

Attachment 2

**CARL MOYER PROGRAM
FISCAL YEAR 2016-2017 (YEAR 19) APPLICATION
Application must be received by ARB by March 27, 2017**

1. APPLICANT DISTRICT

District Name Tehama County Air Pollution Control District
Street Address 1834 Walnut St
City/Zip Code Red Bluff 96080
Contact Person Joseph H. Tona
Phone (530) 527-3717 E-mail Address JTona@tehcoapcd.net

2. CARL MOYER PROGRAM FUNDING REQUEST

Check one box and enter amount, if applicable. District requests:

Tentative allocation ("Total Allocation" amount from Attachment 1), or greater amount shown below if available:

\$ 239,051.00

Minimum allocation of \$200,000 (no match required).

Minimum allocation and authorizes the funds be designated to the Rural District Assistance Program (RAP) for these years. **(Please circle years that apply.)**

Current Year 19 Year 20 Year 21 Year 22 Year 23

Tentative allocation and authorizes the funds be designated to a lead air district for these years. **(Please circle years that apply.)**

Current Year 19 Year 20 Year 21 Year 22 Year 23

(Please specify lead district.) _____

No Carl Moyer Program funds. District declines all funding for Year 19.

3. DISTRICT MATCHING FUNDS (15% of Funding Request, for applications over \$200,000)

Total District Match: \$ 35,858.00

Specify match funding by source and amount:

AB923 Motor Vehicle Reg Fee Funds \$ 35,858.00
Source of Funding

Source of Funding \$ _____

Source of Funding \$ _____

(a) Match Funds Subtotal: \$ 35,858.00

(b) Estimated In-kind Administration: \$ _____
(Up to 15% of Total District Match)

4. PROGRAM ADMINISTRATION

Check box and enter percentage if District requests a program administration grant percentage lower than the 6.25% or 12.5% allowed under statute (H&SC § 44299.1).

The District requests program administration funds be included in this grant at _____ percent of the total grant, a lower portion than allowed by statute.

5. BOARD RESOLUTION

Check one box and complete the date if applicable.

This application has been duly approved and authorized by the District governing board, as specified in the attached resolution.

This application is scheduled to go before the District board on _____ Date

6. DISTRICT CONTACT INFORMATION Please complete items (a)- (d):

| (a) District Air Pollution Control Officer | Phone | Email Address |
|--|------------------------|--|
| Joseph Tona | (530) 527-3717 x101 | JTona@tehcoapcd.net |

| (b) District Carl Moyer Program Manager | Phone | Email Address |
|---|------------------------|--|
| Lisa Mann | (530) 527-3717 x103 | LMann@tehcoapcd.net |

(c) District Mailing Address: PO Box 1169 Red Bluff, CA 96080

(d) District Phone number: (530) 527-3717

7. DISTRICT APCO/EO APPROVED SIGNATURE

To the best of my knowledge and belief, the information in this application is true and correct. Unless my 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 District's office.

Signature of Air Pollution Control Officer

Date

**Please e-mail signed application by March 27, 2017
to Sibyl.Britton@arb.ca.gov.**