

# FNSB Enhanced Voluntary Replacement or Repair Program

## 2019 Vendor Direct Payment Agreement

(Revised 2-20-19)



# OPTIONAL

Participants in the FNSB's Voluntary Enhanced Replacement or Repair Program (see application instructions for full details) have the option of having a vendor be reimbursed directly. This form is an agreement between the applicant and one participating vendor of their choice, and will not be valid unless an authorization has been issued by the FNSB. Under this option, the purchase order will be made out in the name of the vendor if an applicant has been accepted into the program, and **AFTER ALL PROGRAM REQUIREMENTS ARE MET** the Borough will mail a check directly to the vendor. The applicant will still be required to submit a W-9 form, as monies received from this program are considered taxable income to the applicant. Reimbursement amounts are limited as per the program applied for (**see page 3 of the application instructions for full details**). Any non-reimbursable expenses and/or any cost above the maximum allowable amount are the applicant's responsibility. If there are any questions about eligible expenses, it is up to either the applicant or the vendor to contact the FNSB Air Quality office **PRIOR** to the sale being finalized.

Please complete all sections of this application, including vendor information and signature, and submit it to the FNSB Air Quality Office at 3175 Peger Road. **ALL SIGNATURES ARE REQUIRED OR THIS FORM IS NOT VALID.** This form must be returned to the FNSB Air Quality office prior to an approval being issued. For more information please call us at (907) 459-1005.

**NOTE: THIS FORM IS OPTIONAL. The applicant still has the option to complete the program on their own and receive the reimbursement.** The Borough does not guarantee that a vendor will participate in this program nor does the Borough recommend any vendor. If the applicant wishes to use this option, **it is up to the applicant to contact the vendor of their choice.** It is a vendor's choice whether or not they will participate. All general information is subject to public disclosure.

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Name of Applicant: \_\_\_\_\_

Physical Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Indicate the number of appliances to be replaced or repaired on the lines below:

Replacement of a: # \_\_\_ Wood or coal stove, or other SFBA

# \_\_\_ Wood or coal hydronic heater

Repair of EPA Certified wood stove: # \_\_\_ Catalytic Converter

# \_\_\_ Other Emissions-Reducing Components

Name of Vendor: \_\_\_\_\_

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**By signing below I acknowledge that I understand, accept and will abide by the program terms outlined in the application form for the Enhanced Voluntary Replacement or Repair program.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**By signing below I acknowledge that I understand I will not be paid until all program requirements have been met.**

Authorized Vendor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_