



**SAN JOAQUIN VALLEY AIR POLLUTION CONTROL DISTRICT**  
Off-Road Vehicle Component  
**SMALL FARMER CERTIFIED PRE-OWNED AGRICULTURAL  
EQUIPMENT PILOT PROGRAM**  
**APPLICATION**

**PRE-OWNED AGRICULTURAL EQUIPMENT / MOBILE EQUIPMENT REPLACEMENT OPTION**

**SECTION 1 - APPLICANT INFORMATION** (PLEASE PRINT OR TYPE)

| <b>ORGANIZATION INFORMATION</b>  |           |              |
|--|-----------|--------------|
| 1. Organization, Company, or Proprietor's Name (as it appears on Form W-9): <b>Note:</b> This name should match the name that is going to purchase the equipment. If this name appears differently than what the purchasing documentation will show, it may create delays. |           |              |
| 2. Address:  |           |              |
| 3. City:   | 4. State: | 5. Zip Code: |
| 6. Mailing Address (if different from above):  |           |              |
| 7. City:   | 8. State: | 9. Zip Code: |
| 10. Total Acreage of All Agricultural Operations in the San Joaquin Valley (Total acreage should include acres you own, lease, rent, and customer harvest):  |           |              |
| 11. Would you have scrapped your existing vehicle/equipment and purchased a replacement vehicle/equipment without funding from this program? <input type="checkbox"/> Yes <input type="checkbox"/> No  |           |              |
| 12. Have you applied to any other grant programs for this piece of equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, please explain and provide the name of the agency:   |           |              |

**SECTION 2- CONTACT INFORMATION** (PLEASE PRINT OR TYPE)

| <b>PRIMARY CONTACT INFORMATION</b>                                      |                 |
|---|-----------------|
| 1. First and Last Name:   | 2. Title:       |
| 3. Phone Number:  | 4. Fax Number:  |
| 5. Alternate Contact Number:  | 6. Email:       |
| <b>CONTRACT SIGNING AUTHORITY INFORMATION (IF DIFFERENT FROM ABOVE)</b> |                 |
| 7. First and Last Name:   | 8. Title:       |
| 9. Phone Number:  | 10. Fax Number: |
| 11. Alternate Contact Number:   | 12. Email:      |

**SECTION 3 – EXISTING/OLD EQUIPMENT ACTIVITY INFORMATION (PLEASE PRINT OR TYPE)**

|  |                                 |
|--|---------------------------------|
| 1. Equipment Address:  |                                 |
| 2. City:   | 3. Zip Code:                    |
| 4. County of Operation (check all that apply):<br><input type="checkbox"/> Fresno <input type="checkbox"/> Kern (Valley Portion) <input type="checkbox"/> Kings <input type="checkbox"/> Madera <input type="checkbox"/> Merced <input type="checkbox"/> San Joaquin <input type="checkbox"/> Stanislaus<br><input type="checkbox"/> Tulare <input type="checkbox"/> Other, specify: |                                 |
| 5. Equipment Type: (i.e. Tractor, Wheel Loader, Sweeper)   | 6. Type of Ag Operation:        |
| 7. Applicant Designated Fleet ID (if applicable):  | 8. Annual Operation (in hours): |
| 9. % Use in Agricultural Operations:<br><input type="checkbox"/> 100% <input type="checkbox"/> 99%-51% (DOORS number: _____) <input type="checkbox"/> <51% ( <b>Ineligible</b> for funding)<br><i>Note: If usage is between 99%-51%, then please provide the DOORS number on the line above, and include a printout of your DOORS account in the application packet.</i>             |                                 |
| 10. % Use in SJVAPCD:  | 11. % Use in California:        |
| 12. Have you owned <b>and</b> operated the equipment in California for the previous two (2) years?<br><input type="checkbox"/> Yes <input type="checkbox"/> No, this equipment is <b>ineligible</b> for funding.   |                                 |
| 13. Is this equipment operational?<br><input type="checkbox"/> Yes <input type="checkbox"/> No, this equipment is <b>ineligible</b> for funding.   |                                 |

**SECTION 4 – EXISTING/OLD EQUIPMENT INFORMATION (PLEASE PRINT OR TYPE)**

|  |  |
|--|--|
| 1. Equipment Make:   | 2. Equipment Model:                              |
| 3. Equipment Model Year:   | 4. Equipment Identification Number (VIN or PIN): |
| 5. Engine Make:  | 6. Engine Model:                                 |
| 7. Engine Model Year:  | 8. Advertised Horsepower Rating:                 |
| 9. Engine Serial Number:   |  |
| 10. US EPA Engine Family Name (if available):  |  |
| 11. Engine Tier (Tier 2, 3, or 4 is <b>Ineligible</b> for funding):<br><input type="checkbox"/> Uncontrolled, Tier 0 <input type="checkbox"/> Tier 1                 |  |
| 12. Is this equipment powered by a Diesel engine?<br><input type="checkbox"/> Yes <input type="checkbox"/> No (Gasoline or Propane is <b>ineligible</b> for funding) |  |

**SECTION 5 – CERTIFIED PRE-OWNED EQUIPMENT INFORMATION** (PLEASE PRINT OR TYPE)

|   |  |  |
|---|--|--|
| 1. Equipment Make:  | 2. Equipment Model:                              |  |
| 3. Equipment Model Year:  | 4. Equipment Identification Number (VIN or PIN): |  |
| 5. Engine Make:   | 6. Engine Model:                                 |  |
| 7. Engine Model Year:   | 8. Advertised Horsepower Rating:                 |  |
| 9. Engine Serial Number:  |  |  |
| 10. US EPA Engine Family Name:  |  |  |
| 11. Engine Tier:<br><input type="checkbox"/> Tier 3 <input type="checkbox"/> Tier 4 Alt NOx <input type="checkbox"/> Interim Tier 4 <input type="checkbox"/> Tier 4 Final |  |  |
| 12. Is this equipment powered by a Diesel engine?<br><input type="checkbox"/> Yes <input type="checkbox"/> No (Gasoline or Propane is <b>ineligible</b> for funding)      |  |  |
| 13. Total Cost of Pre-Owned Replacement Equipment:  | 14. Tax Rate:                                    | 15. Engine Hour Meter Reading (hours): |

**SECTION 6 – REPLACEMENT EQUIPMENT DEALER INFORMATION** (PLEASE PRINT OR TYPE)

|                     |                |              |
|---------------------|----------------|--------------|
| 1. Dealership Name: |                |              |
| 2. Address:         |                |              |
| 3. City:            | 4. State:      | 5. Zip Code: |
| 6. Contact Name:    |                |              |
| 7. Phone Number:    | 8. Fax Number: | 9. Email:    |

**THIRD PARTY INFORMATION**

This section **must be completed** if any part of the application was filled out on your behalf by a third party. Please sign & date.

|   |   |
|---|---|
| 1. Contact Name:  | 2. Title:   |
| 3. Business Name:   | 4. Phone Number:                                    |
| 5. Cost of Services (not eligible for funding reimbursement): | 6. Source of Funds to Pay for Third Party Services: |

**I hereby certify that all information provided in this application and any attachments are true and correct to the best of my knowledge, and that SJVAPCD funds may not be utilized to compensate me for my services.**

Third Party Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# APPLICANT CERTIFICATIONS FORM

By signing this Certifications form, I certify that I have read and understand the Eligibility Criteria and Application Guidelines document and agree to adhere to its requirements. Additionally, by signing this Certifications form, I certify to the statements and agree to adhere to the terms and conditions described below:

1. The emission reductions obtained through this program are not required by any federal, state, or local regulation, memorandum of agreement/understanding (MOA/MOU) with a regulatory agency, settlement agreement, mitigation requirement, or other legal mandate.
2. Projects funded by SJVAPCD will not be used as marketable emission reduction credits, to offset any emission reduction obligation, or for credit under any federal or state emission averaging, banking and trading program. In addition, projects funded through this program may not be used to generate a compliance extension or extra credit for determining regulatory compliance.
3. Proposed project has not received funding or is not under agreement with any other air district, CARB, or any other public agency. Any current financial incentive that directly reduces the project cost; including tax credits or deductions, grants, or other public financial assistance for the same engine or equipment; must be disclosed to the SJVAPCD.
4. The replacement equipment will be domiciled within the boundaries of the SJVAPCD and the participant will operate the replacement equipment at least seventy-five percent (75%) of the equipment's annual hours of operation within California and fifty percent (50%) within SJVAPCD boundaries.
5. The certified pre-owned replacement equipment will have no more than 10,000 hours on the hour meter at the time of purchase, will serve the same function and perform the same work equivalent as the old equipment(s). In addition, participant will comply with the reporting requirements of the program and keep appropriate records through the full term of the agreement, as determined by the SJVAPCD and CARB.
6. CARB is providing flexibility that allows participants in the Carl Moyer Program to opt-out of the default retrofit requirement for equipment not subject to an approved in-use regulation. Due to any existing or future regulations, the applicant may be required to install a retrofit on the engine at the applicant's expense if an OEM is not already installed on the replacement equipment. The designated agreement signing authority intends to opt-out of the default retrofit requirement and understands that due to any existing or future regulations the applicant may be required to install a retrofit(s) on the engine(s) at the applicant's expense.
7. Participant certifies that the equipment submitted in the application operates 100% of the time in agricultural operations as defined in the Off-Road Regulation and is therefore exempt from the regulation. (See Page 3 of the TRP guidelines for the definition) OR Participant certifies that the equipment submitted in the application operates between 51% and 99% of the time in agricultural operations as defined in the Off-Road Regulation and is therefore exempt from the performance requirements of the regulation. All other requirements of the regulation, such as, reporting fleet information to CARB's Diesel Off-Road On-Line Reporting System (DOORS) and labeling the participant's equipment with a CARB Equipment Identification Number (EIN), have been met. Documentation from the DOORS has been submitted with the application.
8. I certify that I am currently in compliance with all federal, State, and local air quality rules and regulations and I am not aware of any outstanding or pending enforcement actions.
9. I certify under penalty of perjury that I will not accept a grant from any other local, state or federal agency, including any funding from the Natural Resources Conservation Service (NRCS), for the equipment on this application.
10. I agree not to purchase, make a payment towards, and/or take possession of the certified pre-owned replacement equipment prior to receiving an executed contract from the SJVAPCD.
11. I hereby release the SJVAPCD of any and all liability that could foreseeably arise as a result of this agreement or its use of the replacement equipment.

Contract Signing Authority: \_\_\_\_\_ Date: \_\_\_\_\_

# EQUIPMENT DOCUMENTATION FORM

## Heavy-Duty Program Off-Road Component

In order to meet program eligibility requirements, you must provide proof that you have owned the old equipment in the above referenced project in California for the previous two years (24 months) and operated the old equipment in the above referenced project in the SJVAPCD for the previous year (12 months). **The documentation you provide must be specific to and clearly identify the old equipment in the project.**

### OWNERSHIP

To prove ownership of the old equipment for **more than two years (24 months)**, please provide **one (1)** type of documentation of the following specific to the existing equipment (check one):

- Bill of sale for the old existing equipment (preferred)
  - Tax depreciation logs
  - Property tax records
  - Equipment insurance records
  - Bank appraisals for the equipment
  - Maintenance/service records
  - General ledgers
  - Fuel records specific to the existing equipment that identify the equipment owner
  - Other documentation (to be approved by SJVAPCD staff) – Please describe below:
- 

### USAGE

To prove operation of the old equipment please provide documentation to demonstrate that the equipment was operational **within the previous year (12 months)**. Please check **one (1)** type of documentation submitted:

- Revenue & usage records that identify operational, standby, & down hours for the equipment
  - Routine inspections which document the operating condition of the existing equipment (OSHA or workplace required)
  - Employee Timesheets linked to specific equipment use
  - Preventative maintenance/service records tied to specific hours of equipment use
  - Repair work orders specific to the equipment
  - Other (to be approved by SJVAPCD staff) – Please describe below:
- 

**The documentation requested on this form is required for you to continue participation in the program. If you cannot provide the documentation requested on this form, your project will be deemed ineligible and will be cancelled.**

**Please include a copy of this form with your documentation.**

# SJVAPCD Disclosure of Funds

## Identification of Potential Co-Funding

### Heavy-Duty Program Off-Road Component

To be eligible to receive incentive funding from the San Joaquin Valley Air Pollution Control District (SJVAPCD), you **must** indicate below if you have applied for or received funding from any other sources for this project. You must also indicate if you intend to apply for additional funding from other sources in the future for this project. Examples of additional funding sources include, but are not limited to, the USDA EQIP, California Air Resources Board Peaker Offset Program, and private sources. Additionally, you are required to disclose the value of any current financial incentive that directly reduces the project cost, including tax credits or deductions, grants, or other public financial assistance for the same engine.

Information provided on this form may be shared as required by federal, state, and local laws. Any owner, designee, or other third party who is found to have submitted multiple applications or signed multiple contracts for this same specific project without proper disclosure shall be disqualified from funding for that project from all sources within the control of the SJVAPCD, other air districts, or CARB.

**NOTE:** Applying for or receiving funding from other sources for this project does not necessarily preclude you from applying for or receiving funding from the SJVAPCD.

Applicant certifies (please check one):

- Yes, I **HAVE** applied for funding from other sources. List applicable Source, Program and Project/Reference Number(s).

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Indicate Funding amount \$ \_\_\_\_\_

- No, I **HAVE NOT** applied and **WILL NOT** apply for funding from other sources.

Please list here any current financial incentive(s) you have received which directly reduces the project cost:

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\_\_\_\_\_  
Contract Signing Authority (print name)

\_\_\_\_\_  
Contract Signing Authority Signature

\_\_\_\_\_  
Date

# Eligibility Evaluation Criteria for Used Agricultural Equipment

| Status |   |   |   | Safety Equipment                |
|--------|---|---|---|---------------------------------|
| A      | B | C | S |                                 |
|        |   |   |   | Seat Belts                      |
|        |   |   |   | Rollover Protection             |
|        |   |   |   | Warning/Flashing Lights         |
|        |   |   |   | Decals in Place (e.g., SMV)     |
|        |   |   |   | Other Audible Sounds            |
|        |   |   |   | Horn                            |
|        |   |   |   | Brake Pedal Interlock           |
|        |   |   |   | PTO Shield in Place             |
|        |   |   |   | Reflectors                      |
|        |   |   |   | Mirrors (if applicable)         |
|        |   |   |   | Other Equipment (if applicable) |

| Status |   |   |   | Engine                             |
|--------|---|---|---|------------------------------------|
| A      | B | C | S |                                    |
|        |   |   |   | Engine Oil/Filter                  |
|        |   |   |   | Clean DPF, Check for Exhaust Smoke |
|        |   |   |   | Unusual Noise                      |
|        |   |   |   | Turbo Charger (if applicable)      |
|        |   |   |   | Intake System                      |
|        |   |   |   | Muffler/Exhaust System             |
|        |   |   |   | High & Low Idle Speed              |
|        |   |   |   | Fuel Pumps & Fuel Lines/Clamps     |
|        |   |   |   | Run Unit on Dyno for 2 Hours       |
|        |   |   |   | Fuel Shut Off System               |
|        |   |   |   | Fuel Throttle Linkage              |
|        |   |   |   | Fuel Tank                          |
|        |   |   |   | Fuel Cap                           |
|        |   |   |   | Belts/Tensioner                    |
|        |   |   |   | Cold Starting Aids/Block Heater    |
|        |   |   |   | Check Fault Codes/History & Repair |
|        |   |   |   | Other Components (if applicable)   |

| Status |   |   |   | Electrical                       |
|--------|---|---|---|----------------------------------|
| A      | B | C | S |                                  |
|        |   |   |   | Neutral Starting Switch          |
|        |   |   |   | Connections                      |
|        |   |   |   | Battery Fluid                    |
|        |   |   |   | Battery Hold Down                |
|        |   |   |   | Battery Voltage                  |
|        |   |   |   | Battery Area Clear/Clean         |
|        |   |   |   | Starter                          |
|        |   |   |   | Alternator                       |
|        |   |   |   | Wipers                           |
|        |   |   |   | Heat/AC Fan (if applicable)      |
|        |   |   |   | Turn Signals                     |
|        |   |   |   | Lights                           |
|        |   |   |   | Differential Lock                |
|        |   |   |   | Instrumentation/Warning Lights   |
|        |   |   |   | MFD Switch (if applicable)       |
|        |   |   |   | Other Components (if applicable) |

| Status |   |   |   | Steering System                  |
|--------|---|---|---|----------------------------------|
| A      | B | C | S |                                  |
|        |   |   |   | Hoses                            |
|        |   |   |   | Cylinder/Valves                  |
|        |   |   |   | Tie Rods/Knuckles                |
|        |   |   |   | Operational                      |
|        |   |   |   | Front Wheel Toe In               |
|        |   |   |   | Tilt & Telescope                 |
|        |   |   |   | Other Components (if applicable) |

| Status |   |   |   | Power Train                      |
|--------|---|---|---|----------------------------------|
| A      | B | C | S |                                  |
|        |   |   |   | Planetary Oil                    |
|        |   |   |   | Differential Oil                 |
|        |   |   |   | Check for All Gears              |
|        |   |   |   | Wheel Spacing (By Request)       |
|        |   |   |   | Wheel Lugs                       |
|        |   |   |   | Tires/Pressure                   |
|        |   |   |   | Hydrostatic Transmission         |
|        |   |   |   | Other Components (if applicable) |

| Status |   |   |   | Brake System                     |
|--------|---|---|---|----------------------------------|
| A      | B | C | S |                                  |
|        |   |   |   | Manual & Power                   |
|        |   |   |   | Linkage/Control                  |
|        |   |   |   | Lines/Hoses                      |
|        |   |   |   | Parking Brake/Lock               |
|        |   |   |   | Other Components (if applicable) |

| Status |   |   |   | Cooling System                   |
|--------|---|---|---|----------------------------------|
| A      | B | C | S |                                  |
|        |   |   |   | Radiator Core                    |
|        |   |   |   | Hoses/Clamps/Radiator Cap        |
|        |   |   |   | Water Pump                       |
|        |   |   |   | Fan Assembly                     |
|        |   |   |   | Coolant/_____°                   |
|        |   |   |   | Coolant Recovery                 |
|        |   |   |   | Other Components (if applicable) |

| Status | Definition                           |
|--------|--------------------------------------|
| A      | Good condition                       |
| B      | Operational with signs of wear       |
| C      | Critical – must repair               |
| S      | Passed inspection – service provided |

| Status |   |   |   | Hydraulic                        |
|--------|---|---|---|----------------------------------|
| A      | B | C | S |                                  |
|        |   |   |   | Oil Level                        |
|        |   |   |   | Lines/Hoses                      |
|        |   |   |   | Control/Linkage                  |
|        |   |   |   | Oil Cooler                       |
|        |   |   |   | Cylinders/Valves                 |
|        |   |   |   | Reservoir                        |
|        |   |   |   | Operational                      |
|        |   |   |   | Proper Detent                    |
|        |   |   |   | Quick Couplers                   |
|        |   |   |   | Other Components (if applicable) |

| Status |   |   |   | Leaks   |
|--------|---|---|---|---------|
| A      | B | C | S |         |
|        |   |   |   | Oil     |
|        |   |   |   | Coolant |
|        |   |   |   | Fuel    |

| Status |   |   |   | Hitch/PTO Area         |
|--------|---|---|---|------------------------|
| A      | B | C | S |                        |
|        |   |   |   | Inspect Hitch Members  |
|        |   |   |   | Upper Link Operational |
|        |   |   |   | Proper Height          |
|        |   |   |   | Engage/Disengage       |

| Status |   |   |   | Additional Maintenance           |
|--------|---|---|---|----------------------------------|
| A      | B | C | S |                                  |
|        |   |   |   | Lube Grease                      |
|        |   |   |   | Engine Air Filters               |
|        |   |   |   | Engine Fuel Filters              |
|        |   |   |   | Hydraulic Filters                |
|        |   |   |   | Wheel Bearings                   |
|        |   |   |   | Engine Valve Lash Adjustment     |
|        |   |   |   | Fuel Injectors                   |
|        |   |   |   | Coolant/Filters                  |
|        |   |   |   | Cab Filters                      |
|        |   |   |   | Clean A/C Condenser              |
|        |   |   |   | A/C Check                        |
|        |   |   |   | Other Components (if applicable) |

| Status |   |   |   | Miscellaneous                   |
|--------|---|---|---|---------------------------------|
| A      | B | C | S |                                 |
|        |   |   |   | Welds/Frames                    |
|        |   |   |   | Exterior Condition              |
|        |   |   |   | Seat Operates/Condition         |
|        |   |   |   | Fire Extinguisher (if equipped) |

| Status |   |   |   | Fluid Analysis           |
|--------|---|---|---|--------------------------|
| A      | B | C | S |                          |
|        |   |   |   | Engine                   |
|        |   |   |   | Hydrostatic/Transmission |
|        |   |   |   | MFD Front Differential   |
|        |   |   |   | MFD Outboard Planetaries |
|        |   |   |   | Coolant                  |

| Status | Definition                           |
|--------|--------------------------------------|
| A      | Good condition                       |
| B      | Operational with signs of wear       |
| C      | Critical – must repair               |
| S      | Passed inspection – service provided |



# ORIGINAL EQUIPMENT MANUFACTURER/DEALER CERTIFICATIONS FORM

By signing this Certifications form, I certify that I have read and understand the Eligibility Criteria and Application Guidelines document and agree to adhere to its requirements. Additionally, by signing this Certifications form, I certify to the statements and agree to adhere to the terms and conditions described below:

1. I verify the replacement equipment conforms to Tier 3 emissions standards or cleaner with an hour meter reading of between 501-10,000 hours.
2. I have evaluated and ensured that all emission control components are in working condition and have not been tampered with.
3. I certify that the Eligibility Evaluation Criteria form has been completed and the equipment has no "critical", or C Status areas.
4. I understand that any components found to be in critical condition, repairs must be made before the equipment is deemed eligible for funding.
5. I agree not to sell, allow the applicant to make payment towards, and/or take possession of the certified pre-owned replacement equipment prior to them receiving an executed contract from the SJVAPCD.
6. I attest that the replacement equipment matches the equipment identification number and engine serial number provided in Section 5 of the application.
7. I hereby release the SJVAPCD of any and all liability that could foreseeably arise as a result of this agreement or its use of the replacement equipment.

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Dealer (print name)

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**Dealer Signature**

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Date



## Small Farmer Certified Pre-Owned Ag Equipment Pilot Program Grant Monitoring Inspection

As part of the Small Farmer Certified Pre-Owned Ag Equipment Pilot Program, an Original Equipment Manufacturer (OEM) dealer will be required to conduct an inspection of the pre-selected pre-owned replacement equipment for the below referenced application. All photographs must be clear, and all vehicle identification numbers (VIN) and engine serial numbers must be legible. Photos can be submitted on a flash drive with the application by mail, or emailed to [grants@valleyair.org](mailto:grants@valleyair.org). All photos emailed to the District's email must have the applicant's name and equipment VIN in the subject line.

Organization or Proprietor's Name: \_\_\_\_\_

Primary Contact: \_\_\_\_\_

Equipment Make & Model: \_\_\_\_\_

### Required Photographs/Documents of the Pre-Owned Replacement Equipment

Clear photographs of ALL the following must be taken of the equipment

|   |  |
|---|--|
| <input type="checkbox"/> Equipment – Full Left-side view      | <input type="checkbox"/> Engine – Left side                                |
| <input type="checkbox"/> Equipment – Full Right-side view     | <input type="checkbox"/> Engine – Right side                               |
| <input type="checkbox"/> Equipment – Front & Rear View        | <input type="checkbox"/> Engine Serial Number – Data Tag/Stamped on block  |
| <input type="checkbox"/> Equipment VIN – Data Tag             | <input type="checkbox"/> Emission Label – Engine Model and EPA Family Name |
| <input type="checkbox"/> Photo of Valley Air District Sticker | <input type="checkbox"/> Hour Meter Reading: _____ hours                   |

Comments/Pertinent Information:

*I represent that the information and photographs presented herein are an accurate and true representation of the equipment associated with the above-referenced application, and further acknowledge and agree that the District is relying upon my representation in its approval of my participation in the grant program.*

|                      |                      |
|----------------------|----------------------|
| OEM Dealership Name: | Dealer Name (Print): |
| Date of Inspection:  | Dealer Signature:    |

# PACKET CHECKLIST

**This application is limited to the purchase of one reduced-emission replacement equipment. Please complete a separate application for each piece of replacement equipment you intend to purchase.** When submitting a project for consideration, submit a **complete** application packet. An incomplete application packet will lengthen the application processing time and delay possible incentive funding. A complete application packet includes the following items:

- Completed **Application**, all five (6) pages, which include the following:
  - If applicable, completed **Third Party Information** section (page 3)
  - Completed and signed **Applicant Certification Form** (page 4)
  - Provided **Ownership and Usage Documentation** (page 5)
  - Completed and signed **Disclosure of Funds Form** (page 6)
  - Completed and **Eligibility Evaluation Criteria** for the Replacement Equipment (pages 7-8)
  - Completed **Grant Monitoring Inspection** of the Certified Pre-Owned Equipment Replacement (page 9)
  - Completed and signed **Dealer Certification Form** (page 10)
- First Page of IRS Request for Taxpayer Identification Number and Certification Form W-9 (**Form W-9**).
- Dated and itemized dealer **quote** for the certified pre-owned replacement equipment (previously owned equipment is not eligible). The quote must, at a minimum, include the following:
  - The applicant/organization name and address.
  - The replacement equipment dealer name and address.
  - The replacement equipment make, model, model year, and serial number.
  - The CARB certified engine make, model, advertised horsepower (**not** PTO horsepower) and US EPA Engine Family Name.
  - A complete and detailed breakdown of all material costs: replacement equipment, replacement engine, core charge, hardware, warranty costs, freight or shipping costs, setup fees, document preparation fees, tire disposal fees, and the sales tax with the percentage rate indicated. Please list all additional and optional equipment or attachments separately in a line item format.

# INCENTIVE AMOUNT

Projects will be funded based on the total acreage of all of the applicant's agricultural operations in the Valley, as detailed in the table below.

| Size of Operations | Total Acreage of All Agricultural Operations in the Valley (acres) | SJVAPCD Incentive               |
|--------------------|--|---------------------------------|
| Small              | 1 – 100  | 80% of eligible equipment costs |

Please return all completed applications to:  
 1990 East Gettysburg Avenue Fresno, CA 93726-0244  
 Phone: (559) 230-5800 ■ Fax: (559) 230-6112 ■ Email: [grants@valleyair.org](mailto:grants@valleyair.org)

**Don't forget to retain a full copy of the completed application for your own records.**

For additional assistance, please contact staff in the Strategies and Incentives Department at (559) 230-5800