

Locomotive 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 locomotive 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 locomotive.
 - Funding shall only be allowed toward purchase of the specific locomotive described in participant's agreement with the SJVAPCD and payment is for reimbursement only.
 - **Obtain an itemized invoice** from the vendor/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 locomotive vendor/dealer name and address.
 - The make, model, VIN (or identifying number), of the new locomotive.
 - The make, model, model year, horsepower rating, and US EPA-Certified Engine Family Name of the engine in the new locomotive.
 - Date of delivery (if different from invoice date).
 - Detailed breakdown of all invoiced costs; including the new locomotive cost (without tax), additional options cost, sales tax (with percentage rate indicated), any additional fees, warranty cost and delivery fees. Please list all additional options in a line item format.
- Deliver existing old locomotive engine(s) to a SJVAPCD certified dismantler within ten (10) days of your new locomotive 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 locomotive 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 locomotive Status Form** to turn in with complete Claim for Payment Packet.
- Obtain a copy of a current certificate of insurance for the new locomotive
 - Insurance must specifically note the VIN (or identifying number) of the new locomotive.
- 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 locomotive.
 - 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 locomotive 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 locomotive 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 locomotive 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 locomotive. The invoice must clearly identify, at a minimum, the following:
 - Invoice number
 - The applicant/organization name and address.
 - The new locomotive vendor/dealer name and address.
 - The make, model, VIN of the new locomotive.
 - The make, model, model year, horsepower rating, and US EPA-Certified Engine Family Name of the engine in the new locomotive.
 - Date of delivery (if different from invoice date)
 - Detailed breakdown of all invoiced costs; including the new locomotive cost (without tax), additional options cost, sales tax (with percentage rate indicated), any additional fees, warranty cost and delivery fees. Please list all additional options in a line item format.
- Completed and **signed Old Locomotive Status Form**. Form can be obtained from www.valleyair.org/prop1b.
- Copy of **Certificate of Insurance** for the new locomotive. The Certificate of Insurance must indicate a current policy period and the VIN of the new locomotive.

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

Locomotive 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 LOCOMOTIVE 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 locomotive engine.**
- 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:
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 locomotive engine, identified by the ESN above, has been permanently removed from operation. The old locomotive engine 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 the old locomotive engine, identified by the aforementioned ESN, was received by the dismantling facility.

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