



1960 - 2010

MULTIPLE FUNDS FORM



Please complete the following information:

Applicant Information	
Company Name:	Company Address:
Contact Name:	City, State, Zip Code:
Phone Number:	<i>(optional: Attach business card)</i>

Please check one of the following:

- I certify that NO other public funds are being used for the replacement hybrid vehicle; or
- Public funding sources are also being used to fund this vehicle. If additional public funds are being used to purchase the hybrid vehicle, please complete the following information. Use additional forms, if needed.

New Vehicle Information							
AGREEMENT/ VOUCHER	Vehicle Year	Vehicle Make	Vehicle Model	VIN*	Engine Serial*	Source of Funds	Amount of Funds

* preliminary information may not be available

I certify that the information provided above is accurate and complete. The multiple funds list contains all public funds provided for this vehicle(s). I understand that the SMAQMD incentive programs are voluntary.

Authorized Signatory and Title: _____

Date: _____