

## **PAYMENT PROCEDURES**

This document is to provide applicants instructions and guidance for the successful completion of a Claim for Payment Packet for their truck replacement project. For assistance, contact Incentives Staff by email at [grants@valleyair.org](mailto:grants@valleyair.org) or phone at (559) 230-5800.

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

- Fully purchase and take possession of your new truck
  - Funding shall only be allowed toward purchase of the specific truck 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 truck 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/grants](http://www.valleyair.org/grants), or contact Incentives staff at (559) 230-5800 to obtain a list of dismantlers.
  - 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.
- Complete the Old Truck Status Form (attached to this document).
  - Must be signed and dated **by the project contract signing authority**. **The dismantler does not sign this form. This form must be turned in with complete Claim for Payment Packet.**
- Dealer to complete the New Truck Information Form (attached to this document).
  - **Must be completed and signed by the dealer**. This form must be turned in with complete Claim for Payment Packet.
- SJVAPCD certified dismantler must destroy old truck within 60 days of being replaced as determined by the invoice date of new truck.
  - Upon transfer of the old truck, a Certificate of Destruction must be obtained from the SJVAPCD certified dismantler and submit the Certificate of Destruction with the Claim for Payment packet.



- 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. **NO** IRP/Apportioned registration.
- 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 truck.
  - 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 truck during inspection.
- Complete a SJVAPCD inspection of the destroyed old truck.
  - Dismantler is required to submit a Certificate of Destruction form to initiate the scheduling of an inspection, which must be completed before incentive funds can be paid. SJVAPCD staff will take photographs of truck 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 inspections (new truck and destroyed old truck). Applicant must provide proof of payment in the form of copies of cancelled check(s), wire transfer, finance documentation or other proof.

## 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 Truck Replacement Program - **Claim for Payment Form** (available on-line at [www.valleyair.org/grants](http://www.valleyair.org/grants)). The same individual who signed the contract with the SJVAPCD must also sign the Claim for Payment Form.
- Dated and itemized vendor/dealer **Invoice** for the cost of the new reduced-emission truck.
- Copy of **proof of payment** for the new truck. Proof may be in the form of copies of cancelled check(s), wire transfer, finance documentation or other proof.
- New Truck Information Form.
  - Dealer is to complete and sign this form.
- Completed and **signed Old Truck Status Form** (available on-line at [www.valleyair.org/grants](http://www.valleyair.org/grants)).
  - This form must be signed and dated **by the project contract signing authority**. **The dismantler does not sign this form.**
- Completed and **signed Certificate of Destruction Form**
  - Provided to the applicant/organization by an approved dismantler certifying the old truck has been permanently destroyed.
- 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: [grants@valleyair.org](mailto:grants@valleyair.org)

Fax: (559) 230-6112

**San Joaquin Valley Air Pollution Control District**  
**FARMER Ag Truck Replacement 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	Vehicle Identification Number <small>(List each vehicle separately)</small>	New Vehicle Make	Amount Paid	Grant Amount
<b>Total Claim</b>				

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

**For District Use Only**

<u>For District Use Only</u>	
SJVUAPCD Approval _____	Date _____
<b>Administrative Services Use Only</b>	
Audited By _____	Date _____
Reviewed By _____	Date _____

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

## NEW TRUCK 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.**

<b>Project Number:</b>	
<b>Dealership Name:</b>	
<b>Dealership Address:</b>	
<b>Contact Phone Number:</b> (     )	<b>Email:</b>

**Please provide the following information for the new truck.**

<b>Truck Make:</b>	<b>Truck Model:</b>	<b>Truck VIN:</b>
<b>Engine Make:</b>	<b>Engine Model:</b>	<b>Engine Serial Number:</b>
<b>Horsepower:</b>	<b>Engine Family Name:</b>	<b>Engine Model Year:</b>
<b>Fuel Type:</b> <input type="checkbox"/> Diesel <input type="checkbox"/> Other:	<b>Odometer Reading:</b> (at time of invoice)	<b>GVWR:</b>

**\*Mileage Limitations for used trucks:**

Class 8 – less than 650,000 miles; Class 7 – less than 350,000 miles; Class 4-6 – less than 25,000 miles

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

<b>Authorized Dealer (Print Name):</b>	<b>Title:</b>
<b>Authorized Dealer Signature:</b>	<b>Date:</b>

## OLD TRUCK STATUS FORM

Please submit this form with your Claim for Payment Packet.

Old truck must be delivered to a SJVAPCD certified **dismantler** ***within 10 (ten) days*** of new truck purchase.

<b>Project Number:</b>
<b>Project Contact Name (Print)</b>
<b>Project Contact Phone Number: (     )     </b>

By signing this Form, participant certifies that the replaced old truck 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.

<b>Old Truck VIN:</b>
<b>Engine Serial Number (ESN):</b>

Additionally, participant certifies that the old truck 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.

<b>Dismantling Facility Name:</b>	
<b>Address:</b>	
<b>Contact Name:</b>	
<b>Phone Number: (     )     </b>	<b>Email:</b>

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.

<b>Contract Signing Authority Name (Print):</b>	<b>Title:</b>
<b>Contract Signing Authority Signature:</b>	<b>Date:</b>

**DISMANTLING FACILITY DOES NOT SIGN THIS FORM**