



COMMUNITY AIR PROTECTION INCENTIVES

GENERAL APPLICATION

Agency/Company Name:								
Mailing Address, City, State:								
Physical Address (if different from above):								
Contac	t Person Name:			Title:				
Phone	Phone Number: Fax Number:							
E-Mail	Address:							
Author	zed Representative who will sig	gn th	ne Grant Agreement:					
Authorized Representatives Title:								
PROJE	ECT TYPE							
0	Air Filter Panel at School	0	Zero-Emission Lawn/Garden		0	Zero-Emission Infrastructure		
0	Standalone Air Ventilation Unit at School		Stationary Diesel Emergency Generat	or		Other:		

The Community Air Protection Funds is part of California Climate Investments, a statewide initiative that puts billions of Cap-and-Trade dollars to work reducing greenhouse gas emissions, strengthening the economy, and improving public health and the environment—particularly in disadvantage communities. Projects will be selected based on benefit to disadvantaged or low-income communities, amount of emission reductions, and applicant's ability to successfully implement the project. For more information visit https://www.fraqmd.org/community-air-protection-program.

The General Application should be received by 5:00 pm on Monday, October 21, 2024. Applications can be faxed to (530) 634-7660, emailed to <u>fraqmd@fraqmd.org</u>, mailed or dropped off at the District. Additional information may be requested by the Feather River Air Quality Management District to determine eligibility and funding levels for applicants submitting General Applications by the deadline who meet the funding criteria of the Community Air Protection Incentives 2024 Guidelines, project plans, and associated guidelines.

GENERAL APPLICATION

Complete each section. Applicant acknowledges that award is conditional upon approval of the District and must meet the minimum eligibility criteria.

Project Information

1. Is the project located within a low-income community or disadvantaged community as designed by the State of California? If yes, please identify which ones by listing addresses or lat/long coordinates.

Note: Maps of low-income communities and disadvantaged communities are available at <u>https://www.arb.ca.gov/cc/capandtrade/auctionproceeds/communityinvestments.htm</u>. Operation within such communities will not affect grant program eligibility – the data is used for reporting purposes only. 2. If the project is not located within, does it benefit a low-income or disadvantaged community? If yes, please describe how.

3. Estimated cost of project. Attached quotes and engine emissions certifications (if applicable).

4. Describe co-funding available or applied for this project.

5. Generally describe the project. For example, zero-emission lawn and garden projects at schools, list equipment to be replaced. For zero-emission infrastructure projects, list type, number of units, and charging ports. For air filtration at schools projects, list number of units and type of units. For stationary diesel emergency generators provide FRAQMD permit number. Attach additional pages as needed.

As an applicant/participant, I declare that (check only one):

□ 1. (Agency or Company Name) is in compliance with, and will remain in compliance with, and does not have any outstanding or unresolved Notices of Violation (NOV) or Notices to Comply or any unpaid settlements for alleged violations of any federal, state, and local air guality regulations including, but not limited to, the following:

- In-Use Off-Road Diesel Vehicle Regulation
- Stationary Engine ATCM •
- Any Other Diesel Air Toxic Control Measures

 Local District Regulations

(Agency/Company Name) is not in compliance with, or □ 2. ___ cannot remain in compliance with, or does have an outstanding or unresolved Notices of Violation (NOV) or Notices to Comply or any unpaid settlements for alleged violations of any federal, state, and local air quality regulation.

A declaration must be attached to this document describing in detail the non-compliance or NOV, explaining the reason for the non-compliance or NOV and declaring the reasons why the applicant/participant believes their application should be considered.

Date

Title

By signing below and submitting this application, I hereby certify under penalty of perjury that the information in the application and attachments is accurate and true.

Authorized Representatives Signature

Name

Or,

An applicant who is found to have applied for or received incentive funds from another entity or program for the same project without disclosing that information shall be disgualified from funding for that project from all sources within the control of an air district or CARB. The air district or CARB may also seek penalties for such non-disclosure.

Third Party Certification

Complete this section only if someone completed the application, in whole or in part, on behalf of the applicant. Print name of third party: Amount paid to third party.

Signature of third party:	Date:

- Statewide Truck and Bus Regulation
- Portable Diesel ATCM