



CARL MOYER MEMORIAL AIR QUALITY STANDARDS ATTAINMENT PROGRAM

CMP 25 RAP 23-01 - Young

OFF-ROAD COMPRESSION-IGNITION (CI) APPLICATION

A. APPLICANT INFORMATION

1. Company name/ Organization name/ Individual name:		
2. Business type:		
3. Contact name and title:		
4. Business mailing address and contact information:		
Street:		
City:	State:	Zip code:
Phone:	Fax: ()	
E-mail:		
5. Person with contract signing authority (<i>if different from above</i>):		
6. How many vehicles/engines/retrofits are being applied for?		
7. Total funding amount requested in this application (MAY NOT EXCEED \$100,000):		

B. FUNDING DISCLOSURE

1. Have any engines or vehicles listed in this application applied for or been awarded Carl Moyer Program funding or other grants (check one)? <div style="margin-left: 40px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div>
2. If "yes", complete the following for each engine:
a. Agency applied to:
b. Date/Number of Agency Solicitation:
c. Funding Amount Requested:
d. Equipment Identification:
d. Baseline Engine Serial Number:
e. Status of Application:

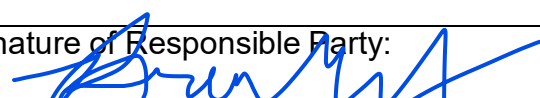
ARB-verified retrofits are required on all off-road engine repowers as described in the Carl Moyer Program Guidelines. ARB has provided limited flexibility for applicants to opt-out of the default retrofit requirement on these projects. Applicants must complete the following if retrofits are not included as part of this application:

_____ By initialing this paragraph, the applicant acknowledges that due to existing or future regulations they may be required to install retrofits on Carl Moyer Program funded equipment at their own cost. Please mark the appropriate box below if you would like to receive information regarding these regulations.

☐ **Yes**


☐ **No**

I hereby certify that all information provided in this application and any attachments are true and correct.

Printed Name of Responsible Party:	Title:
Signature of Responsible Party: 	Date:

Third Party Certification

I have completed the application, in whole or in part, on behalf of the applicant.

Printed Name of Third Party:	Title:
Signature of Third Party: 	Date:
Amount Being Paid for Application Completion in Whole or Part:	Source of funding to Third party:

For each engine, please complete sections C, D, E, F, or G (as appropriate). Please include project cost documentation including vendor quotes and other substantiating data to support cost estimates provided in this application.

C. PROJECT ACTIVITY INFORMATION

1. Project name:																				
2. Project address (<i>if different than business address</i>):																				
Street Address:																				
City:	State:	Zip Code:																		
3. Estimated Annual Hours of Operation: <div style="text-align: center; font-size: 1.5em; margin: 10px 0;">OR</div> Estimated Annual Gallons of Fuel Consumption:																				
4. List air district(s) in California in which the equipment operates and percent of operation in each:																				
5. Project Life: <div style="text-align: center; margin-top: 10px;">Maximum</div> <div style="text-align: center; margin-top: 10px;">Other: _____ years</div>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #cccccc;"> <th style="text-align: center; font-size: 0.8em;">Type</th> <th style="text-align: center; font-size: 0.8em;">Project Life</th> </tr> </thead> <tbody> <tr><td style="font-size: 0.8em;">Repower only (no retrofit)</td><td style="font-size: 0.8em;">7 years</td></tr> <tr><td style="font-size: 0.8em;">Farm equipment (all projects)</td><td style="font-size: 0.8em;">10 years^(a)</td></tr> <tr><td style="font-size: 0.8em;">Replacement and repower to zero-emission</td><td style="font-size: 0.8em;">10 years^(b)</td></tr> <tr><td style="font-size: 0.8em;">Retrofit only</td><td style="font-size: 0.8em;">5 years</td></tr> <tr><td style="font-size: 0.8em;">Replacement Excavators</td><td style="font-size: 0.8em;">3 years</td></tr> <tr><td style="font-size: 0.8em;">Replacement Skid steer loaders</td><td style="font-size: 0.8em;">3 years</td></tr> <tr><td style="font-size: 0.8em;">Replacement Rough terrain forklifts</td><td style="font-size: 0.8em;">3 years</td></tr> <tr><td style="font-size: 0.8em;">Replacement All other non-farm (existing diesel only)</td><td style="font-size: 0.8em;">5 years</td></tr> </tbody> </table>		Type	Project Life	Repower only (no retrofit)	7 years	Farm equipment (all projects)	10 years ^(a)	Replacement and repower to zero-emission	10 years ^(b)	Retrofit only	5 years	Replacement Excavators	3 years	Replacement Skid steer loaders	3 years	Replacement Rough terrain forklifts	3 years	Replacement All other non-farm (existing diesel only)	5 years
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6. Will the new engine have a functioning hour meter for the life of the project (circle one)? <div style="text-align: center; font-size: 1.2em;">Yes No</div>																				

D. EXISTING (BASELINE) EQUIPMENT INFORMATION

Must be filled out for each piece of equipment requesting funding

1. Equipment Type/Specific Function:			Tractor: Farming hay, Spreading compost, Mowing		
2. Equipment Make, Model, and Year:			Kubota, M8030, 1997		
3. Equipment Serial Number:			M8030DT2-60353		
4. Equipment Identification Number (<i>unique number designated by applicant</i>)			M8030-2001		
5. Number of Main Engines on this Equipment:			one		
6. Equipment Location:					
Street: 10255 Main Street					
City:		State:		Zip:	
7. Engine Family: (<i>for controlled engines only</i>)					
8. Engine Tier (<i>for controlled engines only</i>)					
9. Engine Make, Model:					
10. Engine Model Year:					
11. Engine Horsepower:					
12. Engine Serial Number:					
13. Engine Fuel Type:					
14. Engine Annual Hours of Operation:					

E. REPOWER PROJECTS (NEW ENGINE) N/A

1. Number of Main Engines to be Repowered:					
2. New Engine Family:					
3. New Engine Make:					
4. New Engine Model:					
5. New Engine Model Year:					
6. New Engine Serial Number: (<i>if available</i>)					
7. New Engine Horsepower:					

8. New Engine Tier:	
9a. Engine Cost:	9b. Engine Installation Cost (<i>optional</i>):

F. RETROFIT PROJECTS N/A

1. ARB-verified Retrofit Device Manufacturer:	
2. Retrofit Device Make:	
3. Retrofit Device Model:	
4. Retrofit Device ARB Executive Order Number:	
5. Retrofit Device Serial Number (<i>if available</i>):	
6. ARB – Verified PM Reduction (%):	
7. ARB – Verified NOx Reduction (%):	
8a. Cost of Retrofit:	b. Cost of Retrofit Installation(<i>optional</i>):
9. Cost of Retrofit Maintenance for Project Life (<i>optional</i>):	
10. Has retrofit been verified for the engine? (choose one) <div style="text-align: center;">Yes No</div>	

G. REPLACEMENT PROJECTS

Replacement Equipment Description:	
1a. Engine Family:	
b. Engine Make:	
c. Engine Model:	
2. Engine Horsepower:	
3. Engine Tier	
4. Engine Model Year:	
5. Fuel Type:	
6. Baseline Equipment Cost:	7. New Equipment Cost:

H. FUNDING AMOUNT REQUEST

1. Total Amount Requested for this Piece of Equipment (not to exceed \$100,000) :
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Submit your application, Executive Order, and vendor quote to:

CAPCOA Moyer RAP
1107 Ninth Street, Suite
1005 Sacramento, CA 95814
or
kathryn@capcoa.org

Gary's Cell: (707) 975-3653

RETAIL PURCHASE ORDER

Buyer: Brent Young

Date: 11/29/2022

Address:

City:

State:

Zip:

Invoice No

Date:

Phone #:

P.O. #

Sales Tax District:

E-Mail:

[illegible]

TRADE-INS: Buyer Certifies Below Trade-Ins to be free of encumbrances except as noted.							UCC/Doc Fee:		
Year	Make	Model	Serial #	Stock #	Description	Trade- In Allowance	Subtotal:		\$59,360.00
							Tax Rate:		3.500% \$2,077.60
							Calif. Tire Fee: 1.75/Tire		\$7.00
							Extended Coverage:		
							Other		
Trade-In Allowance			Amount Owing		Net Trade-In Allowance		Total Delivered Price:		\$61,444.60

"Trade-In's must be turned in or picked up no later than 5 days after delivery of purchased equipment."

Payment Terms:
Due on delivery

Trade-In Allowance	
Less Cash Down Payment*	
Total Down Payment	
Unpaid Balance	\$61,444.60
PD Insurance	
Other Charges:	
AMOUNT FINANCED OR DUE ON DELIVERY	\$61,444.60

Initial	SAFETY OR OPERATION/MAINTENANCE PROCEDURES: BUYER acknowledges receipt of the operators manual for the above equipment and understands safety in operation and maintenance procedures.			
	ROPS REFUSAL: BUYER has knowingly and voluntarily refused to purchase rollover protection structure after DEALER discussed with BUYER its importance and availability.			
	SOLD USED AS-IS: NO Warranty of any kind has been expressed or implied by the dealer or his agent.			
	SOLD WITH MANUFACTURER BASE WARRANTY*: ENDS-		Hour Limit-	
	SOLD WITH MANUFACTURER POWERTRAIN WARRANTY*: ENDS-		Hour Limit-	
	SOLD WITH EXTENDED COVERAGE PER ATTACHED PROVISIONS:			
	Deductible-	ENDS-	Hour Limit -	

ALL DEALER WARRANTY REPAIRS MADE UNDER THIS AGREEMENT MUST BE MADE IN DEALER'S SHOP AND BUYER IS RESPONSIBLE FOR ALL TRANSPORTATION COSTS INCLUDING PICKUP AND DELIVERY TO THE DEALERSHIP AND FIELD SERVICE CHARGES. THE WARRANTY DOES NOT INCLUDE ANY "LOANER" OR EQUIPMENT AT NO CHARGE DURING THE WARRANTY PERIOD. NO WARRANTY IS GIVEN BY THE DEALER FOR TIRES, BATTERIES, OR ACCESSORIES, AND THE BUYER IS FULLY RESPONSIBLE FOR REPAIRS NECESSITATED BY ACCIDENT, MISUSE OR NEGLIGENCE. THE WARRANTY IS NOT TRANSFERABLE. BUYER ACKNOWLEDGES RECEIPT OF THE MANUFACTURER'S WARRANTY INFORMATION. THE BUYER IS RESPONSIBLE FOR INSURANCE ON THE PURCHASED PRODUCTS. *SPECIAL ORDER DOWN PAYMENTS ARE NOT REFUNDABLE.

I hereby agree to the conditions of this order expressed in the foregoing, constituting a purchase order contract. I hereby certify that I am 18 years or older and acknowledge receipt of a copy of this order. In order to secure buyer's obligations under this Agreement and any extension, renewal or modification thereof, buyer hereby grants to Dealer a security interest in all of the goods described herein, and all accessories and additions thereto and all proceeds thereof.

Buyer's Signature _____ Date _____

THIS ORDER IS VALID ONLY WHEN SIGNED AND ACCEPTED BY THE DEALER

Salesman: **Gary Petersen** Accepted by:

gpetersen@gartontractor.com

Thank You

(Dealer's Signature)

RETAIL PURCHASE ORDER