

SAN JOAQUIN VALLEY AIR POLLUTION CONTROL DISTRICT

**LOW DUST NUT HARVESTER
REPLACEMENT PROGRAM**

APPLICATION

LOW DUST NUT HARVESTER / PTO & SELF PROPELLED EQUIPMENT REPLACEMENT OPTION

SECTION 1 - APPLICANT INFORMATION

ORGANIZATION INFORMATION		
1. Organization, Company, or Proprietor's Name (as it appears on Form W-9): <i>Note: This name should match the name that is going to purchase the equipment. If this name appears differently than what the purchasing documentation will show, it may create delays.</i>		
2. Address:		
3. City:	4. State:	5. Zip Code:
6. Mailing Address (if different from above):		
7. City:	8. State:	9. Zip Code:
10. Have you applied to any other grant programs for this piece of equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain and provide the name of the agency:		

SECTION 2- CONTACT INFORMATION (PLEASE PRINT OR TYPE)

PRIMARY CONTACT INFORMATION	
1. First and Last Name:	2. Title:
3. Phone Number:	4. Fax Number:
5. Alternate Contact Number:	6. Email:
CONTRACT SIGNING AUTHORITY INFORMATION (IF DIFFERENT FROM ABOVE)	
7. First and Last Name:	8. Title:
9. Phone Number:	10. Fax Number:
11. Alternate Contact Number:	12. Email:

SECTION 3 – EXISTING/OLD EQUIPMENT ACTIVITY INFORMATION

1. Equipment Address:	
2. City:	3. Zip Code:
4. Applicant Designated Fleet Number for Equipment (if applicable):	
5. County of Operation (check all that apply): <input type="checkbox"/> Fresno <input type="checkbox"/> Kern (Valley Portion) <input type="checkbox"/> Kings <input type="checkbox"/> Madera <input type="checkbox"/> Merced <input type="checkbox"/> San Joaquin <input type="checkbox"/> Stanislaus <input type="checkbox"/> Tulare <input type="checkbox"/> Other, specify:	
6. Equipment Type: (examples: Pull Behind (PTO) or Self-Propelled)	
7. Annual Operation (in hours):	8. Total Acres Current Unit Harvests per Year:
9. % Use in SJVAPCD:	10. % Use in California:
11. Have you owned and operated the equipment in California for the previous two (2) years? <input type="checkbox"/> Yes <input type="checkbox"/> No, this equipment is ineligible for funding.	
12. Is this equipment operational? <input type="checkbox"/> Yes <input type="checkbox"/> No, this equipment is ineligible for funding.	

SECTION 4 – EXISTING/OLD EQUIPMENT INFORMATION

(If the old equipment is PTO driven then please leave numbers 5 – 12 blank)

1. Equipment Make:	2. Equipment Model:
3. Equipment Model Year:	4. Equipment Identification Number (VIN or PIN):
5. Engine Make:	6. Engine Model:
7. Engine Model Year:	8. Advertised Horsepower Rating:
9. Engine Serial Number:	
10. US EPA Engine Family Name (if available):	
11. Engine Tier (Tier 3 or 4 is ineligible for funding) <input type="checkbox"/> Uncontrolled, Tier 0 <input type="checkbox"/> Tier 1 <input type="checkbox"/> Tier 2	
12. Is this equipment powered by a Diesel engine? <input type="checkbox"/> Yes <input type="checkbox"/> No (Gasoline or Propane is ineligible for funding)	

SECTION 5 – TRACTOR INFORMATION THAT IS CURRENTLY PULLING THE EXISTING PTO HARVESTER

1. Tractor Make:	2. Tractor Model:
3. Tractor Model Year:	4. Tractor Identification Number (VIN or PIN):
5. Tractor Make:	6. Engine Model:
7. Engine Model Year:	8. Advertised Horsepower Rating:
9. Engine Serial Number:	
10. US EPA Engine Family Name (if available):	
11. Engine Tier: <input type="checkbox"/> Tier 4 <input type="checkbox"/> Zero-Emission Note: If the tractor currently pulling the existing PTO harvester does not have a Tier 4 Final engine or cleaner, and the new equipment is going to be a PTO harvester, then the old Tier 0, Tier 1, or Tier 2 tractor must also be replaced (Tier 3 equipment is ineligible for replacement at this point in time). Please fill out a Tractor Replacement Application and submit it along with this application. http://valleyair.org/grants/tractorreplacement.htm	
12. Is this tractor powered by a Diesel engine? <input type="checkbox"/> Yes <input type="checkbox"/> No (Gasoline or Propane is ineligible for funding)	

SECTION 6 – NEW REPLACEMENT EQUIPMENT INFORMATION

(If the new equipment is PTO driven then please leave numbers 4 – 10 blank)

1. Equipment Make:	
2. Equipment Model:	3. Equipment Model Year:
4. Engine Make:	5. Engine Model:
6. Engine Model Year:	7. Advertised Horsepower Rating:
8. US EPA Engine Family Name:	
9. Engine Tier (Tier 1, 2 and 3 are ineligible for funding): <input type="checkbox"/> Tier 4 Alt NOx <input type="checkbox"/> Interim Tier 4 <input type="checkbox"/> Tier 4 Final <input type="checkbox"/> Zero-Emission	
10. Is this equipment powered by a Diesel engine? <input type="checkbox"/> Yes <input type="checkbox"/> No (Gasoline or Propane is ineligible for funding)	
11. Total Cost of New Equipment:	12. Tax Rate:

SECTION 7 – NEW REPLACEMENT EQUIPMENT DEALER INFORMATION

1. Dealership Name:		
2. Address:		
3. City:	4. State:	5. Zip Code:
6. Contact Name:		
7. Phone Number:	8. Fax Number:	9. 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 & date.

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 FORM

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 signing this Certifications form, I certify to the statements and agree to adhere to the terms and conditions described below:

1. 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.
2. 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. In addition, projects funded through this program may not be used to generate a compliance extension or extra credit for determining regulatory compliance.
3. Proposed project has not received funding or is not 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 engine or equipment; must be disclosed to the SJVAPCD.
4. The new self-propelled equipment will have no more than 500 hours on the hour meter at the time of purchase, will serve the same function and perform the same work equivalent as the old equipment(s). In addition, participant will comply with the reporting requirements of the program and keep appropriate records through the full term of the agreement, as determined by the SJVAPCD and ARB.
5. 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.
6. I agree not to purchase, make a payment towards, and/or take possession of new replacement equipment prior to receiving an executed contract from the SJVAPCD.

Contract Signing Authority Signature

Date

DISCLOSURE OF FUNDS

Identification of Potential Co-Funding

Heavy-Duty Program Off-Road Component

To be eligible to receive incentive funding from the San Joaquin Valley Air Pollution Control District (SJVAPCD), you **must** indicate below if you have applied for or received funding from any other sources for this project. You must also indicate if you intend to apply for additional funding from other sources in the future for this project. Examples of additional funding sources include, but are not limited to, the USDA EQIP, California Air Resources Board Peaker Offset Program, and private sources. Additionally, you are required to disclose the value of any current financial incentive that directly reduces the project cost, including tax credits or deductions, grants, or other public financial assistance for the same engine.

Information provided on this form may be shared as required by federal, state, and local laws. Any owner, designee, or other third party who is found to have submitted multiple applications or signed multiple contracts for this same specific project without proper disclosure shall be disqualified from funding for that project from all sources within the control of the SJVAPCD, other air districts, or ARB.

NOTE: Applying for or receiving funding from other sources for this project does not necessarily preclude you from applying for or receiving funding from the SJVAPCD.

Applicant certifies (**please check one**):

Yes, I **HAVE** applied for funding from other sources. List applicable Source, Program and Project/Reference Number(s).

Indicate Funding amount \$ _____

No, I **HAVE NOT** applied and **WILL NOT** apply for funding from other sources.

Please list here any current financial incentive(s) you have received which directly reduces the project cost:

Contract Signing Authority

Contract Signing Authority Signature

Date

APPLICATION PACKET CHECKLIST

This application is limited to the purchase of one new reduced-emission replacement equipment. Please complete a separate application for each new piece of replacement equipment 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 five (5) pages, which include the following:
 - If applicable, completed **Third Party Information** section (page 3).
 - Completed and signed **Certifications Form** (page 5).
 - Completed and signed **Disclosure of Funds Form** (page 6).
- First page of IRS Request for Taxpayer Identification Number and Certification Form W-9 (**Form W-9**).
- Dated and itemized dealer **quote** for the new replacement equipment (previously owned equipment is not eligible). The quote must, at a minimum, include the following:
 - The applicant/organization name and address.
 - The replacement equipment dealer name and address.
 - The replacement equipment make, model and model year.
 - For self-propelled the CARB certified engine make, model, advertised horsepower (**not** PTO horsepower) and US EPA Engine Family Name
 - A complete and detailed breakdown of all material costs: replacement equipment, new engine, core charge, hardware, warranty costs, freight or shipping costs, setup fees, document preparation fees, tire disposal fees, and the sales tax with the percentage rate indicated. Please list all additional and optional equipment or attachments separately in a line item format.

Please return all completed applications to:
1990 East Gettysburg Avenue Fresno, CA 93726-0244
Phone: (559) 230-5800 ■ Fax: (559) 230-6112 ■ Email: grants@valleyair.org

Don't forget to retain a full copy of the completed application for your own records.