



Announcing the MSRC's Clean Transportation Funding

Local Government Match Program 2015 Edition

**A Funding Opportunity for Cities & Counties in the
South Coast Air Quality Management District**

Program Guidelines & Application

PA2015-11

May 1, 2015



DATE: May 1, 2015
TO: Local Government Official
FROM: Greg Pettis, Chair, MSRC
SUBJECT: MSRC Local Government Match Program Announcement

The Mobile Source Air Pollution Reduction Review Committee (MSRC) is pleased to announce a new round of **Clean Transportation Funding™** available exclusively to cities and counties within the South Coast Air Quality Management District (SCAQMD). The Local Government Match Program offers to co-fund clean air projects implemented by cities and counties that utilize their Motor Vehicle Registration Fee Subvention Funds, commonly referred to as "AB 2766 Subvention Funds". The MSRC, using its Discretionary Funds, will contribute match funding towards qualifying projects. All cities and counties within the jurisdiction of the SCAQMD who receive AB 2766 Subvention Funds are eligible to participate in this Program. Also, regional Councils of Governments (COGs) who receive an appropriation of AB 2766 Subvention Funds from their member jurisdictions are eligible to participate, provided that qualifying AB 2766 Subvention Funds are used by the COG as the matching funds.

Eligible project categories for this year's Local Government Match Program have been refined to better support cities' and counties' air quality improvement needs. The following project categories are eligible to receive MSRC matching funds under the 2015 Program:

- New Alternative-Fuel Refueling Stations
- Upgrade & Expansion of Existing Alternative Fuel Refueling Stations
- Upgrade of Existing Fleet Maintenance Facilities to Accommodate Gaseous-fuel Vehicles
- Active Transportation Projects, including bicycle Infrastructure & Related Programs
- Electric Vehicle Charging Stations
- Purchase of Medium & Heavy-Duty Alternative Fuel Vehicles
- Purchase of Commercial Zero Emission Electric Riding Lawnmowers
- Street Sweeping Operations in the Coachella Valley

Local governments can also earn an MSRC match contribution on funds in addition to AB 2766 Subvention Funds. This would apply to cities or counties which have fully obligated or appropriated their Subvention Fund balances, but still have unmet requirements for qualifying projects. The

requirements and conditions of this Program feature are discussed in detail in subsequent Sections of this Program Announcement.

The 2015 Edition of the Local Government Match Program features streamlined application forms to reduce the need to fill out paperwork. Also, applications must be submitted via an online submittal process as opposed to paper copies – eliminating *all* paperwork. In an effort to reduce paper waste, **ONLY** electronically submitted applications will be accepted!

MSRC staff is available to assist applicants during the development of their Local Government Match Program applications. Please refer to Section I.C. of the Program Announcement for a listing of MSRC Staff points of contact. Should you have any immediate questions, please contact Ray Gorski, MSRC Technical Advisor, at (909) 396-2479, or Ms. Cynthia Ravenstein, MSRC Program Administrator, at (909) 396-3269. The Announcement and Application documents can be accessed via the Internet by visiting MSRC's **Clean Transportation Funding™** website at www.CleanTransportationFunding.org.

On behalf of the MSRC Clean Transportation Funding Program, we look forward to working with you to develop air quality improvement projects for your community.

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SECTION I: PROGRAM INTRODUCTION

The Mobile Source Air Pollution Reduction Review Committee (MSRC) is pleased to announce the 2015 Edition of the Local Government Match Program, a Clean Transportation Funding™ opportunity available exclusively to cities and counties within the South Coast Air Quality Management District (SCAQMD). The Local Government Match Program (Match Program) offers to co-fund clean air projects implemented by cities and counties utilizing their AB 2766 Subvention Funds. The MSRC, using its Discretionary Funds, will contribute a “funding match” towards a qualifying project. The MSRC has allocated \$13.0 million in Clean Transportation Funding™ for the 2015 Edition of the Match Program.

The primary goal of the Match Program is to assist local governments in *leveraging* their AB 2766 Subvention Funds to implement timely, effective air pollution reduction projects. The Match Program directly supports cities and counties in meeting and exceeding their clean air obligations under the SCAQMD Fleet Rules. Additionally, the partnerships formed by the MSRC and local jurisdictions to construct new, publicly accessible alternative-fuel refueling infrastructure support expansion of the refueling network that benefits the entire South Coast region.

All cities and counties within the jurisdiction of the SCAQMD who receive AB 2766 Subvention Funds are eligible to participate in this Match Program. Also, regional Councils of Governments (COGs) who receive an appropriation of AB 2766 Subvention Funds from their member jurisdictions are eligible to participate, provided that qualifying AB 2766 Subvention Funds are used by the COG as the matching funds.

The Match Program is not a competition in the traditional sense. Funding will be distributed on a first-come, first-served basis to applicants that satisfy project requirements as specified in the following guidelines. While the MSRC makes every effort to ensure that all cities and counties have an opportunity to participate, funding is limited; thus, the availability of match funds cannot be guaranteed.

The 2015 Edition of the MSRC Local Government Match Program retains many features of past Match Program offerings. As in past years, MSRC Clean Transportation Funding™ will provide a “dollar for dollar” match against AB 2766 Subvention Funds and/or other qualifying match funding sources. The eligible project categories in the 2015 Edition have been selected to reflect feedback from local jurisdictions as to their funding priorities – for this reason, the MSRC has identified the following project categories for which an MSRC Match can be requested. These categories include:

- New Alternative-Fuel Refueling Stations
- Upgrade & Expansion of Existing Alternative Fuel Refueling Stations
- Upgrade of Existing Fleet Maintenance Facilities to Accommodate Gaseous-fuel Vehicles
- Active Transportation Projects, including bicycle Infrastructure & Related Programs
- Electric Vehicle Charging Stations
- Purchase of Medium & Heavy-Duty Alternative Fuel Vehicles
- Purchase of Commercial Zero Emission Electric Riding Lawnmowers

- Street Sweeping Operations in the Coachella Valley

Please note that only entities located within the Coachella Valley are eligible to participate in Street Sweeping category, as only the Coachella Valley has street sweeping as an element of an approved State Implementation Plan (SIP).

A thorough discussion of the Match Program categories, participation requirements, and project guidelines is included in Section I.C., “Participation Guidelines, Requirements, & Conditions”, included herein.

The MSRC has designed the Match Program to be as flexible and easy to participate in as possible within the constraints of a government agency public process. Also, to reduce the need to photocopy, package, and physically submit paper applications, the 2015 Edition of the Match Program requires that applications be submitted electronically in PDF format using the MSRC Website. We believe this benefits the applicant, the MSRC staff, and the environment. A tutorial has been developed to walk applicants step by step through the electronic application submittal process. This tutorial is available on the MSRC Website at www.CleanTransportationFunding.org. Look for the link on the right hand side of the Home Page – “Proposal Upload Tutorial” - and click that link to view the step-by-step instructions.

The following Sections of the Match Program Guidelines provide a more detailed discussion of the project categories, participation requirements, and application preparation templates. While the MSRC staff do their best to make the process self-explanatory, questions are inevitable; see Section I.D for a list of MSRC staff contacts if you need assistance regarding any aspect of the 2015 Match Program.

I.A. PROGRAM SCHEDULE

The MSRC Local Government Match Program will be conducted in accordance with the timeline illustrated in Table I.A-1, below. As shown, project applications will be accepted electronically beginning on June 2, 2015. Applications will be accepted until **11:59 pm on September 4, 2015**. Please note that only applications submitted electronically via the MSRC website will be accepted. Paper copies of the application are not acceptable and should not be submitted.

While applications may be submitted at any time during this period, MSRC Match Funds will be awarded on a first-come, first-served basis for eligible projects that conform to Match Program requirements. It is important to note that while applications can be submitted up until 11:59 pm on September 4, 2015, MSRC Match Funds may be exhausted prior to the September 4, 2015 submittal end date. Thus, the availability of MSRC Match Funds cannot be guaranteed.

Table I.A-1 Key Program Dates

Match Program Event	Date
Program Announcement Release Date	May 1, 2015
Earliest Date for Application Electronic Submission	June 2, 2015
Last Date and time Electronic Applications will be Accepted	11:59 pm on September 4, 2015

I.B. PARTICIPATION GUIDELINES, REQUIREMENTS, & CONDITIONS

The MSRC's Match Program has been designed to make the application preparation and submittal process uncomplicated for the cities and counties within the SCAQMD. However, to ensure that the Match Program conforms to all applicable SCAQMD regulations and MSRC policies, the following requirements and conditions have been established and apply to all applicants:

1. **Earliest Date for an MSRC-Funded Project to Commence** – The release date of this Program Announcement, May 1, 2015, is the earliest date work on a project can commence and be potentially eligible for MSRC Match Program Funding. Any expenditure made in anticipation of an award of MSRC Match Program Funding and prior to execution of a contract is solely at the proposer's risk. If no Local Match Program contract is executed, neither the MSRC nor SCAQMD is liable for payment of any funds expended in anticipation of a contract. Please note that in the event a contract is executed, reimbursement for any costs incurred by the proposer in anticipation of the contract is at the discretion of the MSRC and SCAQMD.
2. **Funding Availability** - The amount of MSRC Clean Transportation Funding™ allocated for the Match Program is \$13.0M. Funding is available on a first-come, first-served basis to applicants proposing qualifying projects. For the purpose of this Match Program, all qualified project applications received electronically on the first day of the Application Acceptance Period, June 2, 2015, will be deemed received at the same time. In the event the Match Program is oversubscribed following receipt of first-day applications, MSRC funds will be distributed on a pro rata share basis to qualified project applications. Please note that the Geographic Funding Minimums discussed in paragraph 4, below, will take precedence in the event funding must be pro-rated. Qualifying applications received after June 2, 2015 will be funded in the order of receipt.

Please note that the source of MSRC Clean Transportation Funding™ for projects submitted in response to this solicitation is motor vehicle registration fees collected by the California Department of Motor Vehicles (DMV) in accordance with the California Health and Safety Code. Thus, the availability of MSRC Clean Transportation Funding™ is contingent upon the timely receipt of funds from the DMV. Neither the MSRC nor SCAQMD can guarantee the collection or remittance of registration fees by the DMV.

3. **MSRC Match Funding Levels** – The MSRC will match AB 2766 Subvention Funds, and in certain cases other funding sources, in accordance with the following guidelines:
 - New Construction Alternative Fuel Infrastructure: The MSRC will match AB 2766 Subvention Funds and in certain cases additional funding sources on a “dollar for dollar” basis¹. The maximum MSRC match amount per project for alternative fuel infrastructure construction shall not exceed \$500,000;
 - Upgrade & Expansion of Existing Alternative Fuel Refueling Stations & Maintenance Facilities: The MSRC will match AB 2766 Subvention Funds and in certain cases additional funding sources on a “dollar for dollar” basis. The maximum MSRC match amount per project for alternative fuel infrastructure upgrade and expansion shall not exceed \$500,000;

¹ i.e., the MSRC will not pay more than 50% of project costs.

- Electric Vehicle Charging Infrastructure: The MSRC will match AB 2766 Subvention Funds and in certain cases additional funding sources dollar for dollar up to a maximum of \$500,000 per entity for the implementation of electric vehicle charging infrastructure;
 - Medium-Duty Alternative Fuel Vehicle Purchases: The MSRC will match AB 2766 Subvention Funds and in certain cases additional funding sources dollar for dollar in an amount not to exceed \$10,000 per qualifying medium-duty vehicle;
 - Heavy-Duty Alternative Fuel Vehicle Purchases: The MSRC will match AB 2766 Subvention Funds and in certain cases additional funding sources dollar for dollar in an amount not to exceed \$30,000 per qualifying heavy-duty vehicle;
 - Active Transportation Programs: The MSRC will match AB 2766 Subvention Funds and in certain cases additional funding sources dollar for dollar for the implementation of bicycle infrastructure projects, related bicycle programs, and projects which encourage other active modes of transportation. The maximum MSRC match amount per entity for Active Transportation projects shall not exceed \$500,000. Active Transportation Outreach & Education Projects are limited to a maximum per entity match of \$50,000. Please note that the SCAQMD's AB 2766 Subvention Fund Program Resource Guide² provides that funds used for public education programs should not exceed a total of ten percent (10%) of the jurisdiction's Subvention Funds received during the fiscal year reporting cycle. Logistical costs associated with events promoting active transportation, such as Open Streets events, are not considered public education programs under the Resource Guide. For further information, please contact Kathryn Higgins, SCAQMD Program Supervisor, Planning, Rule Development & Area Sources, at (909) 396-3309;
 - Commercial Zero Emission Electric Riding Lawnmowers: The MSRC will match AB 2766 Subvention Funds and in certain cases additional funding sources dollar for dollar in an amount not to exceed \$2,500 or \$5,000 per qualifying zero-emission electric riding lawnmower depending on the size of the zero emission lawnmower purchased;
 - Street Sweeping in the Coachella Valley: The MSRC will match AB 2766 Subvention Funds dollar for dollar, not to exceed an MSRC contribution of \$250,000 per entity to implement street sweeping operations in the Coachella Valley region of the SCAQMD.
4. **Geographical Funding Minimum** - The MSRC has established a Geographical Funding Minimum for each county within the SCAQMD. The geographical funding minimum amount has been set at \$1,625,000 per county. This funding set-aside guarantees a minimum level of funding for each county to implement emission reduction projects. At the end of the application submittal period, September 4, 2015, if any county has funds remaining in its geographical minimum, these funds will be made available to qualifying projects from any other county in order of receipt.
5. **Eligibility Requirements** – Only cities and counties within the SCAQMD that receive AB 2766 Subvention Funds are eligible to submit an application under the Match Program. Regional Councils of Governments

² The Resource Guide may be viewed at <http://www.aqmd.gov/docs/default-source/transportation/ab2766-motor-vehicle-subvention-fund-program/ab2766-resource-guide.pdf?sfvrsn=2>.

(COGs) who receive an appropriation of AB 2766 Subvention Funds from their member jurisdictions are eligible to participate, provided that qualifying AB 2766 Subvention Funds are used by the COG as the matching funds. In addition, the contracting entity for the project must be the city, county, or qualified COG who submitted the application. Participation by other agencies or private businesses is allowed, but would be handled through separate subcontracts or agreements with the funded applicant. Please be aware that the applying city, county, or COG is solely responsible for the performance of any Contract under the Match Program.

6. **Project Teaming** - Teaming by cities and/or counties, and the pooling of AB 2766 Subvention Funds, is allowable. Please note that a lead team member must be designated for the purpose of application submittal and contracting. If desired, multiple cities, counties, and/or COGs may form a Joint Powers Authority (JPA) for the purpose of application submittal and contracting. Please note that all members of the JPA must meet the eligibility requirements of the preceding paragraphs. A letter designating the lead agency and authorizing such agency to act on behalf of all parties interests must be submitted from each participating city and/or county prior to contract execution.
7. **Ability to Earn a MSRC Match on Future AB 2766 Subvention Fund Allocations** – In addition to current Subvention Fund balances, applicants may also apply anticipated AB 2766 Subvention Funds from the fiscal year commencing July 1, 2015 and ending June 30, 2016 to projects proposed under this Match Program. Thus, the MSRC will match the prospective AB 2766 Subvention Fund allocation in addition to currently available AB 2766 Subvention Funds applied to the project. Please note that any current Subvention Fund balance must be fully encumbered or allocated prior to proposing the use of future funds.
8. **Ability to Earn a MSRC Match on Funding Sources in Addition to AB 2766 Subvention Funds** - In addition to AB 2766 Subvention Funds, cities and counties only may also apply up to \$500,000 in “other funds” to projects proposed under the MSRC Match Program. This limit carries across funding categories within the Match Program – e.g. if an applicant uses \$500,000 in “other funds” for an infrastructure project, they cannot apply “other funds” to a vehicle purchase project. Any current Subvention Fund balance must be fully encumbered or allocated prior to proposing the use of other funds. Other funds can include, but are not limited to, local funds, state funds, federal funds, etc. **Please note that SCAQMD “Carl Moyer” funding cannot be used as “other funding” for the purpose of the Match Program, as there is a State prohibition against co-mingling Carl Moyer and AB 2766 Funding.**
9. **Project Completion Deadlines** – All projects should be designed such that they can be fully implemented within 36 months of contract execution.
10. **Reporting Requirements** – The reporting requirements established for the Match Program are intended to ensure adequate monitoring of the use of public funds, while avoiding the imposition of excessive reporting burdens on the funding recipients. Individual reporting requirements will be a function of the type of project proposed; however, reporting typically includes quarterly progress reports as well as a concise Final Report.

11. **Audit Requirements** – In accordance with state law, all projects funded with MSRC Discretionary Funds are subject to audit. It is highly recommended that applicants employ standard government accounting practices when administering their MSRC co-funded project.

12. **Additional Requirements & Conditions on MSRC Match Program Funding**

- Projects funded under the MSRC Match Program are not eligible to apply for additional MSRC funds under any other MSRC Work Program solicitation;
- Projects awarded MSRC funding under a previous Work Program are not eligible to receive additional MSRC Discretionary Funds under this Program;
- MSRC match funds over and above the original contract amount will NOT be available for any reason, including project cost overruns. Applicants must use additional Subvention funds or sources other than MSRC Discretionary Funds to cover foreseen or unforeseen project cost increases;
- MSRC match funds are not intended to fund existing staff salaries. Project management costs necessary to implement new alternative fuel infrastructure projects are allowable; however, the MSRC reserves the right to reduce or delete project management costs that appear excessive;
- MSRC match funds will be distributed on a reimbursement basis upon completion of the approved project and submittal of all required reports and invoices;
- Addenda – The MSRC may modify the Program Announcement and/or issue supplementary information or guidelines relating to the Program Announcement during the application preparation and submittal period of June 2, 2015 to September 4, 2015. Please note that Program Announcement amendments will be posted on the MSRC website at www.CleanTransportationFunding.org;
- Application Modifications - Once submitted, applications cannot be altered without the prior written consent of the MSRC.

13. **Application Evaluation and Approval Process** - Applications will be evaluated as received to ensure compliance with Match Program requirements. Only applications received electronically that comply with all minimum requirements will be deemed acceptable. Noncompliant applications will lose their original funding position. Resubmitted applications will be issued a new date and time received for purposes of disbursing funds on a first-come, first-served basis.

If an application is for a Public Works project as defined by State of California Labor Code Section 1720, Applicant is required to include Contractor Registration Number in Attachment A, as applicable. Application may be deemed as non-responsive and applicant may be disqualified if Contractor Registration Number is not included in Attachment A. Applicant is alerted to changes to California Prevailing Wage compliance requirements as defined in Senate Bill 854 (Stat. 2014, Chapter 28).

Applications deemed compliant by MSRC staff will be forwarded to the MSRC Technical Advisory Committee (MSRC-TAC) for review and concurrence with staff's recommendation. Following MSRC-TAC approval, a funding recommendation will be forwarded to the MSRC for approval.

Applications recommended for funding by the MSRC will be forwarded to the SCAQMD Governing Board for final approval. Please note that the MSRC reserves the right to not fund any projects under the Match

Program, to modify award amounts, or reallocate part or all of the funding under this Program to another MSRC Clean Transportation Funding™ category.

Upon receipt of Governing Board approval, the MSRC Staff will prepare a contract for execution by the applicant. The time period from SCAQMD Governing Board approval to contract execution is anticipated to be approximately ninety (90) days.

I.C. IF YOU NEED HELP

This Program Announcement can be obtained by accessing the MSRC web site at www.CleanTransportationFunding.org. MSRC staff members are available to answer questions during the application acceptance period. In order to help expedite assistance, please direct your inquiries to the applicable staff person, as follows:

- **For General or Administrative Questions**, please contact:

Cynthia Ravenstein, MSRC Program Administrator
Phone: 909-396-3269
E-mail: Cynthia@CleanTransportationFunding.org

- For **General Questions or Technical Assistance**, please contact:

Ray Gorski, MSRC Technical Advisor
Phone: 909-396-2479
E-mail: Ray@CleanTransportationFunding.org

- For **Contractual Questions**, please contact:

Dean Hughbanks, SCAQMD Procurement Manager
Phone: 909-396-2808
E-mail: dhughbanks@aqmd.gov

SECTION II: APPLICATION PREPARATION INSTRUCTIONS

In an effort to reduce the paperwork burden on applicants, a template-based application format has been adopted for MSRC Match Program applications. The forms are designed to be self-explanatory and should prove straightforward to complete; however, should questions arise during application preparation, please contact the appropriate MSRC staff representative as shown in Section I.C.

The forms included in the following sections should be completed by the applicant and submitted in accordance with the instructions provided in Section II.E, “Electronic Submittal Instructions”, below. There are four primary parts to be completed, plus Certifications and a signed cover letter. Each part is briefly summarized as follows:

- Part A, “Applicant Information”, requests general information from the applicant. For joint applications (i.e., more than one city, county, and/or COG) the applicant must include a statement confirming authorization to act on behalf of the other co-applicants. The applicant must include a letter of support, including contact name and telephone/fax number, from all proposing entities of a joint application.
- Part B, “Project Description/Statement of Work,” requests that the applicant provide a Project Description/Statement of Work delineating: a) project goals and objectives; b) statement of work; and c) project end products. Please note that only the requested input data is required; applicants are not required to perform emissions reductions calculations as an element of their Match Program application;
- Part C, “Project Budget”, requests a cost breakdown of the proposed project including: a) total project cost; b) AB 2766 funds from current fund balance allocated to the proposed project; c) AB 2766 Subvention Funds allocated from the FY 2014-’15 appropriation; d) Other Funds allocated to the proposed project; e) MSRC match funds requested (per the maximum allowable contributions as discussed in Section I.C., above); and f) additional funding contributions to the project other than MSRC Discretionary Funds, AB 2766 Subvention Funds, or qualifying other funds;
- Part D, “Project Implementation Schedule”, requests the submittal of a schedule depicting key project milestones, task completion dates, etc. Please note that all projects should be completed no later than 36 months from the date of contract execution.
- Certifications – All applicants must complete and submit the following Section V forms as an element of their Application:
 - Internal Revenue Service Form W-9 – Request for Taxpayer Identification Number and Certification, and Franchise Tax Board Form 590 – Withholding Exemption Certificate. If you are selected for an award, you cannot be established as a vendor without this information.
 - Campaign Contributions Disclosure. This information must be provided at the time of application in accordance with California law. You may be asked for an update when awards are considered.

If awarded MSRC Match Funds, Parts A-D will become integral elements of the contract between the applicant and the MSRC.

Cover Letter - The MSRC also requests that each application be accompanied by a signed Cover Letter. The cover letter should be prepared on your City, County, or COG letterhead and be signed by a representative with appropriate signing authority.

II.A: APPLICATION FORMS & TEMPLATES

All of the eligible project categories under the 2015 Edition of the Local Match Program fall into one of six (6) Application Form & Template Sections. These include:

1. **Alternative Fuel Infrastructure Projects** – this includes ALL eligible alternative fuel infrastructure project categories:
 - a. “New Construction” Alternative Fuel Infrastructure with a maximum MSRC match amount per project of \$500,000;
 - b. Upgrade and Expansion of Existing Alternative Fuel Refueling Stations & Modification of Maintenance Facilities with a maximum MSRC match amount per project of \$500,000.
2. **Electric Vehicle Charging Infrastructure** – with a maximum MSRC match amount not to exceed \$500,000 per entity.
3. **Active Transportation Programs** - with a maximum MSRC match amount not to exceed \$500,000 per entity. Active Transportation Outreach & Education Projects are limited to a maximum per entity MSRC match of \$50,000.
4. **New Medium & Heavy-Duty Alternative Fuel Vehicle Purchases** – with a maximum MSRC match amount not to exceed \$10,000 per qualifying medium-duty vehicle and \$30,000 per qualifying heavy-duty vehicle.
5. **Purchase of Zero-Emission Electric Commercial Riding Lawnmowers** – with a maximum MSRC match amount not to exceed \$2,500 or \$5,000 per qualifying zero-emission electric riding lawnmower. The incentive amount is dependent upon the size of the zero-emission riding lawnmower purchased.
6. **Regional Street Sweeping in the Coachella Valley** - with a maximum MSRC match amount not to exceed \$250,000 per entity.

Applicants are required to complete the Forms and Templates corresponding to their proposed project category and submit them in PDF Format to the MSRC Website within the application submittal period commencing June 2, 2015 and ending September 4, 2015. The following six sections contain the necessary forms and templates to prepare an MSRC Match Program application.

II.B. ALTERNATIVE FUEL INFRASTRUCTURE PROJECTS

The MSRC Match Program offers incentives for a wide range of alternative fuel infrastructure projects. The following sections describe allowable infrastructure project categories, conditions and constraints, as well as Clean Transportation Funding™ incentive levels.

1. **NEW ALTERNATIVE FUEL REFUELING STATIONS** – Most refueling station types are eligible to receive a funding match. Allowable station configurations include fast-fill stations, slow or time-fill stations, and refueling apparatus. In addition, mobile refueling stations for onsite dispensing of hydrogen fuel are eligible under this category.

Eligible Alternative Fuel Types - The following alternative fuel types are eligible to receive refueling infrastructure Match funding:

- Compressed Natural Gas (CNG)
- Liquefied Natural Gas (LNG)
- Liquefied/Compressed Natural Gas (L/CNG)
- Motor vehicle-grade Liquefied Petroleum Gas (HD-5, HD-10 propane)
- Hydrogen (H₂) and/or Hydrogen/Natural Gas Blends

The maximum MSRC match amount for this project category shall not exceed \$500,000 per station.

Accessibility Requirements – An objective of the Match Program is to increase the accessibility of alternative-fuel infrastructure to fleets and public users. For this reason, Applicants proposing construction of a new fast-fill refueling station are required to allow access to the facility during normal business hours to at least one (1) additional fleet. For the purpose of this program, “additional fleet” is defined as another fleet distinct from the host site fleet. This other fleet must be a separate legal entity relative to the host site fleet. As an example, two separate departments within a local government would not satisfy the intent of the “multiple fleet” requirement, as the departments would most likely not be separate legal entities. However, many local governments contain “dependent and independent special districts”. A dependent or independent special district would satisfy the “other fleet” requirement.

2. **UPGRADE AND EXPANSION OF EXISTING ALTERNATIVE FUEL REFUELING STATIONS** – Cities or Counties who operate existing CNG or LNG stations seeking upgrades or expansion to accommodate growing fleet or throughput needs are also eligible to participate in the MSRC Match Program. Eligible refueling station upgrade and expansion projects include, but are not limited to, the following:

- Expansion of fuel storage capacity with additional storage vessels;
- Increase in fuel compression capability by adding an additional compression stage or replacing an undersized compressor;
- Addition of L/CNG capability to an existing LNG-only facility;
- Addition of hydrogen or hydrogen-blend capability to an existing station;

- Station modifications to allow public accessibility;
- Upgrade of existing payment card reader to accommodate multi-card capability;
- Additional fuel dispenser(s).

The maximum MSRC match amount for this project category shall not exceed \$500,000 per station.

3. **FACILITY MODIFICATIONS TO ACCOMMODATE ALTERNATIVE FUELS** – In addition to refueling stations, MSRC match funding is available to Cities and Counties for the modification of facilities used for alternative fuel vehicle maintenance and repair. Allowable facility modifications include, but are not limited to, the following:

- Installation of building methane detection sensors;
- Electrical shielding;
- Heater element explosion proofing;
- Gas evacuation and ventilation upgrades.

The maximum MSRC match amount per project for this category shall not exceed \$500,000.

Project applications that do not reasonably fit within the Eligible Project Categories will not be approved and will not be eligible to receive MSRC Clean Transportation Funding™. The MSRC retains sole discretion when determining project eligibility.

Funding Restrictions: MSRC funds cannot be used to match the following project elements:

- Normal station maintenance or operations costs (including utility costs), or fuel purchase costs;
- Purchase of real property.

Operational Availability - Funding recipients must commit to the following minimum periods of operational availability:

- Fast-fill refueling stations remain operational and accessible to public and/or fleets for a period of no less than five (5) years from the date the station begins dispensing fuel in either its initial or expanded capability;
- Time-fill, single dispenser, or apparatus-type stations must remain operational for a period of no less than three (3) years from the date the station begins dispensing fuel in either its new or upgraded/expanded capability

ALTERNATIVE FUEL INFRASTRUCTURE APPLICATION FORMS

PART A - APPLICANT INFORMATION – PA2015-11

(Return this Form as part of your Match Program application)

A. Please provide the following applicant information in the space provided.

Applicant Name: _____

Address: _____

Contact Person: _____ Title: _____

Telephone Number: _____ Fax #: _____

E-Mail Address: _____

Contractor Registration
Number: _____

B. Please answer the following questions:

YES

NO

1. Are you submitting a Joint Application with other Cities/Counties?

2. If "Yes", are you authorized to act on behalf of all participants?

3. If "Yes", please provide the names of all other project participants.

Please designate if the other participants are public agencies or private entities:

Public

Private

a) _____

b) _____

PART B - PROJECT DESCRIPTION/STATEMENT OF WORK

Alternative Fuel Infrastructure Projects

(Return this Form as part of your Match Program application only if you are applying for Alternative Fuel Infrastructure Match Funding)

A. Please check the type of Infrastructure Project proposed. Check all that apply:

- New Alternative Fuel Refueling Infrastructure
- Mobile Hydrogen Refueling
- Expansion of an Existing Refueling Facility
- Upgrade to an Existing Refueling Facility
- Site Modifications to Allow Public and/or Fleet Vehicle Access
- Maintenance Facility Modifications

B. **PROJECT DESCRIPTION:** Please describe the proposed alternative-fuel infrastructure project, including: a) technical description (i.e., station configuration, hardware, storage capacity, time-fill and fast-fill capacity, number of dispensers, etc.; b) site location; c) level of public accessibility (i.e., available to all users, accessible to limited fleet users only); d) hours of operation; e) primary fleet users; f) types of vehicles that will primarily utilize the facility (i.e., transit buses, school buses, light-duty automobiles); and g) selected hardware vendor and fuel provider, if known. If applicable to your proposed project, please attach an 8 ½" x 11" Site Map/Plan to this PART. Include extra sheets as required.

Please provide the following input data as applicable:

Type of Alternative Fuel (CNG, LNG, L/CNG, LPG, H ₂)	
For New Refueling Stations, Provide the Estimated Monthly Alternative Fuel Throughput in Units of Diesel Equivalent Gallons.	
For Projects that Propose: a) Increased Capacity of Existing Alternative-Fuel Infrastructure; or b) Expanded Public or Fleet Access of Existing Alternative-Fuel Infrastructure, Provide the Projected Monthly Increase in Alternative-Fuel Throughput Expressed in Units of Diesel Equivalent Gallons.	

C. **STATEMENT OF WORK:** Please provide a Statement of Work for the proposed alternative fuel infrastructure project. Include all Project Tasks as they relate to infrastructure design, development, and implementation. Each Task should be described with sufficient detail to adequately convey the work to be performed.

If applicable to your proposed project, please attach an 8 ½" x 11" Site Map/Plan to this PART.

PART C - PROJECT BUDGET

Alternative Fuel Infrastructure Projects

(Return this Form as part of your Match Program application only if you are applying for Alternative Fuel Infrastructure match funding)

A. Please provide your Current Unallocated Subvention Fund Balance: \$ _____

B. Please provide the following Alternative Fuel Infrastructure Project Cost by Category Information:

PROJECT COSTS BY FUNDING CATEGORY	AMOUNT
1. AB 2766 SUBVENTION FUNDS APPLIED TO INFRASTRUCTURE PROJECT FROM EXISTING UNALLOCATED BALANCE:	\$ _____
2. AB 2766 SUBVENTION FUNDS APPLIED TO INFRASTRUCTURE PROJECT FROM NEXT YEAR ALLOCATION (FY 2015/2016):	\$ _____
3. OTHER FUNDS APPLIED TO INFRASTRUCTURE PROJECT (NOT TO EXCEED \$500,000 TOTAL PER ENTITY):	\$ _____
4. TOTAL AB 2766 SUBVENTION FUNDS AND OTHER FUNDS APPLIED TO INFRASTRUCTURE PROJECT (SUM OF LINES 1, 2, and 3):	\$ _____
5. AMOUNT OF MSRC MATCH FUNDING REQUESTED (MAXIMUM AMOUNT IS EQUAL TO LINE 4 (DOLLAR FOR DOLLAR MATCH OF LINE 4 NOT TO EXCEED \$500,000):	\$ _____
6. ADDITIONAL PROJECT CO-FUNDING FROM OTHER SOURCES:	\$ _____
7. TOTAL PROJECT COST:	\$ _____

PART C - PROJECT BUDGET CONTINUED

Alternative Fuel Infrastructure Projects

(Return this page as part of your Match Program application only if you are applying for alternative fuel infrastructure match funding)

C. As applicable, please list all infrastructure costs by Cost Element. Please provide as much detail as practicable when specifying project costs. For example, please provide labor categories, hourly rates, number of hours, etc. when defining labor costs.

CAPITAL EQUIPMENT COSTS (REFUELING STATION COMPONENTS, FACILITY MODIFICATIONS, ETC.):

1.	_____	\$ _____
2.	_____	\$ _____
3.	_____	\$ _____
4.	_____	\$ _____
5.	_____	\$ _____
TOTAL CAPITAL EQUIPMENT COSTS:		\$ _____

DIRECT LABOR COSTS:

1.	_____ LABOR HOURS x _____ \$/HOUR =	\$ _____
2.	_____ LABOR HOURS x _____ \$/HOUR =	\$ _____
3.	_____ LABOR HOURS x _____ \$/HOUR =	\$ _____
4.	_____ LABOR HOURS x _____ \$/HOUR =	\$ _____
TOTAL DIRECT LABOR COSTS:		\$ _____

OTHER DIRECT COSTS, INCLUDING SUBCONTRACTORS:

1.	_____	\$ _____
2.	_____	\$ _____
3.	_____	\$ _____
4.	_____	\$ _____
TOTAL OTHER DIRECT COSTS:		\$ _____

TOTAL PROJECT COST:	\$ _____
----------------------------	-----------------

PART D - PROJECT IMPLEMENTATION SCHEDULE

Alternative Fuel Infrastructure Projects

(Return this page as part of your Match Program application)

Please provide, either in the space outlined below or separate attached sheet, a Milestone Schedule for your proposed Match Program project. The schedule should include anticipated start and completion dates for each task, activity, or milestone identified in PART B, "Project Description/Statement of Work".

The format requirements for the Project Implementation Schedule are flexible. A template is provided below:

PROJECT MILESTONE	START DATE	COMPLETION
Example: Task 1 – Site Design & Permitting...	Authority to Proceed (ATP) + one month	ATP + 3 months

SECTION II.C: PURCHASE OF MEDIUM & HEAVY-DUTY ALTERNATIVE FUEL VEHICLES

Project Requirements and Conditions: The following requirements apply for projects seeking match funds for the purchase of heavy-duty alternative fuel vehicles:

Eligible Vehicle Weight Ratings: Only medium and heavy-duty alternative fuel vehicles are eligible to receive Match Funds.

- A medium-duty vehicle is defined as having a GVWR of 8,501 pounds up to a maximum of 14,000 pounds;
- A heavy-duty vehicle is defined as having a GVWR of 14,001 pounds or greater.

Qualifying Vehicles: Applicants requesting match funds for the purchase of heavy-duty alternative fuel vehicles must ensure the vehicles comply with the following eligibility requirements:

- Vehicle must be a new, Original Equipment Manufacturer (OEM) medium or heavy-duty alternative fuel vehicle;
- Alternative fuel vehicles must be equipped with dedicated alternative fuel engines that are certified by the California Air Resources Board (CARB) at or cleaner than the 2010 heavy-duty engine emission standards of 0.2 g/bhp-hr for oxides of nitrogen (NO_x) and 0.01 g/bhp-hr for particulate matter (PM).
- Vehicle engine must be dedicated alternative fuel. Flexible fuel vehicles, bi-fuel vehicles, etc. do not qualify; however, alternative fuel engines using diesel pilot-ignition technologies are acceptable.

Eligible Alternative Fuels: Vehicles that satisfy the eligibility requirements listed above are available in following alternative-fuels:

- Compressed Natural Gas (CNG)
- Liquefied Natural Gas (LNG)
- Liquefied Petroleum Gas (LPG, i.e., propane)
- Hydrogen and/or Hydrogen/Natural Gas Blends
- Hybrid-Electric (Alternative Fuel)
- Hybrid-Electric (Gasoline Hybrid Electric)
- Zero-emission Battery or Hydrogen Fuel Cell Electric

Maximum MSRC Match Funding: The MSRC Match Program will co-fund the purchase of qualifying medium and heavy-duty alternative fuel vehicles on a “dollar for dollar” basis.

- Qualifying medium-duty alternative fuel vehicles are eligible to receive a maximum MSRC contribution of \$10,000 per vehicle;
- Qualifying heavy-duty alternative fuel vehicles are eligible to receive a maximum MSRC contribution of \$30,000 per vehicle.

The MSRC match funds will be disbursed on a reimbursement basis upon delivery and acceptance of the qualifying vehicle.

MEDIUM & HEAVY-DUTY VEHICLE PURCHASE APPLICATION FORMS

PART A - APPLICANT INFORMATION – PA2015-11
Purchase of Medium & Heavy-Duty Alternative Fuel Vehicles
(Return this page as part of your Match Program application)

A. Please provide the following applicant information in the space provided.

Applicant Name: _____

Address: _____

Contact Person: _____ Title: _____

Telephone Number: _____ Fax #: _____

E-Mail Address: _____

B. Please answer the following questions:

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Are you submitting a Joint Application with other Cities/Counties? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. If "Yes", are you authorized to act on behalf of all participants? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. If "Yes", please provide the names of all other project participants.
Please designate if the other participants are public agencies or
private entities: | PUBLIC | PRIVATE |
| a) _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| b) _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. If you answered "Yes" to questions 1 and 2, above, have you
attached a letter from each entity designating a lead agency and
authorizing that agency to act on behalf of the other participants? | YES | NO |
| | <input type="checkbox"/> | <input type="checkbox"/> |

PART B – PROJECT DESCRIPTION/STATEMENT OF WORK

Purchase of Medium & Heavy-Duty Alternative Fuel Vehicles

(Return this page as part of your Match Program application only if you are applying for alternative fuel vehicle match funding)

A. **PROJECT DESCRIPTION:** Describe the proposed alternative-fuel vehicle purchase(s). For each vehicle to be purchased, please provide the information in the table below, or attach a separate sheet:

1. Vehicle make and model;
2. Fuel Type (CNG, LNG, LPG, etc.) ;
3. Engine model, including horsepower;
4. Gross vehicle weight rating;
5. Estimated vehicle life;
6. Vehicle duty cycle (i.e., trash collection, local delivery, etc.)
7. Annual operation within the geographical jurisdiction of the South Coast Air District (indicate whether mileage or hours)

	Vehicle Make & Model	Fuel Type	Engine Model & Horsepower	Gross Vehicle Weight Rating	Vehicle Life (years)	Vehicle Duty Cycle	Annual Vehicle Operation (hours or mileage)
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

Total Number of Medium-Duty Alt-Fuel Vehicles (GVWR 8,501-14,000 pounds): _____

Total Number of Heavy-Duty Alt-Fuel Vehicles (GVWR >14,000 pounds): _____

PART C – PROJECT BUDGET

Purchase of Medium & Heavy-Duty Alternative Fuel Vehicles

(Return this page as part of your Match Program application only if you are applying for Alternative Fuel Heavy-Duty Vehicle match funding)

A. Please provide your Current Unallocated Subvention Fund Balance: \$_____

B. Please provide the following Alternative Fuel Vehicle Purchase Cost by Category Information:

PROJECT COSTS BY FUNDING CATEGORY	AMOUNT
1. AB 2766 SUBVENTION FUNDS APPLIED TO VEHICLE PURCHASES FROM EXISTING UNALLOCATED BALANCE:	\$_____
2. AB 2766 SUBVENTION FUNDS APPLIED TO VEHICLE PURCHASES FROM FUTURE YEAR ALLOCATION (FY 2015/2016):	\$_____
3. OTHER FUNDS APPLIED TO ALT-FUEL VEHICLE PURCHASES (NOT TO EXCEED \$500,000 TOTAL PER ENTITY):	\$_____
4. TOTAL AB 2766 SUBVENTION FUNDS AND OTHER FUNDS APPLIED TO ALT-FUEL VEHICLE PURCHASES (SUM OF LINES 1, 2, AND 3):	\$_____
5. AMOUNT OF MSRC MATCH FUNDING REQUESTED FOR MEDIUM DUTY VEHICLE PURCHASE (\$1 FOR \$1 MATCH UP TO \$10,000 PER VEHICLE):	\$_____
6. AMOUNT OF MSRC MATCH FUNDING REQUESTED FOR HEAVY DUTY VEHICLE PURCHASE (\$1 FOR \$1 MATCH UP TO \$30,000 PER VEHICLE):	\$_____
7. ADDITIONAL PROJECT CO-FUNDING FROM OTHER SOURCES:	\$_____
8. TOTAL PROJECT COST:	\$_____

PART D – PROJECT IMPLEMENTATION SCHEDULE

Purchase of Medium & Heavy-Duty Alternative Fuel Vehicles

(Return this page as part of your Match Program application)

Please provide, either in the space outlined below or separate attached sheet, a Milestone Schedule for your proposed vehicle purchase project. The schedule should include anticipated start and completion dates for each task, activity, or milestone identified in PART B, “Project Description/Statement of Work”.

The format requirements for the Project Implementation Schedule are flexible. A template is provided below:

PROJECT MILESTONE	START DATE	COMPLETION
Example: Task 1 – Order Vehicle	Authority to Proceed (ATP) + one month	ATP + 3 months

SECTION II.D: COMMERCIAL ZERO EMISSION ELECTRIC RIDING LAWNMOWERS

This element of the 2015 Match Program offers incentives to local governments to purchase zero-emission commercial riding lawnmowers. This equipment is typically powered by battery-electric motors as opposed to gasoline engines. The MSRC Match Program will co-fund the purchase of qualifying zero-emission commercial riding lawnmowers on a “dollar for dollar” basis, as follows:

- Qualifying zero-emission commercial riding lawnmowers with a cut width less than 50 inches are eligible to receive a maximum MSRC contribution of \$2,500 per vehicle;
- Qualifying zero-emission commercial riding lawnmowers with a cut with greater than or equal to 50 inches are eligible to receive a maximum MSRC contribution of \$5,000 per vehicle.

The MSRC match funds will be disbursed on a reimbursement basis upon delivery and acceptance of the qualifying lawnmower.

ZERO-EMISSION COMMERCIAL LAWNMOWER FORMS

PART A - APPLICANT INFORMATION – PA2015-11

Zero-Emission Commercial Lawnmowers

(Return this page as part of your Match Program application)

A. Please provide the following applicant information in the space provided.

Applicant Name: _____

Address: _____

Contact Person: _____ Title: _____

Telephone Number: _____ Fax #: _____

E-Mail Address: _____

B. Please answer the following questions:

YES

NO

1. Are you submitting a Joint Application with other Cities/Counties?

2. If "Yes", are you authorized to act on behalf of all participants?

3. If "Yes", please provide the names of all other project participants.

Please designate if the other participants are public agencies or private entities:

PUBLIC

PRIVATE

a) _____

b) _____

PART B – PROJECT DESCRIPTION/STATEMENT OF WORK

Zero-Emission Commercial Lawnmowers

(Return this page as part of your Match Program application)

PROJECT DESCRIPTION: Please describe the proposed zero-emission lawnmower purchase project, including: a) technical description of the proposed hardware (i.e., electric lawnmower unit model, manufacturer, equipment specifications, etc.)

PART C - PROJECT BUDGET

Zero-Emission Commercial Lawnmowers

(Return this Form as part of your Match Program application only if you are applying for Zero-emission commercial lawnmower match funding)

A. Please provide your Current Unallocated Subvention Fund Balance: \$ _____

B. Please provide the following Zero-Emission Commercial Lawnmower Project Cost by Category Information:

PROJECT COSTS BY FUNDING CATEGORY	AMOUNT
1. AB 2766 SUBVENTION FUNDS APPLIED TO LAWNMOWER PURCHASE FROM EXISTING UNALLOCATED BALANCE:	\$ _____
2. AB 2766 SUBVENTION FUNDS APPLIED TO LAWNMOWER PURCHASE FROM NEXT YEAR ALLOCATION (FY 2015/2016):	\$ _____
3. OTHER FUNDS APPLIED TO LAWNMOWER PURCHASE (NOT TO EXCEED \$500,000 TOTAL PER ENTITY):	\$ _____
4. TOTAL AB 2766 SUBVENTION FUNDS AND OTHER FUNDS APPLIED TO LAWNMOWER PURCHASE (SUM OF LINES 1, 2, and 3):	\$ _____
5. AMOUNT OF MSRC MATCH FUNDING REQUESTED FOR RIDING LAWNMOWERS WITH CUT WIDTH < 50 INCHES (DOLLAR FOR DOLLAR MATCH OF UP TO \$2,500 PER VEHICLE):	\$ _____
6. AMOUNT OF MSRC MATCH FUNDING REQUESTED FOR RIDING LAWNMOWERS WITH CUT WIDTH ≥ 50 INCHES (DOLLAR FOR DOLLAR MATCH OF UP TO \$5,000 PER VEHICLE):	\$ _____
7. ADDITIONAL PROJECT CO-FUNDING FROM OTHER SOURCES:	\$ _____
8. TOTAL PROJECT COST:	\$ _____

SECTION II.E: ELECTRIC VEHICLE CHARGING INFRASTRUCTURE (EVSE)

This element of the 2015 Match Program offers incentives to local governments to install electric vehicle charging infrastructure within their jurisdictions. For the purpose of this Match Program category, eligible electric vehicle charging infrastructure includes the following elements:

- Purchase of electric vehicle charger hardware;
- Site design specific to charger hardware installation;
- Installation of electric vehicle chargers, including site preparation and construction;
- Electric charging station directional signage.

Please note that general planning related to electric vehicle charger placement is not an eligible match element under the MSRC Match Program.

The MSRC will match qualifying electric vehicle charging infrastructure projects on a dollar for dollar basis up to a maximum of \$500,000 per entity.

Operational Availability - Funding recipients must commit to the following minimum periods of operational availability:

- DC Fast Charge (or equivalent) stations remain operational for a period of no less than five (5) years from the date the station commences operation;
- Level II (or equivalent) stations must remain operational for a period of no less than three (3) years from the date the station commences operation.

ELECTRIC VEHICLE CHARGING INFRASTRUCTURE FORMS

PART A - APPLICANT INFORMATION – PA2015-11

Electric Vehicle Charging Infrastructure

(Return this page as part of your Match Program application)

C. Please provide the following applicant information in the space provided.

Applicant Name: _____

Address: _____

Contact Person: _____ Title: _____

Telephone Number: _____ Fax #: _____

E-Mail Address: _____

Contractor Registration
Number: _____

D. Please answer the following questions:

YES

NO

4. Are you submitting a Joint Application with other Cities/Counties?

5. If "Yes", are you authorized to act on behalf of all participants?

6. If "Yes", please provide the names of all other project participants.
Please designate if the other participants are public agencies or
private entities:

PUBLIC

PRIVATE

a) _____

b) _____

PART B – PROJECT DESCRIPTION/STATEMENT OF WORK

Electric Vehicle Charging Infrastructure

(Return this page as part of your Match Program application)

- A. **PROJECT DESCRIPTION:** Please describe the proposed electric vehicle charging infrastructure project, including: a) technical description of the proposed hardware (i.e., charger types, charger unit model, manufacturer, charging level or rated power; etc.); b) site locations for charging infrastructure installation; and c) level of public accessibility (i.e., available to all users, accessible to city/county fleet vehicles only, etc.).
- B. **STATEMENT OF WORK:** Please provide a Statement of Work for the proposed electric vehicle charging infrastructure project. Include all Project Tasks as they relate to project design, development, and implementation. Each Task should be described with sufficient detail to adequately convey the work to be performed.

PART C - PROJECT BUDGET

Electric Vehicle Charging Infrastructure

(Return this Form as part of your Match Program application only if you are applying for electric vehicle charging infrastructure match funding)

C. Please provide your Current Unallocated Subvention Fund Balance: \$ _____

D. Please provide the following Electric Vehicle Charging Infrastructure Project Cost by Category Information:

PROJECT COSTS BY FUNDING CATEGORY	AMOUNT
9. AB 2766 SUBVENTION FUNDS APPLIED TO INFRASTRUCTURE PROJECT FROM EXISTING UNALLOCATED BALANCE:	\$ _____
10. AB 2766 SUBVENTION FUNDS APPLIED TO EV INFRASTRUCTURE PROJECT FROM NEXT YEAR ALLOCATION (FY 2015/2016):	\$ _____
11. OTHER FUNDS APPLIED TO EV INFRASTRUCTURE PROJECT (NOT TO EXCEED \$500,000 TOTAL PER ENTITY):	\$ _____
12. TOTAL AB 2766 SUBVENTION FUNDS AND OTHER FUNDS APPLIED TO EV INFRASTRUCTURE PROJECT (SUM OF LINES 1, 2, and 3):	\$ _____
13. AMOUNT OF MSRC MATCH FUNDING REQUESTED (MAXIMUM AMOUNT IS EQUAL TO LINE 4 (DOLLAR FOR DOLLAR MATCH OF LINE 4 NOT TO EXCEED \$500,000):	\$ _____
14. ADDITIONAL PROJECT CO-FUNDING FROM OTHER SOURCES:	\$ _____
15. TOTAL PROJECT COST:	\$ _____

PART C - PROJECT BUDGET CONTINUED

Electric Vehicle Charging Infrastructure

(Return this page as part of your Match Program application only if you are applying for electric vehicle charging infrastructure match funding)

A. As applicable, please list all EV infrastructure costs by Cost Element. Please provide as much detail as practicable when specifying project costs. For example, please provide labor categories, hourly rates, number of hours, etc. when defining labor costs.

CAPITAL EQUIPMENT COSTS (ELECTRIC VEHICLE CHARGGR HARDWARE, SITE MODIFICATIONS, ETC.):

1.	_____	\$ _____
2.	_____	\$ _____
3.	_____	\$ _____
4.	_____	\$ _____
5.	_____	\$ _____
TOTAL CAPITAL EQUIPMENT COSTS:		\$ _____

DIRECT LABOR COSTS:

1.	_____ LABOR HOURS x _____ \$/HOUR =	\$ _____
2.	_____ LABOR HOURS x _____ \$/HOUR =	\$ _____
3.	_____ LABOR HOURS x _____ \$/HOUR =	\$ _____
4.	_____ LABOR HOURS x _____ \$/HOUR =	\$ _____
TOTAL DIRECT LABOR COSTS:		\$ _____

OTHER DIRECT COSTS, INCLUDING SUBCONTRACTORS:

1.	_____	\$ _____
2.	_____	\$ _____
3.	_____	\$ _____
4.	_____	\$ _____
TOTAL OTHER DIRECT COSTS:		\$ _____

TOTAL PROJECT COST:	\$ _____
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PART D - PROJECT IMPLEMENTATION SCHEDULE

Electric Vehicle Charging Infrastructure

(Return this page as part of your Match Program application)

Please provide, either in the space outlined below or separate attached sheet, a Milestone Schedule for your proposed Match Program project. The schedule should include anticipated start and completion dates for each task, activity, or milestone identified in PART B, "Project Description/Statement of Work".

The format requirements for the Project Implementation Schedule are flexible. A template is provided below:

PROJECT MILESTONE	START DATE	COMPLETION
Example: Task 1 – Site Design & Permitting...	Authority to Proceed (ATP) + one month	ATP + 3 months

SECTION II.F: ACTIVE TRANSPORTATION PROGRAMS

This element of the 2015 Match Program offers incentives to local governments to implement projects that encourage active modes of transportation, including commuter-oriented bicycling and walking. Eligible projects include, but are not necessarily limited to:

Active Transportation Infrastructure & Demonstration Projects

A. Pedestrian Access Projects:

- “Complete Streets” Pedestrian Access projects

B. Bicycle & Related Projects:

- Bicycle Lanes (Class I & II)
- Bicycle Shared Lane Markings/Sharrows
- Bicycle Infrastructure
 - Bike Lockers
 - Bike Racks
 - “Bike Station”-type Amenities at City or County-Owned Transit Stations
 - Bike Racks on Buses
 - Road Surface Bicycle Detection Systems
 - Bicycle Corrals at Intersections/Other Pavement Markings
- Bicycle Purchases (non-recreational)
- Bike Sharing Programs (must be local-government sponsored & Commuter Oriented)
 - Bike Sharing Infrastructure
 - Bicycles
 - Docking Equipment
 - Bike Sharing Technology Hardware & Software

The MSRC will match qualifying bicycle infrastructure and related projects on a dollar for dollar basis up to a maximum of \$500,000 per entity.

C. Active Transportation Outreach & Education Projects

In addition, the MSRC is allowing jurisdictions to receive a match for Active Transportation Outreach & Education Projects. ***This category is limited to a maximum MSRC match of \$50,000.*** As noted in Section I.B.3. above, SCAQMD’s AB 2766 Subvention Fund Program Resource Guide provides that funds used for public education programs should not exceed a total of 10% of the jurisdiction’s annual Subvention Funds.

Please note that the following active transportation projects are not eligible to receive funding under the MSRC Match Program:

- Active Transportation Planning that does not include a demonstration or outreach component
- Class III Bicycle Route Signage

Please note that the TOTAL MSRC match for parts A, B, and C is a maximum of \$500,000 per entity.

BICYCLE INFRASTRUCTURE & RELATED PROGRAMS FORMS

PART A - APPLICANT INFORMATION – PA2015-11

Active Transportation Projects

(Return this page as part of your Match Program application)

A. Please provide the following applicant information in the space provided.

Applicant Name: _____

Address: _____

Contact Person: _____ Title: _____

Telephone Number: _____ Fax #: _____

E-Mail Address: _____

Contractor Registration
Number: _____

B. Please answer the following questions: **YES** **NO**

7. Are you submitting a Joint Application with other Cities/Counties?

8. If "Yes", are you authorized to act on behalf of all participants?

9. If "Yes", please provide the names of all other project participants.
Please designate if the other participants are public agencies or
private entities:

	PUBLIC	PRIVATE
a) _____	<input type="checkbox"/>	<input type="checkbox"/>

b) _____	<input type="checkbox"/>	<input type="checkbox"/>
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PART B – PROJECT DESCRIPTION/STATEMENT OF WORK

Active Transportation Programs

(Return this page as part of your Match Program application)

- A. Please indicate the category(s) of Bicycle Infrastructure or Related Programs for which an MSRC funding match is sought:

Pedestrian Projects

- Complete Streets Pedestrian Access Projects

Bicycle-Related Projects

- Bicycle Lanes (Class I & II)
- Bicycle Shared Lane Markings/Sharrows

Bicycle Infrastructure

- Bike Lockers
- Bike Racks
- “Bike Station”-type Amenities at City or County-Owned Transit Stations
- Bike Racks on Buses
- Road Surface Bicycle Detection Systems
- Bicycle Corrals at Intersections/Other Pavement Markings
- Bicycle Purchases (non-recreational)

Bike Sharing Programs

- Bicycles
- Docking Equipment
- Bike Sharing Technology Hardware & Software

Active Transportation Outreach & Education Projects

- Outreach & Education (\$50,000 maximum MSRC Match limitation; also see Section I.B.3.)

- B. **PROJECT DESCRIPTION:** Please describe the proposed Active Transportation project, including: a) technical description of the proposed project:
- i. For Complete Streets pedestrian access projects, please include a description of the proposed pedestrian improvements, including location, major employment sites or activity centers located along the proposed route(s);
 - ii. For Bicycle Lane or shared access projects, please include a description of the proposed bicycle routes, including Class, length, and major employment sites or activity centers located along the proposed route(s);

- iii. For Bicycle Infrastructure Projects, please provide a listing of the proposed infrastructure, including a description of the infrastructure, number of units proposed for purchase/installation, and other pertinent information as appropriate to the specific project;
- iv. For Bicycle Purchases, please provide a specification of each bicycle (make and model, special features, etc.), the number of units proposed for purchase, and a description of how the bicycles will be deployed in non-recreational service. Note that only bicycle purchases intended to eliminate an automobile trips are eligible under this Program;
- v. For Bike Sharing Projects, please provide a technical description of the overall bike sharing program and how the MSRC co-funded components integrate into the overall bike share program;
- vi. For Active Transportation Outreach & Education Programs, please provide a description of the outreach/education activities and the specific uses of MSRC Funds. The maximum MSRC match amount for Active Transportation Outreach & Education Projects is \$50,000; also see Section I.B.3.

C. **STATEMENT OF WORK:** Please provide a Statement of Work for the proposed bicycle infrastructure or related project. Include all Project Tasks as they relate to project design, development, and implementation. Each Task should be described with sufficient detail to adequately convey the work to be performed.

PART C - PROJECT BUDGET

Active Transportation Programs

(Return this Form as part of your Match Program application only if you are applying for Active Transportation Program match funding)

A. Please provide your Current Unallocated Subvention Fund Balance: \$ _____

B. Please provide the following Active Transportation Project Cost by Category Information:

PROJECT COSTS BY FUNDING CATEGORY	AMOUNT
1. AB 2766 SUBVENTION FUNDS APPLIED TO ACTIVE TRANSPORTATION PROJECT FROM EXISTING UNALLOCATED BALANCE:	\$ _____
2. AB 2766 SUBVENTION FUNDS APPLIED TO ACTIVE TRANSPORTATION PROJECT FROM NEXT YEAR ALLOCATION (FY 2015/2016):	\$ _____
3. OTHER FUNDS APPLIED TO ACTIVE TRANSPORTATION PROJECT (NOT TO EXCEED \$500,000):	\$ _____
4. TOTAL AB 2766 SUBVENTION FUNDS AND OTHER FUNDS APPLIED TO PROJECT (SUM OF LINES 1, 2, and 3):	\$ _____
5. AMOUNT OF MSRC MATCH FUNDING REQUESTED (MAXIMUM AMOUNT IS EQUAL TO LINE 4 (DOLLAR FOR DOLLAR MATCH OF LINE 4 NOT TO EXCEED \$500,000*):	\$ _____
6. ADDITIONAL PROJECT CO-FUNDING FROM OTHER SOURCES:	\$ _____
7. TOTAL PROJECT COST:	\$ _____

*Active Transportation Education & Outreach Projects are limited to a maximum MSRC match of \$50,000; also see Section I.B.3..

PART C - PROJECT BUDGET CONTINUED

Active Transportation Programs

(Return this page as part of your Match Program application only if you are applying for bicycle infrastructure or related program match funding)

C. As applicable, please list all active transportation project costs by Cost Element. Please provide as much detail as practicable when specifying project costs. For example, please provide labor categories, hourly rates, number of hours, etc. when defining labor costs.

CAPITAL EQUIPMENT COSTS (bicycles or related infrastructure hardware, etc.):

1.	_____	\$ _____
2.	_____	\$ _____
3.	_____	\$ _____
4.	_____	\$ _____
5.	_____	\$ _____
TOTAL CAPITAL EQUIPMENT COSTS:		\$ _____

DIRECT LABOR COSTS:

1.	_____ LABOR HOURS x _____ \$/HOUR =	\$ _____
2.	_____ LABOR HOURS x _____ \$/HOUR =	\$ _____
3.	_____ LABOR HOURS x _____ \$/HOUR =	\$ _____
4.	_____ LABOR HOURS x _____ \$/HOUR =	\$ _____
TOTAL DIRECT LABOR COSTS:		\$ _____

OTHER DIRECT COSTS, INCLUDING SUBCONTRACTORS:

1.	_____	\$ _____
2.	_____	\$ _____
3.	_____	\$ _____
4.	_____	\$ _____
TOTAL OTHER DIRECT COSTS:		\$ _____

TOTAL PROJECT COST: \$ _____

PART D - PROJECT IMPLEMENTATION SCHEDULE

Active Transportation Programs

(Return this page as part of your Match Program application)

Please provide, either in the space outlined below or separate attached sheet, a Milestone Schedule for your proposed Match Program project. The schedule should include anticipated start and completion dates for each task, activity, or milestone identified in PART B, "Project Description/Statement of Work".

The format requirements for the Project Implementation Schedule are flexible. A template is provided below:

PROJECT MILESTONE	START DATE	COMPLETION
Example: Task 1 – Site Design & Permitting...	Authority to Proceed (ATP) + one month	ATP + 3 months

SECTION II.G. STREET SWEEPING OPERATIONS IN THE COACHELLA VALLEY

This Section describes MSRC match funding for street sweeping operations conducted in the Coachella Valley region of the SCAQMD. For the purpose of this Program Announcement, “operations costs” include direct costs for labor, maintenance, etc, associated with performing street sweeping. These costs are most often presented as an hourly operations cost or cost per “curb mile swept”.

Project Requirements and Conditions: The following requirements affect applicants seeking match funds for street sweeping operations:

Eligible Jurisdictions: Applicant jurisdiction is within the Coachella Valley as defined by the SCAQMD and thereby impacted by the PM control measures delineated in the Coachella Valley SIP.

Sweeping to be Performed by Qualifying Vehicles: Applicants requesting match funds for street sweeping operations must ensure the vehicles utilized in sweeping operations comply with the following:

- Vehicle must be dedicated alternative fuel. For the purpose of this Program Announcement, alternative fuel includes compressed natural gas (CNG), liquefied natural gas (LNG), liquefied petroleum gas (LPG), hydrogen or hydrogen natural gas blends, electric, or gasoline hybrid electric;
- Vehicle must conform to the requirements as delineated in SCAQMD Rule 1186.1.

Eligible Project Costs – When applying for street sweeping operations funding, costs should be represented as either “operations cost per curb mile swept” or “operations cost per operating hour”. Please note, however, that only the following operations cost elements are eligible to receive an MSRC funding match:

- Labor Costs – Labor costs associated with street sweeper operator and maintenance staff are eligible operations cost components;
- Alternative Fuel Costs – The cost of street sweeper alternative fuel is an eligible operations cost component;
- Other Direct Costs – Non-administrative direct costs, including but not limited to vehicle insurance, normal vehicle maintenance in addition to labor, etc, are allowable operations cost elements.

The MSRC will match qualifying street sweeping projects on a dollar for dollar basis up to a maximum of \$250,000 per entity. *Please note that because the street sweeping category is limited to the Coachella Valley, only AB 2766 Subvention Funds will be matched by the MSRC.*

Ineligible Project Costs – The following project cost elements are not eligible to receive an MSRC funding match:

- Vehicle Acquisition Costs - Capital costs associated with vehicle purchase or lease are not eligible as an operations cost element. This includes vehicle capital cost, principal, interest, etc. The street sweeping vehicle monthly payment cannot be included as a component of the cost per curb mile sweep or cost per vehicle hour;
- Maintenance Facility Costs – The cost of street sweeper vehicle maintenance facilities, including but not limited to structures, real property, and improvements cannot be amortized over the cost per curb mile sweep or cost per vehicle hour.

STREET SWEEPING OPERATIONS APPLICATION FORMS

PART A - APPLICANT INFORMATION – PA2015-11

Street Sweeping Operations

(Return this page as part of your Match Program application)

A. Please provide the following applicant information in the space provided.

Applicant Name: _____

Address: _____

Contact Person: _____ Title: _____

Telephone Number: _____ Fax #: _____

E-Mail Address: _____

B. Please answer the following questions:

YES NO

- | | | |
|---|--------------------------|--------------------------|
| 1. Are you submitting a Joint Application with other Cities/Counties? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. If “Yes”, are you authorized to act on behalf of all participants? | <input type="checkbox"/> | <input type="checkbox"/> |

PART B - PROJECT DESCRIPTION/STATEMENT OF WORK

Street Sweeping Operations in the Coachella Valley

(Return this page as part of your Match Program application only if you are applying for street sweeping match funding)

- A. **PROJECT DESCRIPTION:** Please provide the following information in the space below or attach additional sheets as necessary:
1. **Please provide a concise description of the routes proposed for street sweeping.** This should include, at a minimum: a) names or other designation(s) for streets to be swept; b) length (curb miles) for each street sweeping route proposed; c) the frequency of street sweeping for each proposed route. A map of the region with proposed street sweeping routes highlighted should be included if available.
 2. **Please provide a description of the street sweeping vehicles to be used.** For each vehicle that may be used in street sweeping operations, please include: a) sweeper model; b) sweeper model year; c) alternative fuel type used; d) primary and auxiliary engine make and model; and e) primary and auxiliary engine model year.

PART C - PROJECT BUDGET

Street Sweeping Operations in the Coachella Valley

(Return this page as part of your Match Program application only if you are applying for street sweeping match funding)

A. Please provide your Current Unallocated Subvention Fund Balance: \$ _____

B. Please provide the following street sweeping operations Cost by Category Information:

PROJECT COSTS BY FUNDING CATEGORY	AMOUNT
1. AB 2766 SUBVENTION FUNDS APPLIED TO STREET SWEEPING PROJECT FROM EXISTING UNALLOCATED BALANCE:	\$ _____
2. AB 2766 SUBVENTION FUNDS APPLIED TO STREET SWEEPING PROJECT FROM NEXT YEAR ALLOCATION (FY 2015/2016):	\$ _____
3. TOTAL AB 2766 SUBVENTION FUNDS APPLIED TO STREET SWEEPING PROJECT (SUM OF LINES 1 and 2):	\$ _____
4. AMOUNT OF MSRC MATCH FUNDING REQUESTED (MAXIMUM AMOUNT IS EQUAL TO LINE 4 (DOLLAR FOR DOLLAR MATCH OF LINE 3 NOT TO EXCEED \$250,000):	\$ _____
5. ADDITIONAL PROJECT CO-FUNDING FROM OTHER SOURCES:	\$ _____
6. TOTAL PROJECT COST:	\$ _____

Please provide the following street sweeping operations cost information.

Please List the Specific Cost Components that Comprise the "Per Mile" or "Per Hour" Operations Cost. Please Specify If Cost is Based On:

- Curb Mile Swept
- Hour of Sweeper Operation
- Other (Please Describe)

1. _____ \$ _____
2. _____ \$ _____

Average Per "Mile" or "Hour" Operations Cost: \$ _____

PART D - PROJECT IMPLEMENTATION SCHEDULE

Street Sweeping Operations in the Coachella Valley

(Return this page as part of your Match Program application)

Please provide, either in the space outlined below or separate attached sheet, a Milestone Schedule for your proposed Match Program project. The schedule should include anticipated start and completion dates for each task, activity, or milestone identified in Exhibit B, "Project Description/Statement of Work".

The format requirements for the Project Implementation Schedule are flexible. A template is provided below:

PROJECT MILESTONE	START DATE	COMPLETION
Example: Task 1 – Identify routes to be swept	Authority to Proceed (ATP) + one week or Date	ATP + 1 week
Example: Task 2 – Commence sweeping operations on Route 1	ATP + 2 weeks	ATP + 6 months

III. ELECTRONIC APPLICATION SUBMITTAL PROCESS

In an effort to reduce the need to photocopy, package, and physically submit paper applications, the 2015 Edition of the Match Program requires that applications be submitted electronically in PDF format using the MSRC Website. We believe this benefits the applicant, the MSRC staff, and the environment. As the online submittal process is a “new way of doing business” for both the MSRC and the project applicant, a tutorial has been developed to walk applicants step by step through the electronic application submittal process.

The application that will be submitted as a **PDF document** is comprised of six (6) primary sections – these correspond to the Cover Letter, Certifications and application Parts A-D as described in the preceding section.

Thus, a complete application will be comprised of the following five elements:

1. Signed Cover Letter;
2. Part A - Applicant Information
3. Part B - Project Description/Statement of Work;
4. Part C - Project Budget;
5. Part D - Project Implementation Schedule; and
6. Certifications.

These six sections are to be compiled into a single PDF document for submittal to the MSRC Clean Transportation Funding Website. Please note that ONLY PDF format can be accepted. Microsoft Word documents cannot be accepted by the MSRC Website.

Applicants will need to register on the MSRC Clean Transportation Funding website. The application submittal tutorial is available at www.cleantransportationfunding.org/proposal_process/upload_proposal.

SECTION IV: APPLICATION CHECKLIST

DID YOU REMEMBER TO...?

- Include a **Cover Letter** signed by an individual authorized to contractually bind the submitting entity?
- Complete and include **PART A**, “Applicant Information”?
- Complete and include **PART B**, “Project Description/Statement of Work”?
- Attach an 8 ½” x 11” Site Map/Plan to PART B, if applicable?
- Complete and include **PART C**, “Project Budget”?
- Complete and include **PART D**, “Project Implementation Schedule”, to your application?
- Complete and include the **Certification** documents?
- Prepare a **PDF document** of your complete application?
- Review the Application Submittal Instructions at www.CleanTransportationFunding.org. Look for the link on the right hand side of the Home Page – “**Proposal Upload Tutorial**” - to view the application submittal tutorial!
- Submit your application electronically? The best date to submit your application is **June 2, 2015!**

Section V: CERTIFICATIONS

Form **W-9**
(Rev. December 2014)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

Print or type See Specific Instructions on page 2.	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p>	
	<p>2 Business name/disregarded entity name, if different from above</p>	
	<p>3 Check appropriate box for federal tax classification; check only one of the following seven boxes:</p> <p><input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____</p> <p>Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.</p> <p><input type="checkbox"/> Other (see instructions) ▶ _____</p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><i>(Applies to accounts maintained outside the U.S.)</i></p>
	<p>5 Address (number, street, and apt. or suite no.)</p>	<p>Requester's name and address (optional)</p>
	<p>6 City, state, and ZIP code</p>	
	<p>7 List account number(s) here (optional)</p>	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number									
-				-					
or									
Employer identification number									
-									

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶ _____	Date ▶ _____
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

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 ²
6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The grantor ²
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 ⁴
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.

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.

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, and 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). Exempt recipients, see *Exempt From Backup Withholding* on page 2.

Signature requirements. Complete the certification as indicated in 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 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)	The grantor-trustee ¹
b. So-called trust account that is not a legal or valid trust under state law	The actual owner ¹
5. Sole proprietorship or single-owner LLC	The owner ³
For this type of account:	Give name and EIN of:
6. Sole proprietorship or single-owner LLC	The owner ³
7. A valid trust, estate, or pension trust	Legal entity ⁴
8. Corporate or LLC electing corporate status on Form 8832	The corporation
9. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
10. Partnership or multi-member LLC	The partnership
11. A broker or registered nominee	The broker or nominee
12. 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

¹List 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.

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

³You must show your individual name and you may also enter your business or "DBA" name on the second name line. You may use either your SSN or EIN (if you have one). If you are a sole proprietor, IRS encourages you to use your SSN.

⁴List first and circle the name of the legal 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.)

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.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA, or Archer MSA or HSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, and the District of Columbia to carry out their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax 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. Payers must generally withhold 28% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.

YEAR _____

CALIFORNIA FORM

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



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 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, 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): _____

<input type="checkbox"/> DBA, Name _____, County Filed in _____ <input type="checkbox"/> Corporation, ID No. _____ <input type="checkbox"/> 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
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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
---	------------------------	----------------------

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.**