

# Wood Smoke Reduction Program

## Voucher Application



Please complete this application and attach all of the necessary paperwork and photos. After District review, all qualified applicants will be issued a Voucher from the District pre-approving the proposed project. Incentive funding will be awarded on a “first-come, first-served” basis, based on the date on which District deems the application complete.

**The voucher will be valid for 90 days from the application completion date.**

What type of Wood Smoke Reduction Project are you applying for?		Incentive Amount
<input type="checkbox"/>	Wood-Burning Device Replacement	\$1,000
<input type="checkbox"/>	Wood-Burning Device Removal	\$500

APPLICANT INFORMATION		
Name:		
Mailing Street Address:		
City:	State:	ZIP Code:
Phone:	Email:	
Project Physical Address (if different from above)*:		
City:	State:	ZIP Code:
Project Local Jurisdiction**:		

*\*If mail is not delivered to the project physical address, please include other documentation of the project address, such as a copy of a utility bill.*

**\*\*The proposed project needs to comply with all permit requirements for the project’s local jurisdiction and any homeowners’ association state/county/civic government restrictions, codes, ordinances, rules, and regulations.**

APPLICATION CHECKLIST	
<input type="checkbox"/> Completed Voucher Application Form <input type="checkbox"/> Removal/Replacement Project Quote <sup>1</sup> <input type="checkbox"/> Before-Project Photos <sup>2</sup> <input type="checkbox"/> Completed W-9 form <input type="checkbox"/> Completed CA-590 form	<p><b>Do not begin work or make any payments until the Voucher is received. Submittal of Voucher Application does not guarantee payment of incentive amount.</b></p>

<p><b><sup>1</sup>Project Quote must include:</b></p> <ul style="list-style-type: none"> <li>Replacement device make and model.</li> <li>If the replacement device is gas or propane, it must be certified as heater-rated to the American National Standard ANSI Z21.88/CSA 2.33 (Vented Gas Fireplace Heaters).</li> <li>Replacement device vendor name, address, and contact information.</li> <li>Quote with price estimate of replacement device and installation.</li> <li>If the installer is different from the device retailer, include a separate estimate for the installation.</li> </ul>	<p><b><sup>2</sup>Before-Project Photos Guidelines:</b></p> <ul style="list-style-type: none"> <li>Must be taken before any installation/project work has been done.</li> <li>Show existing device to be replaced/removed and background.</li> <li>Provide photos of any manufacturer tags and specifications of the old device.</li> <li>Show outside of chimney, including the top.</li> <li>If the location of the new gas device differs from the existing device location, include a photo of the location where the new device will be installed.</li> </ul>
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OLD DEVICE INFORMATION	
Type of Device (check one): <input type="checkbox"/> Woodstove Wood-Burning Fireplace: <input type="checkbox"/> Open Hearth <input type="checkbox"/> Insert	Estimated Yearly Fuel Usage for Old Device*** Cords of Wood/Pounds of Pellets per year: _____
Type of Fuel*** (check one): <input type="checkbox"/> Wood (Type: _____) <input type="checkbox"/> Pellets	<u>OR</u> Pieces of Wood/Pounds of Pellets per day: _____
Is this Wood-Burning Device the primary source of heat?*** <input type="checkbox"/> Yes <input type="checkbox"/> No	***This section does not affect eligibility for the program but must be filled out.
NEW DEVICE AND DEALER INFORMATION	
Type of Replacement Device: Fireplace: <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Free-Standing Heating Stove: <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Electric Heat Pump <input type="checkbox"/> N/A (Removal Only Project)	Device Make: Device Model: <input type="checkbox"/> I have attached the replacement device specifications. <input type="checkbox"/> I have attached the project quote.
Name of Dealer:	
Address of Dealer:	
City:	State: ZIP Code:
Dealer Phone Number:	Contact Person:
CONTRACTOR INFORMATION	
Name of Contractor:	
CA Contractor License Number:	
<input type="checkbox"/> Same as Dealer Information	
Address of Contractor:	
City:	State: ZIP Code:
Contractor Phone Number:	Contact Person:
APPLICANT STATEMENT	
<p>By signing this application, I certify that I have read, understood, and will adhere to the Wood Smoke Reduction Program requirements set forth on the Program Basics and Requirements attachments, and agree to all of the following:</p> <ul style="list-style-type: none"> <li>• I will be removing or replacing an operable, wood-burning device at the project address listed on this application.</li> <li>• I understand that to be considered for funding, I must complete this application with the required photographs and all other requested information.</li> <li>• I understand that submission of this Voucher Application does not guarantee incentive funding.</li> <li>• I will not make any payments to my chosen device dealer/installer and I will not begin any work on my project until I have received a Voucher from the District.</li> <li>• I understand that if I modify the proposed project, funding is no longer guaranteed.</li> <li>• I understand that this grant program has limited funds and will terminate upon depletion of program funding.</li> <li>• Check one box below: <ul style="list-style-type: none"> <li><input type="checkbox"/> I have included the required before-photos with this application.</li> <li><input type="checkbox"/> I have emailed the required before-project photos to <a href="mailto:heatclean@sbcapcd.org">heatclean@sbcapcd.org</a></li> </ul> </li> </ul>	
Printed Name:	
Signature:	Date: