

THE BOARD OF SUPERVISORS OF THE COUNTY OF STANISLAUS
BOARD ACTION SUMMARY

DEPT: Public Works

BOARD AGENDA #: *C-4

AGENDA DATE: November 22, 2016

SUBJECT:

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

BOARD ACTION AS FOLLOWS:

No. 2016-584

On motion of Supervisor Withrow, Seconded by Supervisor O'Brien
and approved by the following vote,

Ayes: Supervisors: O'Brien, Chiesa, Withrow, DeMartini, and Chairman Monteith

Noes: Supervisors: None

Excused or Absent: Supervisors: None

Abstaining: Supervisor: None

1) Approved as recommended


2) Denied

3) Approved as amended

4) Other:

MOTION:

ATTEST:

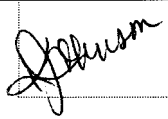

ELIZABETH A. KING, Clerk of the Board of Supervisors

File No.

**THE BOARD OF SUPERVISORS OF THE COUNTY OF STANISLAUS
AGENDA ITEM**

DEPT: Public Works
Urgent Routine

BOARD AGENDA #: *C-4
AGENDA DATE: November 22, 2016



CEO CONCURRENCE:

4/5 Vote Required: Yes No

SUBJECT:

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

STAFF RECOMMENDATIONS:

1. Authorize the Director of Public Works to apply for and accept, if awarded, the San Joaquin Valley Air Pollution Control District (SJVAPCD) Public Benefit Grant for the purchase of five alternative fuel vehicles on behalf of the Department of Public Works.
2. Adopt a Resolution authorizing the Director of Public Works to prepare and submit the application and sign all applicable documents with the SJVAPCD.

DISCUSSION:

To meet the health based National Ambient Air Quality Standards for ozone and particulate matter ten microns or less in diameter (PM 10), the San Joaquin Valley Air Pollution Control District (SJVAPCD) implemented strategies that support the reduction of emissions. The Public Benefit Grant Program is one of the strategies to reduce these emissions. This program funds the purchase of new electric, plug-in hybrid, or alternative fuel vehicles for public agencies to promote clean air alternative-fuel technologies, and the use of low- or zero-emission vehicles in public fleets. Internal combustion engines are a significant source category that provides an opportunity to pursue substantial emission reductions. The grant provides funds of \$20,000 per vehicle up to the maximum of \$100,000 per agency per year.

Public Works maintains Stanislaus County's resurfacing roadways, and maintenance of bridges, and storm water systems. To fulfill these duties, Public Works provides and maintains equipment used for these projects. In an effort to promote clean air, Public Works maintains and operates a Compressed Natural Gas (CNG) fueling station and over 46 CNG vehicles. The purchase of alternative fuel vehicles will not only support SJVAPCD's mission to reduce emissions, but will also replace depleted and aged equipment that has higher burning emissions.

Public Works is requesting approval to apply for incentive funds from the SJVAPCD Public Benefit Grant Program in a total amount of \$100,000 for the purchase of five alternative fuel vehicles. Public Works maintains and operates a full heavy-duty equipment shop with properly trained mechanics that specialize in CNG vehicle repairs.

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

If the Board of Supervisors approves the application for these incentive funds, department staff will execute the application with SJVAPCD. If awarded the Public Benefit Grant, the SJVAPCD requires Department staff to use these vehicles for transportation during the normal course of their duties for a minimum of three years. During this timeframe department staff must also track vehicle mileage, fuel consumption, and details regarding any major maintenance problems.

POLICY ISSUE:

The Board of Supervisors approval is necessary to adopt a resolution authorizing the San Joaquin Valley Air Pollution Control District Public Benefit Grant application.

FISCAL IMPACT:

The cost of the five alternative fuel vehicles being purchased by Public Works is \$201,418, and will be funded by the SJVAPCD Public Benefits Grant Program, and Public Works Morgan Shop’s fund balance designated for equipment replacement.

Cost of recommended action:		\$ 201,418
Source(s) of Funding:		
SJVAPCD Public Benefits Grant Program	\$ 100,000	
Public Works Morgan Shop Funds	101,418	
Funding Total:		<u>201,418</u>
Net Cost to County General Fund		<u><u>201,418</u></u>

Fiscal Year:	2016/2017
Budget Adjustment/Appropriations needed:	No

Fund Balance as of September 30, 2016	
Public Works Morgan Shop Funds	\$ 2,354,026

BOARD OF SUPERVISORS’ PRIORITY:

The recommended actions are consistent with the Board’s priorities of providing A Healthy Community and A Well Planned Infrastructure System by assisting Stanislaus County in reducing emissions as a result of the use of alternative fuel vehicles.

STAFFING IMPACT:

Existing Public Works staff will oversee this grant application.

CONTACT PERSON:

Matt Machado, Public Works Director Telephone: (209) 525-4153

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

ATTACHMENT(S):

1. San Joaquin Valley Air Pollution Control District Public Benefit Grant Application Packet
2. Resolution

ATTACHMENT 1

San Joaquin Valley Air Pollution Control District Public Benefit Grant Application Packet

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



San Joaquin Valley
AIR POLLUTION CONTROL DISTRICT

PUBLIC BENEFIT GRANTS PROGRAM
New Alternative Fuel Vehicle Purchase
Application

Applicant Information

1. Public Agency Name (as it appears on Form W-9): COUNTY OF STANISLAUS		
2. Tax ID: Taxpayer ID Number (TIN) _____		
3. Address: 1716 MORGAN ROAD		
4. City: MODESTO	5. State: CA	6. ZIP Code: 95358
7. Mailing Address (if different from above):		
8. City:	9. State:	10. ZIP Code:
11. Have you applied to any other grant programs for any vehicle in this application? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - Name of Grant Program(s): _____		

Primary Contact Information

1. First Name: TATE	2. Last Name: HOFFMAN	
3. Title: MANAGER III (FLEET)	4. E-Mail: HOFFMANT@STANCOUNTY.COM	
5. Phone Number: 209-661-6117	6. Alternate Contact Number: 209-525-4139	7. Fax Number: 209-541-2512

Contract Signing Authority

1. First Name: MATTHEW	2. Last Name: MACHADO
3. Title: DIRECTOR OF PUBLIC WORKS	

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

1. Number of Vehicles: FIVE (5)		
2. Vehicle Type (<i>please select one</i>):		
Electric <input type="checkbox"/> Light-light Duty Vehicle (GVWR ≤ 8,500 lbs.) <input type="checkbox"/> Transport/Utility Cart <input type="checkbox"/> Scooter <input type="checkbox"/> Bicycle <input type="checkbox"/> Other (specify): _____	Plug-In Hybrid <input type="checkbox"/> Light-Light Duty Vehicle (GVWR ≤ 8,500 lbs.) <input type="checkbox"/> Light-Medium Duty Vehicle (GVWR 8,501 – 14,000 lbs.) <input type="checkbox"/> Other (specify): _____	CNG, LNG, or LPG <input type="checkbox"/> Light-light Duty Vehicle (GVWR ≤ 8,500 lbs.) <input checked="" type="checkbox"/> Light-Medium Duty Vehicle (GVWR 8,501 – 14,000 lbs.) <input type="checkbox"/> Transport/Utility Cart <input type="checkbox"/> Other (specify): _____
3. Vehicle Make: FORD	4. Vehicle Model: F-250 XL	5. Vehicle Model Year: 2017
6. Vehicle GVWR: 9,950 lbs.	7. Engine Horsepower/Kilowatts: 385 HP	
8. Fuel Type: <input type="checkbox"/> Electric <input type="checkbox"/> Plug-In Hybrid <input checked="" type="checkbox"/> CNG <input type="checkbox"/> LNG <input type="checkbox"/> LPG <input type="checkbox"/> Other (specify): _____		
9. Manufacturer's estimated range for fully charged vehicle (electric vehicles only):		
10. Total Cost of each New Vehicle: \$40,283.54	11. Total Funding Requested from SJVAPCD (per vehicle): \$20,000	
12. Is there existing charging/fueling infrastructure in place for the proposed vehicle(s)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, please describe a plan for building infrastructure or gaining access to existing infrastructure:		
13. How do you intend to pay for the remaining balance of the project after the grant has been applied? <input checked="" type="checkbox"/> Co-funding (please name source): PUBLIC WORKS MORGAN SHOP CASH FUND BALANCE <input type="checkbox"/> Other (please specify): _____		

New Vehicle Dealer Information

1. Vehicle Dealer Name: HANSEL FORD LINCOLN	
2. Contact / Salesperson Name: JOE GAZDOWICZ	3. E-mail: JGAZDOWICZ@HANSELAUTO.COM
4. Phone Number: 1-707-543-7351	5. Fax Number: 1-707-523-2321

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 vehicle activity: FIVE (5)		
2. Use within SJVAPCD boundaries: 100 %	3. Use within CA boundaries: 100 %	4. Estimated Annual Vehicle Usage (per vehicle): 8,000 MILES \
5. Vehicle Vocation/Use (examples: law enforcement, emergency services, commuting, patrol, pool vehicle, etc.): MAINTENANCE AND REPAIR OF STANISLAUS COUNTY ROADS AND BRIDGES. MORGAN YARD, TRANSPORTATION BETWEEN VARIOUS COUNTY BUILDINGS. AND FOR COUNTY RELATED ERRANDS		
6. Please mark the reason for purchasing the new vehicle(s): <input type="checkbox"/> Fleet Expansion - Please list the vehicle(s) you would have purchased had you not applied for this grant: <input checked="" type="checkbox"/> Vehicle Replacement - Please list the year, make, and model of the vehicle(s) to be replaced: FOUR (4) UNLEADED 1998 CHEVY K2500'S ONE (1) UNLEADED 1992 FORD RANGER <input type="checkbox"/> Other - Please specify:		

Internal use only

GMS Unit(s): _____

New Vehicle Activity Information

1. Number of vehicles with same vehicle activity:		
2. Use within SJVAPCD boundaries: _____ %	3. Use within CA boundaries: _____ %	4. Estimated Annual Vehicle Usage (per vehicle): _____
5. Vehicle Vocation/Use (examples: law enforcement, emergency services, commuting, patrol, pool vehicle, etc.):		
6. Please mark the reason for purchasing the new vehicle(s): <input type="checkbox"/> Fleet Expansion - Please list the vehicle(s) you would have purchased had you not applied for this grant: <input type="checkbox"/> Vehicle Replacement - Please list the year, make, and model of the vehicle(s) to be replaced: <input type="checkbox"/> 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 **electric, plug-in hybrid, or alternative fuel** 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 or accessible.

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

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.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. COUNTY OF STANISLAUS	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <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 <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ 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. <input checked="" type="checkbox"/> Other (see instructions) ▶ COUNTY GOVERNMENT	
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>	
	5 Address (number, street, and apt. or suite no.) 1716 MORGAN ROAD	Requester's name and address (optional)
	6 City, state, and ZIP code MODESTO, CA 95358	
	7 List account number(s) here (optional)	

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 ▶ _____

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.

ATTACHMENT 2

Resolution

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

Date: November 22, 2016

2016-584

On motion of Supervisor Withrow Seconded by Supervisor O'Brien
and approved by the following vote,

Ayes: Supervisors: O'Brien, Chiesa, Withrow, DeMartini, and Chairman Monteith

Noes: Supervisors: None

Excused or Absent: Supervisors: None

Abstaining: Supervisor: None

THE FOLLOWING RESOLUTION WAS ADOPTED:

Item # *C-4

**AUTHORIZE THE DIRECTOR OF PUBLIC WORKS TO APPLY FOR AND SIGN CERTAIN
ASSURANCES WITH RESPECT TO THE SAN JOAQUIN VALLEY AIR POLLUTION CONTROL
DISTRICT PUBLIC BENEFIT 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; and,

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

NOW, THEREFORE, BE IT RESOLVED that the Stanislaus County Board of Supervisors does hereby authorize the Director of Public Works to make application for, sign required assurances, and administer the Public Benefit 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: **ELIZABETH A. KING, Clerk**
Stanislaus County Board of Supervisors,
State of California



File No.