

September 2015



**Texas Emissions Reduction Plan (TERP)  
Request for Reimbursement (RFR) Forms  
Drayage Truck Incentive Program (DTIP)  
(for 2015 & 2016 Contracts)**

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# Texas Commission on Environmental Quality (TCEQ) - Texas Emissions Reduction Plan (TERP)

## Drayage Truck Incentive Program (DTIP)

### INSTRUCTIONS FOR COMPLETING THE REQUEST FOR REIMBURSEMENT (RFR) FORMS FOR YOUR GRANT

#### STEP 1: READ THE FOLLOWING:

Use these forms to request reimbursement for eligible costs associated with your new vehicle or equipment. Before submitting a Request for Reimbursement (RFR), you must have:

- A. Completed at least one grant activity (the purchase of a vehicle or piece of equipment) associated with your contract;
- B. Incurred the costs associated with the activity by having paid the activity costs directly or by entering into a finance/capital lease agreement with a 3rd Party (i.e. a bank, a financing entity, or a leasing entity), or by a combination of these actions;
- C. Taken possession of the new vehicle or equipment for which you are requesting reimbursement;
- D. Executed (signed by both parties) the finance/capital lease agreement If financing/leasing is utilized; and
- E. "Funded" (the finance/lease entity paid the dealer for the vehicle or equipment) the finance/capital lease agreement;
- F. "Assigned" (via Form 1 and the Assignment Information Form) the reimbursement payment directly to the 3rd Party (i.e. the bank, the finance company, or the lease company) if financing/leasing is involved in the funding of the activity/activities associated with this RFR, or if the Dealer is utilizing the grant funds as a "down payment" (see details below for Section 2);
- G. Gathered supporting documentation of all costs associated with your request. The documentation requirements are located in these instructions as well as in your Contract in the "General Conditions - Request for Reimbursement" section;
- H. Insured that the same person who signed the Contract (Grant Recipient's Authorized Representative) also signed the RFR Forms;
- I. On RFR Form 1, made sure that all applicable signature lines contain original signatures - in blue ink; and
- J. Taken the time to read each form and all of the provided instructions carefully.

**STEP 2: FILL OUT FORM 1 - REQUEST FOR REIMBURSEMENT (RFR):** Use Form 1 and the following line-by-line instructions to identify the amount requested with this RFR and, if applicable, to request and execute assignment.

**Section 1. Contract Information (Lines 1 - 8f)** Refer to your TCEQ grant contract for this information.

**Line 1. TCEQ Contract Number:** Enter the contract number indicated on the Contract Signature Page (page 1).

**Line 2. Grant Recipient Name:** Enter the Performing Party as indicated on the Contract Signature Page (page 1).

**Line 3. Total Amount of TCEQ Grant Award:** Enter the Total Contract Amount indicated on the Contract Signature Page (page 1).

**Line 4. Amount Requested with this RFR:** Enter the total amount requested with this RFR. This should equal the total of all Forms 2 included with this RFR.

**Line 5. Total Number of Activities on the Contract:** Enter the total number of activities included on the contract.

**Line 6. Activity Numbers on this RFR:** List the activity numbers that are included with this RFR (i.e. 001,002, 003 or 001 - 003, or 001, 004, 007-009, 012, etc.). Always use the appropriate 3-digit number.

**Lines 7a and 7b:** If this is the final RFR for this contract, place an X in the "YES" box (**Line 7a**). Otherwise place an X in the "No" box (**Line 7b**) indicating that additional RFR's will be submitted for this contract.

**Lines 8 - 8f. Grant Recipient's Name and Mailing Address for Payment:** If the grant vehicle or equipment was purchased without any financial assistance and the grant payment is not being used as a down payment for the vehicle or equipment, then the grant reimbursement payment can be paid directly to the Grant Recipient. If this is the case, enter the Grant Recipient's name and mailing address for where the reimbursement payment is to be mailed. (**Lines 8a - 8f**). Place an X in the "No" box (**Line 10b**), and skip to Section 3: Grant Recipient's Certification. If the grant payment is being assigned, skip Lines 8 - 8f and proceed directly to Section 2: Assignment.

**Line 9.** (Line 9 is deliberately omitted on Form 1.)

**Section 2: Assignment (Lines 10 - 13d)**

**Lines 10a:** If the Grant Recipient utilized a loan, capital lease or other financial agreement or assistance as part of the purchase of the new vehicle or equipment, or if the grant funds are being used as a "down payment" by the dealer, then the payment must be Assigned to the entity providing the loan, capital lease or other financial agreement or assistance, or to the dealer, and payment will be made directly to that entity. If this is the case, place an X in the "Yes" box (**Line 10a**), complete the remainder of Section 2 (Lines 11-13d) and complete the Assignment Information Form.

**Texas Commission on Environmental Quality (TCEQ) - Texas Emissions Reduction Plan (TERP)**

**Drayage Truck Incentive Program (DTIP)**

**INSTRUCTIONS FOR COMPLETING THE REQUEST FOR REIMBURSEMENT (RFR) FORMS FOR YOUR GRANT**

**Form 1 (continued)**

**Lines 11 - 11f. Assignee Name and Mailing address for reimbursement payments: Lines 11a and 11b:** Enter the name of the Assignee (loan provider, financing/leasing entity, dealer, etc.; typically this name will be that of a business entity and not an individual). **Lines 11c - 11f:** Enter the mailing address of where the payment is to be mailed. All of this information must agree with the information provided on the Assignment Information Form that must also be completed and submitted (see below).

**IMPORTANT NOTE: Make sure that both the Grant Recipient's Authorized Representative and the Assignee's Authorized Representative read the statement on Line 12. The Assignee's Authorized Representative must acknowledge understanding and acceptance of the assignment by signing in the appropriate location (Line 13c) and providing the Signature Date (Line 13d).**

**Line 12a.** Printed Name of Grant Recipient's Authorized Representative: Print the name of the Grant Recipient's Authorized Representative as identified on the Signature Page of the contract.

**Line 12b.** Printed Name of Assignee: Print the name of the Assignee as identified on Line 11a above (as stated above, this typically will be an entity name and not an individual).

**Line 12c.** Printed Name of Assignee's Authorized Representative: Print the name of the Assignee's Authorized Representative.

**Line 12d.** Amount Requested to be Assigned with this RFR: Enter the amount requested with this RFR. The amount must match the amount on Line 4.

**Line 13a.** Signature of Grant Recipient's Authorized Representative: The person identified on Line 12a must sign here - in blue ink!

**Line 13b.** Date of Signature: Write in the date Line 13a was signed.

**Line 13c.** Signature of Assignee's Authorized Representative: The person identified on Line 12c must sign here - in blue ink!

**Line 13d.** Date of Signature: Write in the date Line 13c was signed.

**Section 3: Grant Recipient's Certification (Lines 14 - 14c) This Section must ALWAYS be completed.**

**Line 14a.** Printed Name of Grant Recipient's Authorized Representative: Print the name of the Grant Recipient's Authorized Representative as identified on the Signature Page of the contract and Line 12a above.

**Line 14b.** Signature of Grant Recipient's Authorized Representative: The Grant Recipient's Authorized Representative (as identified on Line 14a) must indicate understanding and acceptance of the Certification Statement (Line 14) by signing Line 14b in blue ink.

**Line 14c.** Date of Signature: Enter the date Line 14b was signed.

**Section 4: Release of Claims (Lines 15-15b)**

If this is the final reimbursement request (RFR) for this contract, Section 4 MUST be completed. If this is NOT the final request for the contract, do not complete Section 4.

**Line 15a.** Signature of Grant Recipient's Authorized Representative (Line 15a): The person who signed Line 14b must sign here - in blue ink - to acknowledge the Release of Claims statement in Line 15.

**Line 15b.** Date of Signature: Write in the date Line 15a was signed.

**STEP 3: FILL OUT ASSIGNMENT INFORMATION FORM:** If Assignment is being requested (i.e. if financing/leasing is involved in the funding of the activity/activities associated with this RFR, or if the Dealer is utilizing the grant funds as a "down payment"), complete the Assignment Information Form by filling in ALL blanks/spaces. This form is to be completed and submitted ONLY IF assignment is requested.

**STEP 4: FILL OUT FORM 2 - Incremental Cost Calculation and New Vehicle/Equipment Information:** A separate Form 2 must be completed for *each* activity for which reimbursement is being requested with this RFR. Be sure to attach all of the required supporting documentation for *each* Form 2 submitted and follow the detailed line by line instructions below.

**Instructions for completing Form 2 - Incremental Cost Calculation and New Vehicle/Equipment Information**

**Line 1. TCEQ CONTRACT NUMBER:** Enter the contract number indicated on the Signature Page (page 1) of the contract. This should also match Line 1 on Form 1.

**Line 2. GRANT RECIPIENT NAME:** Enter the name of the Grant Recipient. This should match Line 2 on Form 1.

**Line 3. TOTAL # OF ACTIVITIES ON CONTRACT:** Indicate the total # of activities included on the contract. This should match Line 5 on Form 1.

**Line 4. ACTIVITY # or #'s ASSOCIATED WITH THIS FORM 2:** Refer to the Scope of Work Section in the contract, and indicate the Activity # (using a 3-digit format, i.e. 001, 012, etc.) of the specific vehicle or equipment being replaced.

**Line 5. APPROVED GRANT AMOUNT FOR THIS ACTIVITY PER THE CONTRACT:** As indicated in the contract, enter the Approved Grant Amount for this specific activity. Indicate the amended amount if an amendment has been executed for the contract.

**Lines 6a - 6f. INCREMENTAL COST CALCULATION:** Lines 6a - 6f will be used to calculate the incremental cost of this activity and determine the actual, eligible, reimbursable cost for this specific activity. Per grant guidelines, you are eligible to receive the lesser of 80% of the actual incremental cost for an activity AND the Approved Grant Amount for an activity.

**Texas Commission on Environmental Quality (TCEQ) - Texas Emissions Reduction Plan (TERP)**

**Drayage Truck Incentive Program (DTIP)**

**INSTRUCTIONS FOR COMPLETING THE REQUEST FOR REIMBURSEMENT (RFR) FORMS FOR YOUR GRANT**

**Form 2 (continued)**

**Line 6a. CAPITAL COST OR EQUIPMENT PURCHASE PRICE:** Enter the total invoiced price of the equipment including taxes, registration, and other allowable costs, but NOT unallowable costs such as loan, document, financing or consulting fees, interest expense, optional equipment or attachments.

**Line 6b. GLOBAL POSITIONING SYSTEM (GPS) COSTS:** If your contract requires GPS to monitor the location and use of the vehicle, enter only the purchase and installation costs associated with the GPS system. Ongoing operational and maintenance charges/fees cannot be included. The GPS unit must be a requirement of the contract and must have been purchased from the vendor that is authorized and contracted by the TCEQ.

**Line 6c. THE SCRAP VALUE OR VALUE RECEIVED FOR THE OLD VEHICLE/EQUIPMENT BEING REPLACED:** Enter the default scrap value of \$1,000.00.

**Line 6d. ALL OTHER FINANCIAL ASSISTANCE:** List any other financial assistance received in connection with the purchase or lease of the vehicle or equipment. For example: tax credits or deductions, other grants, or any public, private, or governmental - state or federal - financial assistance. Explain in detail and provide supporting documentation. The incremental cost will be reduced by the value of any other financial assistance received.

**Line 6e. INCREMENTAL COST CALCULATION:** Enter the amount obtained by adding the amounts on Lines 6a and 6b and then subtracting the amounts on Lines 6c and 6d.

**Line 6f. ELIGIBLE REPLACEMENT ACTIVITY COST CALCULATION:** Enter the amount obtained when you multiply the amount on line 6e by 80%. You will not receive more than 80% of the actual incremental cost AND the Approved Grant Amount for the activity. You will receive the lesser of Line 5 or Line 6f.

**Line 7. AMOUNT TO BE REIMBURSED FOR THIS ACTIVITY:** Enter the lesser amount of the Grant Amount on Line 5 and the Eligible Replacement Project Cost on Line 6f.

**Lines 8 - 8i. REQUIRED SUPPORTING DOCUMENTATION:** Submit ITEMIZED bills of sale, invoices, purchase orders, delivery receipts, proof of payment (front and back of cancelled checks, wire transfers, cashier's checks, copies of executed (signed by both parties) capital lease or finance agreements), vehicle, equipment and engine specifications, details and specifications on trade-in vehicles or equipment, and UCC1 statements (for non-road). Place an X in the appropriate box(es) to indicate the type of documents that are being submitted with this Request for RFR. Multiple boxes will be utilized.

**NOTE: A REIMBURSEMENT REQUEST CANNOT BE FULLY PROCESSED, AND REIMBURSEMENT ULTIMATELY CANNOT BE ISSUED, UNTIL ALL REQUIRED DOCUMENTATION HAS SUBMITTED, REVIEWED, AND APPROVED.**

**Lines 9 - 9c.2. METHOD OF PAYMENT, FINANCING OR CAPITAL LEASE TERMS:** Place an X in each appropriate box to indicate whether the vehicle/equipment was purchased via cash, Regular Financing or Capital Lease Financing. More than one box may be utilized.

**Line 9a. CASH PURCHASE:** Place an X in this box if cash (actual cash, a check, cashier's check, credit card, etc.) was used to pay for either all, or a portion, of the vehicle or equipment cost.

**Line 9b. REGULAR FINANCING:** Place an X in this box if any portion of the vehicle or equipment cost was paid for with a loan, i.e., money borrowed from a bank, financial institution, or any other business or individual.

**Line 9c. CAPITAL LEASE:** Place an X in this box if the vehicle or equipment is associated with a capital lease. The lease agreement must include a binding commitment for the grant recipient to purchase and retain ownership of the equipment at the end of the lease.

**NOTE: When financing is involved, grant funds are paid to the entity that provided the financing, and must be used to pay down loan principal or lease basis. Grant funds cannot be used to pay interest, fees, or any other loan/financing/leasing charges.**

**Line 10a. VEHICLE/EQUIPMENT MODEL YEAR:** Enter the new vehicle or equipment model year.

**Line 10b. VEHICLE/EQUIPMENT MANUFACTURER:** Enter the name of the new vehicle or equipment manufacturer.

**Line 10c. VEHICLE/EQUIPMENT MODEL:** Enter the new vehicle or equipment model name or number.

**Line 10d. VEHICLE/EQUIPMENT VIN or SERIAL NUMBER:** Enter the new vehicle or equipment VIN or serial number.

**Line 10e. ENGINE EMISSIONS YEAR:** Enter the emissions year of the new engine. This should sync with the first character of the Engine Family Code identified on Line 10i. (A = 2010, B = 2011, etc.). The emissions year is not necessarily the same as the engine manufacture year.

**Line 10f. ENGINE MANUFACTURER:** Enter the name of the new engine manufacturer.

**Line 10g. ENGINE MODEL:** Enter the new engine model name or number.

**Line 10h. ENGINE SERIAL NUMBER:** Enter the serial number of the new engine.

**Line 10i. ENGINE FAMILY CODE (ENGINE TEST GROUP):** Enter the 12-character alphanumeric code found on the engine plate.

**Line 11. DATE POSSESSION OF NEW VEHICLE/EQUIPMENT WAS TAKEN:** Enter the date that the new vehicle/equipment was delivered and the Grant Recipient took possession of the new vehicle/equipment. The new vehicle/equipment must have been delivered, and the Grant Recipient must have taken possession of the new vehicle/equipment, prior to requesting reimbursement.

**Texas Commission on Environmental Quality (TCEQ) - - Texas Emissions Reduction Plan (TERP)**  
**Drayage Truck Incentive Program (DTIP)**

**INSTRUCTIONS FOR COMPLETING THE REQUEST FOR REIMBURSEMENT (RFR) FORMS FOR YOUR GRANT**

**STEP 5: MAIL THE REQUEST FOR REIMBURSEMENT PACKET:**

Mail the completed forms and all required documentation and pictures to the appropriate address below. On Form 1, make sure that all applicable signature lines contain original signatures - in blue ink.

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

**Mail or deliver the Request for Reimbursement (RFR) forms and ALL supporting documentation, including pictures, to:**

<b>Standard Mail</b>
Texas Commission on Environmental Quality Air Quality Division Implementation Grants Section, MC-204 ATTN: Reimbursement P.O. Box 13087 Austin, TX 78711-3087
<b>Express Delivery</b>
Texas Commission on Environmental Quality Air Quality Division Implementation Grants Section, MC-204 ATTN: Reimbursement 12100 Park 35 Circle Austin, TX 78753
<b>Hand Delivery</b>
Texas Commission on Environmental Quality Implementation Grants Section - TERP 12100 Park 35 Circle Building F, 1st Floor, Suite 1301 Austin, TX ATTN: Reimbursement

**Texas Commission on Environmental Quality (TCEQ) - - Texas Emissions Reduction Plan (TERP)**

**Drayage Truck Incentive Program (DTIP)**

**Requirements for Submitting the Mandatory Color Pictures**

**The following full-color pictures must be submitted as part of the required supporting documentation for each Request for Reimbursement (RFR) that is submitted. All of the pictures identified MUST be submitted prior to the RFR being reviewed and approved for reimbursement.**

Each of the following shots - in color - must be provided:

1. A straight-on view of the entire Front of the new vehicle/equipment, showing the top of the vehicle/equipment and the tires touching the ground.
2. A straight-on view of the entire Back of the new vehicle/equipment, showing the top of the vehicle/equipment and the tires touching the ground.
3. A straight-on view of the entire Passenger-side of the new vehicle/equipment, showing the top of the vehicle/equipment and the tires of each permanent axle touching the ground. The floating-axle(s), if included as part of the vehicle, do not have to be touching the ground.
4. A straight-on view of the entire Driver-side of the new vehicle/equipment, showing the top of the vehicle/equipment and the tires of each permanent axle touching the ground. The floating-axle(s), if included as part of the vehicle/equipment, do not have to be touching the ground.
5. A clear, readable view of the new engine plate that clearly identifies the associated engine-family code and engine serial #.

**REMINDER: WE CANNOT PROCESS A PAYMENT REQUEST UNTIL ALL OF THE REQUIRED DOCUMENTATION - INCLUDING ALL PICTURES - HAS BEEN SUBMITTED AND APPROVED.**

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

**TEXAS COMMISSION ON ENVIRONMENTAL QUALITY (TCEQ)**

**TEXAS EMISSIONS REDUCTION PLAN (TERP)**

**DRAYAGE TRUCK INCENTIVE PROGRAM (DTIP)**

**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 Award (as identified in your contract):			
4. Amount Requested with this RFR:			
5. Total Number of Activities on the Contract:			
6. Activity Numbers on this RFR:			
7a. Final request? Yes (Enter an X if this is the final reimbursement request for this contract)		7b. Final request? No (Enter an X if there will be additional requests)	
8. Grant Recipient's Name and Mailing address (Complete ONLY if payment is not assigned. If assignment is requested, skip 8 - 8f and proceed to Section 2. If this is to be completed, include the individual or entity name, address, city, state, and +4 zip code, associated with the mailing address for the grant payment):			
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? If "Yes", then payment must be assigned. Indicate below with an X.			
10a. Yes (Complete the rest of Section 2):		10b. No (Ignore Section 2 and Skip to Section 3 below):	
11. ASSIGNEE Name (the entity to receive the reimbursement payment) and Mailing Address for the reimbursement payment (Include entity name, attention to (if applicable), mailing address, city, state, and +4 zip code.)			
11a. Name:		11b. Attention:	
11c. Address:			
11d. City:	11e. State:	11f. Zip Code +4:	
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's Authorized Representative) 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.			
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 all of the information contained in this Request for Reimbursement, including all forms and supporting documents, 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)**

**DRAYAGE TRUCK INCENTIVE PROGRAM (DTIP)**

**ASSIGNMENT INFORMATION** (Only to be used when assigning payment. The entire form should be completed.)

**1. Grant Recipient's Name:**

(As identified on the Signature Page (page 1) of the contract):

**2. Grant Recipient's Federal Employer Identification Number or Social Security Number:**

(Enter the 9-digit number associated with the entity identified on Line 1):

**3. Assignee Name and Mailing Address** (Enter the information below (on Lines 3a - 3g) 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 - 11f of Form 1)

**3a. Assignee Entity Name:**

(Enter the name of the entity to whom assignment is being made, as identified on Line 11a of Form 1):

**3b. Assignee Attention:**

(If the payment should be sent to the attention of a particular individual or department, enter the name of that person or department.):

**3c. Assignee Mailing Address:**

(Enter the mailing address of where the reimbursement payment is to be mailed):

**3d. Assignee Mailing City:**

(Enter the city associated with the mailing address identified on Line 3c above.):

**3e. Assignee Mailing State:**

(Enter the state associated with the mailing address identified on Line 3c above.):

**3f. Assignee Mailing Zip +4 Code:**

(Enter the 5-digit zip code, plus the +4 code associated with the mailing address identified on Lines 3c and 3d above.):

**TEXAS COMMISSION ON ENVIRONMENTAL QUALITY (TCEQ)**

**TEXAS EMISSIONS REDUCTION PLAN (TERP) GRANT - REQUEST FOR REIMBURSEMENT (RFR)**

**DRAYAGE TRUCK INCENTIVE PROGRAM (DTIP)**

**FORM 2 - INCREMENTAL COST CALCULATION and NEW VEHICLE/EQUIPMENT INFORMATION**

<b>1. TCEQ CONTRACT NUMBER:</b>			
<b>2. GRANT RECIPIENT NAME:</b>			
<b>3. TOTAL NUMBER OF ACTIVITIES ON CONTRACT:</b>			
<b>4. ACTIVITY NUMBER ASSOCIATED WITH THIS FORM 2:</b>			
<small>(Always use the 3-digit activity number. Complete a separate Form 2 for EACH activity for which reimbursement is requested)</small>			
<b>5. APPROVED GRANT AMOUNT FOR THIS ACTIVITY PER THE CONTRACT:</b>			
<b>6. INCREMENTAL COST CALCULATION:</b>			
<b>6a. CAPITAL COST OR EQUIPMENT PURCHASE PRICE:</b>			
<small>(Enter the total invoiced price including taxes, registration, and other normal costs, but do <u>NOT</u> include any interest expense, loan application fees, application assistance costs, consulting fees or any other unallowable costs.)</small>			
<b>6b. GLOBAL POSITIONING SYSTEM (GPS) COSTS:</b>			
<small>(Include only Purchase and Installation costs for the GPS if required to monitor and log the location and use of the vehicle. Ongoing operational and maintenance charges/fees cannot not be included. The GPS unit must have been purchased from the vendor authorized and contracted by the TCEQ.)</small>			
<b>6c. THE SCRAP VALUE OR THE VALUE RECEIVED FOR THE OLD VEHICLE/EQUIPMENT BEING REPLACED:</b>			
<small>(The TCEQ will use a default scrap value of \$1,000 for on-road and off-road equipment as stipulated in the contract. Enter \$1,000 in this box.)</small>			
<b>6d. ALL OTHER FINANCIAL ASSISTANCE:</b>			
<small>(List the value of any other financial assistance to be used for the purchase or lease and explain in detail: The incremental cost must be reduced by the value of any other financial incentive received, including tax credits or deductions, other grants, or any other public, private, or governmental financial assistance.)</small>			
<b>6e. INCREMENTAL COST CALCULATION:</b>			
<small>(Lines 6a + 6b - 6c - 6d = 6e)</small>			
<b>6f. ELIGIBLE REPLACEMENT ACTIVITY COST CALCULATION:</b>			
<small>(6e x 0.80 = 6f)(Multiply Line 6e by 80%. You will not receive reimbursement for more than 80% of your ACTUAL incremental costs OR for more than the Approved Grant Amount for this Activity. You are only able to receive funding for the lesser of these two amounts, i.e. Line 5 and Line 6f.)</small>			
<b>7. AMOUNT TO BE REIMBURSED FOR THIS ACTIVITY:</b>			
<small>(Enter the lesser amount of the Approved Grant Amount on Line 5 and the Eligible Replacement Activity Cost on Line 6f)</small>			
<b>8. REQUIRED SUPPORTING DOCUMENTATION:</b> Attach bills of sale, invoices, delivery receipts, proof of payment (front and back of canceled checks, wire transfers), documents supporting a trade-in, copies of executed (signed by both parties) capital lease or financing agreement, equipment specifications, and UCC1 statements (for non-road). Note: The grant may only be used to reimburse principal amounts or lease payments already made (excluding interest or finance charges or fees) and/or upfront down payments on the purchase or lease. The grant reimbursement may not be used to prepay future lease or loan payments, or any interest, fees or other type of loan/financing/leasing charges. A REIMBURSEMENT REQUEST CANNOT BE PROCESSED AND REIMBURSEMENT CANNOT BE ISSUED UNTIL YOU HAVE SUBMITTED ALL OF THE REQUIRED DOCUMENTATION AND IT HAS BEEN REVIEWED AND APPROVED. Please indicate with an X all of the following documentation items that you are submitting with this request for reimbursement:			
<b>8a. Invoice(s):</b>	<input type="checkbox"/>	<b>8d. Wire Transfer(s):</b>	<input type="checkbox"/>
<b>8b. Bill(s) of Sale:</b>	<input type="checkbox"/>	<b>8e. Copies of Canceled Check(s):</b>	<input type="checkbox"/>
<b>8c. Purchase Order(s):</b>	<input type="checkbox"/>	<b>8f. Cashier's Check(s):</b>	<input type="checkbox"/>
		<b>8g. Trade-in:</b>	<input type="checkbox"/>
		<b>8h. Finance Agreement:</b>	<input type="checkbox"/>
		<b>8i. Capital Lease Agreement:</b>	<input type="checkbox"/>
<b>9. METHOD OF PAYMENT, FINANCING OR CAPITAL LEASE TERMS:</b> <small>(Indicate the type of purchase: Cash, Regular Financing, or Capital Lease Financing)</small>			
<b>9a. Cash Purchase:</b>			
<small>(Purchase at least partially made by cash, check, wire transfer, cashier's check, etc.)</small>			
<b>9b. Regular Financing:</b>			
<small>(Purchase at least partially financed with a loan)</small>			
<b>9c. Capital Lease Financing:</b>			
<small>(Indicate with an X if this is a capital lease. The lease agreement must include a binding commitment for the grant recipient to purchase and retain ownership of the equipment at the end of the lease.)</small>			
<b>10. NEW VEHICLE/EQUIPMENT INFORMATION:</b> <small>(Enter below the information about the NEW vehicle or equipment and the associated engine)</small>			
<b>10a. Vehicle/Equipment Model Year:</b>	<input type="text"/>	<b>10e. Engine Emissions Year:</b>	<input type="text"/>
		<small>(The year entered needs to sync with the engine-family code on line 10i.)</small>	
<b>10b. Vehicle/Equipment Manufacturer:</b>	<input type="text"/>	<b>10f. Engine Manufacturer:</b>	<input type="text"/>
<b>10c. Vehicle/Equipment Model:</b>	<input type="text"/>	<b>10g. Engine Model:</b>	<input type="text"/>
<b>10d. Vehicle/Equipment VIN or Serial Number:</b>	<input type="text"/>	<b>10h. Engine Serial Number:</b>	<input type="text"/>
		<b>10i. Engine Family Code (Engine Test Group):</b>	<input type="text"/>
		<small>(The 12-Character alphanumeric code found on the engine plate)</small>	
<b>11. DATE POSSESSION OF NEW VEHICLE/EQUIPMENT WAS TAKEN BY GRANT RECIPIENT:</b> (MM/DD/YYYY)			
<small>(The new vehicle or equipment must have been delivered and the Grant Recipient must have taken possession prior to requesting reimbursement)</small>			