CARL MOYER MEMORIAL AIR QUALITY STANDARDS ATTAINMENT PROGRAM FISCAL YEAR 2015/2016 (YEAR 18) APPLICATION

1. APPLICANT DISTRICT Mendocino County Air Ouality Management District District Name Street Address 306 E. Gobbi St. City/Zip Code Ukiah, CA 95482 Robert Scaglione or Donna Roberts Nash Contact Person Phone 707/463-4354 Email Address mcagmd@co.mendocino.ca.us 2. CARL MOYER PROGRAM FUNDING REQUESTED Check one box and enter amount if applicable. District requests: \boxtimes Tentative allocation ("Total Allocation" amount from Attachment 1) or greater amount if desiring additional funds if available: 246,386 Minimum allocation of \$200,000. Minimum allocation and authorizes the funds to be designated to the Rural District Assistance Program (RAP) for these years. (*Please circle years that apply.*) Current Year 17 Year 18 Year 19 Year 20 Year 21 Tentative allocation and authorizes the funds to be designated to a lead air district for these years. (Please circle years that apply.) Current Year 17 Year 18 Year 19 Year 20 Year 21 Please specify lead district: No Carl Moyer Program funds. District declines the funds for Year 17. **3. DISTRICT MATCHING FUNDS** (for applications seeking over \$200,000 minimum) A. Total District Matching Funds (a + b)\$ 36,958 **Specify match funding by source and amount: Motor Vehicle Registration Fee Funds:** 36,958 (a) **Match Funds Subtotal:** 36,958 **Estimated In-kind Administration** 5,544 **(b)**

(Up to 15% of Total):

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4.	POLI	POLICY AND PROCEDURES MANUAL			
	Check box if applicable:				
		An up-to-date version of the District manual, based on current Carl Mo District's office.			
5.	BOA	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.			District governing	
	igorimsis This application is scheduled to go before the District Board on <u>June 21, 20</u>				
6.	DIST	DISTRICT APCO/EO APPROVED SIGNATURE			
	To the best of my knowledge and belief, the information in this application is true a correct.				
			Robert A. Scaglione		
Sig	gnature	of Air Pollution Control Officer	Printed/Typed Name	Date	