

December, 2014



Texas Natural Gas Vehicle Grant Program

Reimbursement Forms

**For Contract #'s 582-14-xxxxx-0838 and
582-15-xxxxx-0838**

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Implementation Grants Section
TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

Texas Commission on Environmental Quality (TCEQ)
Texas Natural Gas Vehicle Grant Program (TNGVGP)
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 for the project expenses unless you finance the acquisition of the qualified purchase through a secured loan, a lease purchase or other similar financing arrangement, and desire the TCEQ to make payments to the Participating Dealer listed in the Contract, or other pre-approved financing entity. You must submit documentation of the expenses with your request. Payment will not be made until all documentation showing that the vendor of the qualified purchase being financed has been paid for the costs related to the qualified purchase. The documentation requirements are located in the 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.

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 Form 2a(s) 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 ASSIGNMENT: If the grant payment is to go directly to an Assignee (either the Participating Dealer or other pre-approved financing entity), complete all the information requested in Section 2. An authorized representative of the Assignee must complete the Assignee information in Section 2. The Authorized Representatives of *both* the Grantee and the Assignee must 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.

2. FILL OUT FORM 2 - OTHER FINANCIAL INCENTIVES:

A. CERTIFICATION: All financial incentives and/or tax credits received or that are expected to be received for the natural gas vehicle(s) must be reported. If no incentives or credits have been received, sign the certification and skip the remainder of Form 2 and complete and attach the Form 2a for each activity being requested.

B. FINANCIAL INCENTIVES: This form must be completed for all activities for which Grantees have received or are eligible and expect to receive other financial incentives and tax credits. A separate Form 2 should be submitted for activities with different amounts of other financial incentives and tax credits, different Incremental Costs (see Section 2 below), and/or different grant award amounts.

Sections A & B: Using the instructions provided, enter the Activities that apply to these financial incentives

Section C: Calculating the Actual Incremental Cost (**Line 3.c.**): The Incremental Cost is the quoted price the Natural Gas Vehicle/Engine (**Line 1.c.**) less the quoted price of an equivalent (baseline) gas/diesel vehicle/engine (**Line 2.c.**).

Section D: In **Line 1.d.**, enter the amount of the financial incentive to be applied to each Activity. **Line 2.d.**, the Eligible Cost Per Activity, is the Incremental Cost less the financial incentive.

Section E: In **Line 1.e.**, enter the approved Grant Amount per Activity. Different Grant Amounts will require the use of a different Form 2.

Section F: In **Line 1.f.**, enter the lesser amount of **Line 1.e.** or **Line 2.d.** In **Line 2.f.**, enter the total number of Activities listed in Section B. In **Line 3.f.**, multiply the Amount Requested per Activity (**Line 1.f.**) by the Total Number of Activities (**Line 2.f.**) and enter this amount.

3. FILL OUT FORM 2a - DETAILED EXPENSE SUMMARY:

Fill out a Detailed Expense Summary Form for each Activity completed and payment is being requested for. Each form requires an Activity number. The Activity numbers are in your Contract in the Scope of Work.

Fill out the Detailed 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.**

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>.

Texas Commission on Environmental Quality (TCEQ)
TEXAS EMISSIONS REDUCTION PLAN (TERP) GRANT REIMBURSEMENT REQUEST
Texas Natural Gas Vehicle Grant Program (TNGVGP)
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:			
Final Request? (Yes - If all Grant Activities are completed) (No - if some activities are not yet purchased):			
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>	
GRANTEE (Legal Name on Grant) 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?

(Mark the Appropriate Box with an X below)

Yes <small>Complete Section 2 Below</small>	No <small>Skip to Section 3 Below</small>
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SECTION 2. ASSIGNMENT SECTION

Assignee Name and 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):			
<p>I, (Grantee's Authorized Representative), by this document hereby provide notice to the Texas Commission on Environmental Quality (TCEQ) of the assignment to (Assignee Name) of the payment not to exceed ("Amount of This Request' (From Section 1 Above)") for the reimbursement of the eligible costs of purchases under the contract (grant) executed between (Grantee Name) and the TCEQ for award of an TERP Grant. Upon submission and subsequent approval of the required forms and supporting documentation, please forward payment to (Assignee Name).</p>			
Printed Name of Grantee's Authorized Representative			
Grantee Name:			
Assignee Name:			
"Amount of This Request" (From Section 1 Above):			
AUTHORIZED SIGNATURES FOR ASSIGNMENT			
<small>Upon receipt of grant payments, Assignee will apply said grant payments to principal reduction or lease buy-down, as applicable.</small>			
GRANTEE'S AUTHORIZED REPRESENTATIVE SIGNATURE:			
Printed Name:	Title:	Date:	
ASSIGNEE'S AUTHORIZED REPRESENTATIVE SIGNATURE:			
Printed Name:	Title:	Date:	

SECTION 3. GRANTEE'S CERTIFICATION

<p>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(s), is (are) correct and complete, and that all outlays and unliquidated obligations are for the purposes set forth in the award document.</p>			
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)

<p>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.</p>			
GRANTEE'S AUTHORIZED REPRESENTATIVE SIGNATURE:			
Printed Name:	Title:	Date:	

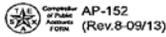
For Comptroller's use only

APPLICATION FOR TEXAS IDENTIFICATION NUMBER

• See instructions on back

	1. Is this a new account? <input type="checkbox"/> YES Mail Code 000 Complete Sections 1 - 5	<input type="checkbox"/> NO Enter Mail Code _____ Complete Sections 1, 2 & 5	Agency number _____
SECTION 1	2. TEXAS IDENTIFICATION NUMBER (TIN) - 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)		
	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 _____		
SECTION 2	PAYEE INFORMATION (Please type or print) 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 _____ 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. <input type="checkbox"/> I - Individual Recipient (not owning a business) <input type="checkbox"/> L - Texas Limited Partnership: If checked, enter the Texas File Number _____ <input type="checkbox"/> S - Sole Ownership (Individual owning a business): If checked, enter the owner's name and Social Security number (SSN) <input type="checkbox"/> T - Texas Corporation: If checked, enter the Texas File Number _____ Owner's name _____ <input type="checkbox"/> A - Professional Association: If checked, enter the Texas File Number _____ SSN <input type="checkbox"/> 2 _____ <input type="checkbox"/> C - Professional Corporation: If checked, enter the Texas File Number _____ <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). <input type="checkbox"/> O - Out-of-State Corporation Name _____ <input type="checkbox"/> G - Governmental Entity SSN/EIN _____ <input type="checkbox"/> U - State agency / University Name _____ <input type="checkbox"/> F - Financial Institution SSN/EIN _____ <input type="checkbox"/> R - Foreign (out of U.S.A.) <input type="checkbox"/> N - Other: If checked, explain. _____		
SECTION 4	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 _____		
SECTION 5	13. Comments _____ _____ Authorized signature (Applicant or authorized agent) _____ Date _____ 14. sign here _____ Agency name _____ Prepared by _____ Phone (Area code and number) _____ 15. _____		

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



For Comptroller's use only

APPLICATION FOR TEXAS IDENTIFICATION NUMBER

See instructions on back

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

SECTION 1

2. TEXAS IDENTIFICATION NUMBER (TIN) - Indicate the type of number you are providing to be used for your TIN

1 - Employer Identification Number (EIN) Enter the number indicated **Grantee's SSN/FEI# (per application)**

2 - Social Security number (SSN)

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

PAYEE INFORMATION (Please type or print)

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 payment **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 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)

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

Owner's name _____
SSN **2** _____

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 _____

Name _____
SSN/EIN _____

N - Other: If checked, explain. _____

L - Texas Limited Partnership: If checked, enter the Texas File Number _____

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.)

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** **Signed by Grantee (or Authorized Signer in the Contract)** Date **Date Signed by Grantee**

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)
Texas Natural Gas Vehicle Grant Program (TNGVGP)
Form 2 — Other Financial Incentives**

Section 1 OR Section 2 of this form must be completed for all activities.

Section 1. Certification

If the Grantee has **NOT** received other financial incentives, tax credits, or any other public financial assistance from another source to purchase this vehicle or engine, **complete Section 1 ONLY**. It is not necessary to fill out the remainder of this form (Form 2). If the Grantee has received other financial incentives or assistance since the Grant Application was submitted, skip Section 1 and complete Section 2.

A. Grantee Name:

B. TCEQ Contract Number:

C. Does the response provided here apply to all activities on this Request? (Answer Yes or No)

D. If "No" is answered for Line C., list the activity #'s that apply to this response and complete Section 2 accordingly.

I hereby certify on behalf of (**Grantee Name - see above**), that to the best of my knowledge and belief, since the Grant Application was submitted, no other financial incentives or tax credits have been received and none are expected to be received for the natural gas vehicle(s) included in this Request for Reimbursement.

Signature of Grantee's Authorized Representative in Contract:

Title:

Date:

Section 2. Financial Incentives

This Section must be completed for all activities for which Grantees have received or are eligible and expect to receive other financial incentives and tax credits since the Grant Application was submitted.

A separate Form 2 should be submitted for activities with different amounts of other financial incentives and tax credits, different Incremental Costs and/or different grant award amounts.

A. Does this form apply to all activities on this Request?

(Answer Yes or No)

B. List the activity number(s) that apply to this form:

Use a separate Form 2 for Activities with different amounts of financial assistance/tax credits, different incremental costs (see Section C below), and/or different approved grant amounts.

C. Incremental / Cost to Grantee

Enter in Line 1.c. the invoiced amount using one of the new vehicle(s) or engine(s), including taxes, duty, protective in-transit insurance, and freight charges per vehicle or engine. Do not include loan fees, interest, consultant charges, financing, or other administrative costs. Enter in Line 2.c. the cost of the baseline diesel/gas vehicle/engine per the quote provided by the Participating Dealer. Attach a copy of the quote to this form.

1.c. Cost of Natural Gas Vehicle or Engine

2.c. Less Cost of Baseline Diesel/Gas Vehicle or Engine

3.c. Incremental Cost /Cost to Grantee (1.c. - 2.c.)

D. Eligible Cost Per Activity

Calculate the per activity amount of the Financial Incentives, and enter this amount in the space provided in Line 1.d. below.

Subtract the amount listed in Line 1.d. from the amount listed above in Line 3.c., and enter this amount in the space provided in Line 2.d.

1.d. Other Financial Incentives/Tax Credits

2.d. Eligible Cost Per Activity (Line 3.c. - 1.d.)

E. Approved Grant Amount per Activity

Enter in the space provided in Line 1.e. below, the Approved Grant Amount from the TCEQ Contract that applies to the activities listed above (use a different Form 2 if there are different approved grant amounts for the Activities).

1.e. Approved Grant Amount per Activity

F. Activity Amount Requested per Activity

In Line 1.f. below, enter the lesser of the Eligible Cost per Activity (Amount in Line 2.d. above) or the Approved Grant Amount per Activity (line 1.e. above).

1.f. Amount Requested per Activity (Enter the lesser amount of Line 1.e. or 2.d. above)

2.f. Total number of Activities listed in Section B

3.f. Total Amount Requested for all Activities listed above (Line 1.f. x 2.f.)

**Texas Commission on Environmental Quality
Texas Emissions Reduction Plan (TERP)
Texas Natural Gas Vehicle Grant Program (TNGVGP)
Form 2a — Detailed Expense Summary**

1. TCEQ CONTRACT NUMBER:			
2. GRANT RECIPIENT NAME:			
3. FINAL REQUEST THIS ACTIVITY (Mark the appropriate box with an X): <i>Answer YES, if the Activity is complete or NO, if there will be other costs on this Activity.</i>	YES		NO
4. ACTIVITY NUMBER: (A SEPARATE FORM 2a MUST BE COMPLETED FOR EACH ACTIVITY INCLUDED IN THIS REIMBURSEMENT REQUEST.)			
5. APPROVED GRANT AMOUNT FOR THIS ACTIVITY FROM CONTRACT:			
6. AMOUNT REQUESTED FOR THIS ACTIVITY (Enter either the Approved Grant Amount OR the amount for this Activity from Form 2 Line 1.f., if other Financial Incentives have been or will be received.)			
7. REQUIRED SUPPORTING DOCUMENTATION			
<p><i>Attach bills of sale, invoices with vehicle/engine specifications itemized or attached, 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></i></p> <p><i>Please check appropriately for ALL of the following documentation items that you are submitting with this Request for Reimbursement:</i></p>			
Invoice(s)	<input type="checkbox"/>	Copy of Wire Transfer (s)	<input type="checkbox"/>
Bill of Sale (Sales Contract)	<input type="checkbox"/>	Copies of Canceled Checks	<input type="checkbox"/>
		Finance Agreement	<input type="checkbox"/>
		Lease Agreement	<input type="checkbox"/>
8. METHOD OF PAYMENT, FINANCING, OR LEASE TERMS:			
<i>(Indicate with a checkmark the type of purchase: Cash, Regular Financing or Lease)</i>			
Cash Purchase:	<input type="checkbox"/>	Regular Financing:	<input type="checkbox"/>
		<i>Describe below</i>	<input type="checkbox"/>
		Lease:	<input type="checkbox"/>
		<i>Indicate type of lease below</i>	<input type="checkbox"/>
Lease Purchase Financing:			
<i>(Lease-to-own; 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.)</i>			
			<input type="checkbox"/>
Lease:			
<i>(The equipment will be returned at the end of the lease. The lease must extend for at least the activity life of the contract.)</i>			
			<input type="checkbox"/>
Explain below the exact terms of the financing or lease agreement, including the term of the agreement, principal amount, the duration (in months), and amount of each installment:			
<p><i>Note: The grant may only be used to reimburse principal amounts or lease payments already made (excluding interest, transaction fees, or finance charges) and/or upfront down payments on the purchase or lease to buy down future lease payments or other payment of principal for the purchase or repower of the vehicle. Your grant reimbursements may not be used to cover future obligations for payments under a lease agreement.</i></p>			
9. EQUIPMENT/VEHICLE AND ENGINE INFORMATION			
<i>Enter below the information about the NEW vehicle or equipment and/or engine purchased. If this is for a Repower, the vehicle make, model, VIN, and year must match the old vehicle/equipment information contained in the contract.</i>			
Equipment Manufacturer		Engine Manufacturer	
Equipment Model Year		Engine Model Year	
Equipment Model		Engine Model	
VIN or Serial Number		Engine Serial Number	
Engine Test Group (Family Code) 12-Digit Alphanumeric found on Engine Plate			
Fuel Capacity (In Diesel Gallons Equivalent or DGE)			
<i>(For Bi-Fuel, indicate "Single Tank" or "Dual Tanks" after DGE Capacity)</i>			
Date NEW vehicle or Vehicle/Equipment/Engine was placed into service			