

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

**AUDITOR
USE ONLY**

DEPARTMENT	NAME OF CONTACT	PHONE NUMBER	BUDGET UNIT
TCAPCD	Joseph Tona	530-527-3717	601

TITLE OF GRANT Carl Moyer Memorial State Reserve Program Year 27

GRANTOR AGENCY California Air Resources Board

GRANT OBJECTIVES Incentives for Zero Emission Technologies

GRANT I.D. NO. N/A Federal Catalog No. (If Applicable) N/A

GRANT PERIOD: FROM: 05/2025 TO: 12/2029 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)

Yes	No	Annually	Indefinite	Specific No. of Years
X		X		

GRANT FUNDING

FISCAL YEAR: 25/26

FISCAL YEAR: 26/27-

FEDERAL		
STATE	\$125,000	\$125,000
OTHER		
1. TOTAL GRANT FUNDS	\$125,000	\$125,000

COUNTY FUNDING

HARD MATCH (dollars)	\$0	\$0
SOFT MATCH (In-kind)	0	0
2. TOTAL COUNTY MATCH	\$0	\$0

USE OF FUNDS

PERSONNEL (attach detail)	\$18,750 (@\$92.50 hourly rate)	\$18,750 (@\$92.50 hourly rate)
SERVICES/SUPPLIES	\$106,250	\$106,250
EQUIPMENT		
OTHER CHARGES		
TOTAL FUNDS (must also= 1+2 above)	\$125,000	\$125,000

IF HARD MATCH REQUIRED, IDENTIFY FUNDING SOURCE: **AB923 funds, previously approved by TCAPCD.**

IS MATCH FUNDING APPROPRIATED WITHIN EXISTING BUDGET? YES ☒ NO ☐

METHOD OF PAYMENT OF GRANT FUNDS: REIMBURSE: ADVANCE: X

ANTICIPATED DATE(S) OF RECEIPT OF GRANT FUNDS: Spring 2024

EXPENDITURE DEADLINE: December 2028

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.) _____

DEPARTMENT HEAD SIGNATURE

DATE: 5/05/2025

Form A-135 (Rev 8-21-07)