# Application for the Wildfire Smoke Clean Air Centers for Vulnerable Populations Incentive Pilot Program

# HVAC Verification Report Form

1. Applicant Information

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| Applicant Name:Click or tap here to enter text. |
| Applicant Physical Address (Street, City, State, Zipcode):Click or tap here to enter text. |
| Applicant Mailing Address (Street, City, State, Zipcode):Click or tap here to enter text. |

1. Facility Information

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| Facility Name:Click or tap here to enter text. |
| Facility Address (Street, City, State, Zipcode):Click or tap here to enter text. |

1. HVAC Verification Information

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| Assessor Name:Click or tap here to enter text. |
| Assessor Address (Street, City, State, Zipcode):Click or tap here to enter text. |
| Relevant License/Qualification Information:Click or tap here to enter text. |

1. Description of HVAC Upgrades and Repairs

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| Please provide an overview of the upgrades and repairs completed as a part of this project such as assessments, maintenance, adjustments, repair, upgrades, and replacements:Click or tap here to enter text. |
| Is the HVAC system equipped with air filters with the MERV rating of 13 or greater?Yes / No |
| Please provide a technical description of the design parameters used to determine that the air filtration upgrades are adequate for the capacity of facility. For example: 1. What is the actual or equivalent ACH of the space?
2. What is the CADR of portables used and is appropriate for the area of the facility in which it is used?
3. What are the basics of the system design (HRV, DCV, etc.) and are the settings of the system static or dynamic?
4. Is the tonnage of the system enough to provide adequate cooling during periods of high occupancy?
5. Is (are) carbon dioxide monitor(s) installed to monitor proper ventilation at the facility? Please provide make and model of the monitors.
6. Were any IAQ measurements taken before and after the upgrades? If possible, provide an estimate of the expected reduction of indoor PM relative to outdoor after the upgrades.

Optimizing these parameters is particularly important for large facilities where occupancy is high and infectious disease might be a concern.  |
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1. Additional Information

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| Please describe system deficiencies and recommendations for additional maintenance, replacements, or upgrades to improve ventilation, energy efficiency, safety, or performance. |

1. Self-Certifications and Attestations

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| I certify that all information in this application is true, correct, and complete to the best of my knowledge. |
| Signature Authority: |
| First and last name of Signature Authority (print legibly):Click or tap here to enter text.  | Date:Click or tap to enter a date. |

1. Supporting Documentation

Please attach any supporting documents to this form.