

# Air Resources Board Subvention Program

Form  
SP-1

## 2017/2018 Subvention Application

### APPLICANT DISTRICT:

District Name: Shasta County AQMD  
 Street Address: 1855 Placer St. Suite 201  
 City: Redding  
 Contact Person: John Waldrop

Zip: 96001  
 Phone: 225-5674

Type of Subvention: Coordinated ☐ Special ☐  
 Rural ☒ Non-Rural ☐

### Expenditures

1	Salaries and Benefits	\$787,734.00
2	Operating Expenses	\$1,354,029.00
3	Fixed Assets	\$67,250.00
4	Total Expenditures (Total of Lines 1 thru 3)	\$2,209,013.00

### Revenue (Local Matching Funds)

5	County Contributions	
6	Fees	\$240,608.00
7	Fines	\$0.00
8	Interest Earned	\$15,000.00
9	Other (Non-Grants): (Specify) - <u>DMV AB2766, PERP</u>	\$455,000.00
10	Total Local Matching Funds (Total of lines 5 thru 9)	\$710,608.00

### State Subvention Funds

11	State Subvention Funds (Refer to Subvention Funds Worksheet Form SP-2)	\$40,988.00
12	State Supplemental Funds (Refer to Supplemental Funds Request form SP-3)	\$20,000.00
13	Total State Subvention Funds (Total of lines 11 thru 12)	\$60,988.00

### Local Non-Matching Funds

14	ARB Contracts	
15	Federal Grants/Contract	\$10,000.00
16	Other: (Specify) <u>Carl Moyer &amp; Admin Fees, Reimb Air Toxic, Copies</u>	\$1,024,050.00
17	Total Local Non-Matching Funds (add lines 14 thru 16)	\$1,034,050.00
18	Total Subvention Program Revenue (Total of Lines 10 & 13)	\$771,596.00

FEE SYSTEM CERTIFICATION: The district has a fee system in place as required by Health and Safety Code Section 39802

Yes ☒ No ☐

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 Cod of Regulations §903060(d) and shall revert to the State General Fund.

### DISTRICT AUTHORIZATION

Print (Name) David Kehoe  
 Signature: \_\_\_\_\_  
 Title: Chairman, Shasta County APCB  
 Date: \_\_\_\_\_

**Air Resources Board**

Form

**Subvention Program**

SP-2

**2017-2018 Subvention Funds Worksheet****APPLICANT DISTRICT:**

District Name: Shasta County AQMD  
Street Address: 1855 Placer St. Suite 201  
City: Redding Zip: 96001  
Contact Person: John Waldrop Phone: 225-5674

**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:**

(Enter) District Population - 178,208.00 X 0.23 \$40,987.84

**OR**

B. Enter - **\$34,400** (rural districts), if amount greater than A.                     

C. Enter the greater amount (Between A & B)                     

**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.

**DISTRICT AUTHORIZATION**

Print (Name) David Kehoe  
Signature:                                       
Title: Chairman, Shasta County APCB  
Date:

**Form**  
**SP-3**

Zip: 96001  
Phone: 225-5674

[illegible]

Signature	Type Title and Name	Date
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Air Resources Board				Form
2017 / 2018 Subvention Program: Year-End Financial Report				SP-4
<b>APPLICANT DISTRICT:</b> Shasta County AQMD				
Street Address:		1855 Placer St. Suite 201		
City:		Redding		
Contact Person:		John Waldrop	Zip:	96001
			Phone:	225-5674
<b>REPORT OF ACTUAL EXPENDITURES &amp; REVENUE FOR SUBVENTION YEAR 2016-2017</b>				
<b>Actual Expenditures</b>				
1	Salaries and Benefits			\$648,137.63
2	Operating Expenses			\$1,529,670.57
3	Fixed Assets			\$133,719.31
4	<b>Total Expenditures (Lines 1 thru 3)</b>			<b>\$2,311,527.51</b>
<b>Actual Revenue</b>				
<b>Local Matching Funds</b>				
5	County Contributions			
<b>Fees</b>				
a	Operating Permits			\$211,457.04
b	Variance / Hearing Board			
c	Engineering (Permits A to C)			\$3,605.00
d	Motor Vehicle Registration Surcharge			\$517,587.14
e	Toxic Hot Spots			\$2,643.00
f	Source Test			\$30,627.37
g	Vapor Recovery			
h	Clear Air Act			
i	Asbestos			
j	Clean Fuels			
k	Ag Burning			\$6,373.50
l	Trip Reduction			
m	<i>Others Fee (Please enter info on form 4a)</i>			<b>\$0.00</b>
n	Carryover Fees from Prior Fiscal Years			
6	<b>Total Fees</b>			<b>\$772,293.05</b>
7	Fines			\$5,975.00
8	Interest Earned			\$25,388.00
9	Other (Non-Grants): (Describe)			\$75,073.21
10	<b>Total Local matching Funds (add lines 5,6,7,8 &amp; 9)</b>			<b>\$878,729.26</b>
<b>Total Subvention revenue received from ARB</b>				
11	State Subvention Fund Coordinated Base and Special Subvention Award (Refer to Award Letter)			\$41,123.00
12	State Subvention Fund Supplemental Award (Refer to Award Letter)			\$10,069.00
13	<b>Total State Subvention Funds (add lines 11 thru 12)</b>			<b>\$51,192.00</b>
<b>Local Non-Matching Funds</b>				
14	ARB Contracts			
15	Carl Moyer Program			\$1,245,718.53
16	Perp Inspections			
17	Federal Grants / Contract			\$7,100.00
18	Other (FEDERAL) (Specify) TAKE OUT????			
19	<b>Total Local Non-Matching Funds (lines 14 thru 18)</b>			<b>\$1,252,818.53</b>
20	<b>Total Subvention Program Revenue (lines 10 and 13)</b>			<b>\$929,921.26</b>
21	<b>Total Unspent or Unencumbered State Subvention Funds**</b>			
<b>**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.</b>				

**Air Resources Board**

Form

**2017 / 2018 Subvention Program: Year-End Financial Report**

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

\_\_\_\_\_  
Signature\_\_\_\_\_  
Typed Name, Title\_\_\_\_\_  
Date

**Air Resources Board  
Subvention Program  
2017 / 2018 Year-End Financial Report**

Form  
SP-4a

**APPLICANT DISTRICT:** Shasta County AQMD  
**Street Address:** 1855 Placer St. Suite 201  
**City:** Redding **Zip:** 96001  
**Contact Person:** John Waldrop **Phone:** 225-5674

Line M - Other Fees		
Number	Please specify	Amount
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
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16		
17		
18		
19		
20		
21		
22		
23		
24		
25		
<b>Total</b>		<b>\$ -</b>

**DISTRICT AUTHORIZATION**

**Print (Name)** David Kehoe  
**Signature:** \_\_\_\_\_  
**Title:** Chairman, Shasta County APCB  
**Date:** \_\_\_\_\_