

Truck Replacement Payment Procedures

This document is designed to provide applicants instructions and guidance for the successful completion of a Claim for Payment Packet for their truck replacement project. For assistance call (559) 230-5800 or email prop1b@valleyair.org Incentives Staff.

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

- Fully purchase and take possession of your new vehicle(s).
 - Funding shall only be allowed toward purchase of the specific vehicle(s) 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 the following:
 - Invoice number
 - The applicant/organization name and address.
 - The new truck vendor/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.
- Deliver existing old truck to a SJVAPCD certified dismantler within ten (10) days of your new vehicle 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/prop1b, 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 is only allowed for 90% CA operation
- 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 vehicle.
 - 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 vehicle(s) 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. All payments shall be made in the form of a two-party check. Single party checks may be requested if new vehicle(s) were paid for in full with cash. Applicant must provide proof of cash payment in the form of copies of cancelled check(s), wire transfer, or other proof. Financed vehicle(s) must be paid with a two-party check.

CLAIM FOR PAYMENT PACKET CHECKLIST

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 all of the following required documents in the packet:

- Completed and **signed** SJVAPCD Proposition 1B Program - **Claim for Payment Form** (form can be obtained from www.valleyair.org/prop1b). 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 new reduced-emission truck. The invoice must clearly identify, at a minimum, the following:
 - Invoice number
 - The applicant/organization name and address.
 - The new truck vendor/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.
- Completed and **signed Old Truck Status Form** (2 for 1 projects will require two (2) Old Truck Status Forms). Form can be obtained from www.valleyair.org/prop1b.
- Copy of the **DMV Registration Card** for the new truck.
- 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.

Please retain a copy of your completed Claim for Payment Packet

COMPLETE CLAIM FOR PAYMENT PACKETS MAY BE SUBMITTED BY MAIL, EMAIL, OR FAX:

Mail: SJVAPCD Strategies & Incentives
1990 E. Gettysburg Ave
Fresno, CA 93726

Email: Prop1B@valleyair.org

Fax: (559) 230-6112

San Joaquin Valley Air Pollution Control District Proposition 1B 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 are Required

Vendor/Dealer : _____

Address : _____

City: _____ **State:** _____ **Zip:** _____

Date of Invoice	Vehicle Identification Number <small>(List each vehicle separately)</small>	New Vehicle Make	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 _____

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

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**.
- Please fill out a separate form for each truck.
- For additional forms, please photocopy this form, or obtain an additional copy from www.valleyair.org/prop1b.
- For assistance call (559) 230-5800 or email prop1b@valleyair.org

SECTION 1: FOR APPLICANT TO COMPLETE

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

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:

Vehicle 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.

Vehicle **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: