

Climate Heat Impact Response Program (CHIRP) Grant Disbursement Request

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Part A: Grantee Information

Grantee:	Date:
Grant Number:	Number of Request:
CHIRP 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 (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.	

Part B: CHIRP Disbursement Submittals

The air district has included all of the following items with the disbursement request: <input type="checkbox"/> A project list with the total cost of projects equal to or greater than the amount of funds being requested. <input type="checkbox"/> Completed ASD/BFB-365, Advance Payment Request Form
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Part C: Additional Disbursement Requirements

The air district has met all of the following additional disbursement requirements: <input type="checkbox"/> The air district has met all stipulations listed in the air district's CHIRP Grant Agreement. <input type="checkbox"/> The most recent CHIRP 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. <input type="checkbox"/> An up-to-date policies and procedures manual for the District's CHIRP 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: