

2024 Clean Diesel Rebate Program

Request for Reimbursement: Diesel Truck

| Rebate I | Recipient: | Phone Number: | | | | | |
|--|--|--------------------------------|----------------------------|--------------------------|--|--|--|
| Recipier | nt Address: | | | | | | |
| | Street | City | State | Zip | | | |
| | Amount: \$ | Email: | | | | | |
| (CNG: 3 | 35% of base purchase price, max. \$160,000 | per truck; Diesel : 25% | of base purchase price, ma | ax. \$100,000 per truck) | | | |
| SECTIO | ON 1. NEW VEHICLE INFORMATION | TRUCK 1 | TRUCK 2 | TRUCK 2 | | | |
| Fuel Ty | ре | | | | | | |
| Delivery | y Date | | | | | | |
| Purchas | se Price | | | | | | |
| VIN (vel | hicle identification number) | | | | | | |
| Vehicle | Manufacturer | | | | | | |
| Vehicle | Model | | | | | | |
| Vehicle | Year | | | | | | |
| Nebras | ka Vehicle License Plate Number | | | | | | |
| Gross \ | /ehicle Weight Rating (lbs) | | | | | | |
| Engine | Manufacturer | | | | | | |
| Engine | Model | | | | | | |
| Engine | Model Year | | | | | | |
| Engine | Serial Number | | | | | | |
| EPA Engine Family: Include photograph of new engine plate | | | | | | | |
| Engine | Horsepower | | | | | | |
| | | | | | | | |
| SECTIO | ON 2. PAYMENT INFORMATION REQ | UIRED | | | | | |
| The fol | lowing payment items must be subm | itted with this form | for each new truck: | | | | |
| | Copy of purchase order | | | | | | |
| | Copy of paid invoice | | | | | | |
| | Copy of proof of payment (e.g. cancelled check front and back, credit card payment receipt, or bank statement showing check was cashed) | | | | | | |
| | Copy of Nebraska vehicle registration | | | | | | |
| | Side-profile photograph(s) of the new truck(s) | | | | | | |
| | Photograph(s) of engine label(s) showing EPA Engine Family identifier | | | | | | |
| | Completed EPA MBE/WBE Utilization Form | | | | | | |
| | Completed State of Nebraska W-9 and ACH Enrollment Form w/ voided blank check or photocopy of cleared check (payments of over \$25,000 must be made electronically through the ACH system) | | | | | | |

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SECTION 3. SCRAPPAGE REQUIREMENTS

The truck(s) being replaced must be scrapped or rendered permanently disabled within 90 days of replacement and prior to the submission of this reimbursement request to DWEE. The older truck(s) being replaced must be scrapped and permanently disabled by:

- 1. Cutting, drilling, or punching a 3" by 3" hole completely through the wall of the engine block, and
- 2. Cutting completely through the chassis frame rails on each side of the bus between the front and rear axles.

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Proof of scrappage must be provided with this form. The following documentation is required:

- Completed DWEE Certification of Engine/Chassis Scrappage form signed by the rebate recipient representative and the party responsible for dismantling the vehicle and engine.
 - Photographs of the following for each vehicle:
 - 1. Side profile of the vehicle clearly showing it has been disabled
 - 2. Vehicle Identification Number (VIN)
 - 3. Chassis frame rails cut in half
- 4. The engine label(s) that include:
 - a. Engine serial number
 - b. EPA Engine Family identifier
- 5. Engine block, prior to hole being cut
- 6. Engine block, after hole has been cut

Scrappage may be completed by the rebate recipient or by a salvage yard, or similar service, provided all scrappage requirements have been met and all necessary documentation is provided. The rebate recipient is responsible for ensuring that the required scrappage photographs are acquired and submitted. Equipment and vehicle components that are not part of the engine or chassis may be salvaged from the unit being scrapped. If scrapped or salvaged parts are to be sold, the resulting income may be retained by the rebate recipient but must be reported to DWEE as program income.

Salvage Income: \$

SECTION 4: COMMENTS Please identify any problems or challenges that you encountered during this project.

SECTION 5: CERTIFICATION

I hereby certify that the expenses requested for reimbursement are in accordance with the grant agreement and that complete and accurate records of these expenses are being kept. I further acknowledge that an inspection by DWEE, verifying the vehicle(s) was/were purchased in accordance with the grant agreement, may be required before reimbursement is approved.

Print Name of Authorized Representative Title of Authorized Representative

Signature of Authorized Representative Date Signed

Submit the original signed Request for Reimbursement form and a copy of all supporting documentation to:

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Nebraska Clean Diesel Rebate Program Nebraska Dept. of Water, Energy, and Environment 245 Fallbrook Blvd., Suite 100

(402) 471-4272, toll free (877) 253-2603 or email us at NDEE.AirGrants@nebraska.gov

Questions? Please call

Lincoln NE 68521 <u>NDEE.AirGrants@nebraska.gov</u>