

Zero-Emission Forklift Replacement Program

PAYMENT PROCEDURES

This document is to provide applicants instructions and guidance for the successful completion of a Claim for Payment Packet for their Zero-Emission Forklift Replacement project. For assistance, contact Incentives Staff by phone at (559) 230-5800 or email at grants@valleyair.org (subject line must indicate Zero-Emission Forklift Replacement Program and your project number(s)).

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

- 1) **Fully purchase and take possession of your new forklift before contract expiration date**
 - Obtain an itemized invoice from the dealer at time of purchase. The invoice must include all info listed on the checklist located on page 2.
 - Funding shall only be allowed toward purchase of the forklift specified in participant's agreement with the SJVAPCD; Payment is for reimbursement only.
- 2) **Have your dealer complete and sign the Replacement Equipment Information Form**
 - Information must accurately reflect the invoice and new equipment specifications
- 3) **Deliver old forklift to a certified dismantler within thirty (30) days of new forklift purchase (per invoice date) and obtain a SJVAPCD Certificate of Destruction Form**
 - The Certificate of Destruction form must be filled out completely and signed by authorized personnel of the dismantling facility.
 - For a list of certified dismantlers, visit the [Zero-Emission Forklift Replacement Program webpage](#) or contact Incentives staff at (559) 230-5800.
- 4) **Complete the Old Equipment Status Form (page 4)**
 - Participant must certify that the old equipment was in similar operational condition as in pre-inspection, with no parts stripped, prior to transferring it to an approved dismantler.
 - Participant may extract equipment fluids or remove parts, such as tires, off of the old equipment prior to transferring it to the dismantler if the dismantler's standard process of receiving the equipment for destruction requires it.
- 5) **Obtain a copy of a current certificate of insurance for the new Zero-Emission Forklift**
 - Insurance must specify the Vehicle Identification Number (VIN) or Product Identification Number (PIN) of the new forklift.
- 6) **Fill out SJVAPCD Claim for Payment Form**
 - SJVAPCD Claim for Payment Form must be signed by the contract signing authority.
- 7) **Submit Claim for Payment Packet within sixty (60) days from new equipment purchase date**
 - Purchase date will be based on the invoice date of the replacement equipment
 - All information listed on the attached checklist (pg. 2) must be included in the Claim for Payment packet
- 8) **Complete a SJVAPCD inspection of new Zero-Emission Forklift**
 - 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 the forklift during inspection.
- 9) **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.

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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	<p>Dated and itemized dealer invoice for the cost of the new ZE forklift. Date on invoice will be used as official purchase date. Must clearly identify, at a minimum, the following:</p> <ul style="list-style-type: none"> Invoice number The applicant/organization name and address. The new forklift dealer name and address. The make, model, VIN, and lift capacity of the new forklift. Date of delivery (if different from invoice date) Detailed breakdown of all invoiced costs; including the new forklift cost (without tax), additional options cost, sales tax (with percentage rate indicated), and any additional 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"/>
Replacement Equipment Information Form	Completed and signed by the authorized dealer of the replacement equipment.	<input type="checkbox"/>
Old Equipment Status Form	Completed and signed by contract signing authority.	<input type="checkbox"/>
Certificate of Destruction	Provided by the approved program dismantler you select. Certifies the existing (old) equipment has been permanently destroyed.	
Certificate of Insurance	Copy of Certificate of Insurance for the new forklift. The Certificate of Insurance must indicate a current policy period and the VIN or PIN of the new forklift.	<input type="checkbox"/>
Warranty	<p>Copy of warranty for the replacement forklift.</p> <ul style="list-style-type: none"> The warranty must have a minimum one-year or 1600-hour powertrain warranty. The warranty must cover parts and labor. A separate supplemental, minimum one-year or 1600-hour power and drivetrain warranty, must be purchased if the new equipment does not have one. The supplemental warranty costs are not eligible for funding. 	<input type="checkbox"/>
Claim Review	Ensure all required documents are included to avoid delays in processing & reimbursement.	<input type="checkbox"/>
Claim Submittal	<p>Claim for payment packets may be submitted by email (preferred) or mail:</p> <p><u>Email:</u> grants@valleyair.org Subject line must indicate ZE Forklift Replacement & your project number(s)</p> <p><u>Mail:</u> SJVAPCD Strategies & Incentives 1990 E. Gettysburg Ave Fresno, CA 93726</p>	<input type="checkbox"/>

SUMMARY OF KEY DEADLINES

- 1. New Equipment Purchase** – Before contract expiration date
- 2. Old Forklift Delivery to Dismantling Facility** – Within 30 days from new forklift purchase, per invoice
- 3. CFP Packet Submittal** – Within 60 days from new forklift purchase date, per invoice

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Please retain a copy of your completed Claim for Payment Packet

REPLACEMENT EQUIPMENT INFORMATION FORM

The following information pertaining to the Replacement Equipment and its associated invoice are required to process your reimbursement request. ***Please have your dealer complete and sign this form.***

Project Number:	
Dealership Name:	
Dealership Address:	
Contact Number: ()	Email:

Please provide the following information for the Replacement Equipment:

Equipment Make:	Equipment Model:	Model Year:
VIN or PIN:	Hour Meter Reading:	Mast Height:
Manufactured rated lift-capacity:		
<input type="checkbox"/> Class IV (Cushion Tire) Lift Capacity: _____ lbs.		<input type="checkbox"/> Class V (Pneumatic Tire) Lift Capacity: _____ lbs.
Motor Make:	Motor Model:	Motor Model Year:
Motor Serial Number:	Fuel Type: <input type="checkbox"/> Battery Electric <input type="checkbox"/> Other: _____	
Motor HP or kWh (drive motor + lift):		

Was the above equipment rented to the customer (program applicant) prior to contract execution? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Please provide the below invoice information of replacement equipment (must accurately reflect invoiced costs):

Replacement Equipment Base Cost:	\$	
Tire Tax Fee(s):	\$	
Sales Tax:	Rate (%):	Total: \$
Warranty Coverage:	Year(s):	Hours:
Warranty Cost:	\$	
Please list any additional invoiced cost(s) below (i.e., equipment options, license fees, etc.):		
Item:	Cost: \$	
Item:	Cost: \$	
Item:	Cost: \$	
Payment Type:	Cash <input type="checkbox"/> Check <input type="checkbox"/> Financed <input type="checkbox"/> Other <input type="checkbox"/> explain: _____	

As the authorized dealer of the replacement equipment in this project, I hereby certify that all the information provided on this form accurately reflects the cost of the replacement equipment purchased through this project.

Authorized Dealer (Print Name):	Title:
Authorized Dealer Signature:	Date:

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EXISTING (OLD) EQUIPMENT STATUS FORM

Please submit this form along with your Claim for Payment Packet. Supporting documentation related to the disposal of the existing (old) equipment and its engine must also be submitted. **The contract signing authority for the project must sign the Form.** Please fill out a separate Form for each piece of equipment. For additional forms, please photocopy the Existing (Old) Equipment Status Form, or you may request an additional copy by contacting program staff. All subsequent copies of the Existing (Old) Equipment Status Form must also be signed and dated. If you need additional assistance to complete the form, please contact program staff.

Project Number:	
Project Contact Name (Print):	
Phone Number: ()	Fax Number: ()

By signing this Form, participant certifies that the replaced existing (old) equipment and its engine, identified by the EIN and ESN below, have been permanently removed from operation by transferring the equipment and its engine to an approved SJVAPCD dismantling facility for destruction.

Existing (Old) Equipment Identification Number (VIN or PIN): _____

Engine Serial Number (ESN): _____

Additionally, participant certifies that the existing (old) equipment was in operational condition similarly to its condition during the SJVAPCD's pre-monitoring of the equipment, with no parts stripped, prior to transferring it to the dismantling facility. Only fluids and/or parts required by the dismantler to be removed before transfer of the equipment were performed. Documentation in the form of a receipt from the dismantling facility has been submitted which indicates the date the existing (old) equipment and its engine were transferred.

Dismantling Facility Name:		
Address (including street number and name, state, and zip code):		
Contact Name:		
Phone Number: ()	Fax Number: ()	Email:

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

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

DISMANTLING FACILITY DOES NOT SIGN THIS FORM

