

APPENDIX A

Application

Hybrid and Zero-Emission Truck and Bus Voucher  
Incentive Project (HVIP)



**Attachment 1: MSCD/ISB-097 AQIP/LCTI APPLICATION**

Please fill out and submit as a part of this application the MSCD/ISB-097 AQIP/LCTI Application:

[https://ww2.arb.ca.gov/sites/default/files/2019-09/mscd\\_isb\\_097\\_aqip\\_lcti\\_application.pdf](https://ww2.arb.ca.gov/sites/default/files/2019-09/mscd_isb_097_aqip_lcti_application.pdf)

## Attachment 2: APPLICANT GENERAL QUALIFICATIONS

1. Qualifications Narrative (No more than two pages) Provide an attachment describing your experience and expertise in the following categories and describe how it will enable you to efficiently and effectively implement the Hybrid and Zero-Emission Truck and Bus Voucher Incentive Project (HVIP). Include a copy of any applicable required licenses or verification documentation (for example, for a non-profit organization, copy your organization's Internal Revenue Service determination letter)
  - a. Development of similar incentive projects (such as developing tools, processes, materials, etc.).
  - b. Day-to-day implementation of similar incentive projects.
  - c. Performance of administrative tasks necessary to successfully run and oversee similar incentive projects.
  - d. Coordination with equipment purchasers and lessees, equipment manufacturers, vendors, and other stakeholders (such as outreach efforts, working with the aforementioned stakeholders, etc.)
2. Applicant must include the following certification with the Qualifications Narrative, signed and dated by a person with authority to make such a certification on behalf of the Grant Applicant:

I certify, under penalty of perjury, that I have examined and am familiar with the information, statements, representations and conclusions made in the enclosed Grant Application, including all attachments thereto. Based on my inquiry of those individuals with primary responsibility for obtaining the information, I certify that the statements, representations, conclusions and information are true, accurate, and complete. I am aware that there are significant penalties for knowingly submitting false statements, claims or information to the State of California, including the possibility of criminal sanctions.

Signature:       XXX

Name:            XXX

Title:             XXX

Date:             XXX

**Attachment 3: MSCD/ISB-188 APPLICANT INFORMATION**

Please fill out and submit as a part of this application the MSCD/ISB-188 Applicant Information:

[https://ww2.arb.ca.gov/sites/default/files/2019-10/mscd\\_isb\\_188\\_applicant\\_information.pdf](https://ww2.arb.ca.gov/sites/default/files/2019-10/mscd_isb_188_applicant_information.pdf)

## **Attachment 4: PROPOSED BUDGET**

Applicants must identify their proposed budget for completing the tasks of HVIP consistent with the Implementation Manual and Sample Grant Agreement, for the FY 2022-23 HVIP, their Project Implementation Plan (included as part of the application) and the requirements of this solicitation. The budget must include the total voucher processing fee requested, which shall include costs to cover implementation of tasks for FY 2022-23, the closeout of FY 2021-22, the beginning of FY 2023-24, and costs to transfer all project data and website(s) to the next administrator. The voucher processing fee shall include a description of any applicable commitments for in-kind services and match funding. The voucher processing fee shall not exceed 5 percent of the total project funding (Note: any applications that are greater than 5 percent will be disqualified). For a complete description of voucher processing fees, (see Section I of the Sample Grant Agreement).

In-kind services refer to goods or services contributed by the Grantee to manage the project but not charged to HVIP, which help to more effectively and efficiently meet the goals of the program. Please be as specific as possible when describing in-kind contributions (i.e. itemize staff time, infrastructure, or other costs that are being committed). In-kind contributions provided in the form of outreach efforts must be appropriate for a statewide voucher. In-kind contributions committed in this application must be documented by the Grantee in the HVIP Final Report (See Appendix B: Sample Grant Agreement, Section L(2)). In-kind contributions do not include services already committed to another project (such as a similar federally-funded project).

Match funding refers to funds contributed by the Grantee to HVIP to fund additional eligible vehicles or equipment. Match funding does not include funding provided by the applicant for other similar incentive projects or programs. An applicant may propose that match funding be used to fund only eligible vehicles in a specific region (such as a county or air district). The applicant must include a letter describing and authorizing any proposed match funding commitment as part of this application. External projects or project elements, such as federally funded project, proposed as match must be central to the applicant proposal and be included in the proposed project budget. See Appendix B: Sample Grant Agreement, Section I(10) for a more detailed description of Match Funding.

Applicants may use the Sample Proposed Budget, below, to summarize their proposed budget.

#### 4-1: Sample Proposed Budget

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

Position	Hourly rate	Hours	Grant	Match Funding		Total
			CARB	Cash	In-Kind	
<b>Direct Costs</b>						
Program Manager			\$			
Project Manager						
Technician				\$	\$	
Accountant				\$	\$	
Clerical				\$	\$	
<b>Direct Labor Subtotal</b>			\$	\$	\$	\$
<b>Indirect Costs</b>						
Overhead Rate	N/A					
Fringe Benefits	N/A					
Indirect Costs Total	N/A					
<b>Indirect Costs Subtotal</b>						
<b>Direct Costs (Except Labor)</b>						
Travel Costs						
Equipment and Supplies (Itemized)						
Other Direct Costs (Itemized)						
<b>Direct Costs Subtotal</b>						
<b>Total</b>						
				% of total		
Total Grant Request to CARB			\$			
Administration Portion of Request			\$			
Cash Match			\$			
In-Kind Match			\$			

## Attachment 5: PROJECT IMPLEMENTATION PLAN

Please provide your Project Implementation Plan for completing key tasks required of the HVIP Grantee, as outlined in Appendix B: Sample Grant Agreement. The Project Implementation Plan should be no longer than sixteen pages and must contain a clear and concise description of how the Grantee will complete key tasks. Where applicable, also provide examples of success in completing similar tasks. The Project Implementation Plan should address all tasks described under the Scope of Work (see Solicitation, Section VII) and any other tasks required to successfully implement HVIP. The Project Implementation Plan should also include, but is not limited to, the following:

1. Project Executive Summary for Public Posting

The Project Executive Summary must contain a summary of the proposed project and a narrative that presents a clear and concise description of project implementation, including a discussion of how tasks will be completed and project flow.

The Project Executive Summary is a self-contained document that identifies the name of the applicant, the project title, the scope and objectives of the project, a description of the project, methods to be employed in implementing the project, the potential benefits and outcomes of the project, major participants, and the requested program implementation funding amount. It should not include information that is not addressed in the rest of the proposal. This document must not include any proprietary or sensitive business information, or other confidential information, as it may be made available to the public. The project summary must not exceed one page when printed using standard 8.5" by 11" paper with a minimum of 1" margins (top, bottom, left, and right) and font not smaller than 11 point.

The Project Executive Summary will be publicly posted on CARB's website at least ten days before CARB preliminarily selects applicants as Grantees. Please note that CARB may, at its sole discretion, modify the Project Executive Summary for Public Posting to accurately present the required project information in line with how that information is presented throughout the project application.

2. Project Implementation Plan. Provide a complete plan for implementation of the project, detailing how you will accomplish all tasks within the scope of work (see Solicitation, Section VII). The Project Implementation Plan shall include:
  - a. Flow charts of administering processes;
  - b. Discussion of how you will complete the work in a timely manner; expend the grant funds by the end of the grant term of March 30, 2027
  - c. Description of the long-term vision or goals for sustaining the program into the future;

- d. A public outreach plan identifying how you will promote the use of eligible vehicle technology across the State, including within disadvantaged communities in the State (as defined in the most recent CalEnviroScreen version).
- e. A plan describing how you will provide outreach and support targeted to small fleets and independent owner operators.
- f. Description of the process for developing and implementing CARB's Critical Project Review meetings for technical projects;
- g. Description of the proposed content and format of your quarterly reports and final report;
- h. Description of accounting procedures for tracking expenditures;
- i. A records retention plan; and
- j. A project transfer plan.



## **Attachment 6: APPLICANT RESOURCES TO IMPLEMENT THE PROJECT**

In no more than one page, please identify the staff, infrastructure, funding, and other resources you have available and will utilize to effectively and efficiently implement HVIP.

Personnel costs, fringe benefit costs, operating expenses, travel, including rent and supplies, equipment costs, overhead, records retention, and any other costs needed to implement the project should be detailed in your Proposed Budget. (See Attachment 4.)

## **Attachment 7: CONFLICT OF INTEREST DECLARATION**

All applicants must disclose any conflict of interest that could be perceived to impact their ability to fulfill the duties of an HVIP Grantee. Summarize your organization or any subcontractor's (as identified in Attachment 2 of this application) current, ongoing, or pending direct or indirect interests that do or could pose an actual, apparent, or potential conflict of interest with your ability to fulfill the duties of an HVIP Grantee. These may include, but are not limited to, financial arrangements with or interest(s) with zero-emission and plug-in hybrid vehicle or manufacturers, vehicle and equipment dealers, infrastructure installers, fuel manufacturers, fuel or electricity retailers, vehicle or equipment component manufacturers or related organizations as well as membership in or financial arrangements with community-based organizations. CARB may consider the nature and extent of any actual, potential, perceived, or apparent conflict of interest, including those discovered outside of the application, in evaluating, considering, or scoring the application, and may disqualify the applicant based on such actual, potential, perceived, or apparent conflict of interest at CARB's sole discretion.

Applicant represents, warrants and agrees that all conflicts of interest, if any, have been disclosed to CARB in its Grant Application.

The undersigned declares under penalty of perjury, under the laws of the State of California, that all statements in this Declaration and response are true and correct, with full knowledge that all statements are subject to investigation and that any incomplete, unclear, false, or dishonest response may be grounds for denial or revocation of the accompanying bid or proposal and may result in being barred from doing business with the State of California as well as additional legal consequences.

Organization Name (Applicant): XXX

Signature of Designated Authorized Representative: XXX

Name and Title of Authorized Representative: XXX

Date of Signature: XXX

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

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

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

## **Attachment 9: Compliance with The Law**

All applicants must disclose any claims against it of noncompliance with any U.S. EPA, CARB, or California air district laws, including a Notice of Violation, Citation, or litigation alleging noncompliance by the applicant, along with a copy of any of the government documents you have received alleging noncompliance. The applicant may explain the nature of the allegations against it and present any defenses.

If the applicant has no such claims of noncompliance against it, the applicant shall so attest in its application.

CARB may consider the nature and extent of any alleged or proven noncompliance with U.S. EPA, CARB, or California air district law, or failure to disclose any alleged noncompliance with U.S. EPA, CARB, or California air district laws, including those discovered outside of the application, in evaluating, considering, or scoring the application, and may disqualify the applicant based on such noncompliance, at CARB's sole discretion.

Applicant represents, warrants and agrees that all claims of noncompliance, if any, have been disclosed to CARB in its Application.

The undersigned declares under penalty of perjury, under the laws of the State of California, that all statements in this Declaration and response are true and correct, with full knowledge that all statements are subject to investigation and that any incomplete, unclear, false, or dishonest response may be grounds for denial or revocation of the accompanying bid or proposal and may result in being barred from doing business with the State of California as well as additional legal consequences.

Organization Name (Applicant): XXX

Signature of Designated Authorized Representative: XXX

Name and Title of Authorized Representative: XXX

Date of Signature: XXX

## Attachment 10: References

Provide **THREE (3)** (preferably more) Professional References

For Each Reference, Provide:

Business Name of Reference: XXX

Business Address of Reference: XXX

The Type and Date of Relationship (e.g., contract, partnership): XXX

Describe how is/are these Business Relationships similar to Applicant's proposed relationship with the CARB under the Grant Agreement: XXX

Describe the Reasons for why this was a Successful Relationship: XXX

Name of Reference(s): XXX

Phone Number: XXX

Email Address: XXX

**CARB, including its authorized representatives, has full consent and permission to contact and interview each and all of the above references.**

### **Attachment 11: Insurance Endorsement**

With the Application, provide proof or evidence of existing insurance that covers the minimum insurance requirements set out in the sample Grant Agreement (Appendix B).

**Attachment 12: Attestation of Readiness**

**APPLICANT'S ACKNOWLEDGEMENT THAT APPLICANT IS READY, WILLING AND ABLE TO MEET AND COMPLY WITH ALL THE TERMS AND CONDITIONS OF THE GRANT AGREEMENT (APPENDIX B)**

Applicant accepts the terms and conditions of the attached Grant Agreement (Appendix B) in the same form, and is ready, willing, and able to comply with all such terms and conditions.

The undersigned declares that he or she is an official/agent of responding entity (the applicant) and is empowered to represent, bind, and execute contracts and other agreements on behalf of said entity.

The undersigned declares under penalty of perjury, under the laws of the State of California, that all statements in this Declaration and response are true and correct, with full knowledge that all statements are subject to investigation and that any incomplete, unclear, false, or dishonest response may be grounds for denial or revocation of the accompanying bid or proposal and may result in being barred from doing business with the State of California as well as additional legal consequences.

Organization Name (Applicant): XXX

Signature of Designated Authorized Representative: XXX

Name and Title of Authorized Representative: XXX

Date of Signature: XXX

### **Attachment 13: Non-Collusion Declaration**

I, XXX (insert name of person signing), XXX (insert title of person signing), on behalf of XXX (insert name of applicant), affirmatively state the following to be true and correct: the application is not made in the interest of, or on behalf of, any undisclosed person, partnership, company, association, organization, or corporation; the application is genuine and not collusive or a sham; the submittal of the application has not directly or indirectly been induced by or solicited from any other applicant to put in a false or sham proposal; the applicant has not directly or indirectly colluded, conspired, connived, or agreed with any other applicant or anyone else to put in a sham application; the applicant has not in any manner directly or indirectly, sought by agreement, communication, or conference with anyone to fix the proposed fees or terms of the application or of any other application, or to fix any overhead, profit, or cost elements of the proposed fees or fee structure, or of that of any other applicant, or to secure any advantage against CARB or other applicants; all statements contained in the application are true and correct.

The undersigned declares that he or she is an official/agent of responding applicant and is empowered to represent, bind, and execute contracts and other agreements on behalf of the applicant. The undersigned declares under penalty of perjury, under the laws of the State of California, that all statements and responses in this Declaration are true and correct, with full knowledge that all statements and responses are subject to investigation and that any incomplete, unclear, false or dishonest statements or responses may be grounds for rejection of the application, disqualification from this Solicitation process, termination of any or all executed Grant Agreements and/or other legal consequences.

Organization Name (Applicant): XXX

Signature of Designated Authorized Representative: XXX

Name and Title of Authorized Representative: XXX

Date of Signature: XXX