# Application for the Wildfire Smoke Clean Air Centers for Vulnerable Populations Incentive Pilot Program

# HVAC Assessment Report Form

1. Applicant Information

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| Project Type: [ ]  Facility Ventilation Upgrade [ ]  High-Efficiency Air Filter Purchase |
| Applicant Name:Click or tap here to enter text. |
| Applicant Physical Address (Street, City, State, Zip code):Click or tap here to enter text. |
| Applicant Mailing Address (Street, City, State, Zip code):Click or tap here to enter text. |

1. Facility Information

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| Facility Name:Click or tap here to enter text. |
| Facility Address (Street, City, State, Zip code):Click or tap here to enter text. |

1. HVAC Assessor Information

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| Assessor Name:Click or tap here to enter text. |
| Assessor Address (Street, City, State, Zip code):Click or tap here to enter text. |
| Relevant License/Qualification Information:Click or tap here to enter text. |

1. HVAC System Status

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| Current HVAC System Make(s)/Model(s):Click or tap here to enter text. |
| HVAC system conditions (age of system, air leaks, condition of ducting, filters, fan motor, etc. If facility does not have central system, how is air filtration/circulation provided? Click or tap here to enter text. |
| Please provide key HVAC ventilation/filtration parameters. For example:1. What is the type of system (Dehumidistat Ventilation Control (DVC), Energy Recovery Ventilator (ERV), etc)?
2. Ducted or split system?
3. What is system airflow and area of facility served?
4. Tonnage of system (cooling)
5. Efficiency of furnace - Annual Fuel Utilization Efficiency (AFUE) rating
6. ACH provided by system
7. Existing filtration (MERV)

Click or tap here to enter text. |
| Can the system handle air filters with the MERV of 13 or greater? Click or tap here to enter text. |

1. Additional Information

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| Please describe system deficiencies and recommendations for additional maintenance, replacement, or upgrades to improve ventilation, energy efficiency, safety, or performance.Click or tap here to enter text. |

1. Self-Certifications and Attestations

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| I certify that all information in this application is true, correct, and complete to the best of my knowledge |
| Signature Authority: |
| First and last name of Signature Authority (print legibly):Click or tap here to enter text.  | Date:Click or tap to enter a date. |

1. Supporting Documentation

Please attach any supporting documents to this form.