

**Community Air Grants Program  
 GRANT DISBURSEMENT REQUEST FORM**

General Information				
Project Name			Grant Number	
Grantee Name			Amendment #	
Contact Person			Fiscal Year	
Mailing Address			Disbursement #	
Phone Number			FAX Number	
Disbursement Request				
	Original Grant	Total Previous Disbursement	This Request	Remaining Balance
Project Funds				\$0
Processing/Admin Fees				\$0
Total				\$0

Documentation attached for disbursement justification:

- Project Funds
- Processing Fees

Attachments:

\_\_\_\_\_

\_\_\_\_\_

*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.*

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	_____	_____	_____
	<i>Print Name</i>	<i>Signature</i>	<i>Date</i>
Grant Manager Approval	_____	_____	_____
	<i>Print Name</i>	<i>Signature</i>	<i>Date</i>
	Total Disbursement:	Fund:	PCA:
	Total Disbursement:	Fund:	PCA:
	Total Disbursement:	Fund:	PCA: