Request for Reimbursement Forms

Replacement Activity

Texas Commission on Environmental Quality Texas Emissions Reduction Plan (TERP) FORM 1: Request for Reimbursement

| TCEQ Contract Number: 1. Fi | | Request | 2. Total Amount Requested | Total Grant Award | | | |
|---|-------------|--|--|-------------------------------------|--|--|--|
| | Yes | No | | | | | |
| 3. GRANTEE / Grant Recip | ient | 4. ASSIGNEE / Business Receiving Payment (If applicable) | | | | | |
| (Name and address, including ZIP code for payment) | | | (Name and address, inclu | iding ZIP code for payment) | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 5. Grant Recipient Identification Number (SSN o | or FEI #) | | 6. Assignee Federal Employer Identification Number (FEI #) | | | | |
| | | | | | | | |
| 7. Are the requested payments assigned t | • | | • | YES NO | | | |
| To assign payment, complete the Notice of A Grant Recipient and Assignee (Business Rec | | | elow. The Notice of Assignment | t must be signed by both the | | | |
| | | | SSIGNMENT | | | | |
| | | | | | | | |
| I, Person authorized in Grant Application | , by | this docu | ment hereby provide notice to the | e Texas Commission on | | | |
| Environmental Quality (TCEQ) of the assignm | nent to the | | | (Assignee) of the | | | |
| payments not to exceed \$ | | (| Legal Name of Business Receivng Pa thousand | hundred | | | |
| | ursement | of the elic | gible costs of purchases from the | | | | |
| contract executed between | Juisement | | | and the TCEQ for award of | | | |
| | | | n Grant Contract) | | | | |
| an Emissions Reduction Incentive or Rebate | - | | bmission of the required reimbu | sement forms and other | | | |
| reporting forms, please forward the payments GRANT RECIPIENT | to the Ass | signee. | ASSIGNEE (Busir | ness Receiving Payment) | | | |
| | | | ACCIONCE (Busin | iess Receiving Fuymenty | | | |
| <u>O'an at ma</u> | Da | | <u>Oirresture</u> | Data | | | |
| Signature | Da | ate | Signature | Date | | | |
| | | | | | | | |
| Printed Name and Title of Person Authorized i | in Grant Ap | oplication | Printed Name and Title o | f Authorized Representative | | | |
| | | | N STATEMENT | | | | |
| I certify to the best of my knowledge and belie Expense Summaries, are correct and comple | | | | | | | |
| the award document. | , | | ,q | | | | |
| Grant Recipient Signature: | | | | | | | |
| | | | Date: | | | | |
| | | | | | | | |
| Telephone Number: | | | | | | | |
| Printed Name and Title of Person Authorized in Grant Application RELEASE OF CLAIMS | | | | | | | |
| (If this is the FINAL request for reimbursement, sign the release of claims below.) | | | | | | | |
| Subject to receiving all reimbursement due and payable to date, the recipient hereby releases all claims against the TCEQ, its | | | | | | | |
| officers, agents, and employees from any and all claims arising under or by virtue of TCEQ's contract with the recipient. (SIGN | | | | | | | |
| THIS SECTION IF THIS IS THE FINAL PAY | MENT REC | JUEST A | ND BOX 1 IS CHECKED YES) | | | | |
| 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 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

This is the amount you are requesting for the TCEQ to pay on this reimbursement request.

Total Grant Award

This is 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 (FEI#) for the company where 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) where 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.

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.

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, printed name and title of the signer, 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 a signature and date 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. Final Request | | st | 2. Total Amount Requested | Total Grant Award | | | |
|--|--|-----------|--|--|-------------------------------|--|--|--|
| 582-X-XXXXX-XXXX | Yes X | No | | \$ 145,000.00 | \$ 150,000.00 | | | |
| 3. GRANTEE / Grant Recipient (Name and address, including ZIP code for payment) | | | | 4. ASSIGNEE / Business Receiving Payment (If applicable) (Name and address, including ZIP code for payment) | | | | |
| Name as It Appears on Grant | | | Legal Name of Business Receiving Payment | | | | | |
| Attn: | | | Attn: Person Authorized to | o Receive the Funds | | | | |
| Grantee's Mailing Address as in A | pplicati | ion | | Address Where Payment is | s to be Mailed | | | |
| City, State Zip | | | | City, State Zip | | | | |
| 5. Grant Recipient Identification Number (SSN | l or FEI #) | | | 6. Assignee Federal Employer Ident | tification Number (FEI #) | | | |
| Same Number Used in App | olicatio | n | | | | | | |
| 7. Are the requested payments assigned | to a thir | d party | (as | signee)? | X YES NO | | | |
| To assign payment, complete the Notice of a Grant Recipient and Assignee (Business Re | | | | pelow. The Notice of Assignment | must be signed by both the | | | |
| | NC | DTICE (|)F A | ASSIGNMENT | | | | |
| Namo Title | b | , this de | | aant harabu provida natica ta tha T | avas Commission on | | | |
| I, Name, Title Person Authorized in Grant Application | | | | nent hereby provide notice to the T | | | | |
| Environmental Quality (TCEQ) of the assign | ment to t | he | Le | egal Name of Business Receivng Pay Legal Name of Business Receivng Payme | | | | |
| payments not to exceed \$ 145,0 | 00.00 | (| on | e hundred forty-five thousand | No hundred No | | | |
| dollars and <u>No</u> cents) for reimb | | | | | | | | |
| contract executed between | G | | | me on Grant Contract) | and the TCEQ for award of | | | |
| an Emissions Reduction Incentive Grant. U | pon our s | | | ame on Grant Contract) of the required reimbursement form | is and other | | | |
| reporting forms, please forward the paymen | - | | | | | | | |
| GRANT RECIPIENT ASSIGNEE (Business Receiving Payment) | | | | | | | | |
| | | | | | | | | |
| Signature | Signature Date Signature Date | | | | | | | |
| | | | | Authorized Representive of the | | | | |
| | t be a person authorized in the Grant Application) ed Name and Title of Person Authorized in Grant Applicatio | | atio | Business Receiving the Payment on Printed Name and Title of Authorized Representative | | | | |
| | | | | N STATEMENT | | | | |
| I certify to the best of my knowledge and be | | | | | ided in the attached Detailed | | | |
| Expense Summaries, are correct and compl | | | | | | | | |
| the award document. | | | | | | | | |
| Grant Recipient Signature: | | | | Date: | | | | |
| | | | | | | | | |
| Printed Name and Title | | | | | | | | |
| (must be a person authorized in the Grant Application) Telephone Number: () Printed Name and Title of Person Authorized in Grant Application | | | | | | | | |
| RELEASE OF CLAIMS | | | | | | | | |
| (If this is the FINAL request for reimbursement, sign the release of claims below.) | | | | | | | | |
| Subject to receiving all reimbursement due and payable to date, the recipient hereby releases all claims against the TCEQ, its officers, agents, and employees from any and all claims arising under or by virtue of TCEQ's contract with the recipient. (SIGN THIS SECTION IF THIS IS THE FINAL PAYMENT REQUEST AND BOX 1 IS CHECKED YES) | | | | | | | | |
| Grant Recipient Signature: (must be signed if this is a final request) | | | | | | | | |

| | Arbota AP-152 For Comptroller's use only For Comptroller's use only | | | | | | | |
|------------|--|--|--|--|--|--|--|--|
| TE | (AS APPLICATION FOR PAYEE IDENTIFICATION NUMBER | | | | | | | |
| | Shaded areas for state agency use only See instructions on back | | | | | | | |
| 1 | . Is this a new account? YES Mail Code 000 NO Enter Mail Code Agency number | | | | | | | |
| | Complete Sections I - V Complete Sections I, II & V | | | | | | | |
| | 2. PAYEE IDENTIFICATION NUMBER (PIN) - Indicate the type of number you are providing to be used for your PIN. | | | | | | | |
| _ | 1 - Federal Employer's Identification (FEI) Number | | | | | | | |
| 0 | 2 - Social Security Number (SSN) Enter the number indicated | | | | | | | |
| SECTION | 3. Are you currently reporting any Texas tax to the Comptroller's Office other than unemployment (e.g., sales tax, franchise tax)? | | | | | | | |
| | YES NO If "YES," enter Texas Taxpayer Number | | | | | | | |
| | PAYEE INFORMATION (Please print or type) | | | | | | | |
| | 4. Name of payee (individual or business to be paid) | | | | | | | |
| | 5. Mailing address where you want to receive payments | | | | | | | |
| | | | | | | | | |
| = | 6. (Optional) | | | | | | | |
| SECTION | 7. (Optional) | | | | | | | |
| SEC | 8. (Optional) | | | | | | | |
| | | | | | | | | |
| | 9. City State ZIP Code | | | | | | | |
| | | | | | | | | |
| | 10. SIC Code SIC | | | | | | | |
| | 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) J - Joint Venture I - State Employee If checked If checked L - Limited Partnership | | | | | | | |
| | enter employing adency number | | | | | | | |
| | S - Sole Ownership (Individual owning a business) If checked, enter the owner's name and Social Security Number (SSN) T - Texas Corporation If checked, enter the Texas | | | | | | | |
| | | | | | | | | |
| _ | Owner's name Charter Number Charter Number | | | | | | | |
| | SSN 2 A - Professional Association If checked, enter the Texas P - Partnership If checked, enter two partner's names | | | | | | | |
| SECTION | and Social Security Numbers (SSN). If a partner is a Charter Number | | | | | | | |
| SEC | corporation, use the corporation's Federal Employer's Identification (FEI) Number. | | | | | | | |
| | SSN/FEI Charter Number | | | | | | | |
| | O - Out-of-State Corporation | | | | | | | |
| | Name G - Governmental Entity | | | | | | | |
| | SSN/FEIU - State agency / University | | | | | | | |
| | Name E - Financial Institution | | | | | | | |
| | Type of service provided R - Foreign (out of U.S.A.) | | | | | | | |
| | | | | | | | | |
| _ | N - Other If checked, explain | | | | | | | |
| SECTION IV | 12. Payment Assignment? YES NO Note: A copy of the assignment agreement between payees must be attached. | | | | | | | |
| CTK | Assignee name | | | | | | | |
| S | Assignee PIN Assignment date | | | | | | | |
| > | 13. Comments | | | | | | | |
| SECTION V | Authorized signature (Applicant or authorized agent) | | | | | | | |
| ECT | 14. here F Agency name Prepared by Phone (Area code and number) | | | | | | | |
| 5 | 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 I—Payee Identification Number (PIN):

If the grant recipient is an individual name, 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 II—Payee Information:

List the **mailing** address of the company where 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 III—Ownership Codes: Skip this section.

Section IV

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 where you are sending your payment.

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

Section V

Comments: Leave blank.

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

Agency Name: Leave blank.

| | USE THIS FORM IF YOU WANT THE TCEQ TO PAY YOUR VENDOR OR FINANCING COMPANY | | | | | |
|---|--|--|--|--|--|--|
| TE | Very Higher (Rev. 12-19876) VAS APPLICATION FOR PAYEE IDENTIFICATION NUMBER • Shaded areas for state agency use only • See instructions on back | | | | | |
| 1 | . Is this a new account? YES Mail Code 000 NO Enter Mail Code Agency number Agency number Complete Sections I - V Complete Sections I, II & V | | | | | |
| | 2. PAYEE IDENTIFICATION NUMBER (PIN) - Indicate the type of number you are providing to be used for your PIN. | | | | | |
| SECTION I | 1 - Federal Employer's Identification (FEI) Number 2 - Social Security Number (SSN) Enter the number indicated Grantee's SSN/FEI (per Application) 3 - Comptroller's assigned number 3. Are you currently reporting any Texas tax to the Comptroller's Office other than unemployment (e.g., sales tax, franchise tax) ? YES NO If "YES," enter Texas Taxpayer Number | | | | | |
| | PAYEE INFORMATION (Please print or type) 4. Name of payee (individual or business to be paid) | | | | | |
| | 4. Name of payee (Individual of Dusiness to be paid) LEGAL NAME of the BUSINESS RECEIVING PAYMENT | | | | | |
| | 5. Mailing address where you want to receive payments Assignee for: (GRANTEE'S NAME ON CONTRACT) | | | | | |
| = | 6. (Optional) Address Where Payment Is to Be Mailed | | | | | |
| SECTION | 7. (Optional) | | | | | |
| SEC | 8. (Optional) | | | | | |
| | 9. City State ZIP Code | | | | | |
| | 9. City State ZIP Code ZIP COD | | | | | |
| | 10. SIC Code Security Type Code (0, 1, 2) Payee telephone number (Area code and number) I | | | | | |
| | 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) J - Joint Venture | | | | | |
| | E - State Employee If checked, L - Limited Partnership If checked, enter the Texas enter employing agency number | | | | | |
| S - Sole Ownership (Individual owning a business) If checked. | | | | | | |
| | enter the owner's name and Social Security Number (SSN) T - Texas Corporation If checked, enter the Texas Owner's name | | | | | |
| = | | | | | | |
| Z | A - Professional Association If checked, enter the rexas | | | | | |
| SECTION | and Social Security Numbers (SSN). If a partner is a Charter Number | | | | | |
| S | Identification (FEI) Number. | | | | | |
| | SSN/FEI | | | | | |
| | Name O - Out-of-State Corporation | | | | | |
| | G - Governmental Entity | | | | | |
| | Name | | | | | |
| | Type of service provided | | | | | |
| | R - Foreign (out of U.S.A.) | | | | | |
| > | | | | | | |
| N | 12. Payment Assignment? X YES NO Note: A copy of the assignment agreement between payees must be attached. Assignee name LEGAL NAME of the BUSINESS RECEIVING PAYMENT | | | | | |
| SECTION IV | Assignee PIN Fed. Employer Ident. # of Bus. Rec'g Payment Assignment date Date | | | | | |
| | | | | | | |
| N V | 13. Comments Sign Authorized signature (Applicant or authorized agent) Date | | | | | |
| SECTION V | 14. here V Signed by Grantee (or Authorized Signer in Contract) | | | | | |
| SE | 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 ap-152.pdf="" taxforms="" taxinfo=""></www.window.state.tx.us> | | | | | |

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 | T NUMBER GRANT RECIPIENT NAME Final Request Activity | | | • | 'his | ACTIVITY NUMBER | | |
| | | | | Yes | No | | | | |
| 1. APPROVED GRANT AMOUNT FOR THIS ACTIVITY FROM APPLICATION | | | | | | | | | |
| 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: 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): | | | | | | \$ (+ ADD) | | | |
| 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 maintenacne charges may not be included. The GPS unit must have been purchased from the vendor authorized and contracted to the TCEQ. | | | | | | | \$ (- SUBTRACT) | | |
| C. | | eived for the old vehicle or equipment | being replaced: | | \$ | | | | |
| | The TCEQ will use a default scrap win the contract. Enter \$1,000 in this | value of \$1,000 for on-road and off-road box. | equipment as stipulated | 1 | | (- | SUBTRACT) | | |
| D. | List the value of any other financi | al assistance to be used for the purch | ase or lease, and exp | lain | \$ | | | | |
| | | st be reduced by the value of any other f other grants, or any other public financia | | ved | | | | | |
| | _ | | | | | (A + | B – C – D = E) | | |
| Е. | Incremental Cost (A + B – C – D | = E) | | | \$ | | | | |
| | multiply incremental cost by 8 | | | | | (× 0.80) | | | |
| F. | ELIGIBLE REPLACEMENT PROJE | ECT COSTS FOR THIS ACTIVITY | | | \$ | \$ | | | |
| 3. A | 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. | | | | | | | | | |
| | | owing documentation items that you are s | | | | | | | |
| | Purchase Documentation Invoice(s) | Payment Documenta Copies of Canceled Ch | | | | nancial Documentation Financial Agreement | | | |
| | Bill of Sale (Sales Contract) | Wire Transfer | | | | Lease Agreement | | | |
| | FINANCING OR LEASE TERM | IS FOR REPLACEMENT VEHICLE (Meth | nod of financing or lease term | s for replac | ement vehi | cle, CH | ECK 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 considere 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: | | | | | | | | | |
| | | | | | | | | | |
| 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) Date NEW vehicle or equipmer 12-Digit Alphanumeric found on Engine S/N Plate placed in service 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)

TCEQ 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 # is 001. If your contract has five activities and you are replacing the third activity listed in the contract, then the activity # 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" and D "Financial Assistance")

F. Eligible Replacement Project Costs for This Activity Multiply the number in "E" by 0.80 (80%). Enter this number in the blank.

Amount Requested for this Activity

If the grant amount for this activity (what you enter for no. 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 is limited to not more than 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 the equipment.

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 N | DNTRACT NUMBER I GRANT RECIPIENT NAME I ' | | | equest This ctivity | ACTIVITY NUMBER | | | |
| 582-X-XXXXX-XXXX GRANTEE NAME as on the Contract Yes X | | | | | | 001 | | |
| 1. APPROVED GRANT | \$ | 75,000.00 | | | | | | |
| | | CULATION: (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): | | | | | | 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 maintenacne charges may not be included. The GPS unit must have been purchased from the vendor authorized and contracted to the TCEQ. 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 | | | | | | (+ ADD) \$ 480.30 | | |
| | | | | | | SUBTRACT) 1,000.00 | | |
| in the contract. Ei | itter \$1,000 in this | DOX. | | | (| (– SUBTRACT) | | |
| D. List the value of any other financial assistance to be used for the purchase or lease, 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. | | | | | | \$- | | |
| _ | | | | | | | | |
| E. Incremental Cost | (A + B – C – D | = E) | | | (A + | (A + B - C - D = E) \$ 124.480.30 | | |
| | remental cost by 8 | • | | | • | (× 0.80) | | |
| F. ELIGIBLE REPLACEMENT PROJECT COSTS FOR THIS ACTIVITY | | | | | \$ | \$ 99,584.24 | | |
| 3. AMOUNT REQUEST | ED FOR THIS A | CTIVITY (enter the lesser amount from L | ine 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. | | | | | | | | |
| | | wing documentation items that you are | | | | | | |
| Purchase Docur Invoice(s) | nentation | Payment Documenta Copies of Canceled C | | X | Financal Docu | | | |
| | | | | | | Financial Agreement Lease Agreement | | |
| FINANCING C | OR LEASE TERM | | thod of financing or lease term | s for replace | ement vehicle, CH | ECK 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, Engine manufacturer, model year, Engine manufacturer, model year, (Family Code) Date NEW vehicle or equipment model, and VIN or Serial Number model, and Serial Number 12 Digit Alphanumeric placed in service found on Engine S/N Plate Found on Engine S/N Plate Found on Engine S/N Plate Found on Engine S/N Plate | | | | | | | |