

# Emission Reduction Incentive Grant (ERIG)

## Replacement Project Application

TCEQ-10430b

Solicitation No. 582-18-80795-0249



### Eligible Counties

**Austin Area:** Bastrop, Caldwell, Hays, Travis, and Williamson Counties

**Beaumont-Port Arthur Area:** Hardin, Jefferson, and Orange Counties

**Corpus Christi Area:** Nueces and San Patricio Counties

**Dallas-Fort Worth Area:** Collin, Dallas, Denton, Ellis, Henderson, Hood, Hunt, Johnson, Kaufman, Parker, Rockwall, Tarrant, and Wise Counties

**El Paso Area:** El Paso County

**Houston-Galveston-Brazoria Area:** Brazoria, Chambers, Fort Bend, Galveston, Harris, Liberty, Montgomery, and Waller Counties

**San Antonio Area:** Bexar, Comal, Guadalupe, and Wilson Counties

**Tyler-Longview Area:** Gregg, Harrison, Rusk, Smith, and Upshur Counties

**Victoria Area:** Victoria County

*Note: The term "equipment" refers to one of the eligible emission sources: on-road heavy-duty vehicles, non-road equipment, stationary equipment, marine vessels, and locomotives.*

### Eligible Applicants:

Eligible applicants include individuals, corporations, organizations, governments or governmental subdivisions or agencies, business trusts, partnerships, associations, or any other legal entity. This may include a corporation headquartered outside of the state of Texas, but which operates equipment primarily in an eligible county in Texas.

### Eligible Activities:

Eligible projects include the replacement of older on-road heavy-duty vehicles and non-road heavy-duty equipment with newer and cleaner models. Vehicles and equipment being replaced must be in good operating condition. For vehicles, the replacement vehicle must be a model year 2015 or newer. For equipment, the engine manufacture year must be 2015 or newer. Refer to the RFGA for a complete list of replacement requirements.

### Hurricane Harvey Exception

Applicants whose equipment were damaged or destroyed as a result of Hurricane Harvey, can submit a request for one or more eligibility requirements to be waived. Applicants applying under this exception should complete Supplemental Form 1: Hurricane Harvey Exception, and submit the form with the required project application forms.

### Application Deadline:

This application form is only valid for the application period ending August 15, 2018 or subsequent end date if the application period is extended.

#### Regular Postal Delivery

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



#### Express Delivery or Hand Delivery

Texas Commission on Environmental Quality  
Air Quality Division  
Implementation Grants Section (ERIG), MC-204  
12100 Park 35 Circle  
Building F, 1st Floor, Room 1301  
Austin, Texas 78753

<http://www.terpgrants.org>

# Emission Reduction Incentive Grant (ERIG) Replacement Application

## Form 1: Applicant Information

### 1. Applicant Legal Name

|  |
|--|
|  |
|--|

### 2. Business Information

|   |   |             |  |             |  |
|---|---|-------------|--|-------------|--|
| <p style="text-align: center;"><b>Ownership Code (Business Type):</b><br/>Identify the ownership type of your business by selecting from the dropdown list.</p> |   |             |  |             |  |
| <p style="text-align: center;"><b>Payee Identification Number:</b><br/>Provide one of the numbers requested on the right.</p>                                   | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; text-align: center;"><b>SSN:</b></td> <td style="width: 85%;"></td> </tr> <tr> <td style="text-align: center;"><b>FEI:</b></td> <td></td> </tr> </table> | <b>SSN:</b> |  | <b>FEI:</b> |  |
| <b>SSN:</b>   |   |             |  |             |  |
| <b>FEI:</b>   |   |             |  |             |  |
| <p style="text-align: center;"><b>Do you qualify as a TERP Small Business?</b><br/>Refer to the Application Instructions.</p>                                   |   |             |  |             |  |

### 3. Authorized Official: The applicant or an employee of the applicant who has legal authority to sign for and speak on behalf of the entity.

|   |  |        |  |     |           |                 |  |         |  |  |
|---|--|--------|--|-----|-----------|-----------------|--|---------|--|--|
| Prefix:   |  | First: |  | MI: |           | Last:           |  | Suffix: |  |  |
| Title:  |  |        |  |     |           |                 |  |         |  |  |
| Primary Phone:  |  |        |  |     |           | Cell Phone:     |  |         |  |  |
| Fax Number:   |  |        |  |     |           | E-Mail Address: |  |         |  |  |
| <b>Mailing</b> Address:   |  |        |  |     |           |                 |  |         |  |  |
| City:   |  | State: |  |     | Zip code: |                 |  |         |  |  |
| <input type="checkbox"/> Check here if the physical address is the same as the mailing address, and then continue to Section 4. |  |        |  |     |           |                 |  |         |  |  |
| <b>Physical</b> Address:  |  |        |  |     |           |                 |  |         |  |  |
| City:   |  | State: |  |     | Zip code: |                 |  |         |  |  |

### 4. Designated Project Representative: The applicant or an employee of the applicant who will serve as the point of contact for this application.

|  |  |        |  |     |           |                 |  |         |  |  |
|--|--|--------|--|-----|-----------|-----------------|--|---------|--|--|
| <input type="checkbox"/> Check here if the Designated Project Representative is the same as the Authorized Official, and then continue to Section 5. |  |        |  |     |           |                 |  |         |  |  |
| Prefix:  |  | First: |  | MI: |           | Last:           |  | Suffix: |  |  |
| Title:   |  |        |  |     |           |                 |  |         |  |  |
| Primary Phone:   |  |        |  |     |           | Cell Phone:     |  |         |  |  |
| Fax Number:  |  |        |  |     |           | E-Mail Address: |  |         |  |  |
| <b>Mailing</b> Address:  |  |        |  |     |           |                 |  |         |  |  |
| City:  |  | State: |  |     | Zip code: |                 |  |         |  |  |
| <input type="checkbox"/> Check here if the physical address is the same as the mailing address, and then continue to Section 5.                      |  |        |  |     |           |                 |  |         |  |  |
| <b>Physical</b> Address:   |  |        |  |     |           |                 |  |         |  |  |
| City:  |  | State: |  |     | Zip code: |                 |  |         |  |  |

### 5. Designated Location for Records Access and Review by the TCEQ or its Representative: Please provide the physical address where records relating to this project may be accessed and reviewed.

|                          |  |        |  |  |           |  |  |  |  |  |
|--------------------------|--|--------|--|--|-----------|--|--|--|--|--|
| <b>Physical</b> Address: |  |        |  |  |           |  |  |  |  |  |
| City:                    |  | State: |  |  | Zip code: |  |  |  |  |  |

# Emission Reduction Incentive Grant (ERIG) Replacement Application

## Form 2: Third-Party Preparer Signature Page

**1. Was this application prepared by a third-party?** Mark Yes or No. A third-party preparer is someone who is assisting in the preparation of the grant application, but who is not related to or a current employee of the applicant.

|      |  |     |  |
|------|--|-----|--|
| Yes: |  | No: |  |
|------|--|-----|--|

**2. Third-Party Preparer Certification.** I hereby certify that to the best of my knowledge and belief all information provided in this application and any attachments is true and correct, as represented to me by the applicant. I understand that failure to sign the application or signing it with a false statement may make the submitted offer or any resulting contracts voidable.

|   |  |
|---|--|
| <b>Printed Name (include Mr. or Ms.):</b> |  |
| <b>Title:</b>                             |  |
| <b>Company Name:</b>                      |  |
| <b>Street Address:</b>                    |  |
| <b>City, State, Zip Code:</b>             |  |
| <b>Phone Number:</b>                      |  |
| <b>E-Mail Address:</b>                    |  |
| <b>Signature of Third-Party Preparer:</b> |  |
| <b>Date of Signature:</b>                 |  |

Intentional falsification of these forms will be prosecuted to the extent allowed under the law and may be used as an adverse factor in future grant approval decisions for applications involving the third-party preparer.

*Faxed or photocopied signature pages will not be accepted. This form must have an original signature, or the application will not be accepted*

# Emission Reduction Incentive Grant (ERIG) Replacement Application

## Form 3: Program-Specific Certifications

By signing this form, the applicant indicates its understanding of and agreement to adhere to the identified program-specific requirements. The applicant hereby assures and certifies compliance with all state statutes, regulations, policies, guidelines, and requirements as they relate to the application, acceptance, and use of funds for this project. The applicant further understands, assures, and/or certifies to the conditions listed below unless a waiver or exception is approved by the TCEQ.

- 1. Ownership.** The equipment has been continuously owned for the preceding two years. For titles, the applicant has been listed on the front of the title document for the preceding two years.
- 2. Operation & Registration.** The equipment has been continuously located and used in Texas for the preceding two years. In addition, the on-road vehicles have been continuously registered for operation in Texas for the preceding two years. Applicants with apportioned vehicles must submit quarterly usage summaries that include accurate dates and miles driven in each registered state.
- 3. Condition.** The equipment is currently in good operating condition and capable of performing its primary function in the routine operations of the applicant at the time of signature. To the best of the applicant's knowledge, the equipment is capable of continuing to perform its primary function for the duration of the Activity Life, taking into account normal maintenance, repairs, and upkeep.
- 4. Continued Operation and Use.** If the grant funds were not available, the applicant expects to otherwise continue to operate the equipment in Texas for at least the duration of the Activity Life and the applicant otherwise would not have planned to replace the equipment.
- 5. Destruction.** The applicant has the legal authority to complete the approved method of destruction (disposition) of the equipment or engine being replaced. In general, the old equipment, including the engine, must be rendered permanently inoperable within 90 days of receiving financial reimbursement.
- 6.** To the best of the applicant's knowledge, the proposed activities are not required by any state or federal law, rule, or regulation, memorandum of agreement, or other legally binding document.
- 7.** The applicant understands that any marketable credits under state or federal emissions reduction credit averaging, banking, or trading programs, that may be generated by the proposed activities, are transferred to the state implementation plan or permanently retired, and may not be used by the applicant. If the project is funded, the applicant waives, for all time, its right to claim emissions reduction credits which may accrue during the activity life as a result of the use of the low-emission technology which is funded under this program, and agrees not to apply for any such credits based on reductions generated in the eligible counties. Credits that accrue after the end of the activity life are not transferred, but may not be used to calculate the cost-effectiveness of the project.
- 8.** All public financial incentives that will be used by the applicant that directly offset the costs of the proposed activities, including tax credits or deductions, other grants, or any other public financial assistance have been properly listed where indicated on the application forms and the incentive amounts requested reflect a reduction in the eligible incremental costs based on the value of those incentives.
- 9.** The applicant understands that failure to achieve the NOx emissions reductions projected to be achieved for this project may result in the TCEQ requiring the return of all or a share of the grant funds. Achievement of the emission reductions will be based on the grant equipment being used for the annual amount of hours, miles, or fuel use that occurs in the eligible counties, as designated in the application for that activity.
- 10.** The applicant understands that failure to operate the grant equipment for the annual usage and percentage of annual use in the eligible counties as designated in the application may be considered non-compliance with the grant agreement and may result in the TCEQ requiring return of all or a share of the grant funds.
- 11.** The applicant will monitor the use of grant-funded equipment, or infrastructure, and report semi-annually to the TCEQ over the designated activity life. If a TCEQ-approved GPS system is installed, the applicant agrees to maintain and use that system and to verify the data reported in accordance with the provisions of the grant contract.
- 12.** The applicant will notify the TCEQ of any termination of use, change in use, sale, transfer, or destruction of grant-funded equipment, during the activity life. The applicant further agrees that, during the activity life, the TCEQ may be entitled to the return of all or a share of the grant funds for any loss of emissions reductions compared with the emissions reductions projected in awarding the grant.
- 13.** The applicant will maintain, for the term of the activity, property loss insurance or self-insurance coverage on any equipment or infrastructure acquired, leased, repowered, retrofitted, or constructed using these funds, sufficient to cover the costs of reimbursing the state for its pro rata share of the activity costs.

|  |  |              |  |
|--|--|--------------|--|
| <b>Signature of Authorized Official:</b> |  | <b>Date:</b> |  |
|--|--|--------------|--|

# Emission Reduction Incentive Grant (ERIG) Replacement Application

## Form 4: General Certifications (Page 1)

This section serves to assure the TCEQ that you understand and agree to the statements below. These provisions relate to the basic contract form which will be in force between the applicant and the TCEQ upon award of a grant. TCEQ urges applicants to download a copy of the example grant contract from [www.terpgrants.org](http://www.terpgrants.org) and review it so that any questions can be discussed early in the application review process. By signing this application, the applicant assures and certifies that:

- 1. Legal Authority.** It possesses legal authority in the State of Texas to apply for the grant and that the applicant's governing body has authorized the filing of the application, including all understandings and assurances contained therein, and directing and authorizing the person identified as the authorized official to act in connection with the application and to provide such additional information as may be required.
- 2. Uniform Grant Management Standards.** It will comply with the Uniform Grant Management Standards (UGMS), adopted June 2004 by the Texas Comptroller of Public Accounts in accordance with Chapter 783, Texas Government Code. This document is available at: <https://comptroller.texas.gov/purchasing/docs/ugms.pdf>
- 3. Procurement of Goods and Services.** In procuring goods and services, it will comply with Part II. Cost Principles for State and Local Governments and Other Affected Parties and Part III. State Uniform Administrative Requirements for Grants of the UGMS. All procurement transactions will be conducted in a manner providing full and open competition.
- 4. Historically Underutilized Businesses (HUBs).** Qualified HUBs, as defined and designated under state law, shall have the maximum practicable opportunity to participate in the performance of the work arising out of this project.
- 5. Conflict of Interest.** The applicant has not given, offered to give, nor intends to give at anytime hereafter, any economic opportunity, future employment, gift, loan gratuity, special discount, trip, favor, or service to a public servant in connection with the submitted application. Under Government Code § 2155.004, no person involved in the preparation of the Request for Grant Applications may have any financial interest in this application. If applicant is not eligible, then any contract resulting from this application shall be immediately terminated. Furthermore, under Section 2155.004, Government Code, the applicant certifies that the individual or business entity named in this bid or contract is not ineligible to receive the specified contract and acknowledges that this contract may be terminated and payment withheld if this certification is inaccurate.
- 6. Nondiscrimination.** It will comply with all State and Federal statutes relating to nondiscrimination.
- 7. Grant Administration.** It will maintain an appropriate grant administration system to ensure that all terms, conditions, and specifications of the grant, including these certifications and assurances, are met.
- 8. Audit.** Pursuant to Section 2262.154 of the Texas Government Code, the state auditor may conduct an audit or investigation of the vendor or any other entity or person receiving funds from the state directly under this contract or indirectly through a subcontract under this contract. The acceptance of funds by the applicant or any other entity or person directly under this contract or indirectly through a subcontract under this contract acts as acceptance of the authority of the state auditor, under the direction of the legislative audit committee, to conduct an audit or investigation in connection with those funds. Under the direction of the legislative audit committee, the applicant or other entity that is the subject of an audit or investigation by the state auditor must provide the state auditor with access to any information the state auditor considers relevant to the investigation or audit. Applicant will ensure that this clause concerning the authority to audit funds received indirectly by subcontractors through the vendor and the requirement to cooperate is included in any subcontract it awards.
- 9. Debt to the State.** It is not indebted to the state or have an outstanding tax delinquency. It further understands that the Texas Comptroller is precluded by law from paying a person who is indebted to the state or has a tax delinquency. The applicant must comply with all State and Federal tax laws and fee requirements and is solely responsible for filing all State and Federal tax and fee forms.

*Continued on next page*

# Emission Reduction Incentive Grant (ERIG) Replacement Application

## Form 4: General Certifications (Page 2)

**10. Grant Contract.** It understands that a copy of the grant contract shell is available from the TCEQ, including a copy posted on the TCEQ's web site at [www.terpgrants.org](http://www.terpgrants.org). It further understands that the TCEQ will not normally change the contract language to deal with individual requests from grant recipients.

**11. Contracting with an Executive of a State Agency.** Under Government Code § 669.003, relating to contracting with an executive of a state agency, Applicant represents that no person who, in the past four years, served as an executive of the Texas Commission on Environmental Quality (TCEQ) or any other state agency, was involved with or has any interest in this Application. If Applicant employs or has used the services of a former executive head of TCEQ or other state agency, then Respondent shall provide the following information: name of former executive, name of state agency, date of separation from state agency, position with Applicant, and date of employment with Applicant.

**12. Debarment.** The applicant certifies that the applying entity and its principals are eligible to participate in this transaction and have not been subjected to suspension, debarment, or similar ineligibility determined by any federal, state or local governmental entity and that Respondent is in compliance with the State of Texas statutes and rules relating to procurement and that Respondent is not listed on the federal government's terrorism watch list as described in Executive Order 13224. Entities ineligible for federal procurement are listed at <http://www.epls.gov>.

**13. Hurricane Katrina and Other Natural Disasters.** Under Section 2155.006(b) of the Texas Government Code, a state agency may not accept a bid or award a contract, including a contract for which purchasing authority is delegated to a state agency, that includes proposed financial participation by a person who, during the five-year period preceding the date of the bid or award, has been: (1) convicted of violating a federal law in connection with a contract awarded by the federal government for relief, recovery, or reconstruction efforts as a result of Hurricane Rita, as defined by Section 39.459, Utilities Code, Hurricane Katrina, or any other disaster occurring after September 24, 2005; or (2) assessed a penalty in a federal civil or administrative enforcement action in connection with a contract awarded by the federal government for relief, recovery, or reconstruction efforts as a result of Hurricane Rita, as defined by Section 39.459, Utilities Code, Hurricane Katrina, or any other disaster occurring after September 24, 2005. Under Section 2155.006 of the Texas Government Code, the applicant certifies that the individual or business entity named in this Application is not ineligible to receive the specified contract and acknowledges that any contract resulting from this RFGA may be terminated and payment withheld if this certification is inaccurate.

**14.** The applicant has not been adjudicated during the preceding three-year period to have committed substantive, non-clerical violations resulting in an actual release of hazardous waste that presented an imminent and substantial danger to the public health and safety or the environment.

**15.** The applicant, nor any of its officers, have not been adjudicated by a court of law to have violated the Texas Deceptive Trade Practices Act.

**16.** If any of these certifications change between submittal of the Application and award of a contract or cancellation of the Solicitation, you will promptly notify TCEQ.

# Emission Reduction Incentive Grant (ERIG) Replacement Application

## Form 5: Certification of Eligibility to Receive a State-Funded Grant

All applicants must complete this form to certify eligibility to receive a grant under this program, regardless if child support obligations apply to the applicant. Failure to submit this form may result in rejection of the application.

### Certification Regarding Child Support Obligations

Under Section 231.006, Texas Family Code, a child support obligor who is more than 30 days delinquent in paying child support and a business entity in which the obligor is a sole proprietor, partner, shareholder, or owner with an ownership interest of at least 25% is not eligible to receive a state-funded grant or loan. All applicants must include in the application the name and social security number of the individual or sole proprietor and each partner, shareholder, or owner with an ownership interest of 25% of the business entity submitting the applications.

FEDERAL PRIVACY ACT NOTICE. This notice is given pursuant to the Federal Privacy Act. Disclosure of your Social Security Number (SSN) is required under Section 231.006 (c) and Section 231.302(c)(2) of the Texas Family Code. The SSN will be used to identify persons that may owe child support. The SSN will be kept confidential to the fullest extent allowed under Section 231(302)(e).

*Please check one of the following applicant options.*

|  |                          |
|--|--------------------------|
| 1. Individual or sole proprietorship:                              | <input type="checkbox"/> |
| 2. One or more individuals own 25% or more of the business entity: | <input type="checkbox"/> |
| 3. No individual owns 25% or more of the business entity:          | <input type="checkbox"/> |
| 4. Governmental entity:  | <input type="checkbox"/> |

If option 1 or 2 is checked, list the names(s) and social security numbers(s) (SSN) below.

|       |                      |      |                      |
|-------|----------------------|------|----------------------|
| Name: | <input type="text"/> | SSN: | <input type="text"/> |
| Name: | <input type="text"/> | SSN: | <input type="text"/> |
| Name: | <input type="text"/> | SSN: | <input type="text"/> |
| Name: | <input type="text"/> | SSN: | <input type="text"/> |

I certify that to the best of my knowledge and belief that the individual or business entity submitting this application is eligible to receive a grant. I acknowledge that the grant contract may be terminated and any payments withheld if this certification is inaccurate.

Signature of Authorized Official:

Date:

|                      |
|----------------------|
| <input type="text"/> |
| <input type="text"/> |

*Faxed or photocopied signature pages will not be accepted. This form must have an original signature, or the application will not be accepted.*

## Emission Reduction Incentive Grant (ERIG) Replacement Application

### Form 6.1: Old Equipment Information

**Emission Source:**

Select the emission source from the dropdown list.

| Description   | Activity Number: |  |
|---|------------------|--|------------------|--|------------------|--|------------------|--|------------------|--|
| <b>Equipment Description:</b>   |                  |  |                  |  |                  |  |                  |  |                  |  |
| <b>Number of Axles:</b><br><i>On-Road Vehicles Only</i>   |                  |  |                  |  |                  |  |                  |  |                  |  |
| <b>Equipment Make:</b>  |                  |  |                  |  |                  |  |                  |  |                  |  |
| <b>Equipment Model:</b>   |                  |  |                  |  |                  |  |                  |  |                  |  |
| <b>Equipment Year:</b>  |                  |  |                  |  |                  |  |                  |  |                  |  |
| <b>Equipment ID Number or Last 4 Digits of VIN:</b>   |                  |  |                  |  |                  |  |                  |  |                  |  |
| <b>Gross Vehicle Weight Rating (GVWR):</b><br><i>On-Road Vehicles Only</i>                          |                  |  |                  |  |                  |  |                  |  |                  |  |
| <b>Engine Make:</b>   |                  |  |                  |  |                  |  |                  |  |                  |  |
| <b>Engine Model:</b>  |                  |  |                  |  |                  |  |                  |  |                  |  |
| <b>Engine Year:</b>   |                  |  |                  |  |                  |  |                  |  |                  |  |
| <b>Engine Identification Number:</b>  |                  |  |                  |  |                  |  |                  |  |                  |  |
| <b>Engine Horsepower:</b><br><i>Select unit from dropdown list.</i>                                 |                  |  |                  |  |                  |  |                  |  |                  |  |
| <b>Fuel Type:</b>   |                  |  |                  |  |                  |  |                  |  |                  |  |
| <b>Engine Family Code:</b>  |                  |  |                  |  |                  |  |                  |  |                  |  |
| <b>Federal NO<sub>x</sub> Emissions (g/bhp-hr):</b>   |                  |  |                  |  |                  |  |                  |  |                  |  |
| <b>Historical Annual Usage (Average of last 2 years):</b><br><i>Select unit from dropdown list.</i> |                  |  |                  |  |                  |  |                  |  |                  |  |
| <b>Is Odometer/Hour Meter Working?</b>  |                  |  |                  |  |                  |  |                  |  |                  |  |
| <b>Odometer/Hour Meter Reading:</b><br><i>Select unit from dropdown list.</i>                       |                  |  |                  |  |                  |  |                  |  |                  |  |

**Emission Reduction Incentive Grant (ERIG) Replacement Application  
Form 6.2: Old Equipment Information**

| Description   | Activity Number: |
|---|------------------|------------------|------------------|------------------|------------------|
| <b>Equipment Description:</b>   |                  |                  |                  |                  |                  |
| <b>Number of Axles:</b><br><i>On-Road Vehicles Only</i>   |                  |                  |                  |                  |                  |
| <b>Equipment Make:</b>  |                  |                  |                  |                  |                  |
| <b>Equipment Model:</b>   |                  |                  |                  |                  |                  |
| <b>Equipment Year:</b>  |                  |                  |                  |                  |                  |
| <b>Equipment ID Number or Last 4 Digits of VIN:</b>   |                  |                  |                  |                  |                  |
| <b>Gross Vehicle Weight Rating (GVWR):</b><br><i>On-Road Vehicles Only</i>                          |                  |                  |                  |                  |                  |
| <b>Engine Make:</b>   |                  |                  |                  |                  |                  |
| <b>Engine Model:</b>  |                  |                  |                  |                  |                  |
| <b>Engine Year:</b>   |                  |                  |                  |                  |                  |
| <b>Engine Identification Number:</b>  |                  |                  |                  |                  |                  |
| <b>Engine Horsepower:</b><br><i>Select unit from dropdown list.</i>                                 |                  |                  |                  |                  |                  |
| <b>Fuel Type:</b>   |                  |                  |                  |                  |                  |
| <b>Engine Family Code:</b>  |                  |                  |                  |                  |                  |
| <b>Federal NO<sub>x</sub> Emissions (g/bhp-hr):</b>   |                  |                  |                  |                  |                  |
| <b>Historical Annual Usage</b> (Average of last 2 years):<br><i>Select unit from dropdown list.</i> |                  |                  |                  |                  |                  |
| <b>Is Odometer/Hour Meter Working?</b>  |                  |                  |                  |                  |                  |
| <b>Odometer/Hour Meter Reading:</b><br><i>Select unit from dropdown list.</i>                       |                  |                  |                  |                  |                  |

**Emission Reduction Incentive Grant (ERIG) Replacement Application**  
**Form 6.3: Old Equipment Information**

| Description   | Activity Number: |
|---|------------------|------------------|------------------|------------------|------------------|
| <b>Equipment Description:</b>   |                  |                  |                  |                  |                  |
| <b>Number of Axles:</b><br><i>On-Road Vehicles Only</i>   |                  |                  |                  |                  |                  |
| <b>Equipment Make:</b>  |                  |                  |                  |                  |                  |
| <b>Equipment Model:</b>   |                  |                  |                  |                  |                  |
| <b>Equipment Year:</b>  |                  |                  |                  |                  |                  |
| <b>Equipment ID Number or Last 4 Digits of VIN:</b>   |                  |                  |                  |                  |                  |
| <b>Gross Vehicle Weight Rating (GVWR):</b><br><i>On-Road Vehicles Only</i>                          |                  |                  |                  |                  |                  |
| <b>Engine Make:</b>   |                  |                  |                  |                  |                  |
| <b>Engine Model:</b>  |                  |                  |                  |                  |                  |
| <b>Engine Year:</b>   |                  |                  |                  |                  |                  |
| <b>Engine Identification Number:</b>  |                  |                  |                  |                  |                  |
| <b>Engine Horsepower:</b><br><i>Select unit from dropdown list.</i>                                 |                  |                  |                  |                  |                  |
| <b>Fuel Type:</b>   |                  |                  |                  |                  |                  |
| <b>Engine Family Code:</b>  |                  |                  |                  |                  |                  |
| <b>Federal NO<sub>x</sub> Emissions (g/bhp-hr):</b>   |                  |                  |                  |                  |                  |
| <b>Historical Annual Usage</b> (Average of last 2 years):<br><i>Select unit from dropdown list.</i> |                  |                  |                  |                  |                  |
| <b>Is Odometer/Hour Meter Working?</b>  |                  |                  |                  |                  |                  |
| <b>Odometer/Hour Meter Reading:</b><br><i>Select unit from dropdown list.</i>                       |                  |                  |                  |                  |                  |

**Emission Reduction Incentive Grant (ERIG) Replacement Application  
Form 6.4: Old Equipment Information**

| Description   | Activity Number: |
|---|------------------|------------------|------------------|------------------|------------------|
| <b>Equipment Description:</b>   |                  |                  |                  |                  |                  |
| <b>Number of Axles:</b><br><i>On-Road Vehicles Only</i>   |                  |                  |                  |                  |                  |
| <b>Equipment Make:</b>  |                  |                  |                  |                  |                  |
| <b>Equipment Model:</b>   |                  |                  |                  |                  |                  |
| <b>Equipment Year:</b>  |                  |                  |                  |                  |                  |
| <b>Equipment ID Number or Last 4 Digits of VIN:</b>   |                  |                  |                  |                  |                  |
| <b>Gross Vehicle Weight Rating (GVWR):</b><br><i>On-Road Vehicles Only</i>                          |                  |                  |                  |                  |                  |
| <b>Engine Make:</b>   |                  |                  |                  |                  |                  |
| <b>Engine Model:</b>  |                  |                  |                  |                  |                  |
| <b>Engine Year:</b>   |                  |                  |                  |                  |                  |
| <b>Engine Identification Number:</b>  |                  |                  |                  |                  |                  |
| <b>Engine Horsepower:</b><br><i>Select unit from dropdown list.</i>                                 |                  |                  |                  |                  |                  |
| <b>Fuel Type:</b>   |                  |                  |                  |                  |                  |
| <b>Engine Family Code:</b>  |                  |                  |                  |                  |                  |
| <b>Federal NO<sub>x</sub> Emissions (g/bhp-hr):</b>   |                  |                  |                  |                  |                  |
| <b>Historical Annual Usage</b> (Average of last 2 years):<br><i>Select unit from dropdown list.</i> |                  |                  |                  |                  |                  |
| <b>Is Odometer/Hour Meter Working?</b>  |                  |                  |                  |                  |                  |
| <b>Odometer/Hour Meter Reading:</b><br><i>Select unit from dropdown list.</i>                       |                  |                  |                  |                  |                  |

## Emission Reduction Incentive Grant (ERIG) Replacement Application Form 7.1: New Equipment Information

### 1. New Equipment Information

| Description   | Activity Number: |
|---|------------------|------------------|------------------|------------------|------------------|
| <b>Equipment Description:</b>                                       |                  |                  |                  |                  |                  |
| <b>Number of Axles:</b><br><i>On-Road Vehicle Only</i>              |                  |                  |                  |                  |                  |
| <b>Equipment Make:</b>  |                  |                  |                  |                  |                  |
| <b>Equipment Model:</b>   |                  |                  |                  |                  |                  |
| <b>Equipment Year:</b>  |                  |                  |                  |                  |                  |
| <b>Equipment ID Number or Last 4 Digits of VIN:</b>                 |                  |                  |                  |                  |                  |
| <b>Gross Vehicle Weight Rating:</b><br><i>On-Road Vehicles Only</i> |                  |                  |                  |                  |                  |
| <b>Engine Make:</b>   |                  |                  |                  |                  |                  |
| <b>Engine Model:</b>  |                  |                  |                  |                  |                  |
| <b>Engine Year:</b>   |                  |                  |                  |                  |                  |
| <b>Engine Identification Number:</b>                                |                  |                  |                  |                  |                  |
| <b>Engine Horsepower:</b><br><i>Select unit from dropdown list.</i> |                  |                  |                  |                  |                  |
| <b>Fuel Type:</b>   |                  |                  |                  |                  |                  |
| <b>Engine Family Code:</b>  |                  |                  |                  |                  |                  |
| <b>Federal NOx Emissions (g/bhp-hr):</b>                            |                  |                  |                  |                  |                  |

### 2. Annual Usage

|   |  |  |  |  |   |  |
|---|--|--|--|--|---|--|
| <b>Usage Type:</b><br><i>Standard or Non-Standard (Only one usage type per application)</i> |  |  |  |  | <b>Usage Unit:</b><br><i>Select unit from dropdown list</i> |  |
| <b>Activity Annual Usage Rate:</b>  |  |  |  |  |   |  |

If the Non-Standard usage type is not approved by the TCEQ, would you like to use the Standard usage type?

## Emission Reduction Incentive Grant (ERIG) Replacement Application Form 7.2: New Equipment Information

### 1. New Equipment Information

| Description   | Activity Number: |
|---|------------------|------------------|------------------|------------------|------------------|
| <b>Equipment Description:</b>                                       |                  |                  |                  |                  |                  |
| <b>Number of Axles:</b><br><i>On-Road Vehicle Only</i>              |                  |                  |                  |                  |                  |
| <b>Equipment Make:</b>  |                  |                  |                  |                  |                  |
| <b>Equipment Model:</b>   |                  |                  |                  |                  |                  |
| <b>Equipment Year:</b>  |                  |                  |                  |                  |                  |
| <b>Equipment ID Number or Last 4 Digits of VIN:</b>                 |                  |                  |                  |                  |                  |
| <b>Gross Vehicle Weight Rating:</b><br><i>On-Road Vehicles Only</i> |                  |                  |                  |                  |                  |
| <b>Engine Make:</b>   |                  |                  |                  |                  |                  |
| <b>Engine Model:</b>  |                  |                  |                  |                  |                  |
| <b>Engine Year:</b>   |                  |                  |                  |                  |                  |
| <b>Engine Identification Number:</b>                                |                  |                  |                  |                  |                  |
| <b>Engine Horsepower:</b><br><i>Select unit from dropdown list.</i> |                  |                  |                  |                  |                  |
| <b>Fuel Type:</b>   |                  |                  |                  |                  |                  |
| <b>Engine Family Code:</b>  |                  |                  |                  |                  |                  |
| <b>Federal NOx Emissions (g/bhp-hr):</b>                            |                  |                  |                  |                  |                  |

### 2. Annual Usage

|   |  |   |  |
|---|--|---|--|
| <b>Usage Type:</b><br><i>Standard or Non-Standard (Only one usage type per application)</i> |  | <b>Usage Unit:</b><br><i>Select unit from dropdown list</i> |  |
| <b>Activity Annual Usage Rate:</b>  |  |   |  |

If the Non-Standard usage type is not approved by the TCEQ, would you like to use the Standard usage type?

## Emission Reduction Incentive Grant (ERIG) Replacement Application Form 7.3: New Equipment Information

### 1. New Equipment Information

| Description   | Activity Number: |
|---|------------------|------------------|------------------|------------------|------------------|
| <b>Equipment Description:</b>                                       |                  |                  |                  |                  |                  |
| <b>Number of Axles:</b><br><i>On-Road Vehicle Only</i>              |                  |                  |                  |                  |                  |
| <b>Equipment Make:</b>  |                  |                  |                  |                  |                  |
| <b>Equipment Model:</b>   |                  |                  |                  |                  |                  |
| <b>Equipment Year:</b>  |                  |                  |                  |                  |                  |
| <b>Equipment ID Number or Last 4 Digits of VIN:</b>                 |                  |                  |                  |                  |                  |
| <b>Gross Vehicle Weight Rating:</b><br><i>On-Road Vehicles Only</i> |                  |                  |                  |                  |                  |
| <b>Engine Make:</b>   |                  |                  |                  |                  |                  |
| <b>Engine Model:</b>  |                  |                  |                  |                  |                  |
| <b>Engine Year:</b>   |                  |                  |                  |                  |                  |
| <b>Engine Identification Number:</b>                                |                  |                  |                  |                  |                  |
| <b>Engine Horsepower:</b><br><i>Select unit from dropdown list.</i> |                  |                  |                  |                  |                  |
| <b>Fuel Type:</b>   |                  |                  |                  |                  |                  |
| <b>Engine Family Code:</b>  |                  |                  |                  |                  |                  |
| <b>Federal NOx Emissions (g/bhp-hr):</b>                            |                  |                  |                  |                  |                  |

### 2. Annual Usage

|   |  |   |  |
|---|--|---|--|
| <b>Usage Type:</b><br><i>Standard or Non-Standard (Only one usage type per application)</i> |  | <b>Usage Unit:</b><br><i>Select unit from dropdown list</i> |  |
| <b>Activity Annual Usage Rate:</b>  |  |   |  |

If the Non-Standard usage type is not approved by the TCEQ, would you like to use the Standard usage type?

## Emission Reduction Incentive Grant (ERIG) Replacement Application Form 7.4: New Equipment Information

### 1. New Equipment Information

| Description   | Activity Number: |
|---|------------------|------------------|------------------|------------------|------------------|
| <b>Equipment Description:</b>                                       |                  |                  |                  |                  |                  |
| <b>Number of Axles:</b><br><i>On-Road Vehicle Only</i>              |                  |                  |                  |                  |                  |
| <b>Equipment Make:</b>  |                  |                  |                  |                  |                  |
| <b>Equipment Model:</b>   |                  |                  |                  |                  |                  |
| <b>Equipment Year:</b>  |                  |                  |                  |                  |                  |
| <b>Equipment ID Number or Last 4 Digits of VIN:</b>                 |                  |                  |                  |                  |                  |
| <b>Gross Vehicle Weight Rating:</b><br><i>On-Road Vehicles Only</i> |                  |                  |                  |                  |                  |
| <b>Engine Make:</b>   |                  |                  |                  |                  |                  |
| <b>Engine Model:</b>  |                  |                  |                  |                  |                  |
| <b>Engine Year:</b>   |                  |                  |                  |                  |                  |
| <b>Engine Identification Number:</b>                                |                  |                  |                  |                  |                  |
| <b>Engine Horsepower:</b><br><i>Select unit from dropdown list.</i> |                  |                  |                  |                  |                  |
| <b>Fuel Type:</b>   |                  |                  |                  |                  |                  |
| <b>Engine Family Code:</b>  |                  |                  |                  |                  |                  |
| <b>Federal NOx Emissions (g/bhp-hr):</b>                            |                  |                  |                  |                  |                  |

### 2. Annual Usage

|   |  |   |  |
|---|--|---|--|
| <b>Usage Type:</b><br><i>Standard or Non-Standard (Only one usage type per application)</i> |  | <b>Usage Unit:</b><br><i>Select unit from dropdown list</i> |  |
| <b>Activity Annual Usage Rate:</b>  |  |   |  |

If the Non-Standard usage type is not approved by the TCEQ, would you like to use the Standard usage type?

**Emission Reduction Incentive Grant (ERIG) Replacement Application**  
**Form 8.1: New Equipment Usage Information**

**1. Activity Life and Percentage of Annual Use in the Eligible Areas.** The applicant must commit to using the new equipment at least 75% of its total annual use in the eligible areas. List the percentage of total annual use that will take place in one or more of the eligible areas.

| Project Annual Usage Information  | Activity Number: |
|---|------------------|------------------|------------------|------------------|------------------|
| Project Activity Life:  |                  |                  |                  |                  |                  |
| <b>Percentage of Annual Use in Eligible Areas</b><br><i>Refer to the RFGA Appendix A for a map of eligible counties.</i>  |                  |                  |                  |                  |                  |
| % in Austin Area:   |                  |                  |                  |                  |                  |
| % in Beaumont-Port Arthur Area:   |                  |                  |                  |                  |                  |
| % in Corpus Christi Area:   |                  |                  |                  |                  |                  |
| % in Dallas-Fort Worth Area:  |                  |                  |                  |                  |                  |
| % in El Paso Area:  |                  |                  |                  |                  |                  |
| % in Houston-Galveston-Brazoria Area:   |                  |                  |                  |                  |                  |
| % in San Antonio Area:  |                  |                  |                  |                  |                  |
| % in Tyler-Longview Area:   |                  |                  |                  |                  |                  |
| % in Victoria Area:   |                  |                  |                  |                  |                  |
| <b>TOTAL % in Eligible Areas:</b>   |                  |                  |                  |                  |                  |
| <b>Percentage of Annual Use on Designated Highways/Roadways</b> <i>(On-Road Vehicle Only)</i><br><i>Refer to the RFGA Section 2.7 for a list of eligible highways and roadways.</i> |                  |                  |                  |                  |                  |
| % on Designated Highways/Roadways:  |                  |                  |                  |                  |                  |
| <b>TOTAL %:</b>   |                  |                  |                  |                  |                  |

**2. Business Description:** Please provide a description of your business and how the equipment will be used in your routine operations. For on-road equipment, please include your typical driving route (include the cities traveled to and highways/roadways traveled on). For non-road equipment, please include where the equipment will be used in its routine operation. If the equipment is primarily being used for natural gas recovery purposes, please indicate this below.

**Emission Reduction Incentive Grant (ERIG) Replacement Application  
Form 8.2: New Equipment Usage Information**

**1. Activity Life and Percentage of Annual Use in the Eligible Areas.** The applicant must commit to using the new equipment at least 75% of its total annual use in the eligible areas. List the percentage of total annual use that will take place in one or more of the eligible areas.

| Project Annual Usage Information  | Activity Number: |
|---|------------------|------------------|------------------|------------------|------------------|
| Project Activity Life:  |                  |                  |                  |                  |                  |
| <b>Percentage of Annual Use in Eligible Areas</b><br><i>Refer to the RFGA Appendix A for a map of eligible counties.</i>  |                  |                  |                  |                  |                  |
| % in Austin Area:   |                  |                  |                  |                  |                  |
| % in Beaumont-Port Arthur Area:   |                  |                  |                  |                  |                  |
| % in Corpus Christi Area:   |                  |                  |                  |                  |                  |
| % in Dallas-Fort Worth Area:  |                  |                  |                  |                  |                  |
| % in El Paso Area:  |                  |                  |                  |                  |                  |
| % in Houston-Galveston-Brazoria Area:   |                  |                  |                  |                  |                  |
| % in San Antonio Area:  |                  |                  |                  |                  |                  |
| % in Tyler-Longview Area:   |                  |                  |                  |                  |                  |
| % in Victoria Area:   |                  |                  |                  |                  |                  |
| <b>TOTAL % in Eligible Areas:</b>   |                  |                  |                  |                  |                  |
| <b>Percentage of Annual Use on Designated Highways/Roadways</b> <i>(On-Road Vehicle Only)</i><br><i>Refer to the RFGA Section 2.7 for a list of eligible highways and roadways.</i> |                  |                  |                  |                  |                  |
| % on Designated Highways/Roadways:  |                  |                  |                  |                  |                  |
| <b>TOTAL %:</b>   |                  |                  |                  |                  |                  |

**2. Business Description:** Please provide a description of your business and how the equipment will be used in your routine operations. For on-road equipment, please include your typical driving route (include the cities traveled to and highways/roadways traveled on). For non-road equipment, please include where the equipment will be used in its routine operation. If the equipment is primarily being used for natural gas recovery purposes, please indicate this below.

**Emission Reduction Incentive Grant (ERIG) Replacement Application  
Form 8.3: New Equipment Usage Information**

**1. Activity Life and Percentage of Annual Use in the Eligible Areas.** The applicant must commit to using the new equipment at least 75% of its total annual use in the eligible areas. List the percentage of total annual use that will take place in one or more of the eligible areas.

| Project Annual Usage Information  | Activity Number: |
|---|------------------|------------------|------------------|------------------|------------------|
| Project Activity Life:  |                  |                  |                  |                  |                  |
| <b>Percentage of Annual Use in Eligible Areas</b><br><i>Refer to the RFGA Appendix A for a map of eligible counties.</i>  |                  |                  |                  |                  |                  |
| % in Austin Area:   |                  |                  |                  |                  |                  |
| % in Beaumont-Port Arthur Area:   |                  |                  |                  |                  |                  |
| % in Corpus Christi Area:   |                  |                  |                  |                  |                  |
| % in Dallas-Fort Worth Area:  |                  |                  |                  |                  |                  |
| % in El Paso Area:  |                  |                  |                  |                  |                  |
| % in Houston-Galveston-Brazoria Area:   |                  |                  |                  |                  |                  |
| % in San Antonio Area:  |                  |                  |                  |                  |                  |
| % in Tyler-Longview Area:   |                  |                  |                  |                  |                  |
| % in Victoria Area:   |                  |                  |                  |                  |                  |
| <b>TOTAL % in Eligible Areas:</b>   |                  |                  |                  |                  |                  |
| <b>Percentage of Annual Use on Designated Highways/Roadways</b> <i>(On-Road Vehicle Only)</i><br><i>Refer to the RFGA Section 2.7 for a list of eligible highways and roadways.</i> |                  |                  |                  |                  |                  |
| % on Designated Highways/Roadways:  |                  |                  |                  |                  |                  |
| <b>TOTAL %:</b>   |                  |                  |                  |                  |                  |

**2. Business Description:** Please provide a description of your business and how the equipment will be used in your routine operations. For on-road equipment, please include your typical driving route (include the cities traveled to and highways/roadways traveled on). For non-road equipment, please include where the equipment will be used in its routine operation. If the equipment is primarily being used for natural gas recovery purposes, please indicate this below.

**Emission Reduction Incentive Grant (ERIG) Replacement Application**  
**Form 8.4: New Equipment Usage Information**

**1. Activity Life and Percentage of Annual Use in the Eligible Areas.** The applicant must commit to using the new equipment at least 75% of its total annual use in the eligible areas. List the percentage of total annual use that will take place in one or more of the eligible areas.

| Project Annual Usage Information  | Activity Number: |
|---|------------------|------------------|------------------|------------------|------------------|
| Project Activity Life:  |                  |                  |                  |                  |                  |
| <b>Percentage of Annual Use in Eligible Areas</b><br><i>Refer to the RFGA Appendix A for a map of eligible counties.</i>  |                  |                  |                  |                  |                  |
| % in Austin Area:   |                  |                  |                  |                  |                  |
| % in Beaumont-Port Arthur Area:   |                  |                  |                  |                  |                  |
| % in Corpus Christi Area:   |                  |                  |                  |                  |                  |
| % in Dallas-Fort Worth Area:  |                  |                  |                  |                  |                  |
| % in El Paso Area:  |                  |                  |                  |                  |                  |
| % in Houston-Galveston-Brazoria Area:   |                  |                  |                  |                  |                  |
| % in San Antonio Area:  |                  |                  |                  |                  |                  |
| % in Tyler-Longview Area:   |                  |                  |                  |                  |                  |
| % in Victoria Area:   |                  |                  |                  |                  |                  |
| <b>TOTAL % in Eligible Areas:</b>   |                  |                  |                  |                  |                  |
| <b>Percentage of Annual Use on Designated Highways/Roadways</b> <i>(On-Road Vehicle Only)</i><br><i>Refer to the RFGA Section 2.7 for a list of eligible highways and roadways.</i> |                  |                  |                  |                  |                  |
| % on Designated Highways/Roadways:  |                  |                  |                  |                  |                  |
| <b>TOTAL %:</b>   |                  |                  |                  |                  |                  |

**2. Business Description:** Please provide a description of your business and how the equipment will be used in your routine operations. For on-road equipment, please include your typical driving route (include the cities traveled to and highways/roadways traveled on). For non-road equipment, please include where the equipment will be used in its routine operation. If the equipment is primarily being used for natural gas recovery purposes, please indicate this below.

## Emission Reduction Incentive Grant (ERIG) Replacement Application

### Form 9.1: Financial Data Information

#### 1. Grant Amount Calculation.

| Description   | Activity Number: |
|---|------------------|------------------|------------------|------------------|------------------|
| <b>Capital Cost of New Equipment (A):</b><br><i>Total invoice cost, including taxes and fees</i>          |                  |                  |                  |                  |                  |
| <b>Global Positioning System (B):</b>   |                  |                  |                  |                  |                  |
| <b>Scrappage Value (C):</b><br><i>Default scrap value of \$1000</i>                                       | \$1,000          | \$1,000          | \$1,000          | \$1,000          | \$1,000          |
| <b>Other Financial Incentives and Tax Credits (D):</b>  |                  |                  |                  |                  |                  |
| <b>Incremental Cost (E):</b><br><b>(A + B - C - D = E)</b>  |                  |                  |                  |                  |                  |
| <b>Maximum Eligible Grant Amount (F):</b><br><i>80% of the Incremental Cost</i>                           |                  |                  |                  |                  |                  |
| <b>Requested Grant Amount:</b>  |                  |                  |                  |                  |                  |
| <b>Calculated Cost Per Ton of NO<sub>x</sub> Reduced:</b><br><i>Use the Emission Reduction Calculator</i> |                  |                  |                  |                  |                  |
| <b>Price Comparison Option:</b><br><i>Refer to Form 10 for list of price comparison options</i>           | Option           | Option           | Option           | Option           | Option           |

**2. Other Financial Incentives and Tax Credits.** In the space provided below, explain any other financial assistance to be used for the purchase or lease of the new equipment or engine, such as tax credits or deductions, other grants, or any other type of public financial assistance. This does not include the amount you finance through a bank or other third-party to purchase the equipment.

**3. Financing or Lease Terms for Replacement Equipment.** Payments will be made on a reimbursement basis for eligible expenses incurred and paid by the grant recipient. Reimbursement will not be authorized for pre-payment of future periodic financing or lease payments. A grant recipient will need to either ensure that sufficient payments will be made prior to the end of the grant term to use the grant amount or structure the financing or lease agreement to allow for an up-front payment in return for lower periodic payments. **Please identify the form of payment that will be used to pay for the grant-funded equipment below.**

|  |  |                                  |  |
|--|--|----------------------------------|--|
| <p><b>Capital Lease Financing:</b></p> <p>This option is limited to capital lease agreements with a binding commitment for the applicant to take ownership of the equipment. An option to buy at the end of the lease term, without this binding commitment, will not be considered under this option.</p> |  | <p><b>Cash Purchase:</b></p>     |  |
| <p><b>Lease:</b></p> <p>Equipment will be returned at the end of the lease. The lease must extend for at least the Activity Life.</p>  |  | <p><b>Regular Financing:</b></p> |  |

## Emission Reduction Incentive Grant (ERIG) Replacement Application

### Form 9.2: Financial Data Information

#### 1. Grant Amount Calculation.

| Description   | Activity Number: |  | Activity Number: |  | Activity Number: |  | Activity Number: |  |
|---|------------------|--|------------------|--|------------------|--|------------------|--|
| <b>Capital Cost of New Equipment (A):</b><br><i>Total invoice cost, including taxes and fees</i>          |                  |  |                  |  |                  |  |                  |  |
| <b>Global Positioning System (B):</b>   |                  |  |                  |  |                  |  |                  |  |
| <b>Scrapage Value (C):</b><br><i>Default scrap value of \$1000</i>  | \$1,000          |  | \$1,000          |  | \$1,000          |  | \$1,000          |  |
| <b>Other Financial Incentives and Tax Credits (D):</b>  |                  |  |                  |  |                  |  |                  |  |
| <b>Incremental Cost (E):</b><br><b>(A + B - C - D = E)</b>  |                  |  |                  |  |                  |  |                  |  |
| <b>Maximum Eligible Grant Amount (F):</b><br><i>80% of the Incremental Cost</i>                           |                  |  |                  |  |                  |  |                  |  |
| <b>Requested Grant Amount:</b>  |                  |  |                  |  |                  |  |                  |  |
| <b>Calculated Cost Per Ton of NO<sub>x</sub> Reduced:</b><br><i>Use the Emission Reduction Calculator</i> |                  |  |                  |  |                  |  |                  |  |
| <b>Price Comparison Option:</b><br><i>Refer to Form 10 for list of price comparison options</i>           | Option           |  | Option           |  | Option           |  | Option           |  |

**2. Other Financial Incentives and Tax Credits.** In the space provided below, explain any other financial assistance to be used for the purchase or lease of the new equipment or engine, such as tax credits or deductions, other grants, or any other type of public financial assistance. This does not include the amount you finance through a bank or other third-party to purchase the equipment.

**3. Financing or Lease Terms for Replacement Equipment.** Payments will be made on a reimbursement basis for eligible expenses incurred and paid by the grant recipient. Reimbursement will not be authorized for pre-payment of future periodic financing or lease payments. A grant recipient will need to either ensure that sufficient payments will be made prior to the end of the grant term to use the grant amount or structure the financing or lease agreement to allow for an up-front payment in return for lower periodic payments. **Please identify the form of payment that will be used to pay for the grant-funded equipment below.**

|  |  |                                  |  |
|--|--|----------------------------------|--|
| <p><b>Capital Lease Financing:</b></p> <p>This option is limited to capital lease agreements with a binding commitment for the applicant to take ownership of the equipment. An option to buy at the end of the lease term, without this binding commitment, will not be considered under this option.</p> |  | <p><b>Cash Purchase:</b></p>     |  |
| <p><b>Lease:</b></p> <p>Equipment will be returned at the end of the lease. The lease must extend for at least the Activity Life.</p>  |  | <p><b>Regular Financing:</b></p> |  |

## Emission Reduction Incentive Grant (ERIG) Replacement Application

### Form 9.3: Financial Data Information

#### 1. Grant Amount Calculation.

| Description   | Activity Number: |  | Activity Number: |  | Activity Number: |  | Activity Number: |  |
|---|------------------|--|------------------|--|------------------|--|------------------|--|
| <b>Capital Cost of New Equipment (A):</b><br><i>Total invoice cost, including taxes and fees</i>          |                  |  |                  |  |                  |  |                  |  |
| <b>Global Positioning System (B):</b>   |                  |  |                  |  |                  |  |                  |  |
| <b>Scrappage Value (C):</b><br><i>Default scrap value of \$1000</i>                                       | \$1,000          |  | \$1,000          |  | \$1,000          |  | \$1,000          |  |
| <b>Other Financial Incentives and Tax Credits (D):</b>  |                  |  |                  |  |                  |  |                  |  |
| <b>Incremental Cost (E):</b><br><b>(A + B - C - D = E)</b>  |                  |  |                  |  |                  |  |                  |  |
| <b>Maximum Eligible Grant Amount (F):</b><br><i>80% of the Incremental Cost</i>                           |                  |  |                  |  |                  |  |                  |  |
| <b>Requested Grant Amount:</b>  |                  |  |                  |  |                  |  |                  |  |
| <b>Calculated Cost Per Ton of NO<sub>x</sub> Reduced:</b><br><i>Use the Emission Reduction Calculator</i> |                  |  |                  |  |                  |  |                  |  |
| <b>Price Comparison Option:</b><br><i>Refer to Form 10 for list of price comparison options</i>           | Option           |  | Option           |  | Option           |  | Option           |  |

**2. Other Financial Incentives and Tax Credits.** In the space provided below, explain any other financial assistance to be used for the purchase or lease of the new equipment or engine, such as tax credits or deductions, other grants, or any other type of public financial assistance. This does not include the amount you finance through a bank or other third-party to purchase the equipment.

**3. Financing or Lease Terms for Replacement Equipment.** Payments will be made on a reimbursement basis for eligible expenses incurred and paid by the grant recipient. Reimbursement will not be authorized for pre-payment of future periodic financing or lease payments. A grant recipient will need to either ensure that sufficient payments will be made prior to the end of the grant term to use the grant amount or structure the financing or lease agreement to allow for an up-front payment in return for lower periodic payments. **Please identify the form of payment that will be used to pay for the grant-funded equipment below.**

|  |  |                           |
|--|--|---------------------------|
| <p><b>Capital Lease Financing:</b></p> <p>This option is limited to capital lease agreements with a binding commitment for the applicant to take ownership of the equipment. An option to buy at the end of the lease term, without this binding commitment, will not be considered under this option.</p> |  | <b>Cash Purchase:</b>     |
| <p><b>Lease:</b></p> <p>Equipment will be returned at the end of the lease. The lease must extend for at least the Activity Life.</p>  |  | <b>Regular Financing:</b> |

## Emission Reduction Incentive Grant (ERIG) Replacement Application

### Form 9.4: Financial Data Information

#### 1. Grant Amount Calculation.

| Description   | Activity Number: |
|---|------------------|------------------|------------------|------------------|------------------|
| <b>Capital Cost of New Equipment (A):</b><br><i>Total invoice cost, including taxes and fees</i>          |                  |                  |                  |                  |                  |
| <b>Global Positioning System (B):</b>   |                  |                  |                  |                  |                  |
| <b>Scrappage Value (C):</b><br><i>Default scrap value of \$1000</i>                                       | \$1,000          | \$1,000          | \$1,000          | \$1,000          | \$1,000          |
| <b>Other Financial Incentives and Tax Credits (D):</b>  |                  |                  |                  |                  |                  |
| <b>Incremental Cost (E):</b><br><b>(A + B - C - D = E)</b>  |                  |                  |                  |                  |                  |
| <b>Maximum Eligible Grant Amount (F):</b><br><i>80% of the Incremental Cost</i>                           |                  |                  |                  |                  |                  |
| <b>Requested Grant Amount:</b>  |                  |                  |                  |                  |                  |
| <b>Calculated Cost Per Ton of NO<sub>x</sub> Reduced:</b><br><i>Use the Emission Reduction Calculator</i> |                  |                  |                  |                  |                  |
| <b>Price Comparison Option:</b><br><i>Refer to Form 10 for list of price comparison options</i>           | Option           | Option           | Option           | Option           | Option           |

**2. Other Financial Incentives and Tax Credits.** In the space provided below, explain any other financial assistance to be used for the purchase or lease of the new equipment or engine, such as tax credits or deductions, other grants, or any other type of public financial assistance. This does not include the amount you finance through a bank or other third-party to purchase the equipment.

**3. Financing or Lease Terms for Replacement Equipment.** Payments will be made on a reimbursement basis for eligible expenses incurred and paid by the grant recipient. Reimbursement will not be authorized for pre-payment of future periodic financing or lease payments. A grant recipient will need to either ensure that sufficient payments will be made prior to the end of the grant term to use the grant amount or structure the financing or lease agreement to allow for an up-front payment in return for lower periodic payments. **Please identify the form of payment that will be used to pay for the grant-funded equipment below.**

|  |  |                                  |  |
|--|--|----------------------------------|--|
| <p><b>Capital Lease Financing:</b></p> <p>This option is limited to capital lease agreements with a binding commitment for the applicant to take ownership of the equipment. An option to buy at the end of the lease term, without this binding commitment, will not be considered under this option.</p> |  | <p><b>Cash Purchase:</b></p>     |  |
| <p><b>Lease:</b></p> <p>Equipment will be returned at the end of the lease. The lease must extend for at least the Activity Life.</p>  |  | <p><b>Regular Financing:</b></p> |  |

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## Form 10: Price Comparison

The price of the equipment must be reasonable, as determined by whether the price exceeds the price normally charged for that type of equipment absent the availability of a grant. A price comparison option must be checked below. You must provide an original price quote for the equipment to be purchased or, if the purchase has already been made, a copy of the invoice or purchase order. In addition, you must provide the price comparison information required for the option chosen.

### 1. Price Quote Guidelines

The cost information listed for the new equipment must match the price quotes. Price quotes must be original and must have the **applicant's name** on the quote. The **dealer representative should sign and date** the quote and provide contact information. Price quotes should be dated no more than three months prior to the application date. The price quote should include specifications and prices for the standard equipment, to include as applicable:

- a. the equipment make, model, and year;
- b. specifications of the equipment engine including the make, model, model year, horsepower, and engine family code;
- c. base price for standard feature equipment;
- d. itemized list and prices for factory-installed optional features;
- e. itemized list of and price for add-on equipment to be sold and installed by the dealer (i.e. dump bed, wet kit, etc.);
- f. additional fees and charges; and
- g. taxes.

**2. Price Comparison Options.** Provide **two or more** comparison quotes in addition to one primary price quote according to the selected option below. Comparison quotes should be for equipment of the **same** make, model, and model year.

The TCEQ is not obligated to accept a price quote if the price does not appear to be reasonable. If the price on the primary price quote is higher than the price comparison information provided above, you must provide an explanation of why the price should be considered reasonable. If no price comparison information is available, you must explain why the information is not available and why the price being charged should be considered reasonable.

**Option A:** Original price quotes from unrelated dealers.

**Option B:** Price information from a current government-approved price/bid list or cooperative purchasing price/bid list.

**Option C:** Price information from a current published/advertised price list available to the general public.

**Option D:** If the equipment is "used," current advertised price information from internet marketing sites or other public advertisements.

**Option E:** Documentation of prices charged for at least two recent sales to non-TERP customers by the dealer. This information may include invoices or purchase orders with the identifying customer information blacked out or other written documentation (sales report, sales list, etc.) from the dealer.

**Option F:** No price comparison information is available. This option will be accepted only in unusual or special circumstances, such as with a unique type of equipment available from only one source. An explanation of why no price comparison information is available must be provided below, along with a justification for why the price should be considered reasonable.

**Option G:** The applicant is a governmental entity. Governmental entities must follow competitive purchasing laws applicable to that entity in making a grant-funded purchase. Price information from a cooperative purchasing list or a written price quote must be provided to show the expected cost. Provide one primary price quote; additional comparison price quotes are not required.

**Option H:** If the Requested Grant Amount (on Form 9) is less than or equal to 60% of the Capital Cost of New Equipment for each activity, provide one primary price quote. Additional comparison price quotes are not required.

# Emission Reduction Incentive Grant (ERIG) Replacement Application

## Form 11: Equipment Certification

This form is to be completed and signed by a mechanic qualified to assess the condition of the equipment or engine being replaced. The mechanic may not be an employee of the applicant, unless approved by the TCEQ. Attach additional forms as needed.

**Equipment Inspected:** Please enter the equipment identification number for each activity inspected.

|                         |  |   |  |
|-------------------------|--|---|--|
| <b>Activity Number:</b> |  | <b>Equipment ID Number or Last 4 Digits of VIN:</b> |  |
| <b>Activity Number:</b> |  | <b>Equipment ID Number or Last 4 Digits of VIN:</b> |  |
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| <b>Activity Number:</b> |  | <b>Equipment ID Number or Last 4 Digits of VIN:</b> |  |
| <b>Activity Number:</b> |  | <b>Equipment ID Number or Last 4 Digits of VIN:</b> |  |

I, the undersigned, have inspected the equipment noted above. The engine starts and runs properly and the equipment is in good operating condition, capable of performing routine business activity. In my professional opinion, the equipment is able to perform the functions normally expected for this type of equipment and could be expected to operate for the designated Activity Life in the application. **Intentional falsification of these forms will be prosecuted to the extent allowed under the law and may be used as an adverse factor in future grant selection decisions.**

|   |  |
|---|--|
| <b>Mechanic Name:</b><br><i>Please print name</i>   |  |
| <b>Name of Service Company:</b>   |  |
| <b>Phone Number:</b>  |  |
| <b>Street Address:</b>  |  |
| <b>City, State, and Zip Code:</b>   |  |
| <b>What makes you qualified to assess the condition of the equipment?</b><br><i>Please describe the certifications and experience you have that makes you qualified to assess the condition of the equipment.</i> |  |

|                            |  |
|----------------------------|--|
| <b>Mechanic Signature:</b> |  |
| <b>Date:</b>               |  |

TCEQ USE ONLY  
Application #

*Please print and sign the Summary Page and place in front of Form 1.*

**Emission Reduction Incentive Grant (ERIG) Replacement Application  
Form 12: Summary Page**

**1. Applicant Information**

|                                      |  |   |  |
|--------------------------------------|--|---|--|
| <b>Applicant Legal Name:</b>         |  |   |  |
| <b>Applicant Type:</b>               |  |   |  |
| <b>Social Security Number (SSN):</b> |  | <b>Federal Employer's Identification (FEI):</b> |  |

**2. Project Information**

|   |  |   |             |
|---|--|---|-------------|
| <b>Primary Area for Project:</b>        |  | <b>Emission Source:</b>                   |             |
| <b>Incremental Cost of the Project:</b> |  | <b>Requested Grant Amount:</b>            |             |
| <b>Total Number of Activities:</b>      |  | <b>Activity Type:</b>                     | Replacement |
| <b>Default Usage:</b>                   |  | <b>Is the Applicant a Small Business?</b> |             |

**3. Mailing Address**

|                         |  |               |  |             |  |
|-------------------------|--|---------------|--|-------------|--|
| <b>Mailing Address:</b> |  |               |  |             |  |
| <b>City:</b>            |  | <b>State:</b> |  | <b>Zip:</b> |  |

**4. Authorized Official:** The applicant or an employee of the applicant who has the legal authority to sign on behalf of the entity.

I hereby certify that to the best of my knowledge and belief all information provided in this application and any attachments is true and correct. I certify that I have read the complete application after all forms and information were completed, I agree with the information provided, and the date provided below is the date I signed the form. I further understand that prior to incorporating these forms and information into a grant contract the data and information may be revised by the TCEQ for accuracy and the acceptance of a grant contract will constitute agreement with those revisions. Failure to sign the application or signing it with an incorrect statement may make the submitted offer or any resulting contracts voidable.

|   |  |  |  |
|---|--|--|--|
| <b>Printed Name of Authorized Official:</b> |  |  |  |
| <b>Authorized Official Title:</b>           |  |  |  |

*Faxed or photocopied signature pages will not be accepted. The application, with an original signature, must be received by the application deadline or the application will not be accepted.*

|  |  |  |  |
|--|--|--|--|
| <b>Signature of Authorized Official:</b> |  |  |  |
| <b>Date of Signature:</b>                |  |  |  |

**Intentional falsification of these forms will be prosecuted to the extent allowed under the law and may be used as an adverse factor in future grant selection decisions.**

Upon submission, all proposals become the property of the State of Texas and as such become subject to the Texas Public Information Act, Texas Government Code Chapter 552.

Personal Information Policy: Individuals are entitled to request and review their personal information that the agency gathers on its forms. Individuals may also have any errors in their information corrected. To review such information, contact the TCEQ TERP program at 1-800-919-TERP (8377).

Do NOT alter forms. Altered forms will be void.

**This form is only valid for the application period ending August 15, 2018.**

# Emission Reduction Incentive Grant (ERIG) Replacement Application

This page should be used as a checklist before grant application submission.

## 1. Signature Pages

Below is a list of all the pages that require a signature. Signature pages must include original signatures in signature blocks. No photocopies, faxes, scanned copies, or other copies of required signatures will be accepted. If a signature page is missing or has been altered, the application will not be considered.

Form 2: Third-Party Preparer Signature Page (Third-Party Preparer, if applicable)

Form 3: Program Specifics Certification (Authorized Official)

Form 5: Certification of Eligibility to Receive a State-Funded Grant (Authorized Official)

Form 11: Equipment Certification (Mechanic)

Form 12: Summary Page (Authorized Official)

W-9 Form (Authorized Official)

## 2. Required Attachments for ALL Applications

W-9 Form (Request for Taxpayer Identification Number and Certification Form)

<https://www.irs.gov/pub/irs-pdf/fw9.pdf>

Copy of state or federal issued identification card (if applicant is individual or sole proprietor)

Color photographs of the equipment showing the (1) front, (2) right side, (3) left side, (4) rear, and (5) engine. Tires should be included in all photographs. The photograph of the engine should include any identifiable features or engine plates. For on-road equipment, the registration sticker and license plate should be visible in the photographs.

A detailed original price quote for the purchase of the equipment (if it has not yet been purchased) and required comparison price quotes.

If the equipment has already been purchased, provide the purchase, lease, or financing agreement and/or invoice showing the price paid. The purchase may not have been made before the opening of the grant application period.

## 3. Required Attachments for ON-ROAD Vehicle Applications

Copy of current title or lease agreements (vehicle leases only) listing the applicant as the owner or lessee. If the current title/lease agreement does not show ownership for the two years immediately preceding the application date, provide copies of previous title or lease documents.

Attach copies of registration documentation to show continuous registration for the two years immediately preceding the application date.

Applicants with apportioned vehicles must submit quarterly usage summaries that include accurate dates and miles driven in each registered state. Acceptable usage documentation may include Individual Vehicle Distance Records (IVDR) required under the International Registration Plan (IRP), and other similar travel records.

## 4. Required Attachments for NON-ROAD Equipment Applications

For equipment that is not titled, provide a copy of a bill of sale or other documents showing ownership for the two years immediately preceding the application date.

## 5. Supplemental Forms (If applicable)

### Supplemental Form 1: Hurricane Harvey Exception

Refer to Appendix F of the RFGA for complete instructions.

### Supplemental Form 2: Locomotive Projects

Applicants applying for Locomotive projects must complete this form and attach it to the application form being submitted.

### Supplemental Form 3: Stationary Equipment

Applicants applying for Stationary Equipment projects must complete this form and attach it to the application form being submitted.

### Supplemental Form 4: Non-Road Heavy-Duty Equipment Natural Gas Recovery

Submit this form if you are applying for heavy-duty non-road equipment that is used for Natural Gas Recovery purposes.

## 6. Alternative Disposition Request (Locomotives only)

If the applicant is requesting an alternative method of disposition that results in the old locomotive and engine being permanently removed from the State of Texas, the request must be submitted prior to or with the application submission. Refer to Appendix E of the RFGA for details.

## 7. Alternative Destruction Request

If the applicant is requesting an alternative method of destruction other than the listed method in the RFGA, the request must be submitted prior to or with the application submission.

## 8. Waiver for Ownership, Registration, Use, or Condition Requirement

Check the boxes that apply. Refer to Appendix D of the RFGA for an explanation of the waiver requirements.

|  |   |                          |
|--|---|--------------------------|
|  | <b>Ownership:</b>                       | <input type="checkbox"/> |
|  | <b>Registration</b> (on-road vehicles): | <input type="checkbox"/> |
|  | <b>Operation in Texas:</b>              | <input type="checkbox"/> |
|  | <b>Condition:</b>                       | <input type="checkbox"/> |
|  | <b>Continued Operation and Use:</b>     | <input type="checkbox"/> |