SAN JOAQUIN VALLEY AIR POLLUTION CONTROL DISTRICT

Off-Road Engine Component

AG PUMP ENGINE REPOWER PROGRAM

APPLICATION

DIESEL TO DIESEL ENGINE REPOWER OPTION

SECTION 1 - APPLICANT INFORMATION (PLEASE PRINT OR TYPE)

1. Organization, Company, or Proprietor's Name (as it appears on Form W-9):

ORGANIZATION INFORMATION

2.	Address:					
3.	City:		4. State:	5. Zip Code:		
6.	Mailing Address (if different from above):					
7.	City:		8. State:	9. Zip Code:		
10.	10. Have you applied to any other grant programs for this piece of equipment? ☐ Yes ☐ No If yes, please explain and provide the name of the agency:					
SEC	Section 2- Contact Information (Please Print or Type)					
PR	IMARY CONTACT INFORMATION					
1.	First and Last Name:		2. Title:			
3.	Phone Number:	4. Fax Number:				
5.	Alternate Contact Number:	6. Email:				
СО	NTRACT SIGNING AUTHORITY INFORMATION	(IF DIFFER	RENT FROM ABOVE	≣)		
7.	First and Last Name:		8. Title:			
9.	Phone Number:	10. Fax Number:				
11.	Alternate Contact Number:	12. Email:				
	☐ 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)

OEC	TION 3 - EXISTING/OLD ENGINE ACTIVITY	INI OKWATION (I LLAGE I KINI OK I II L			
1.	Engine Address (or location by nearest cross stre	eets):				
2.	City: 3. 2	Zip Code:	4. Well Site/Pump #:			
5.	Distance/Direction from Engine to Nearest Business: Distance to nearest business: (yards) Direction to nearest business: □ Northeast □ Northwest □ Southeast □ Southwest (Choose one)					
6.	Distance/Direction from Engine to Nearest □ Residence or □ School (choose closest one): Distance to nearest residence/school: (yards) Direction to nearest residence/school: □ Northeast □ Northwest □ Southwest □ Southwest (Choose one)					
7.	County of Operation (check all that apply): □ Fresno □ Kern (Valley Portion) □ Kings □ Madera □ Merced □ San Joaquin □ Stanislaus □ Tulare □ Other, specify:					
8.	Primary Function of Engine: □ Crop Irrigation □ Other, explain:					
9.	Engine Type: Stationary Deep Well Trailer Mounted Deep Well (Transportable) Stationary Booster Trailer Mounted Booster (Transportable) Other, explain:					
10.	Annual Operation (in hours):					
11.	% Use in SJVAPCD: 12. % Use in California:					
13.	. Date Engine was Originally Installed or Initially Operated at This Facility (this well/pump site): Month Year					
14.	I. Is this equipment operational? Yes No, this equipment is ineligible for funding.					
SEC	Section 4 – Existing/Old Engine Information (Please Print or Type)					
1.	Engine Make:	2. Engine	Model:			
3.	Engine Model Year:	4. Advertis	sed 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: Uncontrolled (Tier 0) or Tier 1 (25 hp- 50 hp) Tier 2* Tier 3 Tier 4 (Ineligible for funding) *Eligible for grant funding through 1/1/18 on a case-by-case basis					
8.	Fuel Type: Diesel (gasoline and propane engines are ineligible for funding)					

SEC	CTION 5 – NEW REPLACEMEN	NT ENGINE INFORM	IATIO	ом (Р	LEASE	Print or	ΓYPE)
1. I	Engine Make:		2.	Engir	ne Mod	el:	
3.	Engine Model Year:		4.	Interr	nittent	(Gross) Horse	epower Rating:
5.	US EPA Engine Family Name:						
6.	Fuel Type: ☐ Diesel (gasoline and p	ropane engines are i	nelig	ible fo	r fundir	ng)	
7.	Engine Tier: Tier 4 Final (Interim Tie	er 4, Tier 4 Alt NOx, a	nd T	ier 4 F	inal FE	L engines are	ineligible for funding)
8.	Total Cost of New Engine:		9.	Tax F	Rate:		
SEC	CTION 6 – NEW REPLACEMEN	NT ENGINE DEALE	r In	FORM	ATION	(PLEASE P	RINT OR TYPE)
1.	Dealership Name:						
2.	Address:						
3.	City:				4. 5	State:	5. Zip Code:
6.	Contact Name:						I
7.	Phone Number:	8. Fax Number:				9. Email:	
Тн	RD PARTY INFORMATION						
This	section must be completed if a & date.	any part of the applica	ation	was fi	lled ou	on your beh	alf by a third party. Pleas
1.	Contact Name:		2.	Title:			
3.	Business Name:		4.	Phon	e Num	ber:	
5.	Cost of Services (not eligible for funding reimbursement):			6. Source of Funds to Pay for Third Party Services:			
	reby certify that all information best of my knowledge, and that		•			•	
Thi	rd Party Signature		=			Date	

CERTIFICATIONS

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, by initialing each of the following sections below, I certify to the statements and agree to adhere to the terms and conditions described:

Initial	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.					
Initial	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.					
Initial	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.					
Initial		be domiciled within the boundaries of the SJVAPCD and will be ent (75%) of the engine's annual hours of operation within SJVAPCD				
Initial	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 ARB.					
	•	ount is based on the horsepower of the new diesel engine. Funding is relevels for each new engine, not to exceed 85 percent of eligible				
	Horsepower Rating	Dollar/Horsepower				
	26-99	\$140				
	100-125	\$120				
	126-150	\$100				
	151-749	\$90				
Initial	necessarily reflect the maximum for Additionally, the incentive amount depending on all eligible items involved.	mount is calculated up to the cost-effectiveness limit, and may not unding allowed according to the dollar per horsepower funding cap. may be reduced after the claim for payment has been finalized, piced. If the horsepower of the new engine is 150% or greater than eligible incentive amount may be less than what is reflected on this plication Guidelines).				
Initial	I hereby certify that all information provided in this application and any attachments are true and correct to the best of my knowledge.					
Initial	I agree not to purchase or install	the new engine prior to agreement execution.				
Contract	Signing Authority Signature	Date				

SUPPLEMENTAL PERMIT APPLICATION INFORMATION FORM

You may be required to have an Authority to Construct (ATC) for the new reduced-emission engine or if retrofitting an existing engine. The information in this supplemental form will be used by the SJVAPCD Permit Services Department to process ATC's for engine replacements/installations. If you are unsure whether or not you need an Authority to Construct, or if your engine needs to be permitted by the SJVAPCD, please contact our Small Business Assistance (SBA) Program:

Small Business Assistance (SBA) Program

 Northern Region (Modesto)
 (209) 557-6446

 Central Region (Fresno)
 (559) 230-5888

 Southern Region (Bakersfield)
 (661) 326-6969

ALL APPLICANTS MUST COMPLETE THIS SHEET

1.	, , , , , , , , , , , , , , , , , , , ,
	□ Yes, provide facility ID:
	□ Don't know. (Contact the SBA Program in your region or visit our website at
	http://www.valleyair.org/busind/busasst/sba.htm for more information.)
	□ No. (This Form is complete.)
2.	Does the existing engine have a valid SJVAPCD Permit to Operate (PTO)?
	□ Yes, proceed to question #4.
	□ Don't know. (Contact the SBA Program in your region or visit our website at
	http://www.valleyair.org/busind/busasst/sba.htm for more information.)
	□ No. (Please note that a permit application-filing fee will be required for the existing engine. Do
	not send money at this time.)
3.	Was the existing engine installed prior to June 1, 2006?
	□ Yes. Date installed:
	□ No. Date installed:
4.	Do you have an Authority to Construct (ATC) permit for the new engine?
	□ Yes, this Supplemental Permit Application Form is complete.
	□ No. (Please note that a permit application-filing fee will be required for each new engine. Permit
	Services will contact you prior to processing the permit application(s)).

APPLICATION PACKET CHECKLIST

This application is limited to the repower of one new reduced-emission replacement engine. Please complete a separate application for each new replacement engine 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 six (6) pages, which include the following:
 - ❖ If applicable, completed **Third Party Information** section (page 3).
 - Completed Certifications section, page four (4), initialed and signed.
- ☐ First page of IRS Request for Taxpayer Identification Number and Certification Form (**Form W-9**).
- Dated and itemized dealer **quote** for the new reduced-emission engine 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 engine dealer name and address.
 - ❖ The engine make, model, horsepower and EPA-Certified Engine Family Name.
 - A complete and detailed breakdown of all costs: new reduced-emission engine, additional equipment and materials, 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.
- ☐ Completed Supplemental Permit Application Information Form.

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: weberip@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.