

TEHAMA COUNTY AUDITOR'S OFFICE
GRANT FUNDING INFORMATION
(Attach full copy of application and/or Notice of Award)

**AUDITOR
USE ONLY**

DEPARTMENT TCAPCD	NAME OF CONTACT Joseph Tona	PHONE NUMBER 530-527-3717	BUDGET UNIT 601										
TITLE OF GRANT		Greenhouse Gas Emission Standards for Crude Oil and Natural Gas Facilities-Implementation and Enforcement											
GRANTOR AGENCY		California Air Resources Board											
GRANT OBJECTIVES		Implementation and Enforcement of the CARB Oil and Gas Regulation											
GRANT I.D. NO.		Federal Catalog No. (If Applicable) N/A											
GRANT PERIOD:		Applicable Code and/or Legislative Reference: N/A											
DATE APPLICATION APPROVED BY BOARD:		DATE BOARD ACCEPTED FUNDS OR APPROVED CONTRACT: _____											
IS GRANT RENEWABLE? (Check all applicable)		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center; padding: 2px;">Yes</td> <td style="width: 25%; text-align: center; padding: 2px;">No</td> <td style="width: 25%; text-align: center; padding: 2px;">Annually</td> <td style="width: 25%; text-align: center; padding: 2px;">Indefinite</td> <td style="width: 25%; text-align: center; padding: 2px;">Specific No. of Years</td> </tr> <tr> <td style="text-align: center; padding: 2px;"><input checked="" type="checkbox"/></td> <td style="text-align: center; padding: 2px;"></td> <td style="text-align: center; padding: 2px;"><input checked="" type="checkbox"/></td> <td style="text-align: center; padding: 2px;"></td> <td style="text-align: center; padding: 2px;"></td> </tr> </table>		Yes	No	Annually	Indefinite	Specific No. of Years	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		
Yes	No	Annually	Indefinite	Specific No. of Years									
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>											

GRANT FUNDING	FISCAL YEAR: 24/25		FISCAL YEAR: 25/26	
	FEDERAL	\$7,500	\$7,500	
STATE				
OTHER				
1. TOTAL GRANT FUNDS		\$7,500		\$7,500

COUNTY FUNDING	HARD MATCH (dollars)	
	\$0	\$
	0	
2. TOTAL COUNTY MATCH	\$0	\$

USE OF FUNDS		
PERSONNEL (attach detail)	\$7,500 (@\$92.50 hourly rate)	\$7,500
SERVICES/SUPPLIES	\$	\$
EQUIPMENT		
OTHER CHARGES		
TOTAL FUNDS (must also= 1+2 above)	\$7,500	\$7,500

IF HARD MATCH REQUIRED, IDENTIFY FUNDING SOURCE: **No match required.**

IS MATCH FUNDING APPROPRIATED WITHIN EXISTING BUDGET? YES NO

METHOD OF PAYMENT OF GRANT FUNDS: REIMBURSE: ADVANCE:

ANTICIPATED DATE(S) OF RECEIPT OF GRANT FUNDS: Winter 2026

EXPENDITURE DEADLINE: December 31, 2026

IS INTEREST EARNING ON GRANT FUNDS REQUIRED BY LAW? YES NO

WILL THERE BE IMPACTS TO HOUSING, STAFF OR OTHER YES NO

COUNTY SUPPORT SERVICES? (If yes, please explain. Use attachment if needed.) _____

	12/19/2025
DEPARTMENT HEAD SIGNATURE	DATE Form A-135 (Rev 8-21-07)