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| Minnesota Pollution Control Agency (MPCA), 520 Lafayette Road North, St. Paul, MN 55155-4194 | Grant reimbursement request  Minnesota Clean Diesel Program  Doc 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:\Users\emurphy\AppData\Local\Microsoft\Windows\Temporary%20Internet%20Files\Content.Outlook\26G46FFS\mpca.ap@state.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.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Station location** | **Other station description** | **Station serial number** | **Original approved grant amount  (per contract)** | **Total eligible costs of project (per RFP)** | **Requested reimbursement amount** | |
|  |  |  | $ | $ | $ | |
|  |  |  | $ | $ | $ | |
|  |  |  | $ | $ | $ | |
|  |  |  | $ | $ | $ | |
|  |  |  | $ | $ | $ | |
|  |  |  | $ | $ | $ | |
|  |  |  | $ | $ | $ | |
| Total Requested Reimbursement amount: | | | | | $ |