

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: Community Air Protection Program

GRANTOR AGENCY: California Air Resources Board

GRANT OBJECTIVES: Implementation of AB 617

GRANT I.D. NO.: G25-CAPP-32 Federal Catalog No. N/A
(If Applicable)

GRANT PERIOD: FROM: 05/2026 TO: 06/2030 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 | | | |

| GRANT FUNDING | FISCAL YEAR: 26/27 | FISCAL YEAR: 27/28 |
|-----------------------------|--------------------|--------------------|
| FEDERAL | | |
| STATE | \$14,677.50 | \$14,677.50 |
| OTHER | | |
| 1. TOTAL GRANT FUNDS | \$14,677.50 | \$14,677.50 |

| COUNTY FUNDING | FISCAL YEAR: 26/27 | FISCAL YEAR: 27/28 |
|------------------------------|--------------------|--------------------|
| HARD MATCH (dollars) | \$0 | \$0 |
| SOFT MATCH (In-kind) | \$0 | \$0 |
| 2. TOTAL COUNTY MATCH | \$0 | \$0 |

| USE OF FUNDS | FISCAL YEAR: 26/27 | FISCAL YEAR: 27/28 |
|-------------------------------------------|-------------------------------------|-------------------------------------|
| PERSONNEL (attach detail) | \$14,677.50 (@ \$94.75 hourly rate) | \$14,677.50 (@ \$94.75 hourly rate) |
| SERVICES/SUPPLIES | \$0 | \$0 |
| EQUIPMENT | | |
| OTHER CHARGES | | |
| TOTAL FUNDS (must also= 1+2 above) | \$14,677.50 | \$14,677.50 |

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: X

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

EXPENDITURE DEADLINE: June 30, 2030

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

WILL THERE BE IMPACTS TO HOUSING, STAFF OR OTHER COUNTY SUPPORT SERVICES? (If yes, please explain. Use attachment if needed.) YES NO X

DEPARTMENT HEAD SIGNATURE:  DATE: 6/2/2026 Form A-135 (Rev 8-21-07)