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

**COVER SHEET**

1. Applicant Information

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

1. Community Engagement

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| How did you engage with communities to determine appropriate locations for Clean Air Centers?  Click or tap here to enter text. |

1. Documented Evidence of Wildfire Smoke Burden in Served Communities

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| The Number of Days of Air Quality Index (AQI) value of 151 or higher in the past five years:  Click or tap here to enter text. |
| Other Relevant Information:  Click or tap here to enter text. |

1. Self-Certifications and Attestations

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| 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):  Click or tap here to enter text. | Date:  Click or tap to enter a date. |

1. Supporting Documentation

Please attach any supporting documents to your application.