

AG BURN ALTERNATIVES GRANT PROGRAM

CLAIM FOR PAYMENT FORM

Recipient Name: _____ **Voucher Number:** _____

Recipient Reimbursement

Address: _____
City, State, Zip: _____

Tax ID: _____
Phone Number: _____

Location of Removal of Agricultural Material

Name: _____
Address: _____
City, State, Zip: _____

Final Disposition of Agricultural Material

Name: _____
Address: _____
City, State, Zip: _____

Itemization of Invoice(s) and Costs Incurred

Date of Invoice	Description	Amount Paid
Total Amount Paid		

Grant Amount: _____

Claim Packet Checklist

- ✓ Signed Voucher (must match the Application Signing Authority)
- ✓ Completed Breakdown of Services and Costs Form and Completed Disclosure of Co-Funding Form
- ✓ Invoice(s) from contractor services (must show an itemization of services conducted and the name on the invoice(s) must match the recipient name on the voucher and IRS Form W-9 exactly)
- ✓ Documentation of any additional incurred costs by the participating grower, if additional costs are beyond those on the invoice(s) for contracted services. Additional costs must be itemized and applicable payment date(s) identified
- ✓ Proof of payment (copies of canceled checks, receipts or finance documents and the name on the proof of payment must match the recipient name on the voucher and IRS Form W-9 exactly)

For District Use Only

For District Use Only	
SJVUAPCD Approval _____	Date _____
Administrative Services Use Only	
Audited By _____	Date _____
Reviewed By _____	Date _____

Object	Fund	Year	Dept	Sub-Dept	Type	Program	Phase	Entity	Amount	1099 Code
		1	90	92	-					
					-					
Stipend					-					
Expense					-					
Table					-					
Vendor Number: _____									\$	

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INDEMNIFICATION

Recipient agrees to indemnify, save, hold harmless, and at District's request, defend District, its boards, committees, representatives, officers, agents, and employees from and against any and all costs and expenses (including reasonable attorneys' fees and litigation costs), damages, liabilities, claims, and losses (whether in agreement, tort, or strict liability, including, but not limited to, personal injury, death, and property damage) occurring or resulting to District which arises from any negligent or wrongful acts or omissions of Recipient, its officers, agents, subcontractors, or employees in their performance of this Voucher.

NON-DISCRIMINATION CLAUSE

During the performance of this Voucher, the Recipient shall not unlawfully discriminate, harass, or allow harassment against any employee or applicant for employment because of sex, race, color, ancestry, religious creed, national origin, physical disability (including HIV and AIDS), mental disability, medical condition (e.g., cancer), age (over 40), marital status, denial of family care leave and denial of pregnancy leave. Recipients shall ensure that the evaluation and treatment of their employees and applicants for employment are free from such discrimination and harassment. Recipients shall comply with the provisions of the Fair Employment and Housing Act (Gov. Code 12990 (a-f) et seq.) and the applicable regulations promulgated thereunder (California Code of Regulations, Title 2, Section 7285 et seq.) The applicable regulations of the Fair Employment and Housing Commission implementing Government Code Section 12990 (a-f), set forth in Chapter 5 of Division 4 of Title 2 of the California Code of Regulations, are incorporated into this Voucher by reference and made a part hereof as if set forth in full. Recipients shall give written notice of their obligations under this clause to labor organizations with which they have a collective bargaining or other agreement.

CONTINUED AGRICULTURAL USE CERTIFICATION

Recipient agrees to continue to use the acres identified on the Voucher for continued agricultural use.

- The property undergoing an orchard removal, will remain a commercial agricultural operation, consistent with District Rule 4103 – Open Burning, and Section 80100 of Title 17, Code of California Regulations, which provides for the open burning of agricultural materials produced wholly from agricultural operations in the growing and harvesting of crops or the raising of fowl or animals for the primary purpose of making a profit, providing a livelihood, or conducting agricultural research or instruction by an educational institution. Land conversions intended for non-agricultural purposes are not eligible for funding.
- The orchard material to be removed at the above-described location is from a commercial agricultural operation.
- The removal of this orchard is not for the purpose of preparing the land for a commercial, residential, or other non-agricultural use.

TAX IMPLICATIONS

Approximately one year after incentive funds have been issued, the Recipient may receive an Internal Revenue Service (IRS) Form 1099. For information about the tax implications related to receiving incentive funds, please consult your tax advisor, as the District does not provide tax advice.

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BREAKDOWN OF COSTS AND SERVICES FORM

Please submit this form with your Claim for Payment Packet.

- Include a breakdown of the costs for the applicable services
- Identify who conducted the service and costs for each applicable service
 - If the service was conducted by the grower, be sure to identify the costs on this form and include an itemized statement of cost incurred (e.g. tree rope removal, fuel, labor, maintenance costs, etc.)
- Note in the comments section if any of the individual services listed were combined and performed as a single process. Also include costs for any steps not identified in the table. Include the cost of the services and explanation of the process.
- ***Please note: Disposition of the agricultural material must not be used for any combustion practice such as biomass power generation, pyrolysis, firewood, or air curtain burners.***

<h3>Orchard Removal</h3>		
<i>SERVICES PROVIDED</i>	<i>PERFORMED BY:</i>	<i>COST</i>
Equipment Move-In Fees	<input type="checkbox"/> Grower <input type="checkbox"/> Contractor	\$
Pushing/Piling	<input type="checkbox"/> Grower <input type="checkbox"/> Contractor	\$
Chipping	<input type="checkbox"/> Grower <input type="checkbox"/> Contractor	\$
Spreading	<input type="checkbox"/> Grower <input type="checkbox"/> Contractor	\$
Soil Incorporation Ripping Number of Passes: _____	<input type="checkbox"/> Grower <input type="checkbox"/> Contractor	\$
Soil Incorporation Discing Number of Passes: _____	<input type="checkbox"/> Grower <input type="checkbox"/> Contractor	\$
Additional Costs: _____	<input type="checkbox"/> Grower <input type="checkbox"/> Contractor	\$
Total Cost		\$
Comments: <div style="border: 1px solid black; height: 150px; margin-top: 5px;"></div>		

Disclosure of Co-Funding Form

Project Number: _____

To be eligible to receive incentive funding from the San Joaquin Valley Air Pollution Control District (District), you **must** indicate below if you have applied for or received funding from any other sources for this project. You must also indicate if you intend to apply for additional funding from other sources in the future for this project. In addition, you are required to disclose the value of any current financial incentive that directly reduces the project cost including tax credits or deductions or other public financial assistance. Additional funding sources include, but are not limited to, federal, state, and third-party private sources.

Examples of funding sources: Environmental Quality Incentives Program (EQIP), Healthy Soils, Tree Assistance Program (TAP), and Blue Diamond Growers Climate Smart Grant Program. This is not an all-inclusive list. All additional funding sources for this project must be reported.

For additional funding that you will receive or have received for this project, please attach copies of letter(s) of financial commitment, copy of agreement(s), or grant award letter(s) that are specific to this project.

Information provided on this form may be shared as required by federal, state, and local laws. Any owner, designee, or other third party who is found to have submitted multiple applications or signed multiple contracts for this same specific project without proper disclosure shall be disqualified from funding for that project from all sources within the control of the District.

SECTION 1: Applicant certifies (**please check one**):

Yes, I **HAVE** applied and/or **WILL APPLY** for funding from other sources for this project. Please list the name of the source and funding amount received or requested. If available, please attach grant award letters for the proposed project from all additional funding sources listed below.

Source:	Funding Amount:
1.	\$
2.	\$
3.	\$

No, I **HAVE NOT** applied and **WILL NOT** apply for funding from other sources for this project.

SECTION 2: If applicable, please list here any other financial incentives you have received and/or will receive from third-party sources which directly reduce the project cost. Please attach all letters of financial commitment from the third-party sources with the amount identified.

Source:	Financial Incentive Amount:
1.	\$
2.	\$
3.	\$

Signing Authority (Print Name)

Signing Authority Signature

Date
(Date required on this document)

AG BURN ALTERNATIVES GRANT PROGRAM

This document is to provide instructions and guidance for the successful completion of a Claim for Payment Packet for the Ag Burn Alternatives Grant Program. For assistance, contact District staff by email at grants@valleyair.org or phone at (559) 230-5800.

STEPS FOR REIMBURSEMENT

1. Complete the project as described on the Voucher.

Funding shall only be allowed toward reimbursement for services described on the Voucher up to the maximum amount listed on the Voucher and payment is for reimbursement only.

2. Obtain itemized invoice(s) and proof of payment.
3. Submit complete Claim for Payment Packet by the expiration date of your Voucher.

Claim for Payment Packet can be submitted online via the web portal
Claim for Payment Packet can also be submitted via mail, email, and/or fax.

4. Complete the post-inspection site visit with District staff.

The submission of a complete Claim for Payment Packet triggers the post-inspection site visit. District staff will complete an inspection report and take photographs during the site visit, including the final disposition of agricultural material. Be sure to clearly identify **any and all final disposition location(s) of agricultural material**.

5. District will issue payment after the post-inspection is completed and the Claim for Payment Packet reviewed.
6. Payment will typically be made within 60 working days from receipt of complete Claim for Payment Packet.

CLAIM FOR PAYMENT PACKET

Please make sure to submit the following for a complete Claim for Payment Packet:

1. Completed and signed Voucher.

The same individual who signed the Application with the District and listed as the Signing Authority must also sign the Voucher.

2. Completed Claim for Payment Form.
3. Completed Breakdown of Services and Costs Form.
4. Completed Disclosure of Co-Funding Form.
5. Invoice(s) from contractor services.

Invoice(s) must itemize services conducted.

Name on the invoice(s) must match the name of voucher recipient and name on IRS Form W-9 exactly.

6. Documentation of any additional incurred costs by the participating grower, if additional costs are beyond those on the invoice for contracted services. Additional costs must be itemized and applicable payment date(s) identified.
7. Proof of Payment (copies of cancelled checks, receipts or finance documents).

Name of the payer must match the name of voucher recipient and name on IRS Form W-9 exactly.

To submit Claim for Payment packet and to check status of project, please visit:

<https://apps.valleyair.org/valleyairlogin/Account/Login?returnurl=https%3A%2F%2Fapps.valleyair.org%2FGrants%2FUserStatus>