

Repower or Replacement of Heavy Duty Vehicles and Equipment Hurricane Harvey Exception

1. Applicant Submitting Request: The below-named grant applicant requests an exception to the requirement that the vehicle or equipment included in the grant application to be replaced or repowered is currently in good operating condition and is being used in its primary function in the routine operations of the applicant as a result of impacts caused by Hurricane Harvey.

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| Legal Name of Applicant: | |
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2. Activities Included under the exception.

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| Does this exception apply to all activities in this application? Please mark "Yes" or "No" with an X. If No, list the activity numbers that are included under the exception. | Yes: | | No: | |
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3. Equipment Condition. Please describe Hurricane Harvey's impact on the condition of the vehicle/equipment being replaced. Identify where (address) and when (date) the vehicle/equipment was damaged or destroyed. Indicate if the vehicle/equipment can be repaired or if it has been destroyed. Provide a description in the box below.

4. Financial Assistance Information. Identify if you plan to receive, or have received, any form of financial assistance to repair or replace the vehicle/equipment impacted by Hurricane Harvey. Please mark "Yes" or "No" in the boxes below.

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| Will an insurance claim be filed for the vehicle/equipment as a result of damage or destruction caused by Hurricane Harvey? Please mark the box "Yes" or "No" with an X. | Yes: | | No: | |
| Has the insurance claim been approved? Please mark the box "Yes" or "No" with an X. | Yes: | | No: | |
| Has payment been issued? Please mark the box "Yes" or "No" with an X. | Yes: | | No: | |
| Are you receiving (or plan to receive) any other form of financial assistance? Please mark the box "Yes" or "No" with an X. | Yes: | | No: | |
| Date the claim was filed. Enter the date the insurance claim was filed. | | | | |
| Total Financial Assistance (to be) Received: Enter the total of all financial assistance (to be) received, including insurance payments. | | | | |

5. What is the current status of the vehicle or equipment (for replacement)? Please mark the current status of the vehicle/equipment with an "X".

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| The vehicle or equipment is still in my possession. | Yes: | | No: | |
| The vehicle or equipment has or will be taken by the insurance company. | Yes: | | No: | |

6. Current Location of Equipment. Please describe where the vehicle/equipment is currently located.

7. Attachments. A list of the required attachments are listed below. Place an "X" next to the attachments you are submitting with the application form.

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| Color photos documenting the damage of the vehicle or equipment resulting from Hurricane Harvey. | |
| Photocopy of the insurance claim. | |
| Documentation of payment by Insurance Company. | |

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:
(Please sign and date in BLUE ink)

Date of Signature: