

Attachment B

Payment Request Form

This document contains a checklist of the items to be returned by the Applicant for payment through the NYSERDA "Fuel NY" Gas Station Back-up Power Program grant process. Once installation is complete, please complete the information shown below and return the completed form along with the requested supporting documentation.

Station Information:

Contact Name: _____

Name of Station: _____

Station ID# (if applicable): _____

Contract #: _____

Physical Address

Street 1: _____

Street 2: _____

City: _____

County: _____

State: _____

Zip Code: _____

Mailing Address (if different from above)

Street 1: _____

Street 2: _____

City: _____

County: _____

State: _____

Zip Code: _____

Payment Requested for:

Installation of transfer switch to accept a portable emergency generator for stations located within ½ mile of an exit on a controlled access highway or from a designated evacuation route

(Reimbursement of actual documented cost incurred, not to exceed \$10,000)

Installation of transfer switch and permanent emergency generator for stations located within ½ mile of an exit on a controlled access highway or from a designated evacuation route

(Reimbursement of actual documented cost incurred, not to exceed \$13,000)

Installation of transfer switch and/or permanent emergency generator for stations not within the ½ mile limit but that must be pre-wired due to being part of a chain

(Reimbursement of actual documented cost incurred, not to exceed \$10,000)

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Requested Amount of Reimbursement: \$ _____

Would you like the check made out to you alone or would you like a two-party check made out to you and your contractor?

- Applicant only
- Two-party check to applicant and contractor
If you checked the box to request issuance of a two-party check, then you must attach a W-9 Form completed by your contractor.

Did total project cost exceed grant amount? Yes No

If yes, you must do either 1. or 2. below:

1. Attach proof that amount exceeding grant has been paid, or
2. Request issuance of a two-party check made out to you and your contractor by checking this box.
If you checked this box to request issuance of a two-party check, then you must attach a W9 Form completed by your contractor.

Program Information

Date Installation Started _____

Date Installation Completed _____

Being submitted as part of a "Chain of Retail Outlets"? Yes No

If so, which chain? _____

Technical Information – attach a copy of each of the required documents

1. Flood insurance policy (if required)
2. Manufacturer's cut sheet for Switch, Connection, and Generator (as applicable)
3. Code certifications
4. How many phases is the electrical service _____
5. What is the amperage of the transfer switch installed _____
6. What size portable emergency generator will be required _____

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Invoicing Information

1. Copy of executed contract with electrician
2. Attach Itemized Invoices:
 - a. Materials
 - i. Quantity
 - ii. Make/Model/Manufacturer/Serial number
 - iii. Unit Cost
 - iv. Total Cost
 - b. Labor
 - i. Function/Title
 - ii. Hours Worked
 - iii. Hourly Rate
 - iv. Total Cost
 - c. Tally of quantities shown to equal reimbursement requested
3. Originals of all certified payrolls*

* Only required if your contract indicates that Davis-Bacon requirements apply to your project. Certified payrolls shall clearly display the license number(s) of electrician(s) completing the work.