# **Operator Information Request**

The information provided in this Operator Information Request form will be used by the California Air Resources Board (CARB) to prepare a joint Consolidated Rail Infrastructure and Safety Improvements (CRISI) application on behalf of short line operators for fiscal year (FY) 2025. The replacement of locomotives is considered the project for the purposes of the application.

## Instructions

1. Please answer all sections of the Operator Information Request, including Appendix A, Appendix B, and Appendix C. Please utilize the “Additional notes” option under each section if additional information or context is needed.
2. Please include Attachment 1 as a separate KMZ file when submitting the Operator Information Request document.
3. If there are any questions, please contact CARB at locomotives@arb.ca.gov.

## Contents

Below is a breakdown of the sections in this document:

* Applicant Information
* Current Locomotive(s) To Be Replaced Information
* Replacement Locomotive(s) Information
* Past Federal Funding
* Project Location(s)
* Project Coordination
* Appendix A: Project Schedule
* Appendix B: Project Budget
* Appendix C: SF-424C Form
* Attachment 1: Project Location

## Submission

Email your completed Operator Information Request form and Attachment 1 to locomotives@arb.ca.gov with the subject title “GO ZERO Operator Information Request” by Monday, June 2, 2025. Please note that this is a tentative deadline until the official CRISI FY 2025 Notice of Funding Opportunity is released.

## Applicant Information

*Enter the following information in the boxes on the right-side:*

|  |  |
| --- | --- |
| **Company name:** |  |
| **Taxpayer Identification Number (TIN):**  |  |
| **Unique Entity Identifier (UEI) number (if available):** |  |
| **Company mailing address:**  |  |
| **Company phone number:** |  |
| **Company email:** |  |

Additional notes *(optional):*

## Current Locomotive(s) To Be Replaced Information

**Current locomotive inventory to be replaced**

*Add rows as needed:*

| **Locomotive ID #** | **Model** | **Model Year** | **Tier** | **Annual Fuel Usage (gal)\*** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

\*If annual fuel usage is unknown for an individual locomotive, enter an estimate based on other metrics (route, operation time, etc.) or assume equal fuel usage among all locomotives.

Additional notes *(optional):*

**Annual maintenance needs and associated costs**

*Enter annual maintenance items and costs ($) for the current locomotive(s) being replaced.*

*Add rows as needed:*

| **Item #** | **Maintenance Item** | **Cost ($)** |
| --- | --- | --- |
| 1 |  | $ |
| 2 |  | $ |
| 3 |  | $ |

Additional notes *(optional):*

**Noise created by locomotive (Optional)**

*Enter noise level average (dBA) of entire locomotive fleet being replaced.*

|  |  |
| --- | --- |
| **Locomotive Fleet Noise (dBA)** |  |

Additional notes *(optional):*

## Replacement Locomotive(s) Information

**Replacement locomotive inventory**

*Enter replacement locomotive information on the table below.*

Note: ZE Configuration refers to type of ZE locomotive (battery electric, hydrogen fuel cell, etc.). Locomotive ID should be entered if known and annual fuel usage is the projected fuel usage of the replacement locomotive.

*Add rows as needed:*

| **Locomotive ID #** | **ZE Configuration** | **Model** | **Model Year** | **Annual Fuel Usage (kWh or kg H2)** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Additional notes *(optional):*

**Cost of locomotive purchases**

*Enter the estimated cost of locomotive purchase for each model as well as the cost of commissioning, delivery, and any other additional items for the respective locomotive.*

*Note: Additional Items can include additional equipment (safety, training, etc.) or any other additional costs associated with the purchase of each locomotive. Any infrastructure related costs should be entered in Appendix B.*

*Add columns and rows as needed:*

| **Locomotive Model** | **Locomotive Cost** | **Commissioning Cost** | **Delivery Cost** | **Additional Items** | **Additional Items Cost** | **Taxes** |
| --- | --- | --- | --- | --- | --- | --- |
|  | $ | $ | $ |  | $ | $ |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

Additional notes *(optional):*

**Annual maintenance needs and associated costs**

*Enter maintenance needs and estimated costs for the replacement locomotive(s) ($). Consult with your OEM for any annual maintenance items required.*

*Add rows as needed:*

| **Item #** | **Maintenance Item** | **Cost ($)** |
| --- | --- | --- |
| 1 |  | $ |
| 2 |  | $ |
| 3 |  | $ |

Additional notes *(optional):*

**Noise created by locomotive (Optional)**

*Optional: Enter noise level average (dBA) of entire replacement locomotive fleet.*

|  |  |
| --- | --- |
| **Locomotive Fleet Noise (dBA)** |  |

Additional notes *(optional):*

## Past Federal Funding

*Specify whether federal funding for the locomotive replacement(s) has previously been sought and identify the federal program and fiscal year of the funding request(s). Please indicate if any federal funding requests are still pending.*

*Highlight new or revised information in the CRISI Program application that differs from the previous application(s) to other financial assistance programs.*

*Add rows as needed:*

| **Federal Program** | **Fiscal Year** | **New or revised information since application** |
| --- | --- | --- |
|  |  |  |

Additional notes *(optional)*:

## Project Location(s)

*Identify the cities/counties, congressional district(s), and geospatial data (longitude and latitude with 5 decimal places of precision or start and end railroad mileposts designating railroad code and subdivision name) of where your locomotive(s) operate. Identify where electric charging/hydrogen refueling infrastructure is located. Identify the location of any existing infrastructure that is applicable to this locomotive replacement project.*

*Enter information in the right column of the table below:*

|  |  |
| --- | --- |
| **Cities, Counties** |  |
| **Congressional district(s)** |  |
| **Geospatial data (Longitude and latitude with 5 decimal places OR start and end railroad mileposts with railroad code and subdivision name)** |  |
| **Location of refueling or charging infrastructure** |  |
| **Location of applicable existing infrastructure** |  |

*Attachment 1: Include a Google Earth KMZ file containing project location and annotations of the following information:*

* *Longitude and latitude OR start and end railroad mileposts*
* *Routes the locomotive(s) may run on*
* *Railyards the locomotives will primarily be working out of*
* *Location of any existing or planned infrastructure including refueling infrastructure*

Additional notes *(optional):*

## Project Coordination

**Entity Identification**

*How this locomotive replacement project is directly managed will be up to your company, and you may enlist the help of other entities to support you. Identify all entities (including within your company) besides CARB that will support in project implementation and the activities they will directly support. If there is not yet a designated contact person for an entity, please list only the entity name and its responsible activities.*

*Add rows as needed:*

| **Name** | **Entity/Company Name** | **Job Title** | **Email** | **Phone Number** | **Responsible Activities** |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Additional notes *(optional):*

## Appendix A: Project Schedule

*List of deliverables associated with each task and due date (MM/DD/YY). Include major milestones.*

*Note: The tasks and deliverables below are suggestions. Operators and OEMs may change the listed tasks and deliverables as necessary. Project expenses will need to be documented by task when seeking reimbursement from FRA.*

**Deliverables**

| **Task #** | **Deliverable Name** | **Due Date**(MM/DD/YY) |
| --- | --- | --- |
| 1 | Administration and Project Management |  |
| 1.1 | Quarterly reports: report |  |
| 1.2 | Final reports: report |  |
| 2 | Purchase agreement between OEM and Operator: purchase receipts, agreements |  |
| 3 | Battery/fuel cell module: materials receipts, labor receipts, photos |  |
| 4 | Power limited test locomotive: materials receipts, labor receipts, photos  |  |
| 5 | Design verification: materials receipts, labor receipts, report |  |
| 6 | Full power locomotive complete: materials receipts, labor receipts, photos |  |
| 7 | Production readiness review: materials receipts, labor receipts, report |  |
| 8 | Locomotive shipped to operator: materials receipts, labor receipts, bill of lading |  |
| 9 | Revenue service yard: materials receipts, labor receipts |  |
| 10 | Off-site infrastructure upgrades: materials receipts, labor receipts, photos |  |
| 11 | On-site infrastructure upgrades: materials receipts, labor receipts, photos |  |
| 12 | Refueling infrastructure installation: materials receipts, labor receipts, photos |  |
| 13 | Final support: materials receipts, labor receipts |  |

**Approved Project Schedule**

*If appropriate, this table can be combined with the above table which would then be renamed as “Deliverables and Approved Project Schedule”.*

| **Task** | **Task Name** | **Due Date** (MM/DD/YY) |
| --- | --- | --- |
| 1 | Administration and Project Management |  |
| 1.1 | Quarterly reports |   |
| 1.2 | Final reports |   |
| 2 | Purchase agreement between OEM and Operator |   |
| 3 | Battery/fuel cell module |   |
| 4 | Power limited test locomotive |   |
| 5 | Design verification |   |
| 6 | Full power locomotive complete |   |
| 7 | Production readiness review |  |
| 8 | Locomotive shipped to operator |  |
| 9 | Revenue service yard |  |
| 10 | Off-site infrastructure upgrades |  |
| 11 | On-site infrastructure upgrades |  |
| 12 | Refueling infrastructure installation |  |
| 13 | Final support |  |

Additional notes *(optional):*

## Appendix B: Project Budget

*Enter federal contribution and non-federal contributions for each task.*

*Note: Tasks listed below are examples, operators may change the listed tasks as necessary.*

**Project Budget by Task**

| **Task #**  | **Task Name**  | **Federal (FRA) Contribution**  | **Non-Federal Contribution**  | **Total Cost**  |
| --- | --- | --- | --- | --- |
| 1  | Administration and Project Management | $ | $ | $ |
| 1.1 | Quarterly reports | $ | $ | $ |
| 1.2 | Final reports | $ | $ | $ |
| 2 | Purchase agreement between OEM and Operator | $ | $ | $ |
| 3 |  Battery/fuel cell module | $ | $ | $ |
| 4 | Power limited test locomotive | $ | $ | $ |
| 5 | Design verification | $ | $ | $ |
| 6 | Full power locomotive complete | $  | $ | $ |
| 7 | Production readiness review | $ | $ | $ |
| 8 | Locomotive shipped to operator | $ | $ | $ |
| 9 | Revenue service yard | $ | $ | $ |
| 10 | Off-site infrastructure upgrades | $ | $ | $ |
| 11 | On-site infrastructure upgrades | $ | $ | $ |
| 12 | Refueling infrastructure installation | $ | $ | $ |
| 13 | Final support | $ | $ | $ |
| **Total**  |  | **$**  | **$**  | **$**  |

Additional notes *(optional)*:

**Project Budget by Source**

1. Federal Cash Contribution (Amount of CRISI Grant)

*In the table below, enter the federal funding project contribution amount ($) and percentage of total project cost (%). The federal funding project contribution amount is the amount the operator requests from CRISI and should be equal to the total federal contribution amount listed in the Project Budget by Task table.*

***The federal percentage of the total project cost cannot exceed 80%.***

1. Total Non-Federal Cash Contribution

*In the table below, enter the non-federal cash contribution match source, amount ($), and percentage of total project cost (%). This will include any state funding program.*

1. Total Non-Federal In-Kind Contribution

*In-kind contributions are non-monetary support provided for the project. This may include donated equipment, materials, services, property, etc. Please see the requirements in* [2 CFR 200.306](https://www.ecfr.gov/current/title-2/subtitle-A/chapter-II/part-200/subpart-D/section-200.306) *for requirements on what can be considered an in-kind contribution and how to estimate their monetary value.*

*In the table below, enter the non-federal in-kind contribution source, type, estimated monetary value ($), and percentage of total project cost (%). In the operator notes, please substantiate how the in-kind contributions meet the requirements in* [2 CFR 200.306](https://www.ecfr.gov/current/title-2/subtitle-A/chapter-II/part-200/subpart-D/section-200.306).

*See* [FY2023-2024 CRISI Notice of Funding Opportunity](https://www.federalregister.gov/documents/2024/03/29/2024-06710/notice-of-funding-opportunity-for-the-fy-2023-fy-2024-consolidated-rail-infrastructure-and-safety?utm_campaign=subscription+mailing+list&utm_medium=email&utm_source=federalregister.gov)*, section C.2. for more information on cost sharing and matching, or the FY2025 CRISI Notice of Funding Opportunity once released (not yet published at the time of this form release).*

*Add rows as needed:*

| **Funding Source** | **Project Contribution Amount** | **Percentage of Total Project Cost** |
| --- | --- | --- |
| **Federal Cash Contribution (Amount of CRISI Grant)** | $  | %  |
| **Total Non-Federal Cash Contribution** | $  | %  |
| State funding | $  | %  |
| (Specify any additional Non-Federal Cash Contribution) | $  | %  |
| **Total Non-Federal In-Kind Contribution (non-monetary support provided towards project)** | $  | %  |
| (Specify any additional Non-Federal In-Kind Contribution) | $  | %  |
| **Total Project Cost** | **$**  | **100%**  |

 Operator notes (*substantiate how the in-kind contributions meet the requirements in 2 CFR 200.306):*

Additional notes *(optional)*:

## Appendix C: SF-424C Form

*Enter total cost for each cost classification and costs not allowable for participation.*

*Note:* [Consult this document](https://apply07.grants.gov/apply/forms/instructions/SF424C_2_0-V2.0-Instructions.pdf) *for a description of each cost classification and what is not allowable. If you have any questions, please contact CARB.*

**Budget Information - Construction Programs**

| **Cost Classification** | **a. Total Cost** | **b. Costs Not Allowable for Participation** |
| --- | --- | --- |
| Administrative and legal expenses |  |  |
| Land, structures, right of way appraisals |  |  |
| Relocation expenses and payments |  |  |
| Architectural and engineering fees |  |  |
| Other architectural and engineering fees |  |  |
| Project inspection fees |  |  |
| Site work |  |  |
| Demolition and removal |  |  |
| Construction |  |  |
| Equipment |  |  |
| Miscellaneous |  |  |
| Contingencies |  |  |
| Project income |  |  |

Additional notes (*optional):*