

AQIP/LCTI APPLICATION

Please complete all of the information requested in this application.

Project:	
Company Name/Air District/Organization Name/Individual Name:	
Business Type:	
Contact Name and Title:	
Person with Contract Signing Authority/Air Pollution Control Officer (APCO):	
Mailing Address:	
City:	State:
Zip Code:	Telephone Number:
Email Address:	Fax Number:
<input type="checkbox"/> I have read and understood the terms and conditions of the Sample Grant Agreement.	

CERTIFICATION

I hereby certify under penalty of perjury that all information provided in this application and any attachments are true and correct.

Printed Name of Responsible Party or APCO:	Title:
Signature of Responsible Party or APCO:	Date:

THIRD PARTY CERTIFICATION (if applicable)

I have completed the application, in whole or in part, on behalf of the applicant.

Printed Name of Third Party:	Title:
Signature of Third Party:	Date:
Amount Being Paid for Application Completion:	Source of Funding to Third Party:

INSTRUCTIONS

Return the completed form MSCD/ISB-097, AQIP/LCTI Application, according to the instructions outlined in the solicitation.