

CLAIM FOR PAYMENT PACKET CHECKLIST

In order to qualify for reimbursement, the fueling station must be fully operational (all necessary infrastructure must be installed and connected to the power generation equipment and/or electricity grid). When submitting a request for payment, it is important to ensure the Claim for Payment Packet is **complete**. An incomplete Claim for Payment Packet will lengthen the processing time and delay reimbursement of funds. Please include all of the following required documents in the packet:

- Completed and **signed** SJVAPCD Clean Vehicle Fueling Infrastructure 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 **Invoice** for the cost of eligible items outlined in Exhibit C of your agreement. The invoice must clearly identify, at a minimum, the following and list all additional options in a line item format:
 - Invoice number
 - The applicant/organization name and address.
 - The vendor name and address.
 - Date of delivery (if different from invoice date)
 - Detailed breakdown of all invoiced costs; including equipment, construction, and labor costs, additional options cost, sales tax (with percentage rate indicated), any additional fees, warranty cost and license fees.
- Proof of payment** such as copy of invoices, checks, and receipts for work completed that are specific to the project as described in Exhibit B of your agreement.
- Copies of any **fuel purchase agreement(s)**, fleet contract(s) or similar documentation demonstrating the amount of throughput required to meet the expected displacement identified in project grant agreement.
- Copy of **insurance certificate(s)** showing coverage for commercial general liability, commercial automobile liability, and workers compensation as outlined in your agreement. The San Joaquin Valley Air Pollution Control District needs to be listed as the additional insured. The Insurance Certificate(s) must indicate a current policy period.
- Copy of **warranty** for the eligible equipment commencing on the day equipment was purchased as indicated on the final invoice submitted for reimbursement. Warranty must show at minimum of:
 - One year for battery charging stations.
 - Three years for hydrogen fueling stations.

Payment will be made within 60 working days from receipt of complete Claim for Payment Packet and inspection(s). The submission of a complete Claim for Payment Packet initiates the scheduling of the inspection. SJVAPCD staff will take photographs of the fueling station and verify it is fully operational.

Please retain a copy of your completed Claim for Payment Packet

COMPLETE CLAIM FOR PAYMENT PACKETS MAY BE SUBMITTED BY E-MAIL or MAIL:

Email: grants@valleyair.org

(Subject line must indicate Clean Vehicle Fueling Infrastructure, your project number, & your name)

Mail: SJVAPCD Strategies & Incentives

1990 E. Gettysburg Ave

Fresno, CA 93726

San Joaquin Valley Air Pollution Control District

Clean Vehicle Fueling Infrastructure Program

Claim for Payment Form

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 # : _____

Date of Invoice	Reimbursable Item Description	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: _____									⌘	