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

**Project Type: Facility Ventilation Upgrade (separate applications per facility)**

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

|  |
| --- |
| Total Project Budget:  Click or tap here to enter text. |

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

|  |
| --- |
| Facility Name:  Click or tap here to enter text. |
| Facility Address (Street, City, State, Zip code):  Click or tap here to enter text. |
| Facility Census Tract ID:  Click or tap here to enter text. |
| Facility Capacity (of the area that will be used for the Clean Air Center):  Click or tap here to enter text. |
| Facility Description (Please describe the suitability of the facility as a clean air center):  Click or tap here to enter text. |

1. Community Demographic/Geographic Information

|  |
| --- |
| Demographic Information:  Click or tap here to enter text. |
| Geographical Information:  Click or tap here to enter text. |

1. Project Information

|  |
| --- |
| Project Description (Please describe the scope of the project and timeline):  Click or tap here to enter text. |

1. Project Schedule

|  |
| --- |
| Estimated Start Date: Click or tap to enter a date. |
| Estimated Completion Date: Click or tap to enter a date. |

1. Plan for Operating the Clean Air Center

|  |
| --- |
| Click or tap here to enter text. |

1. Supporting Documentation

Please attach any supporting documents (i.e. titles, deeds, leases, certifications, etc.) to your application.