



School Air Filtration Enhancement and Replacement

Part 1—School Facility

School Name: _____

School Address: _____

School Building: _____

City and ZIP Code: _____

Grade levels of students at this school: _____

School District: _____

Part 2—Select Proposed Replacement Equipment

- ☐ Air filter panels with a Minimum Efficiency Reporting Value (MERV) of 14 or greater. **Please answer the questions in Part 3A.**
- ☐ Standalone air ventilation unit with a MERV 14 or greater and with a noise threshold at or below 45 decibels. Portable air cleaning units must include clean air delivery rate (CADR) for tobacco smoke (0.09-1.0 microns (μM)) that is appropriate for the classroom size. **Please answer the questions in Part 3B.**

Part 3A—Air Filter Panels

Please describe the air filter panel(s) currently in use at the facility as well as the proposed replacement filter panel(s):

In use or Proposed?	Location of filters/building filters serve	Number of filters	Air filter manufacturer	Air filter model	MERV rating (if available)	PM removal efficiency (%)	Filter life (# of filters changed annually)	Size	Filter material	Duration of filters being changed
<input type="checkbox"/> In Use <input type="checkbox"/> Proposed										
<input type="checkbox"/> In Use <input type="checkbox"/> Proposed										
<input type="checkbox"/> In Use <input type="checkbox"/> Proposed										
<input type="checkbox"/> In Use <input type="checkbox"/> Proposed										

Part 3B—Standalone Air Ventilation Units

Please describe the standalone air ventilation system(s) currently in-use at the facility as well as the proposed replacement system(s):

In use or Proposed?	Location of filter system/building system serves	System manufacturer	System model	Warranty information	MERV rating (if available)	Pollutant removal efficiency (%)	Type of system	Noise threshold (decibels)	Describe average annual hours of unscheduled downtime and annual maintenance	Annual usage (hours of use, kilowatt-hour)
<input type="checkbox"/> In Use <input type="checkbox"/> Proposed										
<input type="checkbox"/> In Use <input type="checkbox"/> Proposed										
<input type="checkbox"/> In Use <input type="checkbox"/> Proposed										
<input type="checkbox"/> In Use <input type="checkbox"/> Proposed										

Part 4—Certification

- I understand that the applicant must maintain equipment in a manner suitable for the type of air filtration equipment selected.
- I understand that this equipment must be operated at a school that:
 - Is located in a disadvantaged community as described by [CARB's Priority Population Map](#);
 - Is under the exclusive control of the officers of the public schools; and
 - Serves students in any grades from kindergarten through twelfth grade.
- I am including an impact assessment with this application. The assessment has been conducted by either the equipment owner or an HVAC engineer, and includes the following information:
 - HVAC information such as type of system and MERV rating filter.
 - Estimated hours of use (based on normal duty-cycle) and maintenance downtime.
 - Number of classrooms and students per classroom where air filtration is to be upgraded.
 - Potential increase in energy costs for the new filtration (annual kilowatt-hour * dollars / kilowatt-hour = annual cost).
 - Statement that the new filtration will not adversely affect the existing HVAC.

I declare, under penalty of perjury under the laws of the State of California, that the information provided above is true and correct.

Name and Title: _____

Signature and Date: _____