STATE OF CALIFORNIA CALIFORNIA ENVIRONMENTAL PROTECTION AGENCY CALIFORNIA AIR RESOURCES BOARD MSCD/ITAB/IOS-99 (REV 10/19)

Attachment 2

CARL MOYER PROGRAM FISCAL YEAR 2019-2020(YEAR 22) APPLICATION Application must be received by CARB by January 10, 2020

1.	APPLICANT DIS	APPLICANT DISTRICT						
	District Name	Mendocino County Air Quality Management District						
	Street Address	306 E. Gobbi Street						
	City/Zip Code	Ukiah, CA 95	482					
	Contact Person Donna Roberts							
	Phone 707 463	4354	E-ma	il Address	mcaqmd@mendo	cinocounty.org		
2.	CARL MOVER P	PROGRAM	FUNDING RI	FOUEST				
۷.	. CARL MOYER PROGRAM FUNDING REQUEST Check one box and enter amount, if applicable. District requests:							
	■ Tentative allocation ("Total Allocation" amount from Attachment 1).							
	☐ Greater amount than tentative allocation, if available:\$							
	☐ Minimum allocation of \$200,000 (no match required).							
	☐ Minimum allocation and authorizes the funds be designated to the Rural District Assistance Program (RAP) for these years. <i>(Please circle years that apply.)</i>						ssistance	
	RAP Current	Year 22	Year 23	Year 24	Year 25	Year 26		
	☐ Tentative allocation and authorizes the funds be designated to a lead air district for these years. (Please circle years that apply.)						or these	
	Moyer Curre	nt Year 22	Year 23	Year 24	Year 25	Year 26		
	(Please spec	cify lead dis	strict.)					
	☐ No Carl Moye	er Program t	funds. Distric	ct declines a	all funding for Ye	ear 22.		
3.	DISTRICT MATCHING FUNDS (15% of Funding Request, for applications over \$200,000)							
	Total District Match:			\$	\$ <u>40,811</u>			
	Specify match funding by source and amount Motor Vehicle Registration Fees AB 923 Source of Funding				3 40,811			
	Source of Funding Source of Funding				S			
				9	5			
	Source of Funding							
	(a) Match Fu	ınds Subto	tal:	9	\$ <u>40,811</u>			
	(b) Estimated In-kind Administration: (Up to 15% of Total District Match)				6121.65			

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	Check the box with the percentage for program administration that best applies to the District. <u>I</u> District wishes to request a program administration grant percentage lower than the 6.25 or 12.5% allowed under statute (H&SC § 44299.1) please check last box and enter percentage.						
	 6.25% (District with one million or more inhabitants) 12.5% (District under one million inhabitants) The District requests program administration funds be included in this grant at percent of the total grant, a lower portion than allowed by statute. 						
5.	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. □ This application is scheduled to go before the District board on Date 						
6.	DISTRICT CONTACT INFORMAT	ION Please compl					
0.	(a) District Air Pollution Control Officer	Phone	Email Address				
		707 463 4354	moedb@mendocinocounty.org				
	(b) District Carl Moyer Program Manager	Phone	Email Address				
		707 463 4354	robertsd@mendocinocounty.org				
	(c) District Mailing Address:						
	Mendocino County Air Quality Management District						
	306 E. Gobbi Street						
	Ukiah, CA 95482 (d) District Phone number: 707 463 4354						
(d) District Phone number: 707 463 4354							
7.							
	☐ To the best of my knowledge and belief, the information in this application is true and correct. Unless my 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 District's office.						
	Salone hoss 1-10-2020						
	Signature of Air Pollution Conf	troi Officer	Date				