



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																		
Maximum Project Lives for On-Road Vehicle Projects <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
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																	

*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:	lSB	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"/>			
19. If the vehicle has an auxiliary engine, complete the following:					
<u>Auxiliary Engine</u>					
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:

Auxiliary Engine 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

1. <u>Baseline Main Engine</u>					
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:			
3. <u>Reduced-Emission Main Engine</u>					
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:		
6. <u>Baseline Auxiliary Engine</u>					
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:			
7. <u>Reduced-Emission Auxiliary Engine</u>					
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

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