

Request for Reimbursement Forms

Replacement Activity

What Is Needed on Form 1: Request for Reimbursement

(Starting from the top left corner and working to the right, then down)

TCEQ Contract Number

Enter your contract number in this blank. Your contract number is found on your copy of the contract and the Notice to Proceed.

Grant Recipient Name

The individual name or company name the contract is under. The grant name is located at the top of your Notice to Proceed.

1. Final Request: Yes or No

If this will be the last reimbursement request for your contract that you send in, you will mark "yes." If you will be sending in another reimbursement request later, mark "no."

2. Total Amount Requested

The amount you are requesting for the TCEQ to pay in this reimbursement.

Total Grant Award

The total grant award of the contract. This amount can be found on the Notice to Proceed and your copy of the contract.

3. Grantee (Grant Recipient)

The mailing address of the person or company that the contract is under.

4. Assignee (Business Receiving Payment)

If you did not pay cash for the equipment costs, then you may assign your check to a dealership or finance company. The company you are sending your check to is the "Assignee." List the company's name and **mailing** address in this blank.

5. Grant Recipient Identification Number (SSN or FEI#)

If the grantee is an individual, list the social security number (SSN). If the grantee is a company, list the federal employee identification number (FEI#).

6. Assignee Federal Employer Identification Number (FEI#)

If the payment is assigned, list the federal employer identification number for the company to which you are assigning payment.

7. Are the request payments assigned to a third party (assignee)?

If the payment is being assigned, then mark “yes” and complete the Notice of Assignment section. If the payment is being sent to you directly, then mark no.

Notice of Assignment Section

(Complete if you are sending your payment to the dealership or finance company.)

Grantee (Name on Grant Contract), Title

List the name and title of the person signing for the grant.

Legal Name of Business Receiving Payment

List the name of the company (dealership or finance company) to which the payment is being sent.

Payments not to exceed \$_____

List the dollar amount of the payment you want to send to the assignee (dealership or finance company). Example—\$26,750.00 *(Twenty-six thousand seven hundred fifty dollars and zero cents)*

Grantee (Name on the Contract)

List the contract name found on your contract.

Grant Recipient (Signature and Date)

The person who signed the contract or is listed on the contract as a representative must sign and date here.

Assignee (Business Receiving Payment) (Signature and Date):

An individual who can sign as a representative for the company receiving the payment must sign and date here.

Certification Statement: Must be signed by the person who signed the contract or is listed on the contract as a representative.

This section requires a signature, the printed name and title of the signer, the date signed, and the contact telephone number for the person signing.

Release of Claims Section: This section is completed only when the reimbursement request is the last one that will be submitted for the contract. This section needs to be signed and dated by the person who signed the contract or is listed on the contract as a representative.

APPLICATION FOR TEXAS IDENTIFICATION NUMBER

• See instructions on back

For Comptroller's use only

1. Is this a new account? YES Mail Code 000 NO Enter Mail Code _____ Agency number _____
 Complete Sections 1 - 5 Complete Sections 1, 2 & 5

SECTION 1

2. **TEXAS IDENTIFICATION NUMBER (TIN)** - Indicate the type of number you are providing to be used for your TIN

1 - Employer Identification Number (EIN)

2 - Social Security number (SSN) Enter the number indicated _____

3 - Comptroller's assigned number (FOR STATE AGENCY USE ONLY)

3. Are you currently reporting any Texas tax to the Comptroller's office such as sales tax or franchise tax?

YES NO If "YES," enter Texas Taxpayer Number _____

SECTION 2

PAYEE INFORMATION (Please type or print)

4. Name of payee (Individual or business to be paid)

5. Mailing address where you want to receive payments

6. (Optional)

7. (Optional)

8. (Optional)

9. City _____ State _____ ZIP Code _____

10. Payee telephone number (Area code and number) (_____) _____ SIC code _____ Security type code (0, 1, 2) _____ Zone code _____

SECTION 3

11. **OWNERSHIP CODES** - Check only one code by the appropriate ownership type that applies to you or your business.

I - Individual Recipient (not owning a business)

L - Texas Limited Partnership: If checked, enter the Texas File Number _____

S - Sole Ownership (Individual owning a business): If checked, enter the owner's name and Social Security number (SSN)

Owner's name _____

SSN 2 _____

T - Texas Corporation: If checked, enter the Texas File Number _____

A - Professional Association: If checked, enter the Texas File Number _____

C - Professional Corporation: If checked, enter the Texas File Number _____

O - Out-of-State Corporation

G - Governmental Entity

U - State agency / University

F - Financial Institution

R - Foreign (out of U.S.A.)

P - Partnership: If checked, enter two partner's names and Social Security numbers (SSN). If a partner is a corporation, use the corporation's Employer Identification Number (EIN).

Name _____

SSN/EIN _____

Name _____

SSN/EIN _____

N - Other: If checked, explain. _____

SECTION 4

12. Payment Assignment? YES NO Note: A copy of the assignment agreement between payees must be attached.

Assignee name _____

Assignee TIN _____ Assignment date _____

SECTION 5

13. Comments _____

14. **sign here** _____ Authorized signature (Applicant or authorized agent) _____ Date _____

Agency name _____ Prepared by _____ Phone (Area code and number) _____

15. _____

What Is Needed on Form AP-152: Texas Application for Payee Identification Number

(starting from the top and working down)

(YOU **ONLY** NEED TO COMPLETE THE INFORMATION MENTIONED BELOW)

(1) **Is this a new account?:** Skip this section.

Section 1—Payee Identification Number (PIN):

If the grant recipient is an individual, check the *Social Security Number (SSN)* box and list the number on the right side under “Enter the number indicated.”

If the grant recipient is a company, check the *Federal Employer’s Identification (FEI) Number* box and list the number on the right side under “Enter the number indicated.”

Section 2—Payee Information:

List the **mailing** address of the company you want to send your payment to. In addition, include a line that states: “Assignee for:” and then the name that the contract is under. You may also include any information that will help the check get to the right person and applied to the correct account (e.g., *attn:*, *account #*).

Section 3—Ownership Codes: Skip this section.

Section 4

Payment Assignment: Mark “yes.”

Assignee name: This is the name of the company where you are sending your payment.

Assignee PIN: This is the Federal Employer Identification Number (FEI #) for the company to which you are sending your payment.

Assignment Date: The date the form is being completed and signed.

Section 5

Comments: Leave blank.

Sign Here: Grantee (the person who received the grant) signs here and dates.

Agency Name: Leave blank.

APPLICATION FOR TEXAS IDENTIFICATION NUMBER

USE THIS FORM IF YOU WANT THE TCEQ TO PAY YOUR VENDOR OR FINANCING COMPANY

	1. Is this a new account?	<input type="checkbox"/> YES Mail Code 000 Complete Sections 1 - 5	<input type="checkbox"/> NO Enter Mail Code _____ Complete Sections 1, 2 & 5	Agency number _____
SECTION 1	2. TEXAS IDENTIFICATION NUMBER (TIN) - Indicate the type of number you are providing to be used for your TIN			
	<input checked="" type="checkbox"/> 1 - Employer Identification Number (EIN)		Enter the number indicated Grantee's SSN/FEI# (per application)	
	<input type="checkbox"/> 2 - Social Security number (SSN)		<input type="checkbox"/> 3 - Comptroller's assigned number (FOR STATE AGENCY USE ONLY)	
3. Are you currently reporting any Texas tax to the Comptroller's office such as sales tax or franchise tax?				
<input type="checkbox"/> YES <input type="checkbox"/> NO If "YES," enter Texas Taxpayer Number _____				
SECTION 2	PAYEE INFORMATION (Please type or print)			
	4. Name of payee (Individual or business) LEGAL NAME of the BUSINESS RECEIVING PAYMENT			
	5. Mailing address where you want to receive payment Assignee for: (GRANTEE'S NAME ON THE CONTRACT)			
	6. (Optional) MAILING Address Where Payment Is to be Mailed			
	7. (Optional)			
	8. (Optional)			
	9. City TX ZIP Zip Code			
	10. Payee telephone number (Area code and number) (_____) _____ SIC code _____ Security type code (0, 1, 2) _____ Zone code _____			
	11. OWNERSHIP CODES - Check only one code by the appropriate ownership type that applies to you or your business.			
	<input type="checkbox"/> I - Individual Recipient (not owning a business) <input type="checkbox"/> L - Texas Limited Partnership: If checked, enter the Texas File Number _____			
<input type="checkbox"/> S - Sole Ownership (Individual owning a business): If checked, enter the owner's name and Social Security number (SSN) <input type="checkbox"/> T - Texas Corporation: If checked, enter the Texas File Number _____				
Owner's name _____ SSN <input type="checkbox"/> 2 _____				
<input type="checkbox"/> P - Partnership: If checked, enter two partner's names and Social Security numbers (SSN). If a partner is a corporation, use the corporation's Employer Identification Number (EIN). <input type="checkbox"/> A - Professional Association: If checked, enter the Texas File Number _____				
Name _____ SSN/EIN <input type="checkbox"/> _____				
Name _____ SSN/EIN <input type="checkbox"/> _____				
<input type="checkbox"/> O - Out-of-State Corporation <input type="checkbox"/> G - Governmental Entity <input type="checkbox"/> U - State agency / University <input type="checkbox"/> F - Financial Institution <input type="checkbox"/> R - Foreign (out of U.S.A.)				
<input type="checkbox"/> N - Other: If checked, explain _____				
SECTION 4	12. Payment Assignment? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <i>Note: A copy of the assignment agreement between payees must be attached.</i>			
	Assignee name LEGAL NAME of the BUSINESS RECEIVING PAYMENT			
	Assignee TIN FEI # of BUSINESS REC'G PYMT Assignment date Date			
SECTION 5	13. Comments _____			
	14. sign here Signed by Grantee (or Authorized Signer in the Contract)		Date Date Signed by Grantee	
	Agency name _____		Prepared by _____ Phone (Area code and number) _____	
15. _____				

You may complete this form on the computer by going to <www.window.state.tx.us/taxinfo/taxforms/ap-152.pdf>

NOTE: ONLY THOSE BOXES WITH ENTRIES IN THEM NEED BE COMPLETED

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

FORM 2a: REPLACEMENT ACTIVITY—Detailed Expense Summary

A FORM 2a WILL NEED TO BE COMPLETED FOR EACH ACTIVITY IF THERE ARE MULTIPLE ACTIVITIES					
CONTRACT NUMBER	GRANT RECIPIENT NAME	Final Request This Activity		ACTIVITY NUMBER	
		Yes	No		
1. APPROVED GRANT AMOUNT FOR THIS ACTIVITY FROM APPLICATION				\$	
2. ACTUAL INCREMENTAL COST CALCULATION: (Formula A + B – C = D and D × 0.80 = E)					
A. Capital Cost / Equipment Purchase: <i>Enter the invoiced price (including taxes, registration, and other normal costs, but NOT any interest expense, loan application fees, application assistance costs, or consulting fees).</i>				\$	
				(+ ADD)	
B. Other / Global Positioning Systems (GPS): Purchase and Installation are optional. <i>Enter the cost to purchase and install the GPS to track and log the location and use of the vehicle. Ongoing operational and maintenance charges may not be included. The GPS unit must have been purchased from the vendor authorized and contracted to the TCEQ.</i>				\$	
				(- SUBTRACT)	
C. Scrappage value or the value received for the old vehicle or equipment being replaced: <i>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.</i>				\$	
				(- SUBTRACT)	
D. List the value of any other financial assistance to be used for the purchase or lease, and explain in detail: <i>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 financial assistance.</i>				\$	
				(+ ADD)	
E. Incremental Cost (A + B – C – D = E) <i>multiply incremental cost by 80%</i>				\$	
				(× 0.80)	
F. ELIGIBLE REPLACEMENT PROJECT COSTS FOR THIS ACTIVITY				\$	
3. AMOUNT REQUESTED FOR THIS ACTIVITY (enter the lesser amount from Line 1 or Line 2F)				\$	
4. DOCUMENTATION—Attach bills of sale, invoices, delivery receipts, proof of payment (canceled checks or wire transfers), executed (signed) lease or financing agreement copies, and UCC1 statements (reference Article 7.9 of the Contract General Conditions for details). A PAYMENT CANNOT BE PROCESSED UNTIL YOU HAVE SUBMITTED THE REQUIRED DOCUMENTATION.					
Please check the following documentation items that you are submitting with this request of reimbursement					
<u>Purchase Documentation</u>		<u>Payment Documentation</u>		<u>Financial Documentation</u>	
<input type="checkbox"/>	Invoice(s)	<input type="checkbox"/>	Copies of Canceled Checks	<input type="checkbox"/>	Financial Agreement
<input type="checkbox"/>	Bill of Sale (Sales Contract)	<input type="checkbox"/>	Wire Transfer	<input type="checkbox"/>	Lease Agreement
FINANCING OR LEASE TERMS FOR REPLACEMENT VEHICLE (Method of financing or lease terms for replacement vehicle, CHECK ONE)					
Purchase:	<input type="checkbox"/> Cash Purchase <input type="checkbox"/> Regular Financing <input type="checkbox"/> Lease Purchase Financing (lease-to-own; equipment will be purchased and retained at the end of the lease). The lease agreement must include a binding commitment for the applicant to pay any remaining costs and to take ownership of the equipment. Without this binding commitment, the agreement will be considered a lease rather than a purchase.				
Lease:	<input type="checkbox"/> Equipment will be returned at the end of the lease. The lease must extend for at least the activity life of the contract				
Explain the terms of the agreement, including amount financed, the length (months), and amount per payment below:					
Note: The grant may only be used to reimburse principal amounts or lease payments already made (and not including interest or finance charges) and/or upfront downpayments on the purchase or lease. Your grant reimbursements may not be used to prepay future lease payments.					
Enter below the information about the NEW vehicle or equipment and engine purchased.					
Equipment manufacturer, model year, model, and VIN or serial number	Engine manufacturer, model year, model, and serial number	Engine test group (family code) 12-digit alphanumeric found on engine S/N plate	Date NEW vehicle or equipment placed in service		

What Is Needed on Form 2a: Replacement Activity— Detailed Expense Summary

(Starting from the top left corner and working to the right, then down)

Contract Number

Enter your contract number in this blank. Your contract number is found on your copy of the contract and Notice to Proceed.

Grant Recipient Name

The individual name or company name the contract is under. The grant name is located at the top of your Notice to Proceed.

Final Request This Activity—Yes or No

If this will be the only reimbursement request for **this activity**, then mark “yes.” If you will be sending in another reimbursement request later for this same activity, then mark “no.”

Activity Number

The activity number identifies the piece of equipment in the contract that you are replacing.

For example: If your contract has one activity, then the activity number is 001.

If your contract has five activities and you are replacing the third activity listed in the contract, then the activity number is 003.

1. Approved Grant Amount for this Activity from Application

This is the grant amount that was awarded for the individual activity.

2. Actual Incremental Cost Calculation

A. Capital Cost—Equipment Purchase

Enter the total purchase price of the equipment (including taxes, registration, etc.), but do not include any interest expense, loan application fees, application assistance costs, or consultant fees.

B. Other—Global Positioning System (GPS)

If you are installing the TCEQ-approved GPS, then enter only the hardware and installation cost. (*Note:* Do not enter any operation or maintenance costs.)

C. Scrappage Value

For regular on-road vehicles and non-road equipment, enter \$1,000.00 (the default scrappage value accepted by the TCEQ). For marine vessels, locomotives, and stationary equipment, enter the scrappage value found in the contract or the actual value received for the old equipment.

D. Financial Assistance

If you are receiving additional financial assistance to purchase the equipment (e.g., tax credits or deductions and other grants), enter the amount of assistance received. If no assistance is received, enter \$0 or leave blank.

E. Incremental Cost

Add (A "Purchase Price" + B "GPS") then subtract (C "Scrappage" + D "Financial Assistance")

F. Eligible Replacement Project Costs for This Activity

Multiply the number in "E" by 0.80 (80%). Enter the result in the blank.

Amount Requested for this Activity

If the grant amount for this activity (what you enter for Box 1) is less than the number in Box 2, Line F, then enter in the grant amount in this blank. If the grant amount is larger than the number in Box 2, Line F, then enter the number found in F. (Note: Reimbursement cannot exceed 80% of the purchase price minus the scrappage value.)

Documentation

Enter an X in the boxes to list the information you are sending in.
(Note: There does not have to be an X in each column.)

Financing or Lease Terms for Replacement Vehicle

Enter an X in the box to represent how you paid the balance of the equipment costs. If you financed the balance, then explain the terms of the agreement. (Example: *Financed \$45,000.00 with XYZ Finance Co., 60 monthly payments of \$900.00.*)

Bottom Four Boxes—List the following information for the new equipment.

Box 1: Equipment manufacturer, model year, model, and vehicle-identification number.

Box 2: Engine manufacturer, model year, model, and serial number.

Box 3: Engine test group (family code). The engine family code is generally found on the engine serial plate. The format for the engine family code is:

One number or letter—represents the engine's manufacture year

Three letters—represents the manufacturer code per the EPA

One letter—represents the engine family type

Four numbers—represents the engine displacement in liters

Three numbers and/or letters—represents the engine manufacturer–assigned code

(An example of an engine family code is: 7CEXH0912XAM)

Box 4: Date new vehicle/equipment placed in service. This is the date that you started using the new equipment. If you are not currently using the equipment, then enter the date you expect to start using it.

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

SAMPLE FORM 2a: REPLACEMENT ACTIVITY—Detailed Expense Summary

A FORM 2a WILL NEED TO BE COMPLETED FOR EACH ACTIVITY IF THERE ARE MULTIPLE ACTIVITIES				
CONTRACT NUMBER	GRANT RECIPIENT NAME	Final Request This Activity		ACTIVITY NUMBER
		Yes	No	
582-11-XXXXX-XXXX	GRANTEE NAME as on the Contract	Yes	X No	001
1. APPROVED GRANT AMOUNT FOR THIS ACTIVITY FROM APPLICATION				\$ 75,000.00
2. ACTUAL INCREMENTAL COST CALCULATION: (Formula A + B – C = D and D × 0.80 = E)				
A. Capital Cost / Equipment Purchase: <i>Enter the invoiced price (including taxes, registration, and other normal costs, but NOT any interest expense, loan application fees, application assistance costs, or consulting fees).</i>				\$ 125,000.00
				(+ ADD)
B. Other / Global Positioning Systems (GPS): Purchase and Installation are optional. <i>Enter the cost to purchase and install the GPS to track and log the location and use of the vehicle. Ongoing operational and maintenance charges may not be included. The GPS unit must have been purchased from the vendor authorized and contracted to the TCEQ.</i>				
				(- SUBTRACT)
C. Scrappage value or the value received for the old vehicle or equipment being replaced: <i>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.</i>				\$ 1,000.00
				(- SUBTRACT)
D. List the value of any other financial assistance to be used for the purchase or lease, and explain in detail: <i>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 financial assistance.</i>				\$ -
				(A + B – C – D = E)
E. Incremental Cost (A + B – C – D = E) <i>multiply incremental cost by 80%</i>				\$ 124,000.00
				(× 0.80)
F. ELIGIBLE REPLACEMENT PROJECT COSTS FOR THIS ACTIVITY				\$ 99,200.00
3. AMOUNT REQUESTED FOR THIS ACTIVITY (enter the lesser amount from Line 1 or Line 2F)				\$ 75,000.00
4. DOCUMENTATION / Attach bills of sale, invoices, delivery receipts, proof of payment (canceled checks or wire transfers), executed (signed) lease or financing agreement copies, and UCC1 statements (reference Article 7.9 of the Contract General Conditions for details). A PAYMENT CANNOT BE PROCESSED UNTIL YOU HAVE SUBMITTED THE REQUIRED DOCUMENTATION.				
Please check the following documentation items that you are submitting with this request of reimbursement				
Purchase Documentation		Payment Documentation		Financial Documentation
<input type="checkbox"/>	Invoice(s)	<input type="checkbox"/>	Copies of Canceled Checks	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Bill of Sale (Sales Contract)	<input type="checkbox"/>	Wire Transfer	<input type="checkbox"/>
FINANCING OR LEASE TERMS FOR REPLACEMENT VEHICLE (Method of financing or lease terms for replacement vehicle, CHECK ONE)				
Purchase:	<input type="checkbox"/> Cash Purchase			
	<input checked="" type="checkbox"/> Regular Financing			
	<input type="checkbox"/> Lease Purchase Financing (lease-to-own; equipment will be purchased and retained at the end of the lease). The lease agreement must include a binding commitment for the applicant to pay any remaining costs and to take ownership of the equipment. Without this binding commitment, the agreement will be considered a lease rather than a purchase.			
Lease:	<input type="checkbox"/> Equipment will be returned at the end of the lease. The lease must extend for at least the activity life of the contract			
Explain the terms of the agreement, including amount financed, the length (months), and amount per payment below:				
Financed \$50,000.00 for 48 months with payments of \$X,XXX.XX per month. A copy of the signed loan is attached. Grant payment is assigned to the equipment dealership.				
Note: The grant may only be used to reimburse principal amounts or lease payments already made (and not including interest or finance charges) and/or upfront downpayments on the purchase or lease. Your grant reimbursements may not be used to prepay future lease payments.				
Enter below the information about the NEW vehicle or equipment and engine purchased.				
Equipment manufacturer, model year, model, and VIN or serial number	Engine manufacturer, model year, model, and serial number	Engine test group (family code) 12-digit alphanumeric found on engine S/N plate	Date NEW vehicle or equipment placed in service	
Year, Equipment Manufacturer, Equipment Model Number, VIN or S/N	Year, Engine Manufacturer, Engine Model Number, Engine S/N	Example Format: 1(#) 4(Alpha) 4(#) 3 (Alpha)	MM/DD/YR (First date equipment is used for work)	

