

PAYMENT PROCEDURES

This document is to provide applicants instructions and guidance for the successful completion of a Claim for Payment Packet for their truck replacement project. For assistance, contact Incentives Staff by email at grants@valleyair.org (Subject line must indicate Truck Program & your name) or phone at (559) 230-5800.

❖ **The following steps must be taken in order to qualify for reimbursement:**

- Fully purchase and take possession of your new truck
 - Funding shall only be allowed toward purchase of the specific truck described in participant's agreement with the SJVAPCD and payment is for reimbursement only.
 - **Obtain an itemized invoice** from the dealer at time of purchase to include with Claim for Payment Packet. The invoice must include all information listed on the **checklist located on page 2**.
- Deliver existing old truck to a SJVAPCD certified dismantler within ten (10) days of your new truck purchase
 - Date on invoice will be used by SJVAPCD as official purchase date.
 - A comprehensive list of approved dismantlers is located on the SJVAPCD's website www.valleyair.org/grants or contact Incentives staff at (559) 230-5800 to obtain a list of dismantlers.
 - **Take a SJVAPCD Old Truck Status Form** (attached to this document) to dismantling facility and have dismantler complete Section 2. Applicant should complete section 1 and have **contract signing authority** sign.
 - **Keep completed SJVAPCD Old Truck Status Form** to turn in with complete Claim for Payment Packet.
 - Designated personnel at the dismantling facility will verify the operational condition of the old truck. If the truck is deemed non-operational, it cannot be dismantled or destroyed and will be deemed ineligible for reimbursement.
- Obtain a copy of a current certificate of insurance for the new truck
 - Insurance must specifically note the Vehicle Identification Number (VIN) of the new truck.
- Obtain copy of the CA DMV Registration card for the new truck.
 - Registration must be CA based. CA based IRP registration allowed only for 90% future CA operation projects or,
 - Other DMV paperwork showing the replacement truck is registered to the applicant in California, within the District boundaries.
- Fill out SJVAPCD Claim for Payment Form.
 - SJVAPCD Claim for Payment Form must be signed by the **contract signing authority**.
- Submit complete Claim for Payment Packet by the expiration date of your agreement.
 - Include in Claim for Payment Packet all information listed on the checklist located on page 2.
- Complete a SJVAPCD inspection of new truck.
 - The submission of a complete Claim for Payment Packet initiates the scheduling of an inspection, which must be completed before incentive funds can be paid. SJVAPCD staff will take photographs of truck during inspection.
- SJVAPCD will issue payment after Claim for Payment Packet and inspection reviewed.
 - Payment will be made within **60 working days** from receipt of complete Claim for Payment Packet and inspection(s). Applicant must provide proof of payment in the form of copies of cancelled check(s), wire transfer, financing, or other proof.

CLAIM FOR PAYMENT PACKET CHECKLIST		
CFP Form	Completed and signed Claim for Payment Form. The same individual who signed the contract with the SJVAPCD must also sign the Claim for Payment Form.	<input type="checkbox"/>
Itemized Invoice	Dated and itemized dealer invoice for the cost of the new reduced-emission truck. Date on invoice will be used as official purchase date. Must clearly identify, at a minimum, the following: <ul style="list-style-type: none"> • Invoice number • The applicant/organization name and address. • The new truck dealer name and address. • The make, model, VIN, and Gross Vehicle Weight Rating (GVWR) of the new truck. • The make, model, model year, horsepower rating, and US EPA-Certified Engine Family Name of the engine in the new truck. • Date of delivery (if different from invoice date) • Detailed breakdown of all invoiced costs; including the new truck cost (without tax), additional options cost, sales tax (with percentage rate indicated), any additional fees, warranty cost and license fees. Please list all additional options in a line-item format. 	<input type="checkbox"/>
Proof of Payment	Proof of payment such as copy of check or finance documents. Name on payment document must match name on Agreement with SJVAPCD.	<input type="checkbox"/>
Copy of Old Truck Title	Copy of the old truck title must be signed and dated by contract signing authority.	<input type="checkbox"/>
Old Truck Status Form	Completed and signed by contract signing authority.	<input type="checkbox"/>
DMV Registration Card	Copy of DMV Registration Card for the new truck or other DMV paperwork showing the new truck is registered to the applicant in California, within District boundaries.	<input type="checkbox"/>
Certificate of Insurance	Copy of Certificate of Insurance for the new truck. The Certificate of Insurance must indicate a current policy period and the VIN of the new truck.	<input type="checkbox"/>
Warranty	Copy of warranty for the replacement truck. <ul style="list-style-type: none"> • The must show major engine component coverage for 12 months/100,000 miles commencing on the day the new truck is purchased as indicated on the final invoice submitted for reimbursement. • As an exception, electric vehicles must have a minimum warranty period of 3 years of 50,000 miles. The warranty must cover the engine (if applicable) or motor, drivetrain, battery or energy storage, and parts and labor. 	<input type="checkbox"/>
Claim Review	Ensure all required documents are included to avoid delays in reimbursement.	<input type="checkbox"/>
Claim Submittal	Claim for payment packets may be submitted by email (preferred) or mail: <u>Email:</u> grants@valleyair.org Subject line must indicate Truck Replacement Program & your project #'s <u>Mail:</u> SJVAPCD Strategies & Incentives 1990 E. Gettysburg Ave Fresno, CA 93726	<input type="checkbox"/>
SUMMARY OF KEY DEADLINES		
1. New Equipment Purchase – Before contract expiration date		
2. Old Truck Delivery to Dismantling Facility – Within 30 days from new truck purchase, per invoice		
3. CFP Packet Submittal – Within 60 days from new truck purchase date, per invoice		

OLD TRUCK STATUS FORM

Please submit this form with your Claim for Payment Packet.

- The **contract signing authority** for the project must sign **Section 1** of this form.
- An authorized SJVAPCD approved **dismantling** facility individual must complete and sign **Section 2**.
- For assistance call (559) 230-5800 or email grants@valleyair.org (Subject line must indicate Truck Program & your name)

SECTION 1: FOR APPLICANT TO COMPLETE

Project Number:	
Company Name:	
Engine Serial Number (ESN):	Old Truck VIN:

I hereby certify that all the information provided on this form and any attachments are true and correct to the best of my knowledge.

- Applicant attests that the replaced old truck and its engine, identified by the VIN and ESN above, have been permanently removed from operation. The old truck was transferred to the SJVAPCD licensed and approved dismantling facility listed below (Section 2) for destruction.

Contract Signing Authority Name (Print):	Title:
Contract Signing Authority Signature:	Date:

SECTION 2: FOR DISMANTLER TO COMPLETE

I hereby certify that all the information provided on this form and any attachments are true and correct to the best of my knowledge.

- Dismantler attests that, upon receipt of the old truck, the operational condition of the truck listed is as follows: The old truck identified by the aforementioned VIN, and the accompanying engine identified by the aforementioned ESN, was received by the dismantling facility in:

Truck in **operable working condition**; authorized personnel have visually verified normal start-up of the engine and ensure that the old truck can perform its normal duties.

Truck **NOT in operable working condition** (explain below; do not destroy the old truck until SJVAPCD staff has given written approval to proceed with its destruction).

Dismantler Comments: _____

Dismantler Facility Name:	
Authorized Contact Name (Print):	Title:
Authorized Contact Signature:	Date:

San Joaquin Valley Air Pollution Control District

Truck Replacement Program - Claim for Payment Form

Vehicle Replacement

Project Number:

Payee/Grantee : _____

Address : _____

City: _____ State: _____ Zip: _____

Please check one of the following :	<input type="checkbox"/> Individual/Sole Proprietor	<input type="checkbox"/> Trust/Estate
	<input type="checkbox"/> C Corporation (C Corp)	<input type="checkbox"/> Other _____
	<input type="checkbox"/> S Corporation (S Corp)	<input type="checkbox"/> Limited Liability Company (C=C Corp, S= S Corp, P=Partnership) ▶ _____
	<input type="checkbox"/> Partnership	

Federal Tax I.D. # : _____

Social Security # : _____

Telephone # : _____

Two-Party Checks (Optional)

Vendor/Dealer : _____

Address : _____

City: _____ State: _____ Zip: _____

Date of Invoice	Vehicle Identification Number (List each vehicle separately)	New Vehicle Make	Amount Paid	Grant Amount
Total Claim				<input style="width: 100px; height: 20px;" type="text"/>

Signature of Signing Authority _____ Date _____

For District Use Only

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

Object	Fund	Year	Dept	Sub-Dept	Type	Program	Phase	Entity	Amount	1099 Code
		1	90	92	-					
					-					
					-					
Stipend					-					
Expense					-					
Table					-					
Vendor Number: _____									\$	