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|   | **Goods Movement Emission Reduction Grant ProgramBAAQMD Ship At Berth Project Application** |
| *Complete contact information and attachment requirements online* |

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| ***PART I - Applicant Contact and Project Information - Complete only 1 copy of Part I and a copy of Part II for each proposed equipment project*** |
| **APPLICANT INFORMATION** |
| **1. Name of Applicant:**  |
| **2. Organization/agency/business name:** |
| **3. Mailing Address:** |
| Street Address/P.O. Box: |
| State: | County: |
| City: | Zip: |

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| **CONTACT INFORMATION** |
|  | **Name** | **E-Mail** | **Phone number** | **Fax number** |
| Primary Project Contact |  |  |  |  |
| Person(s) with Authority to Sign contracts (owner) |  |  |  |  |
| Person who Completed Application |  |  |  |  |

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| If a ***Third Party*** (e.g., engine dealer, distributor or consultant, etc.) assisted the Applicant to complete the application, complete questions 7-10 below: |
|  **7.** What is your position? |
|  **8.** How much are you being paid to complete this application for the owner or to assist in the proposed project?  $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  **9.** What is the source of funds being used to pay you?  |
| **10. Third Party Signature and Date**Name:Signature: Date: |

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**Applicant must read and initial each item below to indicate understanding and agreement:**

1. [Initial based on Project type (existing equipment)]

I certify that I am the legal owner of the equipment described in this application or that I have the legal authority to apply for funding for this equipment on behalf of the equipment owner.

**Initial**: \_\_\_\_\_\_\_\_\_

I certify that no existing (baseline) equipment exists for this proposed Project and that I will either take legal ownership of new equipment installed or placed into service or I am authorized to sign this application on behalf of the person who will take legal ownership of new equipment installed or placed into service.

**Initial**: \_\_\_\_\_\_\_\_\_

1. I certify that I have reviewed the application and to the best of my knowledge, the information contained in this application and in any documentation submitted in furtherance of this application is true and accurate.

**Initial:** \_\_\_\_\_\_\_\_\_

1. I understand that an incomplete or illegible application or the absence of any required documentation may cause this application to be considered incomplete, and this application may be rejected by the Air District at its discretion.

**Initial**: \_\_\_\_\_\_\_\_\_

1. I agree to comply with all requirements of the Proposition 1B Goods Movement Emission Reduction Program Guidelines, and terms & conditions of the grant agreement signed in furtherance of the proposed Project.

**Initial**: \_\_\_\_\_\_\_\_\_

1. I certify that I have not applied for or received additional grant funds from any other public entity (including any air district, the California Air Resources Board (CARB), or any Federal agency) or public program for the equipment described in this application and I agree that, if in the future, I submit an application for or receive additional grant funds from other public entities that would be used for the same equipment, I will disclose the name of the funding source(s), the full grant amount(s) and purpose(s) of that additional funding.

**Initial**: \_\_\_\_\_\_\_\_\_

1. I certify that if previous Goods Movement Program, Carl Moyer Program, or other incentive funds have been used to retrofit or upgrade the same equipment described in this application, I have indicated this in the application form.

**Initial**: \_\_\_\_\_\_\_\_\_

1. I hereby disclose the value of any existing financial incentive that directly reduces the Project cost (including tax credits or deductions, grants, or other financial assistance) for the same equipment described in this application:

**Existing financial incentive**: $\_\_\_\_\_\_\_\_\_ **Initial**: \_\_\_\_\_\_\_\_\_

1. I certify that the equipment owner will pay any project costs beyond the grant amount awarded for this Project and that these matching funds will be available within a reasonable timeframe to complete this Project.

**Initial**: \_\_\_\_\_\_\_\_\_

1. I certify that neither the equipment owner nor the equipment described in this application has any outstanding (meaning “unpaid”) violations of ARB regulations.

**Initial**: \_\_\_\_\_\_\_\_\_

1. I understand and agree that the Air District or its designees must conduct inspections of the equipment that is the subject of this application prior to an award in order to verify eligibility and compliance with requirements of the Goods Movement Program.

**Initial**: \_\_\_\_\_\_\_\_\_

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1. I certify that the proposed project is not required by any local, State or Federal rule or regulation; judicial order, or agreement, memorandum of understanding, contract, or other binding obligation that requires the project equipment to implement any portion of the project that would be funded by the Air District under the Goods Movement Program.

**Initial**: \_\_\_\_\_\_\_\_\_

1. I certify that I have been provided information outlining equipment owner responsibilities to maintain eligibility for grant funds, including maintaining required vehicle registration and ownership; keeping equipment in legal operating condition, satisfying outstanding air pollution citations, complying with all ARB regulations, and reporting, replacing or repairing equipment that has been damaged, destroyed, stolen or had a change of usage from that described in this application.

**Initial**: \_\_\_\_\_\_\_\_\_

1. I certify that I have attached documentation to this application showing that my organization carries at least the minimum insurance (e.g., Workers Compensation, Vehicle Liability, and Vehicle Physical Damage Insurance) as required by law for my fleet or company and that this insurance is held with a carrier rated A.M. Best’s rating of no less than A: VII.

**Initial**: \_\_\_\_\_\_\_\_\_

1. I understand and agree that equipment purchased under terms & conditions of the grant agreement executed for this Project cannot be included in any fleet compliance strategy, fleet averaging or Best Available Control Technology (BACT) percentage limits calculations for purposes of compliance with any ARB regulation (see <http://www.arb.ca.gov/ports/shorepower/finalregulation.pdf> for text of shore power equipment regulation).

**Initial**: \_\_\_\_\_\_\_\_\_

1. I understand that new equipment purchased outside of California may be subject to California sales and/or use tax.

**Initial**: \_\_\_\_\_\_\_\_\_

1. I understand that this application is for evaluation purposes only and does not guarantee that grant funding will be awarded to any or all of the equipment described in this application.

**Initial**: \_\_\_\_\_\_\_\_\_

1. I understand and agree that equipment funded by the Goods Movement Program can only be purchased or placed into operation after the grant agreement has been fully-executed between the equipment owner and the Air District and a “start-work” order has been issued in writing to the equipment owner by the Air District.

**Initial**: \_\_\_\_\_\_\_\_\_

1. I certify that equipment purchased as part of this Project must be used in 100% California operation in a port, intermodal railyard or freight facility in the four trade corridors and I will comply with the appropriate usage and equipment registration requirements for the duration of the Project Term outlined in the grant agreement (e.g., ten (10) years for grid-based power or emissions capture & control projects).

**Initial**: \_\_\_\_\_\_\_\_\_

1. I certify that for the duration of the Project Term outlined in the grant agreement, the equipment purchased as part of this Project will operate 100% within California’s major trade corridors and for the minimum specified hours per year based on each Project Option as described in Appendix C of the Guidelines. (trade corridor map: <http://www.arb.ca.gov/bonds/gmbond/docs/gmtradecorridors.jpg>).

**Initial**: \_\_\_\_\_\_\_\_\_

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1. I certify that I have attached all the required Attachments to this application.

**Initial**: \_\_\_\_\_\_\_\_\_

1. I certify that all the equipment for which I will be applying during this solicitation period has been included in this application.

**Initial**: \_\_\_\_\_\_\_\_\_

1. I understand and certify that accepting grant funds from the Goods Movement Program may lead to tax liability and that by signing the grant agreement for the Project, agree to accept this liability.

**Initial**: \_\_\_\_\_\_\_\_\_

1. I understand and certify that if the Air District receives a Public Records Request requiring release of information about my Project, that the Air District may release a business address but not a personal or home address, since business addresses are considered to be publically-available (directory) information.

**Initial**: \_\_\_\_\_\_\_\_\_

1. I certify that, if selected for funding, the Program-funded equipment shall be placed into operation and post-inspected prior to the applicable operational deadlines to remain eligible for funding.

**Initial**: \_\_\_\_\_\_\_\_\_

**I certify that I have the legal authority to apply for funding on behalf of the applicant entity, and that I am authorized to sign and submit this application on behalf of the applicant/equipment owner.**

**Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(Authorized Representative of Applicant/ Equipment Owner)

**Name (Please Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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***Part II – Equipment Information for Proposed Project*** *(complete one Equipment page for each unit you are applying for) attach additional sheets as needed*

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| **PROJECT TYPE:**  |
| □ Grid-Based Shore Power □ Non-Grid-Based Shore Power□ Ship Emissions Capture and Control System |
| **Port Where the project berth/equipment is located:** |
| **Berth Name/Identifier and Location within Port:** |
| **Owner and operator of the berth:** |
| **Ship description (including number of engines, fuel type, power demand, including both total auxiliary power (kW) and Net Hoteling Load (kW)):** |
| **For Grid- and non-Grid-Based Shore Power Projects** |
| **Description, Design, Maximum Power Demand (kWh-hr):** |

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| **BERTH ACTIVITY DATA** |
| Existing Activities:  |
| Total number of ship visits to the berth in 2016: in 2017: |
| Per ship: number of visits per year (attach separate sheet as needed): |
| Per ship: average hotelling timer per visit (hours per visit) (attach separate sheet as needed): |
| Per ship: ship type and Size (e.g., twenty-foot equivalent unit, TEU, capacity) (attach separate sheet as needed): |
| Per ship: ship description (including number of engines, fuel type, power demand, including both total auxiliary power (kW) and Net Hoteling Load (kW)) (attach separate sheet as needed):  |
| Predicted Activity with New Equipment |
| Total estimated annual ship visits: |
| Estimated annual ship visits using electrical power: |
| Estimated ship types, description of each ship and associated power demands (attach separate sheet as needed): |
| Estimated annual hotelling hours: |
| Estimated annual MW usage: |
| Information demonstrating future visits by vessels will NOT be subject to the control requirements of ARB’s Ships at-Berth Regulation: |

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| **Ship Emission Capture and Control System** |
| **Project Description and Design (attach a separate sheet as needed)** |
| Number of Emissions Capture Subsystems (Bonnets) per unit:  |
| Number of Emissions Treatment Subsystems: |
| Support Structure: |
| Any other Components (ducts, etc.) |
| Emission Control Equipment Data (attach a separate sheet as needed) |
| Equipment Vendor(s): |
| Percent PM and NOx Emission Reduction: |
| **Predicted Ship Activity Data with New System over Project Life (per ship type) (attach a separate sheet as needed)** |
| Number and type of ships using the hood (both subject to and not subject to the control requirements of the Ships at-Berth Regulation): |
| Average time (hours) ships (by type of ship) will spend under the hood |
| Power usage (kWh) to run the system and source of power (Grid- vs. non-Grid-based): |
| Natural Gas Usage (if any) for Heating Selective Catalytic Reduction Duct Burner: |
| **Equipment Project Funding Demonstration** |
| Total Project Cost: |
| Program Funds Requested: |
| Funding Sources and Amounts of Other Funding (Private, Local, other State, Federal) |

**If the Applicant does NOT own the site where the equipment will be installed:**

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| **SITE OWNER PROJECT ACKNOWLEDGEMENT** must acknowledge and agree to the following: |
| 1. The equipment owner will be allowed to install and operate the Program-funded equipment at the site address.
2. Program-funded equipment will be the property of the applicant listed in the equipment project application.
3. The Air District, ARB or their designees will be allowed to access the site, equipment and associated records for inspections, Program reviews or fiscal audits.
4. I have submitted photo identification to the Air District as proof of my identity.
 |
| I acknowledge I am the site owner of this facility and agree to this Site Owner Project Acknowledgement, at a minimum, for the duration of the Project Term.Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **DOCUMENTATION -** Submit the project proposal including the required items below (by email attachment or fax): |
| * Attach a project description, including but not limited to: the type of equipment to be installed, the need to bring additional power to the project site, design information including the maximum power demand (kWh-hr), utility provider, etc. For Ship Emissions Capture and Control system projects, provide the name of the equipment vendor(s), name of specific emission control technology and documentation that the technology is commercially-available and achieves the required emissions reductions (reference pg. C-3 of Program guidelines). Title this attachment “Project Description.”
* Attach an overall project budget and a cost breakdown summary. The cost breakdown summary should include cost estimates for all phases of the project (e.g., design, environmental, construction, etc.) and should be itemized for each eligible expense by phase of the project and must document match (grantee portion) funds and the source of these funds and their availability. Provide vendor quotes when available. Note that verifiable vendor quotes are required to be submitted with the application for all non-grid based projects. Title this attachment “Project Cost Information”.
* Attach calculations that demonstrate that the weighted emission reductions are equal to or higher/better than 0.1 pound of weighted emissions per State dollar invested for the project. For more information about the emissions reduction requirements for shore power projects, refer to Appendix C of the Program guidelines. For Ship Emission Capture and Control projects, provide a detailed projection of the emissions reduction benefits of the ship emissions capture and control project, including an estimate (showing calculations and assumptions) of PM and NOx emissions with and without the project over ten (10) years of operation, and discussing emission reductions attributable to the project that are surplus to any laws or regulations for 10 years. Title this attachment “Emission Reduction Benefits”.
* Attach a draft project schedule that includes project milestone completion dates for preliminary design completion, environmental clearance, final design, equipment ordering (with delivery dates consistent with timely completion of project milestones), equipment delivery (for all equipment with lead times over 1 month), power upgrade project (as applicable), execution of construction contracts (or installation services), permit approval, start & completion of construction (or installation), commissioning and testing (see Appendix C) and demonstration of a fully-operational system (with ship present and operational for demonstration).
* Attach photo identification of the contracting authority (Signing Authority) for this project.
 |

**Contact Air District staff and submit materials:**

Goods Movement Program

Bay Area Air Quality Management District

375 Beale Street Suite 600

San Francisco CA 94105

415-749-4994 (option 1) fax: 415-749-5020

grants@baaqmd.gov

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