

**August 2012**



## **Texas Emissions Reduction Plan: Reimbursement Forms**

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**Texas Commission on Environmental Quality (TCEQ)  
Texas Emissions Reduction Plan (TERP)  
Emissions Reduction Incentive Grants (ERIG)  
INSTRUCTIONS FOR REQUESTING REIMBURSEMENT ON YOUR GRANT**

**HOW TO SUBMIT A REQUEST FOR REIMBURSEMENT:**

**Use the attached forms to request reimbursement for eligible expenses.** Before filing a Request for Reimbursement, you must have completed at least one grant Activity in the Contract. You must have paid the project expenses unless you are asking the TCEQ to make the payment directly to the Vendor or Finance Company listed in the Contract. You must submit documentation of the expenses with your request. The documentation requirements are located in your Contract in the General Conditions Request for Reimbursement section. The same person (Grantee's Authorized Representative) who signed the Contract or a person so authorized in the original application and/or Contract must sign the Request for Reimbursement Form. The forms submitted must contain original signatures.

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**1. FILL OUT FORM 1 - AMOUNT REQUESTED & ASSIGNMENT:**

**A. PAYMENTS TO GRANTEE:** If the Grantee paid for the project costs, then the payment may go directly to the Grantee. On Form 1, complete ONLY SECTIONS 1, 3, and 4. In Section 1, using the TCEQ Contract, enter the TCEQ Contract Number and the Total Grant Award for all approved activities. Use the total from (all) the Detailed Expense Summaries to enter the Amount Of This Request. Enter YES or NO as to whether this is the Final Request for Reimbursement. The Grantee's Authorized Representative must sign the Certification Statement in Section 3. If this is the **final request**, sign the Release of Claims in Section 4.

**B. PAYMENTS TO VENDOR OR FINANCE CO. (Assignments):** If the grant payment is to go directly to the vendor or financing company, complete all the information requested on Form 1. An authorized representative of the Assignee must complete the Assignee information in Section 2. The Authorized Representatives of both the Grantee and the Assignee sign the Assignment section. The Authorized Representative of the Grantee must sign the Certification Statement in Section 3, and if this is the final request, the Release of Claims in Section 4 must also be signed. The Form AP-152 must be completed and signed by the Authorized Representative of the Grantee.

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**2. FILL OUT THE DETAILED EXPENSE SUMMARY:**

*Fill out the Detailed Expense Summary for each activity using the instructions on the form. Attach the required documentation behind each form.*

**A Detailed Expense Summary Form is required for each Activity completed and payment is being requested for.**

There is a Detailed Expense Summary Form for each type of Activity (i.e., Form 2c Retrofit, Form 2d New Purchase, etc.). Each form requires an Activity number that is located in your Contract in the Scope of Work section.

**Fill out the Detail Expense Summary for each activity using the instructions on the form. Sample forms are included for reference. Attach the required documentation behind each form. REMEMBER - WE CANNOT PROCESS A PAYMENT UNTIL YOU HAVE SUBMITTED ALL THE REQUIRED DOCUMENTATION.**

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**MAILING INSTRUCTIONS**

**Mail the completed forms and the required documentation to the address below. Forms must have original signatures.**

It is VERY IMPORTANT that all of the information listed below be included on your mailing label to ensure the Request goes to the correct office.

**Mail or deliver the request to:**

**Standard Mail**

Texas Commission on Environmental Quality  
Air Quality Division  
Implementation Grants Section, MC-204  
P.O. Box 13087  
Austin, TX 78711-3087

**Express Delivery**

Texas Commission on Environmental Quality  
Air Quality Division  
Implementation Grants Section, MC-204  
12100 Park 35 Circle  
Austin, TX 78753

**These forms and instructions are available on the TERP website <[www.terpgrants.org](http://www.terpgrants.org)>.**

**Texas Commission on Environmental Quality (TCEQ)**  
**TEXAS EMISSIONS REDUCTION PLAN (TERP) GRANT REIMBURSEMENT REQUEST**  
**FORM 1 - REQUEST FOR REIMBURSEMENT**

**SECTION 1. CONTRACT INFORMATION SECTION**

TCEQ Contract Number (on top right hand corner of grant document):			
Total Amount of TCEQ Grant Award:			
Amount Of This Request:			
<b>Final Request? (Yes - If all Grant Activities are completed) (No - if some activities are not yet purchased):</b>			
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<small>Enter an X if this is the Final Request</small>		<small>Enter an X if there will be other Requests</small>	
<b>GRANTEE</b> (Legal Name on Grant) and Address for grant payments - Include individual or entity name, address, city, state, and zip code:			
Name:			
Address:			
City:	State:	Zip Code:	
Grantee Social Security Number (SSN) or Federal Employer Identification Number (FEIN) in Grant:			

**IS PAYMENT ASSIGNED TO A THIRD PARTY (ASSIGNEE):**

(Mark the Appropriate Box with an X below)

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<small>Complete Section 2 Below</small>		<small>Skip to Section 3 Below</small>	

**SECTION 2. ASSIGNMENT SECTION**

<b>ASSIGNEE</b> (The Vendor to Receive Payment) Address for grant payments - Include individual or entity name, address, city, state, and zip code.			
Name:			
Address:			
City:	State:	Zip Code:	
Assignee Social Security Number(SSN) or Federal Employer Identification Number(FEIN):			

I, (**Grantee's Authorized Representative**), by this document hereby provide notice of assignment to the Texas Commission on Environmental Quality (TCEQ) of the assignment to (**Assignee Name**) of the payment not to exceed (**See #1 Below**) for the reimbursement of the eligible costs of purchases from the Assignee under the contract (grant) executed between (**Grantee Name**) and the TCEQ for award of an TERP Grant. Upon submission of the required payment forms and other reporting forms, please forward the payment to the Assignee.

**Grantee's Authorized Representative** (Person signing this form):

**Grantee Name:**

**Assignee Name:**

**Amount Requested** (From Section 1 above):

**AUTHORIZED SIGNATURES FOR ASSIGNMENT**

**GRANTEE'S AUTHORIZED REPRESENTATIVE SIGNATURE:**

Printed Name:

Title:

Date:

**ASSIGNEE'S AUTHORIZED REPRESENTATIVE SIGNATURE:**

Printed Name:

Title:

Date:

**SECTION 3. GRANTEE'S CERTIFICATION**

I certify to the best of my knowledge and belief that the data on this request for payment, including the data provided in the attached Detailed Expense Summary(ies), is (are) correct and complete, and that all outlays and unliquidated obligations are for the purposes set forth in the award document.

**GRANTEE'S AUTHORIZED REPRESENTATIVE SIGNATURE:**

Printed Name:

Title:

Date:

**SECTION 4. RELEASE OF CLAIMS SECTION**

**(Sign this section only if payment has been requested for All Activities in the grant award)**

Subject to receiving all reimbursement due and payable to date, the recipient hereby releases all claims against the TCEQ and its officers, agents and employees from any and all claims arising under or by virtue of the TCEQ's contract with the recipient.

**GRANTEE'S AUTHORIZED REPRESENTATIVE SIGNATURE:**

Printed Name:

Title:

Date:

For Comptroller's use only

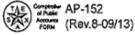
**APPLICATION FOR TEXAS IDENTIFICATION NUMBER**

• See instructions on back

	1. Is this a new account? <input type="checkbox"/> YES Mail Code 000 <input type="checkbox"/> NO Enter Mail Code _____ Agency number _____ Complete Sections 1 - 5 Complete Sections 1, 2 & 5							
<b>SECTION 1</b>	2. <b>TEXAS IDENTIFICATION NUMBER (TIN)</b> - Indicate the type of number you are providing to be used for your TIN <input type="checkbox"/> 1 - Employer Identification Number (EIN) <input type="checkbox"/> 2 - Social Security number (SSN) Enter the number indicated _____ <input type="checkbox"/> 3 - Comptroller's assigned number (FOR STATE AGENCY USE ONLY)							
<b>SECTION 2</b>	3. Are you currently reporting any Texas tax to the Comptroller's office such as sales tax or franchise tax? <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES," enter Texas Taxpayer Number _____							
<b>SECTION 2</b>	<b>PAYEE INFORMATION (Please type or print)</b> 4. Name of payee (Individual or business to be paid) _____ 5. Mailing address where you want to receive payments _____ 6. (Optional) _____ 7. (Optional) _____ 8. (Optional) _____ 9. City _____ State _____ ZIP Code _____							
<b>SECTION 2</b>	10. Payee telephone number (Area code and number) (_____) _____ SIC code _____ Security type code (0, 1, 2) _____ Zone code _____							
<b>SECTION 3</b>	11. <b>OWNERSHIP CODES</b> - Check only one code by the appropriate ownership type that applies to you or your business. <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> I - Individual Recipient (not owning a business)   <input type="checkbox"/> S - Sole Ownership (Individual owning a business): If checked, enter the owner's name and Social Security number (SSN)                      Owner's name _____                      SSN <input type="text" value="2"/> _____                 </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> L - Texas Limited Partnership: If checked, enter the Texas File Number _____   <input type="checkbox"/> T - Texas Corporation: If checked, enter the Texas File Number _____   <input type="checkbox"/> A - Professional Association: If checked, enter the Texas File Number _____   <input type="checkbox"/> C - Professional Corporation: If checked, enter the Texas File Number _____   <input type="checkbox"/> O - Out-of-State Corporation  <input type="checkbox"/> G - Governmental Entity  <input type="checkbox"/> U - State agency / University  <input type="checkbox"/> F - Financial Institution  <input type="checkbox"/> R - Foreign (out of U.S.A.)                 </td> </tr> <tr> <td colspan="2"> <input type="checkbox"/> P - Partnership: If checked, enter two partner's names and Social Security numbers (SSN). If a partner is a corporation, use the corporation's Employer Identification Number (EIN).                      Name _____                      SSN/EIN <input type="text"/> _____                      Name _____                      SSN/EIN <input type="text"/> _____                 </td> </tr> <tr> <td colspan="2"> <input type="checkbox"/> N - Other: If checked, explain. _____                 </td> </tr> </table>		<input type="checkbox"/> I - Individual Recipient (not owning a business)  <input type="checkbox"/> S - Sole Ownership (Individual owning a business): If checked, enter the owner's name and Social Security number (SSN) Owner's name _____ SSN <input type="text" value="2"/> _____	<input type="checkbox"/> L - Texas Limited Partnership: If checked, enter the Texas File Number _____  <input type="checkbox"/> T - Texas Corporation: If checked, enter the Texas File Number _____  <input type="checkbox"/> A - Professional Association: If checked, enter the Texas File Number _____  <input type="checkbox"/> C - Professional Corporation: If checked, enter the Texas File Number _____  <input type="checkbox"/> O - Out-of-State Corporation <input type="checkbox"/> G - Governmental Entity <input type="checkbox"/> U - State agency / University <input type="checkbox"/> F - Financial Institution <input type="checkbox"/> R - Foreign (out of U.S.A.)	<input type="checkbox"/> P - Partnership: If checked, enter two partner's names and Social Security numbers (SSN). If a partner is a corporation, use the corporation's Employer Identification Number (EIN). Name _____ SSN/EIN <input type="text"/> _____ Name _____ SSN/EIN <input type="text"/> _____		<input type="checkbox"/> N - Other: If checked, explain. _____	
<input type="checkbox"/> I - Individual Recipient (not owning a business)  <input type="checkbox"/> S - Sole Ownership (Individual owning a business): If checked, enter the owner's name and Social Security number (SSN) Owner's name _____ SSN <input type="text" value="2"/> _____	<input type="checkbox"/> L - Texas Limited Partnership: If checked, enter the Texas File Number _____  <input type="checkbox"/> T - Texas Corporation: If checked, enter the Texas File Number _____  <input type="checkbox"/> A - Professional Association: If checked, enter the Texas File Number _____  <input type="checkbox"/> C - Professional Corporation: If checked, enter the Texas File Number _____  <input type="checkbox"/> O - Out-of-State Corporation <input type="checkbox"/> G - Governmental Entity <input type="checkbox"/> U - State agency / University <input type="checkbox"/> F - Financial Institution <input type="checkbox"/> R - Foreign (out of U.S.A.)							
<input type="checkbox"/> P - Partnership: If checked, enter two partner's names and Social Security numbers (SSN). If a partner is a corporation, use the corporation's Employer Identification Number (EIN). Name _____ SSN/EIN <input type="text"/> _____ Name _____ SSN/EIN <input type="text"/> _____								
<input type="checkbox"/> N - Other: If checked, explain. _____								
<b>SECTION 4</b>	12. Payment Assignment? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>Note: A copy of the assignment agreement between payees must be attached.</i> Assignee name _____ Assignee TIN _____ Assignment date _____							
<b>SECTION 5</b>	13. Comments _____ 14. <b>sign here</b> _____ Authorized signature (Applicant or authorized agent) Date Agency name Prepared by Phone (Area code and number)							
<b>SECTION 5</b>	15. _____							

AP 152 FORM SAMPLE

USE THIS FORM IF YOU WANT THE TCEQ TO PAY YOUR VENDOR OR FINANCING COMPANY



APPLICATION FOR TEXAS IDENTIFICATION NUMBER

• See instructions on back

For Comptroller's use only

1. Is this a new account?  YES Mail Code 000 Complete Sections 1 - 5  NO Enter Mail Code \_\_\_\_\_ Agency number \_\_\_\_\_ Complete Sections 1, 2 & 5

**SECTION 1**

2. TEXAS IDENTIFICATION NUMBER (TIN) - Indicate the type of number you are providing to be used for your TIN  
 Employer Identification Number (EIN) Grantee's  
 2 - Social Security number (SSN) Enter the number indicated \_\_\_\_\_  
 3 - Comptroller's assigned number (FOR STATE AGENCY USE ONLY)

3. Are you currently reporting any Texas tax to the Comptroller's office such as sales tax or franchise tax?  
 YES  NO If "YES," enter Texas Taxpayer Number \_\_\_\_\_

**SECTION 2**

4. Name of payee (Individual or business to be paid) **LEGAL NAME of the BUSINESS RECEIVING PAYMENT**

5. Mailing address where you want to receive payments **Assignee for: (GRANTEE'S NAME ON THE CONTRACT)**

6. (Optional) **MAILING Address Where Payment Is to be Mailed**

7. (Optional) \_\_\_\_\_

8. (Optional) \_\_\_\_\_

9. City **City** State \_\_\_\_\_ ZIP Code **TX** **Zip Code**

10. Payee telephone number (Area code and number) (\_\_\_\_\_) \_\_\_\_\_ SIC code \_\_\_\_\_ Security type code ( 0, 1, 2 ) \_\_\_\_\_ Zone code \_\_\_\_\_

**SECTION 3**

11. OWNERSHIP CODES - Check only one code by the appropriate ownership type that applies to you or your business.

I - Individual Recipient (not owning a business)  L - Texas Limited Partnership: If checked, enter the Texas File Number \_\_\_\_\_

S - Sole Ownership (Individual owning a business): If checked, enter the owner's name and Social Security number (SSN)  
 Owner's name \_\_\_\_\_  
 SSN  \_\_\_\_\_

P - Partnership: If checked, enter two partner's names and Social Security numbers (SSN). If a partner is a corporation, use the corporation's Employer Identification Number (EIN).  
 Name \_\_\_\_\_  
 SSN/EIN  \_\_\_\_\_

T - Texas Corporation: If checked, enter the Texas File Number \_\_\_\_\_

A - Professional Association: If checked, enter the Texas File Number \_\_\_\_\_

C - Professional Corporation: If checked, enter the Texas File Number \_\_\_\_\_

O - Out-of-State Corporation

G - Governmental Entity

U - State agency / University

F - Financial Institution

R - Foreign (out of U.S.A.)

N - Other: If checked, explain. \_\_\_\_\_

**SECTION 4**

12. Payment Assignment?  YES  NO Note: A copy of the assignment agreement between payees must be attached.  
 Assignee name **LEGAL NAME of the BUSINESS RECEIVING PAYMENT**  
 Assignee TIN **FEI # of BUSINESS REC'G PYMT** Assignment date \_\_\_\_\_ Date \_\_\_\_\_

**SECTION 5**

13. Comments \_\_\_\_\_

14. **sign here** Author **Signed by Grantee (or Authorized Signer in the Contract)** Date \_\_\_\_\_

15. Agency name \_\_\_\_\_ Prepared by \_\_\_\_\_ Phone (Area code and number) \_\_\_\_\_

NOTE: ONLY THOSE BOXES WITH ENTRIES IN THEM NEED BE COMPLETED

**Texas Commission on Environmental Quality  
Texas Emissions Reduction Plan (TERP)  
Form 2a: Replacement Activity — Detailed Expense Summary**

<b>1. TCEQ CONTRACT NUMBER:</b>			
<b>2. GRANT RECIPIENT NAME:</b>			
<b>3. FINAL REQUEST FOR THIS ACTIVITY:</b> <small>(Enter Yes, if the Activity is complete or No, if there will be other costs on this Activity.)</small>			
<b>4. ACTIVITY NUMBER:</b> <small>(COMPLETE A SEPARATE FORM 2a FOR EACH ACTIVITY REQUESTED.)</small>			
<b>5. APPROVED GRANT AMOUNT FOR THIS ACTIVITY FROM CONTRACT:</b>			
<b>6. ACTUAL INCREMENTAL COST CALCULATION:</b> (Formula A + B – C – D = E)			
<b>A. CAPITAL COST OR EQUIPMENT PURCHASE PRICE:</b> <small>(Enter the total invoiced price including taxes, registration, and other normal costs, but do <u>NOT</u> include any interest expense, loan application fees, application assistance costs, or consulting fees.)</small>			
<b>B. ADD OTHER COSTS: GLOBAL POSITIONING SYSTEMS (GPS):</b> <small>(Includes Purchase and Installation. Enter the cost to purchase and install the GPS to monitor and log the location and use of the vehicle. Ongoing operational and maintenance charges may not be included. The GPS unit must have been purchased from the vendor authorized and contracted by the TCEQ.)</small>			
<b>C. SUBTRACT THE SCRAP VALUE OR THE VALUE RECEIVED FOR THE OLD EQUIPMENT BEING REPLACED:</b> <small>(The TCEQ will use a default scrap value of \$1,000 for on-road and off-road equipment as stipulated in the contract. Enter \$1,000 in this box.)</small>			
<b>D. SUBTRACT ALL FINANCIAL ASSISTANCE:</b> <small>(List the value of any other financial assistance to be used for the purchase or lease, and explain in detail: The incremental cost must be reduced by the value of any other financial incentive received, including tax credits or deductions, other grants, or any other public financial assistance.)</small>			
<b>E. INCREMENTAL COST CALCULATION (ROWS A + B – C – D = E):</b>			
<b>F. ELIGIBLE REPLACEMENT PROJECT COST CALCULATION:</b> <small>(E × 0.80 = F) (MULTIPLY THE INCREMENTAL COST BY 80%. You will not receive reimbursement for more than 80% of your ACTUAL incremental costs or for more than the Approved Grant Amount for this Activity, whichever amount is less. You are only able to receive funding for the lesser of the two amounts.)</small>			
<b>7. AMOUNT REQUESTED FOR THIS ACTIVITY</b> <small>(Enter the lesser amount of the Grant Amount on Line 5 or the Eligible Replacement Project Cost on Line 6F.)</small>			
<b>8. REQUIRED SUPPORTING DOCUMENTATION</b> <small>Attach bills of sale, invoices, delivery receipts, proof of payment (canceled checks or wire transfers), executed (signed) lease or financing agreement copies, and UCC1 statements. <u>A PAYMENT CANNOT BE PROCESSED UNTIL YOU HAVE SUBMITTED THE REQUIRED DOCUMENTATION.</u> Please check the following documentation items that you are submitting with this request of reimbursement:</small>			
<b>Invoice(s)</b>	<input type="text"/>	<b>Wire Transfer</b>	<input type="text"/>
<b>Bill of Sale (Sales Contract)</b>	<input type="text"/>	<b>Copies of Canceled Checks</b>	<input type="text"/>
		<b>Financial Agreement</b>	<input type="text"/>
		<b>Lease Agreement</b>	<input type="text"/>
<b>9. METHOD OF PAYMENT, FINANCING OR LEASE TERMS:</b> <small>(Indicate with a checkmark or an X the type of purchase: Cash, Regular Financing or Lease)</small>			
<b>Cash Purchase:</b>	<input type="text"/>	<b>Regular Financing:</b>	<input type="text"/>
		<small>Describe below</small>	<b>Lease:</b>
<b>Lease Purchase Financing:</b> <small>(Indicate with a check mark if this is a Lease-to-own agreement; equipment will be purchased and retained at the end of the Lease. The lease-Purchase agreement must include a binding commitment for the applicant to pay any remaining costs and to take ownership of the equipment. Without this binding commitment, the agreement will be considered a lease rather than a purchase.)</small>	<input type="text"/>		
<b>Lease:</b> <small>(Indicate with a check mark if for this lease the equipment will be returned at the end of the lease. The lease must extend for at least the activity life of the contract.):</small>	<input type="text"/>		
<b>Specify the exact terms of the financing or lease agreement, including the term of the lease or principal amount financed, the duration (in months), and amount of each installment below:</b>			
<small>Note: The grant may only be used to reimburse principal amounts or lease payments already made (excluding interest or finance charges) and/or upfront down payments on the purchase or lease. Your grant reimbursements may not be used to prepay future lease payments.</small>			
<b>NEW EQUIPMENT INFORMATION:</b> <small>Enter below the information about the NEW vehicle or equipment and engine purchased.</small>			
<b>Equipment Manufacturer</b>	<input type="text"/>	<b>Engine Manufacturer</b>	<input type="text"/>
<b>Equipment Model Year</b>	<input type="text"/>	<b>Engine Model Year</b>	<input type="text"/>
<b>Equipment Model</b>	<input type="text"/>	<b>Engine Model</b>	<input type="text"/>
<b>VIN or Serial Number</b>	<input type="text"/>	<b>Engine Serial Number</b>	<input type="text"/>
<b>Engine Test Group (Family Code) 12-Digit Alphanumeric found on Engine Plate</b>			
<b>Date NEW vehicle or equipment was placed into service</b>			

**Texas Commission on Environmental Quality**  
**Texas Emissions Reduction Plan (TERP)**  
**Form 2b: Repower Activity — Detailed Expense Summary**

<b>1. TCEQ CONTRACT NUMBER:</b>			
<b>2. GRANT RECIPIENT NAME:</b>			
<b>3. FINAL REQUEST FOR THIS ACTIVITY:</b> <small>(Enter Yes, if the Activity is complete or No, if there will be other costs on this Activity.)</small>			
<b>4. ACTIVITY NUMBER:</b> <small>(COMPLETE A SEPARATE FORM 2b FOR EACH ACTIVITY REQUESTED.)</small>			
<b>5. APPROVED GRANT AMOUNT FOR THIS ACTIVITY FROM CONTRACT:</b>			
<b>6. ACTUAL INCREMENTAL COST CALCULATION:</b> <small>(Formula A1 + A2 + A3 + A4 + B - C - D = E)</small>			
<b>A. CAPITAL COST OR EQUIPMENT PURCHASE PRICE:</b> <small>(The final invoices or sales receipts should total to the amounts entered on Lines A1, A2, A3, A4, and B below. The repower must be completed and the vehicle or equipment placed back in service before reimbursement can be requested.)</small>			
<b>Non Reimbursable Expenses:</b> <small>In-house labor and travel, expenses not directly related to the purchase and installation of the new engine, ancillary repair and rebuild costs, long-term operational, maintenance, or repair costs.</small>			
<b>1. ENGINE</b> — <small>Invoiced cost of new engine, including taxes, duty, protective in-transit insurance, and freight/delivery charges. No loan fees, interest, consultant charges, or financing costs.</small>			
<b>2. ADDITIONAL EQUIPMENT</b> — <small>Invoiced cost of additional parts directly needed to install the engine or installed on the engine with an acquisition cost of \$5,000 or more and necessary for the completion of the repower.</small>			
<b>3. INSTALLATION</b> — <small>Installation costs, including the cost to remove and dispose of the old engine. Installation costs may include costs to re-engineer the vehicle for the new engine to fit. Technical design, testing, and other engineering services required as part of the installation work should also be listed in this category.</small>			
<b>4. PARTS AND SUPPLIES</b> — <small>Invoiced cost of materials not included as part of the engine with an acquisition cost of less than \$5,000 per item that are necessary for the repower.</small>			
<b>B. ADD OTHER COSTS: GLOBAL POSITIONING SYSTEMS (GPS):</b> <small>(Includes Purchase and Installation. Enter the cost to purchase and install the GPS to monitor and log the location and use of the vehicle. Ongoing operational and maintenance charges may not be included. The GPS unit must have been purchased from the vendor authorized and contracted by the TCEQ.)</small>			
<b>C. SUBTRACT THE SCRAP VALUE OR VALUE RECEIVED FOR THE OLD ENGINE BEING REPLACED:</b> <small>(The TCEQ will not accept a reimbursement request that does not list a reasonable value for the old engine.)</small>			
<b>D. SUBTRACT ALL FINANCIAL ASSISTANCE:</b> <small>(The incremental cost must be reduced by the value of any other financial incentives received including any tax credits, discounts, other grants, or any other public financial assistance. Please explain in detail the sources of any incentives on an attached sheet.)</small>			
<b>E. INCREMENTAL COST CALCULATION:</b> <small>(A1 + A2 + A3 + A4 + B - C - D = E)</small>			
<b>F. ELIGIBLE REPLACEMENT PROJECT COST CALCULATION:</b> <small>(E × 0.80 = F)</small> <small>(MULTIPLY THE INCREMENTAL COST BY 80%. You will not receive reimbursement for more than 80% of your ACTUAL incremental costs or for more than the Approved Grant Amount for this Activity, whichever amount is less. You are only able to receive funding for the lesser of the two amounts.)</small>			
<b>7. AMOUNT REQUESTED FOR THIS ACTIVITY</b> <small>(Enter the lesser amount of the Grant Amount on Line 5 or the Eligible Replacement Project Cost on Line 6F.)</small>			
<b>8. REQUIRED SUPPORTING DOCUMENTATION</b> <small>Attach bills of sale, invoices, delivery receipts, proof of payment (canceled checks or wire transfers), executed (signed) lease or financing agreement copies, and UCC1 statements. <u>A PAYMENT CANNOT BE PROCESSED UNTIL YOU HAVE SUBMITTED THE REQUIRED DOCUMENTATION.</u> Please check the following documentation items that you are submitting with this request of reimbursement:</small>			
Invoice(s) <input type="text"/>	Wire Transfer(s) <input type="text"/>	Financial Agreement(s) <input type="text"/>	
Bill(s) of Sale (Sales Contract) <input type="text"/>	Copy of Canceled Checks <input type="text"/>	Lease Agreement(s) <input type="text"/>	
<b>9. METHOD OF PAYMENT, FINANCING OR LEASE TERMS:</b> <small>(Indicate with a checkmark the type of purchase: Cash, Regular Financing or Lease )</small>			
Cash Purchase: <input type="text"/>	Regular Financing: <input type="text"/> <small>Describe below</small>	Lease: <input type="text"/> <small>Describe below</small>	
<b>Specify the exact terms of the financing or lease agreement, including the term of the lease or principal amount financed, the duration (in months), and amount of each installment below:</b>			
<small>Note: The grant may only be used to reimburse principal amounts or lease payments already made (excluding interest or finance charges) and/or upfront down payments on the purchase or lease. Your grant reimbursements may not be used to prepay future lease payments.</small>			
<b>NEW ENGINE INFORMATION:</b> <small>Enter below the information about the NEW engine purchased.</small>			
Engine Manufacturer	<input type="text"/>	Engine Model Year	<input type="text"/>
Engine Model	<input type="text"/>	Engine Serial Number	<input type="text"/>
Engine Test Group (Family Code) 12-Digit Alphanumeric found on Engine Plate			
The New Engine has been installed and is in Operational Condition (Enter Yes or No)			
Date NEW engine was placed into service			