

**CALIFORNIA AIR POLLUTION CONTROL OFFICER'S
Funding Agricultural Replacement
Measures for Emission Reductions (FARMER) APPLICATION**

ENGINE/MOTOR REPLACEMENT OR RETROFIT APPLICATION



A. APPLICANT INFORMATION

1. Company name/ Organization name/ Individual name:		
2. Business type:		
3. Contact name and title:		
4. Business mailing address and contact information:		
Street:		
City:	State:	Zip code:
Phone: ()	Fax: ()	
E-mail:		
5. Person with contract signing authority (<i>if different from above</i>):		
6. How many vehicles/engines/retrofits are being applied for?		
7. Total funding amount requested in this application:		

B. FUNDING DISCLOSURE

1. Have any engines or vehicles listed in this application applied for or have been awarded Carl Moyer Program funding or other grants? Yes No
2. If "yes", complete the following for each engine:
a. Agency applied to:
b. Date/Number of Agency Solicitation:
c. Funding Amount Requested:
d. Equipment Identification:
d. Baseline Engine Serial Number:
e. Status of Application:

I hereby certify that all information provided in this application and any attachments are true and correct.

Printed Name of Responsible Party:	Title:
Signature of Responsible Party:	Date:

Third Party Certification

I have completed the application, in whole or in part, on behalf of the applicant.

Printed Name of Third Party:	Title:
Signature of Third Party:	Date:
Amount Being Paid for Application Completion in Whole or Part:	Source of funding to Third party:

For each engine, please complete sections C, D, E, F, or G (as appropriate). Please include project cost documentation including vendor quotes and other substantiating data to support cost estimates provided in this application.

C. PROJECT ACTIVITY INFORMATION

1. Project name:												
2. Project address (<i>if different than business address</i>):												
Street:												
City:	State:	Zip Code:										
3. Estimated Annual Hours of Operation _____												
OR												
Estimated Annual Gallons of Fuel Consumption _____												
4. List air district(s) in California in which the equipment operates and percent of operation in each:												
5. Project Life:	<table style="width: 100%; border: none;"> <tr> <td style="padding: 5px;">Maximum</td> <td style="padding: 5px; text-align: center;"><u>Maximum Project Life</u></td> </tr> <tr> <td style="padding: 5px;">Other: _____ years</td> <td style="padding: 5px;"> <table style="width: 100%; border: none;"> <tr> <td style="padding: 2px 5px;">Repower Only (no retrofit)</td> <td style="padding: 2px 5px;">10 years</td> </tr> <tr> <td style="padding: 2px 5px;">Repower + Retrofit</td> <td style="padding: 2px 5px;">5 years</td> </tr> <tr> <td style="padding: 2px 5px;">Retrofit Only</td> <td style="padding: 2px 5px;">5 Years</td> </tr> </table> </td> </tr> </table>		Maximum	<u>Maximum Project Life</u>	Other: _____ years	<table style="width: 100%; border: none;"> <tr> <td style="padding: 2px 5px;">Repower Only (no retrofit)</td> <td style="padding: 2px 5px;">10 years</td> </tr> <tr> <td style="padding: 2px 5px;">Repower + Retrofit</td> <td style="padding: 2px 5px;">5 years</td> </tr> <tr> <td style="padding: 2px 5px;">Retrofit Only</td> <td style="padding: 2px 5px;">5 Years</td> </tr> </table>	Repower Only (no retrofit)	10 years	Repower + Retrofit	5 years	Retrofit Only	5 Years
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Retrofit Only	5 Years											
6. Will the new engine have a functioning hour meter for the life of the project (circle one)?												
Yes No												

D. EXISTING (BASELINE) EQUIPMENT INFORMATION

Must be filled out for each piece of equipment requesting funding

1. Equipment Type/Specific Function:		
2. Equipment Make, Model, and Year:		
3. Equipment Serial Number:		
4. Equipment Identification Number (<i>unique number designated by applicant</i>)		
5. Number of Main Engines on this Equipment:		
6. Equipment Location:		
Street:		
City:	State:	Zip:
7. Engine Family: (<i>for controlled engines only</i>)		
8. Engine Tier (<i>for controlled engines only</i>)		
9. Engine Make:		
10. Engine Model:		
11. Engine Model Year:		
12. Engine Horsepower:		
13. Engine Serial Number:		
14. Engine Fuel Type:		

E. REPOWER PROJECTS (NEW ENGINE)

1. Number of Main Engines to be Repowered:
2. New Engine Family:
3. New Engine Make:
4. New Engine Model:
5. New Engine Model Year:

6. New Engine Serial Number: <i>(if available)</i>	
7. New Engine Horsepower:	
8. New Engine Tier:	
9a. Engine Cost:	9b. Engine Installation Cost <i>(optional)</i> :

F. RETROFIT PROJECTS

1. ARB-verified Retrofit Device Manufacturer:	
2. Retrofit Device Make:	
3. Retrofit Device Model:	
4. Retrofit Device ARB Executive Order Number:	
5. Retrofit Device Serial Number <i>(if available)</i> :	
6. ARB – Verified PM Reduction (%):	
7. ARB – Verified NOx Reduction (%):	
8a. Cost of Retrofit:	b. Cost of Retrofit Installation <i>(optional)</i> :
9. Cost of Retrofit Maintenance for Project Life <i>(optional)</i> :	
10. Has retrofit been verified for the engine? (circle one) <p style="text-align: center;">Yes No</p>	

G. REPLACEMENT PROJECTS

1. Replacement Equipment Description:
2. Equipment Serial Number:
3. Equipment Make:
4. Equipment Model:
5. Equipment Model Year:
6. Number of Main Engines:

7. Engine Family:
8. Engine Make:
9. Engine Model:
10. Engine Serial Number (if applicable):
11. Engine Certification Tier:
12. Engine Horsepower:
13. Engine Fuel Type:
14. Total Replacement Equipment Cost:

H. FUNDING AMOUNT REQUEST

1. Total Amount Requested for this Piece of Equipment:
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