



Application for the Wildfire Smoke Clean Air Centers for Vulnerable Populations Incentive Pilot Program

Project Type: High-Efficiency Air Filter Purchase

1. Applicant Information

Applicant (501(c)(3) organization, tribe, faith-based organization, air district, individual, or others) Name:	
Applicant Physical Address (Street, City, State, Zip code):	
Applicant Mailing Address (Street, City, State, Zip code):	
Signature Authority (Person Authorized to Legally Enter Into Grant Agreement)	
First name and Last name:	Title of Signature Authority:
Signature Authority Contact Information	
Phone:	Fax:
E-mail:	

2. Project Budget (Please include an itemized budget as an attachment)

Total Project Budget:

Wildfire Smoke Clean Air Centers Application: High-Efficiency Air Filter Purchase

3. Facility Information (Please attach a Facility HVAC Assessment Report to your application)

Facility Name:
Facility Address (Street, City, State, Zip code):
Facility Capacity (include only the area that will be used for the Clean Air Center):
Facility Description (Please describe the features of the facility make it suitable for use as a clean air center):

4. Documented Evidence of Wildfire Smoke Burden in Served Communities

The Number of Days of Air Quality Index (AQI) value of 151 or higher for PM 2.5 in the past five years (historical AQI data for your area is available at https://www.epa.gov/outdoor-air-quality-data/air-data-daily-air-quality-tracker):
Other Relevant Information:

5. Community Demographic/Geographic Information – describe the community which your clean air center is intended to serve

Demographic Information (please include an estimate of the number of people to be served by the clean air shelter):

Geographical Information (Describe the area in which the center will be located):

6. High-Efficiency Air Filter Information

Make:

Model Number:

MERV Rating (should be a minimum of MERV 13 or equivalent):

Number of Filters to be Purchased (please include a brief description of how you determined that this number of filters will be necessary to run the center for 5 years):

Additional Specification/Description (optional):

7. Plan for Operating the Clean Air Center. The plan should include the criteria your organization intends to use to determine when to open the center, such as the local PM2.5 AQI level.

8. Self-Certifications and Attestations

I certify that all information in this application is true, correct, and complete to the best of my knowledge and belief. I certify that I am signing on behalf of the applicant in the capacity as a signature authority indicated next to my name below and that I am authorized to execute this application on behalf of the applicant.	
Signature Authority:	
First and last name of Signature Authority (print legibly):	Date:

9. Supporting Documentation

Please attach any supporting documents to your application. Supporting documentation for a high-efficiency air filter purchase must include an HVAC Assessment Report showing that the current system can handle the high efficiency air filters purchased through the grant. If available, please include a site-specific itemized contractor estimate supporting amount requested.