

Appendix A
Application
Grant Solicitation
Clean Truck and Bus Voucher Incentive Project



This Appendix A consists of thirteen attachments, some of which are to be found separately at internet locations provided here.

- Attachment 1: AQIP/LCTI Application MSCD/ISB-097
- Attachment 2: Applicant General Qualifications
- Attachment 3: Applicant Information MSCD/ISB-188
- Attachment 4: Proposed Budget
- Attachment 5: Project Implementation Plan
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Attachment 1: AQIP/LCTI Application MSCD/ISB-097

Fill out and submit the AQIP/LCTI Application form MSCD/ISB-097 as part of your application response to this solicitation. This form may be found at the following.

[AQIP/LCTI Application](#)

Attachment 2: Applicant General Qualifications

An applicant is to provide a Qualifications Narrative (no more than two pages) describing their experience and expertise in the following categories and detailing how they will enable the efficient and effective implementation of the Clean 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, a copy of the organization's Internal Revenue Service determination letter).

Categories:

- Development of incentive or similar projects (such as developing tools, processes, materials, etc.)
- Day-to-day implementation of similar incentive projects
- Performance of administrative tasks necessary to successfully run and oversee similar incentive projects
- Coordination with equipment purchasers and lessees, equipment manufacturers, vendors, and other stakeholders (such as outreach efforts, working with the aforementioned stakeholders, etc.)

An 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.

Organization Name (Applicant):
Signature of Designated Authorized Representative:
Name and Title of Authorized Representative:
Date of Signature:

Attachment 3: Applicant Information MSCD/ISB-188

Fill out and submit the Applicant Information form MSCD/ISB-188 as part of your application response to this solicitation. This form may be found at the following.

[Applicant Information Form](#)

Attachment 4: Proposed Budget

Applicants must identify their proposed budget for completing the tasks to implement HVIP consistent with the Sample Grant Agreement (Appendix B), their Project Implementation Plan (see Attachment 5 of this Appendix A), and the requirements of this solicitation. The budget must include the amount of administrative funding, which will include costs to cover implementation of all tasks for implementing HVIP from the execution of the grant agreement through the expenditure of all funding. The proposed budget must account for three distinct FY of HVIP funding with up to 10.0 percent of each FY's funding budgeted for HVIP administration and HVIP support/services. The proposed budget shall include a description of any applicable commitments for in-kind services and match funding. For the proposed budget, assume \$50 million in total HVIP funding from FY 2026-27, \$25 million from FY 2027-28, and \$200 million from FY 2028-29. Note that these dollar amounts are not guaranteed grant amounts; they are meant to be representative amounts that approximate various funding levels for HVIP. For a complete description of administrative fees, see Section 7 in Appendix B: 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 Section 9 in Appendix B: Sample Grant Agreement). 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 projects, proposed as match must be central to the applicant proposal and be included in the proposed project budget. See Section 6.d in Appendix B: Sample Grant Agreement for a more detailed description of match funding.

Applicants may use the following example format to summarize their Proposed Budget.

Position	Hourly rate	Hours	Grant	Match Funding		Total
			CARB	Cash	In-Kind	
Direct Costs						
Program Manager			\$			
Project Manager						
Technician				\$	\$	
Accountant				\$	\$	
Clerical				\$	\$	
Direct Labor Subtotal			\$	\$	\$	\$
Indirect Costs						
Overhead Rate	N/A					
Fringe Benefits	N/A					
Indirect Costs Total	N/A					
Indirect Costs Subtotal						
Direct Costs (Except Labor)						
Travel Costs						
Equipment and Supplies (Itemized)						
Other Direct Costs (Itemized)						
Direct Costs Subtotal						
Total						
				% 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 Section VII of the Grant Solicitation and any other tasks required to successfully implement HVIP. The Project Implementation Plan must 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 Section VII of the Grant Solicitation). 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 and expend the grant funds by the end of the grant term,

- 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 and low-income 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 business fleets and fleets in disadvantaged and low-income communities,
- f. Description of the proposed content and format of your quarterly reports and final report,
- g. Description of accounting procedures for tracking expenditures,
- h. A records retention plan, and
- i. A project transfer plan.

Attachment 6: Applicant Resources to Implement the Project

In no more than one page, 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 HVIP 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 3 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 a HVIP Grantee. These may include, but are not limited to, financial arrangements with or interest(s) with zero-emission 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):
Signature of Designated Authorized Representative:
Name and Title of Authorized Representative:
Date of Signature:

Attachment 8: Payee Data Record STD 204

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

[Payee Data Record Form](#)

Attachment 9: Compliance with the Law

All applicants must disclose any claims against it of noncompliance with any United States Environmental Protection Agency (USEPA), 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 USEPA, CARB, or California air district law, or failure to disclose any alleged noncompliance with USEPA, 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):
Signature of Designated Authorized Representative:
Name and Title of Authorized Representative:
Date of Signature:

Attachment 10: References

Provide three (preferably more) Professional References. CARB, including its authorized representatives, has full consent and permission to contact and interview each and all of the provided references. For each Professional Reference provide:

- Business Name of Reference
- Business Address of Reference
- The Type and Date of Relationship (e.g., contract, partnership)
- Describe how the business relationship is similar to Applicant's proposed relationship with CARB under the Grant Agreement.
- Describe the reasons for why this was a successful relationship.
- Name of Reference
- Reference Phone Number
- Reference Email Address

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

This is an Applicant 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):
Signature of Designated Authorized Representative:
Name and Title of Authorized Representative:
Date of Signature:

Attachment 13: Non-Collusion Declaration

I, _____ (name of person signing), _____ (title of person signing), on behalf of _____ (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):
Signature of Designated Authorized Representative:
Name and Title of Authorized Representative:
Date of Signature: