

**ATTACHMENT 2: CARL MOYER PROGRAM FISCAL YEAR 2019-2020 (YEAR 22) APPLICATION**

This application must be received by California Air Resources Board by **January 10, 2020**.

E-mail a signed application to Deborah Paselk at [Deborah.Paselk@arb.ca.gov](mailto:Deborah.Paselk@arb.ca.gov).

**SECTION 1: APPLICANT DISTRICT**

District Name:
Street Address:
City/Zip Code:
Contact Person:
Telephone Number:
E-mail Address:

**SECTION 2: CARL MOYER PROGRAM FUNDING REQUEST**

Check one box and if applicable, enter the dollar amount.

District requests:

<input type="checkbox"/> Tentative allocation ("Total Allocation" amount from Attachment 1).
<input type="checkbox"/> Greater amount than tentative allocation, if available: \$
<input type="checkbox"/> Minimum allocation of \$200,000 (no match required).
<input type="checkbox"/> Minimum allocation and authorizes the funds be designated to the Rural District Assistance Program (RAP) for these years. <b>Identify the applicable years:</b> <input type="checkbox"/> Current Year 22 <input type="checkbox"/> Year 23 <input type="checkbox"/> Year 24 <input type="checkbox"/> Year 25 <input type="checkbox"/> Year 26
<input type="checkbox"/> Tentative allocation and authorizes the funds be designated to a lead air district for these years. <b>Identify the applicable years:</b> <input type="checkbox"/> Current Year 22 <input type="checkbox"/> Year 23 <input type="checkbox"/> Year 24 <input type="checkbox"/> Year 25 <input type="checkbox"/> Year 26 <b>Identify the Lead District:</b>
<input type="checkbox"/> No Carl Moyer Program funds. District declines all funding for Year 22.

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**SECTION 3: DISTRICT MATCHING FUNDS**  
**(15% OF FUNDING REQUEST, FOR APPLICATIONS OVER \$200,000)**

<b>Total District Match:</b>	
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**Specify match funding by Source and Amount:**

<b>Source of Funding</b>	<b>Dollar Amount</b>

<b>Match Funds Subtotal:</b>	
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<b>Estimated In-Kind Administration:</b>	
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**SECTION 4: PROGRAM ADMINISTRATION**

Check the box with the percentage for program administration that best applies to the District. If the District wishes to request a program administration grant percentage lower than the 6.25% or 12.5% allowed under statute (H&SC § 44299.1) please check last box and enter the percentage.

<input type="checkbox"/> 6.25% (District with one million or more inhabitants)
<input type="checkbox"/> 12.5% (District under one million inhabitants)
<input type="checkbox"/> The District requests program administration funds be included in this grant at a lower portion than allowed by statute.
<b>Percent of the total grant:</b>

**SECTION 5: BOARD RESOLUTION**

Check one box and complete the date if applicable.

<input type="checkbox"/> This application has been duly approved and authorized by the District governing board, as specified in the attached resolution.
<input type="checkbox"/> This application is scheduled to go before the District Board.
<b>Date scheduled to go before the District Board:</b>

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**SECTION 6: DISTRICT CONTACT INFORMATION**

<b>District Air Pollution Control Officer</b>	<b>Telephone Number</b>	<b>Email Address:</b>

<b>District CMP Manager</b>	<b>Telephone Number</b>	<b>Email Address:</b>

District Complete Mailing Address:
District Telephone Number:

**SECTION 7: DISTRICT APCO/EO APPROVED SIGNATURE**

To the best of my knowledge and belief, the information in this application is true and correct. Unless my district has declined or designated these grant funds, an up-to-date Carl Moyer Program District Policies and Procedures Manual, based on current Carl Moyer Program Guidelines, is maintained at the District's office.

Signature of Air Pollution Control Officer:	Date of Signature:
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