

Mini Grant Post Event Wrap Up



Contact Information

Name	
Company/Organization/School	
Street Address	
City ST ZIP Code	
Work Phone	
E-Mail Address	

Air Quality Curriculum/Kickstarter/Other

Describe the project in regards to your stated goals, timeline, and future outcomes.

Attach copies of your receipts.

MIBM Energizer Stations:

How many bicyclists participated?
How did they hear about the Energizer station?
How many rode their bike because of the Energizer station?
Attach copies of your receipts.

School Flag Program:

When did the school initiate the program?

Attach copies of your receipts.

Bicycle Rack/EV Charging Station:

Attach photos and copies of your receipts.

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I request reimbursement from the Feather River Air Quality Management District. I have attached copies of my receipts and additional information as noted in the Mini Grant Guidelines.

Name (printed)	
Signature	
Date	

Please submit Post Event Wrap Up to FRAQMD at 541 Washington Avenue, Yuba City, CA 95991 within one year of Application approval.