

**North Central Texas Council of Governments
Clean Vehicle/Air Quality Funding Programs
Request for Reimbursement Form**

Use the attached form to request reimbursement for eligible expenses. Before submitting a Request for Reimbursement, you must have completed at least one NCTCOG Task/Scope Activity from the Agreement. **You must have already paid** the project expenses. Documentation of expenses, payment, and any applicable financing/lease arrangements must also be included in the request.

Use the checklist on the last page to ensure all required documentation is included.

Form Instructions

Box #1: Please number this request for reimbursement (i.e. Is this Request Number 1, 2, 3...)

Box #2: If all awarded Activities have been completed and this represents the final Request for Reimbursement, check "YES". If this is not the final Request for Reimbursement, check "NO".

Box #3: Refer to the identifying Agreement Number (i.e. TRNxxxx found on the Agreement Cover Sheet of your Agreement.) Only tasks/scope activities from one agreement may be included in a single Reimbursement Request.

Box #4: Indicate the Total Approved Award Amount, found on the Agreement Cover Sheet.

Box #5: Refer to the Agreement Scope of Work (Appendix A) for Activity Numbers, and indicate which Task/Scope Activity is included in this Request for Reimbursement. Multiple Task/Scope Activities within a single Project may be included in a Request for Reimbursement.

Box #6: Indicate how much funding has already been reimbursed for implementation of activities under this agreement, if any.

Box #7: Indicate the total amount of expenses incurred for the task/scope activity being included in this reimbursement.

Box #8: Indicate amount of costs to be reimbursed by the NCTCOG

Box #9: Describe expenses associated with this Request for Reimbursement (i.e. purchase of new vehicle, installation/construction of new refueling equipment, etc.)

Box #10: Indicate if any expenses being sought for reimbursement were incurred by a Disadvantaged Business Enterprise (DBE).

Box #11: If Item #10 is "yes," describe expenses that were incurred by a DBE. Please include the vendor, certifying agency (i.e. NCTRCA, TUCP, etc.), and the amount paid.

Box #12: Any revenue received from the sale of scrap metal or other materials from destroyed vehicles/equipment/engines is considered program income associated with this project. This revenue must either be reported at the time reimbursement is requested, or the Performing Party must commit to not selling the destroyed vehicle/equipment/engines and retaining it/them in your possession for a period of 60 days beyond the termination date of your Agreement with NCTCOG and not sell it/them for scrap for the duration of the Agreement.

Box #13: Indicate amount received from scrap value (if sold).

Box #14: This field must be signed by the Certifying Official identified in your Agreement. This is required for each Request for Reimbursement. Additionally, as it relates to Box #12, by signing and submitting this document, I certify that I will retain said vehicle/equipment/engines in my possession for a period of **60 days beyond the termination date** of my agreement with NCTCOG for the Project Number indicated in the Request for Reimbursement Form, and will not sell for scrap for the duration of the agreement.

Box #15: If all funded activities have been completed and this is the final Request for Reimbursement for this Project, under this single Agreement, then this statement must be signed.

Submission Instructions

Print form and checklist on organization letterhead. Per agreement, reimbursement requests must be submitted to trgrants@nctcog.org.

**Clean Vehicle/Air Quality Funding Programs
Request for Reimbursement Form**

Organization Name:		
Organization Address:		
1. Reimbursement Request Number:	2. Final Request for Reimbursement? (If Yes, must sign Box #13, RELEASE OF CLAIMS.)	
	YES	NO
3. NCTCOG Agreement Number (e.g. TRNxxxx)	4. Approved Award Amount for Agreement:	5. NCTCOG Task/Scope Activity Number(s) In this Reimbursement:
6. Total Amount Previously Paid/Received for this Agreement:	7. Total Expenses Incurred:	8. Total Amount Requested in this Reimbursement:
9. Description of Expenses Incurred (Include Vendor and Amount Paid):		
10. Were any expenses detailed in Item #9 incurred by a DBE? (If Yes, please complete Box #11)	YES	NO
11. If known, please provide a description of Expenses incurred by DBE (Include Vendor, Certifying Agency, Amount Paid):		
12. Program Income (This revenue must be reported at the time of requesting reimbursement): Was there any revenue received from the sale of scrap metal or other materials from destroyed vehicles/equipment/engines associated with this project? (If Yes, please complete Box #13)	YES	<p align="center">*NO</p> <p>*I do hereby certify and affirm that the vehicle/equipment/engines destroyed as part of grant activities identified/described in this form, is/are still in my possession and <u>has not</u> been sold for scrap.</p>

13. Please provide amount received for scrap value and attach receipt and/or other documentation from scrap facility	
14. CERTIFICATION OF EXPENSES	
<p>I certify that all submitted information is true. I understand that NCTCOG may not reimburse grant funding or may require return of funds if disposition requirements are not met. Additionally, by signing and submitting this document, I certify that I will retain said vehicle/equipment/engines in my possession (if applicable, as identified in Box #12) for a period of 60 days beyond the termination date of my agreement with NCTCOG for the Project Number indicated in the Request for Reimbursement Form, and will not sell for scrap for the duration of the agreement.</p>	
Signature of Certifying Official	Printed Name and Title of Certifying Official
15. RELEASE OF CLAIMS <i>(Sign this section if this is the final Request for Reimbursement and Box #2 is Checked "Yes".)</i>	
<p>Upon receipt of all reimbursements due, PERFORMING PARTY hereby releases the NCTCOG, its officers, agents, and employees from any and all future claims arising under or by virtue for the NCTCOG Agreement Number identified in Box #3. PERFORMING PARTY further certifies that all subcontractors, suppliers, employees and any party which has provided goods or performed services for this Agreement Number have been paid in full and satisfied. Prompt payment, therefore, of any and all funds which may have been "retained" by NCTCOG in accordance with said Agreement is requested.</p>	
Signature of PERFORMING PARTY Representative	Date
NCTCOG USE ONLY	
NCTCOG Approved Reimbursement Amount:	
Explanation if different from amount identified in Box #7 above: <i>(i.e. change in equipment purchased, limited by cost share funding cap, etc.)</i>	

