

NORTHERN SIERRA AIR QUALITY MANAGEMENT DISTRICTwww.myairdistrict.com**Program Coordinator: 530-832-0102**

GREATER PORTOLA WOOD STOVE CHANGE-OUT PROGRAM

APPLICATION FOR ZONE 1 – Homes Within The City of Portola Sphere of Influence

The Northern Sierra Air Quality Management District (District) is offering a change-out program to qualified homeowners within the Greater Portola PM2.5 Non-attainment Area in Plumas County, California for replacement of non-EPA certified wood stoves with new, efficient, cleaner burning EPA certified devices. This program is funded by the U.S. EPA's 2015 Targeted Air Shed Grant Program, the District's AB2766 program and other agencies. This program is a 5-year voluntary wood stove change-out program (applications must be received by August 31, 2020).

1. Zone 1 will be available only to applicants within the City of Portola Sphere of Influence (see attached map).
2. To qualify, the applicant must have a currently installed and operating non-EPA certified wood stove (non-EPA certified devices are typically purchased and installed prior to 1992).
3. If the old device is removed from the home prior to application approval, the applicant will be disqualified from this program.
4. If the new device is purchased before application approval, the applicant will be disqualified from this program.
5. Installation must be completed by a District-approved Retailer. Self-installation of the new device is NOT eligible.
6. This program covers the replacement of no more than one non-EPA certified device per home. This replacement should be considered the primary heating device for the home.
7. This program covers the replacement of non-EPA certified wood stoves in manufactured/mobile homes.
8. This program includes renters if an Owner/Tenant agreement is filled out and signed by both parties.
9. Woodstove brands and models will be determined by a District-approved Retailer/Contractor (Retailer) and approved by the District.
10. If your residence is INSIDE the Portola City Sphere of Influence, then you may be eligible for:
 - Up to \$3,500 to replace a non-certified wood burning device with an EPA certified wood burning device.
 - Up to \$4,500 to replace a non-certified wood burning device with a Pellet, Propane or Kerosene heating device.
11. Upgrades over and above the approved amount will be paid by the applicant.
12. The old, uncertified wood stove must be surrendered to the Retailer for destruction and scrap recycling. The resale or transfer of the old stove in usable condition, for the purpose of its reuse as a stove, is a violation of the terms of this program and will result in forfeiture of the grant award.



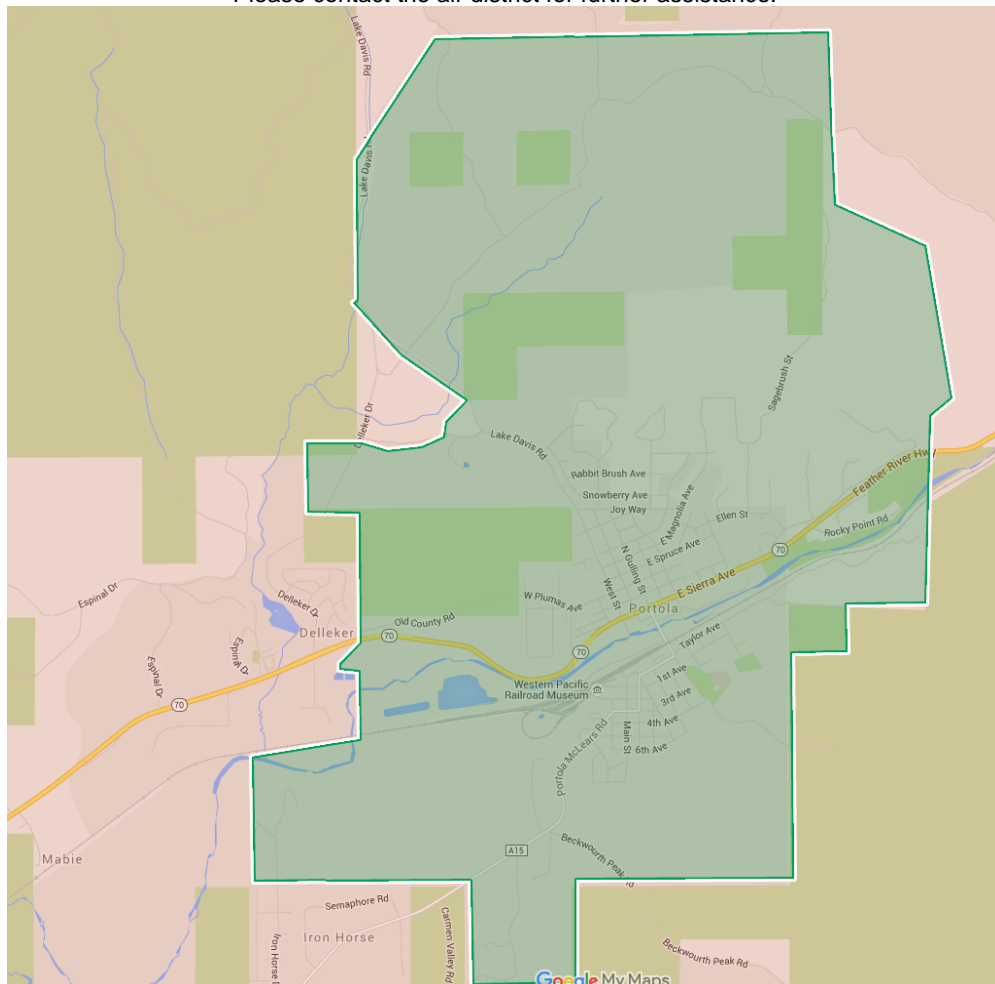
- 13. A photo will be taken by the Retailer before the old device is removed, a photo will be taken of the new, certified device after installation. document destruction and a photo will be taken of the new, certified device after installation.
- 14. To qualify, each applicant must first complete the attached application. Completed applications must be mailed to the Change-out Project Coordinator at the address on the application form. The application will be reviewed to determine if the preliminary qualification requirements have been met. Once pre-qualified, the applicant will have 30 days to schedule an in-home estimate with a Retailer. The District will approve the estimate before installation commences.

NEXT STEP: Applicants will hear from the District within 21 days of receiving a submitted application. Submission of an application does not guarantee funding.

The mission of this program is to reduce health impacts by reducing fine particulate (PM2.5) in the air from wood smoke. These microscopic particles go deep into the lungs where they may become trapped. PM2.5 is linked with premature death, work and school absences, and significant health problems including aggravated asthma, acute respiratory symptoms (such as chest pain and coughing), chronic bronchitis and decreased lung function. Sensitive individuals (those most at risk from exposure to smoke) are the elderly, children, asthmatics, adults with pre-existing heart and lung disease, pregnant women, and people engaging in strenuous outdoor activity.

MAP of Zone 1: CITY OF PORTOLA SPHERE OF INFLUENCE

Please contact the air district for further assistance.



APPLICANT CERTIFICATION

By submitting this application, I certify the following:

- a. I understand that only currently installed and operating non-EPA certified wood stoves are eligible to be replaced under this program.
- b. No retroactive rebates are available. All applications must be received by August 31, 2020.
- c. I understand I will schedule an estimate with a District-approved Retailer within 30 days of receiving a letter of pre-qualification from the Northern Sierra Air Quality Management District (District). This deadline may be extended at the discretion of the District.
- d. I understand that only one non-EPA certified wood stove will be replaced with a certified device with funding from this program for primary heating of this residence.
- e. I understand I may be required to provide proof of my monthly income.
- f. I understand that if I qualify, I will use only a District-approved Retailer (Retailer). Devices purchased with funds from this program will be professionally installed. Self-installation of the device is prohibited.
- g. I will be replacing an operable non-EPA certified wood stove that is currently in use in my residence. The Retailer who installs the new device is responsible for removing the old device. The old device will be rendered permanently and irreversibly inoperable.
- h. I understand that I will be disqualified from this program if I provide the District with false information or if the old, uncertified device is removed from the residence prior to application approval or if a new device is purchased prior to application approval.
- i. The District does not warranty any devices purchased under this voucher program, including, but not limited to, the quality, functionality or satisfaction of the device.
- j. I agree to hold harmless the District and its directors, employees and agents from any and all loss, damage, or liability that arises out of or is in any way connected with installation or use of the device purchased in connection with this program.
- k. I will follow proper burning practices as discussed by the Retailer and in accordance with EPA BurnWise educational materials. I will operate this device according to the manufacturer's instructions and I will not burn pressure treated wood, garbage/trash, plastic or any other prohibited materials.
- l. I understand that proper wood burning practices (e.g., burning only dry, natural wood that has been seasoned at least 6 months) and proper stove installation and operation (e.g., maintaining a hot fire) are critical to the effectiveness of my new device.
- m. I understand that I will participate in follow up training and a survey conducted by the District.



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APPLICATION FORM For Zone 1 – Homes within the City of Portola (Sphere of Influence)

All sections of this application must be completed. A copy should be retained by the applicant for his or her records. The District is not responsible for materials lost by mail. Please review the Applicant Certification (page 3) before signing at the bottom. Submit the completed application by email, mail, or hand delivery to:

Julie Ruiz, Change-out Project Coordinator, NSAQMD
julie@myairdistrict.com
P.O. Box 2227, Portola, CA 96122
257 E. Sierra, Unit E, Portola, CA 96122
www.myairdistrict.com

Applicant Information:

Name: _____

Physical Home Address: _____

Is this a mobile or manufactured home? Yes No

Mailing Address (if different): _____

Phone Number: _____ Email (if available): _____

Existing Wood Burning Stove:

Make/Model: _____ Year Stove Manufactured: _____

My monthly income is: _____

The number of people living in the home (including adults and children under 18): _____

The EPA certified device I am interested in: Wood stove Pellet stove
 Propane stove Kerosene monitor

The District strongly encourages upgrading to a non-wood heating device to further decrease emissions.

Additional Information:

How did you hear about the Change-out Program? _____

Why are you applying? (Please check all that apply.)

- Not satisfied with current device;
- To reduce pollution;
- To save money
- Other: _____

Was the grant funding a significant factor in replacing your stove? Yes No

How many wood burning stoves are on your property? 1 2 3

In a typical heating season, how many cords of wood do you typically burn? _____

Is your wood stove used as a primary source of heat? Yes No

What % of wood is used in your primary stove? 100% 75% 50%

Do you know how old your stove is? If yes, how old: _____ years

In which room of your house is your wood stove located? _____

Do you own this home? Yes, Owner No, Renter

I understand and agree to all conditions of this program (pages 1-3): _____

(applicant signature required)



Home Heating Survey *Please circle or fill in answers below:*

1. Status of home ownership: OWNER RENTER
2. Is your home a mobile/modular/manufactured home? YES NO
3. What year was this home built (approximately)? _____
4. What year did you purchase home or move into home? _____
5. Is this home your primary or secondary residence? PRIMARY SECONDARY
6. What is your monthly income? _____
7. How many people live in your household? _____
8. Does your residence have a wood burning device? YES NO (skip to #10)
9. If yes, circle the type of device it is (if more than one, the one you use most):

WOOD STOVE FIREPLACE PELLET STOVE FIREPLACE INSERT OUTDOOR WOOD BOILER

If your home has a second wood burning device, please indicate the type from the list above:

10. If burning wood, where is it obtained? CUT BUY
11. If purchasing wood, what is the cost per cord? \$ _____
12. How many cords do you use annually? _____
13. Is your main wood burning device EPA certified (tag on back of device)? YES NO NOT SURE
14. What is the primary fuel you use for heating your home?

WOOD PROPANE FUEL OIL ELECTRICITY SOLAR KEROSENE
 LPG GENERATOR DIESEL GENERATOR OTHER _____

15. What is the secondary fuel you use for heating your home (if any)?

WOOD PROPANE FUEL OIL ELECTRICITY SOLAR KEROSENE
 LPG GENERATOR DIESEL GENERATOR OTHER _____

16. If your residence has a heated outbuilding, what is the fuel used? (If no heated outbuilding, skip question)

WOOD PROPANE FUEL OIL ELECTRICITY SOLAR KEROSENE
 LPG GENERATOR DIESEL GENERATOR OTHER _____

- Do you receive any assistance from an energy assistance program (i.e. LIHEAP)? YES NO
- Are there school-age children in the home (K-12)? YES NO
- Are there any individuals over the age of 62 in the home? YES NO
- Is anyone in the home diagnosed with asthma or any respiratory/breathing disorder? YES NO
- Have you upgraded windows or insulation since moving into the home? YES NO
- Would you be willing to participate in a more in-depth survey by phone? YES NO

Date Survey Completed: _____

