

APPLICANT INFORMATION

Complete 1 Form A1 per Applicant or Business Entity

APPLICANT INFORMATION

Organization, Business or Proprietor's Name (Legal Name):		
Address:		
City:	State:	ZIP Code:
Mailing Address (if different from above):		
City:	State:	ZIP Code:

PRIMARY CONTACT INFORMATION

First Name:	Last Name:
Contact Number:	Alternate Contact Number:
Email:	Fax:

AGREEMENT SIGNING AUTHORITY

First Name:	Last Name:	Title:
Contact Number:	Email:	

CERTIFICATIONS

- I will disclose the value of any existing financial incentive that directly reduces the project cost, including tax credits or deductions, grants, or other public financial assistance for the same equipment, and will disclose any other source(s) of funding that has been applied for that is used for the same project, including the source of funds, amount, and the purpose for funding;
- I have reviewed the information provided in this application and all supporting documentation to be true and correct, and meet the minimum guideline requirements of the School Air Filtration Program;
- I agree to follow all requirements of the School Air Filtration Program Guidelines;
- The program-funded equipment shall be placed into operation prior to the applicable operational deadlines to remain eligible for funding;
- Neither the owner nor equipment identified in the equipment project application has any outstanding violations or non-compliance with CARB regulations, If violations or non-compliance is found this application may be ineligible;
- Any additional non-Program funding needed to complete the equipment project according to the proposed timeframe is reasonably available;
- New equipment must **not** be purchased, received, installed, paid for, or placed into operation prior to contract execution unless specified by the Program Guidelines, and if allowed, equipment owner shall assume all financial risk if equipment is ordered prior to contract execution, and is in no way assured program funds;
- New equipment purchased outside of California may be subject to California sales and/or use tax;
- I have all the information needed to understand what must be done to maintain eligibility for School Air Filtration Program funds.
- I understand as an applicant that incentive programs have limited funds and shall terminate upon depletion of program funding.

I hereby certify that all information provided in this application and any attachments are true and correct to the best of my knowledge.

Agreement Signing Authority

Date

ATTACHMENTS CHECKLIST

Attach the following to complete your application

- One (1) Form A1 per legal entity**
- One (1) Certifications Page with signature by Agreement Signing Authority**
- Form A2, for each physical location requesting new equipment**
- Form A3, Impact Assessment Form, for each physical location requesting new equipment.** Filled out by the equipment owner or an HVAC engineer.
 - A copy of the full assessment performed and documented by an HVAC engineer may also be submitted but is not required.
- First page of IRS Form W-9**
- Copy of Resolution** from the school district governing board authorizing the submittal of the application and identifying the individual authorized to implement the project, or other documentation signed by a duly authorized official with authority to make financial decisions.
- Copy of a quote** for the new equipment. The quote should represent the type and style of equipment you would like to purchase.

Air Filter Panels - quote should identify:

- a. Brand
- b. Filter size,
- c. Number of filters
- d. MERV rating
- e. Price per filter

Standalone systems - the quote should identify

- a. Type (ventilation, filtration, purification, other)
- b. Make & model
- c. MERV rating
- d. Noise Threshold
- e. Price per unit

**PLEASE SUBMIT ALL COMPLETED APPLICATION PACKETS BY EMAIL, FAX, OR MAIL:
(Please choose one method of application submittal to avoid duplicate submittals)**

Email: grants@valleyair.org

(Subject line must indicate School Filtration Program & your name)

Fax: (559) 230-6112 or

SJVAPCD Strategies & Incentives, 1990 E. Gettysburg Ave, Fresno, CA 93726

IMPORTANT REMINDERS

- **DO NOT PURCHASE NEW EQUIPMENT!** Equipment funded by this program can only be purchased after contract is fully executed between the Applicant and the District.

FILTRATION SYSTEM INFORMATION

Complete one (1) Form A2 per School Location

Location Information

School Address		
City	State	Zip
Number of filters changed per year:		
Total Number of Buildings at Location that will be Affected:	Number of Rooms Affected:	

CURRENT IN-USE SYSTEM

Type of System: <input type="checkbox"/> Standalone HVAC <input type="checkbox"/> Standalone Room Unit <input type="checkbox"/> Portable Unit <input type="checkbox"/> N/A		Annual Usage: Annual Kilowatt-hour _____ or Annual Hours of Use _____
Manufacturer:		Model Number:
MERV Rating:		Pollutant removal Efficiency (%):
Does your system have an active warranty? <input type="checkbox"/> No <input type="checkbox"/> Yes		Amount of time remaining on warranty:
Major Parts Covered:		
In the last 12 months, have you had Unscheduled Downtime: <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Downtime (days)
Cause of Downtime:		
Service/ Maintenance (briefly describe routine service/maintenance):		

CURRENT IN-USE AIR FILTER PANELS (IF APPLICABLE)

Manufacturer:		Model:	
MERV Rating:	PM Removal Efficiency (%)	Filter Material (if known)	
Size of Filter (in inches): Length _____ Height _____ Width _____		Filter Material (if known):	
How often is each filter changed (in months):		Total number of filter used per site:	

NEW EQUIPMENT INFORMATION

Air Filter Panels

Manufacturer:		Model:	
MERV Rating:	PM Removal Efficiency (%)		
Size of Filter: Length _____ Width _____ Height _____			
Filter Material (if known):			
Number of Filter Panels Needed Per Year:		Number of Years Requested <input type="checkbox"/> 1 Year <input type="checkbox"/> 5 Years	

Standalone Air Ventilation Unit

Type of System: <input type="checkbox"/> Standalone HVAC <input type="checkbox"/> Standalone Room Unit <input type="checkbox"/> Portable Unit <input type="checkbox"/> Other: _____			
Manufacturer:		Model:	
MERV Rating or HEPA Certification if Portable Air Cleaner:		Pollutant Removal Efficiency (%)	
Clean Air Delivery Rate (CADR)		Ventilation rate:	
Classroom Square Footage		Warranty Coverage:	

Impact Assessment Form

To be eligible for funding, an impact assessment must be conducted by the equipment owner or an HVAC engineer to ensure that the new filtration will not adversely affect the existing HVAC system(s). This form provides the minimum information needed to satisfy this requirement and can be submitted in lieu of a full impact assessment report.

Complete one (1) Form A3 per School Location

Location Information

School Address		
City	State	Zip
Number of classrooms to be upgraded:		Number of students per upgrade-eligible classrooms:
Classroom Dimensions –Please provide length, width, and height of each classroom to be upgraded. Attach a separate page if needed:		

Current HVAC Information & Usage

Type of HVAC system:	Filter MERV Rating:
Estimated hours of use (based on normal duty cycle):	Maintenance downtime:
Estimated increase in energy costs for the new filtration: ((Annual kiloWatt-hr * dollars)/(kW-hr) = Annual Cost)	
Total ventilation (m3/hr) for old filtration systems (if available):	
Total ventilation (m3/hr) for new filtration systems (if available):	

Conducted By

Assessment was conducted by:		
<input type="checkbox"/> School District Staff		
<input type="checkbox"/> HVAC Engineer	Name of engineer or company:	Phone Number: