Applications: Grantmaker J

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[redacted] TCGM - Tier 1 Competitive Grant Application

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

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[redacted] TCGM – Fixed Amount Competitive Grant Application Form

Please complete this application for a Tier 1 grant of up to $150,000 for up to a 12-month period. Tier 1 Competitive Grants are for severely capacity constrained and/or "entry-level" applicants. Please refer to grant guidelines for definitions and details.

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.

Community-Led Assessment and Education Grants. These projects must focus on assessing or understanding one or more environmental justice, climate, or public health concerns in specific disadvantaged community(ies). Activities can include, but are not limited to, GIS mapping; air quality sensor purchasing and siting; air, water, or soil sampling, testing, and monitoring; research; surveys; and studies. Activities can also include power mapping, public engagement, and public education to improve collective understanding of community challenges, needs, and opportunities.

To be considered for the first grant round, you must complete your application(s) by March 1, 2025 (date subject to change). If you do not submit your application by the deadline, you can be considered in the next grant round, which we will be announced in the coming months.

As you prepare your application, keep these points in mind:

- This online application will take approximately 1 hour to complete. Gathering the required information may take an additional 2-4 hours.
- You need not complete your application in one sitting. HOWEVER, you must hit the green "Save Draft" button in the lower left-hand corner before exiting. You can return to this application at any time via the link sent to you in your email.
- Before starting this Inquiry Form, we suggest that you review the entire form in this preview document. We highly recommend that you first draft responses in this document, then copy and paste your answers into the online form.

Please reach out to grantsupport[redacted] if you have any questions or if you encounter technical difficulties.

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 [redacted] 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

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 Competitive grants are intended for severely capacity constrained and/or “entry-level” 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 $1 million.
- ◯ Employs no more than five full-time equivalent staff.
- ◯ Was formed in the past five 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 five years.
- ◯ Has a different compelling reason to be considered severely 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				◯ Yes ◯ No	
2				◯ Yes ◯ No	

+

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

[redacted]TCGM - Tier 2 Competitive Grant Application

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Thank you for your interest in the [redacted] Environmental Justice Thriving Communities Grantmaking Program. Please complete this application for a Tier 2 grant. Before starting your application, please be sure to review the grant guidelines.

As you prepare your application, keep these points in mind:

- This online application will take approximately 1 hour to complete. Gathering the required information may take an additional 4-5 hours.
- You need not complete your application in one sitting. HOWEVER, you must hit the green "Save Draft" button in the lower left-hand corner before exiting. You can return to this application at any time via the link sent to you in your email.
- Before starting this application, we recommend that you download this preview document of the application questions, use it to draft responses, and then copy and paste them into the online application.
- You can download the required budget template here. Please fill out this spreadsheet and save it to your computer so you can upload it into the application form.
- If you are submitting applications for more than one funding tier, be aware that you will be asked many of the same questions. For example, responses you provide in a Tier 1 application will not carry over to a Tier 2 application. Copying and pasting individual responses is acceptable as long as each application you submit makes a distinct case for your funding needs.

Please reach out [redacted] if you have any questions or if you encounter technical difficulties.

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.

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

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 Primary Social Media Handle (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 (UEI) for the lead applicant?

- ◯ No yet, our registration is in progress
- ◯ No, we would like support in obtaining this
- ◯ Yes, we have a UEI

* 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

* 9. 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

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

* 11. 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)

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

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

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

* 15. 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.

16. 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				◯ Yes ◯ No	
2				◯ Yes ◯ No	

+

Next

Project Description Continued

* 19. Briefly describe your work on climate, environmental justice, and/or public health issues. (1,200 characters max)

* 20. Explain how this project will strengthen relationships with some or all the project partners. Examples might include, but are not limited to: Increased partner capacity as measured by fundraising, communications, or programming outcomes; closer relationships as documented by signed partnership agreements or signed memoranda of understanding. (750 characters max)

* 21. Upload a PDF of your workplan that describes the key activities, milestones, and outcomes for this project. Click on this link for a workplan template. (Please note that the use of this template is optional. The EPA will not penalize or withhold a benefit from the respondent for providing the requested information in another format.)

Download Workplan Template

Upload Files

Upload Files Or drop files

* 22. 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.

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

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

* 25. In this tier, we will award one- to two- year grants of up to $250,000. How much funding are you requesting?

USD

* 26. 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

* . Provide a budget for your project using this template. Grant dollars can be used for program management, staff and fringe benefits, contracts, communications, meeting expenses, supplies, equipment, and other related costs. Up to 50% of the grant can be used for property acquisition. You can also use up to 15% of direct project costs for indirect or overhead expenses. Please allocate sufficient resources for partners (via contracts), staff, project management, and financial oversight.

Download Budget Template

Upload Files

Upload Files | Or drop files

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

PDF Only

Upload Files

Upload Files | Or drop files

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

PDF Only

Upload Files

Upload Files | Or drop files

28. 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

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

Next

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

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* Title

* Organization

* Email

Next

Thank you for completing this application!

Please be aware that if your organization is selected for this grant, you must be willing to engage in regular conversations with [redacted] staff to provide updates on your progress, as required by the U.S. Environmental Protection Agency. You will also be required to submit quarterly, annual (for multi-year grants), and final reports that include an itemized budget showing actual expenditures.

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

[redacted] TCGM - Tier 3 Competitive Grant Application

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Thank you for your interest in the [redacted] Environmental Justice Thriving Communities Grantmaking Program. Please complete this application for a Tier 3 grant.

To be considered for the first grant round, you must complete your application(s) by December 15, 2024 (date subject to change). If you do not submit your application by the deadline, you can be considered in the next grant round, which we will be announced in the coming months.

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Download Workplan Template

Upload Files

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- (●) Yes
- ( ) No

* If yes, please briefly explain.

Response to this question is required

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Submit

Tier 1 Fixed Amount Community-Led Assessment and Education Grants

[redacted] CGM Required Workplan Template (Competitive and Noncompetitive)

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

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Please provide projected quarterly expenses and a project workplan using the required template below. An Example Tier 1 Fixed Amount Budget is available for your reference.

Develop your workplan based upon the requested grant amount: $25,000, $50,000, $75,000, $100,000, $125,000, or $150,000. Make sure the budget and milestones align with your chosen project timeframe: 6, 9, or 12 months. You can choose any combination of grant size and project timeframe as long as your workplan demonstrates you can accomplish your goals, outcomes, and milestones within that budget and grant period. Tier 1 fixed amount grants will be paid out as follows: 50% at the start of the project (once the grant agreement and final paperwork is submitted) and 50% upon completion of milestones in Quarter 1 & Quarter 2 (at the project's half-way point).

Workplan Quarter Reference Chart			
Please refer to the chart below to assist in developing your workplan milestones. Some, or all, activities may be conducted across multiple quarters.			
Reporting Deadlines	**6-month project**	**9-month project**	**12-month project**
Quarter 1	1.5 months	2.25 months	3 months
Quarter 2 (Half-way point)	3 months	4.5 months	6 months
Quarter 3	4.5 months	6.75 months	9 months
Quarter 4 (Project completion)	6 months	9 months	12 months

Tier 1 Fixed Amount Community-Led Assessment and Education Grants

[redacted] CGM Required Workplan Template (Competitive and Noncompetitive)

Project Name:				
Lead Organization Name:				
Requested grant amount:				
Project Length (# of months):				
Proposed Grant Period (m/d/y - m/d/y):				
Overall Project		**Quarterly Workplan**		
Project Goals List no more than 3	**Project Outcomes** List no more than 3 specific results expected from your grant-funded project.	**Project Quarter**	**Projected Expenses** Quarters must total requested grant amount	**Milestones: List up to 3 key project activities for each quarter**
1. 2. 3.	1. 2. 3.	Quarter 1 (1.5-3 months from start)		1. 2. 3.
		Quarter 2 (3-6 months from start)		4. 5. 6.
		Quarter 3 (4.5-9 months from start)		7. 8. 9.
		Quarter 4 (6-12 months from start)		10. 11. 12.

Tier 2 Community Education and Planning Grants & Tier 3 Project Development and Implementation Grants

[redacted] CGM Required Workplan Template

Workplan Instructions

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

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Please provide projected quarterly expenses and a project workplan using the required template below. An Example Tier 1 Fixed Amount Budget is available for your reference.

Develop your workplan based upon the requested grant amount: $25,000, $50,000, $75,000, $100,000, $125,000, or $150,000. Make sure the budget and milestones align with your chosen project timeframe: 6, 9, or 12 months. You can choose any combination of grant size and project timeframe as long as your workplan demonstrates you can accomplish your goals, outcomes, and milestones within that budget and grant period. Tier 1 fixed amount grants will be paid out as follows: 50% at the start of the project (once the grant agreement and final paperwork is submitted) and 50% upon completion of milestones in Quarter 1 & Quarter 2 (at the project's half-way point).

Workplan Quarter Reference Chart		
Please refer to the chart below to assist in developing your workplan milestones. Some, or all, activities may be conducted across multiple quarters.		
12-month project	**18-month project**	**24-month project**
4 quarters	6 quarters	8 quarters

Tier 2 Community Education and Planning Grants & Tier 3 Project Development and Implementation Grants

[redacted]TCGM Required Workplan Template

Project Name:				
Requested grant amount:				
Project Length:				
Enter Proposed Grant Period (m/d/y - m/d/y):				
Overall Project		**Quarterly Workplan**		
Project Goals List no more than 3	**Expected Project Outcomes** List no more than 3 specific results from your grant-funded project.	**Project Quarter**	**Estimated Quarterly Expenses** (should total requested grant amount)	**Milestones: List up to 3 key project activities for each quarter**
1. 2. 3.	1. 2. 3.	Quarter 1		1. 2. 3.
		Quarter 2		4. 5. 6.
		Quarter 3		7. 8. 9.
		Quarter 4		10. 11. 12.
		Quarter 5 (if applicable)		13. 14. 15.
		Quarter 6 (if applicable)		16. 17.

				18.
		Quarter 7 (if applicable)		19. 20. 21.
		Quarter 8 (if applicable)		22. 23. 24.

Tier 2 & Tier 3 Required Budget Template

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

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Directions: Before working on the budget, please read the instructions on the Printable Budget Directions and review the Example Budget. Only use the Fillable Budget Template to submit your project budget information. Remember that developing federal budgets is not intuitive or easy! Visit [redacted] for resources and support. Please provide the budget breakdown to the best of your abilities. If you are awarded a TCGM grant, a Program Officer will work to update and finalize the budget to ensure it aligns with both your workplan and EPA requirements. Budget category examples in red are provided for your reference. Only allocate funds to the categories that apply to your specific project expenses

Printable: Line Item Budget Directions for Tier 2 & Tier 3 Grant Applications

Do NOT attempt to fill out this version of the budget.

This is simply a printable guide for easy reference to Directions.

Please submit your information via the Fillable Budget Template on the next tab.

To Print: Set orientation to landscape mode.

Note: Developing federal budgets is not intuitive or easy! [redacted]org for resources and support. Please provide the budget breakdown to the best of your abilities. If you are awarded a TCGM grant, a Program Officer will work to update and finalize the budget to ensure it aligns with both your workplan and EPA requirements. Budget category examples in red are provided for your reference. Only allocate funds to the categories that apply to your specific project expenses.

Budget Category	Directions
Personnel	
	This category is only for staff employed by the Lead Applicant (not partners) that will be allocating time to this project. Please include the estimated total dollar amounts for the time you expect that each staff will spend on this proposed project. Eligible staff include Executive Directors, Finance/Accounting staff, Program staff, Communications staff, and Administrative support staff. In the Budget Narrative column, provide a brief description of each role and the estimated average percentage of time that will be spent on this project.
Fringe Benefits	If you enter the Fringe Rate, your Fringe Benefit totals will automatically calculate.
Travel	
Hotel	Estimate your total travel expenses for each category: Hotel, Airfare, Trains/Public Transportation/Mileage/Per Diem Food and Miscellaneous costs (gsa.gov/travel/plan-book/per-diem-rates). In the Budget Narrative column, provide details regarding how you arrived at these numbers (e.g., 2 round trip drives from Ann Arbor to Lansing totaling 260 miles paid at .67/mile).
Airfare	
Trains/Public Transportation	
Mileage	
Per Diem (daily travel expenses)	

Supplies (<=$9,999.99 per unit)	
Office hardware: Computers, printers, etc.	List the total of all supplies that cost less than $10,000 per unit. This can include, but is not limited to, Computers, Workstations, Off-site printing (e.g. pamphlets, reports, banners), Program Supplies (e.g. painting supplies, gardening supplies, books or textbooks, rain barrels, solar-powered lights, etc.) and Office Supplies (such as pens, pencils notepads, etc.). In the Budget Narrative column, briefly note the expected number of units you will purchase (e.g., 6 computers) and cost per unit. If the total numbers in column D (#of units X price per unit) is between $10,000 - $250,000 it will require following simplified procurement policies. You must show that you've obtained at least 3 bids and explain your choice. You need not choose the lowest-cost option, as long as you have a reasonable rationale behind your choice.
Furniture (e.g. tables, chairs, cabinets, etc.)	
Off-site Printing	
Office Supplies	
Program Supplies	
Other	

Contractual	
Financial/accounting services	Each contract that totals between $10,000 - $250,000 will require following simplified procurement policies as explained in G27. You must consider the total cost of contracts that are expected to be renewed during the grant period. Note that some construction costs undertaken on a contractual basis are not allowable as indirect costs. Further details and support will be provided if you are awarded a TCGM grant.
Catered light refreshments	
Meeting space rental	

Construction	
	List ALL costs related to construction here (including personnel, contractors, supplies, etc.). All purchases and contracts between $10,000 - $250,000 will require following simplified procurement policies as explained in G27. Further details and support will be provided if you are awarded a TCGM grant.

Partner Subawards	
	Subawards are only for eligible entities that are entering this project as partners. For-profits and other non-eligible partner entities must be listed under contractual. Also, please note that you will be held accountable for ensuring partners spend their TCGM grant dollars in accordance with EPA requirements. Be prepared to ask your partners to present a budget in this format to approve and for future tracking purposes.

Max Indirect Charges Allowed **Indirect Charges Taken**	This spreadsheet automatically calculates the 15% de minimis indirect cost rate for what the EPA accepts as direct costs: personnel, travel, contractual, supplies, construction, and portions of Partner Subawards. Please adjust the formula in cell G56 to reflect your Federally-negotiated and approved rate, if you have one. If you intend to make Partner Subawards, please reach out to [redacted]TCGM@mplsfoundation.org for help in calculating your indirect cost rate. The calculation is 15% (or your negotiated federal rate) multiplied by the total cost of each subaward up to $50,000 and no more than $50,000 for each subaward greater than that amount. See [redacted] for the practical application. Visit [redacted] TCGM.org for resources and support.

Other	
Land Purchase	List everything that does not fall into one of the categories above. This includes rental costs, subscription services, and light refreshments for special events or gatherings that you purchase yourself. Due to EPA requirements, TCGM grants cannot be used to pay for meals - only light refreshments (this includes, but is not limited to, bagels, non-alcoholic drinks, chips and dip, fruits and vegetables, etc.).
Total rental costs (equipment, office space leases, program space leases, etc. but excluding limited-time venue rental, which falls into contractual.)	
Light refreshments purchased directly	
Subscriptions (e.g., Microsoft Office, MailChimp, QuickBooks)	
Other	

Equipment (>=$10,000 per unit)	
	All equipment purchases between $10,000 - $250,000 will require following simplified procurement policies as explained in G27. Further details and support will be provided if you are awarded a TCGM grant.

Total Project Cost	It is okay if your total doesn't equal exactly the requested amount. Get as close as you can. If awarded a grant, your Program Officer will work with you to adjust the budget so it equals the total awarded amount.

Note: Developing federal budgets is not intuitive or easy! Visit [redacted] for resources and support. Please provide the budget breakdown to the best of your abilities. If you are awarded a TCGM grant, a Program Officer will work to update and finalize the budget to ensure it aligns with both your workplan and EPA requirements. Budget category examples in red are provided for your reference. Only allocate funds to the categories that apply to your specific project expenses.

Fillable Line Item Budget for Tier 2 & Tier 3 Grant Applications

Enter Organization Name

Enter Requested Amount

Enter Proposed Grant Period (m/d/y - m/d/y)

To Print: Set Orientation to Landscape Mode.
(Directions are provided for your guidance and will not show up in printed format)

Budget Category	Year 1	Year 2	Requested Funds	Budget Narrative
Personnel				
			$0.00	
			$0.00	
			$0.00	
			$0.00	
			$0.00	
			$0.00	
Total	$0.00	$0.00	$0.00	
Fringe Benefits	$0.00	$0.00	$0.00	Enter Fringe % ->
Travel				
Hotel			$0.00	
Airfare			$0.00	
Trains/Public Transportation			$0.00	
Mileage expense (total # of miles x .67)			$0.00	
Per Diem (daily travel expenses)			$0.00	
Total	$0.00	$0.00	$0.00	
Supplies (<=$9,999.99 per unit)				
Office hardware: Computers, printers, etc.			$0.00	
Furniture (e.g. tables, chairs, cabinets, etc.)			$0.00	
Off-site Printing			$0.00	
Office Supplies			$0.00	
Program Supplies			$0.00	

Other			$0.00	
Total	$0.00	$0.00	$0.00	

Contractual				
Financial/accounting services			$0.00	
Catered light refreshments			$0.00	
Meeting space rental			$0.00	
			$0.00	
Total	$0.00	$0.00	$0.00	

Construction				
			$0.00	
			$0.00	
			$0.00	
Total	$0.00	$0.00	$0.00	

Partner Subawards				
			$0.00	
			$0.00	
			$0.00	
			$0.00	
			$0.00	
Total	$0.00	$0.00	$0.00	

Max Indirect Charges Allowed	$0.00		
Indirect Charges Taken	$0.00	You may choose take less than the allowable amount.	

Other				
Land purchase			$0.00	

Total rental costs (equipment, office space leases, program space leases, etc. but excluding limited-time venue rental, which falls into contractual.)			**$0.00**	
Light refreshments purchased directly			**$0.00**	
Subscriptions (e.g., Microsoft Office, MailChimp, QuickBooks)				
Other				
Total	**$0.00**	**$0.00**	**$0.00**	

Equipment (>=$10,000 per unit)				
			$0.00	
			$0.00	
			$0.00	
Total	**$0.00**	**$0.00**	**$0.00**	

Total Project Cost	**$0.00**	

Note: Developing federal budgets is not intuitive or easy! [redacted] for resources and support. Please provide the budget breakdown to the best of your abilities. If you are awarded a TCGM grant, a Program Officer will work to update and finalize the budget to ensure it aligns with both your workplan and EPA requirements. Budget category examples in red are provided for your reference. Only allocate funds to the categories that apply to your specific project expenses.

EXAMPLE Line Item Budget for Tier 2 & Tier 3 Grant Applications

[redacted]

$350,000.00

October 1, 2024 - September 30, 2026

To Print: Set orientation to landscape mode. (Directions are provided for your guidance and will not show up in printed format)

Budget Category	Year 1	Year 2	Requested Funds	Budget Narrative	
Personnel					
Executive Director	$10,000.00	$10,300.00	**$20,300.00**	$100k salary, allocates 10% of time over 2 years to oversee project . Year 2 includes 3% cost of living increase.	
Program Director	$75,000.00	$77,250.00	**$152,250.00**	100% of time over 2 years to manage and implement project. Year 2 includes 3% Cost of Living increase.	
			$0.00		
			$0.00		
			$0.00		
			$0.00		
Total	**$85,000.00**	**$87,550.00**	**$172,550.00**		
Fringe Benefits	**$21,250.00**	**$21,887.50**	**$43,137.50**	**Enter Fringe % ->**	**25%**
Travel					
Hotel			**$0.00**		
Airfare			**$0.00**		
Trains/Public Transportation			**$0.00**		
Mileage expense (total # of miles x .67)			**$0.00**		
Per Diem (daily food and travel expenses)			**$0.00**		
Total	**$0.00**	**$0.00**	**$0.00**		

Supplies (<=$9,999.99 per unit)				
Office hardware: Computers, printers, etc.	$2,500.00		**$2,500.00**	Buying 1 laptop at $2.5K a unit, for new staff
Furniture (e.g. tables, chairs, cabinets, etc.)			**$0.00**	
Off-site Printing		$500.00	**$500.00**	Printed materials for community meeting (handouts, posters, etc.)
Office Supplies			**$0.00**	
Program Supplies		$500.00	**$500.00**	Books and materials for trainings and workshops
Other			**$0.00**	
Total	**$2,500.00**	**$1,000.00**	**$3,500.00**	
Contractual				
Financial/accounting services	$5,000.00	$5,000.00	**$10,000.00**	Contract with accounting firm to manage cash flow and grant draw-downs
Catered light refreshments			**$0.00**	
Meeting space rental		$3,000.00	**$3,000.00**	Community meeting to share information from the project
			$0.00	
Total	**$5,000.00**	**$8,000.00**	**$13,000.00**	
Construction				
			$0.00	
			$0.00	
			$0.00	
Total	**$0.00**	**$0.00**	**$0.00**	
Partner Subawards				
Neighborhood Church	$40,000.00	$20,000.00	**$60,000.00**	For Community Outreach over 2 years
Neighborhood EJ Group	$10,000.00	$5,000.00	**$15,000.00**	Support with program development for first year
			$0.00	
			$0.00	
			$0.00	
Total	**$0.00**	**$0.00**	**$75,000.00**	

		Max Indirect Charges Allowed	**$44,578.13**	
		Indirect Charges Taken	**$44,578.13**	**You may choose take less than the allowable amount.**
Other				
Land purchase			**$0.00**	
Total rental costs (equipment, office space leases, program space leases, etc. but excluding limited-time venue rental, which falls into contractual.)			**$0.00**	
Light refreshments purchased directly		$837.73	**$837.73**	
Subscriptions (e.g., Microsoft Office, MailChimp, QuickBooks)				
Other				
Total	**$0.00**	**$837.73**	**$837.73**	
Equipment (>=$10,000 per unit)				
			$0.00	
			$0.00	
			$0.00	
Total	**$0.00**	**$0.00**	**$0.00**	
		Total Project Cost	**$352,603.36**	

[redacted]

[redacted] TCGM – Tier 1 Noncompetitive Grant Inquiry Form

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

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[redacted] 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 [redacted] 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

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				◯ Yes ◯ No	
2				◯ Yes ◯ No	

+

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