

WOODSMOKE REDUCTION PROGRAM RETAILER AGREEMENT



Parties: This Retailer Agreement ("Agreement") is between Air Quality Management Districts and Air Pollution Control Districts as listed below ("DISTRICTS"), and

("Subrecipient"), effective as of the date of the District signature. below.

Subject Matter: The subject matter of this Agreement is the Woodsmoke Reduction Program. Detailed services to be provided by the Subrecipient pursuant to this Agreement are described in the Woodsmoke Reduction Program ("Program") Retailer Provisions ("Retailer Provisions"), attached hereto and incorporated herein by this reference.

Maximum Amount: In consideration of the services to be performed, DISTRICTS agree to pay Subrecipient a sum not to exceed the amount specified in the Retailer Provisions.

Agreement Term: The period of Subrecipient's performance begins upon date of execution, signified by the latest date of signature by DISTRICTS, and ends on June 30, 2026 or earlier if the parties agree that all project dollars have been spent, whichever occurs first.

Amendment: No changes, modifications, or amendments in the terms and conditions of this Agreement will be effective unless reduced to writing, numbered, and signed by the duly authorized representative of DISTRICTS and Subrecipient.

Termination: This Agreement may be terminated with at least 30 days advanced written notice to the other parties; provided however that individual DISTRICTS may separately terminate this Agreement within the jurisdiction of their District immediately for reasons stated in the Retailer Provisions.

Contact persons:

Subrecipient (Retailer) Name: Allianz Heating And Air

Subrecipient Program Contact:

Name: Michelle 'Shelly' Bermudez

Phone: 530 221-2642

E-mail: Michelle @ ATshop.org

Fax: —

Address: 2585 Ellis St

City/St/Zip: Redding CA 96001

Subrecipient Fiscal Contact:

Name: Kerri Tool

Phone: 530 221 2642

E-mail: Kerri @ homecomfort.org

Fax: N/A

Address: 2585 Ellis St

City/St/Zip: Redding CA 96001

Attachments:

This agreement also consists of the following attachment(s) that are incorporated herein:

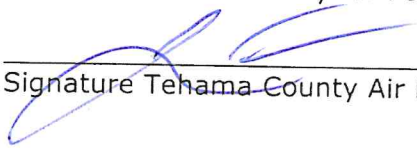
- ☐ Woodsmoke Reduction Program Retailer Provisions
- ☐ Voucher Tracking Form
- ☐ Recycler Certification Form
- ☐ Acknowledgement of Training Form

Signature Northern Sierra Air Quality Management District Date: _____

Signature Feather River Air Quality Management District Date: _____

Signature Colusa County Air Pollution Control District Date: _____

Signature Glenn County Air Pollution Control District Date: _____

_____
Signature Tehama County Air Pollution Control District Date: 6-18-25

Signature Butte County Air Quality Management District Date: _____

Signature Shasta County Air Quality Management District Date: _____

Signature Placer County Air Pollution Control District Date: _____

Signature Yolo-Solano Air Quality Management District Date: _____

I hereby certify that I understand the conditions and requirements for participation in the Woodsmoke Reduction Program and agree to fulfill the requirements and comply with the conditions in this Agreement that I am entering into with the DISTRICTS.

Signature Subrecipient Date: _____