

# Form A1

# Zero-Emission Forklift Program For Large-Spark Ignition Forklifts

## **APPLICANT INFORMATION**

Complete one Form A1 per Applicant or Business Entity

### **APPLICANT INFORMATION**

Organization,	, Business or Propri	etor's Name	e (Legal Name	as it	appears on W	V-9):			
Address:									
City:		Sta			te: ZIP C		ode:		
Mailing Addres	ss (if different from al	bove):							
City:	Sta			te: ZIP C		ZIP Code:	ode:		
LSI FLEET IN	IFORMATION								
greater HP and	of Large Spark-Ignitio d greater than 1.0 L D al horsepower)	Displacement:		withi	n the State of Ca	alifornia. <u>Mu</u>	st inci	l <u>ude</u> a	ll forklifts with 25 or
DOORS ID:	illoisepower,				DOORS EIN:				
					DOURS EIN.				
PRIMARY CO First Name:	ONTACT INFORM	MATION		Last Name:					
Contact Numb	Contact Number:				Alternate Contact Number:				
Email:									
AGREEMEN	T SIGNING AUTI	HORITY (L	EGAL OWN	ER (	OF FORKLIFT	Г)			
First Name:		Last Name:			Title:				
Email:	Email:				Phone:				
THIRD PAR	TY INFORMATIO	ON This sect	tion needs to be	e fille	d out if the app	lication is con	nplete	ed by a	anyone on the owner's
behalf. Any fees charged, must be disclosed and the applicant must specify the source of funds used to pay them.  Third Party Name:  Company Name:				ieni.					
Email:				Fee Char			rged:		
Address:				City:		ty:			
State:	ZIP:	Phone:				Alt	Alt Phone:		
Third Party S	ignature:								Date:

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### **CERTIFICATIONS**

By signing this Certifications form, I certify that I have read and understand the 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:

- I have reviewed the information provided in this application and all supporting documentation to be true and correct, and meet the minimum guideline requirements of the Forklift Replacement Program;
- I will disclose the value of any existing financial incentive that directly relates to my LSI fleet, including tax credits or deductions, grants, or other public financial assistance for the same;
- The purchase of this Zero-Emission Forklift is NOT required by any local, state, and/or federal rule or regulation;
- Any additional non-Program funding needed to complete the equipment project according to the proposed timeframe is reasonably available;
- New equipment must <u>not</u> be purchased, received, installed, paid for, or placed into operation prior to contract execution. Equipment owner shall assume <u>all</u> financial risk if equipment is ordered prior to contract execution, and is in no way assured program funds;
- New equipment purchased outside of California may be subject to California sales and/or use tax;
- I have all the information needed to understand what must be done to maintain eligibility for Forklift Replacement Program funds. This includes maintaining registration and ownership; keeping equipment in legal operating condition; correcting any air pollution citations; complying with all regulations; and reporting, repairing, or replacing equipment that has been damaged, destroyed, or stolen;
- I understand that the new equipment proposed in the application will be required to operate at least 75% of its operating time within California and at least 50% within the District's boundaries for the project life;
- I understand as an applicant that incentive programs have limited funds and shall terminate upon depletion of program funding.
- I certify that I am currently in compliance with all federal, State, and local air quality rules and regulations, including the Large Spark-Ignition (LSI) Engine Fleet Requirements Regulation, and I am not aware of any outstanding or pending enforcement actions.

I hereby certify that all information provided in this application and any attachments are true and correct to the best of my knowledge.

Agreement Signing Authority (Legal Owner of Forklift(s)	Date	

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### **SJVAPCD Disclosure of Funds**

## Identification of Potential Co-Funding

Zero-Emissior	າ Forklift	Replacement	Program
VIN/PIN:			

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 Local, State, and Federal funding sources include, but are not limited to, the California Clean Off-Road Equipment (CORE) vouchers. 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)

Date

**Contract Signing Authority Signature** 



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#### ATTACHMENTS CHECKLIST

Attach the following to complete your application

ч	One (1) Form A1 per applicant or business entity					
	One (1) Certifications Page with signature by Agreement Signing Authority (Legal Owner of Forklift(s))					
	First page of IRS Form W-9					
	Form A2, for each forklift to be replaced					
	Particip previou docume <b>Exampl</b> 1.	is two years (24 months) and actively entation you provide must be specifices of frequently used documentation Bill of sale for the old existing equipment (preferred)	ope c to a n for 5.	Bank appraisals for the equipment Maintenance/service records General ledgers		
		Equipment insurance records	0.	identify the equipment owner		
	<b>Usage Verification</b> for the previous one (1) year (12) months specific to the old forklift. <b>Examples</b> of frequently used documentation for Usage are as follows:					
	<ol> <li>Revenue &amp; usage records that identify operational, standby, &amp; down hours for the equipment</li> <li>Routine inspections which document the operating condition of the existing equipment (OSHA or workplace required)</li> <li>Employee Timesheets linked to specific equipment use Preventative maintenance/service records tied to specific hours of equipment use</li> </ol>					
	Copy of a quote for the replacement forklift you would like to purchase.					
	Signed and dated Disclosure of Funds form					

PLEASE SUBMIT ALL COMPLETED APPLICATION PACKETS BY MAIL or EMAIL: (Please choose <u>one</u> method of application submittal to avoid duplicate submittals)

<u>USPS Mail:</u> SJVAPCD Strategies & Incentives, 1990 E. Gettysburg Ave, Fresno, CA 93726

OR

**Email**: grants@valleyair.org

#### **IMPORTANT REMINDERS**

- **DO NOT PURCHASE NEW EQUIPMENT!** Forklifts funded by this program, can only be purchased after contract is fully executed between the equipment owner and the District.
- **KEEP EXISTING FORKLIFT IN COMPLIANCE AND IN OPERATION!** Maintain DOORS registration and operable condition until the forklift has been relinquished to a District-approved dismantler.
- > <u>STAY COMPLIANT!</u> Register in CARB's Off-Road Regulation System (DOORS), if applicable. Ensure fleet is compliant with all applicable Rules and Regulations for duration of incentive program participation.

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