Request for Reimbursement Forms

Replacement Activity

Texas Commission on Environmental Quality

Texas Emission Reduction Plan (TERP)

FORM 1: Request for Reimbursement

TCEQ Contract Number	1. Final	Request	2. Total Amount Requested	Total Grant Award	
	Yes	No			
3. GRANTEE / Grant Recipie (Name and address, including ZIP code for			4. ASSIGNEE / Business Receiving Payment (If applicable) (Name and address, including ZIP code for payment)		
			<u> </u>		
5. Grant Recipient Identification Number (SSN or FEI #)		6. Assignee Federal Employ	yer Identification Number (FEI #)	
	,			,	
7. Are the requested payments	assigned to	a third na	ty (assignae)?	YES NO	
To assign payment, complete the Notice of Assign					
and the assignee (business receiving payment).			, ,	, , ,	
	NC	OTICE OF AS	SIGNMENT		
l, Person Authorized in Grant Application	, by	this docur	nent hereby provide notice to	the Texas Commission on	
Environmental Quality (TCEQ) of the assignm	ent to the			(Assignee) of the	
			Legal Name of Business Receivng Pay	vment	
payments not to exceed \$		- (thousand	hundred —	
			e costs of purchases from the Ass		
contract executed between		•	Grant Contract)	and the TCEQ for award of	
an Emissions Reduction Incentive or Rebate (reporting forms, please forward the paymen	· ·		mission of the required reimbi	arsement forms and other	
GRANT RECIPIENT	is to the A.	33161100.	ASSIGNEE (Bu	siness Receiving Payment)	
<u> </u>					
Signature	Di	ate	Signature	Date	
3					
Printed Name and Title of Person Authorized	in Grant A	Application	Printed Name and Title	of Authorized Representative	
	CER	RTIFICATION	ISTATEMENT		
I certify to the best of my knowledge and bel	ief that the	e data on t	his request, including the data	provided in the attached Detailed	
Expense Summaries, are correct and comple	te, and tha	it all outlay	s and unliquidated obligations	are for the purposes set forth in	
the award document.					
Grant Recipient Signature:			Data		
			Date:		
Printed Name and Title of Person Authorized in G	rant Application	on	Telephone Number:		
		RELEASE O	F CLAIMS		
(If this is the			ment, sign the release of claims below.)		
Subject to receiving all reimbursement due	and pava	ble to date	, the recipient hereby release	s all claims against the TCEQ and	
its officers, agents, and employees from ar			-	_	
- · · · · ·			MENT REQUEST AND BOX 1 IS CH		
Grant Recipient Signature:					
			Date:		

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.

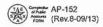
Release of Claims Section: This section is completed only when the reimbursement request is the last one that will be submitted for the contract. This section needs to be signed and dated by the person who signed the contract or is listed on the contract as a representative.

Texas Commission on Environmental Quality

Texas Emissions Reduction Plan (TERP)

SAMPLE FORM 1: Request for Reimbursement

TCEQ Contract Number:	1. F	inal Re	equest	2. Total Amount Requested		Total Grant Award
582-11-XXXXX-XXXX	Yes	X	lo	\$ 145,000.00		\$ 150,000.00
3. GRANTEE / Grant Recipie (Name and address, including ZIP code for		t)		4. ASSIGNEE / Business Red (Name and address, inclu		
Name as It Appears on Grant		,		Legal Name of Business Rece	_	
Attn:				Attn: Person Authorized to F		· .
Grantee's Mailing Address as in Applica	ition			Address Where Payment is t	o b	e Mailed
City, State Zip				City, State Zip		
5. Grant Recipient Identification Number	(SSN or	FEI#)		6. Assignee Federal Employe	er Ide	entification Number (FEI #)
Same Number Used in Appl	icatio	n		Business Receivi	ing	Payment FEI #
7. Are the requested payment						X YES NO
To assign payment, complete the Notice of Assign	gnmen	t <i>sectic</i>	on below.	The Notice of Assignment must be	sigr	ned by both the grant recipient
and the assignee (business receiving payment).						
		NO	TICE OF A	ASSIGNMENT		
I, Name, Title Person Authorized in Grant Application		, by th	is docum	ent hereby provide notice to the Te	exas	Commission on
Environmental Quality (TCEQ) of the assignment	to the			Legal Name of Business Receiving Pa		nt (Assignee) of the
payments not to exceed \$ 145,0	00.00		(one hundred forty-five thousand		No hundred No
		nt of t	`	e costs of purchases from the Assign	nee	under the
contract executed between				Grantee		and the TCEQ for award of
			Grantee (Name on Grant Contract)		and the relation and a cr
an Emissions Reduction Incentive Grant. Upon o				required reimbursement forms and	othe	er
reporting forms, please forward the payments to	o the A	ssigne	e.			
GRANT RECIPIENT				ASSIGNEE (Busin	iess	Receiving Payment)
<u>Signature</u>		Date	2	<u>Signature</u>		<u>Date</u>
Printed Name and Title					utho	rized Representive of the Business
(must be a person authorized in the grant application Printed Name and Title of Person Authorized in G		Applica	tion	Receiving the Payment Printed Name and Title of Authorized Representative		
Timed Name and Title of Ferson Nathonized in	Granci				20110	nzea representative
		CERI	IFICATIO	N STATEMENT		
I certify to the best of my knowledge and belief						-
Summaries, are correct and complete, and that a	all outl	ays and	d unliquio	dated obligations are for the purpos	es s	et forth in the award document.
Grant Recipient Signature:						
				Date:		
Printed Name and Title	n)			Telephone Number: ()		
(must be a person authorized in the grant application Printed Name and Title of Person Authorized in G		plication	1	relephone Number. ()		
		F	RELEASE	OF CLAIMS		
(If this is the	FINAL re	equest fo	or reimburs	sement, sign the release of claims below.)		
Subject to receiving all reimbursement of	due and	d payal	ble to dat	e, the recipient hereby releases all	clain	ns against the TCEQ and
its officers, agents, and employees from any and all claims arising under or by virtue of the TCEQ's contract with the recipient.						
(SIGN THIS SECTION IF	THIS IS	THE F	INAL PAY	MENT REQUEST AND BOX 1 IS CHE	CKE	D YES)
Grant Recipient Signature:						
(must be signed if this is a final request)				Date:		



APPLICATION FOR TEXAS IDENTIFICATION NUMBER

A	• Se	ee instructions on back	
1	. Is t	this a new account?	Agency number5
SECTION 1	250.5	TEXAS IDENTIFICATION NUMBER (TIN) - Indicate the type of number you are purely in the second of the	ber indicated,,
SECTION 2	4. 5. 6. 7. 8.	TEE INFORMATION (Please type or print) Name of payee (Individual or business to be paid) Mailing address where you want to receive payments (Optional) (Optional) City State ZIP Code	Security Zone
SECTION 3	11.	S - Sole Ownership (Individual owning a business): If checked, enter the owner's name and Social Security number (SSN) Owner's name SSN 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 F - Fi	
SECTION 4	12.	Assignee name	nt agreement between payees must be attached.
	12	Comments	
SECTION 5	14.	Sign Authorized signature (Applicant or authorized agent)	Date
SEC	15.	Agency name Prepared by	Phone (Area code and number)

For Comptroller's use only

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.

	Comproher of Public Accounts FORM	AP-152 (Rev.8-09/13) AP 152 FORM	SAMPLE For Comptroller's use only
AP	PLIC	ATION FOR TEXAS IDENTIFICATION NUMBER	
ᆚ		USE THIS FORM IF YOU WANT THE TCEQ TO PA	Y YOUR VENDOR OR FINANCING COMPANY
1	. Ist	his a new account? YES Mail Code 000 NO Ente Complete Sections 1 - 5 Complete Secti	r Mail Code Agency number ions 1, 2 & 5
SECTION 1		TEXAS IDENTIFICATION NUMBER (TIN) - Indicate the type of number [SIN] 1 - Employer Identification Number (EIN) 2 - Social Security number (SSN) 3 - Comptroller's assigned number (FOR STATE AGENCY US) Are you currently reporting any Texas tax to the Comptroller's office sur YES NO If "YES," enter Texas Taxpayer Number	Grantee's SSN/FEI# (per appliction) SE ONLY) ch as sales tax or franchise tax?
		EE INFORMATION (Please type or print)	
	4.	Name of payee (Individual or busine LEGAL NAME of the BUSINESS R	ECEIVING PAYMENT
	5.	Mailing address where you want to f Assignee for: (GRANTEE'S NAME	ON THE CONTRACT)
N 2	6.	(Optional) MAILING Address Where Paym	ent Is to be Mailed
SECTION	7.	(Optional)	
S	8.	(Optional)	
	9.	City City TX ZIP	Zip Code
	10.	Payee telephone number (Area code and number)	SIC Security Zone code type code (0, 1, 2) code
	11.	OWNERSHIP CODES - Check only one code by the appropriate owne	
		☐ 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	T - Texas Corporation: If checked, enter the Texas File Number
3		SSN 2	A - Professional Association: If checked, enter the Texas File Number
SECTION		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	C - Professional Corporation: If checked, enter the Texas File Number
		(EIN).	O- Out-of-State Corporation
		Name	G- Governmental Entity
		SSN/EIN	U- State agency / University
		Name	☐ F - Financial Institution
		SSN/EIN	R- Foreign (out of U.S.A.)
		N - Other: If checked, explain.	
SECTION 4	12.	LEGAL NAME of the RUSINESS RECEIVIN	e assignment agreement between payees must be attached. IG PAYMENT
SECT		Assignee TIN FEI # of BUSINESS REC'G PYMT	Assignment date Date
5	13.	Comments	
SECTION (14.	Signed by Grantee (or Authorized Signer in the C	Contract Date Signed by Grantee
SEC	15.	Agency name	Prepared by Phone (Area code and number)

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 NA	ME	Fina	l Requ Activ	est This	S	ACTIVITY NUMBER		
				Yes		No				
1. AP	PROVED GRANT AMOUNT FOR THIS ACT	TIVITY FROM APPLICATION				\$				
2. AC	TUAL INCREMENTAL COST CALCULATIO	N: (Formula A + B - C = D and D × 0.80 = E)		-					
A. Capital Cost / Equipment Purchase: 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).								\$		
B. Other / Global Positioning Systems (GPS): Purchase and Installation are optional. 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.							(+ ADD)			
c.	·	for the old vehicle or equipment being repla	aced:		Ī	\$	- (-	- SUBTRACT)		
	· · ·	of \$1,000 for on-road and off-road equipmen			_	•	(-	- SUBTRACT)		
D.	in detail: The incremental cost must be	istance to be used for the purchase or lease reduced by the value of any other financial ir er grants, or any other public financial assista	ncentive received,			\$				
							(Δ.	+ B – C – D = E)		
E.	Incremental Cost (A + B - C - D = E)					\$	(A 1	-B-C-D-E)		
	multiply incremental cost by 80%				L	T		(× 0.80)		
F.	ELIGIBLE REPLACEMENT PROJECT COST	S FOR THIS ACTIVITY				\$				
3. AI	MOUNT REQUESTED FOR THIS ACTIVITY	(enter the lesser amount from Line 1 or Line 2F)				\$				
copie	s, and UCC1 statements (reference Article 7.	es, delivery receipts, proof of payment (canceled 9 of the Contract General Conditions for details) HAVE SUBMITTED THE REQUIRED DOCUMENTAT		executed	(signe	d) lease	or fi	inancing agreement		
		following documentation items that you are sub		f reimbu						
	Purchase Documentation	Payment Documentation Copies of Canceled Checks						mentation		
	Invoice(s) Bill of Sale (Sales Contract)	Wire Transfer	•			Financial Agreement Lease Agreement				
			£:							
	FINANCING OR LEASE TERMS FOR REPLACEMENT VEHICLE (Method of financing or lease terms for replacement vehicle, CHECK ONE) Purchase: Cash Purchase Regular Financing 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: 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 a	greement, including amount financed, the	iength (months), and am	ount pe	грауп	nent be	iow	•		
Note:		rincipal amounts or lease payments already mad the purchase or lease. Your grant reimbursemen				•				
	Enter below	w the information about the NEW vehicle o		purchas	ed.					
	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 alphanumeri found on engine S/N pla					hicle or equipment d 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.

Revised December 2010 17

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

SAMPLE FORM 2a: REPLACEMENT ACTIVITY—Detailed Expense Summary

	A FORM 2a WILL N	IEED TO BE COMPLETED FOR EACH ACT	IVITY IF THERE ARE MU	JLTIPLE	ACTI	VITIES			
	CONTRACT NUMBER	GRANT RECIPIENT NA	ME	Final	Requ Activ	est This	S	ACTIVITY NUMBER	
	582-11-XXXXX-XXXX	GRANTEE NAME as on th	e Contract	Yes	X	No		001	
1. AP	PROVED GRANT AMOUNT FOR THIS AC	TIVITY FROM APPLICATION				\$		75,000.00	
2. AC	TUAL INCREMENTAL COST CALCULATION	DN: (Formula $A + B - C = D$ and $D \times 0.80 = E$	·)						
A. Capital Cost / Equipment Purchase: 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).						\$ 125,000.00			
B. Other / Global Positioning Systems (GPS): Purchase and Installation are optional. 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 TCEO.							(– SUBTRACT)		
c.		for the old vehicle or equipment being repl	aced:			\$ 1,000.00			
	C. Scrappage value or the value received for the old vehicle or equipment being replaced: 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.						(– SUBTRACT)		
D.	List the value of any other financial as	sistance to be used for the purchase or leas	e, 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 financial assistance.									
						(A + B – C – D = E)			
E.	Incremental Cost (A + B - C - D = E)					\$ 124,000.00			
	multiply incremental cost by 80%				_ _			(× 0.80)	
F.	ELIGIBLE REPLACEMENT PROJECT COS	rs for this activity				\$		99,200.00	
3. AN	MOUNT 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 sul	omitting with this request o	f reimbur	semen	nt			
							entation_		
	Invoice(s)	Copies of Canceled Check	S	Х		Financial Agreement			
X Bill of Sale (Sales Contract) Wire Transfer Lease Agreement								ent	
FINANCING OR LEASE TERMS FOR REPLACEMENT VEHICLE (Method of financing or lease terms for replacement vehicle, CHECK ONE) Purchase: Cash Purchase Regular Financing 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: 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 alphanumeri found on engine S/N pl					icle or equipment in service	
Year	,	Year,					454	'DD/VP	
	sipment Manufacturer, Engine Manufacturer, Example Format:							DD/YR	
	pment Model Number,	Engine Model Number,	1(#) 4(Alpha) 4(#) 3 (Alpha) (First date equipment is u					•	
VIN	or S/N	Engine S/N							