

Great Lakes TCGM – Tier 1 Noncompetitive Grant Inquiry Form

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Great Lakes TCGM - Fixed-Amount Noncompetitive Grant Inquiry Form

Please complete this inquiry form to be considered for a Tier 1 grant of up to \$75,000 for up to a 12-month period. Please refer to grant guidelines for more details on eligibility and prioritized applicants.

These fixed-amount grants will be paid out as follows: 50% at the start of the grant and 50% upon completion of milestones at the project's half-way point.

Begin Survey

* Do you need assistance accessing or completing this intake form (e.g., assistance with language translation, visual accessibility, technological challenges, or internet access)?

☒ Yes

☐ No

Tell us what help you need, and we will contact you to follow up using the contact information you provided above.

Next

Thank you for submitting this information. A representative of The Minneapolis Foundation will follow up with you in the next 3-8 business days.

[Click here to request for assistance and exit.](#)

* Do you need assistance accessing or completing this intake form (e.g., assistance with language translation, visual accessibility, technological challenges, or internet access)?

☐ Yes

☒ No

Next

Lead Applicant Information

❶ If you are applying on behalf of a project that you host or fiscally sponsor, a partnership, a coalition, or another type of collaboration, please choose one organization to serve as the lead applicant and submit only their information in this section. If you are applying as an individual organization (without partners), please submit your own information.

* Please select the category that best describes your application:

☐ Single applicant

☐ Fiscal sponsor or host of a community-led project

☐ Partnership (2-3 partners that all receive funding from this grant)

☐ Coalition (4+ partners that all receive funding from this grant)

☐ Other

* 1. Lead Applicant Name

* 2. Lead Applicant Address

* Street

* City

* State/Province

* 3. Website Address or other social media handles. Please write n/a if you don't have any of these.

* 4. What type of organization is the lead applicant? (Choose one of the eligible entity categories below)

☐ Federally recognized Tribal government

☐ Local government

☐ 501(c)(3) nonprofit organization

☐ State-recognized nonprofit organization

☐ Institution of higher education

* 5. Lead Applicant Employer Identification Number (EIN) (Write N/A if you do not have an EIN.)

* 6. Do you have a Unique Entity Identifier (UIE) for the lead applicant?

☐ No yet, our registration is in progress

☐ No, we would like support in obtaining this

☒ Yes, we have a UIE

* If Yes, please enter your UIE here:

* 7. What are the lead applicant's total organizational expenses for the previous fiscal year?

USD ▼

8. Please share the following for the lead applicant:

* Number of paid full time equivalent (FTE) staff

* Number of unpaid staff (i.e., volunteers with staff roles)

* If you are hosting or fiscally sponsoring a community-led project, what are their total projected expenses for the current fiscal year?

USD ▼

Next

*9. Tier 1 Noncompetitive grants are intended for severely capacity constrained applicants which are eligible entities that can answer yes to one or more of the following statements.

My entity, fiscally-sponsored project, partnership, or coalition:

- ☐ Is a federally recognized Tribe.
- ☐ Is a state recognized Tribe.
- ☐ Has a budget is under \$500,000.
- ☐ Employs no more than three full-time equivalent staff.
- ☐ Was formed in the past 3 years.
- ☐ Is based in a disadvantaged area(s) that has been under a state of emergency (either federally or state-designated) at some point over the last 3 years.
- ☐ Has a different compelling reason to be considered capacity-constrained or entry-level.

* 10. Based on the definition above, please explain why your entity/project/partnership/coalition is capacity constrained or operating at an entry level. (750 characters max)

* 11. Please explain how your organization or project's board, advisory committee, and staff reflect the disadvantaged communities you work with (750 characters max)

Next

Project Description

* 12. What is the name of your proposed project? (75 characters max)

* 13. Please provide a 4-6 sentence summary of the project you are applying for. Identify the disadvantaged community(ies), project goals, and key activities you will undertake with this grant. (750 characters max)

* 14. What environmental justice, climate, and/or public health need(s) will your project address? (750 characters max)

* 15. What does success look like for this project? List up to three outcomes you seek to achieve. (750 characters max)

* 16. In your own words, describe the disadvantaged community(ies) this project will benefit (e.g., location, environmental and social conditions, population, etc.) (750 characters max)

* Please list the zip codes of the disadvantaged community or communities that you will be working in. At least 70% of funded activities must take place in these locations.


. Will some of your work take place in communities that are not considered disadvantaged, as defined by the EPA? If so, please list their zip codes. No more than 30% of funded activities can take place in these locations.

* 17. Please explain how your proposed project is informed by residents and representatives of the community or communities where you will be working. (750 characters max)

Next

18. If you are applying as a partnership or coalition, please list up to 5 project partners that will receive funds from this grant.

Summarize the work and role of all project partners listed below.

	Name	Work	Role with this Project	Do you have a signed agreement in place?	If not, please explain.
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<div><input type="radio"/> Yes</div> <div><input type="radio"/> No</div>	<div><div></div></div>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<div><input type="radio"/> Yes</div> <div><input type="radio"/> No</div>	<div><div></div></div> <div></div>
<div><div><div>+</div></div></div>					

Next

Project Description Continued

* 19. Briefly describe the history and current status of your work on climate, environmental justice, and/or public health issues. Summarize the work of all project partners listed in the previous question. (1,200 characters max)

* 20. What timeframe are you requesting the funds for? This grant period must align with the activities and timelines noted in your workplan.

☐ 12 months

☐ 18 months

☐ 24 months

* Which of the following fixed-amount grants are you requesting?

☐ \$25,000

☐ \$50,000

☐ \$75,000

☐ \$100,000

☐ \$125,000

☐ \$150,000

* Provide a budget breakdown and workplan for your project using this required template. Please list goals, outcomes, key activities, and expected milestones for each quarter of your preferred grant period. Also provide anticipated expenses for each quarter.

[Download Budget Template](#)

Upload Files

 Upload Files

Or drop files

Please upload a PDF of your organizational budget for the current fiscal year.

PDF Only

Upload Files



Upload Files

Or drop files

. Please upload a PDF of the current budget for your fiscally sponsored project, if applicable.

PDF Only

Upload Files



Upload Files

Or drop files

* Will you be using this TCGM grant as matching funds or to complement another federal, state, or local government grant?



Yes



No

* If yes, please briefly explain.


* . Explain how you will be tracking and measuring progress for this project. (750 characters max)

* What are the main challenges that you anticipate for completing this work in the allocated timeframe? What are the areas where we can offer assistance and support? (750 characters max)

. Please upload a PDF of a signed fiscal sponsorship agreement or fiscal agent letter, if applicable.

PDF Only

Upload Files

 Upload Files

Or drop files

. Optional: Is there anything else you would like to share about your proposal? (750 characters max)

Please have the authorized executive at the lead applicant organization sign and date this submission.

*** Authorized Executive**

First Name

*** Last Name**

*** Title**

*** Organization**

*** Best phone number to reach you.**

Example: 987-401-8683

*** Can we text you at this number?**

☐ Yes

☐ No

* Email

* ☐ Please check here to confirm that this application is being submitted with the approval of the Authorized Executive named above.

* Date



Next

Please provide the name of the person who completed this application.

* Name

First Name



* Last Name

* Title

* Organization

* Email

Next

If your organization is selected for this grant, you will work with a Program Officer to finalize the budget, milestones, and outcomes that you will be reporting on. You will have regular conversations with [REDACTED] staff to provide updates on your progress, as required by the EPA. You will also be required to submit quarterly reports.

Our reporting questions emphasize learning rather than judgment. Specifically, we are interested in hearing the perspectives of people who are closest to the proposed work and the communities it impacts.

Submit