

BOARD MEETING DATE: September 9, 2011

AGENDA NO. 8

PROPOSAL: Issue Program Announcement for Natural Gas Truck Projects and Amend Contract

SYNOPSIS: The AQMD has received grant awards from federal and state agencies for the purchase of heavy-duty natural gas trucks. These include the CEC, U.S. EPA, DOE Clean Cities Program and the Department of Transportation (DOT). These grants have helped to successfully deploy hundreds of natural gas trucks in the goods movement sector. Additional natural gas truck projects are needed to expend the remaining funds under these grants. This action is to issue a Program Announcement to solicit natural gas truck projects in the amount of approximately \$5.2 million, comprised of \$1.8 million from DOT for solid waste collection trucks and about \$3.4 million in returned and remaining funds from the CEC, U.S. EPA and DOE grants for goods movement trucks. This action is also to amend an existing contract to change the source of funds.

COMMITTEE: Technology, July 22, 2011; Recommended for Approval

RECOMMENDED ACTIONS:

1. Issue Program Announcement PA #2012-03 for natural gas trucks in the amount of approximately \$5.2 million, comprised of \$1.8 million from DOT through Caltrans for solid waste collection trucks and about \$3.4 million in returned and remaining funds from earlier CEC, U.S. EPA and DOE grants for goods movement trucks; and
2. Amend a contract with Sysco Food Services (C11523) for the purchase of a natural gas Class 8 heavy-duty truck for an amount not to exceed \$100,000, with funding from the DOT replacing funding from the U.S. EPA and with the remaining funding coming from the CEC.

Barry R. Wallerstein, D.Env.
Executive Officer

Background

The AQMD has received federal and state grant awards as previously recognized by the Board, to reduce emissions from heavy-duty diesel trucks by purchasing natural gas trucks. These grants are from the CEC, U.S. EPA and DOE Clean Cities Program. The Ports of Los Angeles and Long Beach also contributed funds to this program. The program has been successful in deploying hundreds of natural gas goods movement trucks that are now operating at the Ports of Los Angeles and Long Beach or are engaged in other goods movement activities. However, due to the current availability of funds from returned projects, there is an opportunity to fund additional natural gas goods movement trucks. Funds are also available from the DOT through the California Department of Transportation (Caltrans) grant that was recognized by the Board in January 2011. These funds may be used to fund Class 8 natural gas heavy-duty trucks in the South Coast Air Basin.

Proposal

This action is to approve the issuance of Program Announcement PA #2012-03 to solicit eligible goods movement and solid waste collection natural gas trucks. Approximately \$5.2 million is available, comprised of \$1.8 million from DOT for solid waste collection trucks, and about \$3.4 million in returned and remaining funds from the CEC, U.S. EPA and DOE grants for goods movement trucks. The entire and precise amount of the returned funds including any additional funds that may become available during the solicitation period will be reported to the Board, and the entire amount will be recommended for project awards.

In the category of goods movement, natural gas trucks with CARB certified engines at or below the 2010 emissions standard can qualify for up to \$100,000 per truck for the replacement of older diesel trucks with pre-2004 model year engines. The older diesel trucks must be scrapped to qualify for the goods movement grant. To ensure the availability of the DOT funds for the next several years, an initial expenditure of a portion of the grant is required before the end of September 2011. Hence, the amendment of a contract with Sysco Food Services is proposed to replace funds from the U.S. EPA with funds from the DOT for the purchase of a natural gas Class 8 heavy-duty truck. The remainder of the DOT funds are proposed to be used for projects in the category of solid waste collection for up to \$25,000 per truck, not exceeding \$250,000 per fleet, for replacement of a Class 8 refuse diesel truck with a 2010-compliant Class 8 natural gas truck. The replaced vehicle must also be scrapped or moved permanently out of the Basin for projects in this category.

Following the evaluation and ranking of eligible projects, staff will return to the Board for consideration of the recommended awards.

Benefits to AQMD

The successful implementation of the natural gas truck projects will provide reductions of both NO_x and PM_{2.5} emissions. The vehicles funded under this program are expected to operate for many years providing long-term emission reduction benefits.

Resource Impacts

Funding for this Program Announcement is approximately \$5.2 million, from the remaining grant funds awarded by the CEC, U.S. EPA, and DOE and a grant from the DOT. A precise accounting of the available funds will be given at the time of the Board's consideration for the recommended awards.

Attachment

Program Announcement PA #2012-03

**AQMD PROGRAM ANNOUNCEMENT
FOR
HEAVY-DUTY NATURAL GAS TRUCK PROJECTS**

PA #2012-03

The South Coast Air Quality Management District (AQMD) is seeking applications for natural gas truck projects involved in goods movement or solid waste collection services. In this Program Announcement (PA), the words “Proposer,” “Applicant,” and “Contractor” are used interchangeably.

SECTION I – PROGRAM OVERVIEW

On-road heavy-duty diesel trucks are a major source of air pollution in the region. The main pollutants emitted by diesel trucks are nitrogen oxides (NOx) and fine particulate matter (PM2.5). The large number of diesel trucks and the associated air pollution in the region greatly impact the health of communities and residents, especially those located near the ports, rail yards, distribution centers, freeways and other public roads where a high volume of truck traffic exists. Diesel trucks are also considered a major contributor to the region’s high levels of ozone, which represent a significant health risk.

This program is intended to reduce diesel-related emissions from in-use, on-road heavy-duty trucks that are used for **goods movement or solid waste collection services**. It is designed to provide grants to truck owners/operators to purchase a newer, low-emitting natural gas truck.

- For goods movement projects, the project must involve the replacement of a Class 7 or 8 diesel truck (engine MY2003 or older) with a newer, natural gas truck (MY2009 or newer) certified by CARB at or below the 2010 emission levels. The older diesel truck must be scrapped and replaced with the natural gas truck to qualify for the goods movement grant.
- For projects in the category of solid waste collection, participation is limited to a replacement of Class 8 refuse diesel truck with a 2010-compliant Class 8 natural gas truck. The older diesel truck must be scrapped or moved permanently out of the Basin.

This program is available only to goods movement trucks or solid waste collection vehicles (SWCVs). The project eligibility criteria are described in this PA – see below.

Awards will be made on a competitive basis by ranking all eligible projects based on the expected emission reductions from the project and cost-effectiveness (i.e., the total pollutant-weighted reductions over the project life, per dollar of grant funding requested). All eligible projects will be ranked by project category (either goods movement or solid waste collection). The amount of available funding for each category is: 1) up to \$3.4 million in returned and remaining funds from the CEC, U.S. EPA, and/or DOE grants for goods movement trucks, and 2) up to \$1.8 million for solid waste collection vehicles. If the program is oversubscribed in either category, then only the top-ranked projects will be considered for awards based on the amount of available funding.

Below are the “minimum” eligibility requirements for **goods movement truck projects**:

- Existing truck must have a Gross Vehicle Weight Rating (GVWR) of 26,001 lbs. or greater.
- Existing truck must have been operated at least 75% of the time in California over the past two years.
- Existing truck must have an engine with a model year of 2003 or older.
- Existing truck must move goods for sale a majority of the time.
- Existing truck must be currently registered as “operable” with the California DMV and registered for the past two years.
- Contract term is 5 years.

Below are the eligibility requirements for **solid waste collection vehicle projects**:

- Participation is limited to a replacement of Class 8 (>33,001 lbs. GVWR) refuse diesel truck with 2010-compliant Class 8 natural gas truck.
- Maximum of \$25,000 per natural gas truck.
- Maximum of \$250,000 per fleet (this amount may be increased if the solicitation is not fully subscribed).
- Destruction of the old vehicles being replaced is required.
- No requirement for the model year of replaced truck.
- Fleets are required to demonstrate ownership of trucks.
- Contract term is 5 years.

GENERAL PROGRAM INFORMATION

This Program Announcement is seeking applications for natural gas truck projects in the categories of goods movement and solid waste collection. The program will provide a grant for eligible projects including:

- Up to \$100,000 for the replacement of a diesel truck (engine MY 2003 or older) engaged in **goods movement activities** with a newer, natural gas truck (MY2009 or newer) equipped with an engine certified by CARB under the heavy-duty test cycle with both FEL and CERT values at or below 1.20 g/bhp-hr for NOx and 0.01 g/bhp-hr for PM, or
- Up to \$25,000/truck for a replacement of Class 8 (>33,001 lbs. GVWR) refuse diesel truck with 2010-compliant Class 8 natural gas truck, not exceeding \$250,000 per fleet.

This Program will be funded by one or a combination of funding sources, which may include, but are not limited to: the California Energy Commission, EPA, DOE Clean Cities Program, and The Department of Transportation (DOT).

This program is expected to reduce emissions from in-use, heavy-duty diesel trucks involved in goods movement or solid waste collection by providing a financial incentive to help offset the higher cost of purchasing a natural gas truck equipped with an engine certified at or below the 2010 emission standards. This program is expected to provide real, quantifiable, and surplus air quality benefits in excess of any requirements under federal, state and/or local regulations.

Each natural gas truck project will be evaluated for eligibility based on the vehicle information contained in the application. AQMD will verify project eligibility through a pre-inspection before the contract is executed. During the evaluation period, the expected emission reductions and cost-effectiveness for each eligible natural gas truck project will be quantified based on the calculator established by CARB for the Goods Movement Emission Reduction Program Guidelines, or other approved quantification protocol used by AQMD. Projects will compete against other projects in the same category (either goods movement or solid waste collection) for limited funding. Projects will be funded in order starting at the top of the competitively ranked list until all funds are allocated.

Equipment owners may request a reduced funding amount to improve the cost-effectiveness and competitiveness of the project. Projects that request a lower amount of funding may rank higher in the competitive process. Also, as part of the application, the equipment owner of a **goods movement truck** must commit to at least 90% operation in California. Projects that commit to 100% operation in California may be more competitive due to the increased emission reductions that will be achieved within California.

Furthermore, the AQMD reserves the right to make adjustments to awards based on the subsequent verification of information as well as changes in cost-effectiveness. During the evaluation period, AQMD (or AQMD's consultants) may contact applicants for clarification and/or additional information needed to verify program eligibility. AQMD is not required to notify the applicant to collect information that is missing from the application. At the AQMD's discretion, consultants to the AQMD may conduct all or part of such evaluation and/or verification. Application data verification during the evaluation and contracting process may cause initial cost-effectiveness rankings and associated awards to change. Furthermore, the AQMD reserves the right to reject incomplete applications or make adjustments to awards based on AQMD's verification of project information.

It is expected that multiple awards will be granted under this PA, subject to the approval of the AQMD's Governing Board and contingent upon AQMD's receipt of funds from CEC, EPA, DOE, and/or DOT in the amount of the required payments.

General Requirements:

Goods Movement Projects:

- Up to \$100,000 for the replacement of an older diesel truck involved in goods movement with a newer natural gas truck. The old diesel truck must be a Class 7 or 8 goods movement truck (GVWR = 26,001 lbs. or greater) and equipped with an engine MY2003 or older. The natural gas truck must be MY2009 or newer with an engine certified by CARB at or below the MY2010 emission standards (1.20 g/bhp-hr or less NOx and 0.01 g/bhp-hr or less PM).
- All eligible vehicles will be evaluated and competitively ranked based on criteria set forth in this PA and Goods Movement Program Guidelines. The trucks will be ranked based on specifications including, but not be limited to: engine model year, vehicle miles traveled per year (VMT), and the requested funding amount.

- Eligible vehicles include Class 7 and 8 goods movement diesel trucks that have operated in California at least 75% of the time during the past 2 years.
- Equipment owner must commit to at least 90% operation in California with the replacement truck.
- Equipment owner must commit to a project life of 5 years or 500,000 miles, whichever comes first.
- Applicants applying for grant funding must be the legal owner of the old truck at the time the equipment project application is submitted to the AQMD.
- Applicants must provide a copy of the current California DMV vehicle registration.
- Applicant must provide documentation of annual miles traveled over the past 2 years (e.g., maintenance or inspection records with odometer readings, shipment logs, fuel receipts with vehicle identification, etc).
- Applicant must also provide proof of DMV registration for the past 2 years (California Base-plated or International Registration Plan (IRP) are acceptable). Monthly or seasonal registrations are acceptable with supporting documentation. If 2-year registration records are not available, then the applicant must provide a DMV printout showing the registration history or a minimum of 8 months registration supplemented by alternative documentation (e.g., proof of insurance, shipment records, or fuel consumption records) that establishes a pattern of California operation over the last 2 years.
- Applicant must demonstrate that the truck was operated for at least 5,000 miles each year for the past 2 years.
- Applicants must provide a price quote for the replacement truck.
- Applicants must provide a copy of the CARB Executive Order for the **natural gas** truck engine documenting that the engine meets or exceeds the MY2010 emissions (1.20 g/bhp-hr or less NOx and 0.01 g/bhp-hr or less PM).
- Applicants must provide the old truck VIN as part of the application. A VIN compliance check will be performed by CARB to verify there are no outstanding violations prior to funding approval.
- No third party contracts are allowed.
- Unsigned applications will be deemed ineligible and will NOT be considered for funding.
- A pre-inspection of the old truck and post-inspection of the replacement truck will be required to verify eligibility of the vehicle prior to disbursement of any incentive funding under this program. Replacement equipment shall not be ordered or purchased until the existing equipment passes a pre-inspection by AQMD or its designee and the contract is fully executed.
- **Destruction of the old vehicles being replaced is required for goods movement projects.**
- Proposed projects in the application cannot be under an existing Carl Moyer or Proposition 1B contract at the time of application.
- Grant funds shall only be used to pay down the capital cost of the equipment.

- There are two payment options that will be available: 1) direct payment to the vendor and 2) reimbursement to contractor with proof of payment by contractor. Payment of grant funds shall only be made upon the submittal of sufficient invoice documentation specifying the actual cost of the equipment and grant funds requested, and the satisfactory completion of a post-inspection by AQMD.
- It is the applicant's responsibility to correct any outstanding CARB violations associated with the owner's entire fleet of vehicles. Outstanding CARB violations will affect eligibility if not corrected by applicant.
- Any tax obligation associated with the award is the responsibility of the grantee. Individuals or companies receiving grant funding will be issued a 1099-G form by AQMD for the full award amount.
- Compliance with existing air quality regulations is a prerequisite for Program funding. Applicants are responsible for ensuring that they are in full compliance with all applicable regulations.
- Non-performance with any provision of the AQMD contract may result in the recovery of all or a portion of the grant funds or penalties to the equipment owner.

Solid Waste Collection Vehicles:

- Participation is limited to a replacement of Class 8 refuse diesel truck (greater than 33,000 lbs. GVWR) with 2010-compliant Class 8 natural gas truck.
- Maximum of \$25,000 per truck
- Maximum of \$250,000 per fleet. This amount may be increased if the solicitation is not fully subscribed.
- **Destruction of the old vehicles being replaced or moving them permanently out of the Basin is required.**
- No requirement for the model year of replaced truck.
- Fleets are required to demonstrate ownership of trucks.
- Contract term is 5 years.

PROGRAM ADMINISTRATION

The Program will be administered locally by the AQMD through the Technology Advancement Office.

SCHEDULE OF EVENTS

Release of PA #2012-03	September 9, 2011
All Applications Due by 2:00 pm	Tuesday, October 11, 2011
Anticipated Board Consideration of Awards	February 3, 2012

ALL APPLICATIONS MUST BE RECEIVED AT THE AQMD HEADQUARTERS BY NO LATER THAN 2:00 P.M. ON TUESDAY, OCTOBER 11, 2011

Postmarks will not be accepted. Faxed or e-mail proposals will not be accepted. Proposers may hand-deliver proposals to the AQMD by submitting the proposal to the AQMD Public Information Center. The proposal will be date and time-stamped and the person delivering the proposal will be given a receipt.

AQMD may issue subsequent solicitations if insufficient applications are received in this solicitation.

STATEMENT OF COMPLIANCE

Government Code Section 12990 and California Administrative Code, Title II, Division 4, Chapter 5, require employers to agree not to unlawfully discriminate against any employee or applicant because of race, religion, color, national origin, ancestry, physical handicap, medical condition, marital status, sex, or age. A statement of compliance with this clause is included in all AQMD contracts.

CONTACT FOR ADDITIONAL INFORMATION

Questions regarding the content or intent of this PA or procedural matters should be addressed to:

Goods Movement Trucks:

Mei Wang
Air Quality Specialist
Technology Advancement Office
South Coast Air Quality Management District
21865 Copley Drive, Diamond Bar, CA 91765
(909) 396-3257

Solid Waste Collection Vehicles:

Adewale Oshinuga
Program Supervisor
Technology Advancement Office
South Coast Air Quality Management District
21865 Copley Drive, Diamond Bar, CA 91765
(909) 396-2599

SECTION II – APPLICATION, WORK STATEMENT, AND DELIVERABLES

Application Requirements

A complete application must be submitted to AQMD by no later than the application deadline **(by 2:00pm on Tuesday, October 11, 2011)** to be considered for program funding. It is the applicant's responsibility to ensure the application contains all the required information at the time of submittal to the AQMD. The AQMD is not required to contact the applicant to obtain required information that is missing from the application. The application forms are provided in the appendices of this program announcement:

Appendix A – Application Form for Goods Movement Trucks

Appendix B – Application Form for Solid Waste Collection Vehicles

The applicant should be aware that the application forms require certain information (such as a project description, project schedule and project cost information) to be provided as attachments to the application form. The application form and all required attachments must be completed and submitted to AQMD by the application deadline.

Applicants must sign the application indicating their understanding of the requirements for submittal of additional project information if needed to enable AQMD to finalize a contract and that all vehicles, engines or equipment must be in operation within certain time periods as prescribed in this PA. **Unsigned applications will be deemed ineligible and will NOT be considered for funding.**

Work Statement

As part of the contract execution, a statement of work will be provided to all grantees that include tasks and deliverables demonstrating compliance with the requirements of the Program as administered by AQMD. Detailed requirements will be provided in the contract to be executed but below are the minimum criteria for projects to replace heavy-duty diesel trucks:

- Truck owners must:
 - √ Commit to at least 90% California operation and registration in California for the duration of the contract term. Dual plates, IRP, and any other out-of-state registrations are prohibited.
 - √ Agree to accept an on-board electronic monitoring unit at any time during the contract term.
 - √ Agree to equipment inspections and contract milestone deadlines for project implementation.
 - √ Comply with provision for payment of grant fund.
 - √ Scrap the old truck and engine according to the terms specified in the Program Guidelines and the contract.
 - √ Comply with record-keeping*, reporting, and audit requirements.
 - √ Sign a legally binding contract with the local agency including project milestone dates and completion deadlines.

- √ Properly maintain the replacement truck in good operating condition and according to the manufacturer's recommendations.
- √ Demonstrate proof of equipment warranty and collision/comprehensive insurance on replacement truck. AQMD shall be named as additional insured on the policy.

Remedies for non-performance with the AQMD contract may include, but are not limited to:

- Recovery of all or a portion of Program funds.
- Other fiscal penalties on equipment owners based on the severity of the nonperformance.
- Cancellation of the contract.
- A ban on the equipment owner's ability to participate in future State incentive programs.
- Prohibiting a specific piece of equipment from participating in another State incentive program.

**Equipment owners/grantees are required to retain, at minimum, all documents, invoices, and correspondence associated with the application, award, contract, monitoring, enforcement, and reporting requirements for at least two years after equipment project contact term or three years after final payment, whichever is later. Records shall be readily available and accessible to AQMD, CARB, or their designee upon request for the purposes of ongoing evaluations or auditing.*

Deliverables

Upon receiving notification of an award, equipment owner/grantee will be sent AQMD's contract that meets the requirements of the Program. This contract will clearly list requirements of the equipment owner/grantee to assist in monitoring the project and providing regular progress reports about how the funded vehicle(s) are being used. Owners shall be responsible for annual reporting that includes, but is not limited to:

- Contact information (owner name, address, phone, etc.).
- Proof of California registration.
- Proof of insurance.
- Current odometer reading (or estimated vehicle mileage if odometer is missing or broken)
- Annual vehicle miles traveled (including mileage/activity logs for documentation).
- Certification of at least 90% California operation.
- Summary of maintenance performed and inspections conducted.
- Certification that the project was operated in accordance with the signed contract and that all information submitted is true and accurate.
- Other information as requested by the local agency.

SECTION III - APPLICATION SUBMITTAL REQUIREMENTS

Applicants **must** complete the appropriate application forms which are included in the Appendices. In addition, Conflict of Interest and Project Cost information, as described below, must also be submitted with the application. It is the responsibility of the applicant to ensure that all information submitted is accurate and complete. Use the checklist provided in the Appendices to ensure all application elements are submitted.

CONFLICT OF INTEREST

Applicants must address any potential conflicts of interest with other clients affected by actions performed by the firm on behalf of the AQMD. Although the applicant will not be automatically disqualified by reason of work performed for such firms, the AQMD reserves the right to consider the nature and extent of such work in evaluating the application. Conflicts of interest will be screened on a case-by-case basis by the AQMD District Counsel's Office. Conflict of interest provisions of the state law, including the Political Reform Act, may apply to work performed pursuant to this contract. Please discuss potential conflicts of interest on the application form entitled "Contracting Statements".

PROJECT COST

Applicants must provide cost information in their applications, as follows:

- Total project cost
- Program dollars requested
- Source and amounts of other funding (private, local, and/or other State, federal)
- Request for a direct payment to vendor (if applicable)
- Documentation of match funding availability

All project costs must be clearly indicated in the application. In addition, applicants should be sure to include any sources of co-funding and the amount of each co-funding source in the application. **Applicants are cautioned that the project life period (as determined by Program requirements) used in calculating emissions reductions will be used to determine the length of the data reporting obligation. For example, a project that uses a five year life for the emissions reduction calculations will require the grantee to sign a five year contract, and operate the equipment/vehicle for the full five years, including tracking and reporting activity.**

Applicants are not required to calculate the project's cost-effectiveness. AQMD will perform these calculations and rank all projects according to Program Guidelines.

APPLICATION SUBMISSION

All applications must be submitted according to specifications set forth herein. Failure to adhere to these specifications may be cause for rejection of the application without evaluation.

Application Forms: For each project, all application forms must be completed and submitted with other required documents (i.e., Certifications and Representations) discussed below and in the corresponding appendixes.

Application Statement: Appendix C of this PA consists of two forms that must be completed and returned with the application.

Certifications and Representations: Appendix D of this PA consists of five forms that must be completed and returned with the application.

Due Date - The applicant shall submit **three (3) complete copies of the application** in a sealed envelope, plainly marked in the upper left-hand corner with the name and address of the applicant and the words "**Program Announcement PA #2012-03**". All proposals/applications shall be submitted in an environmentally friendly format: stapled, not bound, black and white print; no three-ring, spiral, or plastic binders, and no card stock or colored paper. All applications must be received by no later than **2:00 p.m., on Tuesday, October 11, 2011**. Postmarks are not accepted as proof of deadline compliance. **Faxed or e-mailed proposals will not be accepted.** Proposals must be directed to:

Procurement Unit
South Coast Air Quality Management District
21865 Copley Drive
Diamond Bar, CA 91765

Any correction or resubmission done by the applicant will not extend the submittal due date.

Grounds for Rejection – An application may be immediately rejected if:

- It is not prepared in the format described.
- It is not signed by the equipment owner (or duly authorized individual representing the firm).
- Does not include DMV registration information, mileage supporting documents, Contractor Statement Forms and other forms required in this PA.

Missing Information – AQMD is not required to contact the applicant to obtain missing application information. It is the responsibility of the applicant to ensure all required application information is submitted to AQMD by the application deadline.

Disposition of Proposals - The AQMD reserves the right to reject any or all proposals/applications. All responses become the property of the AQMD. One copy of the proposal shall be retained for AQMD files. Additional copies and materials will be returned only if requested and at the applicant's expense.

Modification or Withdrawal - Once submitted, the proposal/application cannot be altered without the prior written consent of AQMD. All proposals shall constitute firm offers and may not be withdrawn for a period of ninety (90) days following the last day to accept proposals.

SECTION IV – APPENDICES AND OTHER INFORMATION

Appendix A: Application Form for Good Movement Natural Gas Truck Project

Appendix B: Application Form for Solid Waste Collection Natural Gas Truck Project

Appendix C: Application Statement (required to be submitted with each application)

Appendix D: Certifications and Representations (required to be submitted with each application)



**APPENDIX A – APPLICATION FOR
GOODS MOVEMENT NATURAL GAS TRUCK PROJECT
AQMD PROGRAM ANNOUNCEMENT
PA #2012-03**

<u>Instructions:</u>
<ul style="list-style-type: none"> ✓ Read the SCAQMD Program Announcement PA #2012-03 for instructions and additional important information. ✓ Fill in all applicable sections with ink. Please print legibly (Be sure to complete Appendix C – Application Statement and Appendix D – Certifications and Representations). ✓ Return three (3) hard copies to: <div style="text-align: center; margin-left: 40px;"> Procurement Unit South Coast Air Quality Management District 21865 East Copley Drive Diamond Bar, CA 91765 </div>
DEADLINE: Received at SCAQMD by Tuesday, October 11, 2011 at 2:00PM (no exceptions)

SECTION 1 – GENERAL INFORMATION (PLEASES PRINT OR TYPE)

ORGANIZATION INFORMATION		
1. Applicant Name, Business, or Company (as it appears on Form W-9):		
2. Address:		
3. City:	4. State:	5. Zip Code:
6. Mailing Address (if different from above):		
7. City:	8. State:	9. Zip Code:
10. Number of Vehicles to be replaced:		
11. Have you applied for any other grant programs? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain and provide name(s) of the agency:		
BUSINESS INFORMATION		
12. Fleet Size (Include Trucks > 14,000 lbs. GVWR only):	13. Number of Employees:	
PRIMARY CONTRACT INFORMATION		
14. First and Last Name:		15. Contact Title:
16. Phone Number:	17. Fax Number:	
18. Alternate Contact Number:	19. Email:	
20. Vehicle Registered Owner :		
21. Person with Equipment Signing Authority:		

(THE INFORMATION BELOW IS REQUIRED FOR EACH PIECE OF EQUIPMENT.
FOR MULTIPLE UNITS YOU MAY PROVIDE AN EXCEL SPREADSHEET CONTAINING THE REQUIRED INFORMATION)

SECTION 2 – CURRENT EQUIPMENT AND ACTIVITY INFORMATION

CURRENT VEHICLE		
1. Vehicle Number:	2. Vehicle Make:	3. Vehicle Model:
4. Vehicle Model Year:	5. Vehicle GVWR:	
6. Vehicle Identification Number (VIN):	7. License Plate Number:	
8. Vehicle Axle Configuration: <input type="checkbox"/> 2 Axle <input type="checkbox"/> 3 Axle	9. Odometer Reading:	10. Hubodometer Reading (if applicable):
CURRENT VEHICLE ENGINE		
11. Engine Make:	12. Engine Model:	
13. Engine Model Year:	14. Horsepower Rating:	
15. Engine Serial Number:	16. Fuel Type:	
17. Engine Family Number (if applicable):		
18. Is the Vehicle Used Seasonally? __No. __Yes	19. Miles Traveled during past 24 Months: _____ miles _____ % Operation in California	Power Take Off hours during past 24 Months (if applicable) _____ hours _____ % Operation in CA
20. Vehicle Vocation(s):		
21. Estimated percentage of annual miles that were in the counties of Los Angeles, Orange, Riverside and/or San Bernardino _____%		
22. Does the existing truck have a diesel particulate filter installed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list the CARB verified Level of PM emission control (Level 1, 2, or 3): _____ Diesel filter installation date: _____ Any grant funds received for the installation: <input type="checkbox"/> Yes <input type="checkbox"/> No		

THE FOLLOWING DOCUMENTS ARE REQUIRED TO BE SUBMITTED WITH THE APPLICATION:

- Copy of DMV Registration information, including:
 - Current registration - August or September 2011.
 - Past 2-year registration - Provide copies of DMV registration for last 24 months (California Base-plated or International Registration Plan (IRP) are acceptable.)
 - If 2-year registration records are not available, then the applicant must provide a DMV printout showing the registration history or a minimum of 8 months registration supplemented by alternative documentation (e.g., proof of insurance, shipment records, or fuel consumption records) that establishes a pattern of California operation over the last 2 years.
- Copy of Title to show proof of ownership (if available)
- Vocation Letter (specifying the types of goods that you haul and where you haul these goods.)
- Provide documentation of annual miles traveled over past 2 years (e.g., maintenance or inspection records with odometer readings, shipment logs, fuel receipts with vehicle identification, etc)
- CARB Executive Order documenting the certified emissions level of the replacement truck engine, equipment, repower engine, or retrofit device (if available).
- Price quote for the replacement truck.
- For concrete mixer trucks, dump trucks, and other truck types specifically identified by ARB staff, the owner may provide the Power Take Off (PTO) hours in conjunction with VMT:
- Documentation from the hour meter unit is required.
- PTO hours will be converted to miles based on factors supplied by ARB and combined with VMT in the calculation of emission reductions and cost-effectiveness.

(THE INFORMATION BELOW IS REQUIRED FOR EACH PIECE OF EQUIPMENT.
FOR MULTIPLE UNITS YOU MAY PROVIDE AN EXCEL SPREADSHEET CONTAINING THE REQUIRED INFORMATION)

SECTION 3 – REPLACEMENT VEHICLE INFORMATION

REPLACEMENT VEHICLE		
1. Vehicle Make (if known):		2. Vehicle Model (if known):
3. Vehicle Model Year:		4. Vehicle GVWR *:
REPLACEMENT VEHICLE ENGINE		
5. Engine Make (if known):		6. Engine Model (if known):
7. Engine Model Year:		8. Horsepower Rating (if known):
9. Fuel Type: <input type="checkbox"/> LNG <input type="checkbox"/> CNG		
10. Engine Family Number (if known):		
REPLACEMENT VEHICLE ACTIVITIES		
11. Will the new replacement truck be operated for 90% or 100% of the time in CA? <input type="checkbox"/> 90% <input type="checkbox"/> 100% <input type="checkbox"/> Other, _____(if replacement vehicle operates less than 90% in CA the vehicle is ineligible for funding)		
12. Estimated percentage of annual miles that were in the counties of Los Angeles, Orange, Riverside and/or San Bernardino ____%		
REPLACEMENT VEHICLE DEALER INFORMATION		
1. Vehicle Dealer Name:		
2. Address:		
3. City:	4. State:	5. Zip Code:
6. Contact Name:		7. Contact Title
8. Phone Number:	9. Fax Number:	10. Email:
PROJECT FUNDING		
1. Program Funding Requested: <input type="checkbox"/> \$100,000 <input type="checkbox"/> Other: \$ _____		
2. Source(s) and amount of other funding (private, local, other State, Federal):		
3. Purchasing Vehicle with a Lease to Own Program*: <input type="checkbox"/> No <input type="checkbox"/> Yes		9. Indicate if you are requesting: <input type="checkbox"/> Direct payment to vendor <input type="checkbox"/> Reimbursement
8. Total project cost including Program and non-Program dollars:		

* Lease-To-Own (LTO) program must conform to all requirements listed in the Program Guidelines, Chapter IV.A.13. LTO application must be signed and submitted by the owner of the old truck. The applicant must be the legal owner of the old truck at the time of application and must participate in the LTO program as either the lessor or lessee.

APPLICATION PACKET CHECKLIST

- Completed Application, especially Vehicle Identification Number (VIN), Truck Model Year, and Engine Model Year.
- Complete Appendix C and D.
- ARB Executive Order (EO) for the replacement engine's verified emissions (if available).
- Copy of Vehicle Title(s) (if available).
- Copy of current DMV registration.
- Copy of DMV registration for past 2 years. If 2-year registration records are not available, then the applicant must provide a DMV Printout showing the registration history or a minimum of 8 months of registration supplemented by alternative documentation (proof of insurance, shipment records, or fuel consumption records) that establishes a pattern of California operation over the last 2 years.
- Dealer price quote for replacement truck.
- Vocation letter (provide a description of type of goods you haul and where you haul these goods. For example, agricultural, aggregates bulk or break bulk, building or construction materials, concrete mixer trucks, dairy, metals, poultry, wood or paper products, restaurant, grocery, or other).
- Documentation of annual miles traveled for the past two years. Examples of documentation include: maintenance or inspection records with odometer reading, shipment logs, fuel receipts with vehicle identification, etc.
- Verification of GVWR rating for trucks that are 2 axle or less by providing pictures of the engine tag or manufacturer's specification plate with truck VIN listed.



For additional assistance please contact:
Mei Wang
Technology Advancement Office
South Coast Air Quality Management District
(909) 396-3257
mwang@aqmd.gov



**APPENDIX B – APPLICATION FOR
SOLID WASTE COLLECTION NATURAL GAS TRUCK PROJECT
AQMD PROGRAM ANNOUNCEMENT
PA #2012-03**

Instructions:
<ul style="list-style-type: none"> ✓ Read the SCAQMD Program Announcement PA #2012-03 for instructions and additional important information. ✓ Fill in all applicable sections with ink. Please print legibly (Be sure to complete Appendix C – Application Statement and Appendix D – Certifications and Representations). ✓ Return three (3) hard copies to: <div style="text-align: center; padding-left: 40px;"> Procurement Unit South Coast Air Quality Management District 21865 East Copley Drive Diamond Bar, CA 91765 </div>
DEADLINE: Received at SCAQMD by Tuesday, October 11, 2011 at 2:00PM (no exceptions)

SECTION 1 – GENERAL INFORMATION (PLEASES PRINT OR TYPE)

ORGANIZATION INFORMATION		
1. Applicant Name, Business, or Company (as it appears on Form W-9):		
2. Address:		
3. City:	4. State:	5. Zip Code:
6. Mailing Address (if different from above):		
7. City:	8. State:	9. Zip Code:
10. Number of Vehicles to be replaced:		
11. Have you applied for any other grant programs? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain and provide name(s) of the agency:		
BUSINESS INFORMATION		
12. Fleet Size (Include Trucks > 14,000 lbs. GVWR only):	13. Number of Employees:	
PRIMARY CONTRACT INFORMATION		
14. First and Last Name:		15. Contact Title:
16. Phone Number:	17. Fax Number:	
18. Alternate Contact Number:	19. Email:	
20. Vehicle Registered Owner :		
21. Person with Equipment Signing Authority:		

(THE INFORMATION BELOW IS REQUIRED FOR EACH PIECE OF EQUIPMENT.
FOR MULTIPLE UNITS YOU MAY PROVIDE AN EXCEL SPREADSHEET CONTAINING THE REQUIRED INFORMATION)

SECTION 2 – CURRENT EQUIPMENT AND ACTIVITY INFORMATION

CURRENT VEHICLE		
1. Vehicle Identification Number (VIN):		2. Vehicle GVWR:
3. License Plate Number:		
4. Is the Vehicle Used Seasonally? __No. __Yes	5. Miles Traveled during past 24 Months: _____ miles _____ % Operation in California	6. Power Take Off hours during past 24 Months (if applicable) _____ hours _____ % Operation in CA
7. Vehicle Vocation(s):		

THE FOLLOWING DOCUMENTS ARE REQUIRED TO BE SUBMITTED WITH THE APPLICATION:

- o Copy of DMV Registration information, including:
 - Current registration - August or September 2011.
 - Past 2-year registration - Provide copies of DMV registration for last 24 months (California Base-plated or International Registration Plan (IRP) are acceptable.)
- o Copy of Title to show proof of ownership (if available)
- o Provide documentation of annual miles traveled over past 2 years (e.g., maintenance or inspection records with odometer readings, shipment logs, fuel receipts with vehicle identification, etc)
- o CARB Executive Order documenting the certified emissions level of the new truck engine (if available).
- o Price quote for the new replacement truck, equipment or retrofit device.
- o The owner may provide the Power Take Off (PTO) hours in conjunction with VMT. Documentation from the hour meter unit is required.
- o PTO hours will be converted to miles based on factors supplied by ARB and combined with VMT in the calculation of emission reductions and cost-effectiveness.

SECTION 3 – REPLACEMENT VEHICLE INFORMATION

REPLACEMENT VEHICLE		
1. Vehicle Model Year:		2. Vehicle GVWR:
3. Fuel Type: <input type="checkbox"/> LNG <input type="checkbox"/> CNG		
4. Engine Family Number (if known):		
5. Will the new replacement truck be operated for 90% or 100% of the time in CA? <input type="checkbox"/> 90% <input type="checkbox"/> 100% <input type="checkbox"/> Other, _____(if replacement vehicle operates less than 90% in CA the vehicle is ineligible for funding)		
REPLACEMENT VEHICLE DEALER INFORMATION		
1. Vehicle Dealer Name:		
2. Address:		
3. City:	4. State:	5. Zip Code:
6. Contact Name:		7. Contact Title
8. Phone Number:	9. Fax Number:	10. Email:

PROJECT FUNDING	
2. Program Funding Requested: <input type="checkbox"/> \$25,000 <input type="checkbox"/> Other: \$ _____	
2. Source(s) and amount of other funding (private, local, other State, Federal):	
3. Purchasing Vehicle with a Lease to Own Program*: <input type="checkbox"/> No <input type="checkbox"/> Yes	9. Indicate if you are requesting: <input type="checkbox"/> Direct payment to vendor <input type="checkbox"/> Reimbursement
8. Total project cost including Program and non-Program dollars:	

* Lease-To-Own (LTO) program must conform to all requirements listed in the Program Guidelines, Chapter IV.A.13. LTO application must be signed and submitted by the owner of the old truck. The applicant must be the legal owner of the old truck at the time of application and must participate in the LTO program as either the lessor or lessee.

APPLICATION PACKET CHECKLIST

- Completed Application, especially Vehicle Identification Number (VIN)
- Complete Appendix C and D.
- ARB Executive Order (EO) for the new engine's verified emissions (if available).
- Copy of Vehicle Title(s) (if available).
- Copy of DMV registration for past 2 years.
- Dealer price quote for the replacement truck.
- Documentation of annual miles traveled for the past two years. Examples of documentation include: maintenance or inspection records with odometer reading, shipment logs, fuel receipts with vehicle identification, etc.
- Verification of GVWR rating for trucks that are 2 axle or less by providing pictures of the engine tag or manufacturer's specification plate with truck VIN listed.



For additional assistance please contact:
 Adewale Oshinuga
 Technology Advancement Office
 South Coast Air Quality Management District
 (909) 396-2599
aoshinuga@aqmd.gov

**APPENDIX C – APPLICATION STATEMENT FOR
HEAVY DUTY NATURAL GAS TRUCK PROJECTS
AQMD PROGRAM ANNOUNCEMENT
PA #2012-03**

Please Read and Sign

All information provided in this application will be used by AQMD staff to evaluate the eligibility of this application to receive program funds. AQMD staff reserves the right to request additional information and can deny the application if such requested information is not provided by the requested deadline. Incomplete or illegible applications will be returned to applicant or vendor, without evaluation. An incomplete application is an application that is missing information critical to the evaluation of the project.

- ◆ I certify to the best of my knowledge that the information contained in this application is true and accurate.
- ◆ I understand that, if awarded funding by the AQMD, the development and submittal of a detailed work statement, with deliverables and schedule is a requirement of the contracting process.
- ◆ I understand that it is my responsibility to ensure that all technologies are either verified or certified by the California Air Resources Board (CARB) to reduce NO_x and/or PM pollutants. CARB Verification Letters and/or Executive Orders are attached, as applicable.
- ◆ I understand that there may be conditions placed upon receiving a grant and agree to refund the grant (or pro-rated portion thereof) if it is found that at any time I do not meet those conditions and if directed by the AQMD in accordance with the contract agreement.
- ◆ I understand that, for this equipment, I will be prohibited from applying for any other form of emission reduction credits for Program-funded vehicles/engines, including: Emission Reduction Credit (ERC); Mobile Source Emission Reduction Credit (MSERC) and/or Certificate of Advanced Placement (CAP), for all time, from the AQMD, CARB or any other Air Quality Management or Air Pollution Control District. This prohibition does not include applications for loans and loan guarantees.
- ◆ The proposed project has not been funded and is not being considered for incentive funds by another air district, CARB, or any other public agency.
- ◆ In the event that the vehicle(s)/equipment do not complete the minimum term of any agreement eventually reached from this application, I agree to ensure the equivalent project emissions reductions, or to return grant funds to the AQMD as required by the contract.

- ◆ I have the legal authority to apply for grant funding for the entity described in this application.
- ◆ Disclosure of that value of any current financial incentive that directly reduces the project price, including tax credits or deductions, grants, or other public financial assistance for the same engine is required. To avoid double counting of incentives, all tax credits or deductions, grants, or other public financial assistance must be deducted from the funding request.
- ◆ I understand that third party contracts are not permitted. A third party may, however complete an application on an owner's behalf. Third parties are required to list how much compensation, if any, they are receiving to prepare the application(s), and to certify that no Program funds are being used for this compensation. (see below)
- ◆ I understand that additional project information must be submitted to finalize a contract. This information may be found under Section II: Work Statements/Schedule of Deliverables in the PA.
- ◆ I understand that all vehicles, engines or equipment funded by this program must be operational within a prescribed time from the date of contract execution. I confirm that I know the specific time requirement for the type of project and equipment for which I am applying.
- ◆ I certify that all project match funds (if any) are reasonably available to complete the equipment project according to the proposed time frame.
- ◆ I have initialed this bullet to indicate that there are no potential conflicts of interest with other clients affected by actions performed by the firm on behalf of the AQMD. If this bullet is not initialed, I have attached a description to this application of the potential conflict of interest, which will be screened on a case-by-case basis by the AQMD District Counsel's Office. There is no potential conflict of interest: _____ **(Please Initial if applicable, otherwise attach separate sheet describing the potential conflict)**
- I, the equipment owner, disclose that I have applied for the following other source(s) of funding (if any) for the same equipment project:

Source of funds: _____

How much applied for: _____

What the funding will be used for: _____

- I, the equipment owner, disclose the following value of any existing financial incentive that directly reduces the project cost, including tax credits or deductions, grants, or other public financial assistance, for the same equipment project:

Value: _____

- I certify that the equipment owner has reviewed the application and that the application information is correct.
- I certify that neither the owner nor equipment identified in the equipment project application has any outstanding violations of CARB regulations.

Applicant's Signature

Date

Applicant's Name (please print)

Title

If this application was prepared by an entity other than the applicant, please provide the information requested below.

Application Preparer's Signature

Date

Application Preparer's Name (please print)

Contact Information

Compensation for application preparation: _____

I certify that no Program funds are the source for this compensation:

Signature of Preparer

Please initial each section below.
(See PA#2012-03 for additional information and requirements):

The purchase of this low-emission technology is **NOT** required by any local, state, and/or federal rule or regulation (with the exception of Agricultural Assistance Program projects).

The definitions of qualifying projects are described in PA #2011-??. These definitions have been reviewed and this application is consistent with those definitions.

The vehicle will be committed to at least 90% California operation and California base-plated registration for the duration of contract term. Dual plates, IRP, and any other out-of-state registrations are prohibited.

All project applicants must submit documentation that supports the activity claimed in the application (i.e., fuel receipts, mileage logs and/or hour-meter readings covering the last two years). This documentation is attached.

The grant contract language cannot be modified without the written consent of all parties. I have reviewed and accepted the sample contract language.

I understand that an IRS Form 1099 may be issued to me for incentive funds received under the Heavy Duty Diesel Trucks Replacement Program. I understand that it is my responsibility to determine the tax liability associated with participating in the Program.

I understand that a SCAQMD-funded Global Positioning System (GPS) unit will be installed on vehicles/equipment if deemed necessary by AQMD. I will submit data as requested and otherwise cooperate with all data reporting requirements.

I understand that the SCAQMD has the right to conduct unannounced inspections for the full project life to ensure the project equipment is fully operational at the activity level committed to by the contract.

I understand that all emission reductions resulting from funded projects will be retired. To avoid double counting of emission reductions, project vehicles and/or equipment may not receive funding from any other government grant program that is designed to reduce mobile source emissions.

I understand to maintain eligibility for Program funds, I need to maintain vehicle registration, keep equipment in legal operating condition, correct any air pollution citations and report to AQMD, and repair or replace equipment that has been damaged, destroyed, or stolen.

I understand that if I have submitted multiple applications for the same equipment project and not disclosed any other requested or received incentive grant funds. I may be disqualified from funding for that engine or piece of equipment under this Program. The equipment owner may also be prohibited from submitting future applications to any and All ARB incentive programs, or local agency incentive programs.

I understand that any tax credits claimed must be deducted from the Program request. Please check one:

I **do not** plan to claim a tax credit or deduction for costs funded by the Program.

I **do** plan to claim a tax credit or deduction for costs funded by the Program.

If so, please indicate amount here: \$ _____

I plan to claim a tax credit or deduction only for the portion of incremental costs not funded by the Program. If so, please indicate amount here: \$ _____

I understand that grant funds shall only be used toward the cost of the equipment.

APPENDIX D
Certifications and Representations



**South Coast
Air Quality Management District**

21865 Copley Drive, Diamond Bar, CA 91765-4178
(909) 396-2000 • www.aqmd.gov

Business Information Request

Dear SCAQMD Contractor/Supplier:

The South Coast Air Quality Management District (SCAQMD) is committed to ensuring that our contractor/supplier records are current and accurate. If your firm is selected for award of a purchase order or contract, it is imperative that the information requested herein be supplied in a timely manner to facilitate payment of invoices. In order to process your payments, we need the enclosed information regarding your account. **Please review and complete the information identified on the following pages, complete the enclosed W-9 form, remember to sign both documents for our files, and return them as soon as possible to the address below:**

**Attention: Accounts Payable, Accounting Department
South Coast Air Quality Management District
21865 Copley Drive
Diamond Bar, CA 91765-4178**

If you do not return this information, we will not be able to establish you as a vendor. This will delay any payments and would still necessitate your submittal of the enclosed information to our Accounting department before payment could be initiated. Completion of this document and enclosed forms would ensure that your payments are processed timely and accurately.

If you have any questions or need assistance in completing this information, please contact Accounting at (909) 396-3777. We appreciate your cooperation in completing this necessary information.

Sincerely,

Michael B. O'Kelly
Chief Financial Officer

DH:tm

Enclosures: Business Information Request
Disadvantaged Business Certification
W-9
Federal Contract Debarment Certification
Campaign Contribution Disclosure

REV 2/11



South Coast Air Quality Management District

21865 Copley Drive, Diamond Bar, CA 91765-4178
(909) 396-2000 • www.aqmd.gov

BUSINESS INFORMATION REQUEST

Business Name	
Division of	
Subsidiary of	
Website Address	
Type of Business <i>Check One:</i>	<input type="checkbox"/> Individual <input type="checkbox"/> DBA, Name _____, County Filed In _____ <input type="checkbox"/> Corporation, ID No. _____ <input type="checkbox"/> LLC/LLP, ID No. _____ <input type="checkbox"/> Other _____

REMITTING ADDRESS INFORMATION

Address			
City/Town			
State/Province		Zip	
Phone	() - Ext	Fax	() -
Contact		Title	
E-mail Address			
Payment Name if Different			

All invoices must reference the corresponding Purchase Order Number(s)/Contract Number(s) if applicable and mailed to:

**Attention: Accounts Payable, Accounting Department
South Coast Air Quality Management District
21865 Copley Drive
Diamond Bar, CA 91765-4178**

DISADVANTAGED BUSINESS CERTIFICATION

Federal guidance for utilization of disadvantaged business enterprises allows a vendor to be deemed a small business enterprise (SBE), minority business enterprise (MBE) or women business enterprise (WBE) if it meets the criteria below.

- is certified by the Small Business Administration or
- is certified by a state or federal agency or
- is an independent MBE(s) or WBE(s) business concern which is at least 51 percent owned and controlled by minority group member(s) who are citizens of the United States.

Statements of certification:

As a prime contractor to the SCAQMD, _____ (name of business) will engage in good faith efforts to achieve the fair share in accordance with 40 CFR Section 31.36(e), and will follow the six affirmative steps listed below **for contracts or purchase orders funded in whole or in part by federal grants and contracts.**

1. Place qualified SBEs, MBEs, and WBEs on solicitation lists.
2. Assure that SBEs, MBEs, and WBEs are solicited whenever possible.
3. When economically feasible, divide total requirements into small tasks or quantities to permit greater participation by SBEs, MBEs, and WBEs.
4. Establish delivery schedules, if possible, to encourage participation by SBEs, MBEs, and WBEs.
5. Use services of Small Business Administration, Minority Business Development Agency of the Department of Commerce, and/or any agency authorized as a clearinghouse for SBEs, MBEs, and WBEs.
6. If subcontracts are to be let, take the above affirmative steps.

Self-Certification Verification: Also for use in awarding additional points, as applicable, in accordance with SCAQMD Procurement Policy and Procedure:

Check all that apply:

- Small Business Enterprise/Small Business Joint Venture Women-owned Business Enterprise
 Local business Disabled Veteran-owned Business Enterprise/DVBE Joint Venture
 Minority-owned Business Enterprise

Percent of ownership: _____ %

Name of Qualifying Owner(s): _____

I, the undersigned, hereby declare that to the best of my knowledge the above information is accurate. Upon penalty of perjury, I certify information submitted is factual.

_____ NAME _____ TITLE

_____ TELEPHONE NUMBER _____ DATE

DEFINITIONS

Disabled Veteran-Owned Business Enterprise means a business that meets all of the following criteria:

- is a sole proprietorship or partnership of which is at least 51 percent owned by one or more disabled veterans, or in the case of any business whose stock is publicly held, at least 51 percent of the stock is owned by one or more disabled veterans; a subsidiary which is wholly owned by a parent corporation but only if at least 51 percent of the voting stock of the parent corporation is owned by one or more disabled veterans; or a joint venture in which at least 51 percent of the joint venture's management and control and earnings are held by one or more disabled veterans.
- the management and control of the daily business operations are by one or more disabled veterans. The disabled veterans who exercise management and control are not required to be the same disabled veterans as the owners of the business.
- is a sole proprietorship, corporation, partnership, or joint venture with its primary headquarters office located in the United States and which is not a branch or subsidiary of a foreign corporation, firm, or other foreign-based business.

Joint Venture means that one party to the joint venture is a DVBE and owns at least 51 percent of the joint venture. In the case of a joint venture formed for a single project this means that DVBE will receive at least 51 percent of the project dollars.

Local Business means a business that meets all of the following criteria:

- has an ongoing business within the boundary of the SCAQMD at the time of bid application.
- performs 90 percent of the work within SCAQMD's jurisdiction.

Minority-Owned Business Enterprise means a business that meets all of the following criteria:

- is at least 51 percent owned by one or more minority persons or in the case of any business whose stock is publicly held, at least 51 percent of the stock is owned by one or more minority persons.
- is a business whose management and daily business operations are controlled or owned by one or more minority person.
- is a business which is a sole proprietorship, corporation, partnership, joint venture, an association, or a cooperative with its primary headquarters office located in the United States, which is not a branch or subsidiary of a foreign corporation, foreign firm, or other foreign business.

"Minority" person means a Black American, Hispanic American, Native American (including American Indian, Eskimo, Aleut, and Native Hawaiian), Asian-Indian American (including a person whose origins are from India, Pakistan, or Bangladesh), Asian-Pacific American (including a person whose origins are from Japan, China, the Philippines, Vietnam, Korea, Samoa, Guam, the United States Trust Territories of the Pacific, Northern Marianas, Laos, Cambodia, or Taiwan).

Small Business Enterprise means a business that meets the following criteria:

- a. 1) an independently owned and operated business; 2) not dominant in its field of operation; 3) together with affiliates is either:
 - A service, construction, or non-manufacturer with 100 or fewer employees, and average annual gross receipts of ten million dollars (\$10,000,000) or less over the previous three years, or
 - A manufacturer with 100 or fewer employees.
- b. Manufacturer means a business that is both of the following:
 - 1) Primarily engaged in the chemical or mechanical transformation of raw materials or processed substances into new products.

- 2) Classified between Codes 311000 to 339000, inclusive, of the North American Industrial Classification System (NAICS) Manual published by the United States Office of Management and Budget, 2007 edition.

Small Business Joint Venture means that one party to the joint venture is a Small Business and owns at least 51 percent of the joint venture. In the case of a joint venture formed for a single project this means that the Small Business will receive at least 51 percent of the project dollars.

Women-Owned Business Enterprise means a business that meets all of the following criteria:

- is at least 51 percent owned by one or more women or in the case of any business whose stock is publicly held, at least 51 percent of the stock is owned by one or more women.
- is a business whose management and daily business operations are controlled or owned by one or more women.
- is a business which is a sole proprietorship, corporation, partnership, or a joint venture, with its primary headquarters office located in the United States, which is not a branch or subsidiary of a foreign corporation, foreign firm, or other foreign business.

Request for Taxpayer Identification Number and Certification

Give form to the requester. Do not send to the IRS.

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶	
	<input type="checkbox"/> Exempt from backup withholding	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number

or

Employer identification number

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

Sign Here	Signature of U.S. person ▶	Date ▶
------------------	----------------------------	--------

Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding,
- or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or

• Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

Foreign person. If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.

4. The type and amount of income that qualifies for the exemption from tax.

5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments (after December 31, 2002). This is called "backup withholding." Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester, or
2. You do not certify your TIN when required (see the Part II instructions on page 4 for details), or
3. The IRS tells the requester that you furnished an incorrect TIN, or
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate Instructions for the Requester of Form W-9.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Name

If you are an individual, you must generally enter the name shown on your social security card. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

Sole proprietor. Enter your individual name as shown on your social security card on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name" line.

Limited liability company (LLC). If you are a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Treasury regulations section 301.7701-3, enter the owner's name on the "Name" line. Enter the LLC's name on the "Business name" line. Check the appropriate box for your filing status (sole proprietor, corporation, etc.), then check the box for "Other" and enter "LLC" in the space provided.

Other entities. Enter your business name as shown on required Federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name" line.

Note. You are requested to check the appropriate box for your status (individual/sole proprietor, corporation, etc.).

Exempt From Backup Withholding

If you are exempt, enter your name as described above and check the appropriate box for your status, then check the "Exempt from backup withholding" box in the line following the business name, sign and date the form.

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

Note. If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

Exempt payees. Backup withholding is not required on any payments made to the following payees:

1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2),
2. The United States or any of its agencies or instrumentalities,
3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities,
4. A foreign government or any of its political subdivisions, agencies, or instrumentalities, or
5. An international organization or any of its agencies or instrumentalities.

Other payees that may be exempt from backup withholding include:

6. A corporation,

- 7. A foreign central bank of issue,
- 8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States,
- 9. A futures commission merchant registered with the Commodity Futures Trading Commission,
- 10. A real estate investment trust,
- 11. An entity registered at all times during the tax year under the Investment Company Act of 1940,
- 12. A common trust fund operated by a bank under section 584(a),
- 13. A financial institution,
- 14. A middleman known in the investment community as a nominee or custodian, or
- 15. A trust exempt from tax under section 664 or described in section 4947.

The chart below shows types of payments that may be exempt from backup withholding. The chart applies to the exempt recipients listed above, 1 through 15.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt recipients except for 9
Broker transactions	Exempt recipients 1 through 13. Also, a person registered under the Investment Advisers Act of 1940 who regularly acts as a broker
Barter exchange transactions and patronage dividends	Exempt recipients 1 through 5
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt recipients 1 through 7 ²

¹See Form 1099-MISC, Miscellaneous Income, and its instructions.

²However, the following payments made to a corporation (including gross proceeds paid to an attorney under section 6045(f), even if the attorney is a corporation) and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees; and payments for services paid by a Federal executive agency.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-owner LLC that is disregarded as an entity separate from its owner (see *Limited liability company (LLC)* on page 2), enter your SSN (or EIN, if you have one). If the LLC is a corporation, partnership, etc., enter the entity's EIN.

Note. See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at www.socialsecurity.gov/online/ss-5.pdf. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/businesses/ and clicking on Employer ID Numbers under Related Topics. You can get Forms W-7 and SS-4 from the IRS by visiting www.irs.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note. Writing "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, and 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). Exempt recipients, see *Exempt From Backup Withholding* on page 2.

Signature requirements. Complete the certification as indicated in 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor ²
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee ¹
b. So-called trust account that is not a legal or valid trust under state law	The actual owner ¹
5. Sole proprietorship or single-owner LLC	The owner ³
For this type of account:	Give name and EIN of:
6. Sole proprietorship or single-owner LLC	The owner ³
7. A valid trust, estate, or pension trust	Legal entity ⁴
8. Corporate or LLC electing corporate status on Form 8832	The corporation
9. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
10. Partnership or multi-member LLC	The partnership
11. A broker or registered nominee	The broker or nominee
12. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity

¹List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

²Circle the minor's name and furnish the minor's SSN.

³You must show your individual name and you may also enter your business or "DBA" name on the second name line. You may use either your SSN or EIN (if you have one). If you are a sole proprietor, IRS encourages you to use your SSN.

⁴List first and circle the name of the legal trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.)

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA, or Archer MSA or HSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, and the District of Columbia to carry out their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 28% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.



United State Environmental Protection Agency
Washington, DC 20460

Certification Regarding Debarment, Suspension, and Other Responsibility Matters

The prospective participant certifies to the best of its knowledge and belief that it and the principals:

- (a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
- (b) Have not within a three year period preceding this proposal been convicted of or had a civil judgement rendered against them or commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction: violation of Federal or State antitrust statute or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property:
- (c) Are not presently indicted for or otherwise criminally or civilly charged by a government entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (b) of this certification; and
- (d) Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause or default.

I understand that a false statement on this certification may be grounds for rejection of this proposal or termination of the award. In addition, under 18 USC Sec. 1001, a false statement may result in a fine of up to \$10,000 or imprisonment for up to 5 years, or both.

Typed Name & Title of Authorized Representative

Signature of Authorized Representative Date

I am unable to certify to the above statements. My explanation is attached.

EPA Form 5700-49 (11-88)



CAMPAIGN CONTRIBUTIONS DISCLOSURE

California law prohibits a party, or an agent, from making campaign contributions to AQMD Governing Board Members or members/alternates of the Mobile Source Pollution Reduction Committee (MSRC) of \$250 or more while their contract or permit is pending before the AQMD; and further prohibits a campaign contribution from being made for three (3) months following the date of the final decision by the Governing Board or the MSRC on a donor’s contract or permit. Gov’t Code §84308(d). For purposes of reaching the \$250 limit, the campaign contributions of the bidder or contractor plus contributions by its parents, affiliates, and related companies of the contractor or bidder are added together. 2 C.C.R. §18438.5.

In addition, Board Members or members/alternates of the MSRC must abstain from voting on a contract or permit if they have received a campaign contribution from a party or participant to the proceeding, or agent, totaling \$250 or more in the 12-month period prior to the consideration of the item by the Governing Board or the MSRC. Gov’t Code §84308(c). When abstaining, the Board Member or members/alternates of the MSRC must announce the source of the campaign contribution on the record. *Id.* The requirement to abstain is triggered by campaign contributions of \$250 or more in total contributions of the bidder or contractor, *plus* any of its parent, subsidiary, or affiliated companies. 2 C.C.R. §18438.5.

In accordance with California law, bidders and contracting parties are required to disclose, at the time the application is filed, information relating to any campaign contributions made to Board Members or members/alternates of the MSRC, including: the name of the party making the contribution (which includes any parent, subsidiary or otherwise related business entity, as defined below), the amount of the contribution, and the date the contribution was made. 2 C.C.R. §18438.8(b).

The list of current AQMD Governing Board Members can be found at the AQMD website (www.aqmd.gov). The list of current MSRC members/alternates can be found at the MSRC website (<http://www.cleantransportationfunding.org>).

SECTION I. Please complete Section I.

Contractor:

RFP #: PA2012-03

List any parent, subsidiaries, or otherwise affiliated business entities of Contractor: (See definition below).

DEFINITIONS

Parent, Subsidiary, or Otherwise Related Business Entity.

- (1) Parent subsidiary. A parent subsidiary relationship exists when one corporation directly or indirectly owns shares possessing more than 50 percent of the voting power of another corporation.*

- (2) Otherwise related business entity. Business entities, including corporations, partnerships, joint ventures and any other organizations and enterprises operated for profit, which do not have a parent subsidiary relationship are otherwise related if any one of the following three tests is met:*
 - (A) One business entity has a controlling ownership interest in the other business entity.*
 - (B) There is shared management and control between the entities. In determining whether there is shared management and control, consideration should be given to the following factors:*
 - (i) The same person or substantially the same person owns and manages the two entities;*
 - (ii) There are common or commingled funds or assets;*
 - (iii) The business entities share the use of the same offices or employees, or otherwise share activities, resources or personnel on a regular basis;*
 - (iv) There is otherwise a regular and close working relationship between the entities; or*
 - (C) A controlling owner (50% or greater interest as a shareholder or as a general partner) in one entity also is a controlling owner in the other entity.*

2 Cal. Code of Regs., §18703.1(d).