

May 2016



Texas Emissions Reduction Plan (TERP):

Texas Clean Fleet (CF) Grant Program

Request for Reimbursement (RFR) Forms

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Texas Commission on Environmental Quality (TCEQ)
Texas Emissions Reduction Plan (TERP)
Texas Clean Fleet (CF) Grant Program
INSTRUCTIONS FOR REQUESTING REIMBURSEMENT ON YOUR CLEAN FLEET GRANT

HOW TO SUBMIT A REQUEST FOR REIMBURSEMENT:

Use the attached forms to request reimbursement for your grant contract. 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 dealer or finance company involved with this transaction. 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.

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 Forms 2a for 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 DEALER OR FINANCE CO. (i.e. "Assignments"): If the grant payment is to go directly to the dealer or financing entity, 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 separate Assignment Information form must also be completed, in its entirety.

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

Fill out a separate Form 2a for EACH activity associated with this submitted RFR. Make sure to include ALL of the required documentation.

A Form 2a is required for each Activity for which payment is being requested.

Lines 1 to 5: Enter the appropriate information using the TCEQ Contract, and any executed amendments, as the source.

Lines 6a - 6f: Refer to the instruction provided on Form 2a to complete the Incremental Cost Calculation.

Line 7: Enter the lesser of the Approved Grant Amount from **Line 5** (post any executed amendments) or the Eligible Replacement Project Cost on **Line 6f**. This is the amount you will be reimbursed.

Lines 8 - 9: Enter a check mark or X in the cell(s) indicating the type of supporting documentation attached and the method of payment used. If a Finance Lease is used to purchase the equipment, the Lease Terms must be greater than or equal to the Activity Life per the contract or it must include a binding commitment for the grantee to purchase the equipment at the end of the lease.

Lines 10 - 10i: Enter the NEW Equipment and the associated NEW Engine information as indicated. The Engine-Family Code should "match" the Engine Emissions Year indicated on **Line 10e**. **Line 11** identifies the date that possession of the NEW equipment was taken by the Grantee. Remember to include a copy of the required Delivery Receipt.

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
ATTN: Reimbursement
P.O. Box 13087
Austin, TX 78711-3087

Express Delivery

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

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY (TCEQ)

TEXAS EMISSIONS REDUCTION PLAN (TERP)

2016 TEXAS CLEAN FLEET (CF) GRANT PROGRAM

FORM 1 - REQUEST FOR REIMBURSEMENT (RFR)

SECTION 1: CONTRACT INFORMATION

1. TCEQ Contract Number (as identified in your contract):			
2. Grant Recipient Name (as identified in the contract):			
3. Total Amount of TCEQ Grant (as identified in your contract and per all amendments):			
4. Total Amount Requested with this RFR (total of all Forms 2a submitted):			
5. Total # of Activities on the Contract:			
6. Activity #'s on this RFR (identify using 3-digits for each Activity):			
7. Final Request? (Yes - If all Grant Activities on the contract are completed; No - if some activities are not yet purchased):			
7a. Yes (Enter an X if this is the final request for contract)	<input type="checkbox"/>	7b. No (Enter an X if there will be other requests)	<input type="checkbox"/>
8. Grant Recipient's Name and Mailing Address - - Complete ONLY IF Payment is not Assigned - - If payment is Assigned, Skip to Section 2			
8a. Name:			8b. In Care of or Attention:
8c. Address:			
8d. City:	8e. State:	8f. Zip Code +4:	

SECTION 2: ASSIGNMENT

10. Was newly acquired grant equipment obtained with either a loan or a lease OR are grant funds being used as a "down payment" to the dealer? Indicate below with an X.			
10a. Yes (Complete the rest of Section 2):	<input type="checkbox"/>	10b. No (Ignore Section 2, Complete Lines 8 - 8f above and Skip to Section 3 below):	<input type="checkbox"/>
11. ASSIGNEE Name (the entity to receive the reimbursement payment) and Mailing Address for the reimbursement payment (Include entity name, in care of (if applicable), attention to (if applicable), mailing address, city, state, and zip code +4)			
11a. Name:			
11b. In Care of:	11c. Attention:		
11d. Address:			
11e. City:	11f. State:	11g. Zip Code +4:	
<p>12. I, (Printed Name of Grant Recipient's Authorized Representative), by this document hereby provide notice of assignment to the Texas Commission on Environmental Quality (TCEQ) of the assignment to (Printed Name of Assignee) of the payment not to exceed (Amount Requested) for the reimbursement of the associated eligible costs of acquiring the activity/activities identified in the grant contract executed between (Grant Recipient Name) and the TCEQ for award of a TERP Grant. Upon review and approval of the submitted required reimbursement forms and required supporting documentation, please forward the payment to (Assignee Name). By signing below, the (Assignee's Authorized Representative) hereby accepts the payment assignment on behalf of (Assignee Name) and agrees that upon receipt of the grant funds, all funds will be applied both: a) as a lump sum at the time of receipt, and b) strictly to the principal of the related loan or to the balance of the related lease agreement, as applicable, and not to any finance or interest charges or fees.</p>			
12a. Printed Name of Grant Recipient's Authorized Representative:			
12b. Printed Name of Assignee:			
12c. Printed Name of Assignee's Authorized Representative:			
12d. Amount Requested to be Assigned with this RFR (from Line 4 above):			
13. AUTHORIZED SIGNATURES FOR ASSIGNMENT			
13a. Signature of Grant Recipient's Authorized Representative:			
13b. Date of Signature:			
13c. Signature of Assignee's Authorized Representative:			
13d. Date of Signature:			

SECTION 3: GRANT RECIPIENT'S CERTIFICATION

14. I certify to the best of my knowledge and belief that the data and information on this request for reimbursement form, including the data and information provided on all of the forms and submitted supporting documentation, is correct and complete, and that all outlays and unliquidated obligations are for the purposes set forth in the award document.	
14a. Printed Name of Grant Recipient's Authorized Representative:	
14b. Signature of Grant Recipient's Authorized Representative:	
14c. Date of Signature:	

SECTION 4: RELEASE OF CLAIMS

(Sign this section only if Final Request is "Yes" above, meaning that reimbursement has been requested for all activities on the contract)

15. Subject to receiving all reimbursement due and payable to date, the Grant 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 contract with the Grant Recipient listed above.	
15a. Signature of Grant Recipient's Authorized Representative:	
15b. Date of Signature:	

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY (TCEQ)
Texas Emissions Reduction Plan (TERP)
Texas Clean Fleet (CF) Program -- Form 2a: Detailed Expense Summary

1. TCEQ CONTRACT NUMBER:			
2. GRANT RECIPIENT NAME:			
4. ACTIVITY NUMBER REPRESENTED BY THIS FORM 2A: <small>(Always use 3-digits, i.e. 001, 002, 010, etc.; Complete a separate Form 2a for EACH activity submitted with this RFR.)</small>			
5. APPROVED GRANT AMOUNT FOR THIS ACTIVITY PER THE CONTRACT: <small>(And per any executed amendment/s)</small>			
6. ACTUAL INCREMENTAL COST CALCULATION:			
a. CAPITAL COST OR EQUIPMENT PURCHASE PRICE: <small>(Enter the total invoiced price including taxes, registration, and other normal costs, but do <u>NOT</u> include any doc fees, interest expense, loan application fees, application assistance costs, or consulting fees.)</small>			
b. ADD OTHER COSTS: GLOBAL POSITIONING SYSTEMS (GPS): <small>(Include Purchase and Installation Cost ONLY - DO NOT include the ongoing operational and maintenance charges. Enter the cost to purchase and install the GPS to monitor and log the location and use of the vehicle. The GPS unit must have been purchased from the vendor authorized and contracted by the TCEQ.)</small>			
c. SUBTRACT THE SCRAP VALUE OR THE VALUE RECEIVED FOR THE OLD EQUIPMENT BEING REPLACED: <small>(The TCEQ will use a default scrap value of \$1,000. Enter \$1,000 in this box.)</small>			
d. SUBTRACT ALL FINANCIAL INCENTIVES: <small>(List the value of any other financial incentives to be used for the purchase or lease, and explain in detail on a separate page. 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 incentives.)</small>			
e. INCREMENTAL COST CALCULATION (ROWS A + B - C - D = E):			
f. ELIGIBLE REIMBURSABLE AMOUNT <small>(80% of Incremental Cost Calculation, i.e. Line 6E x 80%):</small>			
7. AMOUNT TO BE REIMBURSED FOR THIS ACTIVITY <small>(Enter the lesser amount of the Grant Amount on Line 5 or the Eligible Reimbursable Amount on Line 6F):</small>			
8. REQUIRED SUPPORTING DOCUMENTATION <small>Attach bills of sale, invoices, delivery receipts, proof of payment (canceled checks or wire transfers), executed (signed) financing agreement copies, etc. <u>A PAYMENT CANNOT BE PROCESSED UNTIL YOU HAVE SUBMITTED ALL OF THE REQUIRED DOCUMENTATION.</u> Please check the following documentation items that you are submitting with this request of reimbursement:</small>			
Invoice(s) and/or Bills of Sale	<input type="text"/>	Wire Transfer	<input type="text"/>
Delivery Receipts	<input type="text"/>	Copies of Canceled Checks	<input type="text"/>
		Financial Agreement	<input type="text"/>
		Finance Lease Agreement	<input type="text"/>
9. METHOD OF PAYMENT, FINANCING TERMS: <small>(Indicate with a checkmark the type of purchase: Cash, Regular Financing)</small>			
Cash Purchase:	<input type="text"/>	Regular Financing:	<input type="text"/>
		Lease Financing:	<input type="text"/>
<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>			
10. NEW EQUIPMENT AND NEW ENGINE INFORMATION: <small>Enter below the information about the NEW vehicle purchased.</small>			
10a. Model Year:	<input type="text"/>	10e. Engine Emissions Year:	<input type="text"/>
10b. Equipment Manufacturer:	<input type="text"/>	10f. Engine Manufacturer:	<input type="text"/>
10c. Equipment Model:	<input type="text"/>	10g. Engine Model:	<input type="text"/>
10d. Equipment VIN or Serial Number:	<input type="text"/>	10h. Engine Serial Number:	<input type="text"/>
10i. Engine-Family Code <small>(The 12-digit alphanumeric code found on Engine Plate):</small>			<input type="text"/>
11. Date POSSESSION of NEW equipment was taken by Grant Recipient:			<input type="text"/>

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY (TCEQ)

TEXAS EMISSIONS REDUCTION PLAN (TERP)

FOR ALL TERP GRANT PROGRAMS

ASSIGNMENT INFORMATION (Only to be used when assigning payment. The entire form, i.e. every box/space should be completed.)

<p>1. Grant Recipient's Name: (As identified on the Signature Page (page 1) of the contract):</p>	
<p>3. Assignee Name and Mailing Address (Enter the information below (on Lines 3a - 3h) related to the entity to whom assignment is being made, i.e. the entity that is to receive the reimbursement payment. The information entered on these lines must match the information provided on Lines 11a - 11g of Form 1)</p>	
<p>3a. Assignee Entity Name: (Enter the name of the entity to whom assignment is being made, as identified on Line 11a of Form 1):</p>	
<p>3b. Assignee In Care of: (Enter the name of the entity or department if the payment is to be sent In Care Of a particular entity or department.):</p>	
<p>3c. Assignee Attention: (Enter the name of the person or department if the payment is to be sent to the attention of a particular individual or department.):</p>	
<p>3d. Assignee Mailing Address: (Enter the mailing address of where the reimbursement payment is to be mailed):</p>	
<p>3e. Assignee Mailing Address (continued): (Enter the continuation of mailing address if needed (i.e. Floor #, Suite #, etc.):</p>	
<p>3f. Assignee Mailing City: (Enter the city associated with the mailing address identified on Line 3c above.):</p>	
<p>3g. Assignee Mailing State: (Enter the state associated with the mailing address identified on Line 3c above.):</p>	
<p>3h. Assignee Mailing Zip Code +4: (Enter the 5-digit zip code + the 4-digit code associated with the mailing address identified above.):</p>	