

**SAN JOAQUIN VALLEY
AIR POLLUTION CONTROL DISTRICT**

**HEAVY-DUTY
ENGINE PROGRAM**

**FORKLIFT COMPONENT
(Large Spark-Ignited (LSI) Forklifts)**

RETROFIT OPTION

ELIGIBILITY CRITERIA AND APPLICATION GUIDELINES

The San Joaquin Valley Air Pollution Control District (SJVAPCD) is currently accepting applications requesting monetary incentives to install verified retrofit systems on existing spark-ignited forklifts, according to the terms and conditions described in these guidelines. For additional information, assistance or to receive application materials, please contact:

**San Joaquin Valley Air Pollution Control District
Emission Reduction Incentive Program
1990 East Gettysburg Avenue
Fresno, CA 93726-0244**

You may also contact us by phone, email, or visit our website:

(559) 230-5800

weberip@valleyair.org

www.valleyair.org

ELIGIBILITY CRITERIA

Installation of a verified retrofit system on an existing spark-ignited forklift.

- ❖ The following industries are not eligible under this grant component: food retail stores, cold storage, and confined space operations (such as freezers).
- ❖ The **forklift** must:
 - Be in Class 4, 5, or 6. Please see the Forklift Classes Table in the Application Guidelines section (page 4) of this document for additional forklift information.
 - Be rated at greater than twenty-five (25) horsepower which is equivalent to greater than nineteen (19) kilowatts.
- ❖ The **retrofit** must:
 - Be verified by ARB to the highest level available for the engine being retrofitted.
- ❖ The **participant** must:
 - Operate at least 50% of the forklift's total operational hours within SJVAPCD boundaries (see page 11) and 75% within California.
 - Remain the owner of the forklift and retrofit through the full term of the agreement. Agreement terms range from three (3) to five (5) years. Projects with an agreement term of less than three (3) years will be considered on a case-by-case basis.
 - If the forklift plus retrofit and/or the company that owns it is sold during the agreement term, then the new owner must assume the agreement obligations with the SJVAPCD and comply with the terms and conditions outlined in the original agreement. The SJVAPCD must approve the forklift ownership change **prior** to its sale.
 - Lease-to-own equipment is eligible provided the signed contract with the District specifies that the participant will keep and use the equipment through the full term of the agreement.
 - Maintain replacement value insurance for the forklift and retrofit through the full term of the agreement.
 - Submit annual reports to the SJVAPCD through the full term of the agreement.
 - Install and maintain a functioning hour meter to measure the hours of equipment operation through the full term of the agreement. If the equipment does not have a functioning hour meter at the time of the project, the meter must be installed, repaired, or replaced. If during the agreement term the hour meter fails for any reason, the hour meter must be repaired or replaced as soon as possible at the owner's cost.
 - **Not purchase or install equipment under funding consideration prior to agreement execution.**
- ❖ Equipment/engines **ineligible** for funding:
 - Auxiliary engines on mobile equipment and portable engines.
 - Diesel-fueled forklifts.

COMPLIANCE CRITERIA

❖ ARB's Off-Road Large Spark-Ignition (LSI) Engines Regulation

This control measure requires applicable fleets to meet specific emission averages according to respective deadlines. Exemptions to this control measure may apply. Information regarding this regulation can be found at <http://www.arb.ca.gov/msprog/offroad/orspark/orspark.htm>.

APPLICANT RESOURCE WEB PAGE

To assist applicants participating in the SJVAPCD's Heavy-Duty Engine Emission Reduction Incentive Program, the SJVAPCD has developed an Applicant Resource Web Page. This page contains links to engine manufacturers, distributors, and local dealers familiar with the requirements of the program. The information and contacts within these links can assist you in obtaining all of the information necessary to fulfill the requirements of the program. Additionally, this page contains links to the California Air Resources Board website where you can obtain a list of eligible engines, vehicles, associated Executive Orders and other technical information.

When preparing an application, we ask that you utilize the information presented within the links on this page. By submitting complete application packets with accurate information, we can reduce the amount of time and resources necessary to process your application.

Please note that the manufacturers, distributors, and dealers represented on this page have not been "approved" by the SJVAPCD nor do they represent an exhaustive list of available resources. If you are an engine manufacturer, distributor, or dealer and you wish to be included on the Applicant Resource Web Page, please contact the SJVAPCD's Emission Reduction Incentive Program.

The Applicant Resource Web Page can be found at www.valleyair.org under the "Grants and Incentives" tab.

APPLICATION GUIDELINES

- ❖ Fill out the application completely and as accurately as possible. Do not leave any required fields blank, as it lengthens the processing timeframe associated with the application and delays funding. All fields are required unless otherwise indicated.
- ❖ All required signatures must be in **blue ink**, as a way to identify them as original.
 - If a third party filled out any part of the application on your behalf, ensure that the Third Party Signature section is completely filled out and signed.
- ❖ The following items must be submitted in order for the application to be deemed **complete**:
 - Completed Application.
 - Completed Certifications section.
 - IRS Form W-9.
 - A copy of the entire applicable ARB Executive Order (EO), including applicable attachments, for the verified retrofit system.
 - Dated and itemized dealer quote for the verified retrofit system and eligible equipment.
 - If applicable, completed Third Party Information section.
 - If available, manufacturer’s Retrofit Specification Data Sheet.
 - For applicants who are municipalities, a copy of the Board Resolution which approves participation in the program.
 - Completed and signed Fleet Information Certification Form.
 - For large and medium fleet owners, a copy of your Compliance Plan to meet ARB’s Off-Road Large Spark-Ignition Engines Regulation. The Compliance Plan must include a completed Total Fleet Inventory Form.
 - For small fleet owners, a completed Total Fleet Inventory Form.

Located in the **Application** packet (pages 8 and 9) is a comprehensive detailed checklist of the above mentioned items. For guidance purposes, please refer to the checklist in the Application packet when submitting all required items.

FORKLIFT CLASSES

Class	Lift Code	Engine Type	Type/Use
1	1	Electric	Counterbalanced rider, stand up
1	4		Three-wheel, sit down
1	5		Counterbalanced rider, sit down
1	6		Counterbalanced rider, sit down
2			Narrow aisle truck
3			Hand or hand/rider truck
4		Internal Combustion	Rider, sit down, generally suitable for indoor use on hard surfaces
5			Rider, sit down, typically used outdoors, on rough surfaces or steep inclines
6		Internal Combustion and Electric	Ride on unit with the ability to tow at least 1,000 pounds; designed to tow cargo rather than lift it (e.g., an airport tug)
7		Internal Combustion (primarily diesel)	Rough terrain forklift truck for outdoor use; almost exclusively powered by diesel engines

Shaded areas represent the forklifts eligible for funding under the Forklift Component, Retrofit Option.

STEP-BY-STEP APPLICATION GUIDANCE

This section outlines the information requirements for each field of the application. If you need additional assistance, please contact the Emission Reduction Incentive Program and a staff member will assist you.

SECTION 1 – APPLICANT INFORMATION

ORGANIZATION INFORMATION

1. Organization, Company, or Proprietor's Name

The legal name of the organization that will enter into agreement with the SJVAPCD. The information entered into Section 1 of the application must be **identical** to the information on Form W-9, as this information will be used to generate all binding documents and be used to report incentive funding to the IRS.

2. Business Type

The classification of the organization that appears in the "Organization, Company, or Proprietor's Name" field of the application. Check the appropriate box.

3. Tax ID

The Taxpayer Identification Number (TIN) or Social Security Number (SSN) entered in the Form W-9. **The organization's name and tax ID or SSN will be used to report incentive funding to the IRS.** The SJVAPCD cannot give tax advice, as such, please contact a tax professional or the IRS to determine the tax consequences associated with receiving incentive funding.

4. - 7. Address

The physical address where the organization is located, including: number and street name, city, state, and zip code.

8. - 11. Mailing Address

The mailing address used by the organization. If the physical and mailing addresses are the same, write "Same." All correspondence generated by the SJVAPCD, including the agreement, checks, and annual reports, will be sent to the mailing address.

12. Number of Forklifts to be Retrofit

Provide the total number of forklifts to be retrofit as part of this project.

13. LSI Forklift Fleet

- (a) **Size:** The total number of forklifts in your fleet subject to ARB's Off-Road Large Spark-Ignited Engines Regulation. Please visit ARB's website, <http://www.arb.ca.gov/msprog/offroad/orspark/orspark.htm>, to verify the applicability of any of your equipment used to determine your fleet size. Check the appropriate box.
- (b) **Number of Units:** Provide the total number of large spark-ignited engine forklifts and electric forklifts currently in your fleet. Please list each kind of forklift (LSI and electric) separately and then provide the total for both.

14. Have you applied to any other grant programs for any forklift in this project?

Check whether additional grant funding was applied for any forklift in this project other than grant funding through this program. If yes, please contact ERIP Staff at (559) 230-5800 before completing this application.

PRIMARY CONTACT INFORMATION**15. First and Last Name**

The first and last name of the person who will serve as the primary contact to the SJVAPCD through the full term of the agreement. All questions related to your project will go to this individual.

16. Title

The job title of the primary contact.

17. Phone Number

The main phone number, including area code, for the primary contact.

18. Fax Number

The fax number, including area code, for the primary contact.

19. Alternate Contact Number

The alternate phone number, including area code, where the primary contact can be reached.

20. Email

The email address of the primary contact.

CONTRACT SIGNING AUTHORITY INFORMATION**21. First and Last Name**

The first and last name of the person, designated by the organization that will enter into binding agreement with the SJVAPCD, to sign on the organization's behalf.

22. Title

The job title of the person designated to sign on the organization's behalf.

SECTION 2 – ACTIVITY INFORMATION

CURRENT FORKLIFT**1. - 3. Forklift Address**

The physical location (street address, city, and zip code) where the forklift is domiciled.

4. Forklift #

Identify the forklift by unit number if one has been assigned to it by your organization (i.e., Forklift #224, Forklift #66B, etc.). If a unit number has not been assigned, write "N/A".

5. County of Operation

Check in which county or counties the forklift will be operated.

6. Forklift Use

Check the use of the forklift: agricultural (in field), agricultural (crop preparation services), industrial (warehouse/distribution), industrial (other), or other. If “other” is checked, please specify or provide an explanation of the forklift’s use.

7. Estimated Annual Operation

The estimated annual operation of the forklift in hours. This number must be specific to the forklift listed in the application. You may **not** use a fleet average to determine annual hours of operation.

8. Percentage Use in SJVAPCD

The percentage of total annual hours of operation that occur within the SJVAPCD boundaries (see page 11).

9. Percentage Use in California

The percentage of total annual hours of operation that occur within California.

10. Is the forklift operated seasonally?

Check whether the forklift is operated seasonally. If yes, provide an explanation.

11. Do you rent/lease forklifts to others?

Check whether you rent or lease forklifts to others. If yes, provide an explanation.

12. Does the forklift have a functioning hour meter?

Check whether the forklift has a functioning hour meter. If no, provide an explanation.

13. Is the forklift operational?

Check whether the forklift is currently operational. Non-operational forklifts are ineligible for funding. The forklift must be operational at the time of inspection.

14. When would this forklift be available for operational inspection?

Check the time(s) and day(s) the forklift will be available for inspection by SJVAPCD staff. This information may be used for scheduling purposes; however, it does not guarantee your inspection on a specific day or time. SJVAPCD staff will contact you to set up an inspection appointment.

SECTION 3 – EQUIPMENT INFORMATION

CURRENT FORKLIFT**1. - 2. Forklift Make and Model**

Provide the make and model of the forklift. For example, Nissan (make) CLS65LP (model).

3. Model Year

The year the forklift model was manufactured.

4. Chassis Serial Number

The serial number of the forklift chassis as it appears on the forklift data plate/sticker.

5. Mast Height

The mast height of the forklift.

6. Tire Type

Check the tire type of the forklift; pneumatic or cushion.

7. Lift Capacity

The lift capacity of the forklift.

8. Forklift Class

Check the class assigned to the forklift; 4, 5, or 6.

9. - 10. Engine Make and Model

The make is the manufacturer of the engine, and the model is the type of engine. For example, Nissan (make) K25 (model). Provide the make and model of the engine in the forklift.

11. Engine Model Year

The year the engine model was manufactured.

12. Engine Serial Number

The serial number listed on the engine.

13. Horsepower Rating

The horsepower rating assigned to the engine. Engines which are rated 25 horsepower or less are ineligible for funding.

14. Engine Emission Level

Check the emission level assigned to the engine; uncontrolled or controlled.

15. Fuel Type

Check the type of fuel used by the engine. Engines which use diesel fuel are ineligible for funding.

16. US EPA Engine Family Name

The engine family name assigned by EPA (if available). This information would typically be listed on the engine date plate or can be made available through your engine dealer. You may also visit ARB's website at <http://www.arb.ca.gov/msprog/offroad/cert/cert.php> to obtain the information. If this information is not available, write "N/A".

RETROFIT**17. - 18. Retrofit Make and Model**

Provide the make and model of the retrofit which will be installed on the forklift. For example, Engine Control Systems (make) TerminoX (model).

19. ARB Emission Control Group Name

ARB assigns each retrofit, otherwise known as an Emission Control System, an emission control group name. This information is available on the associated ARB Executive Order or it can be obtained through your retrofit dealer.

20. Retrofit Absolute Emission Number

Check the appropriate box corresponding to the verified absolute emission number for the emission control system. The retrofit absolute emission number can be obtained from the associated ARB executive order.

21. Total Cost of Retrofit Project

The total cost of the retrofit device. The cost includes: retrofit, installation, maintenance, hour meter, and sales tax. This cost should match the cost from the quote being provided with this application.

SECTION 4 – DEALER/INSTALLER INFORMATION

DEALER**1. Retrofit Dealer Name**

The name of the business where you will be purchasing the new ARB verified retrofit system associated with this project.

2. - 5. Address

The physical address where the retrofit dealer is located, including: number and street name, city, state, and zip code.

6. Contact Name

The first and last name of the person the SJVAPCD can contact regarding the purchase of the new ARB verified retrofit system.

7. Phone Number

The phone number, including area code, of the contact person.

8. Fax Number

The fax number, including area code, of the contact person.

9. Email

The email address of the contact person.

INSTALLER (complete only if different from retrofit dealer)**10. Retrofit Installer Name**

The name of the business that will be installing the new ARB verified retrofit device, if different from the retrofit dealer information.

11. - 14. Address

The physical address where the retrofit installer is located, including: number and street name, city, state, and zip code.

15. Contact Name

The first and last name of the person the SJVAPCD can contact regarding the installation of the new ARB verified retrofit system.

16. Phone Number

The phone number, including area code, of the contact person.

17. Fax Number

The fax number, including area code, of the contact person.

18. Email

The email address of the contact person.

MAP OF THE SAN JOAQUIN VALLEY AIR POLLUTION CONTROL DISTRICT BOUNDARIES

