

GRANT FUNDING INFORMATION

(Attach full copy of application and/or Notice of Award)

DEPARTMENT TCAPCD	NAME OF CONTACT Joseph Tona	PHONE NUMBER 530-527-3717	BUDGET UNIT 601
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TITLE OF GRANT: Prescribed Burn Reporting and Monitoring Support Program

GRANTOR AGENCY: California Air Resources Board

GRANT OBJECTIVES: Prescribed Burn Reporting and Monitoring

GRANT I.D. NO.: G18-PBRM-28 Federal Catalog No. (If Applicable) N/A

GRANT PERIOD: FROM: 6/1/2019 TO: 06/30/2021 Applicable Code and/or Legislative Reference: N/A

DATE APPLICATION APPROVED BY BOARD: _____ DATE BOARD ACCEPTED FUNDS OR APPROVED CONTRACT: _____

IS GRANT RENEWABLE?
(Check all applicable)

Yes	No	Annually	Indefinite	Specific No. of Years
X		X		

GRANT FUNDING

FISCAL YEAR: 17/18

FISCAL YEAR: 18/19

FEDERAL		
STATE	\$17,376.50	\$ 17,376.50
OTHER		
1. TOTAL GRANT FUNDS	\$17,376.50	\$ 17,376.50

COUNTY FUNDING

HARD MATCH (dollars)	\$0	\$0
SOFT MATCH (In-kind)	0	0
2. TOTAL COUNTY MATCH	\$0	\$0

USE OF FUNDS

PERSONNEL (attach detail)	\$17,376.50 (@\$76.00 hourly rate)	\$17,376.50 (@\$76.00 hourly rate)
SERVICES/SUPPLIES	\$0	\$0
EQUIPMENT		
OTHER CHARGES		
TOTAL FUNDS (must also= 1+2 above)	\$17,376.50	\$17,376.50

IF HARD MATCH REQUIRED, IDENTIFY FUNDING SOURCE: **No Match Required.**

IS MATCH FUNDING APPROPRIATED WITHIN EXISTING BUDGET? YES NO


METHOD OF PAYMENT OF GRANT FUNDS: REIMBURSE: X ADVANCE:

ANTICIPATED DATE(S) OF RECEIPT OF GRANT FUNDS: Between June 2019 and June 2021

EXPENDITURE DEADLINE: June 2021

IS INTEREST EARNING ON GRANT FUNDS REQUIRED BY LAW? YES NO X

WILL THERE BE IMPACTS TO HOUSING, STAFF OR OTHER COUNTY SUPPORT SERVICES? (If yes, please explain. Use attachment if needed.) YES NO X


DEPARTMENT HEAD SIGNATURE

5-16-19
DATE Form A-135 (Rev 8-21-07)