

Ventura County Carl Moyer / FARMER / Community Air Protection Combined Application Form
2020 VCAPCD Combined Incentive Program Grant Application
Off-Road Mobile Equipment Repower – Page 1

Company Name (must match Tax ID number):	Federal Tax ID Number or Social Security Number (also submit IRS Form W-9):
Contact Name:	
Mailing Address:	
Phone number:	Email:
Person with contract-signing authority (also, sign and date at bottom of page):	
Circle type of business: farming, construction, or other (specify).	
Percent of total operation in California for this equipment:	%
Percent of total operation in Ventura County for this equipment:	%
Project address, if different from business address (enter "various" and explain if more than one).	

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
- Annual usage documentation (specified on page 2)
- Itemized price quote (specified on page 3)
- If the applicant obtains financing to assist in the purchase of replacement equipment, full documentation of financing must be provided.

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 10 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.

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Existing (Old) Equipment Documentation – Page 2

Submit one checklist for each piece of farm equipment to be scrapped. Check boxes below and attach the documentation to this checklist. Keep copies - documentation cannot be returned.

Applicant Name & Company _____

Equipment Year, Make, and Model	Equipment Serial Number	Engine Year, Make, and Model	HP (Engine rating)	Engine Serial Number	Annual hours of operation
Year _____ Make _____ Model _____		Year _____ Make _____ Model _____			

Current hour meter reading: _____ **Date of reading:** _____

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

- 1. Attach calculations to verify the number of annual hours of operation listed above.**
- 2. Attach documentation of hours of use for the previous two years.**

One of the following:

- Copies of dated maintenance or repair documents showing engine hour-meter readings. Attach one document that is dated between **April 2017** and **April 2018**, and one that is dated around **April 2019**.
- Copy of an original signed and dated hour-meter log with readings collected a minimum of once per year from an installed and fully functioning hour meter.
- Copy of original signed and dated historical fuel usage documentation specific to the equipment. Fuel documentation must include fuel logs, purchase receipts, or ledger entries.

OR, two of the following:

- Revenue and usage records that identify operational, standby, and down hours for the equipment.
- Employee timesheets linked to specific equipment use.
- Preventative maintenance records tied to specific hours of equipment use.
- Repair work orders specific to the equipment.
- Six months of tracking normal equipment usage with a functional, tamper proof hour meter with prior district approval.
- Other documentation (for review and approval by the California Air Resources Board).

- 3. Attach at least two of the following documentations as proof that you owned and operated the old equipment in California for the previous two years:**

- Bill of Sale
- Copies of dated maintenance or repair records. Attach one document that is at least two years old but less than three years old, and one that is approximately one year old.
- Tax depreciation logs. *
- Property tax records. *
- Equipment insurance records. *
- Bank appraisals for equipment. *
- General ledgers. *
- Fuel records specific to the old equipment. * (To be used as evidence of California residency, the fuel records must also identify the equipment owner).
- Other documentation (for review and approval by the California Air Resources Board).

*Two years of documentation required for these options.

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Replacement (New) Engine Documentation – Page 3

Engine	HP (Engine rating)	EPA Family Number and Tier	Projected Completion Date
Year _____ Make _____ Model _____			

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

Note that the replacement engine must serve the same function and perform work equivalent to the old engine. The horsepower rating may be no more than 25% larger or smaller than the old engine being scrapped.

Costs**

Base engine price, excluding optional equipment:	\$
Installation cost:	\$
Retrofit: If available for your new equipment, a retrofit can be funded at 100% of its cost. If a retrofit is desired, check this box <input type="checkbox"/> and enter the total cost here and attach a price quote detailing the retrofit costs. To decline the retrofit, review and sign in the box below.	\$
Tax:	\$
Total:	\$

****Attach price quote from dealer to substantiate claims made in this table.**

Itemized price quote(s) attached.

The California Air Resources Board requires retrofits (also known as VDECS or diesel particulate filters) to be installed on all funded equipment unless the applicant signs a waiver to "opt out" of this requirement. If available for your new tractor, 100% of the cost of a retrofit can be funded by this program. To opt out, sign below to acknowledge that you understand future regulations could require farm tractors to have retrofits installed at your own cost. If you want a retrofit now, do not sign below and instead attach a price quote with details.

Waiver - I choose to opt out of the retrofit requirement.

Applicant Signature: _____ **Date:** _____