

LEVL2 Request for Reimbursement (RFR)

Texas Volkswagen Environmental Mitigation Program (TxVEMP)

Official form for the Texas Commission on Environmental Quality (TCEQ), Texas Volkswagen Environmental Mitigation Program (TxVEMP), Request for Reimbursement (RFR) for the LEVL2 Program: Projects to Purchase and Install Level 2 Charging Equipment for Light-Duty Zero Emission Vehicles.

This TxVEMP RFR form for LEVL2 projects is available at [TexasVWFund.org](https://www.texasvwfund.org) under the Grants tab. Select **Step 3** after clicking on **I have a Grant Now What?**

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General Information for Requesting Reimbursement

Before you submit an RFR for a project location, it must be fully operational, and all associated expenses must have been fully paid or financed.

An RFR may include expenses for multiple locations; however, all expenses for a specific location must be on the same RFR. You may not submit multiple RFRs for the same location.

Handwritten and electronic signatures are both acceptable.

Required Pictures

Provide a full color picture of each charger showing that it has been installed.

Required Supporting Documents and Notations

For each Activity on this RFR you must submit the invoice (or equivalent) for the eligible expenses for your TxVEMP LEVL2 project. You must also submit proof of payment, and all pages of any loan documents. Upon review, additional documents may be requested by TxVEMP.

Eligible expenses are those that directly relate to your project:

- Purchase of the LEVL2 charging equipment (including freight/shipping, warranties, and tax).
- Installation of the LEVL2 charging equipment.
- Maintenance of the LEVL2 charging equipment (prepaid for up to 5-year Activity Life including software and internet service).

For each line item on every supporting invoice and payment document, write the applicable Activity #'s and indicate whether it is for Equipment, Installation, or Maintenance. If an item on the invoice is not an eligible expense, write Not Applicable (N/A). Your supporting documents must make it abundantly clear that the expenses submitted are for your LEVL2 project. If a document does not make this clear, add a notation, separate document, or email that explains the situation. Sometimes a purchase order or contract is helpful. Examples that require explanation:

- Invoice is not made out to the Performing Party as stated on the contract.
- Invoice does not state in plain language what is being invoiced.
- It is not obvious how the item invoiced corresponds your LEVL2 project.
- The cost that applies to the LEVL2 project is not explicitly listed on the invoice (for example, the charges are not broken out per activity/location).

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- The shipping address is not the same as your LEVL2 project address.
- An invoice for services does not state that the services are for your LEVL2 project.
- The payment is not made by the Performing Party as stated on the contract.
- The payment is not made to the vendor on the invoice.
- The payment is not for the amount on the invoice.

Submission of RFR

RFR's may be submitted by email (preferred), fax, standard mail (USPS), or express mail delivery service.

Email Address

TERP@tceq.texas.gov

Standard Mail (USPS) Address

Texas Commission on Environmental Quality
Air Grants Division
MC-204, ATTN: TxVEMP RFR
P.O. Box 13087
Austin, TX 78711-3087

Fax Number

(512) 239-6161

Phone Number

1-833-215-TXVW (8989)

Express Mail Delivery Address

Texas Commission on Environmental Quality
Air Grants Division
MC-204, ATTN: TxVEMP RFR
12100 Park 35 Circle, Bldg F
Austin, TX 78753

Instructions for Completing the RFR

Complete pages 1, 2, and a page 3 for each activity.

Instructions for Page 1

TCEQ contract number and Performing Party Name are located on Form 1 of your approved application.

Activity number(s) correspond with the Activity numbers indicated on Form 4 of your approved application.

Total amount requested with this RFR will be awarded Grant Amounts from Form 1 less any amendments (if any) you signed, which reduced the grant amount.

Instructions for Page 2 – Reimbursement Address

If the Performing Party has paid eligible expenses that are equal to, or greater than, the reimbursement amount with cash-on hand (non-borrowed funds), the reimbursement

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may be paid directly to the Performing Party. If this is the case, enter the Performing Party's address. If the purchase of the Grant Equipment is through financing, the reimbursement may be assigned to the company that provided the financing. In this case, enter the Assignee's payment address. Do not put both the Performing Party Name and the Assignee Entity Name on the first line of the address. It can only be one or the other. If assigning the grant payment, we suggest that it be sent to a person's attention. Do not fill out the Assignment Request and Acceptance Section unless you have financed your purchase and are assigning the reimbursement. Note that the signature of an authorized official representing the Assignee is required.

Instructions for Page 3 – Activity Detail Table and Supporting Documentation

List your eligible expenses and your payment of those expenses.

Columns:

- Vendor – The name of the company that invoiced you.
- Invoice # – The invoice number as shown on the invoice.
- Invoice Date – The invoice date shown on the invoice.
- Item Description – The description shown on the invoice for each invoice item for which you are requesting reimbursement.
- Amount of Invoice to be Applied – The amount of eligible expense that applies to this Activity for this invoice item.
- Invoice Total – The grand total for the invoice.
- Payment Amount – The amount on the check, or the amount of the wire, etc., that paid for this invoice.
- Form of Payment – Check, Wire, ACH, Cash, Credit Card, etc.
- Payment # – Check #, Wire Fed Ref #, etc.
- Payment Date – Date shown on the check, wire, etc.

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Request for Reimbursement Form

TCEQ Contract Number: 582-_____

Performing Party Name: _____

Activity number(s) on this RFR (001, 002, etc.): _____

Total amount requested for above Activities: \$_____

Has the Performing Party received, or anticipates receiving, any non-TxVEMP grant funds, financial incentives, or tax credits associated with this grant? Yes: No:

Performing Party's Certification

I certify to the best of my knowledge and belief, that:

All Activities in this RFR are fully operational, sufficiently insured, and the equipment meets the reimbursement requirements listed in the RFGA and approved application (Contract).

All the information contained in this RFR, including all supporting documentation, is correct, accurate, and complete, and all outlays and unliquidated obligations are for the purposes set forth in the Contract.

Printed Name of Performing Party's Authorized Representative Phone Number

Signature of Performing Party's Authorized Representative Date

Release of Claims

Complete this section if this is the only and/or final request for this Contract.

Subject to receiving all reimbursement due and payable to date, the Performing Party 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 Performing Party listed above.

Printed Name of Performing Party's Authorized Representative Phone Number

Signature of Performing Party's Authorized Representative Date

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Reimbursement Mailing Address

Performing Party Name (not financed) **OR** Assignee Entity Name (financed)

In care of (optional)

Attention (optional)

Street or P.O. Box

City

State

Zip+4

Assignment Request and Acceptance Section

I, the Performing Party's Authorized Representative, by this document hereby provide Notice of Assignment to the Texas Commission on Environmental Quality (TCEQ) of the assignment to Assignee Entity Name of the payment, not to exceed the Total amount requested with this RFR, for the reimbursement of the associated eligible costs of acquiring the activity/activities identified in the Contract executed between Performing Party 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 Entity Name.

By signing below, the Assignee's Authorized Representative hereby accepts the payment assignment on behalf of Assignee Entity 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 principal basis of the related lease agreement, as applicable, and not to any finance or interest charges or fees.

If a Performing Party owes any amount(s) to the State of Texas, assigned payments will be held by the TCEQ until the debt is satisfied.

Printed Name of Performing Party's Authorized Representative

Phone Number

Signature of Performing Party's Authorized Representative

Date

Printed Name of Assignee (same as Assignee Entity Name)

Printed Name of Assignee's Authorized Representative

Phone Number

Signature of Assignee's Authorized Representative

Date

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Activity Detail Table - LEVL2 Charger Costs

Activity Number		Click here for additional pages. (Only one activity per page)	Location	
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Itemize all costs related to the LEVL2 Charging station by filling in all appropriate cells in the table below.

Category	Vendor	Invoice Number	Invoice Date	Item Description	Amount of Invoice to be Applied	Invoice Total	Payment Amount	Form of Payment	Payment Number	Payment Date

Eligible Budget Categories	Total Eligible Costs
Total Equipment Costs for this Activity	
Total Installation Costs for this Activity:	
Total Maintenance Costs for this Activity:	
Total Costs for this Activity:	

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