

APPENDIX A

**HYBRID TRUCK AND BUS VOUCHER INCENTIVE
PROJECT APPLICATION**



AQIP APPLICATION

Please print clearly or type all information on this application.

1. AQIP Project:		
2. Company Name/Air District/Organization Name/Individual Name:		
3. Business Type:		
4. Contact Name and Title:		
5. Person with Contract Signing Authority (if different from above)/Air Pollution Control Officer (APCO):		
6. Mailing Address and Contact Information:		
Street:		
City:	State:	Zip Code:
Phone: ()	Fax: ()	
E-mail:		

I hereby certify under penalty of perjury that all information provided in this application and any attachments are true and correct.

Printed Name of Responsible Party or APCO:	Title:
Signature of Responsible Party or APCO:	Date:

Third Party Certification (if applicable)

I have completed the application, in whole or in part, on behalf of the applicant.

Printed Name of Third Party:	Title:
Signature of Third Party:	Date:
Amount Being Paid for Application Completion in Whole or Part:	Source of Funding to Third Party:

Attachment 1: APPLICANT QUALIFICATIONS

1. Qualifications Narrative: Please provide an attachment describing your experience/expertise developing, implementing, or administering similar incentive or testing projects and working with hybrid truck and bus manufacturers, vendors, users, and other stakeholders, and identify how this background will enable you to efficiently and effectively implement the HVIP. This narrative should not exceed three pages.

2. Staff Information: Include information for each staff member to be involved in developing, implementing, or administering the HVIP. Clearly identify staff proposed for day-to-day program implementation. Attach resumes.

Name:	Hourly rate:
Phone:	E-mail:
Title:	
Expected duties:	
Name:	Hourly rate:
Phone:	E-mail:
Title:	
Expected duties:	
Name:	Hourly rate:
Phone:	E-mail:
Title:	
Expected duties:	

If more room is needed, this form may be copied or recreated.

3. Subcontractor Information: Applicants may partner with other entities. Responsibility for deliverables lies with the primary applicant. Provide the names and information for any and all subcontractors and partners. Attach resumes and letters of commitment.

Name:	Hourly rate:
Phone:	E-mail:
Title:	
Expected duties:	
Name:	Hourly rate:
Phone:	E-mail:
Title:	
Expected duties:	
Name:	Hourly rate:
Phone:	E-mail:
Title:	
Expected duties:	

If more room is needed, this form may be copied or recreated.

Attachment 2: PROPOSED BUDGET

Please provide your proposed budget for completing the tasks of HVIP Grantee, consistent with the Draft Implementation Manual, your Project Implementation Plan and the requirements of the HVIP solicitation. Your budget must include all estimated labor and material costs associated with managing the project, the total HVIP administrative funds requested, and a description of any applicable commitments for in-kind services and match funding. The total administrative and outreach costs ARB shall reimburse to the Grantee for outreach and administration of the HVIP shall not exceed \$950,000 million. Applicants may use the Sample Proposed Budget (on Page A-5) to summarize their proposed budget.

In-kind services refer to resources or services contributed by the Grantee to manage the project but not charged to the HVIP. Please be as specific as possible when describing in-kind services (i.e. itemize staff time, infrastructure, or other costs that are being committed). In-kind services provided in the form of outreach efforts must be appropriate for a statewide voucher or testing program. In-kind services committed in this application must be documented by the Grantee in the HVIP Final Report (See Section 4.7 of the Draft Implementation Manual). In-kind services do not include services already committed to another project (such as a similar federally-funded project).

Match funding refers to funds contributed by the Grantee to the HVIP to fund additional eligible vehicles. The applicant may propose that match funding be used to fund only vehicles in a specific region (such as a county or air district). The applicant must include a letter describing and authorizing any proposed match funding commitment as part of this application. External projects or project elements, such as federally funded project, proposed as match must be central to the applicant proposal and be included in the proposed project budget.

Attachment 2-A: Sample Proposed Budget

(Applicant may modify this sample budget to meet their specific needs. This page may also be edited, or deleted if not used)

<u>DIRECT LABOR</u>	<u>HOURS</u>	<u>RATE</u>	<u>TOTAL</u>	<u>IN-KIND MATCH</u>
Program Manager	_____ @	_____	_____	
Staff Assistant	_____ @	_____	_____	
Technician	_____ @	_____	_____	
Clerical	_____ @	_____	_____	
			\$ _____	\$ _____
SUBCONTRACTOR(S) COST ITEMIZED			\$ _____	\$ _____
INDIRECT COSTS (OVERHEAD AND FRINGE BENEFITS)				
Overhead Rate		_____	_____	
Fringe Benefits		_____	_____	
			\$ _____	\$ _____
DIRECT COSTS (EXCEPT LABOR)				
Travel Costs			_____	
Equipment and Supplies (Itemized)			_____	
Other Direct Costs (Itemized)			_____	
			\$ _____	\$ _____
			Total	Total
TOTAL COSTS			TOTAL \$ _____	
				APPLICANT MATCH \$ _____

Attachment 3: PROJECT IMPLEMENTATION PLAN

Please provide your Project Implementation Plan for completing key tasks required of the HVIP Grantee. The Project Implementation Plan should each be no longer than six pages long and contain clear and concise descriptions of how the following and other key tasks will be completed, as well as the timeline and resources needed for their completion:

- Outreach to fleets and vendors, including vendor training and targeted outreach in the areas of the state with the worst air quality
- Development of HVIP webpage
- Timely redemption of vouchers (from redemption request to final payment)
- Steps to ensure project transparency and accountability
- Reporting to ARB

Be specific. Where applicable, applicants should provide examples of past experiences in successfully completing similar tasks.

Attachment 4: APPLICANT RESOURCES TO IMPLEMENT THE PROJECT

In no more than one page, please identify the staff, infrastructure, match and in-kind funding or other resources you have available and will utilize to effectively and efficiently implement the HIVIP. Staff time, infrastructure, and/or administrative, outreach or other costs needed to implement the project should be detailed as part of your Proposed Budget (See Attachment 2).

Attachment 5: CONFLICT OF INTEREST DECLARATION

Please summarize any current, ongoing, or pending direct or indirect interest your organization (or any subcontractor identified in this application) has which poses an actual, apparent, or potential conflict of interest with your ability to fulfill the duties of HVIP Grantee. These may include but are not limited to financial arrangements with or interest in hybrid vehicle manufacturers, dealers, fleets, or related organizations. ARB may consider the nature and extent of any potential or apparent conflict of interest in evaluating, considering, or scoring the application and may disqualify the applicant at ARB's sole discretion.