

Community Air Protection Support Grants
General Application (2026)
Butte County Air Quality Management District



Staff Contact: Jason Mandly, 332-9400 ext. 108

jmandly@bcaqmd.org

Program information and details regarding eligible projects are included in the Community Air Protection Support Grants Request for Proposals document.

Applicant Information

Applicant (Organization/Company/Agency Name): _____

Type of Organization: _____

Mailing Address/Street: _____

City/State/Zip Code: _____

Contact Name: _____

Phone: _____ Fax: _____ E-Mail: _____

Person with contract signing authority (if different than above): _____

Applicant Certification

As an applicant for a Butte County Air Quality Management District (District) CAP Support Grant, I certify the following:

- a. The proposed project is voluntary and not required by any local, State, and/or federal rule, regulation, memorandum, or other legally binding agreement;
- b. I understand that the applicant must disclose any additional sources of state or federal funding for the proposed project;
- c. I understand that funded projects will assist the District implement the goals of AB617, which are summarized in the state Community Air Protection Blueprint (<https://ww2.arb.ca.gov/blueprint-20>) and grant agreements between the District and the California Air Resources Board;
- d. I understand that proposed projects cannot be implemented until the District approves the project in writing. The District cannot fund retroactive projects;
- e. I understand that if awarded, District funding is designed as a reimbursement to be paid out after itemized costs have been reviewed and, if applicable, after District inspection of completed work;
- f. I understand that applications will be treated in accordance with Public Records Act requirements. Certain information subject to those requirements may be publicly disclosed.
- g. By submitting this application, the applying entity agrees to hold harmless the District, its officers, and its staff, from any liability arising from or resulting of this project. I also agree to allow the District or its designee to audit this project if awarded.

Signature

Date

Name

Title

Project Information

For each proposed project, please submit the required information listed below. District staff will evaluate application packages and reach out if more information is needed.

- ☐ Name of project.
- ☐ Location(s) of project.
- ☐ Project overview & goals.
- ☐ Quantitative and / or qualitative description of expected emission reductions by air pollutant (particulate matter, oxides of nitrogen, reactive organic gases, toxic air contaminants, greenhouse gas emissions).
- ☐ Quantitative and / or qualitative description of expected reduction in exposure to air pollutants – either directly or indirectly (from outreach or monitoring efforts, for example).
- ☐ Estimated project timeline (projects must be funded by June 1, 2028)
- ☐ Estimated total costs.
- ☐ CAP Support Grant funding amount requested.