**Application / Request for Reimbursement**

**Commonwealth of Virginia - Alternative Fuels Transition Program**

**CMAQ**

**1. Contact Information**

**Agency or Jurisdiction Name:**

**Submitted by:**

**Phone:**

**Email:**

**Mailing Address for Reimbursement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Fleet Manager’s Name, Number, and Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Date:**

**2. Vehicle Information**

**Total Number of Vehicles Converted:**

**Area In Which Vehicles Are Garaged:**

**Conversion or Vehicle VIN # Vehicle Type/Year Incremental**

**Purchase Date Cost**

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**Total Amount Requested for Reimbursement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**3. Supporting Documentation**

\_\_\_\_\_\_\_\_\_\_ **Attached are the following:**

1. **Copy of the Vehicle Title.**
2. **If requesting reimbursement for a vehicle purchase, provide documentation of the purchase price AND information demonstrating the market price of a comparable traditional vehicle.**
3. **If requesting reimbursement for a vehicle conversion to alternative fuels, provide copies of paid invoices and other documentation from the conversion vendor.**
4. **Form W-9, Request for Taxpayer Identification Number (TIN) and Certification, for your locality.**
5. **Certificate of Compliance for Steel & Iron Items with “Buy America” [23 CFR 635.410]. Only vehicles that are Buy America-approved by DMME are applicable for this reimbursement.**
6. **Alternative Fuels Transition Checklist for Local Governments.**

**By signature, below, I agree to report on the cost of the fuel and the volume of fuel used for the first year of operation of each vehicle (or one complete year of operation).**

**Signed:**

**Name:**

**Date:**

**Submit Reimbursement Requests to:**

Robin Jones, VA Department of Mines, Minerals and Energy (DMME), [robin.jones@dmme.virginia.gov](mailto:robin.jones@dmme.virginia.gov), 804-692-3224

**Approved by DMME**:

**Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_