

APPLICATION FOR MOYER GRANT MARINE VESSEL PROJECTS

APPLICANT INFORMATION FOR ALL PROJECTS

Funded or being considered for funding by any other public agency? County where Veh or Equip is based

Primary Contact Name Primary Contact Phone Number

Organization Company or Name

Street Address State and Zip Code

VESSEL INFORMATION:

Vessel Name: Length OA feet: Gross Tons or GVWR:

Base Veh or Equip Owner Check if Wet Exhaust

Project Address if different US Coast Guard Doc No:

Vessel Berthing Location: Calif F and G Number:

BASE ENGINE/ MOTOR INFORMATION: (Complete and attach a separate copy of this information for each motor to be repowered or retrofitted)

No. Main Propulsion Motors on Vessel: Number of Propulsion Motors to be Repowered: Number of Aux Motors Auxiliary Motors to be Repowered:

Base Motor Make and Model Base Motor Year Base Motor Horsepower

Base Motor Serial Number Base Motor Displacement Ltrs: Base Motor Displacement No Cyl:

Base Motor EPA Family Number Base Motor Tier (0 or 1)

Base Motor ARB Cert EO No: Projected Year of Purchase of New Equipment:

Base Motor Rebuild Cost for continued operation (Write "N.A." if unknown): Expected Life of Base Motor if rebuilt (years)

Check if ANY base/ existing motor was previously or currently funded by Moyer gran

FUEL OR USAGE INFORMATION (Complete one for entire vessel):

Main use of Vessel: Does Vessel Remain in Port (check if yes)

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Check one or more boxes which apply : Commercial Fishing Boats Crew and Supply Work Boat
 Charter Fishin Towboat Other Commercial Us

Which Fishing Permits does this Vessel currently have (if any):

Total Gallons of Fuel Consumed by Vessel, most recent year? Year of Fuel Use Reported: Of this fuel, what % was burned inside 10 mi from California coastline? :

% fuel consumed by Main Propulsion Motors? And what % burned inside 10 mi from Santa Cruz or Monterey coastline?

If you are proposing any other fuel besides regular diesel, what is it? Gasoline Propane CNG or LNG Other, specify:

The estimate of fuel usage above is supported by (Check one):

Written documentation Base functioning hour meter Documentation plus current hour meter

Other documentation (List) :

A. OPTIONAL INFORMATION ONLY FOR REPOWER PROJECTS (Only complete this section if information is available. Complete and attach a copy for each new motor/ engine to be purchased):

Make and Model Peak Horsepower

Displacement Ltrs: New Motor No Cyl: Model Year

EPA Tier New Motor ARB Cert EO No

Cost New Motor Installer

Installation Cost Vendor/Supplier, if different:

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B. OPTIONAL INFO. ONLY FOR RETROFIT DEVICES (Only complete this section if info. is available. Complete and attach a copy for each new retrofit device to be installed):

Device Make	<input type="text"/>	ARB Cert EO No	<input type="text"/>
Device Name	<input type="text"/>	Cost to Maintain Retrofit Device for Project Life	<input type="text"/>
Device Serial Number	<input type="text"/>	Cost of Retrofit Device Warranty	<input type="text"/>
Device Cost	<input type="text"/>	Retrofit Verif Level	<input type="text"/>
		Cost to Install Retrofit Device	<input type="text"/>
ARB-Verif NOx Reduction (%)	<input type="text"/>	ARB-Verif ROG Reduction (%)	<input type="text"/>
		ARB-Verif PM Reduction (%)	<input type="text"/>

I hereby certify that all information provided in this application and any attachments is true and correct, and I am authorized to represent the person or company or public agency indicated below to sign this application and all other contracts or agreements necessary to implement the project for which funding is hereby requested.

Person who Filled Out This Application

Printed name of responsible party: Application date:

Signature of responsible party

If this application was prepared by someone other than the above:

Preparer name: Preparer date:

Signature of preparer:

Amount received to prepare application(if any): Source of payment;