|  |  |
| --- | --- |
| Minnesota Pollution Control Agency (MPCA), 520 Lafayette Road North, St. Paul, MN 55155-4194 | Grant reimbursement requestMinnesota Clean Diesel ProgramDoc Type: Grant application |

## Instructions:This form should be submitted with the required documentation for reimbursement via email to Minnesota Pollution Control Agency (MPCA) Accounts Payable at [mpca.ap@state.mn.us](file:///C%3A%5CUsers%5Cemurphy%5CAppData%5CLocal%5CMicrosoft%5CWindows%5CTemporary%20Internet%20Files%5CContent.Outlook%5C26G46FFS%5Cmpca.ap%40state.mn.us).

**Note:** Required documentation must include the following for each charging station:

1. Evidence of a five-year warranty from the manufacturer;
2. Copy of a service contract to provide annual maintenance for five (5) years (for fast charging grants only);
3. Renewable energy use commitment (if applicable);
4. Photograph of charging station, signage, and stenciling on pavement; and
5. Itemized receipt(s) (review your contract details).

Grantee information

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |       | Request number: |       |
| Total grant amount awarded: | $       | Request date (mm/dd/yyyy): |       |
| Total in this request: | $       | Total remaining grant amount: | $       |
| MPCA Project Manager: |       | Grantee Project Manager: |       |
| SWIFT number (see grant agreement): |       | Purchase order number (see grant agreement): |       |
| Invoicing period (actual working period) |       |  |

Equipment information

Please enter one project (equipment) per line, as applicable.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Stationlocation** | **Otherstation description** | **Stationserial number** | **Original approved grant amount (per contract)** | **Total eligible costs of project (per RFP)** | **Requested reimbursement amount** |
|       |       |       | $       | $       | $       |
|       |       |       | $       | $       | $       |
|       |       |       | $       | $       | $       |
|       |       |       | $       | $       | $       |
|       |       |       | $       | $       | $       |
|       |       |       | $       | $       | $       |
|       |       |       | $       | $       | $       |
| Total Requested Reimbursement amount: | $       |