

## VOUCHER PROGRAM APPLICATION

Please fill out this form completely and as accurately as possible. To be eligible for a voucher, do not purchase your new equipment before receiving a voucher from the District. **If replacing more than one piece of equipment, please submit a single page one (1) and two (2) and a separate page three (3) for each individual piece of equipment to be replaced.**

APPLICANT INFORMATION	<b>Select Applicant Type</b>	<b>Application #</b> <input style="width: 100%;" type="text"/>	<b>Date Received</b> <input style="width: 100%;" type="text"/>		
	<input type="checkbox"/> <b>Business Entity:</b> Landscape business providing service to homes and/or businesses, or a business performing commercial scale in-house landscape maintenance Are you a small business? (see guidelines for definition) <input type="checkbox"/> Yes <input type="checkbox"/> No				
	<input type="checkbox"/> <b>Public Agency:</b> Performs commercial scale in-house landscape maintenance				
	Please describe landscape tasks performed and type of location where performed (i.e. Landscape maintenance for homes): <input style="width: 100%; height: 20px;" type="text"/>				
	<b>Organization Name</b> (as it appears on IRS Form W-9) <input style="width: 100%; height: 20px;" type="text"/>				
	County of where operation is located (check all that apply)				
	<input type="checkbox"/> San Joaquin <input type="checkbox"/> Stanislaus <input type="checkbox"/> Merced <input type="checkbox"/> Madera <input type="checkbox"/> Fresno <input type="checkbox"/> Kings <input type="checkbox"/> Tulare <input type="checkbox"/> Kern (Valley portion)				
	Physical Address of Organization		City	State	Zip Code
	<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
	Mailing Address of Organization (as it appears on IRS Form W-9)		City	State	Zip Code
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
<b>Primary Contact Name</b>		Title			
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>			
E-mail (optional) <input type="checkbox"/> Check here if you prefer your voucher emailed		Primary Phone	Alternate Phone		
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>		
<b>Signing Authority Name</b> (if different from above)		Title			
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>			

*Signing authority must be a duly authorized official within the business entity or public agency, and has the authority to make financial decisions and guarantees on behalf of the business/agency (i.e., President, Chief Financial Officer, Mayor, City Manager, Superintendent, etc.).*

CERTIFICATION	By signing below, I certify that I am a duly authorized official of the organization identified on this application and have the authority to submit a program application, implement the project, and make guarantees on behalf of the organization to complete the project in accordance to the program guidelines. In addition, I certify that I have read, understand and will adhere to the Zero-Emission Landscaping Equipment (ZELE) Voucher Program guidelines and agree to adhere to all of the following:			
	<ul style="list-style-type: none"> <li>• The information provided in the application and supporting documents is true and correct and meets the minimum requirements of the ZELE Program.</li> <li>• I understand that an incomplete or illegible application may be immediately rejected, and I will be notified.</li> <li>• I am an individual that resides within the District boundaries or a business or public agency whose principal place of business is physically located within the District boundaries.</li> <li>• I have not purchased the new equipment that I am seeking funding for prior to applying to this program. I understand I must receive an approved program voucher from the District prior to purchasing the new equipment, or my project may be deemed ineligible. (Applicants are encouraged to wait to dispose of any old equipment until receiving an approved voucher)</li> <li>• I have owned and operated the equipment listed under the Old Equipment section of this application, 100% within the District boundaries for the two years prior to submitting this application.</li> </ul>			

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CERTIFICATION (continued)

- The old gas- or diesel-powered equipment that is being replaced as part of this application is in operable condition, is able to start and move, and has all operational parts intact.
- The new, cordless zero-emission electric equipment I will purchase under this project will be owned and operated 100% within the boundaries of the District for a minimum of 36 months from the date of purchase and is not being acquired for resale.
- I agree to surrender the equipment listed under the Old Equipment section of this application to a participating dismantler within 60 days of receiving my new equipment and submit a Claim for Payment Packet to the District for the new equipment purchased within 75 days of receiving my new equipment. I understand that failure to do so may result in my claim for payment being deemed ineligible.
- I understand the submission of this application does not guarantee incentive funding for the new equipment. Eligibility of the application is determined at the sole discretion of the District. Applications not meeting the intent and/or eligibility of the program will be deemed ineligible.
- I understand as an applicant that incentive programs have limited funds and shall terminate upon depletion of program funding. Unless written notification is provided stating otherwise, all applications submitted to the District will remain active and will be funded in the order received.
- I have disclosed all additional co-funding sources and discounts that will be applied to my purchase.
- If I do not or cannot meet all program requirements as determined by the District, I shall repay the District a pro-rated portion, up to the full amount of my voucher.
- If applying as a small business, my signature means I fully meet the definition of a small business and I agree to provide the following information, if requested, to verify my small business status: total revenue, receipts, and sales reported to the Internal Revenue Service in your most recent filing. This information may be reported in Box 1c of IRS Form 1120, Box 1c of IRS Form 1065, or Box 3 of IRS Schedule C (Form 1040).
- The District is not in partnership with nor endorses any manufacturers or dealers. Any issues arising from the purchase of the new equipment is between applicant and the manufacturer or dealer. The District will not be held liable for any circumstances that occur between the applicant and the manufacturer or dealer.

Signature of Signing Authority

Date

CHECKLIST

Please submit the following items on this checklist for the application to be deemed complete for funding consideration.

- Completed application
- First page of [IRS Form W-9](#): The name identified on the W-9 must match the organization name on this application.
- Business Entities Only:** Verification that the business is currently in operation. Acceptable documentation includes, but is not limited to, one of the following:
  - » Copy of a valid business license, covering the past 24 months from the date of application submittal; or
  - » C-27-Landscape Contractors License Number; or
  - » Identification number assigned to a business entity by the California Secretary of State at the time of registration
  - » The District maintains the discretion to accept or request other documentation to demonstrate applicant is a commercial landscape maintenance provider and meets the intent of the program.

STEPS & SUBMIT

### PROGRAM PROCESS

- STEP 1 - Submit a complete application
- STEP 2 - Receive a Voucher from the District
- STEP 3 - Purchase your new equipment and destroy your old equipment
- STEP 4 - Submit a Claim for Payment Packet
- STEP 5 - Own and operate your new equipment for 36 months

When complete, please submit via:

#### MAIL

San Joaquin Valley Air Pollution Control District  
Attention: ZELE Program Staff  
1990 East Gettysburg Ave., Fresno, CA 93726-0244

#### E-MAIL:

[grants@valleyair.org](mailto:grants@valleyair.org)

#### FAX

(559) 230-6112

OR APPLY ONLINE AT [www.valleyair.org/ZELE](http://www.valleyair.org/ZELE)

## VOUCHER PROGRAM APPLICATION

Please submit a separate page three (3) for each individual piece of equipment to be replaced.

OLD EQUIPMENT

Type of Equipment to be Disposed of (**CHECK ONLY ONE OPTION**)

Edger   
  Chainsaw   
  Leaf Blower   
  Walk-behind Mower   
  Stand-on Mower   
  Brushcutter  
 String Trimmer   
  Hedge Trimmer   
  Pole saw   
  Leaf Vacuum   
  Ride-on Mower

Fuel Type     Gas     Diesel

Equipment Specifics (*if known*)

Make	Model No.	Model Year	EPA Engine Family Name

NEW EQUIPMENT

New electric equipment purchased must be:

- In the same equipment category as identified in the Equipment Type Categories table. For example, an old gas-powered chainsaw can be replaced with a new electric chainsaw, string trimmer, hedge trimmer, pole saw, edger, or brushcutter.
  - » Additional batteries and chargers acquired as part of the new equipment purchase may be included as part of the total eligible cost. See Program Guidelines for more information regarding additional batteries and chargers.
- Purchased from a manufacturer-authorized retailer or dealer.
- Battery-powered electric and new, not previously owned or used.
- Purchased with a power head.
  - » Attachments without a power head are ineligible, and manual equipment without an engine are not eligible.
  - » Combo kits with one power head and multiple attachments will be considered as one piece of equipment.

**EQUIPMENT TYPE CATEGORIES**

Edgers, String Trimmers, Hedge Trimmers, Chainsaws, Pole Saws, and Brushcutters

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Leaf Blowers and Vacuums

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Walk-behind Mowers

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Ride-on or Stand/Sit Mowers

DISCLOSURE

Applicants must disclose if they are receiving or will be applying for additional funding for the purchase of the new equipment in this application. Please choose from one of the following:

Yes, I **have** applied or **will** apply for funding from other sources, for the purchase of the new equipment listed in this application. List the Program name, Project/Reference Number, and Funding amount

Program Name(s)	Project/Reference #	Funding Amount(s)

No, I have not applied and will not apply for funding from other sources.