

PROJECT PLAN

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:

Leased Rent Partnership Other: *please specify below*

What is the estimated **Square Footage** of the space that will be used for the Clean Air Center?

Facility Description: Please indicate the type of business or service of the facility

Public Library School/College Community Center Private Business Other: *please specify below*

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

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

Please specify your **normal hours of operation**:

Would your facility be available to open for **additional extended hours**? *Please note that additional hours are not required for eligibility.*

No Yes, describe additional hours:

What transportation services are available to allow for easy access to your facility:

Public Bus Bike Lanes Sidewalks Dial-A-Ride Other: *please specify below*

Do you currently have an operating Central Heating and Air Conditioner (HVAC) Yes No

If Yes, please provide the MERV rating of the filters being used if known:

Describe how your facility will deploy the devices when a Smoke Event Air Quality Alert is issued by the District (*e.g. devices will be deployed in facilities in areas of smoke impact when a Smoke Event Air Quality Alert is called by the District*):

Describe how you will manage device inventory and maintenance (*e.g. devices will be stored on-site and maintained by facility staff according to manufacturer recommendations*):

List any partner organizations that will be assisting in the clean air center and their roles, if applicable (*e.g. outreach, staffing, device deployment/maintenance, etc.*):

NEW PORTABLE AIR CLEANER INFORMATION

Please select one of the 2 purchasing options below

Option 1 (preferred): Select the type of portable air cleaners from [bulk pricing list](#) below and upon grant approval, the District will purchase directly from vendor and ship to applicant. The quantity of devices and filters will be calculated based on the square footage of your facility and the capacity of the selected device. This option requires no out-of-pocket from the applicant.

Shipping Address:				
Does the Shipping Address have a loading doc? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Manufacture	Model Name	Air Flow Rate	Sq. Ft Coverage	Average Filter Life
<input type="checkbox"/> Aeris Health Inc.	AA-WH-31-110-US-EU-00	390 CFM	Up to 1,500	12 months
<input type="checkbox"/> Alen Corporation	BreatheSmart 75i	350 CFM	Up to 1,300	12-15 months
<input type="checkbox"/> Blaisdell	AeraMax Professional IV 9451201	440 CFM	650-1,100	Carbon filter 3-4 months HEPA filter 12 months
<input type="checkbox"/> Genesis Air	2008 RGS	650 CFM	550-1,650	3-6 months
<input type="checkbox"/> Helen of Troy	Honeywell HPA300	320 CFM	465	12 months
<input type="checkbox"/> Medify Air	Medify Air MA-112	556 CFM	2,500	4-5 months or 3000 hours
<input type="checkbox"/> Smarter HEPA	Blast CMKQ101.3	1,300 CFM	2,000	HEPA Filter 12-24 months Optional Carbon 12-18 months
<input type="checkbox"/> Genesis Air	2008 B	2,280 CFM	2,400	12 months

Option 2: Upon grant approval, buy a [CARB certified portable air cleaner](#) directly from vendor and request reimbursement. Device must use a HEPA filter. Copy of quote must be included.

Make:	Model Name:	Model Number:
Air Flow (CFM):	Quantity of Devices:	Quantity of Replacement HEPA Filter (up to 5 years'):

For District use only: