

Mini Grant Application

1. Applicant Contact Information

Contact Name: _____

Company/Organization/School: _____

Street Address: _____

City: _____

State: _____

Zip Code: _____

Phone Number: _____

Email Address: _____

2. Project Type (select one)

- School Flag Program
- Energizer Station
- Bicycle Racks/EV Charging Stations
- Air Quality Curriculum/Kickstarter/Other

3. Project Information

| | |
|---|--|
| School Flag Program | |
| Person/group responsible for checking the forecast and issuing the correct flag | |
| Is the responsible party signed up for air quality forecasts through Enviroflash? | |
| Where will you purchase the flags from? | |
| How much will flags cost including shipping? | |

Sign up for air quality forecasts at <http://www.enviroflash.info/signup.cfm>

| | |
|---|--|
| Energizer Station | |
| Responsible person(s) to run the station(s) | |
| Number of energizer stations: | |
| Is the energizer station part of May is Bike Month? | |
| How will the energizer station be promoted? | |

| | |
|---|--|
| Bicycle Racks or EV Charging | |
| Are you installing a bike rack or charging station? | |
| Do you own the property that the rack or station will be installed? | |
| If you are not the owner, attach proof of owner permission. | |
| Are you a public agency? | |
| Address where rack or station will be installed | |
| Number of bikes or electric vehicles served at one time | |
| Cost each | |
| Total project cost | |
| Is map of location attached? | |
| Is quote attached? | |

Air Quality Curriculum, Kickstarter, or Other Project:

Describe the project including cost estimates, goals, timeline, partnering agencies, etc. You may attach additional pages. Please note there is a limit of 25% on management cost.

4. Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I agree to hold harmless the Feather River Air Quality Management District, its officers, and its staff, from any liability arising from or resulting of this project. I also agree to allow FRAQMD or its designee to audit this project if awarded.

| | |
|--|--|
| Please Fill out sections below: | |
| Name (printed) | |
| Signature | |
| Date | |

Please email, deliver by mail, or drop off in person to FRAQMD at fracmd@fracmd.org, 541 Washington Avenue, Yuba City, CA 95991, beginning March 7, 2025. Projects must be complete and Post Event Wrap Up submitted within one year of Application approval. Applications will be accepted as long as funding is available, or until June 2, 2025.