

APPLICATION FOR MOYER GRANT OFF-ROAD COMPRESSION IGNITION (CI) PROJECTS

APPLICANT INFORMATION FOR ALL PROJECTS

Funded or being considered for funding by any other public agency? County where Veh or Equip is based

Primary Contact Name Primary Contact Phone Number

Organization Company or Name

Street Address State and Zip Code

BASE MOTOR/EQUIPMENT INFORMATION FOR ALL PROJECTS (If more than one base motor, show the data for each motor on a separate list attached):

Number of Main Motors on this Veh or Equip:

Base Veh or Equip Owner

Project Address if different

Base Veh or Equip ID Number (If applies) : Base Veh or Equip Serial No if applies:

Base Veh or Equip Make and Model Base Veh or Equip Year

Base Motor Make and Model Base Motor Year

Base Motor Horsepower Base Motor Serial Number

Base Motor EPA Family Number Base Motor Tier (0 or 1)

Base Motor ARB Cert EO No: Projected Year of Purchase of New Equipment:

Base Motor Rebuild Cost for continued operation(Write "N.A". if unknown) : Expected Life of Base Motor if rebuilt (years)

ACTIVITY INFORMATION FOR ALL PROJECTS:

Base Veh or Equip Type/Function:

Annual Hours of Operation, OR % Operation in Air District % Operation in California

Annual Gallons of Fuel Used: Will have a functioning hour meter for project life (Y/N)?

Check if EMU to be installed * Electronic Monitoring Unit (EMU) is an optional device, not required for this project type.

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FUEL INFORMATION FOR ALL PROJECTS - check all that apply:

EXISTING OR BASE MOTOR

Base Fuel is Diesel

PROPOSED PROJECT MOTOR

Project Fuel is Diesel

Project Fuel is Propane

Project Fuel is Gasoline

Project Fuel is Electric

Project Fuel is CNG or LNG

A. ONLY FOR REPOWER/ REPLACEMENT PROJECTS

Number of Main Motors to be Repowered Check if motor previously or currently funded by Moyer grant

New Motor Make and Model New Motor Cost

New Motor Horsepower New Motor Installation Cost

New Motor Year New Motor Tier New Motor Serial Number (Write "N.A".) if unknown.

New Motor EPA Family Number except electric New Motor ARB Cert EO No

New Veh or Equip Vendor New Motor Installer

B. ONLY FOR RETROFIT DEVICES

Retrofit Device Make Retrofit ARB Cert EO No

Retrofit Device Name Cost to Maintain Retrofit Device for Project Life

Retrofit Device Serial Number Cost of Retrofit Device Warranty

Retrofit Device Cost Retrofit Verif Level Cost to Install Retrofit Device

ARB-Verif NOx Reduction (%) ARB-Verif ROG Reduction (%) ARB-Verif PM Reduction (%)

C. ONLY FOR ELECTRIFICATION PROJECTS

Electric motor make and model: Electric motor KW:

Electric motor Vendor: Electric motor Cost:

Electric motor EPA family if applies: Electric motor Serial No (If known; otherwise enter "N.A.") :

Electric Motor Year:

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The estimate of hourly usage above is supported by (Check one):

- Written documentation Base functioning hour meter Documentation plus current hour meter

Other documentation
(List) :

Person who Filled Out This Application

I hereby certify that all information provided in this application and any attachments is true and correct, and I am authorized to represent the person or company or public agency indicated below to sign this application and all other contracts or agreements necessary to implement the project for which funding is hereby requested.

Printed name of responsible party:

Application
date:

Signature of responsible party

If this application was prepared by someone other than the above:

Preparer name:

Preparer date:

Signature of
preparer:

Amount received to prepare
application(if any):

Source of payment;