



2024 ONE RED Irrigation Engine Program Reimbursement Request Form

Rebate Recipient: _____

Recipient Address: _____
Street
City
State
Zip

Email address: _____ Phone Number: _____

SECTION 1. NEW MOTOR & INSTALLATION (recipient must take delivery and install prior to submitting this form)

Electric Motor Manufacturer:				Electric Motor Model:						
Serial Number:						Horsepower				
Dealership Name:			Address:							
City:				State:				Zip Code:		
Contact Name:				Phone Number:				Email:		
Motor Cost:				Other Equipment & Installation Cost:				Total Cost:		

SECTION 2. ELECTRICAL PANEL & WIRING TO MOTOR (if work done by different vendor than above)

Installer Name:			Address:							
City:				State:				Zip Code:		
Contact Name:				Phone Number:				Email:		
Cost of other electrical equipment, wiring, and labor:										

SECTION 3. ELECTRIC UTILITY COSTS

Electric Service Provider:										
Distance Service Line Extended:				Cost per Foot:				Total:		
Equipment Cost:				Total Cost from Utility:						
Amount of Electric Service Provider Incentive:					Net Utility Cost:					

SECTION 4. TOTAL PROJECT COST AND REBATE REQUESTED

Total Project Cost (equipment, installation, and utility costs):						
Rebate Amount Requested: (60% of Total Project Cost, maximum \$23,000)						

SECTION 5. PAYMENT INFORMATION REQUIRED

The following proof of payment items must be attached to this form:

- Copies of all paid invoices for equipment purchase, installation, and utility costs. Service invoices must include wellsite location (township, range, section, quarter section)
- Copies of proof of payment (e.g. cancelled check front and back, credit card payment receipt, or bank statement showing check was cashed)
- Photos of the wellsite, new motor and other equipment, and motor serial number plate (if applicable)
- Completed IRS W-9 form
- Completed EPA MBE/WBE Utilization form

SECTION 6. SCRAPPAGE REQUIREMENTS

The diesel engine being replaced must be scrapped or rendered permanently disabled within 90 days of replacement and prior to the submission of this reimbursement request to NDEE by:

Cutting, drilling, or punching a 3" by 3" hole completely through the wall of the engine block.

Proof of Scrappage:

Proof of scrappage must be provided with this form. The following documentation is required:

- Nebraska Clean Diesel Program Certification of Engine Scrappage form signed by the party responsible for scrapping the engine and by the rebate recipient, and including:
 1. The name and address of the dismantler
 2. Identification of the old engine including model year, and engine serial number
 3. The dates the engine was accepted and scrapped by the dismantler.
- Photographs of the following:
 1. The engine labels that include:
 - a. Engine serial number
 - b. EPA Engine Family identifier
 2. Engine block, prior to hole being cut
 3. Engine block, after hole has been cut
 4. Other photos as needed

Scrappage may be completed by the rebate recipient or by a salvage yard, or similar service, provided all scrappage requirements have been met and all necessary documentation is provided. **The rebate recipient is responsible for ensuring that the required scrappage photographs are acquired and submitted.** Equipment and components that are not part of the engine may be salvaged from the unit being replaced. If scrapped or salvaged parts are to be sold, the resulting income may be retained by the rebate recipient but must be reported to NDEE as program income.

Salvage Income: \$ _____

SECTION 7: ADDITIONAL INFORMATION

Please explain any problems or unusual circumstances or expenses you encountered in completing your project.

SECTION 8: CERTIFICATION

I hereby certify that the expenses requested for reimbursement are in accordance with the project agreement and that complete and accurate records are being kept to document such expenses. I further acknowledge that an inspection by NDEE, verifying the equipment was purchased in accordance with the project agreement, may be required before reimbursement is approved.

_____	_____
Print Name of Authorized Representative	Title of Authorized Representative
_____	_____
Signature of Authorized Representative	Date Signed

Submit the original signed Request for Reimbursement form and a copy of all supporting documentation to:

Nebraska ONE RED Clean Diesel Rebate Program
Nebraska Department of Environment and Energy
P.O. Box 98922
Lincoln NE 68509-8922
NDEE.AirGrants@nebraska.gov

Questions? Please call (402) 471-4272
or email us at NDEE.AirGrants@nebraska.gov