

Applications: Grantmaker H

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Application for Competitive Awards

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

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This application consists of questions that will determine the eligibility of the applicant to apply for the Thriving Communities Grantmaker Award funding [redacted information] and the merit of the proposed project submission to be funded.

Pre application Questions

1. Please select the Competitive Grant Tier you intend to apply for.

- ☐ Tier I Assessment, 1 year project, \$150,000
- ☐ Tier II Planning – 1-2 year project \$250,000
- ☐ Tier III Development – 3 year project \$350,000

2. Please Select the best definition of the type of entity/organization applying for the Grant.

Eligible Thriving Community Subgrantee Entities:

- ☐ Federal or state registered nonprofit organizations
- ☐ Community-based and grassroots nonprofit organizations
- ☐ Philanthropic and Civic organizations with nonprofit status
- ☐ Tribal governments (both federally recognized and state-recognized) and intertribal consortia (i.e., a partnership between two or more tribes that work together to achieve a common objective.)
- ☐ Native American Organizations (includes Indian groups, cooperatives, nonprofit corporations, partnerships, and associations that have the authority to enter into legally binding agreements)
- ☐ Local governments (as defined by 2 CFR 200.1 – includes cities, towns, municipalities, and counties, public housing authorities and councils of government)

Grant Submission Information

A. Request for Project Narrative

Instructions: The **[Redacted] project** is accepting applications for the EPA's Thriving Communities Grantmaker Award funding. Grant applications may be submitted via the online grant portal, a grant submission virtual or in person meeting, or a mailed copy of the grant application. Instructions are provided in each section of the grant application and all required sections must be completed for submission.

B. Cover Page

Project Title									
Applicant Information	Entity/Organization Applicant Legal Name: Point of Contact for Application: Email: Mailing Address: Unique Entity Identification (UEI) Number: <i>[will need to be verified via sam.gov]</i> Tax ID Number: Phone Number: Additional Points of Contact Name, Email Address and Phone Number: Year Founded: Current Number of Staff or Dedicated Volunteers: Entity/Organization Website (Optional):								
Type of Eligible Entity	Select from listed Eligible Entities in the drop-down menu and upload proof of incorporation or nonprofit status from Internal Revenue Service or state government.								
Budget Summary Funding Requested	<table><tr><td>Total Project Costs</td><td>Total Requested Budget Amount</td><td>Yr. 1 Requested Budget Amount</td><td>Yr. 2 Requested Budget Amount</td></tr><tr><td>\$</td><td>\$</td><td>\$</td><td>\$</td></tr></table>	Total Project Costs	Total Requested Budget Amount	Yr. 1 Requested Budget Amount	Yr. 2 Requested Budget Amount	\$	\$	\$	\$
Total Project Costs	Total Requested Budget Amount	Yr. 1 Requested Budget Amount	Yr. 2 Requested Budget Amount						
\$	\$	\$	\$						
Detailed Budget and	Please provide details on the personnel (include fringe), travel, equipment,								

Budget Narrative (6,000-character limit)	supplies, consultants, indirect/administrative costs, and other items included in your budget and budget narrative (up to 6000 characters).
EPA Project Location	State: Drop Down Menu Zip:
Project Description (Tell us what you plan to do. 9,000-character limit).	<p>Explain your Research Question.</p> <p>Need: Why is this project needed?</p> <p>Aims: What will you do to answer your research question? Describe your methods for doing the research and who or what will be included.</p> <p>Outcome: What do you hope to achieve? How will you know you successfully answered the research question and completed the research?</p>
Project Phase(s) – 3,000-character limit	Please provide a description of the phases of the project proposed. Will this project have next steps? Do you intend to apply for other Tiers of this funding opportunity?
Project Outputs and Outcomes – 3,000-character limit	Include a timeline for completion and how will you share the project findings with impacted communities.
Project Period	Project Start Date: Project End Date:
Project Partners: Resumes or CVs must be uploaded.	Please provide the name(s) and resumes or CVs of all project partners.
COI Disclosure: Are you an awarded Environmental Justice Thriving Communities Technical Assistance Centers (TCTAC) a partner to the TCTACs or have any cooperative, collaborative or partnership association with the National Grantmaker National or Regional Grantmaker (please describe the role of your association and duration of partnership)?	
In the past five (5) years, how many competitive grant applications for governmental and/or	<ul style="list-style-type: none"> • Considered: __ • Initiated: __ • Submitted: __ • Been awarded: __

private foundation has your organization:	<ul style="list-style-type: none"> • If awarded who funded the proposal? <i>(include governmental funding from agencies such as Environmental Protection Agency (EPA)/Department of Energy (DOE)/National Institute of Health (NIH), as well as funding from private foundations and non-profits)</i>
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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

[Y/N] Is the applicant located in or primarily serving underserved and disadvantaged communities (70 - 80% of work is dedicated to underserved and disadvantaged communities)? Please submit a map of the project area using the “[EPA IRA Disadvantaged Communities](#)” tool, showing whether or not the community or communities are disadvantaged.

[Y/N] Does the applying entity have a history of working in underserved and disadvantaged communities?

Description of work/projects, collaborative partners, and number of years working in communities (1 page). _____

[Y/N] Does the proposed project specifically address energy justice challenges, environmental hazards, and or health consequences (unhealthy land uses, poor air, and water quality, dilapidated housing that leads to lead exposure, and other environmental threats that drive health disparities)? Will be dropdown menu options for most the questions below.

- Fence line air quality monitoring
- Air quality & Asthma
- Monitoring of effluent discharges from industrial facilities
- Water quality & sampling

- Small cleanup projects
- Improving food access to reduce vehicle miles traveled
- Stormwater issues and green infrastructure
- Lead and asbestos contamination
- Pesticides and other toxic substances
- Healthy homes that are energy/water use efficient and not subject to indoor air pollution
- Illegal dumping activities, such as education, outreach, and small-scale clean-ups
- Emergency preparedness and disaster resiliency
- Environmental job training for occupations that reduce greenhouse gases and other air pollutants
- Environmental justice training for youth.

Please describe _____

[Y/N] Will your project address job insecurity in any of the following ways (please select all that apply)?

- Un- or underemployment,
- linguistic isolation,
- underperforming schools,
- noise pollution,
- crowded homes,
- face high energy burden or fossil fuel dependence,
- lack of access to healthy foods and transportation
- Other

Please describe _____

[Y/N] Has the applicant entity received federally funded technical assistance in finding and or applying to this thriving communities subgrant funding opportunity? (Please select all that apply in the dropdown menu)

- TCTAC's,
- Other - Please provide the name of the organization that provided technical assistance.

Please answer this question if you replied 'YES' to the above question. Select the type of technical assistance received through the federally funded entity noted above:

- Provide capacity building to engage with decision-makers at all levels of government
- Identified this or other resources to apply for (federal, state, local or private)
- Assistance navigating sam.gov and grants.gov reservation process and other grants related portals
- Grant proposal preparation assistance
- Other_____

[Y/N] Is the applicant entity in need of support from a Subject Matter Expert (SME) or need technical assistance consultation to fully execute their project? (please select all that apply in the dropdown menu):

- Financial management assistance (writing and reporting)
- Capacity building and outreach
- Health Impact Assessment
- Local policy (zoning/coding) research and navigation
- Communications: Social media/ web design/ publications
- Resource navigation
- Quality Management Plan (QMP)
- Quality Assurance Project Plans (QAPP)
- Other Please Explain _____

Grant Application Components to Address (10-page limit)

- I. Project Description
- II. Program Goals and Objectives
- III. Environmental Results
 - A. Outputs
 - B. Outcomes
 - C. Performance Measures
 - D. Link to EPA Strategic Plan
- IV. Project Location
- V. Timeline and Milestones
- VI. Environmental Justice and Disadvantaged Communities
- VII. Programmatic Capability
- VIII. Past Performance
- IX. Project Sustainability
- X. Budget and Budget Narrative

Merit Criteria

<u>Merit Criteria</u>	<u>Rating</u>	<u>Performance</u>
Significance of the Project	<u>15 points</u>	<u>Impact</u>
Goals, Objectives, and Outcomes	<u>15 points</u>	<u>Target</u>
Project Plan	<u>25 points</u>	<u>Implementation</u>
Organizational Capacity	<u>20 points</u>	<u>Experience</u>
Evaluation Plan	<u>15 points</u>	<u>Structure/Outcomes</u>
Dissemination Plan	<u>10 points</u>	<u>Communication Strategy</u>

Award Information:

Award Notification

- A. Amount of Funding
- B. Number of Awards
- C. Period of Performance
- D. Threshold Criteria
- E. Eligible and Ineligible Costs

Within 90 days of full application submission via email

Contact Information TBD Grantmaker

Interested applicants may contact [redacted Grantmaker name/description/contact information]

Hours of operation are 8:00 AM – 5:00 PM, Monday -Friday.

Reporting Requirements

Quarterly Narrative Milestone Reporting	
Monthly Financial Report	
Final Report/ Performance Measure Reporting	

Appendix

- A. Application Submission Checklist
- B. Supplemental Forms
 - 1. Resume/CV
 - 2. Budget Template
 - 3. Budget Narrative Template

Application for Noncompetitive Awards

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INFORMATION

Grantee Portal

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ORGANIZATIONS (1)

Organizations (1)

PEOPLE (1)

People (1)

APPLICATIONS

Draft Applications

Invited to Apply

Clarification Requested

Submitted Applications

FLUXX

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ID: R-2024-00013

Draft

Draft

Under Review

Under Review

Granted

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Required fields are in bold

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Non-Competitive Subawards

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Organizations (1)

PEOPLE (1)

People (1)

APPLICATIONS

Draft Applications

Invited to Apply

Clarification Requested

Submitted Applications

FLUXX

Non-Competitive Subawards

This application consists of questions that will determine the eligibility of the applicant to apply for the Thriving Communities Grantmaker Award funding and the merit of the proposed project submission to be funded.

Please select the Competitive Grant Tier you intend to apply for.

Tier II Planning – 1-2 year project \$

Please Select the best definition of the type of entity/organization applying for the Grant.

Native American Organizations (inc

Request for Project Narrative

A. Request for Project Narrative

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B. Cover Page

Project Title

TEST title

Applicant Information

Entity/Organization
Applicant Legal
Name:

Test Org

Department/Location
(if applicable)

Test Org - headquarters

Point of Contact for
Application:

Test User

Signatory Contact

Test User

Mailing Address

123 Test Ave

Email

UEI Number

1234562345

Tax ID Number

12-33333

Organization Phone
Number

1234567890

Additional Points of Contact Name, Email Address and Phone Number:

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Organization Phone Number 1234567890

Additional Points of Contact Name, Email Address and Phone Number:

Year Founded 1980

Current Number of Staff or Dedicated Volunteers: 50

Entity/Organization Website (Optional): TestOrg.com

Type of Eligible Entity

Select from listed Eligible Entities in the drop-down menu and upload proof of incorporation or nonprofit status from Internal Revenue Service or state government.

Local governments (as defined by :

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Budget Summary - Funding Requested

Total Project Costs (\$)	<input type="text" value="\$200,000"/>
Total Requested Budget Amount (\$)	<input type="text" value="\$200,000"/>
Year 1 Requested Budget Amount (\$)	<input type="text" value="\$100,000"/>
Year 2 Requested Budget Amount (\$)	<input type="text" value="\$100,000"/>

EPA Project Location

State:	<input type="text" value=""/>
Zip:	<input type="text" value="12345"/>

LOI

Please type LOI in the box below.

Test

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Cancel	Save	Save and Close
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INFORMATION

Grantee Portal

Apply for Funding

FACs

ORGANIZATIONS (1)

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FLUXX

Total Requested Budget Amount (\$) \$200,000

Year 1 Requested Budget Amount (\$) \$100,000

Year 2 Requested Budget Amount (\$) \$100,000

EPA Project Location

State:

Zip: 12345

LOI

Please type LOI in the box below.

Test

Please click the (+) sign below to upload your LOI letter if it is not being typed in the text box above.

LOI



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Save and Close