

FNSB Air Quality Improvement Programs

Vendor Direct Payment Agreement

(Revised 5-18-2021)



OPTIONAL

Participants in either the FNSB's Voluntary Replacement or Repair Program or the Voluntary Heating Oil to Gas Conversion Program may choose to have the FNSB directly reimburse a vendor. This form is an agreement between the applicant and **one** participating vendor of their choice and will not be valid unless a purchase order 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 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 a purchase order being issued. For more information please call the Air Quality office 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. The FNSB is subject to the Alaska Public Records Act, AS 40.25 et seq. and this document may be subject to public disclosure under state law.

Name(s) of Applicant: _____

Physical Address: _____ Zip Code: _____

Indicate the type(s) and number of appliances to be replaced, converted, or repaired on the lines below, and choose the option(s) of what is being replaced with. If choosing "Other," please explain on the line provided.

Replace: # ___ Wood/pellet/coal heater(s) with: Gas Oil Pellet Wood Other _____

___ Wood/pellet/coal hydronic heater(s) with: Gas Oil Pellet Wood Other _____

___ Oil burning heating appliance(s) with: Natural Gas Propane

Conversion of an existing oil burning heating appliance to gas # ___

Repair of EPA Certified wood stove(s): # ___ Catalytic Converter # ___ Other Emissions-Reducing Components

By signing below I acknowledge that I understand, accept and will abide by the program terms outlined in the application form for the program for which I have applied.

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: _____

Name of Vendor: _____