

Please complete all of the information requested in this application.

Project:	
Company Name/Air District/Organization Name/Individual Name:	
Business Type:	
Contact Name and Title:	
Person with Contract Signing Authority/Air Pollution Control Officer (APCO):	
Mailing Address:	
City:	State:
Zip Code:	Telephone Number:
Email Address:	Fax Number:
<input type="checkbox"/> I have read and understood the terms and conditions of the Sample Grant Agreement.	

Certification

The undersigned declares that he or she is an official/agent of the responding Applicant and is empowered to represent, bind, and execute contracts and other agreements on behalf of the Applicant. The undersigned hereby represents, warrants, certifies and declares under penalty of perjury, under the laws of the State of California, that all statements and responses in this application package are true and correct, with full knowledge that all statements and responses are subject to investigation and that any incomplete, unclear, false or dishonest statements or responses may be grounds for rejection of the application, disqualification from this Solicitation process, termination of any or all executed Grant Agreements and/or other legal consequences.

Printed Name of Responsible Party or APCO:	Title:
Signature of Responsible Party or APCO:	Date:

Third Party Certification (If Applicable)

I have completed the application, in whole or in part, on behalf of the applicant. The undersigned declares that he or she is an official/agent of the responding Applicant and is empowered to represent, bind, and execute contracts and other agreements on behalf of the Applicant. The undersigned hereby represents, warrants, certifies and declares under penalty of perjury, under the laws of the State of California, that all statements and responses in this application package are true and correct, with full knowledge that all statements and responses are subject to investigation and that any incomplete, unclear, false or dishonest statements or responses may be grounds for rejection of the application, disqualification from this Solicitation process, termination of any or all executed Grant Agreements and/or other legal consequences.

Printed Name of Third Party:	Title:
Signature of Third:	Date:
Amount Being Paid for Application Completion:	Source of Funding to Third Party:

Instructions

Return the completed form MSCD/ISB-097, AQIP/LCTI Application, according to the instructions outlined in the solicitation.