



United States
ENVIRONMENTAL PROTECTION AGENCY
Washington, DC 20460

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GRANTEE REPORTED TECHNICAL ASSISTANCE TO BROWNFIELDS PROFILE FORM

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TAB PROVIDER INFORMATION (mandatory for all TABs)

1. TAB Cooperative Agreement Number:

2. TAB Provider Name:

3. Is this funding from the Bipartisan Infrastructure Law (BIL) allocation?

☐ Yes

☐ No

PART I- COMMUNITY SPECIFIC INFORMATION (mandatory for all Community Specific TABs)

COMMUNITY INFORMATION

4. Community Name:

5. Community Type:

☐ State

☐ Tribe

☐ County

☐ Local Government

☐ Regional Council

☐ Redevelopment Agency

☐ Non-Profit

☐ University

☐ Other

6. Has this community received any type of funding from the brownfields program in the past 9 years?

☐ Yes

☐ No

GENERAL COMMUNITY LOCATION INFORMATION

7a. Street Address (if applicable):

7b. ZIP code:

7c. City:

7d. State:

7e. County:

8. Census Tract(s):

TECHNICAL ASSISTANCE PROVIDED

9. What activity was performed in the community?

☐ Grant Application Prep/Review

☐ Site Identification

☐ Research/Education

☐ Document Review/Assistance

☐ Evaluation of Redevelopment Options

☐ Training Facilitation

☐ General Inquiries/Referral/Resource
Dissemination

☐ Affiliation Event Planning/Participation

☐ Other

10a. What is the relevant location of this activity?

☐ Community-wide

☐ Not Applicable

☐ Different than Community Address

10b. If Different than General Community location, enter the information below:

Street Address (if applicable):

City:

State:

County:

ZIP Code:

11a. Latitude:

11b. Longitude:

12. Census Tract(s):

13. What is the relevant date(s) of this activity:

14. How does this project address changing climate conditions? (Select all that apply):

☐ N/A: This project does not address changing climate conditions

☐ Climate Risk Identification

☐ Green Infrastructure and/or Green Building Techniques

☐ Sustainable Land Management Practices

☐ Use of Renewable Energy

☐ Incorporate and encourage multi-modal transit opportunities in redevelopment activities

☐ Other _____

PART II- MULTI-COMMUNITY TECHNICAL ASSISTANCE FORM

TRAINING/WORKSHOP/EVENT INFORMATION (mandatory for all Multi-Community TABs)

15. Training/Workshop/Event Name: _____

16. Description of Training/Workshop/Event:

TRAINING/WORKSHOP LOGISTICS

17. Role of the TAB provider in this Training/Workshop/Event:

☐ Host/Organizer

☐ Presenter/Trainer

18. How was the Training/Workshop/Event conducted?:

☐ Virtual

☐ Hybrid

☐ In-person

19a. City: _____

19b. State: _____

20a. Start Date: _____

20b. End Date: _____

TRAINING/WORKSHOP/EVENT ATTENDEES

21. Number of Training/Workshop/Event Attendees: _____

22. Number of Training/Workshop/Event Attendees that gained capacity in at least one Brownfields related subject: _____

BROWNFIELDS PUBLICATION INFORMATION (mandatory for Multi-community TABs)

23. Publication Name: _____

24. Description of Brownfields publication:

25. Publicly Available URL (if applicable): _____

26. Publication Date: _____

BROWNFIELDS TOOL DEVELOPMENT INFORMATION (mandatory for Multi-community TABs)

27. Brownfields Tool Name: _____

28. Description of Brownfields Tool:

29. Publicly Available URL (if applicable): _____

30a. Development Start Date: _____

30b. Development End Date: _____