Contact Person: Shasta County AQMD Street Address: 1855 Placer St. Suite 201 Special Special Special Street Address: South Value Special	orm
2017/2018 Subvention Application 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 Type of Subvention: Coordinated Special Rural Non-Rural Subventiors 1 Salaries and Benefits Syantary Syanta	P-1
District Name: Shasta County AQMD Street Address: 1855 Placer St. Suite 201 City: Redding Zip: 96001 Contact Person: John Waldrop Phone: 225-5674 Type of Subvention: Coordinated Special Non-Rural Security Non-Rural Securi	
Street Address: 1855 Placer St. Suite 201 City: Redding Zip: 96001 Contact Person: John Waldrop Phone: 225-5674 Type of Subvention: Coordinated Rural Non-Rural Expenditures 1 Salaries and Benefits \$\$ \$787,734.0 2 Operating Expenses \$\$1,354,029\$ 3 Fixed Assets \$\$ \$67,250.0 4 Total Expenditures (Total of Lines 1 thru 3) \$\$ \$2,209,013. Revenue (Local Matching Funds) 5 County Contributions \$\$ \$\$ \$0.00\$ 8 Interest Earned \$\$ \$0.00\$ 9 Other (Non-Grants): (specify) DMV AB2766, PERP \$\$455,000.0 9 Other (Non-Grants): (specify) DMV AB2766, PERP \$\$455,000.0 10 Total Local Matching Funds (Total of lines 5 thru 9) \$\$710,608.0 11 State Subvention Funds (Refer to Subvention Funds 12 State Subvention Funds (Refer to Subventian Funds Request form SP-2) \$\$40,988.0 12 State Supplemental Funds (Refer to Supplemental Funds Request form SP-3) \$\$20,000.0 13 Total State Subvention Funds (Refer to Supplemental Funds Request form SP-3) \$\$20,000.0 14 ARB Contracts \$\$10,000.0	
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16 Other: (Specify) Carl Moyer & Admin Fees, Reimb Air Toxic, Copies \$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) \$771,596.0	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:	

Subvention Program SP-2			Air Res	ources Board	i		Form
APPLICANT DISTRICT: District Name: Shasta County AQMD Street Address: 1855 Placer St. Suite 201 City: Redding Phone: 225-5674 CONTACT Person: John Waldrop Phone: 225-5674 CORDINATED 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) Signature: DISTRICT AUTHORIZATION Signature: Title: Chairman, Shasta County APCB			Subven	ition Program	1		SP-2
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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) Signature: Title: Chairman, Shasta County APCB				OR			
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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	D. L	100 (1012)		· ·		
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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	3. SUPPLEMEN	NTAL SUBVENT	TION				
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	Supplemental	subvention fur	nds will be limi	ited in total by th	ie amount rec	uested by the district	on the
Complete listing of any projects or purchases requiring funding. DISTRICT AUTHORIZATION Print (Name) David Kehoe Signature: Title: Chairman, Shasta County APCB				•			
Print (Name) David Kehoe Signature: Title: Chairman, Shasta County APCB	1 ' '	•		*			
Print (Name) David Kehoe Signature: Title: Chairman, Shasta County APCB	-			-	-		
Signature: Title: Chairman, Shasta County APCB	İ	DISTRICT AL					
Title: Chairman, Shasta County APCB	Print (Name)		David Keho	e			
	Signature:				_		
Date:	Title:	Chairm	ian, Shasta Co	unty APCB	-		
	Date:				_		

Air Resources Board Subvention Program

Form

SP-3

2017 / 2018 Supplemental Funds Request

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
		400.0	
	l Funds for Subvention Year: 2017		1
Item / Activity		hasing or Completing Activity	Amount
Stationary Source Progra		17-June 30, 2018	\$20,000.00
Continuation of program s			
mented in FY 1998-9	9 :		andman as a contractive
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	Total Supplemental Funds Request	ed	\$20,000.00
the state of the s	ry that to the best of my knowledge	and the second s	
correct.	my that to the best of my knowledg	e and benef, data in this applied	tion are true una
correct.			
District Authorization			
DISCIPLE AUGIDI IZALIDII			
Signature	Type Title and Name		Date

	2017	/ 2018 Subvention Program:	Year-End Financial Report		SP-
APPLICAN	T DISTRICT:	Shasta County AQMI			
	Street Address:	1855 Placer St. Suite 2			
	City:	Redding	Zip:	_	96001
	Contact Person:	John Waldrop	Phone:	2	25-5674
	REPORT OF ACT	UAL EXPENDITURES & REV	ENUE FOR SUBVENTION YE	EAR 2016-2017	
ctual Ext	enditures				
1	Salaries and Benefits				\$648,137.63
2	Operating Expenses				\$1,529,670.57
3	Fixed Assets				\$133,719.31
^ 4	Total Expenditures (Lir	nes 1 thru 3)			\$2,311,527.51
ctual Rev					
	ching Funds				
5	County Contributions				
ees					
а	Operating Permits				\$211,457.04
b	Variance / Hearing Boa	ard			
	Engineering (Permits A				\$3,605.00
d	Motor Vehicle Registra		The second of th		\$517,587.14
e	Toxic Hot Spots				\$2,643.00
f	Source Test				\$30,627.37
g	Vapor Recovery				
h	Clear Air Act	And Albert IV BATTA			*
i	Asbestos				
<u>i</u>	Clean Fuels				
<u>_</u>	Ag Burning				\$6,373.50
	Trip Reduction				
m	Others Fee (Please ent	er info on form 4a)			\$0.00
n	Carryover Fees from P				
<u></u>	Total Fees				\$772,293.05
7	Fines	·			\$5,975.00
8	Interest Earned				\$25,388.00
9	Other (Non-Grants): ([Describe)	7.0		\$75,073.21
10		Funds (add lines 5,6,7,8 & 9	9)		\$878,729.26
	rention revenue receive				
11			ubvention Award (Refer to Aw	ard Letter)	\$41,123.00
12		Supplemental Award (Ref			\$10,069.00
13		n Funds (add lines 11 thru			\$51,192.00
	-Matching Funds		- •		
14	ARB Contracts				
15	Carl Moyer Program				\$1,245,718.5
16	Perp Inspections				
17	Federal Grants / Contr	act			\$7,100.00
18	Other (FEDERAL) (Spec	·····			
19		ning Funds (lines 14 thru 18	3)		\$1,252,818.5
20		ram Revenue (lines 10 and			\$929,921.26
21		ncumbered State Subvention			

	Air Resources Board	Form
2017 / 2018	8 Subvention Program: Year-End Financial Report	SP-5
	that the foregoing is true and correct. I hereby certify I under	
	t result in the reduction of fees paid by permittees to the distri	
	s of Title 17, Subchapter 3, Sections 90050 through 90500 of th t the applicable evaluation criteria established in the Air Resou	
Criteria for Air Pollution Control	Districts Participating in the Subvention Program, " adopted on	
amended May 27, 1983 were acc	complished.	
District Authorization		
Signature	Typed Name, Title	Date
		•
		•

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

Form

SP-4a

Street Address:	APPLICANT DISTRICT:	Shasta County AQMD		
Line M - Other Fees	Street Address:			
John Waldrop Phone: 225-5674	City:	Redding	Zip:	96001
Number Please specify Amount 1 2 3 4 5 6 7 1 8 9 10 1 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 Total Print (Name) DiSTRICT AUTHORIZATION David Kehoe Signature: David Kehoe	Contact Person:		Phone:	225-5674
Number Please specify Amount 1 2 3 4 5 6 7 1 8 9 10 1 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 Total Print (Name) DiSTRICT AUTHORIZATION David Kehoe Signature: David Kehoe				
Number Please specify Amount 1 2 3 4 5 6 7 1 8 9 10 1 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 Total Print (Name) DiSTRICT AUTHORIZATION David Kehoe Signature: David Kehoe				
Number Please specify Amount 1 2 3 4 5 6 7 1 8 9 10 1 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 Total Print (Name) DiSTRICT AUTHORIZATION David Kehoe Signature: David Kehoe		Line M - Other Fees		
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22				
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24 25 Total \$ - DISTRICT AUTHORIZATION Print (Name) David Kehoe Signature:			10.00	
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Print (Name) David Kehoe Signature:	· · · · · · · · · · · · · · · · · · ·	I OTAI		\$ -
Print (Name) David Kehoe Signature:	n	DISTRICT ALITHORIZATION		
Signature:				
		David Kelloc		
Title: Chairman, Shasta County APCR	Title:	Chairman, Shasta County APCB		
Date:		Chamber of the country of the		