VW Diesel Emissions Mitigation Program

Final Request for Payment Form

**INSTRUCTIONS:**

To receive prompt payment for your completed project, please complete all sections of this form and provide any required attachments. The information requested is necessary to document the completion of the project, demonstrate that payment for the project has been made, and enable the transfer of reimbursement funds to your financial institution. Reimbursement of project costs will be made by wire transfer directly from Wilmington Trust, the VW Settlement Trustee. It is important that all information requested on this form be complete to enable the Connecticut Department of Energy & Environmental Protection to review and approve this request and to provide the trustee with the information necessary to make this payment.

**Part I: Grantee Information**

|  |  |
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| **Project Title:** |       |
| **Application Number:** |       |
| **Date of Payment Request:** |       |

|  |  |
| --- | --- |
| **Grantee/Organization Name:** |       |
| **Address:** |       |
| **City:** |       | **State:** |       | **Zip Code:** |       |
| **Authorized Representative Name:** |       |
| **Authorized Representative Title:** |       |
| **E-Mail:** |       | **Telephone:** |       |
| **Additional Contact Name:** (*Optional)* |       |
| **E-Mail:** |       | **Telephone:** |       |

**Part II: Funding Requested**

Provide the total actual project costs and requested reimbursement amounts below.

|  |  |
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| 1. **Total Actual Vehicle/Engine/Equipment Cost:**
 | $      |
| 1. **Total Installation Cost:** *(if not included in Line A above)*
 | $      |
| 1. **Total Vehicle Scrappage Cost:** *(if applicable)*
 | $      |
| 1. **Other Project Costs:** *(if applicable)*
 | $      |
| ***Describe Other Project Costs:*** |       |
| 1. **Total Project Cost:** *(Line A + B + C + D)*
 | $      |
| 1. **Requested Reimbursement from VW Grant:**
 | $      |
| 1. **VW Percent of Total Project:** *(Line F ÷ Line E)*
 |       |

**Part III: Project Summary**

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| **Project Summary:**Copy and paste the “Purpose” from the text in the first section of your Eligible Mitigation Action Management Planinto the space below.  |
|       |

**Part IV: Vehicle/Engine/Equipment Details**

Provide information on each vehicle/engine/equipment subject to this reimbursement request. Duplicate this page if necessary.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Old Vehicle VIN(if applicable)** | **Old Engine Model Year** | **Old Engine Serial Number** | **New Vehicle VIN(if applicable)** | **New Engine Model Year** | **New Engine Serial Number** | **Actual Vehicle, Engine, or Equipment Cost** |
|       |       |       |       |       |       |       |
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| **Total Vehicle/Engine/Equipment Costs**(Should equal amount in Part II.A) |       |

**Part V: Supporting Documentation**

To ensure the expedited processing of your reimbursement request, please review each item and ensure all documentation is included for each item.

|  |  |
| --- | --- |
| **Requested Item** | **Attached?** |
| 1. **Quotes** **and procurement documents**

Include all quotes obtained for all vehicles/engines/equipment along with other related project costs and other relevant documents related to the procurement process. Refer to Task 1 of your Eligible Mitigation Action Plan for details.  | [ ]  |
| 1. **Invoices**

Include all invoices, which should be marked “Paid”, for the sale of all vehicles/engines/equipment, and, if applicable, for shipping, installation, etc. The sum of all invoices should clearly equal the total costs listed in Part II.C of this form. |[ ]
| 1. **Proof of Payment**

Examples of this could include an electronic transaction report or cancelled check. If multiple payments were made, please ensure documentation submitted represents all project costs. Documentation submitted should clearly demonstrate payments made were equal to the total costs listed in Part II.C of this form. |[ ]
| 1. **Delivery Confirmation**

*For New Vehicles:* Include each vehicle’s Certificate of Origin (front and back) and photographs of the new vehicle and VIN plate.*For New Engines/Equipment:* Include photographs of the new engine/equipment and engine serial number plate. |[ ]
| 1. **Scrappage Documentation**

Include the Completed Certificate of Destruction for each vehicle/engine/equipment and photographs for each vehicle/engine/equipment as follows: * Side Profile of Vehicle
* VIN Plate
* Engine Serial Number Plate
* Engine Block Prior to Hole
* Engine Block after Hole
* Chassis Rail cut in Half (for full vehicle replacements only)
 |[ ]
| 1. **Semi-Annual Reports Submitted**

Indicate the Semi-Annual Reports that have been submitted to DEEP. | [ ] July 2019[ ] January 2020[ ] July 2020[ ] January 2021[ ] July 2021 |

**Part VI: Payee Contact and Wire Information**

The information below is required to enable Wilmington Trust to directly wire reimbursement funds to your financial institution. Please ensure this section is completed accurately or it may delay your reimbursement.

1. **Payee Contact Information**

|  |  |
| --- | --- |
| **Payee Name:** |       |
| **Address:** |       |
| **City:** |       | **State:** |       | **Zip Code:** |       |
| **Contact Person:** |       |
| **Contact Person Title:** |       |
| **E-Mail:** |       | **Telephone:** |       |
| **Fax:** |       |
| **Payee TIN** |       |

1. **Payee Wire Information**

|  |  |
| --- | --- |
| **Receiving Bank Name:** |       |
| **Receiving Bank ABA No. / National Routing No.:**This is a 9-digit number. Please ensure that the ABA number you use is capable of receiving wires for your bank account. It is not sufficient to just enter the ABA number off the bottom of an existing check. |       |
| **Receiving Bank Account Number:** |       |
| **Name on Receiving Bank Account:** |       |

 **Part VII: Certification**

Grantee confirms that the project has been completed and that new vehicles/engines/equipment are functioning satisfactorily for their intended purpose.

*I hereby affirm, under penalty of law, that the information provided here is true and correct to the best of my knowledge. I further affirm that I have read, understand, and agree to all of the terms and conditions stated above. I understand that if it is determined that any funds were awarded to me as a result of false statements, I will be required to reimburse said funds to DEEP. I further understand that any false statement made in the submitted information may be punishable as a criminal offense under section 22a-175 and/or section 53a-157b of the Connecticut General Statutes, and in accordance with any applicable statute.*

|  |  |  |  |
| --- | --- | --- | --- |
| Signature |  |  |  |
| Typed Name |       |  | Date |

**Part VIII: Submission**

Please email this signed and completed form, along with any supporting documentation listed in Part V, to your assigned project manager.

According to the terms of the consent decree, documentation submitted in support of the funding request and records supporting all expenditures of Eligible Mitigation Action funds shall be made publicly available.