

SAN JOAQUIN VALLEY AIR POLLUTION CONTROL DISTRICT

Off-Road Engine Component

AG PUMP ENGINE REPOWER PROGRAM APPLICATION

DIESEL/NG/PROPANE ENGINE TO ELECTRIC MOTOR REPOWER OPTION (INCLUDES LINE EXTENSION)

SECTION 1 - APPLICANT INFORMATION (PLEASE PRINT OR TYPE)

ORGANIZATION INFORMATION		
1. Organization, Company, or Proprietor's Name (as it appears on Form W-9):		
2. Address:		
3. City:	4. State:	5. Zip Code:
6. Mailing Address (if different from above):		
7. City:	8. State:	9. Zip Code:
10. Have you applied to any other grant programs for this piece of equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain and provide the name of the agency:		
11. Would you have scrapped your existing engine and purchased a replacement without funding from this program? <input type="checkbox"/> Yes <input type="checkbox"/> No		

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:
<input type="checkbox"/> Check here if you prefer to have all correspondence and your contract emailed to you.	

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

1. Engine Address (or location by nearest cross streets):		
2. City:	3. Zip Code:	4. Well Site/Pump #:
5. Distance/Direction from Engine to Nearest Business: Distance to nearest business: _____ (yards) Direction to nearest business: <input type="checkbox"/> Northeast <input type="checkbox"/> Northwest <input type="checkbox"/> Southeast <input type="checkbox"/> Southwest (Choose one)		
6. Distance/Direction from Engine to Nearest <input type="checkbox"/> Residence or <input type="checkbox"/> School (choose closest one): Distance to nearest residence/school: _____ (yards) Direction to nearest residence/school: <input type="checkbox"/> Northeast <input type="checkbox"/> Northwest <input type="checkbox"/> Southeast <input type="checkbox"/> Southwest (Choose one)		
7. County of Operation (check all that apply): <input type="checkbox"/> Fresno <input type="checkbox"/> Kern (Valley Portion) <input type="checkbox"/> Kings <input type="checkbox"/> Madera <input type="checkbox"/> Merced <input type="checkbox"/> San Joaquin <input type="checkbox"/> Stanislaus <input type="checkbox"/> Tulare <input type="checkbox"/> Other, specify:		
8. Primary Function of Engine: <input type="checkbox"/> Crop Irrigation <input type="checkbox"/> Other, explain:		
9. Engine Type: <input type="checkbox"/> Stationary Deep Well <input type="checkbox"/> Trailer Mounted Deep Well (Transportable) <input type="checkbox"/> Stationary Booster <input type="checkbox"/> Trailer Mounted Booster (Transportable) <input type="checkbox"/> Other, explain:		
10. Annual Operation (in hours):	11. Total Acreage of All Agricultural Operations in the San Joaquin Valley:	
12. % Use in SJVAPCD:	13. % Use in California:	
14. Date Engine was Originally Installed or Initially Operated at This Facility (this well/pump site): Month _____ Year _____		
15. Is this equipment operational? <input type="checkbox"/> Yes <input type="checkbox"/> No, this equipment is ineligible for funding.		

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

1. Engine Make:	2. Engine Model:
3. Engine Model Year:	4. Advertised Horsepower Rating:
5. Engine Serial Number (engines with unknown serial numbers are ineligible for funding):	
6. US EPA Engine Family Name (if available):	
7. Engine Tier (only for Diesel): <input type="checkbox"/> Any Tier (25 hp- 50 hp) <input type="checkbox"/> Tier 3	
8. Fuel Type (gasoline engines are ineligible for funding): <input type="checkbox"/> Diesel <input type="checkbox"/> Controlled Natural Gas <input type="checkbox"/> Controlled Propane	
9. SJVAPCD Facility ID / Permit Number:	

SECTION 5 – NEW ELECTRIC MOTOR INFORMATION (PLEASE PRINT OR TYPE)

1. Electric Motor Manufacturer:	2. Electric Motor Model:
3. Electric Motor Model Year:	4. Horsepower Rating:
5. Electric Motor Position: <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical	
6. Total Cost of Electric Motor Conversion Project (electric motor, hardware, labor, taxes, etc.):	7. Tax Rate:
8. Total Line Extension Cost (if applicable):	

SECTION 6 – NEW ELECTRIC MOTOR DEALER/INSTALLER INFORMATION (PLEASE PRINT OR TYPE)

1. Electric Motor Dealership Name:		
2. Address:		
3. City:	4. State:	5. Zip Code:
6. Contact Name:		
7. Phone Number:	8. Fax Number:	9. Email:
10. Electric Motor Installer Name (if different from above):		
11. Address:		
12. City:	13. State:	14. Zip Code:
15. Contact Name:		
16. Phone Number:	17. Fax Number:	18. 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.

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, I certify to the statements and agree to adhere to the terms and conditions described:

1. The maximum eligible incentive amount is based on the cost of the new electric motor. Funding will cover 85 percent of the eligible cost of the new motor, funding is not to exceed 85 percent of eligible costs. The maximum eligible incentive amount is calculated up to the cost-effectiveness limit, and may not necessarily reflect the maximum funding amount. Additionally, the incentive amount may be reduced after the claim for payment has been finalized, depending on all eligible items invoiced. If the horsepower of the new electric motor is 125% or greater than the current engine, the maximum eligible incentive amount may be less than what is reflected on this table (see Eligibility Criteria and Application Guidelines).
2. 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.
3. 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.
4. I will comply with the reporting requirements and keep appropriate records through the full term of the agreement of the project, as determined by the SJVAPCD and CARB.
5. The new replacement electric motor will be domiciled within the boundaries of the SJVAPCD and will be operated at least seventy-five percent (75%) of the engine's annual hours of operation within SJVAPCD boundaries.
6. 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.
7. 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.
8. I hereby certify that all information provided in this application and any attachments are true and correct to the best of my knowledge.
9. **I agree not to purchase or install the new electric motor prior to agreement execution.**

Contract Signing Authority Signature

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

APPLICATION PACKET CHECKLIST

This application is limited to the repower of one new replacement electric motor. Please complete a separate application for each new replacement electric motor 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 **Certifications** section, page four (4), signed and dated.
 - ❖ Completed **Disclosure of Funds** section, page five (5), signed and dated.
- First page of IRS Request for Taxpayer Identification Number and Certification Form (**Form W-9**).
- Copy of the completed corresponding **Electric Service Provider Application or Letter of Intent** (PG&E application, SCE letter of intent, etc.).
 - ❖ A copy of subsequent letters from the service provider which clarifies the requirements to install reduced-voltage starting equipment (i.e., PG&E Letter, SCE Engineering Report, etc.) will be requested by District staff at a later date. Please keep these letters available and ready for submittal.
- Dated and itemized dealer **quote** for the new electric motor and eligible equipment. The quote must, at a minimum, include the following:
 - ❖ The applicant/organization name and address. (Must match the information in Section 1 of this application)
 - ❖ The electric motor dealer name and address.
 - ❖ The electric motor make, model and horsepower.
 - ❖ A complete and detailed breakdown of all costs: new electric motor, additional equipment and materials (i.e., head shaft, service pole, pump panel, etc.), installation labor (including the total estimated labor hours and labor rate per hour for the project, but excluding any well work or irrigation plumbing), and sales tax with the percentage indicated (if applicable, indicate whether the sales tax is at an agricultural tax rate). Please list all additional equipment and materials separately in a line item format.
- For applicants who are municipalities, a copy of the **Board Resolution** which approves participation in the District's incentive program must be submitted.

Please return all completed applications to:
SJVAPCD Strategies and Incentives Department
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.