



Commercial Lawn and Garden Program Merchant Reimbursement Package Checklist

The reimbursement package must be submitted to the Air District **within 75 days** of selling replacement lawn and garden equipment. To ensure quick processing of reimbursement requests, send all items listed below. Email the completed package to lawn@airquality.org or the corresponding District staff.

| ✓ | Reimbursement Package Checklist |
|-------------------------------------|--|
| <input checked="" type="checkbox"/> | 1. Voucher Tracking Form: For each customer, fill out the form with all vouchers redeemed by the customer. Existing equipment deemed inoperable should be rejected & excluded from the form. |
| <input checked="" type="checkbox"/> | 2. Original Voucher(s): Attach the redeemed vouchers associated with the Voucher Tracking Form. |
| <input checked="" type="checkbox"/> | 3. Final Invoice(s): Provide a copy of the final invoice(s), signed by the participating merchant. The invoice must show the final purchase price of all items, the voucher amount, and state "final." |
| <input checked="" type="checkbox"/> | 4. Equipment Destruction Form: Complete this form for all existing equipment delivered to and destroyed by the participating recycling facility. The recycling facility must sign the form(s) and may provide a receipt or ticket # to the merchant and the Air District as additional proof of delivery. |

This is an example Reimbursement Request Package. To receive payment for equipment sales through the Charlene McGhee Memorial Lawn and Garden Program, reimbursement requests should be emailed to lawn@airquality.org.

This example reimbursement request includes two customers who redeemed several vouchers. Merchants can request payment anytime if all program requirements and deadlines are met.

This example request is organized as follows:

- 1) Checklist
- 2) Voucher Tracking Form for Customer 1
- 3) Original Vouchers for Customer 1
- 4) Signed Invoice(s) for Customer 1
- 5) Equipment Destruction Form
- 6) Items (2) through (5) for Customer 2

Please review comments with blue and red font for general information and comments. If you have any questions, please contact us at lawn@airquality.org.

Charlene McGhee Memorial Lawn and Garden Program Customer Tracking Form



This form is to be completed by the Participating Merchant and sent with the reimbursement package to the Sac Metro Air District. You may use this form for multiple vouchers if they are processed together.

The application ID can be found in the voucher form.

Customer Name: Customer 1

Applicant ID: CLG-24

New Equipment Summary

| Equipment Type (ex. Chainsaw, Leaf Blower, etc.) | Quantity | Num. of Charging Cords | Num. of Batteries |
|--|----------|---------------------------|-------------------|
| Leaf Blower | 3 | 3 | 6 |
| | | | |
| | | | |
| | | | |
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| | | | |

Please summarize the equipment types purchased by the customer.

Participating Merchant certifies that the information contained on this tracking form and other required forms are accurate and complete and that it has met the program requirements, which performance is a prerequisite to receiving reimbursement from the participating Air District.

Name of Participating Merchant Representative: Merchant 1

Signature of Participating Member or Authorized Representative:

Sign Here

Date: Date here ____ / ____ / ____

Sacramento Metropolitan Air Quality Management District

Charlene McGhee Memorial Lawn and Garden Program



Application ID: **CLG-24**

District Use Only:

☒ This entity is exempt from the 15% cost share requirement

Applicant Signature:

Contact Name:

Vouchers exempt from an applicant cost share component will be marked here.

Business/ Organization Name: **Customer 1**

Date Issued:

Expiration Date:

***By signing above, you accept the Voucher Terms located on the next page.**

Voucher Type: Chainsaw // Polesaw Edger Trimmer Brushcutter // Leaf Blower Leaf Vacuum // Walk-Behind Mower // Ride-On Mower Stand-On Mower

| Voucher Number | Incentive Amount | Operational & Intact *Completed by Merchant* | Voucher Redeemed *Completed by Merchant* | Co-Funding Disclosure (\$) *Completed by Merchant* |
|----------------|------------------|---|---|---|
| CLG-25-001 | \$1,400 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | None |
| CLG-25-002 | \$1,400 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | None |
| CLG-25-003 | \$1,400 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | None |
| | | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | |
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| | | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | |

Merchants, please fill out every applicable field to avoid payment delays.

To be completed by the Participating Merchant and returned to the Air District.

| | |
|--|-------------------------------------|
| Participating Merchant: | Salesperson: |
| Date of Sale: | Date Old Equipment was Surrendered: |
| <input checked="" type="checkbox"/> I certify that the existing and replacement equipment are like-for-like or within the same equipment category. <input checked="" type="checkbox"/> I certify that one piece of equipment is being sold per voucher, excluding batteries and charging cords. <input checked="" type="checkbox"/> I certify that the customer meets the requirements listed in the Voucher Terms located on the next page. | |
| Merchant Signature: | Date: |

Provide the invoice(s) associated with Customer 1

Final Invoice

1. The invoice or receipt must show the final purchase price of all items listed, including additional accessories, fees, etc.
2. The invoice must clearly identify the type of equipment, make, and model.
3. The invoice must show the voucher amount. The receipt of voucher funds does not lower the base price of the L&G equipment, nor does it reduce the tax basis of the equipment.
4. The invoice must disclose any other incentives applied to the equipment from other programs.
5. Date and signed by an authorized representative.
6. Must state "Final."

Some applicants may have to provide a 15% cost share. The voucher that was awarded to the applicant will specify this. In most cases, applicants are exempt from this requirement.

Charlene McGhee Memorial Lawn and Garden Program Equipment Destruction Form



This form tracks the destruction of the older combustion equipment replaced through the voucher program. The existing combustion equipment must be surrendered, destroyed, and rendered permanently unusable and irreparable within 60 days of receiving the replacement equipment. Please complete this form per participant/customer with the designated application ID.

| | |
|------------------------|--------|
| Application ID: | CLG-24 |
|------------------------|--------|

Voucher Number(s): CLG-25-001, 002, 003

Number of Units Included in this Batch

| Chainsaws / Trimmers / Edgers / Brushcutters | Leaf Blowers / Vacuums | Walk-Behind Mowers | Ride-On / Standing Mowers |
|---|---------------------------|--------------------|---------------------------|
| | 3 | | |

Equipment Surrendered to Scrap / Recycling Facility

Date Delivered to Scrap / Recycling Facility: The old equipment must be delivered to
a recycler within 60 days of purchase.

Name of Scrap / Recycling Facility: Radius or Sims Metal

****To be completed by Scrap / Recycling Facility**** The recycler fills out the section below.

I certify that the combustion equipment listed above will be destroyed and rendered permanently unusable and irreparable within 60 days of receipt.

Printed Name: _____ Signature: _____

Date: _____

Charlene McGhee Memorial Lawn and Garden Program Customer Tracking Form



This form is to be completed by the Participating Merchant and sent with the reimbursement package to the Sac Metro Air District. You may use this form for multiple vouchers if they are processed together.

The application ID can be found in the voucher form.

Customer Name: Customer 2

Applicant ID: CLG-30

New Equipment Summary

Please summarize the equipment types purchased by the customer.

| Equipment Type (ex. Chainsaw, Leaf Blower, etc.) | Quantity | Num. of Charging Cords | Num. of Batteries |
|---|----------|------------------------|-------------------|
| SP Lawn Mower | 1 | 1 | 1 |
| Stand-On Mower | 1 | 1 | 1 |
| | | | |
| | | | |
| | | | |
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| | | | |
| | | | |
| | | | |

Participating Merchant certifies that the information contained on this tracking form and other required forms are accurate and complete and that it has met the program requirements, which performance is a prerequisite to receiving reimbursement from the participating Air District.

Name of Participating Merchant Representative: Merchant 1

Signature of Participating Member or Authorized Representative:

Sign Here

Date: Date here ____ / ____ / ____

Sacramento Metropolitan Air Quality Management District

Charlene McGhee Memorial Lawn and Garden Program



Application ID: **CLG-30**

District Use Only:

☒ This entity is exempt from the 15% cost share requirement

Applicant Signature:

Contact Name:

Vouchers exempt from an applicant cost share component will be marked here.

Business/ Organization Name: **Customer 2**

Date Issued:

Expiration Date:

***By signing above, you accept the Voucher Terms located on the next page.**

Voucher Type: Chainsaw // Polesaw Edger Trimmer Brushcutter // Leaf Blower Leaf Vacuum // Walk-Behind Mower // Ride-On Mower Stand-On Mower

| Voucher Number | Incentive Amount | Operational & Intact *Completed by Merchant* | Voucher Redeemed *Completed by Merchant* | Co-Funding Disclosure (\$) *Completed by Merchant* |
|-------------------|------------------|---|---|---|
| CLG-25-008 | \$1,500 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | None |
| | | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | |
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Merchants, please fill out every applicable field to avoid payment delays.

To be completed by the Participating Merchant and returned to the Air District.

| | |
|--|-------------------------------------|
| Participating Merchant: | Salesperson: |
| Date of Sale: | Date Old Equipment was Surrendered: |
| <input checked="" type="checkbox"/> I certify that the existing and replacement equipment are like-for-like or within the same equipment category. <input checked="" type="checkbox"/> I certify that one piece of equipment is being sold per voucher, excluding batteries and charging cords. <input checked="" type="checkbox"/> I certify that the customer meets the requirements listed in the Voucher Terms located on the next page. | |
| Merchant Signature: | Date: |

Sacramento Metropolitan Air Quality Management District

Charlene McGhee Memorial Lawn and Garden Program



Application ID: **CLG-30**

District Use Only:

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Applicant Signature:

Contact Name:

Vouchers exempt from an applicant cost share component will be marked here.

Business/ Organization Name: **Customer 2**

Date Issued:

Expiration Date:

***By signing above, you accept the Voucher Terms located on the next page.**

Voucher Type: Chainsaw // Polesaw Edger Trimmer Brushcutter // Leaf Blower Leaf Vacuum // Walk-Behind Mower // Ride-On Mower Stand-On Mower

| Voucher Number | Incentive Amount | Operational & Intact *Completed by Merchant* | Voucher Redeemed *Completed by Merchant* | Co-Funding Disclosure (\$) *Completed by Merchant* |
|-------------------|------------------|---|---|---|
| CLG-25-009 | \$15,000 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | None |
| | | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | |
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|--|-------------------------------------|
| Participating Merchant: | Salesperson: |
| Date of Sale: | Date Old Equipment was Surrendered: |
| <input checked="" type="checkbox"/> I certify that the existing and replacement equipment are like-for-like or within the same equipment category. <input checked="" type="checkbox"/> I certify that one piece of equipment is being sold per voucher, excluding batteries and charging cords. <input checked="" type="checkbox"/> I certify that the customer meets the requirements listed in the Voucher Terms located on the next page. | |
| Merchant Signature: | Date: |

Invoice(s) associated with Customer 2

Final Invoice

1. The invoice or receipt must show the final purchase price of all items listed, including additional accessories, fees, etc.
2. The invoice must clearly identify the type of equipment, make, and model.
3. The invoice must show the voucher amount. The receipt of voucher funds does not lower the base price of the L&G equipment, nor does it reduce the tax basis of the equipment.
4. The invoice must disclose any other incentives applied to the equipment from other programs.
5. Date and signed by an authorized representative.
6. Must state "Final."

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Charlene McGhee Memorial Lawn and Garden Program Equipment Destruction Form



This form tracks the destruction of the older combustion equipment replaced through the voucher program. The existing combustion equipment must be surrendered, destroyed, and rendered permanently unusable and irreparable within 60 days of receiving the replacement equipment. Please complete this form per participant/customer with the designated application ID.

| | |
|------------------------|--------|
| Application ID: | CLG-30 |
|------------------------|--------|

Voucher Number(s): CLG-25-008, 009

Number of Units Included in this Batch

| Chainsaws / Trimmers / Edgers / Brushcutters | Leaf Blowers / Vacuums | Walk-Behind Mowers | Ride-On / Standing Mowers |
|---|---------------------------|--------------------|---------------------------|
| | | 1 | 1 |

Equipment Surrendered to Scrap / Recycling Facility

Date Delivered to Scrap / Recycling Facility: The old equipment must be delivered to
a recycler within 60 days of purchase.

Name of Scrap / Recycling Facility: Radius or Sims Metal

****To be completed by Scrap / Recycling Facility**** The recycler fills out the section below.

I certify that the combustion equipment listed above will be destroyed and rendered permanently unusable and irreparable within 60 days of receipt.

Printed Name: _____ Signature: _____

Date: _____