

\$25 Million for Low-Emission Construction Equipment for Public Agencies Grant Disbursement Request

Grantee: _____

Grantee's Federal Employer's ID Number: _____

Grant Number: _____

Contact Person: _____

Contact Person for Receipt of Funds (if different): _____

Address: _____

Address for Receipt of Funds (if different): _____

See instructions on reverse

	Amount of Funds
1. Total Grant Award for Projects.	
2. Grant Award Funds for Projects Received to Date.	
3. Grant Projects – Equipment ID Number:	
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
4. Total Funds Request from Grant Award.	

I certify to the best of my knowledge and belief that the information contained in this grant disbursement request agreement is correct and complete and is in accordance with the grant. In addition, I hereby authorize the Air Resources Board to make any inquiries to confirm this information.

Signature of Authorized Official

Name: _____

Title: _____

Date: _____

\$25 Million for Low-Emission Construction Equipment for Public Agencies Grant Disbursement Request

INSTRUCTIONS TO COMPLETE GRANT DISBURSEMENT REQUEST

When ready to request disbursement of funds, submit this “Grant Disbursement Request” form and the required documentation to:

Ms. Raquel Leon
Carl Moyer Program AGPA
Mobile Source Control Division
Air Resources Board
1001 I Street
Sacramento, CA 95812

Questions on this disbursement request should be directed to Ms. Raquel Leon at (916) 322-6366 or rleon@arb.ca.gov

CHECKLIST:

On Disbursement Request	In addition, the following documentation must accompany this Disbursement Request
<input type="checkbox"/> Grantee’s business name	
<input type="checkbox"/> Federal employer’s ID number (FEIN)	<input type="checkbox"/> New equipment serial number and new equipment ID (if applicable)
<input type="checkbox"/> Contact person	<input type="checkbox"/> New engine serial number (if applicable)
<input type="checkbox"/> Mailing address	<input type="checkbox"/> Retrofit serial number (if applicable)
<input type="checkbox"/> Contact person for receipt of funds	<input type="checkbox"/> Agency’s equipment ID for funded equipment
<input type="checkbox"/> Mailing address for receipt of funds	<input type="checkbox"/> Itemized invoice for all services completed or bill of sale
<input type="checkbox"/> Equipment ID number	<input type="checkbox"/> Photographs of new equipment purchased through this grant
<input type="checkbox"/> Grant amount	<input type="checkbox"/> Documentation of destruction of old equipment and/or engine (i.e. photographs, invoice from scrap yard, etc.)
<input type="checkbox"/> Grant agreement number	
<input type="checkbox"/> Signature of authorized official	

A. Shaded boxes to be completed by the ARB.

B. To be completed by Grantee.

3. Grant Projects – Equipment ID Number.

Enter the Equipment ID Number and reimbursement amount in the corresponding columns. Please make copies of the first page if more space is required for additional equipment

NOTE: Agencies are only eligible for reimbursement up to the dollar amount for each piece of equipment in the Appendix of the Grant Agreement.

4. Total Funds Requested from Grant Award.

Total of items in number 3.