



San Joaquin Valley

AIR POLLUTION CONTROL DISTRICT

PROPOSITION 1B: GOODS MOVEMENT EMISSION REDUCTION PROGRAM COMPONENT

Truck Retrofit Payment Procedures

This document is designed to provide participants in the Proposition 1B: Goods Movement Emission Reduction Program Retrofit Option with the required instructions and guidance for the successful completion of a Claim for Payment Packet for their project. The applicant has sixty (60) days following the expiration of the agreement completion phase to turn in a Claim for Payment Packet. Claim for Payment Packets must be received during this timeframe to be eligible for reimbursement.

San Joaquin Valley Air Pollution Control District (SJVAPCD) staff is available to answer questions and to provide assistance to participants regarding these procedures. It is advisable that you read the entire Payment Procedures document and executed agreement in order to fully understand the grant requirements. All questions regarding payment procedures should be directed to:

Jennifer Schmall or
Stephanie Hitchman

E-mail: jennifer.schmall@valleyair.org or
stephanie.hitchman@valleyair.org

San Joaquin Valley Air Pollution Control District
Strategies and Incentives Department
1990 East Gettysburg Avenue
Fresno, CA 93726-0244

Telephone (559) 230-5800
Fax (559) 230-6112

REIMBURSEMENT

The participant shall be **reimbursed** (as per agreement), after receipt and verification of a properly supported Claim for Payment Packet and site visit by SJVAPCD staff. Reimbursement takes place after the California Air Resources Board (ARB) verified retrofit device is purchased and installed on the applicant's truck. The following steps must be taken in order to qualify for reimbursement:

❖ **Claim for Payment Packet (Reimbursement Only)**

In order to be reimbursed, participants must submit a complete Claim for Payment Packet. This packet must include a Claim for Payment Form, copy of an itemized invoice, and a current certificate of insurance for the truck which includes coverage for the retrofit. **Only** the SJVAPCD Proposition 1B Program Claim for Payment Form is accepted. A Claim for Payment Form is included in this document for your use. As a matter of policy, the SJVAPCD does not provide advance payments to participants or third parties.

All Claim for Payment Forms must be **dated** and **signed** by the **contract signing authority** or they will be returned to the participant. The contract signing authority is the same individual who signed the project contract. Along with the submission of the Claim for Payment Form, the participant must provide an itemized invoice indicating that the participant is the owner/recipient of the retrofit. The insurance section of the agreement requires that the participant provide the SJVAPCD with a current certificate of insurance for the truck which includes coverage for the retrofit, in types and amounts approved by the SJVAPCD prior to any payment of funds.

Approximately one year after incentive funds have been issued, the participant may receive an Internal Revenue Service (IRS) Form 1099. For information about the tax implications related to the received incentive funds, please consult your tax advisor, as the SJVAPCD does not provide tax advice.

❖ **Site Visits**

All participants will undergo a site visit by SJVAPCD staff prior to any reimbursement. The purpose of the site visit is to ensure the verified retrofit device has been installed on the truck. Furthermore, SJVAPCD staff will take photographs and/or videos of project(s). The submission of a complete Claim for Payment Packet triggers the site visit, which must be completed before incentive funds can be released. The SJVAPCD retains the right to hold **additional** site visits at any time during the Project Life phase.

STEP-BY-STEP CLAIM FOR PAYMENT GUIDANCE

This section outlines the information required for each field of the Claim for Payment Form. Once the fields listed below have been completely filled out, the contract signing authority must **sign and date** the Form. This will complete your Claim for Payment Form. Please individually list each verified retrofit device that you have purchased while under agreement on the Claim for Payment Form for which you are seeking reimbursement. For additional spaces, please make a copy of the Claim for Payment Form or obtain an additional copy of the Form from www.valleyair.org. **Only originally signed Forms are accepted**; therefore, subsequent copies of Claim for Payment Forms must also have original signatures from the contract signing authority. If you need additional assistance, please contact the Strategies and Incentives (SI) Department and a SI staff member will assist you. **Please leave a blank line between entries on the Claim for Payment form.**

❖ Project Number

The number the SJVAPCD assigned to your project; this information can be found in your agreement.

❖ Payee/Grantee

The organization, company, or proprietor's legal name that entered into agreement with the SJVAPCD. This information was entered into Section 1 of the Application and must be **identical** to the information on the Form W-9.

❖ Address, City, State, and Zip

The mailing address used by the organization, including the city, state, and zip code. Reimbursement checks from the District will be mailed to the address provided here.

❖ Check Box

Check the classification of the organization that is listed under payee.

❖ Federal Tax I.D. # or Social Security

The Taxpayer Identification Number (TIN), entered in Section 1 of the Application, in the form of an employer identification number, or a social security number. **The organization's name and TIN or SSN will be used to report incentive funding to the IRS.** The SJVAPCD cannot give tax advice; please contact a tax professional or the IRS to determine the tax consequences associated with receiving incentive funding.

❖ Telephone

The main phone number, including area code, for the primary contact.

❖ Fax

The fax number, including area code, for the primary contact.

TWO-PARTY CHECK INFORMATION

Please provide the vendor/dealer information if you would like the reimbursement check to also be made payable to the vendor/dealer. Please note the reimbursement check will only be mailed to the payee/grantee mailing address. **A reimbursement check will not be mailed to the vendor/dealer.** Participating in the two-party check option may expedite the claims process.

❖ Vendor/Dealer

The name of the vendor/dealer where the retrofit was purchased.

❖ **Address, City, State, and Zip**

The mailing address used by the vendor/dealer; including city, state, and zip code.

RETROFIT INFORMATION

❖ **Date**

Document the date on the invoice from the purchase of the retrofit.

❖ **Retrofit Make and Model**

Provide the make and model of the retrofit

❖ **Serial Number**

Provide the serial number of the retrofit.

❖ **Amount Paid**

Document the total amount paid for the retrofit as it appears on the invoice. If there is more than one invoice for the cost of the retrofit, document the sum of all the invoices in the field.

CLAIM FOR PAYMENT PACKET CHECKLIST

All Claim for Payment Forms submitted must have original signatures. When submitting a request for payment, submit a **complete** Claim for Payment Packet. An incomplete Claim for Payment Packet will lengthen the processing time and delay reimbursement of funding. Please include the following items in the packet:

- Completed and **signed** SJVAPCD Proposition 1B Program - **Claim for Payment Form**. The same individual who signed the contract with the SJVAPCD must also sign the Claim for Payment Form.
- Dated and itemized vendor/dealer **Invoice(s)** for the cost of the verified retrofit device. The invoice must clearly identify, at a minimum, the following:
 - The applicant/organization name and address.
 - The retrofit vendor/dealer name and address.
 - The make, model, and ARB Family Name of the verified retrofit device.
 - Detailed breakdown of all invoiced costs; including the retrofit, additional materials, installation labor, and sales tax (with percentage rate indicated). Please list all additional materials in a line item format.
- Copy of **Certificate of Insurance** for the truck, which must indicate coverage for the verified retrofit device. The Certificate of Insurance must indicate a current policy period.

Please retain a full copy of the completed Claim for Payment Packet for your own records.



San Joaquin Valley Air Pollution Control District Proposition 1B Program - Claim for Payment Vehicle Retrofit

Project Number:

Payee/Grantee : _____

Address : _____

City: _____ State: _____ Zip: _____

Please check one of the following :	<input type="checkbox"/>	Corporation
	<input type="checkbox"/>	Partnership
	<input type="checkbox"/>	Sole Proprietor
	<input type="checkbox"/>	Government

Federal Tax I.D. # : _____

Social Security # : _____

Telephone # : _____

Fax # : _____

For a two party check please complete the following information

Vendor/Dealer : _____

Address : _____

City: _____ State: _____ Zip: _____

Date	Retrofit Make and Model (List each device separately)	Serial Number	Amount Paid	Grant Amount
Total Claim				

Signature of Signing Authority _____ Date _____

For District Use Only

<u>For District Use Only</u>	
SJVUAPCD Approval _____	Date _____
<u>Administrative Services Use Only</u>	
Audited By _____	Date _____
Reviewed By _____	Date _____

Division	CY = 1	Account	Sub	Amount
Abbr.	#	Number	Acct.	
	91			
Total				

Vendor Number : _____