

REPORTING CHECKLIST

PROJECT	FACILITY VENTILATION UPGRADE
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	Facility details (name, location, capacity)
0	Invoice detailing use of funding
	Copy of licensed contractor
	HVAC Assessment Report
	HVAC Verification Report
	Operations Plan

ANNUAL OPERATIONS REPORT

	Grant recipient name and facility name
0	Facility operation record
	☐ The dates and hours of clean air center operation
	☐ Estimated number of community members who utilize
	the clean air center facility
$ \Box $	Maintenance - repairs, filter changes, etc.