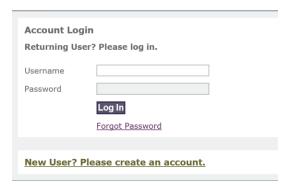## Step by Step Guide for Heavy- and Medium Duty Vehicle

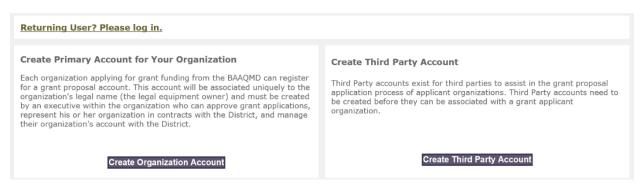## Electric Charging Infrastructure Application

The Moyer online system was created to accept applications for equipment, vehicles and their associated infrastructure. As a result, throughout the application, some questions will be specific to vehicles and equipment. Below are step-by-step directions for navigating this application system. In some cases, highlighted in ==yellow==, complete the application with the information provided in this step-by-step guide. In other cases, highlighted in ==blue==, provide project information for your specific project.

Creating a new account

If you do not already have an account, click on the link that says, "New User? Please create an account."
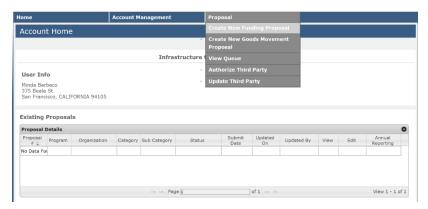

If you are the applicant, click "Create Organization Account". If you are a consultant working on behalf of another company, click on the "Create Third Party Account" link.

Complete the information on the page, and a link will be emailed to you confirming your account was successfully created. Special characters such as &, %, $, #, @, and ! are not allowed as part of the username and password.
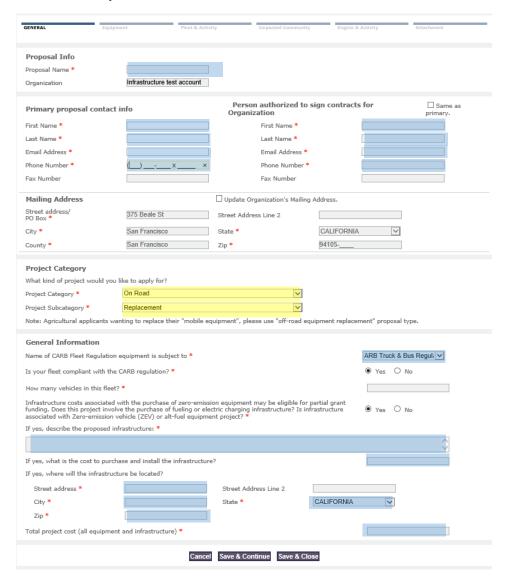
If you already have an account and have forgotten your password, enter your Username and click Forgot Password to reset it.

Creating New Funding Proposal

To start the application, go to the menu titled "Proposal" and click on "Create a New Funding Proposal". Note that you can save and come back to your application at any time. Once the proposal has been created, it will appear on this same page listed under "Existing Proposals". If applying to put infrastructure charging in multiple locations, complete and submit a different proposal for each location.

Create New Proposal: General

Complete this section as follows:

- Proposal Info
    - Proposal Name: Add the name of the project – this will be reference and may be changed by the Air District – should be one sentence and summarize the type and quantity of chargers being deployed.
    - Organization: This will automatically populate
- Primary Contact info:
    - Add the contact information for the primary contact
- Person Authorized to Sign Contracts for Organization
    - Add the contact information for the person authorized to sign contracts
- Mailing Address
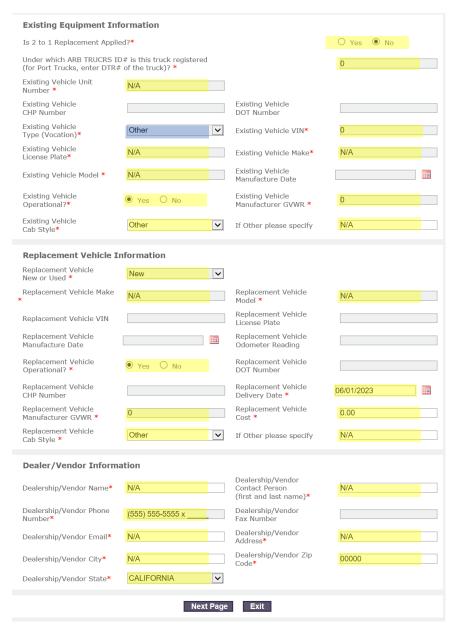   - This will automatically populate
- Project Category

- o   Project Category: select On Road
- o   Project Subcategory: select Replacement
- General Information
  - o   Name of CARB Fleet Regulation equipment is subject to: select the appropriate regulation for the fleet the infrastructure will be supporting.
  - o   Is your fleet compliant with CARB regulars: select yes or no
  - o   How many vehicles are in your fleet: enter the number of vehicles in your fleet or if you do not have a fleet, the number of vehicles that will be using the infrastructure.
  - o   Infrastructure costs…: enter yes
  - o   If yes, describe the proposed infrastructure: enter a detailed description of the project including the number and type of chargers, the kW of the chargers, type of vehicles that will be supported by the chargers and their primary vocation, and the site location.
  - o   If yes, what is the cost to purchase and install infrastructure: enter the total eligible cost for the project.
  - o   If yes, where will the infrastructure be located: enter the site location.
  - o   Total project cost: enter the <u>total</u> cost of this project including any vehicles that will be purchased.

Once completed, click "Save and Continue".

On-Road Replacement: Vehicle Information

Existing Equipment Information

Is 2 to 1 Replacement Applied?*	○ Yes ● No
Under which ARB TRUCRS ID# is this truck registered (for Port Trucks, enter DTR# of the truck)? *	0
Existing Vehicle Unit Number *	N/A

Existing Vehicle CHP Number		Existing Vehicle DOT Number	
Existing Vehicle Type (Vocation)*	Other	Existing Vehicle VIN*	0
Existing Vehicle License Plate*	N/A	Existing Vehicle Make*	N/A
Existing Vehicle Model *	N/A	Existing Vehicle Manufacture Date	
Existing Vehicle Operational?*	● Yes ○ No	Existing Vehicle Manufacturer GVWR *	0
Existing Vehicle Cab Style*	Other	If Other please specify	N/A

Replacement Vehicle Information

Replacement Vehicle New or Used *	New		
Replacement Vehicle Make *	N/A	Replacement Vehicle Model *	N/A
Replacement Vehicle VIN		Replacement Vehicle License Plate	
Replacement Vehicle Manufacture Date		Replacement Vehicle Odometer Reading	
Replacement Vehicle Operational? *	● Yes ○ No	Replacement Vehicle DOT Number	
Replacement Vehicle CHP Number		Replacement Vehicle Delivery Date *	06/01/2023
Replacement Vehicle Manufacturer GVWR *	0	Replacement Vehicle Cost *	0.00
Replacement Vehicle Cab Style *	Other	If Other please specify	N/A

Dealer/Vendor Information

Dealership/Vendor Name*	N/A	Dealership/Vendor Contact Person (first and last name)*	N/A
Dealership/Vendor Phone Number*	(555) 555-5555 x ____	Dealership/Vendor Fax Number	
Dealership/Vendor Email*	N/A	Dealership/Vendor Address*	N/A
Dealership/Vendor City*	N/A	Dealership/Vendor Zip Code*	00000
Dealership/Vendor State*	CALIFORNIA		

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Complete this section as follows:

- **Existing Equipment Information**
    - Is 2 to 1 Replacement Applied?: Enter No
    - Under which ARB TRUCRS ID# is this truck registered (for Port Trucks, enter DTR# of the truck)?: Enter 0
    - Existing Vehicle Unit Number: Enter N/A
    - Existing Vehicle Type (Vocation): Choose from the drop down menu the primary vocation of the vehicles that will use this infrastructure

- Existing Vehicle VIN: Enter 0
- Existing Vehicle License Plate: Enter N/A
- Existing Vehicle Make: Enter N/A
- Existing Vehicle Model: Enter N/A
- Existing Vehicle Operational?: Enter Yes
- Existing Vehicle Manufacturer GVWR: Enter 0
- Existing Vehicle Cab Style: Other
- If Other please specify: Enter N/A

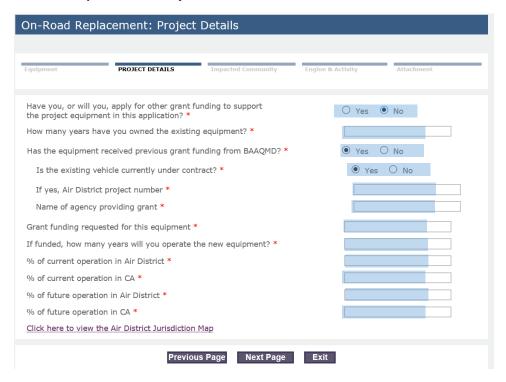- **Replacement Vehicle Information**
  - Replacement Vehicle New or Used: Enter New
  - Replacement Vehicle Make: Enter N/A
  - Replacement Vehicle Model: Enter N/A
  - Replacement Vehicle Operational?: Enter Yes
  - Replacement Vehicle Delivery Date: Enter 6/1/2023
  - Replacement Vehicle Manufacturer GVWR: Enter 0
  - Replacement Vehicle Cost: Enter 0
  - Replacement Vehicle Cab Style: Enter Other
  - If Other please specify: enter N/A
- **Dealer/Vendor Information**
  - Dealership/Vendor Name: Enter N/A
  - Dealership/Vendor Phone Number: enter 555-555-5555
  - Dealership/Vendor Email: Enter N/A
  - Dealership/Vendor City: Enter N/A
  - Dealership/Vendor State: Enter CALIFORNIA
  - Dealership/Vendor Contact Person (first and last name): N/A
  - Dealership/Vendor Address: Enter N/A
  - Dealership/Vendor Zip Code: 11111
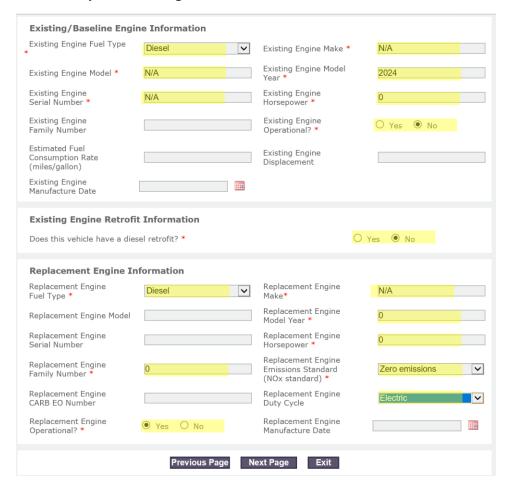
On-Road Replacement: Project Details

On-Road Replacement: Project Details

Equipment   **PROJECT DETAILS**   Impacted Community   Engine & Activity   Attachment

Have you, or will you, apply for other grant funding to support the project equipment in this application? *   ○ Yes ● No

How many years have you owned the existing equipment? *   [　　　　]

Has the equipment received previous grant funding from BAAQMD? *   ● Yes ○ No

    Is the existing vehicle currently under contract? *   ● Yes ○ No

    If yes, Air District project number *   [　　　　]

    Name of agency providing grant *   [　　　　]

Grant funding requested for this equipment *   [　　　　]

If funded, how many years will you operate the new equipment? *   [　　　　]

% of current operation in Air District *   [　　　　]

% of current operation in CA *   [　　　　]

% of future operation in Air District *   [　　　　]

% of future operation in CA *   [　　　　]

Click here to view the Air District Jurisdiction Map

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Complete this section with your project specific information.

On-road Replacement: Impacted Communities

Complete this section with the appropriate information for this proje

On-Road Replacement: Impacted Communities

Equipment	Project Details	**IMPACTED COMMUNITY**	Engine & Activity	Attachment

Projects that operate in Bay Area highly impacted communities will be prioritized for funding. To be considered for this prioritization, please answer the following questions.

Does this equipment operate in a Bay Area highly impacted community? *
(See the Priority Community map: Please click here.)   ○ Yes   ● No

If yes, please answer the following question. If no, skip to "Existing Engine Information"

Please use the Priority Community map to identify which impacted communities this equipment operates in, and indicate the percentage of time this equipment operates in each highly impacted community in the table below. BAAQMD staff may request that the grant applicant provide documentation to verify the information provided below. Use the "zoom in" tool on the electronic version of the map to enlarge the map to best identify boundaries.

Zone Number	Community	Percent Operation
1	Concord	
2	Richmond/San Pablo	
3	Western Alameda County	
4	San Jose	
5	Livermore	
6	Eastern San Francisco	
7	San Rafael	
8	Vallejo	
9	Antioch/Pittsburg	

Note: If the equipment currently operates in Impacted Communities and this proposal is funded, the contract between the grantee and the BAAQMD will require the grantee to continue to operate this equipment in Impacted Communities in the Bay Area.

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On-Road Replacement: Engine Information

Complete this section as follows:

- **Existing/Baseline Engine Information**
    - Existing/Baseline Engine Information: Enter Diesel
    - Existing Engine Make: Enter N/A
    - Existing Engine Model: Enter N/A
    - Existing Engine Model Year: Enter 2024
    - Existing Engine Serial Number: Enter N/A
    - Existing Engine Horsepower: Enter 0
    - Existing Engine Operational?: Click No
- **Existing Engine Retrofit Information**
    - Does this vehicle have a diesel retrofit?: Click No
- **Replacement Engine Information**
    - Replacement Engine Fuel Type: Enter N/A
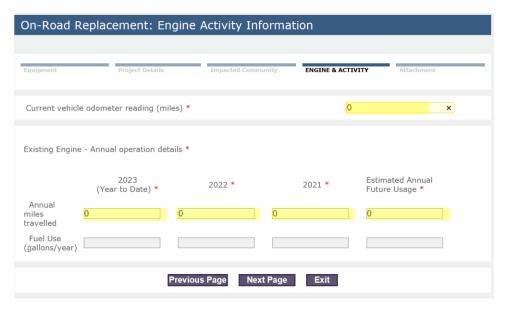   - Replacement Engine Make: Enter N/A
    - Replacement Engine Model Year: Enter 0
    - Replacement Engine Horsepower: Enter 0
    - Replacement Engine Emissions Standard (NOx standard): Choose Zero Emissions from the drop down

- o Replacement Engine Duty Cycle: Choose Zero Emissions from the drop down
- o Replacement Engine Operational?: Click No

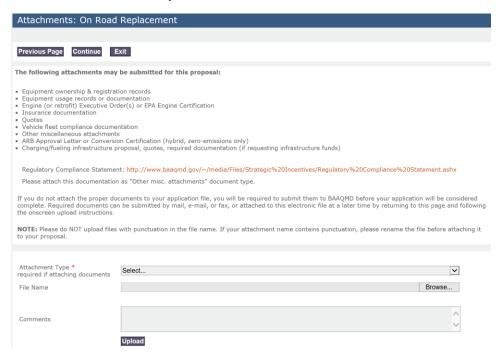**On-Road Replacement: Engine Activity Information**

Complete this section as follows:

Current vehicle odometer reading (miles): Enter 0

Existing Engine - Annual operation details: Enter 0 in all cells

Attachments: On Road Replacement

Add the required attachments in this section. A list of required attachments in on the solicitation website.

Proposal Summary: On Road Replacement

Review submission and click "Save and Continue".

Proposal Survey: On Road Replacement

Complete the survey and click "Save and Continue".

Proposal Submittal: On Road Replacement

Complete the checklist to agree to the statements.

Enter the full name (first and last name) of the person with signing authority.

Click "Sign and Submit".