

The California Air Resources Board must receive this application to accept or decline the Climate Heat Impact Response Program (CHIRP) funds by the due date specified in the Solicitation memo. Please send the signed application form to: chirp@arb.ca.gov and cc MSCDGrants@arb.ca.gov.

SECTION 1: APPLICANT AIR DISTRICT

| | |
|---|-------------------|
| Air District Name: | |
| Street Address: | City/Zip Code: |
| Contact Person: | Telephone Number: |
| E-mail: | |
| The address provided above matches the address provided on the Air District's Data Record Form (STD 204) or Government Agency Tax Payer ID Form | |
| <input type="checkbox"/> Yes | |
| <input type="checkbox"/> If no, the Air District will be submitting a corrected STD. 204 or Government Agency Taxpayer ID Form to CARB. | |

SECTION 2: AIR DISTRICT REQUEST FOR CHIRP FUNDING

Check box and enter the dollar amount and percentage (if applicable).

| | |
|---|----|
| <input type="checkbox"/> Accept tentative allocation funds. Please enter the "Total Tentative Allocation" amount from Solicitation memo. | \$ |
| <input type="checkbox"/> Request a lower administration amount than listed on Solicitation memo "Administration Allocation." Please indicate the administration percentage of the total grant in the available column. | % |
| The percentage must be less than the percentages below: | |
| <ul style="list-style-type: none">• 12.5% (Air Districts with a population of one million or more inhabitants)• 15% (Air Districts with a population of one million or fewer inhabitants) | |
| <input type="checkbox"/> Request a greater allocation amount than the tentative allocation, if additional funds are available. | |
| <input type="checkbox"/> Decline CHIRP Program funds. Air District declines all funding for this fiscal year. | |

SECTION 3: BOARD RESOLUTION

An Air District should not submit a completed application if the Air District does not have approval/authority from their Air District Board or is not scheduled to go before their Air District Board to participate in the CHIRP Program.

Check one box and complete the date (if applicable).

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| <input type="checkbox"/> This application has been duly approved and authorized by the Air District Board, as specified in the attached resolution. |
| <input type="checkbox"/> This application is scheduled to go before the Air District Board. |
| Date scheduled to go before the Air District Board: |

SECTION 4: AIR DISTRICT CONTACT INFORMATION

| Air District Air Pollution Control Officer | Telephone Number | Email Address |
|---|-------------------------|----------------------|
| | | |

| Air District CHIRP Program Manager | Telephone Number | Email Address |
|---|-------------------------|----------------------|
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SECTION 5: AIR DISTRICT APCO/EO APPROVAL SIGNATURE

To the best of my knowledge and belief, the information in this application is true and correct.

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| Signature of Air Pollution Control Officer: | Date of Signature: |
|---|--------------------|