

Air Resources Board
Subvention Program: Subvention Application

FORM: SP-1

APPLICANT DISTRICT:

District Name: Shasta County Air Quality Management District
Street Address: 1855 Placer Street, Suite 101
City: Redding **Zip:** 96001
Contact Person: Ross Bell **Phone:** (530)225-5761

TYPE OF SUBVENTION: ☐ Coordinated ☐ Special
 ☒ Rural ☐ Non-Rural

AIR POLLUTION CONTROL BUDGET SUBVENTION YEAR: 2016 - 2017

Expenditures		
1	Salaries and Benefits	\$742973
2	Operating Expenses	\$1294655
3	Fixed Assets	\$88136
4	Total Expenditures (Add Lines 1 thru 3)	\$2125764
Revenue		
Local Matching Funds		
5	County Contributions	\$
6	Fees	\$196750
7	Fines	\$
8	Interest Earned	\$14000
9	Other (Non-Grants): DMV, Source Tests,	\$455000
10	Total Local Matching Funds (add lines 5,6,7,8, & 9)	\$665750
State Subvention Funds		
11	State Subvention Funds (Refer to Subvention Funds Worksheet Form SP-2)	\$41123
12	State Supplemental Funds (Refer to Supplemental Funds Request Form SP-3)	\$20000
13	Total State Subvention Funds (add lines 11 thru 12)	\$61123
Local Non-Matching Funds		
14	ARB Contracts	\$
15	Federal Grants/Contract	\$5100
16	Other: Carl Moyer	\$851050
17	Total Local Non-Matching Funds (add lines 14 thru 16)	\$856150
18	Total Subvention Program Revenue (add lines 10 & 13)	\$726873

FEE SYSTEM CERTIFICATION: The district has a fee system in place as required by Health and Safety Code Section 39802. ☒ Yes ☐ No

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I certify under penalty of perjury that to the best of my knowledge and belief, data in this application are true and correct. The document has been duly approved and authorized by the governing board of the applicant and the applicant will maintain a program in compliance with Title 17, Subchapter 3, Sections 90050 to 90500 of the California Code of Regulations.

I hereby certify under penalty of perjury that the receipt of these funds shall not result in the reduction of fees paid by permittees to the district and understand that any unspent or unencumbered state subvention funds must be returned to the Air Resources Board upon request pursuant to California Code of Regulations §903060(d) and shall revert to the State General Fund.

DISTRICT AUTHORIZATION

Signature: _____
Title: Leonard Moty, CHAIRMAN, Shasta County APCB
Date: Select Date

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ARB USE ONLY:

Date Received _____ Reviewed By: _____ Approved: ☐ Disapproved: ☐

Subvention Funds Worksheet
(For Calculation of Estimated Base Award Only)

1. COORDINATED BASE SUBVENTION

Non-Rural

It is estimated that the per capita rate will be **\$0.23** if the appropriate match (one to one) is provided.

Rural

It is estimated that the per-capita rate will be **\$0.23** but not less than \$34,400 if the appropriate match (one to one) is provided and a fee system is in place.

A. Coordinated Base Subvention:

District Population x Estimated \$0.23	<u>\$41123</u>
or	
\$34,400 (rural districts), whichever is greater	\$_____

B. Local Match (equal to or greater than item 1A): \$20,000

2. SPECIAL SUBVENTION

Pursuant to Health and Safety Code Section 39804, a special subvention may be granted to a district participating in a coordinated basinwide program and lying in an air basin whose population is less than 98,000. For multi-district basins, the basin special subvention and match requirements are pro-rated to the individual districts based on their share of the basin population.

A. State Special Subvention for Air Basin (\$45,000): \$_____

Note: If multi-district basin, amount is pro-rated by district share of basinwide population

B. Local Match for Air Basin: \$_____

Basin Population x Estimated **\$0.23**

COORDINATED BASE AND SPECIAL SUBVENTION SUBTOTAL

State Award – add the amounts from items 1A and 2A \$_____

Required Local Match – add the amounts from items 1B and 2B \$_____

3. SUPPLEMENTAL SUBVENTION

Supplemental subvention funds will be limited in total by the amount requested by the district on the Supplemental Funds Request form. Therefore, please be sure the Supplemental Funds Form SP-3 is a complete listing of any projects or purchases requiring funding.

Subvention Program: Supplemental Funds Request

Supplemental Funds Request Form

Contact Person: Ross Bell Phone: (530)225-5674

Last Revised: April 2016

Air Resources Board
Subvention Program: Supplemental Funds Request

FORM: SP-3

**Air Resources Board
Subvention Program – Disbursement Request**

Form: SP-4

APPLICANT DISTRICT:

District Name: Shasta County Air Quality Management District
Street Address: 1855 Placer Street
City: Redding **Zip:** 96001
Contact Person: Ross Bell **Phone:** (530)225-5674

I hereby certify under penalty of perjury that the applicant district intends to participate in the Air Resources Board subvention program for the fiscal year indicated on this request and will comply with the provisions of Title 17, Subchapter 3, Sections 90050 through 90500 of the California Code of Regulations as they apply to the district.

I further certify that the applicant district will submit by no later than November 15 of the subvention year an application pursuant to Section 90300 of the ARB Subvention Regulations (Subchapter 3, Title 17, California Code of Regulations) with the applicant district's formally adopted budget submitted no later than November 22; or refund to the State in full all payments to the applicant district made as a result of this document.

I understand that the first disbursement of subvention funds to the applicant district as a result of this document will be calculated by the Air Resources Board and that adjustments will be made based on the district's approved application and on the availability of funds required to be disbursed pursuant to Section 90360 of the subvention regulations.

District Authorization

Leonard Moty, Chairman, Shasta County APCD
12/6/16

Signature

Typed Name, Title

Date

ARB USE ONLY:

Date Received _____ Reviewed By: _____ Approved: ☐ Disapproved: ☐

1st Disbursement Award \$ _____

Air Resources Board
Subvention Program – Year-End Financial Report

Form: SP-5

District Name: Shasta County Air Quality Management District
Street Address: 1855 Placer Street, Suite 101
City: Redding **Zip:** 96001
Contact Person: Ross Bell **Phone:** (530)225-5764

REPORT OF ACTUAL EXPENDITURES & REVENUE FOR SUBVENTION YEAR: 2015-2016

Actual Expenditures		
1	Salaries and Benefits	\$630084
2	Operating Expenses	\$1318108
3	Fixed Assets	\$12292
4	Total Expenditures (Add Lines 1 thru 3)	\$1960484
Actual Revenue		
Local Matching Funds		
5	County Contributions	\$
6	Fees (add lines a thru p below)	\$
a	Operating Permits	\$223038
b	Variance/Hearing Board	\$
c	Engineering (Permits/A to C)	\$4643
d	Motor Vehicle Registration Surcharge	\$
e	Toxic Hot Spots	\$2396
f	Source Test	\$27719
g	Vapor Recovery	\$
h	Clean Air Act	\$
i	Asbestos	\$
j	Clean Fuels	\$
k	Ag Burning	\$2191
l	Trip Reduction	\$
m	Other Fees Specify Fee	\$
n	Other Fees Specify Fee	\$
o	Other Fees Specify Fee	\$
p	Carryover Fees from Prior Fiscal Years	\$
7	Fines	\$6375
8	Interest Earned	\$14787
9	Other (Non-Grants): DMV, PM2.5, Prof Svs-CM, Photocopy, prior period exp.	\$514176
10	Total Local Matching Funds (add lines 5,6,7,8, & 9)	\$795325
State Subvention Funds		
11	State Subvention Fund Coordinated Base and Special Subvention Award (Refer to Award Letter)	\$41032
12	State Subvention Fund Supplemental Award (Refer to Award Letter)	\$9672
13	Total State Subvention Funds (add lines 11 thru 12)	\$50704
Local Non-Matching Funds		
14	ARB Contracts	\$
15	Federal Grants/Contract	\$
16	Other: Carl Moyer, Safe of Assets	\$979067
17	Total Local Non-Matching Funds (add lines 14 thru 16)	\$979067
18	Total Subvention Program Revenue (add lines 10 and 13)	\$846029
19	Total Unspent or Unencumbered State Subvention Funds**	\$

****Any unspent or unencumbered State Subvention Funds must be returned to the Air Resources Board pursuant to California Code of Regulations §90360(d) and will be reverted to the State General Fund.**

**Air Resources Board
Subvention Program – Year-End Financial Report**

Form: SP-5

I certify under penalty of perjury that the foregoing is true and correct. I hereby certify I under penalty of perjury that the receipt of these funds did not result in the reduction of fees paid by permittees to the district and funds were spent in compliance with the provisions of Title 17, Subchapter 3, Sections 90050 through 90500 of the California Code of Regulations. I hereby certify that the applicable evaluation criteria established in the Air Resources Board's "Evaluation Criteria for Air Pollution Control Districts Participating in the Subvention Program," adopted on April 23, 1981, and amended May 27, 1983 were accomplished.

District Authorization

Leonard Moty, CHAIRMAN, Shasta County APCB

Date	Signature	Typed Name, Title	Date
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ARB USE ONLY:

Date Received _____ Reviewed By: _____ Approved: ☐ Disapproved: ☐

**Air Resources Board
Subvention Program – Year-End Financial Report**

Form: SP-5

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