

FARMER PROGRAM GRANT DISBURSEMENT REQUEST FORM

A. AMOUNT OF FUNDS REQUESTED FOR THIS DISBURSEMENT

Air District:
Grant Number:
Disbursement Request Number:
<input type="checkbox"/> An up-to-date Policies and Procedures manual for the District's FARMER Program is maintained at the Districts Office.
Total funds Requested (this includes Project Funds and Implementation Fees:

DISBURSEMENT REQUEST

Totals	Total Grant Amount	Total Previous Disbursements	This Request	Remaining Balance
Project Funds				
Implementation Fees				
Total				

MAKE WARRANT PAYABLE TO

District:
Contact Person:
Address (Street Number and Street Name):
City/State/Zip Code:

B. COMPLETE FOR INITIAL DISBURSEMENT

The District has met all stipulations listed on the District's FARMER Program Grant Agreement. The total amount requested above reflects **(please check box 1, 2, or 3)**:

1. For small districts-FARMER Program funds equaling up to 10 percent of my District's total allocation or up to \$200,000, whichever is greater. **In this case, the District has met the following requirement:**
 - a. The District has submitted the Air District Advance Payment Request Form for CARB's review and approval. The completed Air District Advance Payment Request Form is attached.

2. For small districts-FARMER Program funds equaling up to 50 percent of my District's total allocation. **In this case, the District has met the following requirements:**

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- a. The District has submitted the Air District Advance Payment Request Form for CARB's review and approval. The completed Air District Advance Payment Request Form is attached.
 - b. The District has submitted a list of eligible projects and funding amounts for the projects for which the District intends to fund. The Project Fund portion of this disbursement request may not exceed the total funding amount of the attached project list.
3. For large districts-FARMER Program funds equaling up to 50 percent of my District's total allocation or up to \$5,000,000, whichever is greater. **In this case, the District has met the following requirements:**
- a. The District has submitted the Air District Advance Payment Request Form for CARB's review and approval. The completed Air District Advance Payment Request Form is attached.
 - b. The District has submitted a list of eligible projects and funding amounts for the projects for which the District intends to fund. The Project Fund portion of this disbursement request may not exceed the total funding amount of the attached project list.

C. COMPLETE FOR SUBSEQUENT DISBURSEMENTS (for requests after initial disbursement)

- The District requests FARMER Program funds equaling up to 50 percent of my District's total allocation. **In addition to all of the requirements in the District's FARMER Grant Agreement, the District has met the following requirements:**
- a. The District has provided documentation demonstrating that at least 50 percent of the previous disbursement of Project Funds is under executed contracts and has submitted the Air District Advance Payment Request Form for CARB's review and approval. The completed Air District Advance Payment Request Form is attached.
 - b. The District has submitted a list of eligible projects and funding amounts for the projects for which the District intends to fund. The Project Fund portion of this disbursement request may not exceed the total funding amount of the attached project list.

D. CERTIFICATION

I certify to the best of my knowledge that the information in this Grant Disbursement Request Form is correct, complete, and in accordance with the Terms and Conditions of the Grant Agreement. Funds received from this disbursement will be expended on projects as described in the FARMER Program Guidelines, Carl Moyer Guidelines, and my District's Policies and Procedures manual. I hereby authorize the California Air Resources Board to make any inquiries to confirm this information.

Signature:	Date:
Printed Name:	Title:

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E. TO BE COMPLETED BY CARB

Date Received by CARB:		Date to SCO:	
Funding Source:		Fiscal Year:	
CARB Liaison:	Signature:	Date:	
Grant Manager:	Signature:	Date:	
Financial Operations:	Signature:	Date:	

INSTRUCTIONS FOR COMPLETING THIS FORM

Forward the completed application to the District's designated CARB Project Liaison listed in the FARMER Grant Agreement. For questions or assistance with completing this form, please contact your District's designated CARB Project Liaison as well.

A. COMPANY INFORMATION

Air District: Enter the Air District associated with this request.

Grant Number: Enter the grant number associated with this request.

Policies and Procedures Manual: Check the box to confirm that an up-to-date Policies and Procedures Manual is maintained at the District's Office.

Total Funds Requested: Enter the total amount of funds being requested including Project Funds and Processing Fees.

DISBURSEMENT REQUEST

Complete the table provided by entering the total grant amount, total previous disbursement(s), amounts for this disbursement, and the remaining balance.

MAKE WARRANT PAYABLE TO

Include the District, Contact Person, and complete mailing address including street name and number, city, state, and five digit zip code.

B. COMPLETE FOR INITIAL DISBURSEMENT

From the options provided, check the appropriate list of requirements for this disbursement request.

C. COMPLETE FOR SUBSEQUENT DISBURSEMENTS

For subsequent disbursements, check the box and agree to the requirements.

D. CERTIFICATION

Certify that the information in this form is true and correct by checking the box. Provide your signature, full name, title, and date of signature.

E. TO BE COMPLETED BY CARB

This section is for CARB staff use only.