

## PROJECT INFORMATION

Complete one (1) Form A2 per Center Location

### Facility Information

Address of proposed facility:

Is the proposed facility **owned** by the applicant?  Yes  No

If no, please describe the relationship between the applicant and the facility and the term of the relation (lease, rent, partnership, etc.):

Is the proposed facility an **existing cooling center**?  Yes  No

What is the square footage of the room(s) that the devices will be deployed in?

Please specify the **maximum occupancy limit** of the facility or of each room that will be utilized as a Clean Air Center:

Total Facility \_\_\_\_\_ or Room #1 \_\_\_\_\_ Room #2 \_\_\_\_\_ Room #3 \_\_\_\_\_

Does the facility have **existing staff** (volunteers or paid) available to run the center in times of need?  Yes  No

Please specify the hours of operation the proposed facility could operate:

What is the **proximity** between the proposed facility and the vulnerable community it will be serving? \_\_\_\_\_ miles

Please describe how the residents of these vulnerable communities are able to conveniently travel to the proposed facility (ex: through the use nearby bus stops, surrounding bike lanes, etc.):

**Facility Description:** Please provide a brief description of the facility:

## COMMUNITY INFORMATION

<p><b>Demographic</b> Information (such as but not limited to population, ethnic origins, spoken language, income, age range of the community)</p>
<p><b>Geographic</b> Information (examples: community boundaries such as roads or landmarks; community type such as rural, urban, or suburban; census tracts, zip code, or county)</p>
<p><b>Community Engagement</b> Have you engaged with the community to determine appropriate facility location? If so, please describe.</p>
<p>Other Relevant Information:</p>

## PROJECT PLAN

<p>On a separate sheet, please provide a detailed description of how you plan to operate the clean air center including, but not limited to, facilities current clean air system (HVAC etc.) and associated MERV rating, logistics of portable air cleaner deployment during wildfire and other smoke events, the management of device inventory and maintenance, and the list of partner organizations and their roles. The summary should be no more than 1 page and must be included to consider to your application complete.</p>
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## NEW PORTABLE AIR CLEANER INFORMATION

Please select one of the purchasing options below.

**Option 1:** Upon grant approval, buy a [CARB certified portable air cleaner](#) directly from vendor and request reimbursement. Copy of quote must be included.

Make:	Model Name:	Model Number:
Air Flow (CFM):	MERV Rating (must be 13 or higher):	
Quantity of Portable Air Cleaner:		
Quantity of Replacement HEPA Filter (up to five years' worth):		

**Option 2:** Select the type and quantity of portable air cleaners from **bulk pricing list** below and upon grant approval, the Air District will purchase directly from vendor and ship to applicant. This option requires no out-of-pocket from the applicant.

Shipping Address:		
Category #1 Units		
Equipment Make – Model – Air Flow	Portable Air Cleaner Qty.	Replacement Filter Qty. (Up to 5 Years' worth)
<input type="checkbox"/> Aeris Health Inc. – AA-WH-31-110-US-EU-00 – 390 CFM		
<input type="checkbox"/> Alen Corporation – BreatheSmart 75i – 350 CFM		
<input type="checkbox"/> Blaisdell – AeraMax Professional IV 9451201 – 440 CFM		
<input type="checkbox"/> Genesis Air – 2008 RGS – 650 CFM		
<input type="checkbox"/> Helen of Troy - Honeywell HPA300 – 320 CFM		
<input type="checkbox"/> Medify Air – Medify Air MA-112 – 556 CFM		
<input type="checkbox"/> Murphy Enterprises of Alabama Inc. – Medify MA-112 – 556 CFM		
<input type="checkbox"/> Murphy Enterprises of Alabama Inc. – Airpura R600 – 412 CFM		
<input type="checkbox"/> Sigler - Opticlean FN1AAF006000 – 600 CFP		
<input type="checkbox"/> US Air Purifiers LLC – Airpura R600-EC / R700 – 480 CFM		
<input type="checkbox"/> US Air Purifiers LLC – Airpura R600 – 412 CFM		
<input type="checkbox"/> US Air Purifiers LLC – Field Controls Trio Plus/602604400 – 305 CFM		
Category #2 Units		
Equipment Make – Model – Air Flow	Portal Air Cleaner Qty.	Replacement HEPA Filter Qty.
<input type="checkbox"/> AMAIRCARE – AirWashPRO – 800 CFM		
<input type="checkbox"/> Smarter HEPA - Blast CMKQ101.3 – 1,300 CFM		
<input type="checkbox"/> Carrier Opticlean – FN1AAF015 – 1,500 CFM		
<input type="checkbox"/> Genesis Air – 2008 B – 2,280 CFM		

**Project Budget (If selecting Option 1, please include an itemized quote)**

1. Total Portable Device Cost:
2. Total Filter Replacement Cost:
3. Materials, Labor and Other costs (not reimbursable):
4. Total Project Costs:
5. Total funding amount requested from the District (eligible reimbursable items):
6. Total project match funding amount (not required):