

2020 VCAPCD Combined Incentive Program Grant Application Locomotive Repower or Replacement Application – Page 1

Company Name (must match Tax ID number):	Federal Tax ID Number or Social Security Number (also submit IRS Form W-9):
Applicant Name:	
Mailing Address:	
Phone number:	Email:
Person with contract-signing authority (if different from above):	
Locomotive make and model:	
Year built:	
Identification number or serial number:	
Annual gallons of diesel fuel burned in Ventura County by this locomotive:	
Circle usage type: passenger, line haul, switcher, or other (specify).	
Percent of total annual operation in California for this locomotive:	%
Percent of total operation in Ventura County for this locomotive:	%
Is this project a Repower (circle one)? Yes No If yes, complete pages 2 and 4.	
Is this project a Replacement (circle one)? Yes No If yes, complete pages 3 and 4.	

All applications must include the following documents (please check boxes to signify they are attached):

- Application Statement
- Disclosure Statement
- Declaration of Compliance
- IRS W-9 Tax Form
- Itemized cost quote(s) (specified on page 2 or 3)
- Records of locomotive fuel usage for the past two years of operation (specified on page 4)

I certify that all information, attachments, and documentation submitted with this application is authentic and correct.

Applicant Signature: _____ Date: _____

- Specify Desired Grant Amount: _____ (up to 85% of eligible costs). You may improve your chances of receiving a grant by requesting less than 85%. You may also specify a cost-effectiveness target or a specific dollar amount.
- Specify Desired Grant Term: _____ (up to 15 years). A longer term can improve your chances of receiving a grant. The grant contract will require you to report hours of use annually and operate and maintain the equipment in Ventura County for the number of years you specify.

**2020 VCAPCD Combined Incentive Program Grant Application
Repower Costs - Page 2**

FOR LOCOMOTIVE REPOWER PROJECTS:

Itemize the costs of the repower as follows:

Engine or engine remanufacture kit: <input type="checkbox"/> Itemized price quote attached.	\$
Parts necessary to modify cooling systems, fuel and exhaust systems, wiring panel and harness, power take-offs, control systems, gauges and alarms, radiator and ventilation, or any other parts that are integral to the functioning of the funded engine: <input type="checkbox"/> Itemized price quote attached.	\$
Parts needed to extend, cut, or modify frames; or to accommodate the new engine as well as paint or coating to protect those specific areas that were cut or modified: <input type="checkbox"/> Itemized price quote attached.	\$
Tax and transport for eligible parts: <input type="checkbox"/> Itemized price quote attached.	\$
Labor for installation of or modification to eligible parts: <input type="checkbox"/> Itemized price quote attached.	\$
Total costs to repower this locomotive:	\$

Note that itemized price quote(s) must be attached for each item to be considered for funding.

If the applicant obtains financing to assist in the purchase of replacement equipment, full documentation of financing must be provided.

Locomotive Application - Page 3 Replacement Costs

FOR LOCOMOTIVE REPLACEMENT PROJECTS:

Itemize the costs of the replacement as follows and attach price quotes:

New Locomotive Documentation:

Equipment	Engine	HP (engine rating)	EPA Engine Tier and/or Family Number	Projected Delivery Date
Year:	Year:			
Make:	Make:			
Model:	Model:			

Do not leave any fields blank. Enter or attach explanations for any missing information.

Note that the replacement locomotive must serve the same function and perform work equivalent to the old locomotive. A case-by-case approval may be required if the horsepower rating of the new engine(s) is more than 25% greater than the old locomotive engine(s) to be scrapped. Additionally, the cost for options on the new equipment that were not on the existing equipment will not be included when calculating the maximum grant amount. Grantees may upgrade the new equipment at their own expense.

Costs*

Base price, excluding optional equipment:		\$
Describe all optional equipment to be installed on the locomotive and whether the optional equipment was also installed on the locomotive being scrapped.	Is the old unit equipped with this option?	Optional equipment costs
Option #1:	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Option #2:	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Option #3:	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Option #4:	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Option #5:	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Other cost (describe):		\$
Other cost (describe):		\$
Tax:		\$
TOTAL		\$

***Attach price quote from dealer to substantiate claims.**

Itemized price quote(s) attached.

If the applicant obtains financing to assist in the purchase of replacement equipment, full documentation of financing must be provided.

Locomotive Application - Page 4 Replacement Costs

Old Engines:

Engine Make	Engine Model	Engine Year	HP	Engine Serial Number	EPA Tier and Family No.	Annual hours of operation **	Annual Gallons of Fuel Burned**

****Records or calculation substantiating claims must be included.**

- Records for annual hours of operation are attached.
- Records or calculations for annual gallons of fuel burned are attached.

New Engines:

Engine Make	Engine Model	Engine Year	HP	EPA Family Number (Tier 4 required)	Displacement (liters)