

Attachment 2

**CARL MOYER PROGRAM
FISCAL YEAR 2011/2012 (YEAR 14) APPLICATION
Application must be postmarked by January 4, 2012**

1. APPLICANT DISTRICT

District Name _____
Street Address _____
City/Zip Code _____
Contact Person _____
Phone _____ E-mail Address _____

2. CARL MOYER PROGRAM FUNDING REQUEST

Check one box and enter amount, if applicable. District requests:

- Minimum allocation of \$200,000.
- Minimum allocation and authorizes the funds be designated to the Rural District Assistance Program.
- Tentative allocation ("Total Allocation" amount from Attachment 1) or greater amount if desiring additional funds if available:
\$ _____
- District declines the funds for Year 14.

3. DISTRICT MATCHING FUNDS

A. Total district matching funds (a + b + c) \$ _____

(a) Already committed to projects: \$ _____

Attach a CARL Year 14 Query Tool Report (obtained after entering projects with Year 14 match funding information into the Carl Moyer Program Clean Air Reporting Log). Select your District name, Select **MY 14** as funding Year Start and End, Select **All** as Funding Source. Select **All** as Source Category.

(b) District funds for future match:

(1) Motor Vehicle Registration Fee Funds: \$ _____

(2) Other Funds for future match projects (specify funding type and amount):

_____ \$ _____
Description of Fund

_____ \$ _____
Description of Fund

(3) Total district funds for future match: \$ _____

(c) In-kind administration (≤ 15 % total): \$ _____

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4. POLICY AND PROCEDURES MANUAL

Check box.

- Up-to-date version of the Policies and Procedures manual, based on current Carl Moyer Program Guidelines is maintained at the district's office.

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 APCO/EO APPROVED SIGNATURE

To the best of my knowledge and belief, the information in this application is true and correct.

Signature of Air Pollution Control Officer

Printed/Typed Name

Date

Please e-mail signed application to sbritton@arb.ca.gov.