eligible to be counted towards compliance for a two year period after post-inspection date.

**Initial**: \_\_\_\_\_\_\_\_\_

1. I understand that new equipment purchased outside of California may be subject to California sales and/or use tax.

**Initial**: \_\_\_\_\_\_\_\_\_

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1. I understand that this application is for evaluation purposes only and does not guarantee that grant funding will be awarded to any or all of the equipment described in this application.

**Initial**: \_\_\_\_\_\_\_\_\_

1. I understand and agree that replacement equipment funded by the Goods Movement Program can only be purchased or placed into operation after the grant agreement has been fully-executed between the equipment owner and the Air District and a “start-work” order has been issued in writing to the equipment owner by the Air District.

**Initial**: \_\_\_\_\_\_\_\_\_

1. I certify that replacement equipment purchased as part of this Project must be used in 100% California operation in a port, intermodal railyard or freight facility in the four trade corridors, and I will comply with the appropriate usage and vehicle registration requirements for the duration of the Project Term outlined in the grant agreement (e.g., five (5) years for yard truck or forklift projects).

**Initial**: \_\_\_\_\_\_\_\_\_

1. I certify that the replacement equipment purchased as part of this Project will operate a minimum of 50% of its usage in California’s major trade corridors for the duration of the Project Term outlined in the grant agreement. (map: <http://www.arb.ca.gov/bonds/gmbond/docs/gmtradecorridors.jpg>).

**Initial**: \_\_\_\_\_\_\_\_\_

1. I certify that I have attached all the required Attachments to this application.

**Initial**: \_\_\_\_\_\_\_\_\_

1. I certify that all the equipment for which I will be applying during this solicitation period has been included in this application.

**Initial**: \_\_\_\_\_\_\_\_\_

1. I understand and certify that accepting grant funds from the Goods Movement Program may lead to tax liability and that by signing the grant agreement for the Project, agree to accept this liability.

**Initial**: \_\_\_\_\_\_\_\_\_

1. I understand and certify that if the Air District receives a Public Records Request requiring release of information about my Project, that the Air District may release a business address but not a personal or home address, since business addresses are considered to be publically-available (directory) information.

**Initial**: \_\_\_\_\_\_\_\_\_

1. I certify that, if selected for funding, the Program-funded equipment shall be placed into operation and post-inspected prior to the applicable operational deadlines to remain eligible for funding.

**Initial**: \_\_\_\_\_\_\_\_\_

-  
**I certify that I have the legal authority to apply for funding on behalf of the applicant entity, and that I am authorized to sign and submit this application on behalf of the applicant/equipment owner.**

**Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(Authorized Representative of Applicant/ Equipment Owner)

**Name (Please Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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***Part II – Equipment Information for Proposed Project*** *(complete one Equipment section for each unit you are applying for)*

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| **EXISTING EQUIPMENT** | | | | | | | |
| **Rubber-tired gantry crane (RTG), Yard Truck, Forklift or other Lift equipment** | | | | | | | |
| Make: | | Model: | | | | Model Year (MY): | |
| Equipment serial # or VIN: | | | | | DOORS IDN (number): | | |
| Engine make: | | Engine model: | | | | Engine MY: | |
| Engine horsepower: | | Engine serial #: | | | | Fuel type: | |
| Engine family name (EFN): | | | | | | Engine type (circle): on-road off-road | |
| (Forklift, Lift equipment) Lift capacity: lbs | | | | |  | | |
| Operating location (railyard, port, freight facility) of this equipment (address, if different from Mailing Address): | | | | | | | |
|  | | | | | | | |
| If Existing Equipment is equipped with diesel particulate filter (DPF) complete the following: | | | | | | | |
| Filter make: | | | | Filter model: | | | |
| Filter Executive Order #: | | | | Filter date of manufacture: | | | |
| Equipment vocation: What is the primary purpose of this unit’s daily operation? | | | | | | | |
|  | | | | | | | |
| Trade corridor operational percentages: What is the approximate % of time this unit operates in each corridor? | | | | | | | |
| Bay Area % | Central Valley % | | Los Angeles/Inland Empire % | | | | San Diego/Border % |

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| **PROPOSED NEW or REPLACEMENT EQUIPMENT** | | | | |
| Make: | Model: | | | Model Year (MY): |
| Equipment power rating: | | | (Forklift, Lifts) Lift capacity: lbs | |
| **FUNDING - Please select ONE project option by fuel type and funding amount:** | | | | |
| **Zero-emission Rubber-Tired Gantry Crane (RTG)** | | **Lower of 50% of project cost or $500,000** | | |
| **12,000+ lbs Lift Electric Replacement** | | **Lower of 50% of project cost or $50,000** | | |
| **12,000+ lbs Lift Fuel Cell Replacement** | | **Lower of 50% of project cost or $80,000** | | |
| **☐ Forklift - Electric Replacement** | | **Lower of 50% of project cost or $15,000 (3,000-8,000 lbs) per forklift, battery and charger.**  **Lower of 50% of project cost or $18,000 (8,001-12,000 lbs) per forklift, battery and charger.** | | |
| **☐ Forklift – Fuel Cell Replacement** | | **Lower of 50% of project cost or $25,000 (3,000-8,000 lbs)**  **Lower of 50% of project cost or $30,000 (8,001-12,000 lbs)** | | |

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| **FUNDING (continued):** | |
| **Yard Truck** | **Conversion – Lower of 80% or $80,000**  **Electric Replacement – Lower of 80% or $100,000**  **Fuel Cell Replacement – Lower of 80% or $200,000** |
| **Single/Multi-unit Battery Charger (choose one)**  *(must also replace minimum of 1 yard truck)* | **Lower of 50% or $15,000 for single-unit charger**  **Lower of 50% or $35,000 for multi-unit charger** |
| **You may request an amount lower than the funding options shown to enhance the project cost-effectiveness score** | |
| If other, what is the requested grant award amount? $ | |
| Total project cost (estimated cost of proposed equipment): $ | |

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| **DOCUMENTATION** |
| You must upload the following attachments using the online system, email attachment or fax: |
| * Equipment owner photo ID [if a company, usually the Signing Authority’s driver’s license) (required) * Documentation of equipment ownership and insurance (required) * Documentation demonstrating compliance with ARB’s Equipment Registration (DOORS or ARBER) (required) * Current hour meter reading for each unit (odometer for yard truck) and for each unit, sufficient hour meter or usage records for our staff to calculate annual usage during each of the past two years (0-12 months ago & 13-24 months ago) (required) * Written proposal describing proposed battery charger equipment or vendor feasibility statement for repower/conversion project addressing requirements (as applicable) of Appendix E of Program guidelines * PTO or separate engine usage documentation (as above) as applicable * Written estimate (quote) for new equipment or infrastructure (including installation costs) |

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| **CONTACT BAAQMD** |
| For questions and comments, please contact grants staff at (415) 749-4994 (opt 1) or by email at [grants@baaqmd.gov](mailto:grants@baaqmd.gov). |
| **Please return completed application forms and attachments to:**   |  |  |  | | --- | --- | --- | | MAIL: | E-MAIL: | FAX: | | **BAAQMD**  **STRATEGIC INCENTIVES DIVISION/GMP 375 BEALE STREET, SUITE 600 SAN FRANCISCO, CA 94105** | **GRANTS@BAAQMD.GOV** | **(415) 749-5020** | |

last updated 12/13/17

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