

# Carl Moyer Program Grant Disbursement Request Form

**Please check box to indicate grant category:**

Regular Moyer Fill out sections A, B, C & D
     
  Multidistrict/State Reserve Fill out sections A & D
     
  RAP Fill out sections A & D

<b>A. Amount of Funds Requested for this Disbursement</b>	
1. Air District: _____	
2. Grant Number: _____	3. Year: _____
4. Fiscal Year: _____	
5. Disbursement request: Check all that apply <input type="checkbox"/> Initial or 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th <input type="checkbox"/> 6th <input type="checkbox"/> Final	
6. <input type="checkbox"/> An up-to-date Policies and Procedures manual for the District's Carl Moyer Program is maintained at the District's office.	
<b>7. Project Funds</b>	<b>Amount Requested:</b>
<b>8. Administration Funds</b>	
<b>9. Total Funds Requested</b>	
<b>Make Warrant Payable to District:</b>	
Contact Person: _____	
Address Number & Street: _____	
City, State, and Zip Code: _____	

<b>B. Complete for Initial Disbursement</b>
The District has met all stipulations listed on the District's Carl Moyer Program Grant Agreement. The total amount requested above (A.9) reflects:
<b>Please check box a, b, or c:</b>
a. <input type="checkbox"/> My district's entire allocation of \$200,000 (for minimum allocation districts only).
b. <input type="checkbox"/> Administration funds (A.8), and project funds (A.7) up to 10 percent of my District's project funds or \$200,000, whichever is greater.
c. <input type="checkbox"/> Administration funds (A.8) and project funds (A.7) exceeding 10 percent of my District's project funds or \$200,000. In this case the District has met the following requirements:
i. The most recent Yearly Report has been submitted to ARB. Grant disbursement approval will be subject to ARB's determination that the Yearly Report indicates expenditure milestones have been met, or if necessary, unexpended funds have been returned to ARB.
ii. The project funds requested (A.7) are equal to funds needed for the specific eligible projects that the District commits to fund. A list of these projects and funding amounts is attached.

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**C. Complete for Subsequent Disbursements (only for requests after initial disbursement)**

- The District has met all stipulations listed on the District's Carl Moyer Program Grant Agreement and Authorization Form, and the following requirements:
- i. The most recent Yearly Report has been submitted to ARB. Grant disbursement approval will be subject to ARB's determination that the Yearly Report indicates expenditure milestones have been met, or if necessary, unexpended funds have been returned to ARB.
  - ii. The project funds requested (A.7) are equal to funds needed for the specific eligible projects that the District commits to fund. A list of these projects and funding amounts is attached.

**D. Certification**

I certify to the best of my knowledge and belief that the information in this Grant Disbursement Request Form is correct, complete, and in accordance with the Terms and Conditions of the Grant Agreement. Funds received from this disbursement will be expended on projects fully approved per my District's Policies and Procedures manual. I hereby authorize the Air Resources Board to make any inquiries to confirm this information.

\_\_\_\_\_  
**Signature of Authorized Program Official**  
**(Air Pollution Control Officer, Executive Officer, or equivalent)**

Name:

Title:

Date:

**To be Completed by ARB Department**

Date Request Received by ARB

Air Resources Liaison Approval:

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

Air Resources Grant Manager Approval:

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

Financial Operations Branch:

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

Date to SCO