

## California Air Resources Board - Community Air Grants APPLICATION COVER SHEET

### Section 1. Applicant Information

501(c)(3) Nonprofit organization or Tribal Government Legal Name:	<b>\$ Grant Funds Requested</b> <small>(Cumulative budget total here – amount must match the total costs in your project budget):</small>
Mailing Address (street, city, state, zip code):	Physical Address (street, city, state, zip code):

### Organization Type:

<input type="checkbox"/> <b>Internal Revenue Code Section 501(c)(3) Non-Profit</b> Tax ID number: _____	<input type="checkbox"/> <b>California Native American Tribe</b> as defined by Governor's Executive Order N-15-19 Tax ID number: _____
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**Sub-Grantee Information (if applicable)** 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 nonprofit organization without Section 501(c)(3) status (the sub-grantee).

Sub-Grantee Name:	
Sub-Grantee Mailing Address (street, city, state, zip code):	Sub-Grantee Physical Address (street, city, state, zip code):

### Geographic Project Area(s):

Neighborhood, community, city, county, tribal reservation, etc.	Project Area County(ies):
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### Project Type (select one box only):

<input type="checkbox"/> <b>Educational</b> (\$300K max/project)	<input type="checkbox"/> <b>Technical</b> (\$500K max/project)
<input type="checkbox"/> <b>Focused – ERSE</b> Emission Reduction Strategy Expansion (\$500K max/project)	<input type="checkbox"/> <b>Focused – L-CERP</b> Local -Community Emissions Reduction Plan (\$500K max/project)

Is air quality monitoring included in the project?  Yes  No

### Grant Administrator (Manages Day-to-Day Tasks of Project)

Grant Administrator (Lead Person) First name and Last name:	Title of Grant Administrator:
Grant Administrator Email (required):	Grant Administrator Phone (required, with area code):

### Signature Authority (Person Authorized to Legally Enter into Grant Agreement)

Signature Authority First name and Last name:	Title of Signature Authority:
Signature Authority Email (required):	Signature Authority Phone (required, with area code):

### Section 2. Supplemental Environmental Project Consideration CEQA Acknowledgement

I authorize the Community Air Grants Program to send my application to CARB's Enforcement Division for additional consideration of a Supplemental Environmental Project if it is not funded through a Community Air Grant.

**Section 3. CEQA Acknowledgement** (All projects must check the box that aligns with proposed project)

- Yes**, this proposed project includes construction, air monitoring, or installation of equipment at all. If checked yes, go to Section 3A and complete the next section.
- No**, the proposed project does not include construction, air monitoring, or installation of equipment at all. This project is purely educational, or outreach based. Skip Section 3A, and go to Section 4.

**Section 3A. CEQA Acknowledgement Description.** If answered yes in the section above, please refer to Cycle 5 Request for Applications (RFA), Section P. California Environmental Quality Act Acknowledgement, p. 24 to help you complete the following in the black space:

If your project involves some construction, air monitoring, and/or equipment installation, **provide a detailed description of the project below or use a separate page.** See the section above for what must be included in this required acknowledgement below.

**CEQA Acknowledgement Description Template** Below is a fill-in the blanks template for a sample response to the list of information requested above that can be used. Use the blank space below to write your CEQA Acknowledgement for your project. Ensure you have reviewed the list of needed information on p. 24 of the RFA, and ensure you have included all needed information in your response:

[Your Organization or Tribe’s Name] will use community air grants to [describe the general nature of the project]. The project will place [describe equipment] at [list locations or type of locations]. The construction work will involve [describe construction activities, including ground disturbance, if any, that will occur]. The construction locations are [describe the degree of existing disturbance/use at those locations – e.g., are they pristine or already disturbed/in use]. After construction, the sites will be [describe any change to sites – e.g., largely unchanged except for adding monitoring equipment, etc.] The following permits will be required/obtained [describe permits and any other environmental conditions that will apply].

**Section 4. Acknowledgement of No Conflict-of-Interest Compliance**

I certify that this application and the proposed project complies with Government Code section 87104 and all applicable state and federal conflict of interest laws at the time of submission of this application to the Community Air Grant solicitation and shall remain in compliance with all such laws during the solicitation process, and, if selected, during the term of a fully executed Grant Agreement, and during all extensions. An applicant will have no interest, and will not acquire any interest, direct or indirect, which will conflict with its ability to impartially perform under, or complete the tasks described in a Grant Agreement. An applicant must disclose any direct or indirect financial interest or situation which may pose an actual, apparent, or potential conflict of interest with its duties with its application package. CARB may consider the nature and extent of any actual, apparent, or potential conflict of interest in an applicant’s ability to perform and carry out all obligations under the Grant Agreement. Each applicant must immediately advise CARB in writing of any potential new conflicts of interest.

For more information regarding Government Code section 87104, including its applicability and prohibitions, please see the California Environmental Protection Agency’s Government Code Section 87104 Frequently Asked Questions: <https://calepa.ca.gov/wp-content/uploads/sites/6/2024/01/FAQ-Gov-Code-87104.final-Dec-2023.pdf>.

**Section 5. 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 of Authorized Signatory** (Adobe digital signature is acceptable. Printed names are not acceptable):

**Date:**

**Authorized Signatory Printed First and Last Name:**

Authorized Signatory Title, and Organization/Tribe Name: