

Attachment 2

CARL MOYER PROGRAM
FISCAL YEAR 2013-2014 (YEAR 16) APPLICATION
Application must be received by ARB by January 31, 2014

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 shown below if available:

\$ _____
- District declines the funds for Year 16.

3. DISTRICT MATCHING FUNDS (for applications seeking over \$200,000 minimum)

Total district matching funds (a) + (b): \$ _____

Specify match funding by source and amount:

Source of Funding	\$ _____

(a) Match Funds Subtotal \$ _____

(b) Estimated In-kind Administration: \$ _____
(Up to 15% of Total)

Attachment 2

4. POLICY AND PROCEDURES MANUAL

Check box if applicable.

- 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 by January 31,2014
to sbritton@arb.ca.gov.*