SAN JOAQUIN VALLEY AIR POLLUTION CONTROL DISTRICT

APPLICATION

CHARBROILER INCENTIVE PROGRAM (ChIP)

RETROFIT

Please return all completed applications to:
SJVAPCD Incentive Programs
1990 East Gettysburg Avenue Fresno, CA 93726-0244

SECTION 1 - APPLICANT INFORMATION (PLEASE PRINT OR TYPE)

ORGANIZATION INFORMATION		
1. Organization, Company, or Proprietor's Name (as it appears on Form W-9):		
2. Business Type (check appropriate box): ☐ Sole Proprietor ☐ Corporation ☐ Partnership ☐ Government ☐ Other:		
3. Tax ID: Taxpayer ID Number (TIN) _____ OR Social Security Number (SSN) _____		
4. Address:		
5. City:	6. State:	7. Zip Code:
8. Mailing Address (if different from above):		
9. City:	10. State:	11. Zip Code:
12. Have you applied to any other grant programs for the retrofit in this project? ☐ No ☐ Yes If yes, please contact Incentive Program staff at (559) 230-5800 before completing this application.		
PRIMARY CONTACT INFORMATION		
13. First and Last Name:	14. Title:	
15. Phone Number:	16. Fax Number:	
17. Alternate Contact Number:	18. Email:	
CONTRACT SIGNING AUTHORITY INFORMATION		
19. First and Last Name:	20. Title:	

SECTION 2 – ACTIVITY INFORMATION (PLEASE PRINT OR TYPE)

1. Facility Address:	
2. City:	3. Zip Code:
4. Type of Facility: ☐ Franchise ☐ Deli ☐ Prep Kitchen ☐ Full Service ☐ Other (please specify):	
5. Number of Employees:	6. Annual Gross Income:
7. County of Operation: ☐ Fresno ☐ Kern (Valley portion) ☐ Kings ☐ Madera ☐ Merced ☐San Joaquin ☐ Stanislaus ☐ Tulare ☐ Other (please specify):	
8. Does this facility currently have an emissions control device? ☐ Yes ☐ No If yes, please describe:	
9. Number of Under-fired Charbroilers on Facility Premises:	
10. Annual Pounds of Meat Cooked on Under-fired Charbroiler(s): Pork, Poultry, & Lamb:_____ Beef:_____ Seafood or Fish:_____ Other (please specify): _____	
11. Is the facility and each under-fired charbroiler operational? ☐ Yes ☐ No (This facility is ineligible for funding.)	
12. When would this facility be available for operational inspection? Time(s): ☐ Morning ☐ Afternoon Day(s): ☐ Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri	

SECTION 3 – EQUIPMENT INFORMATION (PLEASE PRINT OR TYPE)

CURRENT CHARBROILER(S) (SUM VALUES IF THE RETROFIT IS FOR MULTIPLE CHARBROILERS)	
1. Total BTU per Hour Rating:	2. Grill Surface Area (in square inches):
3. Annual Operating Costs of Current Control Devices (List costs individually by type and amounts.):	
CONTROL DEVICE (RETROFIT)	
4. Retrofit Make:	5. Retrofit Model:
6. Retrofit Type: ☐ HEPA Filtration System ☐ Electrostatic Precipitator ☐ Wet Scrubber ☐ Thermal Oxidizer	
7. Emission Reductions: PM:_____% VOC:_____%	
8. Estimated Annual Operating Costs (List costs individually by type and amounts.):	
9. Total Cost of Retrofit, including Installation (should match quote):	

FOR INTERNAL USE ONLY

1. Project Life:	2. Serial Number of New Retrofit:

SECTION 4 – DEALER/INSTALLER INFORMATION (PLEASE PRINT OR TYPE)

DEALER		
1. Retrofit Dealer Name:		
2. Address:		
3. City:	4. State:	5. Zip Code:
6. Contact Name:		
7. Phone Number:	8. Fax Number:	9. Email:
INSTALLER		
10. Retrofit Installer Name (if different from above):		
11. Address:		
12. City:	13. State:	14. Zip Code:
15. Contact Name:		
16. Phone Number:	17. Fax Number:	18. Email:

THIRD PARTY INFORMATION

This section must be completed if any part of the application was filled out on your behalf, by a third party. Please sign and date in blue ink. (PLEASE PRINT OR TYPE)

1. Contact Name:	2. Title:
3. Business Name:	4. Phone Number:
5. Cost of Services (not eligible for funding reimbursement):	6. Source of Funds to Pay for Third Party Services:

I hereby certify that all information provided in this application and any attachments are true and correct to the best of my knowledge, and that SJVAPCD funds may not be utilized to compensate me for my services.

Third Party Signature

Date

CERTIFICATIONS

Please initial and sign in blue ink

I have read the Eligibility Criteria and Application Guidelines and agree to adhere to its requirements and **all** the following terms and conditions by initialing each of the following sections:

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 _____ Proposed project(s) has not received funding or is under agreement with any other air district, ARB, or any other public agency. Any current financial incentive that directly reduces the project cost; including tax credits or deductions, grants, or other public financial assistance for the same retrofit or equipment; must be disclosed to the District. The consequences of submitting multiple applications for the same retrofit or equipment, and non-disclosure of any current financial incentive include: disqualification of the retrofit/equipment from participation in the project, disqualification of the applicant from submitting any future applications for any funding, and/or discipline up to and including civil or criminal penalties.

Initial _____ Comply with the reporting requirements and keep appropriate records through the full term of the agreement, as determined by the SJVAPCD and ARB.

Initial _____ Maintain replacement value insurance on the new control device for the duration of the project life.

Initial _____ Maximum eligible incentive amounts are calculated up to the cost-effectiveness limit. Additionally, eligible incentive amounts may be reduced after the claim for payment has been finalized, depending on all eligible items invoiced.

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 retrofit prior to agreement execution.

_____ _____

Contract Signing Authority Signature Date

Internal Use Only:

Project Number:

APPLICATION PACKET CHECKLIST

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:

- ❑ A completed **Application**, all five (5) pages. All fields are required unless otherwise indicated. Any field that is left blank may result in an incomplete application, delaying the application process until the missing information is obtained or submitted.
- ❑ A completed **Certifications** section, page four (4), initialed and signed in **blue ink**.
- ❑ The first page of IRS Request for Taxpayer Identification Number and Certification Form W-9 (**Form W-9**).
  - ❖ The information entered into Section 1 of the application must be **identical** to the information on the Form W-9, as this information will be used to generate all binding documents and be used to report incentive funding to the IRS.
  - ❖ A copy of the IRS Form W-9 can be downloaded at www.irs.gov or by calling 1-800-829-3676.
  - ❖ If your business is a Limited Liability Company (LLC), please follow the instructions found on the Form W-9.
- ❑ Documentation of annual pounds of meat cooked. This may include meat order invoices, cooking logs, etc.
- ❑ A dated and itemized dealer **quote** for the verified retrofit device. 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 retrofit dealer name and address.
  - ❖ Percentage emission reductions.
  - ❖ A complete and detailed breakdown of all material costs: retrofit device, hardware, installation labor (including the total estimated labor hours and labor rate per hour for the project), and the sales tax with the percentage rate indicated. Please list all additional equipment and materials separately in a line item format.
- ❑ A copy of the facility's business license for past two (2) years.
- ❑ The **Third Party Information** section, if applicable, completed and signed in **blue ink**.
  - ❖ If a third party filled out any part of the application on your behalf, the Third Party Information section must be completely filled out and signed.

Please retain a full copy of the completed application for your own records.

For additional assistance, please contact Incentive Program staff at (559) 230-5800.