

Office of Community Air Protection
Exhibit A, Attachment 2
COMMUNITY AIR PROTECTION PROGRAM
GRANT DISBURSEMENT REQUEST FORM

General Information				
Grantee Name		Grant Number		
Contact Person		Amendment #		
Mailing Address		Fiscal Year		
Phone Number		Disbursement #		
FAX Number				
Disbursement Request				
	Grant Amount	Total Previous Disbursement	This Request	Remaining Balance
Program Funds				

☐ Documentation attached for disbursement justification:

Attachments: _____

<i>I certify under penalty of perjury that the information contained in this Grant Disbursement Request Form and all attachments is correct and complete and is in accordance with the Grant Agreement. In addition, I hereby authorize the California Air Resources Board to make any inquiries to confirm this information.</i>				
Authorized Official				
	Print Name	Title		
	Signature	Date		
FOR STATE USE ONLY				
	Date Request Received by CARB:	Date to Accounting:	Date to SCO:	
CARB Project Liaison Approval				
	Print Name	Signature	Date	
Grant Manager Approval				
	Print Name	Signature	Date	
Financial Operations Branch Approval				
	Print Name	Signature	Date	
	Total Disbursement:	Fund:	PCA:	