

2020 CRCPD Radon Mini Grant Application

Applicant Organization

Address

City

ZIP

Phone

Fax

Email

Name of Contact

Signature

If you are chosen to receive a mini-grant, to whom should the check be written?

Name

Address

1. Indicate the characteristics of the area to be targeted with this activity (check all that apply):

High radon area

Rural population

Large urban population

Statewide

High percentage of economically disadvantaged population

Other

2. Is this activity already covered by SIRG money?

Will you receive additional money for this activity from other sources? If yes, from whom?

3. What high priority area's does your project address?

Increased mitigation and/or testing

Radon Resistant New Construction

Radon in Real Estate

Other (please specify)

4. Briefly describe your activity (limited to one-page narrative). Please include:

- a timeline;
- projected expenditures;
- if the project relates to other radon activities;
- how you will track results;
- what the project is expected to achieve; and
- plans for evaluating lessons learned

(not applicable to Tribal Organizations)

Name of Radon Program Coordinator

State

Email

Phone

Fax

I support this partner application

Signature

**2020 Mini Grant Application
Narrative**