

**Air Resources Board**

Form

**Subvention Program**

SP-1

**2018/2019 Subvention Application****APPLICANT DISTRICT:**

District Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

**Type of Subvention:** Coordinated  
RuralSpecial  
Non-Rural**Expenditures**

1	Salaries and Benefits	
2	Operating Expenses	
3	Fixed Assets	
4	Total Expenditures (Total of Lines 1 thru 3)	

**Revenue (Local Matching Funds)**

5	County Contributions	
6	Fees (Includes Carryover from Fiscal Year 17/18)	
7	Fines	
8	Interest Earned	
9	Other (Non-Grants): (Specify) -	
10	Total Local Matching Funds (Total of lines 5 thru 9)	

**State Subvention Funds**

11	State Subvention Funds (Refer to Subvention Funds Worksheet Form SP-2)	
12	State Supplemental Funds (Refer to Supplemental Funds Request form SP-3)	
13	Total State Subvention Funds (Total of lines 11 thru 12)	

**Local Non-Matching Funds**

14	ARB Contracts	
15	Federal Grants/Contract	
16	Other: (Specify)	
17	Total Local Non-Matching Funds (add lines 14 thru 16)	
18	Total Subvention Program Revenue (Total of Lines 10 & 13)	

**FEE SYSTEM CERTIFICATION:** The district has a fee system in place as required by Health and Safety Code Section 39802

Yes

No

I certify under penalty of perjury that to the best of my knowledge and belief, data in this application are true and correct. The document has been duly approved and authorized by the governing board of the applicant and the applicant will maintain a program in compliance with Title 17, Subchapter 3, Sections 90050 to 90500 of the California Code of Regulations.

I hereby certify under penalty of perjury that the receipt of these funds shall not result in the reduction of fees paid by permittees to the district and understand that any unspent or unencumbered state subvention funds must be returned to the Air Resources Board upon request pursuant to California Code of Regulations §903060(d) and shall revert to the State General Fund.

**DISTRICT AUTHORIZATION**

Print (Name) \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**Air Resources Board**

Form

**Subvention Program**

SP-2

**2018/2019 Subvention Funds Worksheet****APPLICANT DISTRICT:**

District Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

**COORDINATED BASE SUBVENTION**Non-Rural

It is estimated that the per capita rate will be **\$0.23** if the appropriate match (one to one) is provided

Rural

It is estimated that the per-capita rate will be **\$0.23** but not less than \$34,400 if the appropriate match (one to one) is provided and a fee system is in place.

**A. Coordinated Base Subvention:**

(Enter) District Population - \_\_\_\_\_ X 0.23 \_\_\_\_\_

**OR****B. Enter - \$34,400 (rural districts)**

\_\_\_\_\_

**C. Enter the greater amount (Between A & B)**

\_\_\_\_\_

**3. SUPPLEMENTAL SUBVENTION**

Supplemental subvention funds will be limited in total by the amount requested by the district on the Supplemental Funds Request form. Therefore, please be sure the Supplemental Funds Form SP-3 is a complete listing of any projects or purchases requiring funding.

**DISTRICT AUTHORIZATION**

Print (Name) \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**Air Resources Board  
Subvention Program**

Form

SP-2 Special Districts

**2018 / 2019 Subvention Program: Subvention Funds Worksheet**

**SPECIAL SUBVENTION - Only**

**Lake / El Dorado / Placer**

**APPLICANT DISTRICT:**

District Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Contact Person: \_\_\_\_\_

Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_

Pursuant to Health and Safety Code Section 39804, a special subvention may be granted to a district participating in a coordinated basinwide program and lying in an air basin whose population is less than 98,000.0 For multi-district basins, the basin special subvention and match requirements are pro-rated to the individuals districts based on their share of the basin population.

State Special Subvention for Air Basin (\$45,000):

**Note:** If multi-district basin, amount is pro-rated by district share of basinwide population

Local Match for Air Basin:

(1) (Enter) District Population - \_\_\_\_\_ X 0.23 \_\_\_\_\_  
OR

(2) Enter - **\$34,400** (rural districts), if amount greater than (1) \_\_\_\_\_

(3) Enter the greater amount (Between 1 & 2) \_\_\_\_\_

(4) State Special Subvention for Air Basin (\$45,000): \_\_\_\_\_

**Note:** If multi-district, amount is pro-rated by district share of basinwide population

(5) Add Lines 3 and 4 - Total (auto) \_\_\_\_\_

**3. SUPPLEMENTAL SUBVENTION**

Supplemental subvention funds will be limited in total by the amount requested by the district on the Supplemental Funds Request form. Therefore, please be sure the Supplemental Funds Form SP-3 is a complete listing of any projects or purchases requiring funding.

**DISTRICT AUTHORIZATION**

Print (Name) \_\_\_\_\_  
Signature: \_\_\_\_\_  
Title: \_\_\_\_\_  
Date: \_\_\_\_\_

**Air Resources Board**

Form

**Subvention Program**

SP-3

**2018 / 2019 Supplemental Funds Request****APPLICANT DISTRICT:**

District Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone \_\_\_\_\_

**Proposed use of Supplemental Funds for Subvention Year: 2018/2019**

Item / Activity	Time Frame for Purchasing or Completing Activity	Amount
Total Supplemental Funds Requested		

I certify under penalty of perjury that to the best of my knowledge and belief, data in this application are true and correct.

**District Authorization**

Signature \_\_\_\_\_

Date \_\_\_\_\_

Type Title and Name \_\_\_\_\_

**Air Resources Board**  
**2018 / 2019 Subvention Program: Year-End Financial Report**

Form  
SP-4

**APPLICANT DISTRICT:**

Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_

Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_

**REPORT OF ACTUAL EXPENDITURES & REVENUE FOR SUBVENTION YEAR 2017-2018**

<b>Actual Expenditures</b>									
1	Salaries and Benefits								
2	Operating Expenses								
3	Fixed Assets								
4	<b>Total Expenditures (Lines 1 thru 3)</b>								
<b>Actual Revenue</b>									
<b>Local Matching Funds</b>									
5	County Contributions								
<b>Fees</b>									
a	Operating Permits								
b	Variance / Hearing Board								
c	Engineering (Permits A to C)								
d	Motor Vehicle Registration Surcharge								
e	Toxic Hot Spots								
f	Source Test								
g	Vapor Recovery								
h	Clear Air Act								
i	Asbestos								
j	Clean Fuels								
k	Ag Burning								
l	Trip Reduction								
m	<i>Others Fee (Please enter info on form 4a)</i>								
n	Carryover Fees from Prior Fiscal Years \$1,023,660 Restricted AB 923 MV Funds								
6	<b>Total Fees</b>								
7	Fines								
8	Interest Earned								
9	Other (Non-Grants): (Describe)								
10	<b>Total Local matching Funds (add lines 5,6,7,8 &amp; 9)</b>								
<b>Total Subvention revenue received from ARB</b>									
11	State Subvention Fund Coordinated Base and Special Subvention Award (Refer to Award Letter)								
12	<b>Total State Subvention Funds</b>								
<b>Local Non-Matching Funds</b>									
13	ARB Contracts								
14	Carl Moyer Program								
15	Perp Inspections								
16	Federal Grants / Contract								
17	Other (FEDERAL) (Specify)								
18	<b>Total Local Non-Matching Funds (lines 13 thru 17)</b>								
19	<b>Total Subvention Program Revenue (lines 10 and 12)</b>								
20	<b>Total Unspent or Unencumbered State Subvention Funds**</b>								

**\*\*Any unspent or unencumbered State Subvention Funds must be returned to the Air Resources Board pursuant to California Code of Regulations §90360(d) and will be reverted to the State General Fund.**

**Air Resources Board**  
**2018 / 2019 Subvention Program: Year-End Financial Report**

Form  
SP-4

I certify under penalty of perjury that the foregoing is true and correct. I hereby certify I under penalty of perjury that the receipt of these funds did not result in the reduction of fees paid by permittees to the district and funds were spent in compliance with the provisions of Title 17, Subchapter 3, Sections 90050 through 90500 of the California Code of Regulations. I hereby certify that the applicable evaluation criteria established in the Air Resources Board's "Evaluation Criteria for Air Pollution Control Districts Participating in the Subvention Program, " adopted on April 23, 1981, and amended May 27, 1983 were accomplished.

District Authorization

Signature

Date

Typed Name, Title

**Air Resources Board**  
**Subvention Program**  
**2018/2019 Year-End Financial Report**

Form  
SP-4a

**APPLICANT DISTRICT:**

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_

**Line M - Other Fees**

<b>Number</b>	<b>Please specify</b>	<b>Amount</b>
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
21		
22		
23		
24		
25		
<b>Total</b>		<b>\$</b>

**DISTRICT AUTHORIZATION**

Print (Name)

\_\_\_\_\_

Signature:

\_\_\_\_\_

Title:

\_\_\_\_\_

Date: