**North Central Texas Council of Governments**

**Air Quality Rebate Funding Programs**

**Request for Reimbursement Form**

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| Before submitting a Request for Reimbursement Form, you must have completed all NCTCOG Task/Scope Activity from the Agreement. You must have already paid the project expenses.  Use the form on pages 2 and 3 to request reimbursement for eligible expenses.  Use the checklist on page 4 to ensure all required documentation is included.  Instructions are provided to assist with completing and submitting the form and all required documentation. |
| **Form Instructions** |
| **Box #1:** Please number this request for reimbursement (i.e., Is this Request Number 1, 2, 3…) |
| **Box #2:** Check "YES" if all Scope Activities have been completed and this is the final Request for Reimbursement under this Agreement. Check "NO" if all activities are not complete and this is not the final Request for Reimbursement. |
| **Box #3:** Refer to the identifying Project 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:** Input Maximum Reimbursement as 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:** Identify total expenses incurred per project task/scope included in this Request for Reimbursement. |
| **Box #8:** Identify total expenses to be reimbursed by NCTCOG. |
| **Box #9:** Describe the total expenses paid to each vendor. |
| **Box #10:** Any revenue received from the sale of scrap metal or other materials from destroyed vehicles/equipment/engines must be reported at the time reimbursement is requested. If no revenue is reported, the Performing Party certifies the destroyed vehicle/equipment/engine(s) has/have not been sold for scrap and if retaining possession of the destroyed vehicle/equipment/engine(s) will not sell it/them for scrap for the duration of the Agreement. |
| **Box #11:** This field must be signed by the Certifying Official identified in your agreement. This is required for each Request for Reimbursement. |
| **Box #12:** If all funded activities have been completed and this is the final Request for Reimbursement for this project, under this single Agreement, this statement must be signed by an authorized signatory for this project. |
| **Submission Instructions** |
| Print form and checklist on organization letterhead. Per Agreement, reimbursement requests must be submitted to [trgrants@nctcog.org](mailto:trgrants@nctcog.org). |

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| **Organization Name:** | Click or tap here to enter text. | | | | | |
| **Organization Address:**  **(Address to process reimbursement)** | Click or tap here to enter text. | | | | | |
| **1. Reimbursement Request Number** | | | **2. Final Request for Reimbursement under this Agreement?**  **If Yes, must sign Box #12, RELEASE OF CLAIMS** | | | |
| Click or tap here to enter text. | | | **YES**  **I do not expect to submit**  **additional reimbursement requests under this Agreement.** | | | **NO**  **I expect to submit additional reimbursement requests under this Agreement.** |
| **3. NCTCOG Project Number (e.g. TRNxxxx)** | | **4. Approved Award Amount under this Agreement** | | | **5. NCTCOG Task/Scope Activity Number(s) in this Reimbursement:** | |
| Click or tap here to enter text. | | Click or tap here to enter text. | | | Click or tap here to enter text. | |
| **6. Total Amount Previously Paid/Received for this Agreement:** | | **7. Total Expenses Incurred:** | | | **8. Total Amount Requested in this Reimbursement:** | |
| Click or tap here to enter text. | | Click or tap here to enter text. | | | Click or tap here to enter text. | |
| **9. Description of Expenses Incurred (Include Vendor and Amount Paid):** | | | Click or tap here to enter text. | | | |
| **10. Please provide amount received for scrap value and attach receipt and/or other documentation from scrap facility (if applicable)** | | |  | | | **N/A** |
| **11. CERTIFICATION OF EXPENSES** | | | | | | |
| **I certify that all submitted information is true.** | | | | | | |
|  | | | | Click or tap here to enter text. | | |
| **Signature of Certifying Official/Authorized Signatory** | | | | **Printed Name and Title of Certifying Official** | | |

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| **12. RELEASE OF CLAIMS** | | |
| **Upon receipt of all reimbursements due, PERFORMING PARTY hereby releases NCTCOG, its officers, agents, and employees from any and all future claims arising under or by virtue for the NCTCOG Project 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 Project 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.** | | |
|  | | Click or tap to enter a date. |
| **Signature of PERFORMING PARTY Representative/Authorized** | | **Signatory Date** |
| **NCTCOG USE ONLY** | | |
| **NCTCOG Approved Reimbursement Amount:** | Click or tap here to enter text. | |
| **Explanation if different from amount identified in Box #4 above:**  **(i.e., change in equipment purchased, limited by cost share funding cap, etc.)** | Click or tap here to enter text. | |

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**Required Attachments Checklist**

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| **Organization Name:** |  | |
| **NCTCOG Project Number (e.g. TRNxxxx)** | |  |
| **Copy of Nonrepairable Vehicle Title (if applicable)** | | |
| **Scrappage Receipt (if applicable)** | | |
| **Submit completed reimbursement form, checklist, and all documents check marked above to** [**trgrants@nctcog.org**](mailto:trgrants@nctcog.org) **for review.**  **NEXT STEPS IN ORDER:**   1. NCTCOG will review documents submitted. 2. NCTCOG will contact you for reimbursement. 3. Begin required reporting and follow terms of remaining activity life as stated in rebate agreement. | | |