

CARL MOYER PROGRAM GRANT DISBURSEMENT REQUEST FORM

MSCD/ORCB-08A (REV. 05/2022) PAGE 1 OF 2

Check box below to indicate grant category:

<input type="checkbox"/> Regular Moyer Fill out sections A, B, C, & D
<input type="checkbox"/> Multidistrict/State Reserve <input type="checkbox"/> RAP <input type="checkbox"/> SB129 Fill out sections A & D

A. AMOUNT OF FUNDS REQUESTED FOR THIS DISBURSEMENT

1. Air District:	2. Grant Number:
3. Funds Year:	4. Fiscal Year
5. Disbursement Request: Check <u>all</u> that apply (Example: check 1 st box and Final box when the 1 st disbursement request is also the final request)	
<input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/> 5 th <input type="checkbox"/> 6 th <input type="checkbox"/> Final	
6. Project Funds:	
7. Administration Funds:	
8. Total Funds Requested:	
Make Warrant Payable to District:	
Address Number & Street:	
City, State, and Zip Code:	
9. The address provided above matches the address provided on the Air District's Payee Data Record Form (STD. 204) or Government Agency Taxpayer ID Form (Taxpayer Form):	
<input type="checkbox"/> Yes <input type="checkbox"/> If no, District will be submitting a corrected STD. 204 or Taxpayer Form to CARB.	
10. Is the Policies and Procedures manual for the District's Carl Moyer Program up-to-date and maintained at the District's office?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
11. District has met all stipulations listed on the District's Carl Moyer Program Grant Agreement?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
12. District has submitted the most recent Yearly Report to CARB? (Note: 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.)	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

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B. COMPLETE FOR 1st DISBURSEMENT FOR REGULAR MOYER

Check box a, b, or c:

- a. Entire allocation (A.8) of \$200,000 (for minimum allocation districts only, 1st and Final).
- b. Administration funds (A.7), and project funds (A.6) up to 10 percent of my District's project funds or \$200,000, whichever is greater.
- c. Administration funds (A.7) and project funds (A.6) greater than 10 percent of District's project funds or greater than \$200,000. A list of projects and funding amounts must be attached.

C. FOR SUBSEQUENT DISBURSEMENT FOR REGULAR MOYER including final (Not required for minimum allocation (\$200,000) district)

District is requesting project funds (A.6) less than or equal to the funds needed for projects that are under executed contract, approved by the district governing board, or under staff review for eligibility and funding consistent with Moyer Guidelines and the grant agreement. The District has attached a list of these projects and funding amounts.

D. CERTIFICATION

I certify to the best of my knowledge and belief 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 approved per my District's Policies and Procedures manual. I hereby authorize CARB to make any inquiries to confirm this information.

Signature of Authorized Program Officer (Air Pollution Control Officer, Executive Officer, or equivalent):

Name:

Title:

Date:

TO BE COMPLETED BY CARB DEPARTMENT

Date Received by CARB:

CARB LIAISON APPROVAL:

Print Name:

Signature:

Date:

CARB GRANT MANAGER APPROVAL:

Print Name:

Signature:

Date:

Date to SCO: