

**CALIFORNIA AIR RESOURCES BOARD – COMMUNITY AIR GRANTS PROGRAM  
APPLICATION COVER SHEET**

**Part 1. Applicant Information**

501(c)(3) organization or Tribe Name:	<b>\$ Grant Funds Requested</b> (write cumulative budget total here – this amount should match the total costs in your project budget):
Physical address (Street, City, State, Zip code):	
Mailing address (Street, City, State, Zip code):	

**Organization Type:**

Internal Revenue Code Section 501(c)(3) status  
 Tax ID number: \_\_\_\_\_

California Native American Tribe as defined by Governor’s Executive Order B-10-11  
 Tax ID number: \_\_\_\_\_

**Project Type: (select one)**

<input type="checkbox"/> Educational (\$100,000 maximum)	<input type="checkbox"/> Technical (\$300,000 maximum) (Technical projects may include Educational components)
<input type="checkbox"/> Targeted – Community Capacity Building (\$300,000 maximum)	<input type="checkbox"/> Targeted – Emissions Reduction Strategy Development (\$300,000 maximum)
<input type="checkbox"/> Targeted – Community Air Monitoring Plan Development (\$300,000 maximum)	<input type="checkbox"/> Targeted – Emissions Reduction Strategy Expansion (\$300,000 maximum)

**Grant Administrator - Manages Day-to-Day Tasks of Project**

Grant Administrator - Name of Lead Person who will be Implementing Grant (First name, Last name):	Title of Grant Administrator:
Telephone number of Grant Administrator (required): (    )	Email of Grant Administrator (required):

**Signature Authority - Person Authorized to Legally Enter into Grant Agreement**

Signature Authority– Print Name of Person who will be Signature Authority of Grant (First name, Last name):	Title of Signature Authority:
Telephone number of Signature Authority (required): (    )	Email of Signature Authority (required):

**\*\*\*Continued on next page\*\*\***

Application Coversheet

**Part 1A. Sub-Grantee Information (if applicable)\***

Sub-Grantee **Name**, physical and mailing address here (Street, City, State, Zip code):

Sub-Grantee **physical** address (Street, City, State, Zip code):

Sub-Grantee **mailing** address (Street, City, State, Zip code):

**Part 2. Application Agreement and Authorized Signature**

I certify that all information in this application is true, correct, and complete to the best of my knowledge and belief. I certify that I am signing on behalf of the applicant in the capacity as a signature authority indicated next to my name below and that I am authorized to execute this application on behalf of the applicant.

Signature Authority digital signature permitted:	Date:
First name and last name of Signature Authority:	

\* Sub-grantee information is required for projects proposed jointly by a California organization holding a tax-exempt status under Section 501(c)(3) of the Internal Revenue Code (the applicant), in partnership with a California community-based organization without Section 501(c)(3) status (the sub-grantee).