

Usage Report

Texas Natural Gas Vehicle Grant Program (TNGVGP)

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

Introduction

As part of receiving TNGVGP grant funds, you agreed to submit a record of the equipment's (activity's) usage. The TERP program emails or mails usage reports for the life of the activity. These usage reports are specific to the contract— containing pre-filled information, like contact and certain activity information.

Complete the following report **if you don't have the usage report containing pre-filled information**. Once complete, submit to TCEQ by its specified deadline using one of the following methods:

Email: TERP-Monitoring@tceq.texas.gov

Regular Post Delivery:

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

Fax: (512) 239-6161 Express Delivery:

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

Do you have questions about the Usage Report? Contact the Compliance Section at (512) 239-0578

Contract Number and Performing Party						
Enter as it is shown in your current contract.						
Contract Number:						
Performing Party:						
Contact Information						
Enter current contact ir	nformation, <u>even</u>	if it's different from	what's in your contra	act.		
Full Name:						
Mailing Address:						
	City:	State:		ZIP:		
Primary Phone:				Ext:		
Secondary Phone:				Ext:		
Fax:						
Email:						
Is any Contact Information $\underline{different}$ from what's in your contract?						

Usage Report

Enter usage information for each activity listed in your TNGVGP grant contract. See the <u>Clean Transportation Zone</u> map for a list of eligible counties.

Contract	t Number:			Performing Party:			
Activity Number	VIN (last 4 only)	Start of Usage Period	End of Usage Period	Odometer End Reading (mi)	Usage Out of Area (mi)	Usage in Area (mi)	Total Usage for this Period (mi)

Activity Number: enter the number assigned to the piece of grantfunded equipment.

Vehicle Identification Number (VIN): enter the last 4 digits of the VIN.

Start of Usage Period: enter the beginning date of this reporting period.

End of Usage Period: enter the end date of this reporting period. **Odometer End Reading:** enter the odometer reading as of the end date of the reporting period.

Usage Out of Area: enter the total usage amount that occurred outside of the eligible counties during this reporting period. The usage amount must be entered as miles.

Usage in Area: enter the total usage amount that occurred inside of the eligible counties during this reporting period. The usage amount must be entered as miles.

Total Usage for this Period: Total the inputs from **Usage Out of Area** + **Usage in Area** = Total Usage for this Period.

Comments and Explanation of Problems

Enter any problems encountered using your grant-funded equipment (including the sale or removal of the equipment from your possession). Reference the activity number assigned to the grant-funded equipment along with a description of the problem in the table below.

Contract Number:	
Performing Party:	
Activity Number(s)	Description of Problem(s)

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The Texas Emissions Reduction Plan (TERP) Usage Report must be signed by the Authorized Official (AO) or Designated Project Representative (DPR). If filing electronically, the AO or DPR may type their name into the appropriate field on the document as a signature. Submission of the document with a typed signature will constitute the same legal meaning and intention as would a handwritten signature.

, ,	onstitute the same legal meaning and intention as would a handwritten signatur	e.			
Contract Number:					
Performing Party:					
Did you receive any	dditional tax incentives to purchase any of these pieces of equipment?				
☐ Yes	□ No				
If you chose alternof Texas?	ite disposition: To the best of your knowledge, is the old equipment still outside	le			
□ Yes	\square No \square N/A (I didn't choose alternate disposition)				
I affirm, as an authorized representative of the grant recipient, that the information contained in this report is, to the best of my knowledge and understanding, complete and accurate.					
AO or DPR Signature:					
Printed Name:					
Title:					
Date:					