

**Air Quality Improvement Program
 GRANT DISBURSEMENT REQUEST FORM
 Fiscal Year 2009-2010**

Amount of Funds Requested for this Disbursement

1. Project Name: _____

2. Business Name: _____ 3. Grant number: _____

4. Contact Person: _____

	Original Grant	Total of Previous Disbursements	This Request	Remaining Balance
Project Funds	\$	\$	\$	\$
Admin. Funds	\$	\$	\$	\$
Total	\$	\$	\$	\$

Documentation attached for justification of disbursement of:

Administrative Funds

Project Funds

Attachments: _____

Certification

I certify that the information contained in this grant disbursement request and all attachments is correct and complete and is in accordance with the grant agreement. In addition, I hereby authorize the Air Resources Board to make any inquiries to confirm this information.

Signature of Authorized Official

Name: _____

Title: _____

Date: _____