

**SAN DIEGO COUNTY AIR POLLUTION CONTROL DISTRICT
YEAR 11/12 CARL MOYER PROGRAM (Solicitation #2)**

Form E-3 - AGRICULTURAL IRRIGATION ENGINES

Retrofit

Please complete one form for each engine.

| |
|---|
| Company name/ Organization name/ Individual name: |
| Equipment Identifier (Company ID or Unit #): |

I. ACTIVITY INFORMATION

| | |
|---|---|
| <input type="checkbox"/> You must attach documentation showing the historical <i>hours of operation</i> for EACH existing engine over the last 24 consecutive months . Documentation may be in the form of maintenance records, logs, or other paperwork that shows hour usage | |
| Percent Operation within CA: _____% | Percent Operation within District: _____% |
| Is there any seasonality to the use of the equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: | |

II. BASELINE ENGINE INFORMATION

| | |
|--|-----------------------------|
| <input type="checkbox"/> Stationary <input type="checkbox"/> Portable | |
| Baseline Engine Make: | Baseline Engine Model: |
| Baseline Engine Serial No.: | Baseline Engine Year: |
| Baseline Engine Fuel Type: | Baseline Engine Horsepower: |
| Baseline Engine Family: | Baseline Engine Tier: |
| Is this project participating in the PG&E AG-ICE or the SCE TOU-PA-ICE Incentive Programs? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

III. RETROFIT INFORMATION¹

| | |
|---|------------------------|
| Retrofit Device Make: | Retrofit Device Model: |
| ARB Verification Level: <input type="checkbox"/> Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3+ | |
| Verified Reduction Amounts: NO _x : _____% PM: _____% ROG: _____% | |
| Retrofit Device Family Name: | |

¹ **Note:** You **MUST** attach a copy of the ARB Executive Order for the retrofit device and indicate on the Executive Order Attachment the engine family name for the engine on which the device will be installed.

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IV. FUNDING INFORMATION

| | |
|--|--|
| Retrofit Device(s) Cost (incl. tax): \$ | Retrofit Device(s) Installation Cost: \$ |
| Cost of Retrofit Device(s) Maintenance for Life of Project: \$ | |
| Total Amount Requested for this Project²: | |
| <input type="checkbox"/> Maximum allowable 100% of eligible project costs³ | |
| <input type="checkbox"/> Other: \$ You may request less than the maximum allowable funding amount to improve the cost effectiveness of your project | |
| Retrofit Device Vendor: | Retrofit Device Installer: |
| Anticipated Project Completion Date: | |

² **Note:** You **MUST** attach a written estimate (quote) from the retrofit vendor documenting the cost of the retrofit device.

³ **Note:** The cost of the retrofit, filters, hour meter if none exists on the equipment, and maintenance of the retrofit device needed during the project life is eligible for incentive funding, provided its inclusion in the project cost still meets the weighted cost-effectiveness limit. The datalogging cost of a retrofit-only project cannot be included in the total project cost.

Attachment Reminder Checklist

Did you attach the following to complete your application?

- ✓ One completed copy of Form A-1 – General Project Information Application
- ✓ Documentation showing the historical **hours of operation** for **EACH** existing engine over the last **24 consecutive months**. Documentation may be in the form of maintenance records, logs, or other paperwork that shows hour usage
- ✓ ARB Executive Order for each retrofit device (indicate on the Executive Order Attachment the engine family name for the engine on which the device will be installed)
- ✓ Written estimate (quote) from the retrofit vendor documenting the cost of each retrofit device
- ✓ A completed IRS Form W9 and California Form 590 must be submitted