

RFA 40-22
CORE APPLICATION

Date of Application _____

A. GRANT INFORMATION

APPLICANT:

_____ (FACILITY)

_____ (CONTACT PERSON)

_____ (STREET)

_____ (CITY, STATE, AND ZIP)

()

_____ (PHONE NUMBER) (FAX NUMBER) (E-MAIL ADDRESS)

_____ (CMS CERTIFICATION NUMBER NUMBER) IF APPLICABLE (TAX IDENTIFICATION NUMBER)

_____ 6 DIGIT SAP VENDOR NUMBER, IF APPLICABLE PROMISE™ PROVIDER NUMBER, IF APPLICABLE

B. LOCATION OF PROJECT

Site Address _____

City _____ Zip Code _____

Twp. _____ County _____

Census Tract No. _____ Census Block No. _____

House District _____ Senate District _____ Congressional District _____

C. REGARDING PROJECT

A. Will or has the indoor air management system addressed specific problems regarding air quality improvement?

YES or NO

B. Do you have a written purchase order or a quote estimate or a receipt for the indoor air product?

YES or NO

C. Do you have an installation date or a purchase date?

If yes, please provide the date if installed prior to today's date:

If yes, please provide the anticipated installation date:

If no, please provide an anticipated date of completion:

D. Is the air quality project part of a larger project? YES or NO

If YES, please include a project description:

E. Please check the Air Management Strategy system you intend to or have installed or purchased:

- dilution,
- airflow patterns,
- outdoor air ventilation,
- pressurization,
- demand-controlled ventilation,
- temperature and humidity distribution and control,
- filtration,
- ultraviolet germicidal irradiation,
- personalized ventilation systems for certain high-risk tasks,

- portable, free-standing high-efficiency particulate air filters,
- ionization technology and
- ozonation.

F. To receive grant funds for this project, Applicant agrees that they have not and will not receive reimbursement from any **other** funding source for this project, including federal, state or other sources of funding.

YES or NO

G. Applicant shall comply with all reporting requirements and shall provide the Department with all documentation in a format prescribed by the Department.

YES or NO

H. Applicant was in operation as of June 1, 2021.

YES or NO