State of California California Environmental Protection Agency California Air Resources Board

Attachment 3: Carl Moyer Program Application

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The California Air Resources Board must receive this application by the due date specified in the Solicitation Memo https://ww2.arb.ca.gov/administrative-forms-carl-moyer-program-community-airprotection-incentives.

Send the Air District's signed application to MSCD Grants at MSCDGrants@arb.ca.gov with a CC to your Air District Liaison.

Section 1: Applicant Air District			
Air District Name:			
Street Address:	City/Zip Code:		
Contact Person:	Telephone Number:		
E-mail:			
The address provided above matches the address provided on the Air District's Data Record Form (STD 204) or Government Agency Tax Payer ID Form Yes			
$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $			
Section 2: Program Administration			
Moyer Year:	Fiscal Year:		
Based on the box selected below, this will determine your percentage of administration funds Per the Moyer Guidelines			
☐ Air District is with one million or more inhabitants ¹			
☐ Air District is under one million inhabitants ¹			
If the Air District wishes to request a program administration grant percentage lower than the amount allowed in the Carl Moyer Guidelines, check the box and enter the percentage.			
☐ The Air District requests program administration funds be included in this grant at a lower portion than allowed by the Carl Moyer Guidelines (Chapter 3). Percent of the total grant:			

¹ This currently reflects the current and proposed admin percentages

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Section 3: Air District Request of Carl Moyer Program Funding

Check one box and enter the dollar amount (if appli	icable).		
☐ Tentative allocation ("Total Allocation" amount	from Attachment 1): \$		
Greater amount than tentative allocation, if ava	ailable: \$		
Sum of tentative allocation plus greater amount: \$			
Less amount than the tentative allocation, but more than minimum \$			
Sum of tentative allocation minus the lesser amount \$			
☐ Minimum allocation of \$200,000 (no match required).			
☐ Minimum allocation and authorizes the funds be designated to the Rural District Assistance Program (RAP) for the current fiscal year.			
Tentative allocation and authorizes the funds be designated to a lead air district for the current fiscal year.			
Identify the lead air district:			
☐ No Carl Moyer Program funds. Air District declines all funding for this fiscal year.			
Section 4: Air District Matching Funds (15% Of Funding Request, For Applications Over \$200,000)			
The Total Air District Match is based on the:			
☐ Tentative allocation:			
Total Air District Match:			
Request Allocation (Tentative allocation plus gi	reater amount)		
Total Air District Match:			
Other			
Total Air District Match:			
Specify match funding by Source and Amount (The total should equal the total amount indicated above):			
Source of Funding	Dollar Amount		
Estimated In-Kind Administration: (Up to 15% of T	otal District Match)		

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Section 5: Board Resolution

An Air District should not submit a completed application if the district does not have approval/authority from their governing board or is not scheduled to go before their governing board to participate.				
Check one box and complete the date (if applicable).				
 ☐ This application has been duly approved and authorized by the Air District Board, as specified in the attached resolution. ☐ This application is scheduled to go before the Air District Board. Date scheduled to go before the Air District Board: 				
Section 6: Air District Contact Information				
Air District Air Pollution Control Officer	Telephone Number	Email Address		
Air District Carl Moyer Program Manager	Telephone Number	Email Address		
Section 7: Air District APCO/EO Approved Signature				
To the best of my knowledge and belief, the information in this application is true and correct. Unless my Air 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 Air District's office.				
Signature of Air Pollution Control Officer:	Date of Signature:	Date of Signature:		