

Applications: Grantmaker D

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Application for Competitive Awards

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

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All fields marked with a red asterisk () are required.*

Confirm Eligibility

Check the box only if your project **does not** involve the following activities:

- Lobbying
- Legal advice, services, or representation
- "Inherently religious" activities such as worship, prayer, proselytizing, or religious instruction.

Confirm Eligibility*

Organization Information

⚠ Required Fields in the Organization Information section have not been filled out.

Please select your Primary Application Contact and Executive Director/Authorized Signer Contact below. The Primary Application Contact is the main contact for this application and project. The Executive Director/Authorized Signor Contact can be the same contact as above or you can add an additional contact to sign official documents. This **MUST** be an employee of your organization.

Organization Name*

Department/Location (if applicable)

Primary Application Contact*

Executive Director/Authorized Signer Contact

If your organization is using a fiscal sponsor for this project, please ensure that the fiscal sponsor is aware of the application. Provide the fiscal sponsor organization's information to complete the registration, including the organization name, address, and the Authorized Signer of the Contract. Typically, your primary contact will be someone within the fiscal project. Please note that each fiscal sponsor can receive no more than 5 grants and a total of no more than \$1 million in grant funds from [REDACTED] Environmental Protection Agency Region [REDACTED] Environmental Justice Thriving Communities Grant Program.

Is your organization using a fiscal agent for this project?*

Yes No

Please be aware that each fiscal sponsor can be awarded no more than 5 grant awards and a total of no more than \$1 million in grant funds from [REDACTED] Environmental Protection Agency Region [REDACTED] Environmental Justice Thriving Communities Grant Program.

Please ensure that your fiscal sponsor is aware of this application. Provide the fiscal sponsor organization's information below.

Fiscal Sponsor Organization:

Fiscal Sponsor Employer Identification Number (EIN):

Fiscal Sponsor Authorized Signatory Name:

Fiscal Sponsor Authorized Signatory Email:

Fiscal Sponsor's Role: What role will the fiscal sponsor play in the project (financial management, reporting, oversight)*

1,000 characters maximum

Fiscal sponsor agreement: Please provide a copy of the fiscal sponsor agreement.

Please click the (+) sign below to add your workplan.

Fiscal sponsor agreement 

Partnerships

 Required Fields in the Partnership section have not been filled out.

Are you submitting this application on behalf of multiple parties, a partnership, a consortium or similar collaboration?*

Yes No

Provide an overview of the partnership/consortium and the nature of any agreements (Memorandum of Understanding, tribal resolutions, etc) that explain the roles and responsibilities of each party. Please be specific about financial management and reporting roles. All member organizations and their roles should be included.*

3,000 characters maximum

Please upload any documents that will be helpful in representing or clarifying above mentioned partnerships.

Please click the (+) sign below to add any documentation.

Partnership Documentation



Project Overview

 Required Fields in the Project Overview section have not been filled out.

Please make sure to spell out all acronyms, no more than 10 words.

Project Title*

Project Executive Summary*

Provide a summary of the project. This should include a description of your problem/need statement. Please include the project community/tribal government, project location, and how the project will improve or enhance the project community. 3,000 characters maximum

Characters left for field: 255

Describe the community your project intends to serve? [geographically, ethnically, racially, Tribal affiliation, etc.] What are their strengths and aspirations?*
3,000 characters maximum

What is your organization's relationship and history with this community?*

Please describe how your organization works within the proposed project community, adding any relevant historical details. 3,000 characters maximum

Please go to this [link \(EJ Screen\)](#) to select the location where your proposed project will occur. Under the "Places" icon (upper left corner), select the "Designated Disadvantaged Communities" tab, and then select the "EPA IRA Disadvantaged Communities" subtab. Once here, locate your proposed project address to determine whether or not the target population is an EPA IRA Disadvantaged Community.

Special Consideration for Target Population Identification

Underserved and disadvantaged communities are defined by Executive Order 13985. Please consider the following definition while answering the questions in this section.

"populations sharing a particular characteristic, as well as geographic communities, that have been systematically denied a full opportunity to participate in aspects of economic, social, and civic life...". This includes communities such as Black, Latino, Indigenous, and Native American persons, Asian Americans and Pacific Islanders and other persons of color; children, the elderly, members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality. For purposes of this RFA, "underserved communities" also include "environmentally overburdened communities" (that is, communities adversely and disproportionately affected by environmental, climate, and human health harms and risks including remote, rural, and urban communities), and disadvantaged communities.

According to EPA IRA Disadvantaged Communities Tool (EJScreen), does this project primarily serve underserved and disadvantaged communities?*

Do you agree or disagree with the EJScreen tools findings? Please tell us more.
1,000 characters maximum

What is the total percentage of people from one or more of the following EPA IRA Disadvantaged Communities that will be served by this project?

Please estimate what percentage of the total community being served by the project is in one or more of these categories and enter a total amount from 0-100%.

- Black/ African American
- Latinx/ Latin American
- Indigenous, and Native American persons
- Asian Americans
- Pacific Islanders
- Other persons of color
- Children
- The elderly
- Members of religious minorities
- Lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons
- Persons with disabilities
- Persons who live in rural areas
- Persons adversely affected by persistent poverty or inequality

Percentage*

Please select the the group(s) of individuals who would be supported by this project.

Disadvantaged Groups*

Black/ African American
Latinx/ Latin American
Indigenous, and Native American persons
Asian Americans

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Describe how you integrate and empower historically marginalized communities in your projects design, planning, and implementation processes.*
3,000 characters maximum

Please go to this link <https://ejscreen.epa.gov/mapper/> to identify the project location Environmental Burden Indicators.

Select the "Environmental Burden Indicators" tab to view the list and identify if your proposed location falls into these categories. Please use the county/tribal area within Region 10 where your proposed project will be primarily located.

Indicators that are at or above the 80 percentile in one or more Environmental Burden Index indicators are considered environmentally burdened.

You will not be scored on your alignment to the environmental burdens, we are asking to understand the full context of the community you intend to serve. If you do not see the environmental factor addressed in your project listed here, please tell us in your own words the issue you are addressing.

Does your proposed project take place in an Environmentally Burdened area? Please select any indicators below that are in your primary project location that are at or above the 80th percentile.*

Environmentally Burdened Indicators*

Particulate Matter 2.5
Ozone
Nitrogen Dioxide
Diesel particulate matter
Toxic Releases to Air

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Does your proposed project take place in an Environmentally Burdened area? Please select any indicators below that are in your primary project location that are at or above the 80th percentile.*

Environmentally Burdened Indicators*

Facility Proximity
 Hazardous Waste Proximity
 Underground Storage Tanks
 Wastewater Discharge
 Drinking Water Non-Compliance
 Not Applicable

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Do you agree or disagree with the Environmental Burden Index Indicator findings? Please tell us more.
1,000 characters maximum

What is the environmental justice issue you and your project community will address with the proposed project?*
3,000 characters maximum

▼ Geographic Information

⚠ Required fields in the Geographic Information section have not been filled out.

In which state within Region [REDACTED] will your proposed project be primarily located in? (Please list primary)*

In which county/tribal area within Region [REDACTED] will your proposed project be primarily located in? (Please list primary)*

In which Zip Code within Region [REDACTED] will your proposed project be primarily located?*

Are some or all of the people your project serves located in a rural area?*

Is the organization who is applying for the grant based in the same location as the proposed project community?*

Are some or all of the people your project serves located in a rural area?*

For the next question, please go to this link to determine the rural, frontier and remote (FAR) score for your proposed project community : Am I Rural? Tool - Rural Health Information Hub

From this site, enter the address for the area where your proposed project will do most of the work (upper left corner of the screen). On this site, enter the zip code or county for the area where your proposed project will do most of the work (upper left corner of the screen).

Once you select your address, click "Run Report"

Scroll down to the section titled: "Frontier and Remote Area (FAR)", and select the FAR Level that appears (Level 1-4). Enter your FAR score on the application.

You will not be evaluated on your FAR score. We are asking to understand the full context of the community you intend to serve.

According to the Rural Community (<https://www.ruralhealthinfo.org/am-i-rural>). What is your Frontier and Remote Area (FAR) Level 1-4 for the area where your proposed project would do most of the work?*

FAR Level/Score*

Do you agree or disagree with the Frontier and Remote Area findings? Please tell us more,
1,000 characters maximum

Project Workplan and Measurement

Please attach a project workplan detailing 3-5 project goals/outcomes, associated activities/tasks, and proposed timeline.

[PLACEHOLDER] OPTIONAL TEMPLATE

Please click the (+) sign below to add attachment.

Project Work Plan



For each goal, include description of associated tasks, as well as list up to five measurable outputs and/or indicators that will be tracked by the project.

Outputs are an (environmental) activity, effort, and/or associated work product related to an (environmental) goal or objective that will be produced or provided over a period of time or by a specified date. Outputs may be quantitative or qualitative but must be measurable during the funding period.

Outcomes are results, effects, or consequences that occurred from carrying out the activities (outputs). Example outcomes include: Community members identified as equipped with tools to engage in advocacy processes, data collected to advance an identified environmental justice project, or lots remediated for lead contamination.

Performance Measurement

Describe how you plan on measuring and tracking your outcomes and outputs?
3,000 characters maximum

 Required Fields in the Project Measurement and Work Plan section have not been filled out.

Estimated number of
people served*

This should be an estimated number of people served for the proposed project and only include the amount of people that could be served from this funding stream.

Does your project propose research, sampling, testing, monitoring, surveying, investigating, and other scientifically based activities requiring additional documentation? Please note this also includes Human Subjects Research.*

Yes

Based on what you are proposing, your project may require a Quality Assurance Project Plan (QAPP). You are not required to develop a QAPP at the time of your application submission. Applicants are only being asked to determine whether or not a QAPP is required should your project be selected for funding. If required, then an approved QAPP must be in place prior to the initiation of project activities. The costs for a QAPP is allowable costs that can be paid for by this grant.

If you plan to perform surveys with grant funds you will need review and approval for Human Subjects Research. We encourage you to budget for this or obtain other sources of funds to develop and administer surveys.

Your application will not be scored based on your response. This information is for information gathering purposes only.

Please specify the objectives or goals of your proposed research, sampling, testing, monitoring, investigations, surveying, or other scientific activities.*

Dates and Financials

⚠ Required Fields in the Dates and Financials section have not been filled out.

Please refer to the help documents to find the correct Start and End dates.

Start Date*



End Date*



Amount Requested*

Do you have a Negotiated Indirect Cost Rate Agreement (NICRA)?*



Please attach your project budget in your preferred format by clicking the + button next to "Application Budget". Budgets over the maximum project limit will not be considered.

Break down costs into these categories: Personnel, Contracts, Travel, Equipment, Supplies, and Indirect Costs.

IMPORTANT: Review the Helper Document for a full list of allowable and unallowable costs.

Application Budget 

Budget Narrative

Please include your budget narrative for each cost category in your project budget. Provide enough detail for reviewers to assess the reasonableness and appropriateness for each item.

Personnel*
1,500 characters maximum

Travel*

1,500 characters maximum

Contractual*

1,500 characters maximum

Equipment*

1,500 characters maximum

Supplies*

1,500 characters maximum

Other*

1,500 characters maximum

Please upload any additional budget narrative information as needed: (optional attachment)

Please click the  sign below to add additional attachments.

Additional Attachments



Provide your organization's LAST TWO years financials (Audited or Unaudited).

Please click the  sign below to add attachment.

Previous TWO Years Financial Statements (Audited or Unaudited)



Does your organization/entity have existing internal controls to support required financial reporting?*

No ▼

If your organization does not have internal controls to support compliance and allow detailed financial reporting, is your organization willing and able to partner with a third party to support required financial reporting (shared service model)?*

No ▼

Please explain.*

1,000 characters maximum

Other

⚠ Required Fields in the Other section have not been filled out.

Non-Discrimination Policy: The organization must have a non-discrimination policy in place. Is there a policy in place to ensure non-discrimination?*

No ▼

Would you be willing to work under a provided non-discrimination policy until you have one in place?*

Yes ▼

Please comment:*

1,000 characters maximum

Attestation: I hereby certify that all information provided in this application, as well as in any supporting documents and forms, is true and accurate to the best of my knowledge. I understand that any false statements or deliberate omissions may result in the requirement to return funds or face legal consequences for fraudulent misrepresentation.*

▼ Documents

Grant Documents



Organization Documents



Application for Noncompetitive Awards

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The use of this provided form is optional. EPA will not penalize or withhold a benefit from the respondent for providing the requested information in another format.

Non-Compete Supplemental Application Questions

What is your organizational annual budget?

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How many paid staff are currently employed at your organization?

- Less than 2 paid staff
- Between 3-5 paid staff
- Between 6-10 paid staff
- More than 11 paid staff
- Other

|

Do you have paid staff to write grant applications? (among other duties)

- Yes
- No
- Not Sure

Has your organization ever received federal funding?

- Yes
- No
- Not Sure

Does the proposed project community have consistent broadband connection/access?

- Yes
- No
- Not Sure

Does the proposed project community have free and clean drinking water available?

- Yes
- No
- Not Sure

Would you like your project application to be entered into subsequent award pools?*

- Yes
- No
- Not Sure

This is for organizations that meet specific criteria (TBD), and may result in lesser funding awarded.

Submit Form