

# APPLICATION FOR MOYER GRANT OFF-ROAD COMPRESSION IGNITION (CI) 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

## BASE MOTOR/EQUIPMENT INFORMATION FOR ALL PROJECTS (If more than one base motor, show the data for each motor on a separate list attached):

Number of Main Motors on this Veh or Equip:

Base Veh or Equip Owner

Project Address if different

Base Veh or Equip ID Number (If applies) :  Base Veh or Equip Serial No if applies:

Base Veh or Equip Make and Model  Base Veh or Equip Year

Base Motor Make and Model  Base Motor Year

Base Motor Horsepower  Base Motor Serial Number

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)

## ACTIVITY INFORMATION FOR ALL PROJECTS:

Base Veh or Equip Type/Function:

Annual Hours of Operation, OR  % Operation in Air District  % Operation in California

Annual Gallons of Fuel Used:  Will have a functioning hour meter for project life (Y/N)?

Check if EMU to be installed \* Electronic Monitoring Unit (EMU) is an optional device, not required for this project type.

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**FUEL INFORMATION FOR ALL PROJECTS - check all that apply:**

**EXISTING OR BASE MOTOR**

**PROPOSED PROJECT MOTOR**

Base Fuel is Diesel

Project Fuel is Diesel

Project Fuel is Propane

Project Fuel is Gasoline

Project Fuel is Electric

Project Fuel is CNG or LNG

**A. ONLY FOR REPOWER/ REPLACEMENT PROJECTS**

Number of Main Motors to be Repowered   Check if motor previously or currently funded by Moyer grant

New Motor Make and Model  New Motor Cost

New Motor Horsepower  New Motor Installation Cost

New Motor Year  New Motor Tier  New Motor Serial Number (Write "N.A".) if unknown.

New Motor EPA Family Number except electric  New Motor ARB Cert EO No

New Veh or Equip Vendor  New Motor Installer

**B. ONLY FOR RETROFIT DEVICES**

Retrofit Device Make  Retrofit ARB Cert EO No

Retrofit Device Name  Cost to Maintain Retrofit Device for Project Life

Retrofit Device Serial Number  Cost of Retrofit Device Warranty

Retrofit Device Cost  Retrofit Verif Level  Cost to Install Retrofit Device

ARB-Verif NOx Reduction (%)  ARB-Verif ROG Reduction (%)  ARB-Verif PM Reduction (%)

**C. ONLY FOR ELECTRIFICATION PROJECTS**

Electric motor make and model:  Electric motor KW:

Electric motor Vendor:  Electric motor Cost:

Electric motor EPA family if applies:  Electric motor Serial No (If known; otherwise enter "N.A.") :

Electric Motor Year:

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

- Written documentation       Base functioning hour meter       Documentation plus current hour meter

Other documentation  
(List) :

Person who Filled Out This Application

**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.**

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;