

ATTACHMENT 2: CARL MOYER PROGRAM APPLICATION

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The California Air Resources Board must receive this application by the due date specified in the Solicitation Memo <https://ww2.arb.ca.gov/administrative-forms-carl-moyer-program-community-air-protection-incentives>.

Send the Air District's signed application to MSCD Grants at MSCDGrants@arb.ca.gov.

SECTION 1: APPLICANT AIR DISTRICT

Air District Name: Mendocino County Air Quality Management District	
Street Address: 306 E Gobbi St	City/Zip Code: Ukiah, CA 95482
Contact Person: Ronda Gott	Telephone Number: 707-463-4354
E-mail: mcaqmd@mendocinocounty.org	
The address provided above matches the address provided on the Air District's Data Record Form (STD 204) or Government Agency Tax Payer ID Form <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If no, the Air District will be submitting a corrected STD. 204 or Government Agency Tax Payer ID Form to CARB.	

SECTION 2: AIR DISTRICT REQUEST OF CARL MOYER PROGRAM FUNDING

Moyer Year: 24	Fiscal Year: 2021-2022
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Check one box and enter the dollar amount (if applicable).

<input type="checkbox"/> Tentative allocation ("Total Allocation" amount from Attachment 1):	\$	
<input type="checkbox"/> Greater amount than tentative allocation, if available:	\$	
Sum of tentative allocation plus greater amount:	\$	
<input type="checkbox"/> Minimum allocation of \$200,000 (no match required).		
<input checked="" type="checkbox"/> Minimum allocation and authorizes the funds be designated to the Rural District Assistance Program (RAP) for the current fiscal year.		
<input type="checkbox"/> Tentative allocation and authorizes the funds be designated to a lead air district for the current fiscal year. Identify the lead air district:		
<input type="checkbox"/> No Carl Moyer Program funds. Air District declines all funding for this fiscal year.		

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N/A

SECTION 3: AIR DISTRICT MATCHING FUNDS
(15% OF FUNDING REQUEST, FOR APPLICATIONS OVER \$200,000)

The Total Air District Match is based on the:

- ☐ Tentative allocation
☐ Request Allocation (Tentative allocation plus greater amount)
☐ Other

Total Air District Match:

Specify match funding by Source and Amount:

Source of Funding	Dollar Amount

Match Funds Subtotal:

Estimated In-Kind Administration: (Up to 15% of Total District Match)

N/A

SECTION 4: PROGRAM ADMINISTRATION

Check the box with the percentage for program administration that best applies to the Air District. If the Air District wishes to request a program administration grant percentage lower than the 6.25% or 12.5% allowed under statute (H&SC § 44299.1) check last box and enter the percentage.

☐ 6.25% (Air District with one million or more inhabitants)

☐ 12.5% (Air District under one million inhabitants)

☐ The Air District requests program administration funds be included in this grant at a lower portion than allowed by statute.

Percent of the total grant:

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N/A

SECTION 5: BOARD RESOLUTION

Check one box and complete the date (if applicable).

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

☐ This application is scheduled to go before the Air District Board.

Date scheduled to go before the Air District Board:

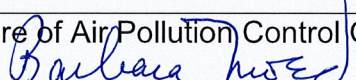
SECTION 6: AIR DISTRICT CONTACT INFORMATION

Air District Air Pollution Control Officer	Telephone Number	Email Address
Barbara Moed	707-463-4354	mcaqmd@mendocinocounty.org

Air District Carl Moyer Program Manager	Telephone Number	Email Address
Ronda Gott	707-463-4354	gottr@mendocinocounty.org

SECTION 7: AIR DISTRICT APCO/EO APPROVED SIGNATURE

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

Signature of Air Pollution Control Officer: 	Date of Signature: 10-26-21
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IN WITNESS WHEREOF

DEPARTMENT FISCAL REVIEW:


DOUGLAS GEARHART DATE

Budgeted: ☐ Yes ☒ No

Budget Unit: 0327

Line Item: 76-0266 State Revenue

Grant: ☒ Yes ☐ No

Grant No.: CMP Year 24

COUNTY OF MENDOCINO

By: _____
TED WILLIAMS, Chair
BOARD OF SUPERVISORS

Date: _____

ATTEST:

DARCIE ANTLE, Interim Clerk of said Board


By: _____
Deputy

I hereby certify that according to the provisions of Government Code section 25103, delivery of this document has been made.

DARCIE ANTLE, Interim Clerk of said Board

By: _____
Deputy

INSURANCE REVIEW:

By: 
Risk Management

Date: 06/07/2022

CONTRACTOR/COMPANY NAME:

By: _____

NAME AND ADDRESS OF CONTRACTOR:

CALIFORNIA AIR RESOURCES BOARD

P O Box 2815

Sacramento, CA 95812

By signing above, signatory warrants and represents that he/she executed this Agreement in his/her authorized capacity and that by his/her signature on this Agreement, he/she or the entity upon behalf of which he/she acted, executed this Agreement

COUNTY COUNSEL REVIEW:

APPROVED AS TO FORM:

CHRISTIAN M. CURTIS,
County Counsel

By: 
Deputy

Date: 06/07/2022

EXECUTIVE OFFICE/FISCAL REVIEW:

By: 
Deputy CEO

Date: 06/07/2022

Signatory Authority: \$0-25,000 Department; \$25,001- 50,000 Purchasing Agent; \$50,001+ Board of Supervisors

Exception to Bid Process Required/Completed ☐

Mendocino County Business License: Valid ☐

Exempt Pursuant to MCC Section: _____