

**APPENDIX A**

**APPLICATION**

**Diesel Filter Replacement Program**  
**Grant Application**  
**For Fiscal Year 2018-19**

Mobile Source Control Division  
February 15, 2019



## Attachment 1: APPLICATION CHECKLIST

In order to reduce the chances of having an application rejected, the applicant is strongly encouraged to re-read the following sections of the Solicitation before submitting an application package: VII. Grant Application Instructions, IX. Required Elements, and X. Evaluation and Scoring. The checklist below is not a substitute for a thorough review of the solicitation and its appendices. **The applicant is not required to submit the checklist as part of the Grant Application.**

	The application package consists of one (1) signed original application, four (4) copies of the application, and one (1) CD or flash drive containing copies of the application and all required documents.
	Appendix A. Application: Application Cover Page is signed and dated.
	Appendix A. Application: Attachment 2: Applicant Qualifications and Resources to Implement the Program
	Appendix A. Application: Attachment 3: Proposed Estimated Budget
	Appendix A. Application: Attachment 4: Program Implementation Plan
	Appendix A. Application: Attachment 5: Conflict of Interest Declaration
	Appendix A. Application: Attachment 6: Confidentiality Statement
	Appendix A. Application: Attachment 7: Confidentiality Agreement
	Appendix A. Application: Attachment 8: STD. 204 Payee Data Record

### APPLICATION

Print clearly or type all information on this application.

1. Project: Click here to enter text.		
2. Company Name/Air District/Organization Name/Individual Name: Click here to enter text.		
3. Business Type: Click here to enter text.		
4. Contact Name and Title: Click here to enter text.		
5. Person with Contract Signing Authority (if different from above)/Air Pollution Control Officer (APCO): Click here to enter text.		
6. Mailing Address and Contact Information:		
Street: Click here to enter text.		
City: Click here to enter text.	State: Click here to enter text.	Zip Code: Click here to enter text.
Phone: ( XXX ) XXX-XXX	Fax: ( XXX ) XXX-XXX	
Email: Click here to enter text.		
<input type="checkbox"/> I have read and understood the terms and conditions of the Sample Grant Agreement.		

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: Click here to enter text.	Title: Click here to enter text.
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: Click here to enter text.	Title: Click here to enter text.
Signature of Third Party:	Date:
Amount Being Paid for Application Completion in Whole or Part: Click here to enter text.	Source of Funding to Third Party: Click here to enter text.

**Attachment 2: APPLICANT QUALIFICATIONS AND RESOURCES TO IMPLEMENT THE PROGRAM**

1. Qualifications Narrative: Provide an attachment describing your experience and expertise developing, implementing, and administering similar incentive programs, diesel filter installation and replacement, working with filter manufacturers/installers, relevant government agencies and other relevant parties. Please identify how this background enables you to efficiently and effectively implement the Diesel Filter Replacement Program. Identify any relevant licenses, subcontractors and partners, describing the knowledge and experience they bring to the program.
  
2. Resources Narrative: Identify staff, funding, partnerships, collaborative relationships, and leveraged resources you have available to effectively and efficiently implement the program. Personnel costs, fringe benefit costs, operating expenses including rent and supplies, equipment costs, overhead, records retention, and other costs needed to implement the program should be detailed as part of your Proposed Estimated Budget (Attachment 3). This narrative should not exceed two pages.
  
3. Staff Information: Provide information for staff members involved in developing, implementing, or administering the Diesel Filter Replacement Program. Identify staff proposed for day-to-day program administration. Attach resumes (exclude or redact personally identifiable information). Indicate if a position will be filled only upon execution of the grant agreement.

Name:	Hourly rate:
Phone:	Email:
Title:	
Expected duties:	
Name:	Hourly rate:
Phone:	Email:
Title:	
Expected duties:	

*This page may be copied or recreated, if more room is needed.*

4. Partner / Subcontractor Information: Applicants may partner with other entities. Responsibility for deliverables and project performance lies with the primary applicant. Subcontractors must also meet the grant agreement requirements that apply to the work they will perform for their portion of the program. Provide the names and information for proposed subcontractors and partners, and attach resumes and letters of commitment, if any. Letters of commitment should clearly describe costs, role and responsibilities.

Name:	Hourly rate:
Phone:	Email:
Title:	
Expected duties:	
Name:	Hourly rate:
Phone:	Email:
Title:	
Expected duties:	
Name:	Hourly rate:
Phone:	Email:
Title:	
Expected duties:	
Name:	Hourly rate:
Phone:	Email:
Title:	
Expected duties:	

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### **Attachment 3: PROPOSED ESTIMATED BUDGET**

Please describe your proposed budget for completing the tasks required of the Diesel Filter Replacement Program Grantee, consistent with the Draft Sample Implementation Manual for FY 2018-19 Diesel Filter Replacement Program (Sample Implementation Manual), and Diesel Filter Replacement Program Draft Sample Grant Agreement for FY 2018-19 (Sample Grant Agreement), your Program Implementation Plan (Attachment 4), and the requirements of this solicitation.

Your proposed budget must include the estimated total diesel particulate matter filter (PM filter) replacement funding and the total PM filter processing cost (program implementation costs), and all necessary staff and tasks to implement the program. In addition, the proposed budget must include all estimated labor and material costs associated with managing the program, records retention, and a description of any voluntary commitments for in-kind services or match funding, if any. The program implementation costs must include total costs to cover all of FY 2018-19 funding and the closeout of FY 2018-19.

Applicant must complete the Sample Budget Summary, Sample Proposed Estimated Budget and the Sample Proposed Project Milestones and Disbursement Schedule, provided in Tables 3-1, 3-2 and 3-3 to summarize their proposed budget. The sample budget templates may be modified to meet the applicant's specific needs or, the applicant may provide their own budget templates. Please note that your alternate budget must include at a minimum the level of detail and items outlined in the sample budgets.

**Table 3-1. Sample Budget Summary**

<b>Budget Summary</b>	<b>Budget Amount</b>
Grant Funds	\$
Applicant Cash Matching Funds	\$
Third-party Cash Matching Funds	\$
Applicant In-Kind Match	\$
Third-party In-Kind Match	\$
<b>TOTAL PROGRAM BUDGET</b>	\$

**Table 3-2. Sample Proposed Estimated Budget**

TOTAL PROGRAM COSTS			CARB Funds	Grantee Match		Third-party Match		Total Budget
				Cash	In-Kind	Cash	In-Kind	
			\$150,000*					
	Hourly rate	Hours						
Project Manager								
Staff Assistant								
Technician								
Other labor expenses								
Operating costs (i.e. rent, supplies, equipment)								
Reporting to CARB - Quarterly								
Reporting to CARB - Final								
Printing, mailing, travel, (expand to one category per row)								
Other non-labor, non-administrative project implementation costs (expand to one category per row)								
			\$3,000,000					
<b>TOTAL BUDGET</b>								

\* The amount stated above is only an example. Applicant must estimate total implementation costs for the program if selected as the Grantee.

\*\*Definitions of costs and allowable expenditures are described in Draft Sample Grant Agreement (Appendix C).



Applicants must fill out the following table according to their Program Implementation Plan, and the scope of work described in their application.

**Table 3-3. Sample Proposed Project Milestones and Disbursement Schedule\***

<b>Disbursement</b>	<b>Disbursement Description</b>	<b>Grant Award</b>
<b>1</b>	<b>Diesel Filter Replacement Funding</b>	
1.1	Execute Grant Agreement: Initial Disbursement	Up to 10 percent of the total grant amount
1.2	Ongoing disbursements of filter replacement funds	
<b>Subtotal</b>		<b>\$</b>
<b>Grant Total</b>		<b>\$</b>

\* Program funds will be disbursed in accordance with the instructions identified in the Grant Agreement (Section G).

#### **Attachment 4: PROGRAM IMPLEMENTATION PLAN**

Provide a Program Implementation Plan for completing tasks required of the Diesel Filter Replacement Program Grantee as outlined in Table 1 and Figure 1 of the Sample Grant Agreement. The Program Implementation Plan must contain a clear and concise description of how key tasks will be completed. In addition, include a timeline for program completion.

Be specific. Where applicable, applicants should provide examples of past experiences in successfully completing similar tasks. At a minimum, the Plan must include:

1. Narrative that presents a clear and concise description of how key tasks will be completed.
2. Timeline for plan implementation that identifies key tasks and milestone dates from inception through program completion. The Sample Proposed Detailed Key Tasks and Milestones Schedule, provided in Table 4-1 must be submitted according to the applicant's proposed Program Implementation Plan.
3. List the data the program will collect from all eligible projects that received clean funding, as required in the Sample Grant Agreement. Provide a detailed list of data deliverables and provide draft formats for the Quarterly Reports and a Final Report that includes the required data and reporting components and describe how those data are reported from recipients to the Grantee and then to CARB.

Applicants must fill out the following table according to their Program Implementation Plan, and the scope of work described in their application.

**Table 4-1. Sample Proposed Detailed Key Tasks and Milestones Schedule**

<b>Task #</b>	<b>Start Date</b>	<b>Completion Date</b>	<b>Status/Note*</b>
Task 1 –			
Task 2 –			
Task 3 –			
Task 4 –			
Task 5 –			
Task 6 –			
Task 7 –			
Task 8 –			
Task 9 –			
Task 10 –			

\*This may include: in process, complete, ongoing, progress %, delayed (include reasons and new estimated completion date), etc.

## **Attachment 5: CONFLICT OF INTEREST DECLARATION**

The applicant must disclose any Conflict of Interest with their ability to fulfill the duties of the Diesel Filter Replacement Program Grantee. Summarize your organization's or any subcontractor's ongoing, or pending direct or indirect interest, which poses an actual, apparent, or potential conflict of interest with your ability to fulfill the duties of the Diesel Filter Replacement Program Grantee. CARB may consider the nature and extent of any potential or apparent conflict of interest in evaluating, considering, or scoring the grant application and may disqualify the applicant at CARB's sole discretion.

**Attachment 6: CONFIDENTIALITY STATEMENT**

Failure to comply and return this attachment will cause your grant application to be rejected and deemed non-responsive.

As an authorized representative and/or officer of the organization named below, I warrant my organization and its employees will not disclose any documents, diagrams, information and information storage media made available to us by the State for the purpose of responding to the Diesel Filter Replacement Program Solicitation or in conjunction with any sub-grant agreement arising there from. I warrant that only those employees who are authorized and required to use such materials will have access to them.

I further warrant that all materials provided by the State will be returned promptly after use and that all copies or derivations of the materials will be physically and/or electronically destroyed. I will include with the returned materials, a letter attesting to the complete return of materials, and documenting the destruction of copies and derivations. Failure to so comply will subject this organization to liability, including all damages to the State and third parties. I authorize the State to inspect and verify the above.

I warrant that if my organization is awarded, it will not enter into any agreements or discussions with a third party (sub-grantees) concerning such materials prior to receiving written confirmation from the State that such third party has an agreement with the State similar in nature to this one.

\_\_\_\_\_  
Signature of Responsible Party

\_\_\_\_\_  
Date

\_\_\_\_\_  
Typed Name of Responsible Party

\_\_\_\_\_  
Typed Name of Organization

**Attachment 7: CONFIDENTIALITY AGREEMENT**

Failure to comply and return this attachment will cause your grant application to be rejected and deemed non-responsive. **Each applicant's proposed key staff must read, agree, sign, date and submit this completed form (attach additional copies as needed).**

The undersigned agrees to:

1. Observe complete confidentiality with respect to California Air Resources Board (CARB) information, including without limitation, agreeing not to disclose or otherwise permit access to such information or data developed or collected pursuant to the Diesel Filter Replacement Program by any person or entity in any manner unless such disclosure is required by law or legal process.
2. Acknowledge the confidential nature of such information or data developed or collected pursuant to the Diesel Filter Replacement Program and ensure by agreement or otherwise that they are prohibited from copying or revealing, for any purpose whatsoever, the contents of such information or any part thereof, or from taking any action otherwise prohibited under this section.
3. Not use such information or data developed or collected pursuant to the Diesel Filter Replacement Program or any part thereof in the performance of services to others or for the benefit of others in any form whatsoever whether gratuitously or for valuable consideration, except as permitted under this agreement.
4. Notify the State promptly and in writing of the circumstances surrounding any possession, use or knowledge of such information or data developed or collected pursuant to the Diesel Filter Replacement Program or any part thereof, by any person other than those authorized by this document.
5. Adhere to all CARB confidentiality, disclosure, and privacy policies.
6. Treat all information, data, deliverables, and work products developed or collected pursuant to the Diesel Filter Replacement Program as confidential. All information, deliverables, and work products cannot be disclosed in any form to any third party without CARB's written consent except when required by law or legal process.
7. Not use, without CARB written approval, any CARB materials for any purpose other than performing the agreed upon services.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Project Title

**Attachment 8: STD. 204 PAYEE DATA RECORD**

Please fill out and submit as a part of this grant application the STD. 204 Payee Data Record:

<http://www.documents.dgs.ca.gov/dgs/fmc/pdf/std204.pdf>