

TCGM Intake Form

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

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 10 to 20 minutes. 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."

TCGM grant applications will be accepted from October 1, 2024 to September 30, 2026 (dates subject to change). The application process will have **TWO STAGES**: 1) This intake form; and 2) A grant application for Tier 2 and 3 grants. Groups identified as severely capacity constrained will be invited to submit a noncompetitive grant application.

ALL prospective applicants are required to complete the following intake form to help us determine your eligibility for funding. After completing this form, we will contact you with instructions for the next stage of your application. We will also follow up to offer assistance on any points noted in your responses.

We estimate this survey will take 10-20 minutes to complete. Please answer the questions to the best of your ability. You will have an opportunity to review and update your responses at the next stage of the application process.

All questions are required, unless specifically noted as optional.

English ▾

[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](#)

Application Information

* 1. Applicant name (name of your organization):

* 2. Name of person filling out this form:

First Name

 ...

* Last Name

3. Pronouns (optional):

- They/them
- Xe/xem
- He/him
- She/her
- Ze/zie/hir
- Other

Comment

* 4. Email address:

* 5. Best phone number to reach you.

Example: 987-401-8683

6. Other contact information (optional):

8. Are you the authorized executive of the organization?

Yes

No

Next

Authorized Executive

Response to this question is required

* Name

First Name

...

* Last Name

Response to this question is required

* Title

Response to this question is required

* Phone

...

Response to this question is required

* Email

...

Application Details

* 7. Please select the category that best describes your application:

Single applicant

Partnership (2-3 partners)

Coalition (4+partners)

Other

Comment

* 8. Each application must be submitted by a lead applicant that will be responsible for all fiscal and project management of this grant. Please check one category from the list below to describe the lead applicant for this proposal:

Tribal government

Local government of a disadvantaged community

501(c)(3) nonprofit organization

Group or coalition working with a fiscal sponsor or agent

State-recognized nonprofit organization

Academic institution

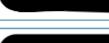
Other

Comment

* 9. Please select the category that best describe the lead applicant's 2024 organizational budget:

- More than \$10 million
- \$5-\$10 million
- \$2-\$5 million
- \$1-\$2 million
- \$500,000-\$1 million
- \$250,000-\$500,000
- Below \$250,000

* 10. Grants will only be considered for projects in Region  Check all the state(s) where the project will operate.

- 
- 
- 
- 
- 
- 
- Other

Comment

*13. Funded projects must focus on at least one disadvantaged community in Region  of the EPA. Please confirm that at least 70% of the zip codes you will be working in are located in at least one of the disadvantaged communities in Region 5 as identified on this map.

- Yes
- No (Selecting no makes you ineligible for this grant.)

I need help.

* Please explain how your project serves disadvantaged communities [REDACTED]
[REDACTED] region (250 characters max)

Describe the disadvantaged communities you will be working with. Please choose one option that best describes your project's primary constituency:

- Federally Recognized Tribe
- Indigenous Community Urban
- Indigenous Community Rural
- Rural (any community not located within a Metropolitan Area)
- Urban (more than 50,000 inhabitants and located within a Metropolitan Area)
- Suburban (less than 50,000 inhabitants and located within a Metropolitan Area)
- Other

Comment

* 14. What is the primary issue related to environmental justice, climate, or public health that your project will address?

- Air pollution
- Clean energy access
- Drinking water access
- Emergency preparedness and disaster resilience
- Environmental health and safety (asthma, exposure to toxics, etc.)
- Environmental job training
- Healthy food access
- Healthy and efficient homes (indoor toxins, energy and water efficiency, etc.)
- Soil quality or land clean-ups/restoration
- Stormwater and flooding
- Water pollution
- Other

Other environmental justice, climate, or public health concern: Please briefly describe

15. What is the secondary issue related to environmental justice, climate, or public health that your project will address? (Optional.)

- Air pollution
- Clean energy access
- Drinking water access
- Emergency preparedness and disaster resilience
- Environmental health and safety (asthma, exposure to toxics, etc.)
- Environmental job training
- Healthy food access
- Healthy and efficient homes (indoor toxins, energy and water efficiency, etc.)
- Soil quality or land clean-ups/restoration
- Stormwater and flooding
- Water pollution
- Other

Other environmental justice, climate, or public health concern: Please briefly describe

* 16. Please provide a brief project summary of the project you are applying for. Identify the disadvantaged community(ies) you will be working with, the environmental concern(s) you will address, and the key activities you will undertake with this grant. (750 characters max)

* 17. Tier 2 and Tier 3 grants allow 50% of funds to be used for project-related property acquisition/purchase. Is this something you are considering as part of your proposed project? If you answer “Yes” or “I am not sure,” we will follow up with information and support regarding relevant EPA policies and requirements.

<input type="radio"/> Yes
<input type="radio"/> No
<input type="radio"/> I am not sure.

*18.Tier 2 and Tier 3 grants allow 50% of funds to be used for project-related renovation and construction costs. Is this something you are considering as part of your proposed project? If you answer “Yes” or “I am not sure,” we will follow up with information and support regarding relevant EPA policies and requirements.

<input type="radio"/> Yes
<input type="radio"/> No
<input type="radio"/> I am not sure.

* 19.Will you be collecting, evaluating, or using environmental data as part of your proposed project? If you answer “Yes” or “I am not sure,” we will follow up to provide information and support regarding relevant EPA policies and requirements.

<input type="radio"/> Yes
<input type="radio"/> No
<input type="radio"/> I am not sure.

* Will you be conducting research involving human subjects? (For example, will you be collecting personally identifiable information from people that will be used in peer-reviewed articles or published in other types of academic or professional journals?) If you answer “Yes” or “I am not sure,” we will follow up to provide information and support regarding relevant EPA policies and requirements.

<input type="radio"/> Yes
<input type="radio"/> No
<input type="radio"/> I am not sure.

*22. Please check all the following that apply. (This question helps us determine your eligibility for noncompetitive grants, which are reserved for severely capacity-constrained organizations. It does not determine your eligibility for Tier 1, Tier 2, or Tier 3 competitive grants.)

- My entity is a federally-recognized Tribe.
- My entity is Indigenous-led.
- My eligible entity's budget is under \$500,000.
- The community-led project we host or fiscally sponsor has a budget under \$500,000.
- My entity or fiscally-sponsored project employs fewer than 3 full time equivalent staff.
- My eligible entity 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 5 years.
- My eligible entity was formed in the past 3 years.
- None of the reasons above apply, but I believe my eligible entity is severely capacity-constrained for another reason.
- None of the above. My organization is not severely capacity-constrained.

Comment

* Please describe:

Next

Additional Information

21. Optional: What assistance or support would be most helpful to you in submitting a proposal for the [REDACTED] TCGM? (750 characters max)

Submit