



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

Project Type: Facility Ventilation Upgrade

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:	

Wildfire Smoke Clean Air Centers Application: Facility Ventilation Upgrade

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

Total Project Budget:

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 PM2.5 AQI data for your area is available at <https://www.epa.gov/outdoor-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 (What population do you intend to serve with the center? Please include some information on the socio-economic characteristics of the community you intend to serve):

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

6. Project Information

Project Description (Please describe the scope of the project, including what changes will be made to the building):

7. Project Schedule

Estimated Start Date:

Estimated Completion Date:

8. 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.

9. Describe any relevant experience your organization has running shelter locations or other similar centers.

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

11. Supporting Documentation

Please attach any supporting documents to your application. Supporting documentation for this type of project must include a site-specific itemized contractor estimate supporting the funding amount requested.