

# CARL MOYER COMMERCIAL LAWN & GARDEN PROGRAM VOUCHER APPLICATION FORM

The goal of the Carl Moyer Commercial Lawn & Garden Program is to provide vouchers to businesses and organizations to help offset the cost of new, zero-emission lawn and garden equipment while replacing older combustion equipment. This voucher application form can be used for replacement projects in **Butte, Glenn, Placer, Solano (within Yolo-Solano AQMD), Sutter, Yolo, and Yuba Counties** while funding lasts.

## **WHO CAN APPLY?**

Businesses that provide landscape maintenance services for residential, commercial, institutional, and public properties.

Public agencies, businesses, and non-profit entities that conduct commercial-scale landscaping activities on their properties.

Public agencies, businesses, and non-profit entities conducting forest management, land management, and fire hazard reduction activities.

Residential use is not eligible through this Commercial Lawn & Garden Program.

## **WHAT ARE THE VOUCHER AMOUNTS?**

Equipment Type	Maximum Voucher Amount*
Chainsaws, Polesaws, Trimmers, Edgers, & Brushcutters Including charging cable & additional batteries	<b>\$700</b>
Leaf Blowers & Vacuums Including charging cable & additional batteries	<b>\$1,400</b>
Walk Behind Lawn Mowers Including charging cable & additional batteries	<b>\$1,500</b>
Ride-on or Stand/Sit Mowers Including charging cable & additional batteries	<b>\$15,000</b>

Total funding will be limited to \$40,000 per entity for each Program year.

\*Maximum voucher amount not to exceed total cost of eligible purchase including taxes, fees, charging cord, and additional batteries.

## **IMPORTANT PROGRAM REQUIREMENTS**

- Older equipment must be owned and operated by the applicant and must still be operational.
- Replacement equipment must be new, cordless, zero-emission, and serve the same function as the older equipment being replaced.

- Retroactive purchases are not allowed. Vouchers can only be redeemed with Participating Merchants.

**HOW TO APPLY**

- Complete & sign this application form.
- Include a photo of existing combustion equipment & engine plate (if available).
- Business License (if required by your local jurisdiction i.e. city or county) and/or IRS Form W-9 for Business or Organization.
- Submit the application form to your local Air District.

All sections of the Voucher Application Form (pages 3 and 4) must be completed. A copy should be retained by the Applicant for their records. The voucher program is not responsible for materials lost by mail. Please review the program terms prior to signing below. Submit your completed application with attachments by email, mail, or hand delivery to the Air District where the equipment is primarily used.

County	Air District	Mailing Address	City, ZIP	Email
Butte	Butte County AQMD	629 Entler Avenue #15	Chico, 95928	<a href="mailto:jmandly@bcaqmd.org">jmandly@bcaqmd.org</a>
Glenn	Glenn County APCD	720 N Colusa Street	Willows, 95988	<a href="mailto:asmith@countyofglenn.net">asmith@countyofglenn.net</a>
Placer, Yolo, Solano (partial)	Yolo-Solano AQMD	1947 Galileo Court, Suite 103	Davis, 95618	<a href="mailto:grants@ysaqmd.org">grants@ysaqmd.org</a>
Sutter and Yuba	Feather River AQMD	541 Washington Avenue	Yuba City, 95991	<a href="mailto:pangelonides@fragmd.org">pangelonides@fragmd.org</a>

**VOUCHER APPLICATION FORM**

**Applicant Information:**

Business / Organization Name (as it appears on IRS Form W-9) \_\_\_\_\_ Employer/Tax Identification Number \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Physical Address (if different) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

General Locations of Equipment Use (Counties, Cities, etc.) \_\_\_\_\_

Primary Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Existing Equipment to be Replaced:**

<input type="checkbox"/> Chainsaw/Polesaw <input type="checkbox"/> Trimmer <input type="checkbox"/> Brushcutter <input type="checkbox"/> Leaf Blower/Vacuum <input type="checkbox"/> Walk-Behind Mower <input type="checkbox"/> Ride-On/Stand Mower		
Manufacturer _____	Model Year (if known) _____	Engine Family (on engine plate) _____

<input type="checkbox"/> Chainsaw/Polesaw <input type="checkbox"/> Trimmer <input type="checkbox"/> Brushcutter <input type="checkbox"/> Leaf Blower/Vacuum <input type="checkbox"/> Walk-Behind Mower <input type="checkbox"/> Ride-On/Stand Mower		
Manufacturer _____	Model Year (if known) _____	Engine Family (on engine plate) _____

<input type="checkbox"/> Chainsaw/Polesaw <input type="checkbox"/> Trimmer <input type="checkbox"/> Brushcutter <input type="checkbox"/> Leaf Blower/Vacuum <input type="checkbox"/> Walk-Behind Mower <input type="checkbox"/> Ride-On/Stand Mower		
Manufacturer _____	Model Year (if known) _____	Engine Family (on engine plate) _____

<input type="checkbox"/> Chainsaw/Polesaw <input type="checkbox"/> Trimmer <input type="checkbox"/> Brushcutter <input type="checkbox"/> Leaf Blower/Vacuum <input type="checkbox"/> Walk-Behind Mower <input type="checkbox"/> Ride-On/Stand Mower		
Manufacturer _____	Model Year (if known) _____	Engine Family (on engine plate) _____

Use additional forms if needed for additional equipment.

Application continues on next page...

<b>District Use Only</b>	
Date Received: _____	Eligibility Verified By: _____
	Date: _____

**VOUCHER APPLICATION FORM (continued)**

**Total Number of New Equipment Requested By Category:**

Chainsaws/Polesaws: \_\_\_\_\_ Trimmers: \_\_\_\_\_ Edgers: \_\_\_\_\_ Brushcutters: \_\_\_\_\_

Leaf Blowers/Vacuums: \_\_\_\_\_ Walk-Behind Mowers: \_\_\_\_\_ Ride-On/Standing Mowers: \_\_\_\_\_

**Co-Funding Disclosure:**

Please list any other financial incentives, including tax credits or deductions, grants, or other public financial assistance for the proposed purchase of replacement lawn & garden equipment:

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**APPLICANT CERTIFICATION:**

I certify the following:

- a. The business or organization completing this application resides in the State of California. A business resides in California if its principal place of business is physically located in California.
- b. The existing lawn & garden equipment to be replaced is currently owned and operated by the applicant, is operational, and has been owned and operated by the applicant for at least two years.
- c. The business or organization applying for voucher funding intends to own and operate the new, cordless zero-emission electric lawn & garden equipment in California for a minimum of 36 months and is not acquiring the replacement lawn & garden equipment for resale.
- d. The business or organization applying for voucher funding has disclosed all additional co-funding sources and discounts that will be applied to this purchase.
- e. The business or organization applying for voucher funding has not purchased replacement equipment that they are seeking funding for prior to applying to this program.
- f. I understand that if I qualify, I will receive a voucher for each eligible piece of equipment and a current list of Participating Merchants who will honor the voucher if it is submitted by the expiration date written on the voucher.
- g. I understand that I must receive an approved program voucher from the Air District prior to purchasing the new equipment or destroying the old equipment.
- h. I understand that an incomplete or illegible application may be immediately rejected, and I will be notified.
- i. I understand as an applicant that incentive programs have limited funds and shall terminate upon depletion of program funding.
- j. I understand that the existing combustion equipment must be surrendered to the Participating Merchant in operational condition within 30 days of the purchase of new equipment.
- k. I understand that I am responsible to pay the Participating Merchant for the purchase price of new equipment, less the voucher amount.
- l. The Air District issuing the voucher does not warranty any equipment purchased under this voucher program, including, but not limited to, the quality or functionality of the lawn & garden equipment.
- m. Applications will be treated in accordance with Public Records Act requirements. Certain information, subject to those requirements, may be publicly disclosed.

The information provided in this application is true and correct and meets the minimum requirements of the Carl Moyer Commercial Lawn and Garden program.

**Applicant Name (Print):** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_