

**SUPPLEMENT TO CARB'S ADVANCE PAYMENT REQUEST FORM: AB 617 COMMUNITY AIR PROTECTION (CAP) INCENTIVES GRANT DISBURSEMENT REQUEST**

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**PART A: GRANTEE INFORMATION**

Grantee:	Date:
Grant Number:	Number of Request:
CAP Incentives Funding Year:	Fiscal Year:
An Air District with a population greater than or equal to four million (4,000,000): <input type="checkbox"/> If yes, check this box	
Project Funds:	Implementation Funds:
Total Funds Requested:	
Make Warrant Payable to District:	
Address Number and Street:	City, State, and Zip Code:
The address provided above matches the address provided on the Air District's Payee Data Record Form ( <a href="#">STD. 204</a> ) or Government Agency Taxpayer ID Form ( <a href="#">Taxpayer Form</a> ): <input type="checkbox"/> Yes <input type="checkbox"/> If no, District will be submitting a corrected STD. 204 or Taxpayer Form to CARB.	

**PART B: COMMUNITY AIR PROTECTION DISBURSEMENT SUBMITTALS**

The air district has included all of the following items with the disbursement request:

- Documentation of a public process to solicit project ideas from local residents and community groups, and an air district summary of the results of that process.
- A project list with the total cost of projects equal to or greater than the amount of funds being requested. The air district will indicate whether each project listed satisfies evaluation criteria for benefits to priority populations, per the CCI Funding Guidelines criteria for Clean Transportation and Equipment ([www.arb.ca.gov/cci-resources](http://www.arb.ca.gov/cci-resources)).
- Completed [ASD/BFB-365, Advance Payment Request Form](#)

**PART C: ADDITIONAL DISTURSEMENT REQUIREMENTS**

The air district has met all of the following additional disbursement requirements:

- The air district has met all stipulations listed in the air district's CAP Incentives Grant Agreement.
- The most recent CAP Incentives Yearly Report has been submitted to CARB. Grant disbursement approval will be subject to CARB's determination that the Yearly Report indicates expenditure milestones have been met, or if necessary, unexpended funds have been returned to CARB.
- An up-to-date policies and procedures manual for the District's CAP Incentives is maintained at the District's office.

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**PART D: CERTIFICATION AND SIGNATURE OF AUTHORIZED PROGRAM OFFICIAL**

I certify under penalty of perjury that the information contained in this Supplement to CARB's Advance Payment Request Form, and all attachments, is correct and complete, and is in accordance with the Terms and Conditions of the Grant Agreement. I agree to not provide advance payment to any other entity. In addition, I hereby authorize CARB to make any inquiries to confirm this information.

Signature of Authorized Program Official:	Name:
Title:	Date:

**PART E: FOR STATE USE ONLY**

Liaison's Printed Name	
Liaison's Signature:	Date:
Grant Manager's Printed Name:	
Grant Manager's Signature:	Date: