

Clean Air For Kids Program School Application



Contact Name: _____ email: _____

Date Submitted: _____ Phone _____ Cell: _____

Application is for: _____

Facility Type: Public School Private Religious Affiliated Non-profit Day-Care Operator Other

Explain if needed: _____

School or Facility Website URL: _____

Name of Facility or Location: _____

Physical Address of Facility: _____

County: _____ City: _____ ST: _____ ZIP: _____

Contact Person's Mailing Address: _____

Affiliation or School District: _____

Number of Children Impacted: _____ Number of Teachers and Staff Impacted: _____ Number of Rooms: _____

Description of the Project to Be Funded: _____

Prepared by: _____ Date: _____

Describe your role at the facility: _____