



RESOLUTION NO. _____

OF THE BOARD OF DIRECTORS OF THE EL DORADO COUNTY AIR QUALITY MANAGEMENT DISTRICT (AQMD)

RESOLUTION FOR USE OF POOLED RURAL DISTRICT MOYER FUNDS

WHEREAS, the State of California created the Carl Moyer Memorial Air Quality Standards Program (“Carl Moyer Program”) in 1998 state budget; and

WHEREAS, the Sacramento Metropolitan AQMD manages annual Carl Moyer Program funding for El Dorado County AQMD, Placer County Air Pollution Control District and Yolo-Solano AQMD; and

WHEREAS, the California Air Resources Board allocated Year 7 (FY2004-2005) Unspent Carl Moyer Program Funds of \$970,000 as Pooled Rural District Moyer Funds to distribute for eligible projects within existing rural air districts, including EDCAQMD; and

WHEREAS, the funds in the amount of \$39,500 will be made available to the El Dorado County Air Quality Management District upon the California Air Resources Board’s receipt of the signed Grant Disbursement Request and Certification Form and a Board Resolution authorizing acceptance of the funds and participation in the Pooled Rural District Moyer Funds; and

WHEREAS, the El Dorado County Air Quality Management District has developed a program for the expenditure of the funds to reduce air pollution from motor vehicles including the repower or retrofit of off-road diesel equipment and other projects related to planning, monitoring, enforcement and other technical activities.

NOW, THEREFORE, BE IT RESOLVED, that the Board of Directors of the El Dorado County Air Quality Management District hereby authorizes the acceptance of the Pooled Rural District Moyer Funds.

BE IT FURTHER RESOLVED that the El Dorado County Air Quality Management District shall use the funds exclusively for implementation of the project meeting the requirements of the applicable criteria specified the September 30, 2003 Carl Moyer Program Guidelines.

PASSED AND ADOPTED by the Air Quality Management District Board of Directors of the County of El Dorado at a regular meeting of said Board, held on the _____ day of _____, 20_____, by the following vote of said Board:

Ayes:

ATTEST

Noes:

Cindy Keck

Absent:

Clerk of the Board of Supervisors

By _____
Deputy Clerk

Chairperson, AQMD Board of Directors

I CERTIFY THAT:

THE FOREGOING INSTRUMENT IS A CORRECT COPY OF THE ORIGINAL ON FILE IN THIS OFFICE.

DATE _____

ATTEST : CINDY KECK, Clerk of the Board of Supervisors of the County of El Dorado, State of California.

By _____
Deputy Clerk