

Air Resources Board Subvention Program

Form
SP-1

2024/2025 Subvention Application

APPLICANT DISTRICT:

District Name: Shasta County AQMD
 Street Address: 1855 Placer Street, Suite 101
 City: Redding, CA Zip: 96001
 Contact Person: Rob Stahl or Ronni Harman Phone: 530-225-5674

Type of Subvention: Coordinated Special
 Rural Non-Rural

Expenditures

1	Salaries and Benefits	1,007,400.00
2	Operating Expenses	1,514,075.00
3	Fixed Assets	
4	Total Expenditures (Total of Lines 1 thru 3)	2,521,475.00

Revenue (Local Matching Funds)

5	County Contributions	
6	Fees	261,198.00
7	Fines	10,000.00
8	Interest Earned	38,000.00
9	Other (Non-Grants): (Specify) - <u>AB2766 & AB197</u>	532,000.00
10	Total Local Matching Funds (Total of lines 5 thru 9)	841,198.00

State Subvention Funds

11	State Subvention Funds (Refer to Subvention Funds Worksheet Form SP-2)	41,214.85
12	State Supplemental Funds (Refer to Supplemental Funds Request form SP-3)	8,086.97
13	Total State Subvention Funds (Total of lines 11 thru 12)	49,301.82

Local Non-Matching Funds

14	ARB Contracts	363,500.00
15	Federal Grants/Contract	7,100.00
16	Other: (Specify) <u>Carl Moyer</u>	359,000.00
17	Total Local Non-Matching Funds (add lines 14 thru 16)	729,600.00
18	Total Subvention Program Revenue (Total of Lines 10 & 13)	890,499.82

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) Wyatt Paxton
 Signature: 
 Title: Interim Air Pollution Control Officer
 Date: 10/11/24

Air Resources Board

Form

Subvention Program

SP-2

2024/2025 Subvention Funds Worksheet

APPLICANT DISTRICT:

District Name: Shasta County AQMD
 Street Address: 1855 Placer Street, Suite 101
 City: Redding, CA Zip: 96001
 Contact Person: Rob Stahl or Ronni Harman Phone: 530-225-5674

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 -	<u>179,195</u> X 0.23	<u>41,214.85</u>
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OR

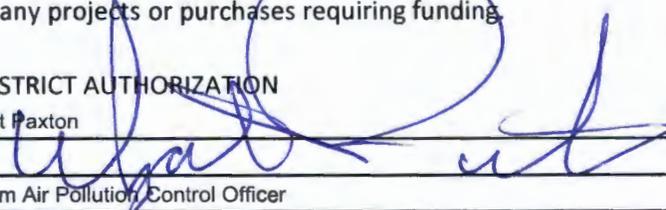
B. Enter - \$34,400 (rural districts)	<u>34,400.00</u>
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C. Enter the greater amount (Between A & B)	<u>41,214.85</u>
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3. SUPPLEMENTAL SUBVENTION

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) Wyatt Paxton
 Signature: 
 Title: Interim Air Pollution Control Officer
 Date: 10/11/24

Air Resources Board

Form

Subvention Program

SP-3

2024 / 2025 Supplemental Funds Request

APPLICANT DISTRICT:

District Name: Shasta County AQMD
 Street Address: 1855 Placer Street, Suite 101
 City: Redding, CA
 Contact Person: Rob Stahl or Ronni Harman

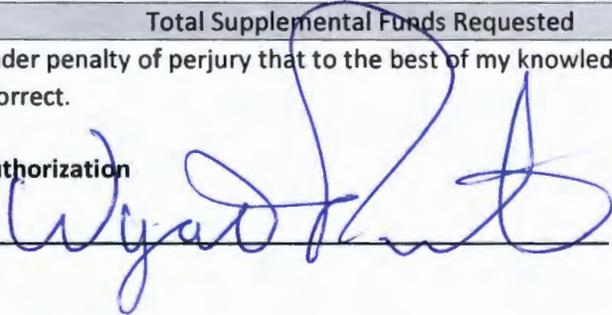
Zip: 96001
 Phone: 530-225-5674

Proposed use of Supplemental Funds for Subvention Year: 2024/2025

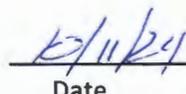
Item / Activity	Time Frame for Purchasing or Completing Activity	Amount
Stationary Source Program - Continuation of Program Supplemented in FY 1998-99		8,086.97
Total Supplemental Funds Requested		8,086.97

I certify under penalty of perjury that to the best of my knowledge and belief, data in this application are true and correct.

District Authorization



Signature



Date

Type Title and Name

Wyatt Paxton, Interim Air Pollution Control Officer

Air Resources Board

Form

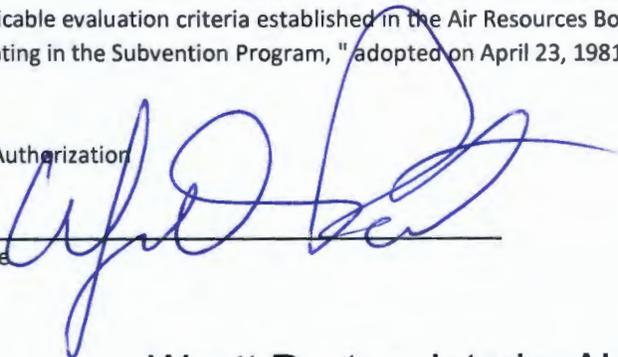
2024 / 2025 Subvention Program: Year-End Financial Report

SP-4

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



10/14/24

Date

Typed Name, Title

Wyatt Paxton, Interim Air Pollution Control Officer

Air Resources Board

Form

Subvention Program

SP-4a

2024/2025 Year-End Financial Report

APPLICANT DISTRICT: Shasta County AQMD
Street Address: 1855 Placer Street, Suite 101
City: Redding, CA **Zip:** 96001
Contact Person: Rob Stahl or Ronni Harman **Phone:** 530-225-5674

Line M - Other Fees

Number	Please specify	Amount
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
21		
22		
23		
24		
25		
Total		\$ 0.00

DISTRICT AUTHORIZATION

Print (Name) _____
Signature: _____
Title: _____
Date: _____

Air Resources Board

Form

Subvention Program

SP-4a

2024/2025 Year-End Financial Report

APPLICANT DISTRICT: Shasta County AQMD

Street Address: 1855 Placer Street, Suite 101

City: Redding, CA

Zip: 96001

Contact Person: Rob Stahl or Ronni Harman

Phone: 530-225-5674

Line M - Other Fees

Number	Please specify	Amount
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
21		
22		
23		
24		
25		
Total		\$ 0.00

DISTRICT AUTHORIZATION

Print (Name)

Wyatt Paxton

Signature:

Interim Air Pollution Control Officer

Title:

Date:

10/11/24