DEPT: Sheriff CCCC Urgent Routine NO CEO Concurs with Recommendation YES NO (Information Attached)	BOARD AGENDA # <u>*B-6</u> AGENDA DATE September 1, 2015 4/5 Vote Required YES INO
SUBJECT:	

Approval to Authorize the Sheriff to Apply for, Sign and Accept, if Awarded, the San Joaquin Valley Air Pollution Control District Public Benefit Grant for the Purchase of Three Alternative Fuel Vehicles

STAFF RECOMMENDATIONS:

- 1. Authorize the Sheriff to Apply for, Sign and Accept, if Awarded, the San Joaquin Valley Air Pollution Control District Public Benefit Grant for the purchase of three alternative fuel vehicles for increased Law Enforcement services at Frank Raines Regional Park, La Grange Park, Woodward Reservoir, Modesto Reservoir and other areas in Stanislaus County.
- 2. Adopt a Resolution authorizing the Sheriff to prepare and submit the application and sign all applicable documents with the San Joaquin Valley Air Pollution Control District.

(Continued on next page)

FISCAL IMPACT:

The total cost of these Motorcycles is \$20,723 per unit for a total of \$62,169 for all three (3) units. The County will initially have to spend the money to purchase the Motorcycles but the entire cost will be recouped by the County using a combination of a California Air Resource Board rebate of \$900 per unit and a Public Benefit Grant funded by the San Joaquin Valley Air Pollution Control District for \$19,823.

	(Continued on next page)
BOARD ACTION AS FOLLOWS:	
	No . 2015-411
On motion of Supervisor Mont	eith, Seconded by Supervisor _ <u>O'Brien</u>
and approved by the following	
Ayes: Supervisors: O'Brien, Chi	esa, Monteith, DeMartini, and Chairman Withrow
Noes: Supervisors:	
Excused or Absent: Supervisor	s: None
Abstaining: Supervisor:	None
1)X Approved as recom	
2) Denied	
3) Approved as amend	led
4) Other:	
MOTION	

MOTION:

ATTEST:

CHRISTINE FERRARO TALLMAN, Clerk

File No.

Approval to Authorize the Sheriff to Apply for, Sign and Accept, if Awarded, the San Joaquin Valley Air Pollution Control District Public Benefit Grant for the Purchase of Three Alternative Fuel Vehicles

STAFF RECOMMENDATIONS: Continued

 Authorize the Sheriff and Auditor-Controller to accept the funding from the San Joaquin Valley Air Pollution Control District and to increase appropriations and revenue by \$62,169 in the Sheriff Operations budget once the grant is awarded.

FISCAL IMPACT: Continued

After the grant funds and rebates are received the net cost to the county is zero as shown below:

Vehicle Cost	3 Units
Initial Cost (20,723 per unit)	62,169.00
CARB Rebate (-900 per unit)	-2,700.00
SJVAPCD Grant funding (-19,823 per unit)	-59,469.00
General Fund Cost	0.00

DISCUSSION:

The San Joaquin Valley Air Pollution Control District (SJVAPCD) is required to implement strategies that will result in the reduction of emissions. The public Benefit Grant Program, for the purchase of new alternative fuel vehicles, is one of the strategies to reduce these emissions. Internal combustion engines are a significant source category that provides an opportunity to pursue substantial emission reductions. The Sheriff's Department is interested in promoting clear air in the San Joaquin Valley. The grant provides funds of \$20,000 per vehicle up to the maximum of \$100,000 per agency. The California Air Resources Board also offers a flat rebate of \$900 per electric motorcycle purchased in the State.

The Stanislaus County Sheriff's Department is applying for a grant for \$59,469 from the San Joaquin Valley Air Pollution Control District. The Sheriff will also receive \$2,700 in rebates from the California Air Resources Board (\$900 X 3) for the three motorcycles purchased. These funding sources will allow the Off-Road Vehicle Enforcement Unit to replace the Suzuki DRZ 400cc dual sport motorcycles that are currently included in the Sheriff's fleet at no net cost to the County.

This New Alternative Fuel Vehicle Public Benefit Grant would allow the Sheriff's Department to purchase three zero emissions motorcycles for patrol, rescues and special events in both parks, reservoirs and other areas within Stanislaus County.

Approval to Authorize the Sheriff to Apply for, Sign and Accept, if Awarded, the San Joaquin Valley Air Pollution Control District Public Benefit Grant for the Purchase of Three Alternative Fuel Vehicles

Stanislaus County is set aside from most other Counties within the State of California due to the fact that the County owns and operates not one, but two Off-Highway Vehicle (OHV) Parks totaling 2,000 acres of available and dedicated land for all types of Off-Road Adventures for County residents and visitors alike. OHV visitors come from Stanislaus County and also from the Bay Area, Sacramento, Fresno, and the Sierra Foothills. Both parks are open to all registered and CVC compliant vehicles such as: 4 wheel drive, ATV's, Sand-Rails, Motorcycles and buggies to name a few.

The Sheriffs Department requests the Board of Supervisors approve the Department's application for this grant and adopt the required grant resolution (Attachment), which is provided in the grant application. This resolution requires that the Board approve the filing of the application and certify that the project will be well maintained during its useful life.

The Department in working with Fleet Services has determined that as electric vehicles these bikes would be considered specialty equipment and not part of the vehicle replacement cycle.

POLICY ISSUES:

This grant will meet the Board's priority of Effective Partnerships obtaining regional funding to improve the emergency response in the County's two Off Highway Vehicle Parks, Reservoirs and other waterways. This grant also supports the Board's priority of A Safe Community by enhancing off-road patrols, allowing greater patrol coverage in the parks, reservoirs and other water ways.

STAFFING IMPACTS:

There are no staffing impacts associated with this item.

CONTACT INFO:

Larry Seymour, Lieutenant (209) 652-0766

THE BOARD OF SUPERVISORS OF THE COUNTY OF STANISLAUS STATE OF CALIFORNIA

Date: September 1, 201	5	2015-411
• • • •	Monteith	Seconded by Supervisor O'Brien
and approved by the following	vote,	
Ayes: Supervisors:	O'Brien,	Chiesa, Monteith, DeMartini and Chairman Withrow
Noes: Supervisors:	None	
Excused or Absent: Superviso	rs: None	
Abstaining: Supervisor:	None	

THE FOLLOWING RESOLUTION WAS ADOPTED:

Item # *B-6

RESOLUTION AUTHORIZING THE SHERIFF ON BEHALF OF THE BOARD OF SUPERVISORS TO MAKE APPLICATION FOR AND TO SIGN CERTAIN ASSURANCES WITH RESPECT TO APPLICATIONS FOR THE PUBLIC BENEFITS GRANT

WHEREAS, the San Joaquin Valley Air Pollution Control District (SJVAPCD) Public Benefit Grant Program is available on a competitive basis for the purchase of alternative fuel vehicles that will have a significant impact on the air quality of the metropolitan area or region;

WHEREAS, The Stanislaus County Board of Supervisors must authorize someone by resolution, as the "Authorized Individual" to make application and administer the Public Benefits Grant Program;

NOW, THEREFORE, BE IT RESOLVED that the Stanislaus County Board of Supervisors hereby authorizes the Sheriff to make application for, to sign required assurances, and to administer the Public Benefits Grant Program on behalf of the Board of Supervisors.

BE IT FURTHER RESOLVED that Stanislaus County agrees to abide by the statutes and regulations governing the SJVAPCD Public Benefit Grant Program.

ATTEST: CHRISTINE FERRARO TALLMAN, Clerk Stanislaus County Board of Supervisors, State of California

Mistrie Ferrar

Please return all completed applications to: SJVAPCD Strategies and Incentives Department 1990 East Gettysburg Avenue; Fresno, CA 93726-0244



PUBLIC BENEFIT GRANTS PROGRAM New Alternative Fuel Vehicle Purchase Application

Applicant Information

1. Public Agency Name (as it appears on Form W-9): Stanislaus County Sheriff Department		
2. Tax ID: Taxpayer ID Number (TIN)		
 Address: 250 E. Hackett Road 		
4. Citγ: Modesto	5. State: Ca	6. ZIP Code: 95358
7. Mailing Address (if different from above): Same		
8. City:	9. State:	10. ZIP Code:
11. Have you applied to any other grant programs for any	vehicle in this application	1?
■ No 🗀 Yes – Name of Grant Program(s):		

Primary Contact Information

1. First Name: Larry	2. Last Name: Seymour	
3. Title: Lieutenant	4. E-Mail: Iseymour@star	nislaussheriff.com
5. Phone Number:	6. Alternate Contact Number:	7. Fax Number:

Contract Signing Authority

1. First Name: Adam	2. Last Name: Christianson	
3. Title: Sheriff		

APPROVED AS TO FORM: STANISLAUS COUNTY COUNSEL

BY DATE: 2

Application New Vehicle Purchase Page 1 of 5 Approved March 2013 New Vehicle Information- Complete a separate page for each vehicle make/model

	orete a separate	page for cach	Venicie makeymoder
1. Number of Vehicles:			
Three (3)			
2. Vehicle Type (please select one):			
Electric	Plug-In Hybrid		CNG, LNG, or LPG
□ Light-light Duty Vehicle	□ Light-Light Duty	/ Vehicle	Light-light Duty Vehicle
(GVWR <u>< 8,500 lbs.</u>)	(GVWR <u><</u> 8,500		(GVWR <u><</u> 8,500 lbs.)
Transport/Utility Cart	🗆 Light-Medium (□ Light-Medium Duty Vehicle
□ Scooter	(GVWR 8,501 -		(GVWR 8,501 – 14,000 lbs.)
🗇 Bicycle	Other (specify):	:	Transport/Utility Cart
🔳 Other (specify):			🗆 Other (specify):
Electric dual sport motorcycle.			-
3. Vehicle Make:	4. Vehicle Mode		5. Vehicle Model Year:
ZERO	DSP FZ11.4		2014
6. Vehicle GVWR:		7. Engine Hor	rsepower/Kilowatts:
428	lbs.	54 HP / 40 K	(W
8. Fuel Type:			
🚍 Electric 🗆 Plug-In Hybrid 🗆 CN(G 🗆 LNG 🗆 LPG 🗆	Other (specify):	
9. Manufacturer's estimated range fo	r fully charged vehic	le (electric vehicle	es only):
121 miles			
10. Total Cost of each New Vehicle: 11. Total Funding Requested from SJVAPCD (per vehicle):		ing Requested from SJVAPCD (per vehicle):	
\$ 20,723.00		\$ 19,823.0	00
12. Is there existing charging/fueling in	frastructure in place	for the proposed	vehicle(s)? 🗆 Yes 🔳 No
If no, please describe a plan for bui	lding infrastructure o	or gaining access t	o existing infrastructure:
13. How do you intend to pay for the r	emaining balance of	the project after	the grant has been applied?
🗆 Co-funding (please name source			
■ Other (please_specify): Internal	I funding from the	Sheriff's Depart	ment annual budget.
	·····		

New Vehicle Dealer Information

1. Vehicle Dealer Name: Eckhaus Fleet	
2. Contact / Salesperson Name: Brain Rogers	3. E-mail: brianrogers44@gmail.com
4. Phone Number: (559) 291-4400	5. Fax Number:

Internal use only

GMS Unit(s):____

New Vehicle Activity Information- Complete a separate page for each vehicle make/model

*If applying for multiple vehicles that will be performing different activities, please complete a separate section for each different vehicle activity

1. Number of vehicles with same v Three (3)	ehicle activity:	
 Use within SJVAPCD boundaries 100 % 	: 3. Use within CA boundaries:	 Estimated Annual Vehicle Usage (per vehicle): 5,000 miles
	: law enforcement, emergency services, (commuting, patrol, pool vehicle, etc.):
Law enforcement,	Off highway vehicle pa	ark patrol.
Vehicle Replacement - Please	ne vehicle(s) you would have purchased h list the year, make, and model of the veh	nicle(s) to be replaced:
Three (3) 2007 Suzuki DRZ	400cc dual sport motorcycles (v	with emergency lights and siren).
Other - Please specify:		

Internal use only

GMS Unit(s):_____

New Vehicle Activity Information

1.	Number of vehicles with same vehi	cle activity:	
2.	Use within SJVAPCD boundaries:	3. Use within CA boundaries:%	4. Estimated Annual Vehicle Usage (per vehicle):
5.	Vehicle Vocation/Use (examples: la	w enforcement, emergency services, co	ommuting, patrol, pool vehicle, etc.):
6.	Please mark the reason for purchas	ing the new vehicle(s): ehicle(s) you would have purchased had	d you not applied for this grant:
	Vehicle Replacement - Please list	the year, make, and model of the vehic	ele(s) to be replaced:
	Other - Please specify:		

internal use only

GMS Unit(s):_

Signature Form

Signing Authority to initial and sign in blue ink

Certifications

By **initialing each of the following sections**, I certify that I have read the Eligibility Criteria and Application Guidelines and agree to **ALL** of the following terms and conditions:

Initial _	The new vehicle(s) will be based within the geographic area of the SJVAPCD and seventy-five percent (75%) or more of the vehicle miles traveled or fuel consumption will be within the boundaries of the SJVAPCD for at least three (3) years from the date the vehicle is placed into service.
Initial	The new vehicle(s) will be used by a public agency located within the geographic area of the SJVAPCD.
Initial	The vehicle(s) purchased is/are a new OEM <u>electric, plug-in hybrid, or alternative fuel</u> vehicle(s) eligible for this program in accordance with the program guidelines.
Initial _	Appropriate fueling or charging infrastructure for the new vehicle(s) is or will be readily available oraccessible.
Initial _	Any funding received, including funding from other sources, combined with this grant will not exceed the full cost of the new vehicle(s).
Initial _	Additional funding sources, or other financial incentive(s) and funding amounts to be used towards this project are disclosed on the application.
Initial	Project match funding is reasonably available to complete the project in a timely manner.
Initial	Applicant will not purchase or take delivery of the new vehicle(s) until receiving an executed contract with the SJVAPCD.
Initial	SJVAPCD maintains the right to inspect the new vehicle(s) at any time during the contract period.

I hereby certify that all information provided in this application and any attachments are true and correct to the best of my knowledge.

Signing Authority Signature

Date

Application Packet Checklist

When submitting a project for consideration, submit a **complete** application packet. An incomplete application packet will lengthen the application processing time and delay possible incentive funding. A complete application packet includes the following items:

- Completed Application (Pages 1 thru 3), no required fields blank.
- Completed Signature Form (Page 4), signed in blue ink.
- First page of IRS Form W-9.
- Dated and itemized dealer **quote** for the new vehicle(s).
 - The quote must provide a breakdown of the total cost of the new vehicle and warranty (if not included in the purchase price), and include specific vehicle and engine information such as make, model, model year, engine horse power or watts, and vehicle GVWR.
- Resolution from the Applicant's governing body (i.e. City Council or County Board of Supervisors), or other documentation signed by a duly authorized official with authority to make financial decisions, authorizing the submittal of the application and identifying the individual authorized to implement the new vehicle project.
- □ If applicable, documentation which demonstrates future availability/accessibility <u>and</u> specifies the timeframe when infrastructure will be available/accessible. Only applicants who currently do not have infrastructure, or access to infrastructure, specific to the new vehicle(s) applied for in this project are required to submit this documentation.

Application New Purchase Page 5 of 5 Approved March 2013

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

Request for Taxpaver Identification Number and Certification

	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.				
	Stanislaus County Sheriff				
Print or type c Instructions on page 2.	2 Business name/disregarded entity name, if different from above				
	Individual/sole proprietor or C Corporation S Corporation Partnership single-member LLC Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partners)	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) Exemption from FATCA reporting			
it or stru	Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the tax classification of the single-member owner.	code (if any)			
Ë	Other (see instructions) ► Government		(Applies to accounts maintained outside the U.S.)		
_ jii	5 Address (number, street, and apt. or suite no.)	Requester's name and address (optional)			
Specifi	250 E. Hackett Rd.				
See S					
	Modesto, CA 953585				
	7 List account number(s) here (optional)		······································		
Pa	t 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 <i>How to get a TIN</i> on page 3.			identification number		
	t II Certification	4 for Employer			
للناهم					

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 ►	(5)5	

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)

5-11-15

Form 1099-C (canceled debt)

Date 🕨

- 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.