Part 1. Applicant Information

OMB Control Number = 2035.NEW, Expiration Date = mm/dd/yyyy.

Have you applied to this program in the past?

- ○ Yes
- ○ No
- ○ Don't Know

Name of Applying Organization

What is the mailing address of the applying organization?

Street Address 1:

Street Address 2:

City:

State: ---

Zip Code

Who will be the primary point of contact?

This person will be the main point of contact for information or questions about the project and its activities.

Prefix:

First Name:

Middle Name/Initial (optional):

Last Name:

Suffix:

Pronouns (optional):

Provide the contact information for the primary point of contact:

Please use format: "XXX-XXX-XXXX" for phone number

Title or Role of Primary Contact:

Preferred Email:

Preferred Phone Number:

Who will be the financial point of contact?

This person will be the main point of contact for information or questions about budget, billing, payments, and other financial matters.

Prefix:

First Name:

Middle Name/Initial (optional):

Last Name:

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Prefix:

First Name:

Middle Name/Initial (optional):

Last Name:

Suffix:

Pronouns (optional):

Provide the contact information for the financial point of contact:

Please use format: "XXX-XXX-XXXX" for phone number

Title or Role of Primary Contact:

Preferred Email:

Preferred Phone Number:

Which point of contact will be the authorized individual to negotiate and sign a legally binding agreement(s) on behalf of the organization? Select one.

- ○ Primary point of contact
- ○ Financial point of contact
- ○ Other

Which best describes your organization?

- ○ Nonprofit organization
- ○ Community-based and grassroots nonprofit organization
- ○ Philanthropic and civic organizations with nonprofit status
- ○ Tribal government (both federally recognized and state-recognized)
- ○ Intertribal Consortia (i.e., a partnership between two or more tribes that work together to achieve a common objective.)
- ○ Native American Organization (includes Indian groups, cooperatives, nonprofit corporations, partnerships, and associations that have the authority to enter into legally binding agreements)
- ○ Organization based in Puerto Rico
- ○ Organization based in U.S. Territories
- ○ Freely Associated State (FAS) – including local governmental entities and local nonprofit organizations in the Federated States of Micronesia, the Republic of the Marshall Islands, and Palau
- ○ Local government (as defined by 2 CFR 200.1 – includes cities, towns, municipalities, and counties, public housing authorities and councils of government)

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- ○ Local government (as defined by 2 CFR 200.1 – includes cities, towns, municipalities, and counties, public housing authorities and councils of government)
- ○ Institution of higher education (such as private and public universities, colleges, and community colleges)
- ○ Other (specify):

Tell us about your organization.

Include any information about •

(1) grants or other funding received from the federal government

(2) challenges you have faced to receiving funding from the federal government

(3) your experience working on environmental or health-related issues and

(4) your experience working directly with your community on projects or issues.

Does your organization have a Unique Entity Identifier (UEI)?

Note: This does not prevent your application from being considered. Your organization's UEI is generated when you register in SAM.gov. (This is different from a Data Universal Numbering System (DUNs) number. See DUNS to UEI transition information.)

- ○ Yes
- ○ No
- ○ Don't Know

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Note: This does not prevent your application from being considered. Your organization's UEI is generated when you register in SAM.gov. (This is different from a Data Universal Numbering System (DUNs) number. See DUNS to UEI transition information.)

- ○ Yes
- ○ No
- ○ Don't Know

Enter your organization's Unique Entity Identifier (UEI).

Does your organization need assistance acquiring a Unique Entity Identifier (UEI) for your organization?

If selected, the Grantmaker will work with your organization to secure a UEI.

- ○ Yes
- ○ No
- ○ Don't Know

Select the category that best fits the size of your organization's budget (use the information from last fiscal year):

Briefly describe any challenges your organization might face in applying for and/or completing federally funded work.

Common challenges may include, but not limited to, getting registered in SAM.gov, managing financial and accounting systems, current staffing limitations, and concerns related to reporting and compliance.

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National

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ID: 0000000003

0 of 5 required tasks complete

Last edited: Aug 27 2024 11:39 AM (EDT)

REVIEW SUBMIT

Part 2. Project Information

Project Type

Project Title

Please enter a brief, descriptive title of the project.

Proposed Project Start Date

Proposed Duration of the Project (months)

Are you working with any other partners on this project?

- Yes
- No

Please list each partner you are working with, including subcontractors, consultants, or other organizations you are working with.

	Partner	Role	Add Another
1			

Tell us about the main objective for this project.

Describe your community and the environmental, public health, and/or economic development issue(s) this proposed project is designed to address.

Is your project intended to benefit a disadvantaged community?

EPA uses the term disadvantaged community to describe historically underserved communities. To answer this question, please use the Climate and Economic Justice Screening Tool to check if your project will benefit one or more disadvantaged communities identified by this tool.

- ○ Yes
- ○ No
- ○ Don't Know

Tell us about the geographic area(s) that will benefit from this project.

Provide relevant information, including zip codes, county, community, and/or neighborhood information.

About how many people will directly benefit from this project?

- ○ Greater than 50,000 individuals
- ○ Up to 50,000 individuals
- ○ Up to 10,000 individuals
- ○ Up to 5,000 individuals
- ○ Up to 1,500 individuals
- ○ Less than 300 individuals

How did you come up with these estimates?

Describe any tools or resources used to support your estimation.

Describe your key activities to carry out the project, including any strategies and objectives.

Describe your key activities to carry out the project, including any strategies and objectives.

What does success look like for this project? How will you know if you have been successful?

Describe the project's expected outcomes, benefits, or results to be achieved by the end of the project period.

How will your organization plan for the timely and successful achievement of the objectives of this proposed project?

Will this project require a Quality Assurance Project Plan (QAPP)?

- ○ Yes
- ○ No
- ○ Don't Know

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National

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ID: 0000000003

0 of 5 required tasks complete

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REVIEW SUBMIT

Part 3. Budget

Enter the total amount ($) requested for each of the following budget categories :

Personnel (Salary and Wages)	$	
Fringe Benefits	$	
Travel	$	
Equipment	$	
Supplies	$	
Contractual	$	
Construction	$	
Other	$	
Indirect Costs	$	

What is the total amount ($) requested for this project?

0

Upload your budget documents, including line-item budget and budget justification.

Upload a file

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National

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ID: 0000000003

- Applicant Information
- Part 2. Project Information
- Part 3. Budget
- Upload Document
- Request a recommendation (optional)
- Part 4. Submission Questions

0 of 5 required tasks complete

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REVIEW SUBMIT

Upload Document

Task instructions Hide

Please upload a copy of your most recent official transcripts

ATTACH FILE

Show accepted formats

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Part 4. Submission Questions

OMB Control Number = 2035.NEW, Expiration Date = mm/dd/yyyy.

This collection of information is approved by OMB under the Paperwork Reduction Act, 44 U.S.C. 3501 et seq. OMB Control Number: 2035-NEW. Responses to this collection of information are voluntary. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The public reporting and recordkeeping burden for this collection of information is estimated to be up to 40 hours per response. Send comments on the Agency's need for this information, the accuracy of the provided burden estimates and any suggested methods for minimizing respondent burden to Director, Information Engagement Division; U.S. Environmental Protection Agency (2821T); 1200 Pennsylvania Ave., NW; Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed form to this address.

Did you receive any technical assistance to submit this application? (optional)

- (●) Yes
- ( ) No
- ( ) Don't Know

Clear

Was the assistance provided by a Thriving Communities Technical Assistance Center (TCTAC) or another technical assistance (TA) provider(s)? (optional)

- (●) TCTAC
- ( ) Other TA Provider

Clear

Select which TCTAC(s):

- [ ] Region 1-ISC
- [ ] Region 2-WE ACT
- [ ] Region 2- Inter-American University of Puerto Rico-Metropolitan Campus
- [ ] Region 3-National Wildlife Federation
- [ ] Region 4-REACT4EJ
- [ ] Region 4-CIRC
- [ ] Region 5-BIG Justice
- [ ] Region 5-Great Lakes
- [ ] Region 6-CIRC
- [ ] Region 6-South Central
- [ ] Region 7-Heartland EJ
- [ ] Region 8-ICMA
- [ ] Region 9-WEST EJ Center
- [ ] Region 9-CCEEJ
- [ ] Region 10-NW EJ Center
- [ ] Region 10-UW Center for Environmental Health Equity
- [ ] National-Indian Health Board
- [ ] National-ICMA
- [ ] National-ISC

- [ ] Region 5-BIG Justice
- [ ] Region 5-Great Lakes
- [ ] Region 6-CIRC
- [ ] Region 6-South Central
- [ ] Region 7-Heartland EJ
- [ ] Region 8-ICMA
- [ ] Region 9-WEST EJ Center
- [ ] Region 9-CCEEJ
- [ ] Region 10-NW EJ Center
- [ ] Region 10-UW Center for Environmental Health Equity
- [ ] National-Indian Health Board
- [ ] National-ICMA
- [ ] National-ISC

Select which TA provider or specify other:

- [ ] National-ISC
- [ ] Environmental Finance Center
- [ ] Technical Assistance for Brownfields
- [ ] Community Change Grants Technical Assistance Center
- [ ] Building Resilient Infrastructure and Communities Direct Technical Assistance (BRIC DTA)
- [ ] Economic Recovery Corps
- [ ] Other (specify):

To complete your submission, the authorized representative for the applying organization must sign and date this submission.

Signature

Clear

Date:

Aug 28 2024

Enter the name of the person that completed this application on your behalf, if applicable.

SAVE & CONTINUE EDITING

MARK AS COMPLETE