

Air Resources Board

Form

Subvention Program

SP-1

2019/2020 Subvention Application**APPLICANT DISTRICT:**

District Name: _____
Street Address: _____
City: _____
Contact Person: _____

Zip: _____
Phone: _____

Type of Subvention: Coordinated Special
Rural 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	
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) Barbara A. Moed

Signature: _____

Title: Air Pollution Control Officer

Date: _____

Air Resources Board

Form

Subvention Program

SP-2

2019/2020 Subvention Funds Worksheet**APPLICANT DISTRICT:**

District Name: _____

Street Address: _____

City: _____

Contact Person: _____

Zip: _____

Phone: _____

COORDINATED BASE SUBVENTIONNon-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 AUTHORIZATIONPrint (Name) Barbara A. Moed

Signature: _____

Title: _____

Date: _____

**Air Resources Board
Subvention Program**

Form

SP-2 Special Districts

2019 / 2020 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

2019 / 2020 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
2019 / 2020 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 2018-2019

Actual Expenditures									
1	Salaries and Benefits								
2	Operating Expenses								
3	Fixed Assets								
4	Total Expenditures (Lines 1 thru 3)								
Actual Revenue									
Local Matching Funds									
5	County Contributions								
Fees									
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								
6	Total Fees								
7	Fines								
8	Interest Earned								
9	Other (Non-Grants): (Describe)								
10	Total Local matching Funds (add lines 5,6,7,8 & 9)								
Total Subvention revenue received from ARB									
11	State Subvention Fund Coordinated Base and Special Subvention Award (Refer to Award Letter)								
12	Total State Subvention Funds								
Local Non-Matching Funds									
13	ARB Contracts								
14	Carl Moyer Program								
15	Perp Inspections								
16	Federal Grants / Contract								
17	Other (FEDERAL) (Specify)								
18	Total Local Non-Matching Funds (lines 13 thru 17)								
19	Total Subvention Program Revenue (lines 10 and 12)								
20	Total Unspent or Unencumbered State Subvention Funds**								

****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

Form

2019 / 2020 Subvention Program: Year-End Financial Report

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
2019/2020 Year-End Financial Report

Form
SP-4a

APPLICANT DISTRICT: _____

Street Address: _____

City: _____

Zip: _____

Contact Person: _____

Phone: _____

Line M - Other Fees

Number	Please specify	Amount
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		
Total		\$

DISTRICT AUTHORIZATION

Print (Name) _____

Signature: _____

Title: _____

Date: _____