

SAN JOAQUIN VALLEY  
AIR POLLUTION CONTROL DISTRICT

# HEAVY-DUTY ENGINE PROGRAM OFF-ROAD VEHICLE COMPONENT

## AGRICULTURAL TRACTOR TRADE-UP PROGRAM

### AWARDEE PAYMENT PROCEDURES

This document is designed to provide participants in the Heavy-Duty Engine Program Off-Road Vehicle Component, Agricultural Tractor Trade-Up Option with the required instructions and guidance for the successful completion of a Claim for Payment Packet for their project. **The Awardee has sixty (60) days following the expiration of the agreement completion phase to submit a complete 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 (District) 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 your executed agreement in order to fully understand the grant requirements. All questions regarding payment procedures should be directed to:

Ryan Delmanowski  
Roshelle Lee  
Megan Cox

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

(559) 230-5800  
[grants@valleyair.org](mailto:grants@valleyair.org)  
[www.valleyair.org](http://www.valleyair.org)

**CLAIM FOR PAYMENT PACKET CHECKLIST**

To initiate the reimbursement process, the Awardee must submit a properly supported Claim for Payment Packet to the District. Reimbursement takes place **after** the Claim for Payment Packet has been deemed complete and acceptable and the new replacement equipment is purchased and inspected by District staff. District mails the reimbursement check to the participant within sixty (60) working days of the most recent post-monitoring site visit. Submitting an incomplete Claim for Payment Packet will delay the inspection and reimbursement.

A **COMPLETE** Claim for Payment Packet will include **all** the following:

 **Claim for Payment Form**

- Only the District Heavy-Duty Engine Program Claim for Payment Form will be accepted. A Claim for Payment Form is included at the end of this document for your use.
- This form must be signed and dated by the project contract signing authority or it will be returned to the participant. The contract signing authority is the same individual who signed the Agreement with the District.

 **Invoice(s)** for the cost of the new replacement equipment. **Proof of Payment** such as finance documentation or copy of check. **New Equipment Information Form**

- A copy of the New Equipment Information Form is included on **page 4** of this document. Please have your dealer complete and sign the Form.

 **Insurance Documentation (ACORD Form 25)**

- A Certificate of Insurance must be submitted and must indicate a current policy period which covers the new replacement equipment.

As a matter of policy, the District **does not** provide advance payments to participants or third parties. Approximately one year after incentive funds have been issued, the participant will receive an Internal Revenue Service (IRS) Form 1099. For information about the tax implications related to receiving incentive funds, please consult your tax advisor, as the District does not provide tax advice.

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

## STEP-BY-STEP CLAIM FOR PAYMENT FORM GUIDANCE

This section outlines the information required for each field of the Heavy-Duty Engine Program Claim for Payment Form. Once the fields listed below have been completely filled out, the contract signing authority must **sign and date** the Form. If you need additional assistance to complete the form, please contact program staff.

### ❖ Project Number

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

### ❖ Payee

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

### ❖ Address

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), 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 District 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.

### New Equipment Information:

#### ❖ Date

List the date the new equipment was purchased as indicated on the invoice.

#### ❖ New Equipment Make and Model

List the make and model of the new equipment purchased through this project.

#### ❖ Serial Number

List the serial number of the new equipment purchased through this project.

#### ❖ Amount Paid

List the final amount paid for the new equipment as indicated on the invoice.

#### ❖ Grant Amount

Please leave this field blank as it is intended for District use only.

**NEW EQUIPMENT INFORMATION FORM**

The following information pertaining to the new 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 new equipment:**

Equipment Make:	Equipment Model:
Vehicle ID # (VIN or PIN):	Equipment Model Year:
Engine Make:	Engine Model:
Engine Serial Number:	Engine Model Year:
US EPA Engine Family Name:	Manufacture Rated Horsepower:
Engine Tier:	Engine Hour Meter Reading (hours):

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 following information pertaining to the invoice of the new equipment. The information provided here must accurately reflect invoiced costs.**

New Equipment Base Cost:	\$	
Tire Tax Fee(s):	\$	
Sales Tax:	Rate (%):	Total: \$
Warranty Coverage:	Year(s):	Hours:
Warranty Cost:	\$	
<b>Please list any additional invoiced cost(s) below (i.e., equipment options, license fees, etc.):</b>		
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 new equipment in this project, I hereby certify that all the information provided on this form accurately reflects the cost of the new equipment purchased through this project.**

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

# San Joaquin Valley Air Pollution Control District

## Heavy-Duty Engine Program - Claim for Payment Form

### Agricultural Tractor Trade-Up Awardee

**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
	<input type="checkbox"/> Partnership	(C=C Corp, S= S Corp, P=Partnership) ▶ _____

Federal Tax I.D. # : \_\_\_\_\_  
 Social Security # : \_\_\_\_\_  
 Telephone # : \_\_\_\_\_

Date of Invoice	New Equipment Make & Model (List each separately)	Serial Number	Amount Paid	Grant Amount
<b>Total Claim</b>				

\_\_\_\_\_  
**Signature of Signing Authority**                      **Date**

### For District Use Only

<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <p style="text-align: center; margin: 0;"><u>For District Use Only</u></p> <p style="margin: 0;">SJVUAPCD Approval _____ Date _____</p> </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <p style="text-align: center; margin: 0;"><u>Administrative Services Use Only</u></p> </div> <div style="margin-bottom: 5px;"> <p>Audited By _____ Date _____</p> </div> <div> <p>Reviewed By _____ Date _____</p> </div>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 8%;">Object</th> <th style="width: 7%;">Fund</th> <th style="width: 7%;">Year</th> <th style="width: 7%;">Dept</th> <th style="width: 7%;">Sub-Dept</th> <th style="width: 7%;">Type</th> <th style="width: 7%;">Program</th> <th style="width: 7%;">Phase</th> <th style="width: 7%;">Entity</th> <th style="width: 10%;">Amount</th> <th style="width: 4%;">1099 Code</th> </tr> </thead> <tbody> <tr> <td> </td><td> </td><td style="color: blue;">1</td><td style="color: blue;">90</td><td style="color: blue;">92</td><td style="background-color: #cccccc;">-</td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td style="background-color: #cccccc;">-</td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td style="background-color: #cccccc;">-</td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr> <td style="color: blue;">Stipend</td><td> </td><td> </td><td> </td><td> </td><td style="background-color: #cccccc;">-</td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr> <td style="color: blue;">Expense</td><td> </td><td> </td><td> </td><td> </td><td style="background-color: #cccccc;">-</td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr> <td style="color: blue;">Table</td><td> </td><td> </td><td> </td><td> </td><td style="background-color: #cccccc;">-</td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr> <td colspan="9">Vendor Number: _____</td> <td style="text-align: right;">\$</td> <td> </td> </tr> </tbody> </table>	Object	Fund	Year	Dept	Sub-Dept	Type	Program	Phase	Entity	Amount	1099 Code			1	90	92	-											-											-						Stipend					-						Expense					-						Table					-						Vendor Number: _____									\$	
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