



## **CARL MOYER MEMORIAL AIR QUALITY STANDARDS ATTAINMENT PROGRAM**

### **ON-ROAD HEAVY-DUTY TRUCK APPLICATION**

## **A. APPLICANT INFORMATION**

1. Company name/ Organization name/ Individual name: Mendocino County Library		
2. Business type: County public library		
3. Contact name and title: Kelly Hansen, Administrative Services Manager, I		
4. Business mailing address and contact information: Mendocino County Library		
Street: 105 N. Main Street		
City: Ukiah	State: CA	Zip Code: 95482
c. Phone: ( 707 ) 513-9442	Ext:	d. Fax: ( )
e. E-mail: hansenk@mendocinocounty.gov		
5. Person with contract signing authority (if different from above): Mellisa Hannum		
6. How many vehicles/engines/retrofits are being applied for? One		
7. Total funding amount requested in this application: \$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?
<input type="radio"/> Yes
<input checked="" type="radio"/> No
2. If "yes", complete the following for each engine or vehicle:
a. Agency applied to:
b. Date/Number of Agency Solicitation:
c. Funding Amount Requested:
d. Baseline Engine Serial Number:
e. Status of Application:

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

Printed Name of Responsible Party: Mellisa Hannum	Title: County Librarian/Director
Signature of Responsible Party: 	Date: 12/17/25

**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 or vehicle, please complete sections C, D, E, F, G, and H (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: Hybrid Bookmobile Project																		
2. Project address (if different from business address): Same																		
Street:																		
City:	State:	Zip Code:																
3. Annual Hours of Operation: 2,000																		
4. Total Annual Miles Traveled or Gallons of Fuel Consumed (specify): 18,235 miles/year																		
5. Percent Operation in California: 100%																		
6. List counties in California in which the vehicle operates and percent of operation in each: Mendocino County: 95% Sonoma County: 5%																		
7. Project Life: <input type="radio"/> Maximum <input checked="" type="radio"/> Other: 10 years																		
<b>Maximum Project Lives for On-Road Vehicle Projects</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; padding: 2px;">Project Type</th> <th style="text-align: left; padding: 2px;">Maximum Project Life</th> </tr> </thead> <tbody> <tr> <td style="text-align: left; padding: 2px;">Replacements</td> <td style="text-align: left; padding: 2px;">7 Years</td> </tr> <tr> <td style="text-align: left; padding: 2px;">Transit Bus Replacements</td> <td style="text-align: left; padding: 2px;">12 Years</td> </tr> <tr> <td style="text-align: left; padding: 2px;">Repowers</td> <td style="text-align: left; padding: 2px;">7 Years</td> </tr> <tr> <td style="text-align: left; padding: 2px;">School Bus Replacements</td> <td style="text-align: left; padding: 2px;">10 Years</td> </tr> <tr> <td style="text-align: left; padding: 2px;">ZE Conversions</td> <td style="text-align: left; padding: 2px;">5 Years</td> </tr> <tr> <td style="text-align: left; padding: 2px;">Emergency Vehicles</td> <td style="text-align: left; padding: 2px;">14 Years</td> </tr> <tr> <td style="text-align: left; padding: 2px;">Other On-Road Projects</td> <td style="text-align: left; padding: 2px;">3 Years</td> </tr> </tbody> </table>			Project Type	Maximum Project Life	Replacements	7 Years	Transit Bus Replacements	12 Years	Repowers	7 Years	School Bus Replacements	10 Years	ZE Conversions	5 Years	Emergency Vehicles	14 Years	Other On-Road Projects	3 Years
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*Table 4-9 Maximum Project Lives for On-Road Vehicle Projects  
(from [2024 Moyer Guidelines](#))*

**D. Electronic Monitoring Unit (EMU)**

1. Will a new eligible EMU be installed as part of this project?

Yes       No

2. If "yes", complete the following for each engine or vehicle:

a. EMU Make:

b. EMU Model:

c. EMU Year:

d. EMU ID Number:

e. EMU Cost:

**E. EXISTING VEHICLE INFORMATION** (*Fill out for each piece of equipment*)

1. Vehicle Type/Function:	Bookmobile	
2. Vehicle Make:	Freightliner	
3. Vehicle Model:	M2e	
4. Vehicle Model Year:	2011	
5. Vehicle Identification Number (VIN):	1FVACWDT1CHBF9993	
6. Vehicle GVWR Class:	6	
7. Vehicle License Plate Number:	1381769	
8. Department of Transportation Number (if interstate):		
9. California Highway Patrol Number:	CA 34669	
10. Number of Main Engines on this Vehicle:	1	
11. Vehicle Location:	Mendocino County	
Street:	841 Low Gap Rd	
City: Ukiah	State: CA	Zip Code: 95482
12. Engine Family:	B series	
13. Engine Make:	Cummins	
14. Engine Model:	ISB	
15. Engine Model Year:	2011	
16. Engine Horsepower:	260	
17. Engine Serial Number:		
18. Engine Fuel Type:	Diesel	
	Check box if engine is filtered <input type="checkbox"/>	
<b>19. If the vehicle has an auxiliary engine, complete the following:</b>		
<b><u>Auxiliary Engine</u></b>		
a. Make:	b. Model:	
c. Model Year:	d. Serial Number:	
e. Horsepower:	f. Tier:	
g. Fuel:	h. Engine family (if applicable):	

**F. NEW VEHICLE INFORMATION (New Equipment Purchase)**

1. Vehicle Type/Function: Bookmobile
2. Vehicle Make: Freightliner
3. Vehicle Model: M2
4. Vehicle Model Year: 2026
5. Vehicle Identification Number (VIN):
6. Vehicle GVWR Class: 6
7. Number of Main Engines on this Vehicle: 1

8. Engine Family: B series	9. Engine Make: Cummins
10. Engine Model: B6.7	11. Engine Model Year: 2026
12. Engine Horsepower: 250	13. Engine Serial Number:
14. Engine Fuel Type: Diesel	

**15. If the new vehicle has an auxiliary engine, complete the following:**

<b>Auxiliary Engine</b> Hybrid driveline system addition	
a. Make: Odyne Parallel Hybrid System	b. Model: G2V7
c. Model Year: 2026	d. Serial Number:
e. Horsepower: 185 lb-ft torque electric motor	f. Tier:
g. Fuel: 17kWh battery	h. Engine family (if applicable):

## G. REPOWER (ENGINE REPLACEMENT) PROJECTS

<b>1. <u>Baseline Main Engine</u></b>					
a. Engine Family:	b. Engine Make:	c. Engine Model:			
d. Engine Model Year:		e. Engine Serial Number:			
1. Baseline Main Engine Rebuild Cost					
a. Parts Cost:		b. Labor Cost:			
<b>3. <u>Reduced-Emission Main Engine</u></b>					
a. Engine Family:		b. Engine Make:			
c. Engine Model:		d. Engine Model Year:			
e. Engine Serial Number (if available):				f. Fuel Type:	
4. ARB Executive Order Number (if Engine Certified to Alt NOx Standard):					
5a. Reduced-Emission Main Engine Cost:			5b. Reduced-Emission Main Engine Installation Cost:		
<b>6. <u>Baseline Auxiliary Engine</u></b>					
a. Engine Family:		b. Engine Make:			
c. Engine Model:		d. Engine Model Year:			
e. Horsepower:	f. Engine Serial Number (if available):				
g. Tier:		h. Fuel Type:			
i. Baseline Aux. Engine Rebuild Cost					
a. Parts Cost:		b. Labor Cost:			
<b>7. <u>Reduced-Emission Auxiliary Engine</u></b>					
a. Engine Family:		b. Engine Make:			
c. Engine Model:		d. Engine Model Year:			
e. Horsepower:	f. Engine Serial Number (if available):				
g. Tier:		h. Fuel Type			
i. Reduced Emission Engine Cost:			j. Auxiliary Engine Installation Cost:		

## H. RETROFIT PROJECTS

1. ARB-verified Retrofit Device Name:
2. Retrofit Device Make:
3. Retrofit Device Model:
4. Retrofit Device ARB Executive Order Number:
5. Retrofit Device Family:
6. Retrofit Device Serial Number (if available):
7. Verification Level (circle one): <input type="checkbox"/> LEVEL 1 <input type="checkbox"/> LEVEL 2 <input type="checkbox"/> LEVEL 3
a. ARB-Verified NOx Reduction (%):
b. ARB-Verified PM Reduction (%):
c. ARB – Verified ROG Reduction (%):
8. Retrofit Device Cost:
9. Cost of Retrofit Installation:
10. Cost of Retrofit Maintenance for Project Life:

## I. FUNDING AMOUNT REQUEST

1. Total Amount Requested for this Piece of Equipment (Not to exceed \$100,000): \$100,000
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**Submit your application, Executive Order, and vendor quotes by mail:**

CAPCOA Moyer RAP  
1000 G St., Suite 360  
Sacramento, CA 95814

**Or by email:**

[laura@capcoa.org](mailto:laura@capcoa.org)