

Proposition 1B Goods Movement Emission Reduction Program
Local Public Entity Registration Form for FY2008-09 and FY2009-10 Funds
New applicants

Local public entities applying for Program funds must complete the User Account Registration Form to receive a username and password to access the Program's Goods Movement On-line Database to complete a local agency application for FY 2008-09 and FY2009-10 funds. Interested local public entities shall submit registration sufficient for ARB staff to assess the entity's qualifications as a local public entity. Additional information may be requested as part of this registration process to facilitate ARB staff's review of a local public entity's qualifications as an applicant.

(Chapter III.A. of the Program Guidelines)

Instructions

1. Please complete the form below and return to gmbond@arb.ca.gov, no later than 5:00 p.m. on **Thursday, April 29, 2010**. Local agencies can use the space provided or attach additional documentation in the e-mail when submitting this form. Just indicate the name of each file in the space provided in this form that answers each question.
2. Please indicate, "ACCOUNT REGISTRATION" on the subject line.
3. Attach any additional files to the email response as necessary.

Questions?

Please contact Program staff: Ms. Hurshbir Shahi at (916) 324-0388 or Dr. Chandan Misra (916) 324-8622.

Please call Ms. Barbara Van Gee at (916) 324-9949 for assistance with loan and loan guarantee program questions.

You may also email ARB staff at gmbond@arb.ca.gov.

General Information

Local Public Entity	
Name	
Mailing address	
County	
Main Phone	
Main Fax	
Website address	

Entity Type (indicate - air district, seaport, transportation agency, or other) If "Other" please explain:
Jurisdiction: <ul style="list-style-type: none"> ○ Attach a map of the entity's geographic boundaries. <ul style="list-style-type: none"> ○ Indicate the total population served: ○ Select the applicable trade corridor (Bay Area, Central Valley, Los Angeles/Inland Empire, San Diego/Border):
Entity's mission statement/purpose:
Federal tax ID number:
State tax ID number:
Total annual budget:

Authority as a Local Public Entity

Please provide the legal citation and text which establishes the local public entity and gives it legal authority to implement a solicitation, competition for funding, funding awards, execution of contracts, and equipment inspections across the entire trade corridor where this local entity is based:
If available, provide the work plan or program plan that outlines the annual work plan for goods movement air quality projects:

Qualifications as an Applicant

The Program Guidelines and Government Code section 39625.1 require that applicants for this Program be local public entities involved in the movement of freight through trade corridors of the state or involved in air quality improvement associated with goods movement. The responses to the following questions will provide the basis by which ARB staff will determine whether a local public entity qualifies as a Program applicant.

Local Public Entity Qualifications
Describe how this local public entity is involved in freight movement or air quality improvements associated with goods movement. This description shall include: <ul style="list-style-type: none">○ the entity's roles and○ authorities and responsibilities (including legal citations, if any):
Please include a statement below justifying that the local public entity qualifies as an applicant based on one of the following:
<ul style="list-style-type: none">- Is directly responsible for operating a freight movement facility (e.g. seaport or airport); or- Has statutory authority for designing and implementing strategies and/or plans to reduce emissions or health risk from air pollution sources (e.g. local air pollution control district and air quality management district); or- Has statutory authority for planning and funding regional goods movement infrastructure projects (e.g. regional transportation planning agency)

Contact Information

Agency Director or Executive Director	
Name (first, MI, last)	
Title	
e-mail address	
Mailing address (if different from above)	
County	
Phone	
Fax	
Chief Financial Officer	
Name (first, MI, last)	
Title	
e-mail address	
Mailing address (if different from above)	
County	
Phone	
Fax	
Grant Program Manager	
Name (first, MI, last)	
Title	
e-mail address	
Mailing address (if different from above)	
County	
Phone	
Fax	
Please add other Executive Contacts (optional)	
Name (first, MI, last)	
Title and a short description of duties e	
e-mail address	
Mailing address (if different from above)	
County	
Phone	
Fax	

Funding Category Contacts

Heavy Duty Diesel Trucks	
Name (first, MI, last)	
Title	
e-mail address	
Mailing address (if different from above)	
County	
Phone	
Fax	
Immediate Supervisor (alternate contact)	
Name (first, MI, last)	
Title	
e-mail address	
Phone	
Person with Authority to Sign Grant Agreements with ARB	
Name (first, MI, last)	
Title	
e-mail address	
Phone	

Locomotives and Rail Yards	
Name (first, MI, last)	
Title	
e-mail address	
Mailing address (if different from above)	
County	
Phone	
Fax	
Immediate Supervisor (alternate contact)	
Name (first, MI, last)	
Title	
e-mail address	
Phone	
Person with Authority to Sign Grant Agreements with ARB	
Name (first, MI, last)	
Title	
e-mail address	
Phone	

Ships at Berth and Cargo Handling Equipment	
Name (first, MI, last)	
Title	
e-mail address	
Mailing address (if different from above)	
County	
Phone	
Fax	
Immediate Supervisor (alternate contact)	
Name (first, MI, last)	
Title	
e-mail address	
Phone	
Person with Authority to Sign Grant Agreements with ARB	
Name (first, MI, last)	
Title	
e-mail address	
Phone	

Commercial Harbor Craft	
Name (first, MI, last)	
Title	
e-mail address	
Mailing address (if different from above)	
County	
Phone	
Fax	
Immediate Supervisor (alternate contact)	
Name (first, MI, last)	
Title	
e-mail address	
Phone	
Person with Authority to Sign Grant Agreements with ARB	
Name (first, MI, last)	
Title	
e-mail address	
Phone	