



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

Project Type: Portable Air Cleaner 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 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:

3. Portable Air Cleaner Information

Air cleaners must conform to CARB standards for ozone production. A list of CARB-certified air cleaners is available at <https://ww2.arb.ca.gov/list-carb-certified-air-cleaning-devices>.

Make:
Model Number:
Performance Specification (e.g., filter rating/type, clean air delivery rate):
Number of Devices To Be Purchased (please include a brief description of how you determined the number of units the project will require):
Number of Replacement Filters/ Cartridges To Be Purchased (please include a brief description of how you determined that this number of filters will be necessary to run the center(s) for 5 years):

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 PM2.5 in the past five years (historical PM2.5 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 (for example, whether your community has been listed in any wildfire smoke health advisory notices in the last five years):

5. Community Demographic/Geographic Information

Provide a description of the geographic area and communities in which you intend to deploy the air cleaning devices purchased with this funding.

Geographical Information (where do you intend to deploy these devices?):

Demographic Information (will the center serve any low income, tribal, or disadvantaged communities?):

6. Plan for Deploying Portable Air Cleaners to Clean Air Center Locations

7. List facilities to which you intend to deploy the portable air cleaners purchased with this grant, should your application receive funding. Please note that not having facilities lined up yet does not disqualify your application; however, applications for facilities meeting the criteria listed in Chapter 2 C of the *Wildfire Smoke Clean Air Center Grant Guidelines* will be given priority.

8. Plan for Operating the Clean Air Centers. The plan should include the criteria your organization intends to use to determine when to open the center (or centers), such as the PM2.5 AQI in the vicinity of the center.

9. Describe your organization's (or partner organization's) experience running shelter locations (e.g., cooling centers, homeless shelters, etc.)

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10. 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:	
First and last name of Signature Authority (print legibly):	Date:

11. Supporting Documentation

Please attach any supporting documents to your application. Supporting documentation should include pricing information for the portable units you intend to purchase.