

BOARD MEETING DATE: April 3, 2015

AGENDA NO. 5

PROPOSAL: Recognize Funds and Issue Program Announcement for Heavy-Duty Vehicle and Transport Refrigeration Unit Engine Replacement Projects 

SYNOPSIS: In October 2014, U.S. EPA notified SCAQMD that an award had been approved under a Fiscal Year 14 Diesel Emissions Reduction Act (DERA) solicitation in the amount of \$753,476 for on-road heavy-duty vehicle and school bus replacement projects. In addition, in a prior U.S. EPA award, \$480,833 remains unspent. Staff is proposing that the unspent funds be used to solicit projects to replace transport refrigeration units (TRUs). These actions are to recognize \$753,476 from the U.S. EPA DERA award and issue a Program Announcement to solicit proposals for on-road heavy-duty vehicle and TRU engine replacement projects with funding of up to \$920,833. This action is also to reimburse the General Fund for administrative costs of up to \$38,476 necessary to implement the U.S. EPA DERA grant. School bus replacement awards using the remaining \$275,000 will be considered by the Board separately at a later date.

COMMITTEE: Technology, March 20, 2015; Recommended for Approval

RECOMMENDED ACTIONS:

1. Recognize upon receipt \$753,476 in Fiscal Year (FY) 14 DERA funds from U.S. EPA, with \$478,476 to be placed into the Advanced Technology, Outreach and Education Fund (17) for on-road heavy-duty vehicle replacement projects and \$275,000 to be placed into the Carl Moyer Program AB 923 Fund (80) for school bus replacement projects;
2. Approve issuance of Program Announcement #PA2015-09 to solicit proposals for on-road heavy-duty vehicle and TRU engine replacement projects at a cost not to exceed \$920,833; and

3. Authorize reimbursement to the SCAQMD General Fund of up to \$38,476 from the Advanced Technology, Outreach and Education Fund (17) for administrative costs necessary to implement the U.S. EPA FY 14 DERA grant.

Barry R. Wallerstein, D.Env.
Executive Officer

MMM:HH/FM:RP:AAO

Background

On-road heavy-duty diesel vehicles and school buses are a significant source of diesel PM and NO_x emissions causing adverse health effects that disproportionately target children, elderly and sick individuals in the South Coast Air Basin. Replacement of older heavy-duty diesel vehicles with new vehicles powered by advanced alternative fuel engine technologies reduces diesel emissions and the associated public health risks significantly.

On June 17, 2014, staff applied for funding under the FY 14 U.S. EPA DERA Program for on-road heavy-duty vehicle and school bus replacement projects. In October 2014, U.S. EPA notified SCAQMD that its proposal was approved for an award of \$753,476 under the FY 14 DERA Program.

In addition, on June 4, 2010, the Board recognized a \$5 million grant from the U.S. EPA into the Carl Moyer Program Fund (32) to cosponsor diesel emission reduction projects. The grant also provided an additional \$400,000 for administrative costs. To date, \$19,167 of the \$400,000 in administrative funds and \$4,500,000 for three projects have been expended, leaving a balance of \$480,833. On November 25, 2014, staff submitted a request to the U.S. EPA and received its concurrence to utilize the unspent funds (both project and administrative funds) for transport refrigeration unit (TRU) engine replacements and other possible diesel emission reduction projects. However, SCAQMD is required to select projects either under the federal sole source justification criteria or through a competitive public solicitation process.

Finally, on March 6, 2015, the Board approved issuance of a Program Announcement for school bus replacements using AB 923 funds.

Proposal

Staff is proposing that one solicitation be issued for on-road heavy-duty vehicle replacement projects which will include TRU engine replacements as part of the solicitation.

Older heavy-duty diesel vehicles will be replaced with 2013 or newer natural gas vehicles meeting 2010 on-road heavy-duty engine emissions standards. The award amount will be \$40,000 per vehicle. Model year 2007 or older TRU engines will be replaced with 2012 or newer CARB certified engines. The award amount will be \$8,500 per unit. If an insufficient number of applications for TRU projects are received, other project categories such as replacement of diesel shuttle buses or heavy-duty trucks with alternative fuel vehicles may be considered. The preferred targeted areas for implementation of these projects will be the disproportionately impacted areas of San Bernardino, Long Beach, City of Los Angeles and Boyle Heights.

These actions are to: 1) recognize \$753,476 in FY 14 DERA funds from U.S. EPA for on-road heavy-duty vehicle and school bus replacement projects; 2) issue the attached Program Announcement #PA2015-09 to solicit on-road heavy-duty vehicle and TRU engine replacement projects for a total cost of up to \$920,833; and 3) authorize reimbursement to the SCAQMD General Fund of up to \$38,476 for administrative costs necessary to implement the U.S. EPA FY 14 DERA grant. The \$275,000 balance of the FY 14 DERA award would be used to complement the AB 923 funds already allocated for school bus replacements, awards for which will be considered by the Board separately at a later date.

Outreach

In accordance with SCAQMD's Procurement Policy and Procedure, a public notice advertising the RFP/RFQ and inviting bids will be published in the Los Angeles Times, the Orange County Register, the San Bernardino Sun, and Riverside County's Press Enterprise newspapers to leverage the most cost-effective method of outreach to the South Coast Basin.

Additionally, potential bidders may be notified utilizing SCAQMD's own electronic listing of certified minority vendors. Notice of the RFP/RFQ will be emailed to the Black and Latino Legislative Caucuses and various minority chambers of commerce and business associations, and placed on the Internet at SCAQMD's website (<http://www.aqmd.gov>).

Bid Evaluation

Proposals will be reviewed and evaluated by a diverse, technically qualified panel in accordance with criteria contained in the attached RFP.

Benefits to SCAQMD

Successful implementation of heavy-duty vehicle, school bus and TRU engine replacement projects will provide reductions of both NO_x and PM, and GHG emissions. The heavy-duty vehicles, school buses and TRU engines funded under this program are expected to operate for many years providing long-term emission reduction benefits.

Resource Impacts

Of the \$753,476 in U.S. EPA FY 14 DERA funds, \$478,476 (comprised of \$440,000 for projects and \$38,476 for administrative costs) will be placed into the Advanced Technology, Outreach and Education Fund (17) for heavy-duty truck replacements and \$275,000 will be placed into the Carl Moyer Program AB 923 Fund (80) for school bus replacements. The \$480,833 available for the TRU engine replacement projects is comprised of unused project and administrative funds from a U.S. EPA award previously recognized by the Board into the Carl Moyer Program Fund (32) on June 4, 2010. The Program Announcement #PA2015-09 shall not exceed \$920,833 (comprised of \$440,000 from Fund 17 and \$480,833 from Fund 32). A more precise accounting of the available funds for both replacement projects will be given at the time of the Board's consideration for the recommended awards.

Attachment

Program Announcement #PA2015-09 – Heavy-Duty Vehicle and TRU Engine Replacement Projects

SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT

HEAVY-DUTY VEHICLE AND TRU ENGINE REPLACEMENT PROJECTS

SCAQMD PROGRAM ANNOUNCEMENT #PA2015-09

The South Coast Air Quality Management District (SCAQMD) requests proposals for the following purpose according to terms and conditions attached. In this Program Announcement (PA) the words "Proposer," "Contractor," "Applicant," "Consultant," and "Proponent", are used interchangeably.

SECTION I OVERVIEW

PURPOSE

The SCAQMD is seeking proposals for on-road short-haul heavy-duty diesel vehicle (HDDV) and Transport Refrigeration Unit (TRU) diesel engine replacement projects. The purpose of this PA is to provide financial incentives to assist fleets in the replacement of their older:

1. Class 8 (greater than 33,000 pounds Gross Vehicle Weight Rating or GVWR) on-road short-haul HDDVs with newer vehicles powered by CNG COMPLIANT engines; and
2. TRU diesel engines with newer California Air Resources Board (CARB) interim Tier 4 diesel engines or better.

INTRODUCTION/BACKGROUND

On-road HDDVs are a significant source of diesel PM and NO_x emissions causing adverse health effects that disproportionately target children, elderly and sick individuals in the South Coast Air Basin (Basin). TRUs are directly or indirectly powered by diesel engines ranging in sizes from 7 to 36 horsepower (hp), with 35 hp being the most common size. The CARB estimated statewide PM and NO_x emissions from these units to be 2 and 20 tons per day (tpd), respectively, and projected that diesel PM emissions will increase to almost over 3 tpd by 2020. Introduction of low- and zero-emission technologies into the Basin, particularly for captive fleets, will assist in achieving SCAQMD air quality goals. As such, this PA targets captive fleets of diesel HDDVs and TRUs operating in the cities of San Bernardino, Long Beach and Los Angeles (LA) and the Boyle Heights neighborhood of LA City, whose residents are disproportionately impacted by heavy diesel traffic along the goods movement corridors and by diesel goods movement activities at the Ports of Long Beach and LA, and nearby BNSF and Union Pacific railyards. A proven emission control strategy to reduce diesel emissions and its associated public health risks is to accelerate replacement of older HDDVs and TRU engines with newer vehicles and TRUs powered by advanced engine technologies.

FUNDING/AWARDS

The total estimated funding for this PA is \$920,833, of which \$440,000 and \$480,833 are allocated for HDDV and TRU engine replacement projects, respectively, from a U.S. Environmental Protection Agency (U.S. EPA) Diesel Emissions Reduction Act grant. Cofunding is expected from prospective applicants. Awards will be made on a competitive basis, and SCAQMD anticipates awarding up to \$40,000 per replacement vehicle and \$8,500 per replacement TRU engine. SCAQMD retains discretion to make full awards, partial awards or no awards at all under this PA. Prospective applicants will be expected to enter into a "Fixed Price" contract with SCAQMD for specific tasks. Payments will be based upon task deliverables.

DEFINITIONS

1. **Compliant Engine**
An engine certified by the U.S. EPA and CARB to meet 2010 emissions standards.
2. **HDDV Replacement Project**
Replacement of older short-haul HDDVs involved in goods movement activities with heavy-duty vehicles powered by CNG-compliant engine.
3. **TRU Engine Replacement Project**
Replacement of older TRU diesel engines with 2012 or newer CARB interim Tier 4 diesel engines.

ELIGIBLE PROJECTS

Eligible projects include one or combination of on-road HDDV and TRU diesel engine replacement projects. For:

1. On-road HDDV replacement projects, the:
 - Older on-road HDDVs must be: Model Year (MY) 1993 – 1995 short-haul Class 8 vehicles; operational and drivable; and used in goods movement activities in the cities of San Bernardino, Long Beach and LA and the Boyle Heights neighborhood of LA City.
 - Newer replacement heavy-duty vehicles must be MY 2013 or newer short-haul Class 8 vehicles powered by CNG-compliant engines.
 - Newer replacement heavy-duty vehicles must be of the same type and similar gross weight rating and in the same application as the replaced older HDDVs.
2. TRU engine replacement projects, the
 - TRUs must be owned by a non-profit hunger relief organization to preserve perishable food and used to serve the cities of San Bernardino, Long Beach and LA and the Boyle Heights neighborhood of LA City.
 - Older TRU diesel engines must be MY 2007 or older diesel engines and operational.
 - Newer replacement TRU diesel engines must be MY 2012 or newer and meet CARB interim Tier 4 emission standards or better.

Other project categories, such as shuttle bus or heavy-duty truck replacements with alternative fuel vehicles, may be considered as eligible projects if this solicitation is not fully subscribed.

ELIGIBLE ENTITY

Eligible entity is a fleet, company, firm or corporation under the same ownership, wholly or partially, proposing eligible projects as defined in this PA.

FUNDING RESTRICTIONS

- No funds awarded under this PA shall be used for matching funds for other federal grants, lobbying or intervention in federal regulatory or adjudicatory proceedings, and cannot be used to sue the Federal Government or any other government entity.

IMPORTANT PROGRAM INFORMATION

- Up to \$40,000 for each replacement heavy-duty vehicle with a maximum of \$80,000 per eligible entity as defined in this PA.
- Up to \$8,500 for each TRU replacement engine with a maximum of \$50,000 per eligible entity as defined in this PA.
- If the solicitation is not fully subscribed, the maximum amount per eligible entity for HDDV replacement project and TRU engine replacement project may be increased and other project categories, such as shuttle bus or heavy-duty truck replacements with alternative fuel vehicles, may be considered. The precise awards will be determined at the time of the SCAQMD Board's consideration of the recommended awards.
- All eligible projects will be evaluated and competitively ranked based on criteria set forth in this PA. The HDDV replacement project and TRU engine replacement project will be ranked based on specifications including, but not be limited to: engine model year, vehicle miles traveled (VMT) per year, fuel usage and the requested funding amount.
- Applicants applying for grant funding must be the legal owner of the old HDDV or old TRU diesel engine at the time the eligible project application is submitted to the SCAQMD.
- Applicants must provide a price quote for each replacement heavy-duty vehicle and each replacement TRU engine, whichever is applicable.
- Applicants must provide a copy of the CARB Executive Order as a documentation that in the case of:
 - HDDV replacement project, the replacement engine is a compliant engine as defined in this PA.
 - TRU engine replacement project, the replacement engine is MY 2012 or newer and meets CARB interim Tier 4 emission standards.
- Applicants must provide the old HDDV vehicle identification number (VIN) as part of the application.
- Unsigned applications will be deemed ineligible and will NOT be considered for funding.
- No third-party contracts will be executed.
- Any tax obligation associated with the award is the responsibility of the grantee. Individuals or companies receiving grant funding will be issued a 1099-G form by SCAQMD for the full award amount.
- A pre-inspection of the old HDDV and TRU engine and post-inspection of the replacement heavy-duty vehicle and replacement TRU engine will be required to verify eligibility of the vehicle and TRU engine prior to disbursement of any incentive funding under this Program. Replacement vehicle or engine shall not be ordered or purchased until the existing equipment passes a pre-inspection by SCAQMD or its designee and the contract is fully executed.
- **Destruction of the old HDDV and/or old TRU engine being replaced is required.**
- There are two payment options that will be available: 1) direct payment to the vendor and 2) reimbursement to contractor with proof of payment by contractor. Payment of grant funds shall only be made upon the submittal of sufficient invoice documentation specifying the actual cost of the replacement heavy-duty vehicle and replacement TRU engine and grant funds requested, and the satisfactory completion of a post-inspection by SCAQMD.
- Compliance with existing air quality regulations is a prerequisite for Program funding. Applicants are responsible for ensuring that they are in full compliance with all applicable regulations.
- Non-performance with any provision of the SCAQMD contract may result in the recovery of all or a portion of the grant funds or penalties to the equipment owner.

SCHEDULE OF EVENTS

Release of #PA2015-09	April 3, 2015
All Applications Due by 2:00 pm	July 24, 2015
Anticipated Board Consideration of Award	September 4, 2015

**ALL APPLICATIONS MUST BE RECEIVED AT THE SCAQMD HEADQUARTERS
BY NO LATER THAN 2:00 P.M. ON FRIDAY, JULY 24, 2015**

Postmark will not be accepted. Faxed or email proposals will not be accepted. All proposals must be hand-delivered to the SCAQMD Public Information Center at the SCAQMD Headquarters in Diamond Bar, California. Each proposal will be date and time-stamped, and the person delivering the proposal will be given a receipt.

SCAQMD may issue subsequent solicitations if insufficient applications are received as a result of this solicitation.

STATEMENT OF COMPLIANCE

Government Code Section 12990 and California Administrative Code, Title II, Division 4, Chapter 5, require employers to agree not to unlawfully discriminate against any employee or applicant because of race, religion, color, national origin, ancestry, physical handicap, medical condition, marital status, sex, or age. A statement of compliance with this clause is included in all SCAQMD contracts.

CONTACT FOR ADDITIONAL INFORMATION

Questions regarding the content or intent of this PA, procedural matters, sample contract or locations of bidder's conference can be found at the website (<http://www.aqmd.gov/grants-bids>), or can be addressed to:

Adewale Oshinuga
Science and Technology Advancement
South Coast Air Quality Management District
21865 Copley Drive
Diamond Bar, CA 91765
Phone: (909) 396-2599 Fax: (909) 396-3324

SECTION II: PROPOSAL SUBMITTAL REQUIREMENTS

Submitted proposals must follow the format outlined below and all requested information must be supplied. Failure to submit proposals in the required format will result in elimination from proposal evaluation. It is the responsibility of the applicant to ensure that all information submitted is accurate and complete. Each proposal must include the following:

1. Fully Completed Application Forms

Application forms are contained in Attachment A of this PA. These forms must be completed and submitted with other required documents (i.e., Certifications and Representations and vendor quotations) discussed in the application and below.

2. Certifications and Representations

Contained in Attachment B of this PA are five forms which must also be completed and submitted with the application forms in Attachment A.

3. Project Cost

Applicants must provide cost information in their applications, as follows:

- The total project cost
- Program dollar requested
- Source and amount of other funding (private, local and/or state, federal)
- Request for a direct payment to vendor (if applicable)
- Documentation of match funding availability.

Note that any orders placed or payments made in advance of an executed contract with the SCAQMD are done at the risk of the applicant. The SCAQMD has no obligation to fund the project until a contract is fully executed by both parties.

SECTION III: PROPOSAL SUBMISSION

All proposals must be submitted according to specifications set forth herein.

Due Date

The applicant shall submit **four (4) complete copies of the application** in a sealed envelope, plainly marked in the upper left-hand corner with the name and address of the applicant and the words "**Program Announcement #PA2015-09**". All proposals/applications shall be submitted in an eco-friendly format: stapled, not bound, black and white print; no three-ring, spiral, or plastic binders, and no card stock or colored paper. All proposals must be received no later than **2:00 p.m., on Friday, July 24, 2015**. Postmarks are not accepted as proof of deadline compliance. **Faxed or emailed proposals will not be accepted.** Proposals must be directed to:

Procurement Unit
South Coast Air Quality Management District
21865 Copley Drive
Diamond Bar, CA 91765

Any correction or resubmission done by the applicant will not extend the submittal due date.

Grounds for Rejection

A proposal may be immediately rejected if:

1. It is not for an eligible project as defined in Section I of this PA.
2. It is not prepared in the format described.
3. It is not signed by the vehicle and/or TRU owner (or duly authorized individual representing the firm).
4. Does not include DMV registration information, mileage supporting documents, Contractor Statement Forms and other forms required in this PA.
5. Does not include current cost quotes and fully and properly completed forms required in this PA.

Missing Information

SCAQMD is not required to contact the applicant to obtain missing application information. It is the responsibility of the applicant to ensure all required application information is submitted to SCAQMD by the application deadline.

Disposition of Proposals

The SCAQMD reserves the right to reject any or all proposals. All responses become the property of the SCAQMD. One copy of the proposal shall be retained for SCAQMD files. Additional copies and materials will be returned only if requested and at the proposer's expense.

Modification or Withdrawal

Once submitted, proposals cannot be altered without the prior written consent of SCAQMD. All proposals shall constitute firm offers and may not be withdrawn for a period of ninety (90) days following the last day to accept proposals.

SECTION IV: PROPOSAL EVALUATION SELECTION CRITERIA

SCAQMD staff will evaluate all submitted proposals. The proposals will be evaluated on a competitive basis and will be ranked as follows:

1. On the basis of expected cost-effectiveness (rounded up to the nearest dollar) of each HDDV replacement project and TRU engine replacement project as defined in this PA.
2. If there is a tie in (1), then the proposal will be further ranked on the basis of the expected emissions reductions (rounded up to the nearest tenths) of each HDDV replacement project and TRU engine replacement project as defined in this PA.

SECTION V: WORK STATEMENT/SCHEDULE OF DELIVERABLES

All applicants that are selected for funding awards will be required to execute a contract with SCAQMD that will include, at a minimum, the following Work Statement and Schedule of Deliverables.

WORK STATEMENT

As part of the contract execution, a statement of work will be provided to all grantees that include tasks and deliverables demonstrating compliance with the requirements of the Program as administered by SCAQMD. Detailed requirements will be provided in the contract to be executed but below are the minimum criteria for replacement projects:

1. Commit to register the new replacement heavy-duty vehicle in California and operate the vehicle and new replacement TRU engine at least 90% in the cities of San Bernardino, Long Beach and LA and the Boyle Heights neighborhood of LA City for the duration of the contract term. Dual plates, International Registration Plan (IRP) and any other out-of-state registrations are prohibited.
2. Agree to accept an on-board electronic monitoring unit at any time during the contract term.
3. Agree to vehicle and engine inspections and contract milestone deadlines for project implementation.
4. Comply with provision for payment of grant fund.
5. Scrap or render useless the old HDDV and its engine and the old TRU diesel engine without cannibalizing any parts from the old engine.

6. Sign a legally binding contract with the local agency including project milestone dates and completion deadlines.
7. Retain, at minimum, all documents, invoices and correspondence associated with the application, award, contract, monitoring, enforcement and reporting requirements for at least two years after final payment. Records shall be readily available and accessible to SCAQMD or its designee upon request for the purposes of ongoing evaluations or auditing.
8. Properly maintain the new replacement heavy-duty vehicle and new replacement TRU engine in good operating condition and according to the manufacturer's recommendations.
9. Demonstrate proof of vehicle warranty and collision/comprehensive insurance on replacement heavy-duty vehicle. SCAQMD shall be named as additional insured on the policy.
10. Agree to the following remedies for non-performance with the SCAQMD contract:
 - 10.1 Recovery of all or a portion of Program funds.
 - 10.2 Other fiscal penalties on prospective applicant based on the severity of the nonperformance.
 - 10.3 Cancellation of the contract.

DELIVERABLES

The contract will describe how the project will be monitored and what type of information will be included in project progress reports. At a minimum, the SCAQMD expects to receive the following reports:

1. Quarterly status reports until the proposed eligible project has been completed and is operational. These reports shall include a discussion of any problems encountered and how they were resolved, any changes in the schedule, and anticipated completion date.
2. A final report, which shall be submitted no later than 60 days after the completion of the proposed eligible project. The report shall, at a minimum, include:
 - a. Name, address and phone number of grantee.
 - b. Annual vehicle miles traveled (including mileage/activity log for documentation)
 - c. Annual fuel usage.
 - d. Project cost.
 - e. Any problems encountered and how they were resolved.

SECTION VI: PAYMENT TERMS

For all projects, full payment shall be made upon the completion of all the following:

- Pre-inspection of old HDDV and old TRU engine.
- Receipt of the new replacement heavy-duty vehicle and the new TRU engine.
- Post-inspection of the new replacement heavy-duty vehicle and the new replacement TRU engine by SCAQMD or its designee.

ATTACHMENT A

Application Preparation Forms



APPENDIX A – APPLICATION FOR

**HEAVY-DUTY VEHICLE AND TRU ENGINE REPLACEMENT PROJECTS
SCAQMD PROGRAM ANNOUNCEMENT
#PA2015-09**

Instructions:

- ✓ Read the SCAQMD Program Announcement #PA2015-09 for instructions and additional important information.
- ✓ Fill in all applicable sections with ink. Please print legibly (Be sure to complete Appendix C – Application Statement and Appendix D – Certifications and Representations).
- ✓ **Return four (4) hard copies to:**

**Procurement Unit
 South Coast Air Quality Management District
 21865 East Copley Drive
 Diamond Bar, CA 91765**

DEADLINE: Received at SCAQMD by Friday, July 24, 2015, by 2:00PM (no exceptions)

SECTION 1 – GENERAL INFORMATION (PLEASES PRINT OR TYPE)

ORGANIZATION INFORMATION		
1. Applicant Name, Business, or Company (as it appears on Form W-9):		
2. Address:		
3. City:	4. State:	5. Zip Code:
6. Mailing Address (if different from above):		
7. City:	8. State:	9. Zip Code:
10. Number of Vehicles to be replaced:		
11. Have you applied for any other grant programs? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain and provide name(s) of the agency:		
BUSINESS INFORMATION		
12. Fleet Size (Include Trucks > 14,000 lbs. GVWR only):	13. Number of Employees:	
PRIMARY CONTRACT INFORMATION		
14. First and Last Name:	15. Contact Title:	
16. Phone Number:	17. Fax Number:	
18. Alternate Contact Number:	19. Email:	
20. Vehicle Registered Owner :		
21. Person with Equipment Signing Authority:		

(THE INFORMATION BELOW IS REQUIRED FOR EACH PIECE OF EQUIPMENT.

FOR MULTIPLE UNITS YOU MAY PROVIDE AN EXCEL SPREADSHEET CONTAINING THE REQUIRED INFORMATION)

SECTION 2 – CURRENT HDDV AND TRU ENGINE ACTIVITY INFORMATION

CURRENT VEHICLE		
1. Vehicle Number:	2. Vehicle Make:	3. Vehicle Model:
4. Vehicle Model Year:	5. Vehicle GVWR:	
6. Vehicle Identification Number (VIN):	7. License Plate Number:	
8. Vehicle Axle Configuration: <input type="checkbox"/> 2 Axle <input type="checkbox"/> 3 Axle	9. Odometer Reading:	
CURRENT VEHICLE ENGINE		
10. Engine Make:	11. Engine Model:	
12. Engine Model Year:	13. Horsepower Rating:	
14. Engine Serial Number:	15. Fuel Type:	
16. Engine Family Number (if applicable):		
17. Is the Vehicle Used Seasonally? ___No. ___Yes	18. Miles Traveled during the past 24 Months: _____ miles _____% Operation in the cities of San Bernardino, Long Beach, and LA, and the Boyle Heights neighborhood of LA City	19. Fuel usage during the past 24 Months: _____ gallons
20. Vehicle Vocation(s):		
21. Does the existing HDDV have a diesel particulate filter installed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list the CARB verified Level of PM emission control (Level 1, 2, or 3): _____ Diesel filter installation date: _____ Any grant funds received for the installation: <input type="checkbox"/> Yes <input type="checkbox"/> No		

THE FOLLOWING DOCUMENTS ARE REQUIRED TO BE SUBMITTED WITH THE APPLICATION:

- Copy of DMV Registration information, including:
 - Current registration - August or September 2011.
 - Past two-year registration - Provide copies of DMV registration for last 24 months (California Base-plated or International Registration Plan (IRP) is acceptable.)
 - If two-year registration records are not available, then the applicant must provide a DMV printout showing the registration history or a minimum of eight months registration supplemented by alternative documentation (e.g., proof of insurance, shipment records, or fuel consumption records) that establishes a pattern of California operation over the last two years.
- Copy of Title to show proof of ownership (if available)
- Vocation Letter (specifying the types of goods that you haul and where you haul these goods.)
- Provide documentation of annual miles traveled over past two years (e.g., maintenance or inspection records with odometer readings, shipment logs, fuel receipts with vehicle identification, etc)
- CARB Executive Order documenting the certified emissions level of the replacement truck engine, equipment, repower engine, or retrofit device (if available).
- Price quote for the replacement truck.

(THE INFORMATION BELOW IS REQUIRED FOR EACH PIECE OF EQUIPMENT.
FOR MULTIPLE UNITS YOU MAY PROVIDE AN EXCEL SPREADSHEET CONTAINING THE REQUIRED INFORMATION)

SECTION 3 – REPLACEMENT VEHICLE INFORMATION

REPLACEMENT VEHICLE		
1. Vehicle Make (if known):	2. Vehicle Model (if known):	
3. Vehicle Model Year:	4. Vehicle GVWR *:	
REPLACEMENT VEHICLE ENGINE		
5. Engine Make (if known):	6. Engine Model (if known):	
7. Engine Model Year:	8. Horsepower Rating (if known):	
9. Fuel Type: <input type="checkbox"/> LNG <input type="checkbox"/> CNG		
10. Engine Family Number (if known):		
REPLACEMENT VEHICLE ACTIVITIES		
11. Will the new replacement vehicle be operated for at least 90% in the cities of San Bernardino, Long Beach and LA and the Boyle Heights neighborhood of LA City?		
12. Estimated percentage of annual miles that were in the Operation in the cities of San Bernardino, Long Beach and LA and the Boyle Heights neighborhood of LA City _____%		
REPLACEMENT VEHICLE DEALER INFORMATION		
1. Vehicle Dealer Name:		
2. Address:		
3. City:	4. State:	5. Zip Code:
6. Contact Name:	7. Contact Title	
8. Phone Number:	9. Fax Number:	10. Email:
REPLACEMENT TRU ENGINE		
1. Engine Make (if known):	2. Engine Model (if known):	
3. Engine Model Year:	4. Horsepower Rating (if known):	
5. Engine Family Number and Tier (if known):		
PROJECT FUNDING		
1. Program Funding Requested: \$ _____		
2. Source(s) and amount of other funding (private, local, other State, Federal)		
3. Purchasing Vehicle with a Lease to Own Program*: <input type="checkbox"/> No <input type="checkbox"/> Yes	4. Indicate if you are requesting: <input type="checkbox"/> Direct payment to vendor <input type="checkbox"/> Reimbursement	
5. Total project cost including Program and non-Program dollars:		

APPLICATION PACKET CHECKLIST

- Completed Application form.
- CARB Executive Order (EO) for the replacement engines' verified emissions (if available).
- Copy of Vehicle Title(s) (if available).
- Copy of current DMV registration.
- Copy of DMV registration for past two years. If two-year registration records are not available, then the applicant must provide a DMV Printout showing the registration history or a minimum of eight months of registration supplemented by alternative documentation (proof of insurance, shipment records, or fuel consumption records) that establishes a pattern of California operation over the last two years.
- Dealer price quote for replacement vehicle and TRU engine.
- Vocation letter (provide a description of type of goods you haul and where you haul these goods).
- Documentation of annual miles traveled and fuel usage for the past two years. Examples of documentation include: maintenance or inspection records with odometer reading, shipment logs, fuel receipts with vehicle identification, etc.
- Verification of GVWR rating for vehicles by providing pictures of the engine tag or manufacturer's specification plate with truck VIN listed.



For additional assistance please contact:
Mei Wang
Technology Advancement Office
South Coast Air Quality Management District
(909) 396-3257

ATTACHMENT B

CERTIFICATIONS AND REPRESENTATIONS



South Coast Air Quality Management District

21865 Copley Drive, Diamond Bar, CA 91765-4178
(909) 396-2000 • www.aqmd.gov

Business Information Request

Dear SCAQMD Contractor/Supplier:

The South Coast Air Quality Management District (SCAQMD) is committed to ensuring that our contractor/supplier records are current and accurate. If your firm is selected for award of a purchase order or contract, it is imperative that the information requested herein be supplied in a timely manner to facilitate payment of invoices. In order to process your payments, we need the enclosed information regarding your account. **Please review and complete the information identified on the following pages, complete the enclosed W-9 form, remember to sign both documents for our files, and return them as soon as possible to the address below:**

**Attention: Accounts Payable, Accounting Department
South Coast Air Quality Management District
21865 Copley Drive
Diamond Bar, CA 91765-4178**

If you do not return this information, we will not be able to establish you as a vendor. This will delay any payments and would still necessitate your submittal of the enclosed information to our Accounting department before payment could be initiated. Completion of this document and enclosed forms would ensure that your payments are processed timely and accurately.

If you have any questions or need assistance in completing this information, please contact Accounting at (909) 396-3777. We appreciate your cooperation in completing this necessary information.

Sincerely,

Michael B. O'Kelly
Chief Financial Officer

DH:tm

Enclosures: Business Information Request
Disadvantaged Business Certification
W-9
Form 590 Withholding Exemption Certificate
Federal Contract Debarment Certification
Campaign Contributions Disclosure
Direct Deposit Authorization

REV 1/15



South Coast Air Quality Management District

21865 Copley Drive, Diamond Bar, CA 91765-4178
(909) 396-2000 • www.aqmd.gov

BUSINESS INFORMATION REQUEST

Business Name	
Division of	
Subsidiary of	
Website Address	
Type of Business <i>Check One:</i>	<input type="checkbox"/> Individual <input type="checkbox"/> DBA, Name _____, County Filed in _____ <input type="checkbox"/> Corporation, ID No. _____ <input type="checkbox"/> LLC/LLP, ID No. _____ <input type="checkbox"/> Other _____

REMITTING ADDRESS INFORMATION

Address			
City/Town			
State/Province		Zip	
Phone	() - Ext	Fax	() -
Contact		Title	
E-mail Address			
Payment Name if Different			

All invoices must reference the corresponding Purchase Order Number(s)/Contract Number(s) if applicable and mailed to:

Attention: Accounts Payable, Accounting Department
South Coast Air Quality Management District
21865 Copley Drive
Diamond Bar, CA 91765-4178

DISADVANTAGED BUSINESS CERTIFICATION

Federal guidance for utilization of disadvantaged business enterprises allows a vendor to be deemed a small business enterprise (SBE), minority business enterprise (MBE) or women business enterprise (WBE) if it meets the criteria below.

- is certified by the Small Business Administration or
- is certified by a state or federal agency or
- is an independent MBE(s) or WBE(s) business concern which is at least 51 percent owned and controlled by minority group member(s) who are citizens of the United States.

Statements of certification:

As a prime contractor to the SCAQMD, _____ (name of business) will engage in good faith efforts to achieve the fair share in accordance with 40 CFR Section 33.301, and will follow the six affirmative steps listed below **for contracts or purchase orders funded in whole or in part by federal grants and contracts.**

1. Place qualified SBEs, MBEs, and WBEs on solicitation lists.
2. Assure that SBEs, MBEs, and WBEs are solicited whenever possible.
3. When economically feasible, divide total requirements into small tasks or quantities to permit greater participation by SBEs, MBEs, and WBEs.
4. Establish delivery schedules, if possible, to encourage participation by SBEs, MBEs, and WBEs.
5. Use services of Small Business Administration, Minority Business Development Agency of the Department of Commerce, and/or any agency authorized as a clearinghouse for SBEs, MBEs, and WBEs.
6. If subcontracts are to be let, take the above affirmative steps.

Self-Certification Verification: Also for use in awarding additional points, as applicable, in accordance with SCAQMD Procurement Policy and Procedure:

Check all that apply:

- Small Business Enterprise/Small Business Joint Venture Women-owned Business Enterprise
 Local business Disabled Veteran-owned Business Enterprise/DVBE Joint Venture
 Minority-owned Business Enterprise

Percent of ownership: _____ %

Name of Qualifying Owner(s): _____

State of California Public Works Contractor Registration No. _____ . MUST BE INCLUDED IF BID PROPOSAL IS FOR PUBLIC WORKS PROJECT.

I, the undersigned, hereby declare that to the best of my knowledge the above information is accurate. Upon penalty of perjury, I certify information submitted is factual.

NAME

TITLE

TELEPHONE NUMBER

DATE

Definitions

Disabled Veteran-Owned Business Enterprise means a business that meets all of the following criteria:

- is a sole proprietorship or partnership of which is at least 51 percent owned by one or more disabled veterans, or in the case of any business whose stock is publicly held, at least 51 percent of the stock is owned by one or more disabled veterans; a subsidiary which is wholly owned by a parent corporation but only if at least 51 percent of the voting stock of the parent corporation is owned by one or more disabled veterans; or a joint venture in which at least 51 percent of the joint venture's management and control and earnings are held by one or more disabled veterans.
- the management and control of the daily business operations are by one or more disabled veterans. The disabled veterans who exercise management and control are not required to be the same disabled veterans as the owners of the business.
- is a sole proprietorship, corporation, partnership, or joint venture with its primary headquarters office located in the United States and which is not a branch or subsidiary of a foreign corporation, firm, or other foreign-based business.

Joint Venture means that one party to the joint venture is a DVBE and owns at least 51 percent of the joint venture. In the case of a joint venture formed for a single project this means that DVBE will receive at least 51 percent of the project dollars.

Local Business means a business that meets all of the following criteria:

- has an ongoing business within the boundary of the SCAQMD at the time of bid application.
- performs 90 percent of the work within SCAQMD's jurisdiction.

Minority-Owned Business Enterprise means a business that meets all of the following criteria:

- is at least 51 percent owned by one or more minority persons or in the case of any business whose stock is publicly held, at least 51 percent of the stock is owned by one or more minority persons.
- is a business whose management and daily business operations are controlled or owned by one or more minority person.
- is a business which is a sole proprietorship, corporation, partnership, joint venture, an association, or a cooperative with its primary headquarters office located in the United States, which is not a branch or subsidiary of a foreign corporation, foreign firm, or other foreign business.

"Minority" person means a Black American, Hispanic American, Native American (including American Indian, Eskimo, Aleut, and Native Hawaiian), Asian-Indian American (including a person whose origins are from India, Pakistan, or Bangladesh), Asian-Pacific American (including a person whose origins are from Japan, China, the Philippines, Vietnam, Korea, Samoa, Guam, the United States Trust Territories of the Pacific, Northern Marianas, Laos, Cambodia, or Taiwan).

Small Business Enterprise means a business that meets the following criteria:

- a. 1) an independently owned and operated business; 2) not dominant in its field of operation; 3) together with affiliates is either:
 - **A service, construction, or non-manufacturer with 100 or fewer employees, and average annual gross receipts of ten million dollars (\$10,000,000) or less over the previous three years, or**
 - A manufacturer with 100 or fewer employees.
- b. Manufacturer means a business that is both of the following:
 - 1) Primarily engaged in the chemical or mechanical transformation of raw materials or processed substances into new products.
 - 2) Classified between Codes 311000 to 339000, inclusive, of the North American Industrial Classification System (NAICS) Manual published by the United States Office of Management and Budget, 2007 edition.

Small Business Joint Venture means that one party to the joint venture is a Small Business and owns at least 51 percent of the joint venture. In the case of a joint venture formed for a single project this means that the Small Business will receive at least 51 percent of the project dollars.

Women-Owned Business Enterprise means a business that meets all of the following criteria:

- is at least 51 percent owned by one or more women or in the case of any business whose stock is publicly held, at least 51 percent of the stock is owned by one or more women.
- is a business whose management and daily business operations are controlled or owned by one or more women.
- is a business which is a sole proprietorship, corporation, partnership, or a joint venture, with its primary headquarters office located in the United States, which is not a branch or subsidiary of a foreign corporation, foreign firm, or other foreign business.

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States:

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),

3. The IRS tells the requester that you furnished an incorrect TIN,

4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code* on page 3 and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships* above.

What is FATCA reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code* on page 3 and the Instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account, list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note. ITIN applicant: Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C Corporation, or S Corporation.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

Line 3

Check the appropriate box in line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box in line 3.

Limited Liability Company (LLC). If the name on line 1 is an LLC treated as a partnership for U.S. federal tax purposes, check the "Limited Liability Company" box and enter "P" in the space provided. If the LLC has filed Form 8832 or 2553 to be taxed as a corporation, check the "Limited Liability Company" box and in the space provided enter "C" for C corporation or "S" for S corporation. If it is a single-member LLC that is a disregarded entity, do not check the "Limited Liability Company" box; instead check the first box in line 3 "Individual/sole proprietor or single-member LLC."

Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space in line 4 any code(s) that may apply to you.

Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2—The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8—A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10—A common trust fund operated by a bank under section 584(a)
- 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 5 ²
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.

² However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

- A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)
- B—The United States or any of its agencies or instrumentalities
- C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)
- E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)
- F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state
- G—A real estate investment trust
- H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940
- I—A common trust fund as defined in section 584(a)
- J—A bank as defined in section 581
- K—A broker
- L—A trust exempt from tax under section 664 or described in section 4947(a)(1)
- M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

Note. You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns.

Line 6

Enter your city, state, and ZIP code.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on this page), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note. See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at www.ssa.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/businesses and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting IRS.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note. Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, or 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code* earlier.

Signature requirements. Complete the certification as indicated in items 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor ²
4. a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law	The grantor-trustee ¹ The actual owner ¹
5. Sole proprietorship or disregarded entity owned by an individual	The owner ¹
6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The grantor ¹
For this type of account:	Give name and EIN of:
7. Disregarded entity not owned by an individual	The owner
8. A valid trust, estate, or pension trust	Legal entity ¹
9. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
10. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
11. Partnership or multi-member LLC	The partnership
12. A broker or registered nominee	The broker or nominee
13. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))	The trust

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴ List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 2.

*Note. Grantor also must provide a Form W-9 to trustee of trust.

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Publication 4535, Identity Theft Prevention and Victim Assistance.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: spam@uce.gov or contact them at www.ftc.gov/idtheft or 1-877-IDTHEFT (1-877-438-4338).

Visit IRS.gov to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

2015 Withholding Exemption Certificate

590

The payee completes this form and submits it to the withholding agent.

Withholding Agent (Type or print)

Name

Payee

Name

SSN or ITIN FEIN CA Corp no. CA SOS file no.

Address (apt./ste., room, PO Box, or PMB no.)

City (If you have a foreign address, see instructions.)

State

ZIP Code

Exemption Reason

Check only one reason box below that applies to the payee.

By checking the appropriate box below, the Payee certifies the reason for the exemption from the California income tax withholding requirements on payment(s) made to the entity or individual.

Individuals — Certification of Residency:

I am a resident of California and I reside at the address shown above. If I become a nonresident at any time, I will promptly notify the withholding agent. See instructions for General Information D, Definitions.

Corporations:

The corporation has a permanent place of business in California at the address shown above or is qualified through the California Secretary of State (SOS) to do business in California. The corporation will file a California tax return. If this corporation ceases to have a permanent place of business in California or ceases to do any of the above, I will promptly notify the withholding agent. See instructions for General Information D, Definitions.

Partnerships or Limited Liability Companies (LLCs):

The partnership or LLC has a permanent place of business in California at the address shown above or is registered with the California SOS, and is subject to the laws of California. The partnership or LLC will file a California tax return. If the partnership or LLC ceases to do any of the above, I will promptly inform the withholding agent. For withholding purposes, a limited liability partnership (LLP) is treated like any other partnership.

Tax-Exempt Entities:

The entity is exempt from tax under California Revenue and Taxation Code (R&TC) Section 23701 _____ (insert letter) or Internal Revenue Code Section 501(c) _____ (insert number). If this entity ceases to be exempt from tax, I will promptly notify the withholding agent. Individuals cannot be tax-exempt entities.

Insurance Companies, Individual Retirement Arrangements (IRAs), or Qualified Pension/Profit Sharing Plans:

The entity is an insurance company, IRA, or a federally qualified pension or profit-sharing plan.

California Trusts:

At least one trustee and one noncontingent beneficiary of the above-named trust is a California resident. The trust will file a California fiduciary tax return. If the trustee or noncontingent beneficiary becomes a nonresident at any time, I will promptly notify the withholding agent.

Estates — Certification of Residency of Deceased Person:

I am the executor of the above-named person's estate or trust. The decedent was a California resident at the time of death. The estate will file a California fiduciary tax return.

Nonmilitary Spouse of a Military Servicemember:

I am a nonmilitary spouse of a military servicemember and I meet the Military Spouse Residency Relief Act (MSRRA) requirements. See instructions for General Information E, MSRRA.

CERTIFICATE OF PAYEE: Payee must complete and sign below.

Under penalties of perjury, I hereby certify that the information provided in this document is, to the best of my knowledge, true and correct. If conditions change, I will promptly notify the withholding agent.

Payee's name and title (type or print) _____ Telephone (____) _____

Payee's signature ► _____ Date _____

2015 Instructions for Form 590

Withholding Exemption Certificate

References in these instructions are to the California Revenue and Taxation Code (R&TC).

General Information

Registered Domestic Partners (RDP) – For purposes of California income tax, references to a spouse, husband, or wife also refer to a Registered Domestic Partner (RDP) unless otherwise specified. For more information on RDPs, get FTB Pub. 737, Tax Information for Registered Domestic Partners.

A Purpose

Use Form 590, Withholding Exemption Certificate, to certify an exemption from nonresident withholding.

Form 590 does not apply to payments of backup withholding. For information on California backup withholding, go to ftb.ca.gov and search for **backup withholding**.

Form 590 does not apply to payments for wages to employees. Wage withholding is administered by the California Employment Development Department (EDD). For more information, go to edd.ca.gov or call 888.745.3886.

Do not use Form 590 to certify an exemption from withholding if you are a Seller of California real estate. Sellers of California real estate use Form 593-C, Real Estate Withholding Certificate, to claim an exemption from real estate withholding.

The following are excluded from withholding and completing this form:

- The United States and any of its agencies or instrumentalities.
- A state, a possession of the United States, the District of Columbia, or any of its political subdivisions or instrumentalities.
- A foreign government or any of its political subdivisions, agencies, or instrumentalities.

B Income Subject to Withholding

California Revenue and Taxation Code (R&TC) Section 18662 requires withholding of income or franchise tax on payments of California source income made to nonresidents of California.

Withholding is required on the following, but is not limited to:

- Payments to nonresidents for services rendered in California.
- Distributions of California source income made to domestic nonresident partners, members, and S corporation shareholders and allocations of California source income made to foreign partners and members.
- Payments to nonresidents for rents if the payments are made in the course of the withholding agent's business.

- Payments to nonresidents for royalties from activities sourced to California.
- Distributions of California source income to nonresident beneficiaries from an estate or trust.
- Endorsement payments received for services performed in California.
- Prizes and winnings received by nonresidents for contests in California.

However, withholding is optional if the total payments of California source income are \$1,500 or less during the calendar year.

For more information on withholding get FTB Pub. 1017, Resident and Nonresident Withholding Guidelines. To get a withholding publication, see Additional Information.

C Who Certifies this Form

Form 590 is certified by the payee. California residents or entities exempt from the withholding requirement should complete Form 590 and submit it to the withholding agent before payment is made. The withholding agent is then relieved of the withholding requirements if the agent relies in good faith on a completed and signed Form 590 unless notified by the Franchise Tax Board (FTB) that the form should not be relied upon.

An incomplete certificate is invalid and the withholding agent should not accept it. If the withholding agent receives an incomplete certificate, the withholding agent is required to withhold tax on payments made to the payee until a valid certificate is received. In lieu of a completed certificate on the preprinted form, the withholding agent may accept as a substitute certificate a letter from the payee explaining why the payee is not subject to withholding. The letter must contain all the information required on the certificate in similar language, including the under penalty of perjury statement and the payee's taxpayer identification number. The withholding agent must retain a copy of the certificate or substitute for at least four years after the last payment to which the certificate applies, and provide it upon request to the FTB.

For example, if an entertainer (or the entertainer's business entity) is paid for a performance, the entertainer's information must be provided. **Do not** submit the entertainer's agent or promoter information.

The grantor of a grantor trust shall be treated as the payee for withholding purposes. Therefore, if the payee is a grantor trust and one or more of the grantors is a nonresident, withholding is required. If all of the grantors on the trust are residents, no withholding is required. Resident grantors can check the box on Form 590 labeled "Individuals — Certification of Residency."

D Definitions

For California non-wage withholding purposes, **nonresident** includes all of the following:

- Individuals who are not residents of California.
- Corporations not qualified through the California Secretary of State (CA SOS) to do business in California or having no permanent place of business in California.
- Partnerships or limited liability companies (LLCs) with no permanent place of business in California.
- Any trust without a resident grantor, beneficiary, or trustee, or estates where the decedent was not a California resident.

Foreign refers to non-U.S.

For more information about determining resident status, get FTB Pub. 1031, Guidelines for Determining Resident Status. Military servicemembers have special rules for residency. For more information, get FTB Pub. 1032, Tax Information for Military Personnel.

Permanent Place of Business:

A corporation has a permanent place of business in California if it is organized and existing under the laws of California or if it is a foreign corporation qualified to transact intrastate business by the CA SOS. A corporation that has not qualified to transact intrastate business (e.g., a corporation engaged exclusively in interstate commerce) will be considered as having a permanent place of business in California only if it maintains a permanent office in California that is permanently staffed by its employees.

E Military Spouse Residency Relief Act (MSRRA)

Generally, for tax purposes you are considered to maintain your existing residence or domicile. If a military servicemember and nonmilitary spouse have the same state of domicile, the MSRRA provides:

- A spouse shall not be deemed to have lost a residence or domicile in any state solely by reason of being absent to be with the servicemember serving in compliance with military orders.
- A spouse shall not be deemed to have acquired a residence or domicile in any other state solely by reason of being there to be with the servicemember serving in compliance with military orders.

Domicile is defined as the one place:

- Where you maintain a true, fixed, and permanent home.
- To which you intend to return whenever you are absent.

A military servicemember's nonmilitary spouse is considered a nonresident for tax purposes if the servicemember and spouse have the same domicile outside of California and the spouse is in California solely to be with the servicemember who is serving in compliance with Permanent Change of Station orders.

California may require nonmilitary spouses of military servicemembers to provide proof that they meet the criteria for California personal income tax exemption as set forth in the MSRRA.

Income of a military servicemember's nonmilitary spouse for services performed in California is not California source income subject to state tax if the spouse is in California to be with the servicemember serving in compliance with military orders, and the servicemember and spouse have the same domicile in a state other than California.

For additional information or assistance in determining whether the applicant meets the MSRRA requirements, get FTB Pub. 1032.

Specific Instructions

Payee Instructions

Enter the withholding agent's name.

Enter the payee's information, including the taxpayer identification number (TIN) and check the appropriate TIN box.

You must provide an acceptable TIN as requested on this form. The following are acceptable TINs: social security number (SSN); individual taxpayer identification number (ITIN); federal employer identification number (FEIN); California corporation number (CA Corp no.); or CA SOS file number.

Private Mail Box (PMB) – Include the PMB in the address field. Write "PMB" first, then the box number. Example: 111 Main Street PMB 123.

Foreign Address – Enter the information in the following order: City, Country, Province/Region, and Postal Code. Follow the country's practice for entering the postal code. **Do not** abbreviate the country's name.

Check the box that reflects the reason why the payee is exempt from the California income tax withholding requirement.

Withholding Agent Instructions

Keep Form 590 for your records. **Do not** send this form to the FTB unless it has been specifically requested.

For more information, contact Withholding Services and Compliance, see Additional Information.

The payee must notify the withholding agent if any of the following situations occur:

- The individual payee becomes a nonresident.
- The corporation ceases to have a permanent place of business in California or ceases to be qualified to do business in California.
- The partnership ceases to have a permanent place of business in California.
- The LLC ceases to have a permanent place of business in California.
- The tax-exempt entity loses its tax-exempt status.

If any of these situations occur, then withholding may be required. For more information, get Form 592, Resident and Nonresident Withholding Statement, Form 592-B, Resident and Nonresident Withholding Tax Statement, and Form 592-V, Payment Voucher for Resident and Nonresident Withholding.

Additional Information

For additional information or to speak to a representative regarding this form, call the Withholding Services and Compliance telephone service at:

Telephone: **888.792.4900**
916.845.4900

Fax: 916.845.9512

OR write to:

WITHHOLDING SERVICES AND
COMPLIANCE MS F182
FRANCHISE TAX BOARD
PO BOX 942867
SACRAMENTO CA 94267-0651

You can download, view, and print California tax forms and publications at ftb.ca.gov.

OR to get forms by mail write to:

TAX FORMS REQUEST UNIT
FRANCHISE TAX BOARD
PO BOX 307
RANCHO CORDOVA CA 95741-0307

For all other questions unrelated to withholding or to access the TTY/TDD numbers, see the information below.

Internet and Telephone Assistance

Website: ftb.ca.gov

Telephone: 800.852.5711 from within the United States
916.845.6500 from outside the United States

TTY/TDD: 800.822.6268 for persons with hearing or speech impairments

Asistencia Por Internet y Teléfono

Sitio web: ftb.ca.gov

Teléfono: 800.852.5711 dentro de los Estados Unidos
916.845.6500 fuera de los Estados Unidos

TTY/TDD: 800.822.6268 para personas con discapacidades auditivas o del habla

Certification Regarding Debarment, Suspension, and Other Responsibility Matters

The prospective participant certifies to the best of its knowledge and belief that it and the principals:

- (a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
- (b) Have not within a three year period preceding this proposal been convicted of or had a civil judgement rendered against them or commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction: violation of Federal or State antitrust statute or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- (c) Are not presently indicted for or otherwise criminally or civilly charged by a government entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (b) of this certification; and
- (d) Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause or default.

I understand that a false statement on this certification may be grounds for rejection of this proposal or termination of the award. In addition, under 18 USC Sec. 1001, a false statement may result in a fine of up to \$10,000 or imprisonment for up to 5 years, or both.

Typed Name & Title of Authorized Representative

Signature of Authorized Representative Date

I am unable to certify to the above statements. My explanation is attached.

EPA Form 5700-49 (11-88)



CAMPAIGN CONTRIBUTIONS DISCLOSURE

In accordance with California law, bidders and contracting parties are required to disclose, at the time the application is filed, information relating to any campaign contributions made to South Coast Air Quality Management District (SCAQMD) Board Members or members/alternates of the MSRC, including: the name of the party making the contribution (which includes any parent, subsidiary or otherwise related business entity, as defined below), the amount of the contribution, and the date the contribution was made. 2 C.C.R. §18438.8(b).

California law prohibits a party, or an agent, from making campaign contributions to SCAQMD Governing Board Members or members/alternates of the Mobile Source Air Pollution Reduction Review Committee (MSRC) of more than \$250 while their contract or permit is pending before the SCAQMD; and further prohibits a campaign contribution from being made for three (3) months following the date of the final decision by the Governing Board or the MSRC on a donor's contract or permit. Gov't Code §84308(d). For purposes of reaching the \$250 limit, the campaign contributions of the bidder or contractor plus contributions by its parents, affiliates, and related companies of the contractor or bidder are added together. 2 C.C.R. §18438.5.

In addition, SCAQMD Board Members or members/alternates of the MSRC must abstain from voting on a contract or permit if they have received a campaign contribution from a party or participant to the proceeding, or agent, totaling more than \$250 in the 12-month period prior to the consideration of the item by the Governing Board or the MSRC. Gov't Code §84308(c).

The list of current SCAQMD Governing Board Members can be found at the SCAQMD website (www.aqmd.gov). The list of current MSRC members/alternates can be found at the MSRC website (<http://www.cleantransportationfunding.org>).

SECTION I.

Contractor (Legal Name): _____

DBA, Name _____, County Filed in _____ Corporation, ID No. _____ LLC/LLP, ID No. _____
--

List any parent, subsidiaries, or otherwise affiliated business entities of Contractor:
(See definition below).

SECTION II.

Has Contractor and/or any parent, subsidiary, or affiliated company, or agent thereof, made a campaign contribution(s) totaling \$250 or more in the aggregate to a current member of the South Coast Air Quality Management Governing Board or member/alternate of the MSRC in the 12 months preceding the date of execution of this disclosure?

Yes No **If YES, complete Section II below and then sign and date the form. If NO, sign and date below. Include this form with your submittal.**

Campaign Contributions Disclosure, continued:

Name of Contributor _____

Governing Board Member or MSRC Member/Alternate	Amount of Contribution	Date of Contribution
---	------------------------	----------------------

Name of Contributor _____

Governing Board Member or MSRC Member/Alternate	Amount of Contribution	Date of Contribution
---	------------------------	----------------------

Name of Contributor _____

Governing Board Member or MSRC Member/Alternate	Amount of Contribution	Date of Contribution
---	------------------------	----------------------

Name of Contributor _____

Governing Board Member or MSRC Member/Alternate	Amount of Contribution	Date of Contribution
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I declare the foregoing disclosures to be true and correct.

By: _____

Title: _____

Date: _____

DEFINITIONS

Parent, Subsidiary, or Otherwise Related Business Entity (2 Cal. Code of Regs., §18703.1(d).)

- (1) Parent subsidiary. A parent subsidiary relationship exists when one corporation directly or indirectly owns shares possessing more than 50 percent of the voting power of another corporation.
- (2) Otherwise related business entity. Business entities, including corporations, partnerships, joint ventures and any other organizations and enterprises operated for profit, which do not have a parent subsidiary relationship are otherwise related if any one of the following three tests is met:
 - (A) One business entity has a controlling ownership interest in the other business entity.
 - (B) There is shared management and control between the entities. In determining whether there is shared management and control, consideration should be given to the following factors:
 - (i) The same person or substantially the same person owns and manages the two entities;
 - (ii) There are common or commingled funds or assets;
 - (iii) The business entities share the use of the same offices or employees, or otherwise share activities, resources or personnel on a regular basis;
 - (iv) There is otherwise a regular and close working relationship between the entities; or
 - (C) A controlling owner (50% or greater interest as a shareholder or as a general partner) in one entity also is a controlling owner in the other entity.



South Coast Air Quality Management District

21865 Copley Drive, Diamond Bar, CA 91765-4178
(909) 396-2000 • www.aqmd.gov

Direct Deposit Authorization

STEP 1: Please check all the appropriate boxes

- | | |
|--|--|
| <input type="checkbox"/> Individual (Employee, Governing Board Member) | <input type="checkbox"/> New Request |
| <input type="checkbox"/> Vendor/Contractor | <input type="checkbox"/> Cancel Direct Deposit |
| <input type="checkbox"/> Changed Information | |

STEP 2: Payee Information

Last Name		First Name		Middle Initial	Title
Vendor/Contractor Business Name (if applicable)					
Address				Apartment or P.O. Box Number	
City		State	Zip	Country	
Taxpayer ID Number		Telephone Number		Email Address	

Authorization

- I authorize South Coast Air Quality Management District (SCAQMD) to direct deposit funds to my account in the financial institution as indicated below. I understand that the authorization may be rejected or discontinued by SCAQMD at any time. If any of the above information changes, I will promptly complete a new authorization agreement. If the direct deposit is not stopped before closing an account, funds payable to me will be returned to SCAQMD for distribution. This will delay my payment.
- This authorization remains in effect until SCAQMD receives written notification of changes or cancellation from you.
- I hereby release and hold harmless SCAQMD for any claims or liability to pay for any losses or costs related to insufficient fund transactions that result from failure within the Automated Clearing House network to correctly and timely deposit monies into my account.

STEP 3:

You must verify that your bank is a member of an Automated Clearing House (ACH). Failure to do so could delay the processing of your payment. You must attach a voided check or have your bank complete the bank information and the account holder must sign below.

To be Completed by your Bank

Staple Voided Check Here	Name of Bank/Institution				
	Account Holder Name(s)				
	<input type="checkbox"/> Saving <input type="checkbox"/> Checking		Account Number		Routing Number
	Bank Representative Printed Name		Bank Representative Signature		Date
	ACCOUNT HOLDER SIGNATURE:				Date