

**P2 IJA Products EJ Grant Reporting Template****Welcome**

Using this workbook will allow you to track all required reporting and outcome elements, automatically tabulate many of your required outputs, and submit your data for sequential annual reporting. Using this workbook will also allow EPA to easily import this information into its P2 Grants Database, which aggregates P2 grant performance information across the country. EPA is planning to make the P2 Grants database widely available through a searchable public website, which will allow other P2 providers and facilities to find demonstrated P2 practices and implemented P2 actions. By using this standardized workbook to report your results, you are helping to ensure that the database contains accurate, complete, and consistent data about P2 practices, which may allow others to replicate your successes. So, thanks!

[Learn more at https://www.epa.gov/p2/grant-reporting](https://www.epa.gov/p2/grant-reporting)

**Getting Started**

Use the tabs below from left to right. Full instructions appear on each tab:

1. The **Grant Project Data** tab combines data entry and an automatic list. On top is the data entry area for grant/grantee information. Below that is an auto-generated tracking list that will pull in business establishment names you've entered in the numbered business establishment tabs.
2. The **Results Summary** tab automatically aggregates results from data entered in the Partners tab, Outreach Activities tab, and the numbered business establishment tabs.
3. The **Partners** tab is optional and provides a place to enter information about partners who helped strengthen your ability to provide P2 technical assistance to businesses in disadvantaged communities.
4. The **Outreach Activities** tab is for capturing information about outreach activities, including training, webinars, videos, etc.
5. The **Sample Business Establishment** tab serves as an example of how to sufficiently enter project data on the numbered business establishment tabs.
6. The **numbered** tabs are for data entry of business establishment-level data, one business establishment per numbered tab. While providing the business establishment name is optional, it is beneficial to do so because the Grant Project Data tab displays the name provided and associates it with its numbered tab, which will help you later when you need to find the correct tab for updating the status of follow-up, implementation and results achieved at a specific business establishment. This template has 75 numbered tabs for business establishments; please use a new file if you need more tabs.

*Last Updated: 9/18/2023*

EPA Form 9600-055

**Paperwork Reduction Act Burden Statement**

This collection of information is approved by OMB under the Paperwork Reduction Act, 44 U.S.C. 3501 et seq. (OMB Control No. 2070-NEW). Responses to this collection of information are mandatory for certain persons, as specified at 42 U.S.C 13101 and 15 U.S.C.3701. 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 approximately 20 hours per response. 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 the Regulatory Support Division Director, 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.

## P2 IJA Products EJ Grant Reporting Template

<b>How to Use This Tab:</b>	<p>1. Enter Grant/Grantee information in the top section. The Recipient and Project Number information will automatically appear on the other tabs in this workbook.</p> <p>2. The Business Establishments in the bottom section will be populated automatically as you fill out the numbered business establishment tabs. This list will help you later to find business establishments when updating the status of follow-up, implementation, and results achieved.</p>
<b>Grant Recipient:</b>	
<b>Grant Project Number:</b>	
<b>Grant Award Date:</b>	
<b>Grantee Contact Name:</b>	
<b>Grantee Contact Phone Number:</b>	
<b>Grantee Contact E-mail:</b>	
<b>Grantee State/Tribe:</b>	

Business Establishment Names on Numbered Tabs <i>(populated automatically)</i>	
Business Establishment 1:	
Business Establishment 2:	
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Business Establishment 4:	
Business Establishment 5:	
Business Establishment 6:	
Business Establishment 7:	
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Business Establishment 75:	

## P2 IJIA Products EJ Grant Reporting Template

Aggregate Output Measures from Business Establishments											
How to Use this Tab:		This read-only tab summarizes the aggregate outcomes being achieved in this grant project using information entered on the other tabs in this workbook.									
Grant Recipient:											
Grant Project Number:											
Federal Fiscal Year (Oct 1. - Sep 30)	Production				Sales / Marketing					Purchased/Used	
	Total Number of Products Reformulated / Redesigned	Total Number of Products Newly Certified (or in Process)	Total Increase in Number of Products Offered for Sale	Actions Including New Advertising or Outreach	Total Increase in Number of Products Sold	Total Increase in Shelf Space (linear feet)	Actions Including New Advertising, Outreach, or Signage	Increase in Sales Volume (units)	Increase in Sales Volume (dollars)	Total Number of Products Adopted for Use in Operations and Maintenance	Actions Including Adoption of Green Purchasing Programs
2023	0	0	0	0	0	0	0	0	\$0	0	0
2024	0	0	0	0	0	0	0	0	\$0	0	0
2025	0	0	0	0	0	0	0	0	\$0	0	0
2026	0	0	0	0	0	0	0	0	\$0	0	0
2027	0	0	0	0	0	0	0	0	\$0	0	0
2028	0	0	0	0	0	0	0	0	\$0	0	0

Additional Aggregate Output Measures	
Number of partner organizations.	<input type="text" value="0"/>
Number of outreach activities and informational materials that widely share P2 practices.	<input type="text" value="0"/>
Number of business establishments reached through outreach activities and informational materials.	<input type="text" value="0"/>
Number of business establishments provided technical assistance.	<input type="text" value="0"/>
Percentage of business establishments provided technical assistance that the grantee followed up with (should be 100%) by phone call, visit, letter or email) to determine which P2 practices were implemented.	<input type="text" value="0%"/>
Percentage of business establishments that implemented at least one new P2 practice as a result of the technical assistance provided by the grantee.	<input type="text" value="0%"/>
Number of case studies describing specific P2 best practices implemented through the grant.	<input type="text" value="0"/>

P2 IJA Products EJ Grant Reporting Template

How to Use this Tab:

This tab is optional. Enter information about the partners who helped strengthen your ability to provide P2 technical assistance to businesses in disadvantaged communities. The number of partners you entered will be captured automatically on the "Results Summary" tab.

Grant Recipient:

Grant Project Number:

	Name of Partner Organization/Entity <i>(Optional)</i>	Organization Type <i>(Optional. Use dropdown)</i>	Partnership Description <i>(Optional)</i>	Point of Contact Name <i>(Optional)</i>	Point of Contact Email <i>(Optional)</i>	Point of Contact Phone <i>(Optional)</i>
	(Ex: Household & Commercial Products Association)	Trade Association	HCPA provided details about the companies they represent & distributed materials created under this grant.	John Doe	john.doe@hcpa.org	(212) 555-1212
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## P2 IJA Products EJ Grant Reporting Template

## How to Use this Tab:

Use this tab to report on outreach activities, including training, webinars, videos, or other outreach.

1. List the title of each activity and identify the type of activity using the dropdown provided.
2. Enter the date of the event, if applicable. Include just the first day for multi-day events.
3. Provide information on the topics covered and number of business established in attendance/reached.
4. If applicable, include a link to online content or attach the content created to the report submission.

The five sample records may be used as a guide.

Grant Recipient:

Grant Project Number:

Outreach Activity Name	Activity Type (use dropdown provided)	Activity Date (if applicable)	Informative Description of Activity and Topics Covered	# of Business Establishments in Attendance / Reached	Materials Developed If online content was developed, provide a link for EPA to view, download and share. Otherwise, include attachments with your report submission and supply the file name(s) here or a description of file(s).
(Ex: How to Find Safer Cleaners)	Training	9/1/2023	Training for janitorial staff on how to find Ecolabel cleaners using online tools	12	Training slide deck attached
(Ex: Green Cleaning Webinar)	Webinar	9/7/2023	How to apply green cleaning methods and use Ecolabel products at businesses for similar costs and with reduced risks to customers	40	<a href="http://stateagency/webinars">http://stateagency/webinars</a>
(Ex: Cleaners Go Green with P2 factsheet)	Outreach Document	n/a	Brief factsheet on how janitorial staff can go green using Safer Choice products, showcasing real-world examples	1,000	<a href="http://stateagency/factsheets">http://stateagency/factsheets</a>
(Ex: Demonstration of Safer Choice Products)	Outreach Demonstration	11/17/2022	Demonstrate effectiveness of a suite of Safer Choice certified products to janitorial contractors for the Des Moines school system	15	None
(Ex: Instagram post about Demonstration of Safer Choice Products)	Social Media Content	11/19/2022	Posted photo of demonstration on Instagram with a link to recorded video from the event	4,000	<a href="https://www.instagram.com/p/CthEkNeg">instagram.com/p/CthEkNeg</a>
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1. Enter Business Establishment Name and provide information about the business establishment's impact on disadvantaged communities. For the Business Establishment Name, if you do not wish to disclose the actual name, enter a meaningful phrase so that you will be able to find it when you search for the business establishment. Enter the Business Establishment Address, City, State, and Zip Code. Enter the Date the business establishment was established. **IMPORTANT:** None of your actions and outcomes will be reflected on the "Results Dashboard" table until you enter at least one business establishment.

2. Enter 20 Actions and Outcomes, enter each #2 action implemented by the business establishment. Select the role: Manufacturer (and which type of product) or Distributor/Wholesaler or Retailer. Select the type of action: New, Existing, or Planned. Select the type of outcome: New, Existing, or Planned. **IMPORTANT:** You must enter the Date Implemented for your actions and outcomes to be reflected on the "Results Dashboard" table.

3. Cells will be highlighted yellow if your response is different than the expected input type (e.g., text instead of number). For highlighted values, re-enter the value in the appropriate format to remove the highlighting.

## P2 Actions and Outcomes

(NOTE: This example has been constructed to demonstrate how each of the types of projects might be entered; it is unlikely that one business establishment will be conducting each of these types of P2 actions.)

\_\_\_\_\_

**For Business Establishment Informs** and provide information about the business establishment's impact on disadvantaged communities.

1. Enter Business Establishment Name. If you do not wish to disclose the actual name, enter a reasonable proxy so that you will be able to find it when needed. You may also enter "Other" if you are unable to find the name or you want to keep the name confidential. If you select "Other," please explain the basis for the entry on the following page with your comments. **IMPORTANT:** None of your actions and outcomes will be reflected on the "Results by County" report unless you include the actual name of the business establishment.
2. Under P2 Actions and Outcomes, enter each P2 action implemented by the business establishment. Select the role Manufacturer (and which type of associated product - production, certification, or marketing), Distributor/Retailer, or Purchaser/User. Based on the selection made, certain columns will show up. Fill out all non-grayed-out cells. **IMPORTANT:** You must enter the Date Implemented for your actions and outcomes to be reflected on the "Results by County" report.
3. Cells will be highlighted yellow if your outcome is different than the expected input type (e.g., text instead of number). For highlighted values, re-enter the value in the appropriate format to remove the highlighting.

The information in the two cells below is populated automatically from Grant Project Data tab.

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Grant Recipient  
Project Number

Note: If copy-pasting into merged cells below, click this header for help text.

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	(Yes / No / Unknown)

DISADVANTAGED COMMUNITIES

**Outreach Activity (optional)**  
If you made contact with the business establishment through an activity

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\_\_\_\_\_

If there were recommended actions that this business establishment did not implement, please describe any barriers to implementation (e.g.,

Description of Planned P2 Actions Within 5 Years (optional)

Scroll right to see all columns (cols. B through AE) →

Scroll right to see all columns (cols. B through AE) →

[illegible]

**For Business Establishment Informs** and provide information about the business establishment's impact on disadvantaged communities.

**For Business Establishment Informs**, if you do not wish to disclose the actual name, enter a reasonable proxy so that you will be able to find it when you need it. For example, if you are a restaurant, you may enter "Restaurant" or "Food Service" instead of the actual name of the establishment. The actual name of the establishment will be used to determine if the establishment is located in a disadvantaged community. **IMPORTANT:** None of your actions and outcomes will be reflected on the "Results of Actions and Outcomes" page.

**Under P2 Actions and Outcomes**, enter each P2 action implemented by the business establishment. Select the role: Manufacturer (and which type of associated product - production, certification, or marketing); Distributor/Retailer, or Purchaser/User. Based on the selection made, certain columns will show. Fill out all non-grayed-out cells. **IMPORTANT:** You must enter the Date Implemented for your actions and outcomes to be reflected on the "Results of Actions and Outcomes" page.

**Cells will be highlighted yellow** if your outcome is different than the expected input type (e.g. text instead of number). For highlighted values, re-enter the value in the appropriate format to remove the highlighting.

The information in the two cells below is populated automatically from Grant Project Data tab.

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Project Number

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[NACS Code \(3 to 6 digit\) NACS Search Results](#)

Overwrite impacting a disadvantaged community:  
(Yes / No / Unknown)

How do the recommended P2 actions identified below benefit disadvantaged communities?

Date(s) of Follow-up [mm/dd/yyyy]

and on the "Outreach Activities" tab, indicate the activity by choosing it from the drop-down provided:

Description of funding Mechanism (optional) KFA is exploring ways to

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If you were not interested in implementing the first business enhancement, please describe any barriers to implementation (e.g., cost, long payback period, low priority).

Description of Planned P2 Actions Within 5 Years (optional)

Scroll right to see all columns (cols. B through AD) →

Scroll right to see all columns (cols. B through AD) →

[illegible]



**For Business Establishment Informs** and provide information about the business establishment's impact on disadvantaged communities.

**For Business Establishment Informs**, if you do not wish to disclose the actual name, enter a reasonable proxy so that you will be able to find it when you need it. For example, you can enter "ABC Company, Inc." if you do not want to disclose the actual name of the business. If you do not wish to provide the actual name, you must also provide the type of business (e.g., restaurant, retail store, etc.) and the location (e.g., street address, city, state, and zip code) of the business. If you do not wish to provide the actual name, you must also provide the type of business (e.g., restaurant, retail store, etc.) and the location (e.g., street address, city, state, and zip code) of the business. If you do not wish to provide the actual name, you must also provide the type of business (e.g., restaurant, retail store, etc.) and the location (e.g., street address, city, state, and zip code) of the business.

**Under P2 Actions and Outcomes**, enter each P2 action implemented by the business establishment. Select the role (Manufacturer (and which type of associated product - production, certification, or marketing), Distributor/Retailer, or Purchaser/User. Based on the selection made, certain columns will not apply. Fill out all non-grayed-out cells, **IMPORTANT**: You must enter the Date Implemented for your actions and outcomes to be reflected on the "Results" page.

**Cells will be highlighted yellow** if your response is different than the expected input type (e.g., text instead of number). For highlighted values, re-enter the value in the appropriate format to remove the highlighting.

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[NAICS Code \(3 to 6 digits\) NAICS Search Results](#)

Other/were impacting a disadvantaged community? (Yes / No / Unknown)

How do the recommended P2 actions identified below benefit disadvantaged communities?

Date(s) of Follow-up (mm/dd/yyyy)
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noted on the "Outreach Activities" tab, indicate the activity by choosing it from the drop-down provided:

Description of funding Mechanism (optional) (EDA is exploring ways to


If there were recommended actions that the business environment did not implement, please describe any barriers to implementation (e.g., cost, time, market-related, low interest).

Description of Planned R? Actions Within 5 Years (continued)

Scroll right to see all columns (cols. B through AB) →

Scroll right to see all columns (cols. B through AB) →

[illegible]

**For Business Establishment Informs** and provide information about the business establishment's impact on disadvantaged communities.

1. Enter Business Establishment Name. If you do not wish to disclose the actual name, enter a reasonable proxy so that you will be able to find it when needed. You may also enter "Other" if you are unable to identify a suitable proxy or you prefer to keep your identity confidential. If you select "Other," please explain the reason in the Remarks section. The remarks entered here will appear on the public version of the report. **IMPORTANT:** None of your actions and outcomes will be reflected on the "Results by Business Establishment" page if you select "Other."
2. Under P2 Actions and Outcomes, enter each P2 action implemented by the business establishment. Select the role: Manufacturer (and which type of associated product - production, certification, or marketing); Distributor/Retailer; Purchaser/User. Based on the selection made, certain columns will show up. Fill out all non-grayed-out cells **IMPORTANT:** You must enter the Date Implemented for your actions and outcomes to be reflected on the "Results by Business Establishment" page.
3. Cells will be highlighted yellow if your outcome is different than the expected input type (e.g., text instead of number). For highlighted values, re-enter the value in the appropriate format to remove the highlighting.

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	(Yes / No / Unknown)

DISADVANTAGED COMMUNITIES

**Outreach Activity (optional)**  
If you made contact with the business establishment through an activity

\_\_\_\_\_

\_\_\_\_\_

If there were recommended actions that this business establishment did not implement, please describe any barriers to implementation (e.g.,

Description of Planned P2 Actions Within 5 Years (optional)

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Scroll right to see all columns (cols. B through AE) →

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**For Business Establishment Informs** and provide information about the business establishment's impact on disadvantaged communities.

1. Enter Business Establishment Name. If you do not wish to disclose the actual name, enter a reasonable proxy so that you will be able to find it when needed. You may also enter a street address or other location information if you wish. If you are reporting on multiple establishments, please include the state(s) on which you followed up with each establishment. **IMPORTANT:** None of your actions and outcomes will be reflected on the "Results by State" page unless you include the state(s).
2. Under P2 Actions and Outcomes, enter each P2 action implemented by the business establishment. Select the role Manufacturer (and which type of associated product - production, certification, or marketing), Distributor/Retailer, or Purchaser/User. Based on the selection made, certain columns will show. Fill out all non-grayed-out cells. **IMPORTANT:** You must enter the Date Implemented for your actions and outcomes to be reflected on the "Results by Date" page.
3. Cells will be highlighted yellow if your outcome is different than the expected input type (e.g., text instead of number). For highlighted values, re-enter the value in the appropriate format to remove the highlighting.

The information in the two cells below is populated automatically from Grant Project Data tab.

The information in the two cells below is populated automatically from Grant Project Data tab.

ent Project Number

Note: If copy-pasting into merged cells below, click this header for help text.

Note: If copy-pasting into merged cells below, click this header for help text.

Is the business establishment located in, adjacent to, or

--

[illegible]

If you made contact with the business establishment through an activity noted on the "Outreach Activities" tab, indicate the activity by choosing it

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If barriers to implementation were not implementable, please describe any barriers to implementation (e.g., cost, long payback period, low priority).

Description of Planned P2 Actions Within 5 Years (optional)  
If the business establishment intends to implement additional actions

Scroll right to see all columns (cols. B through AE) →

Scroll right to see all columns (cols. B through AE) →

[illegible]



**For Business Establishment Informs** and provide information about the business establishment's impact on disadvantaged communities.

1. Enter Business Establishment Name. If you do not wish to disclose the actual name, enter a reasonable proxy so that you will be able to find it when needed. You may also enter "Other" if you are unable to find the actual name or if you are unable to find the actual address. If you select "Other," please explain the reason(s) on which you followed up with the business establishment. **IMPORTANT:** None of your actions and outcomes will be reflected on the "Results by Business Establishment" page.
2. Under P2 Actions and Outcomes, enter each P2 action implemented by the business establishment. Select the role: Manufacturer (and which type of associated product - production, certification, or marketing); Distributor/Retailer; Purchaser/User. Based on the selection made, certain columns will show. Fill out all non-grayed-out cells. **IMPORTANT:** You must enter the Date Implemented for your actions and outcomes to be reflected on the "Results by Business Establishment" page.
3. Cells will be highlighted yellow if your outcome is different than the expected input type (e.g., text instead of number). For highlighted values, re-enter the value in the appropriate format to remove the highlighting.

The information in the two cells below is populated automatically from Grant Project Data tab.

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Grant Recipient  
Project Number

Note: If copy-pasting into merged cells below, click this header for help text.

Note: If copy-pasting into merged cells below, click this header for help text.

Business Establishment Name  
Business Establishment Contact (individual)

Business Establishment City (ajpt000a)

Business Establishment State (2-letter abbreviation)

[NACS Code \(3 to 6 digit\) NACS Search Results](#)

Is the business establishment located in, adjacent to, or otherwise benefiting a distressed community?

Otherwise impacting a disadvantaged community?  
(Yes / No / Unknown)

How do the recommended P2 actions identified below benefit disadvantaged communities?

Date(s) of Follow-up (mm/dd/yyyy)

**Outreach Activity (optional)**  
If you made contact with the business establishment through an activity

from the drop-down provided:

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Description of funding Mechanism (optional) EPA is exploring ways to...

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**Description of Barriers to Implementation (optional)**  
If there were recommended actions that this business establishment did

If any of the above barriers to implementation are present, please describe any barriers to implementation (e.g., cost, long feedback period, low priority).

---

Description of Planned P2 Actions Within 5 Years (optional)

If the business establishment intends to implement additional actions within the next 5 years, please describe them here.

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### 3 Actions and Outcomes

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**For Business Establishment Informs** and provide information about the business establishment's impact on disadvantaged communities.

**For Business Establishment Informs:** If you do not wish to disclose the actual name, enter a reasonable proxy so that you will be able to find it when needed. The proxy must be a word or words that are closely related to the actual name, such as "from the [blank] area," "from the [blank] state(s)" or "you followed up with [blank]." Do not include the actual name of the business establishment. **IMPORTANT:** None of your actions and outcomes will be reflected on the "Results by Business Establishment" page.

**Under P2 Actions and Outcomes:** Enter each P2 action implemented by the business establishment. Select the role: Manufacturer (and which type of associated product - production, certification, or marketing); Distributor/Retailer; or Purchaser/User. Based on the selection made, certain columns will show. Fill out all non-grayed-out cells. **IMPORTANT:** You must enter the Date Implemented for your actions and outcomes to be reflected on the "Results by Business Establishment" page.

**Calls will be highlighted yellow if your outcome is different than the expected input type (e.g., text instead of number). For highlighted values, re-enter the value in the appropriate format to remove the highlighting.**

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Grant Recipient  
Project Number

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Note: If copy-pasting into merged cells below, click this header for help text.

Business Establishment Name  
Business Establishment Contact (optional)

Business Establishment City (optional)

Business Establishment State (2-letter abbreviation)

[NACS Code \(3 to 6 digit\) NACS Search Results](#)

Is the business establishment located in, adjacent to, or otherwise benefiting a distressed community?

Otherwise impacting a disadvantaged community?  
(Yes / No / Unknown)

How do the recommended P2 actions identified below benefit disadvantaged communities?

Date(s) of Follow-up (mm/dd/yyyy)

**Outreach Activity (optional)**  
If you made contact with the business establishment through an activity

from the drop-down provided:

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Description of funding Mechanism (optional) EPA is exploring ways to...

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**Description of Barriers to Implementation (optional)**  
If there were recommended actions that this business establishment did

If any of the above barriers to implementation are present, please describe any barriers to implementation (e.g., cost, long feedback period, low priority).

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Description of Planned P2 Actions Within 5 Years (optional)

If the business establishment intends to implement additional actions within the next 5 years, please describe them here.

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### 3 Actions and Outcomes

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**For Business Establishment Informs** and provide information about the business establishment's impact on disadvantaged communities.

1. Enter Business Establishment Name. If you do not wish to disclose the actual name, enter a reasonable proxy so that you will be able to find it when needed. You may also enter "Other" if you are unable to find the name or address, or if you are unable to determine whether the facility (or the site) on which you followed up with the action implemented. **IMPORTANT:** None of your actions and outcomes will be reflected on the "Results by County" page if you do not enter a name or address.
2. Under P2 Actions and Outcomes, enter each P2 action implemented by the business establishment. Select the role Manufacturer (and which type of associated product - production, certification, or marketing), Distributor/Retailer, or Purchaser/User. Based on the selection made, certain columns will show. Fill out all non-grayed-out cells. **IMPORTANT:** You must enter the Date Implemented for your actions and outcomes to be reflected on the "Results by County" page.
3. Cells will be highlighted yellow if your outcome is different than the expected input type (e.g., test instead of number). For highlighted values, re-enter the value in the appropriate format to remove the highlighting.

The information in the two cells below is populated automatically from Grant Project Data tab.

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**For Business Establishment Informs** and provide information about the business establishment's impact on disadvantaged communities.

1. Enter Business Establishment Name. If you do not wish to disclose the actual name, enter a reasonable proxy so that you will be able to find it when needed. You may also enter "Other" if you are unable to identify a suitable proxy or you prefer to keep your identity confidential. If you select "Other," please explain the basis for your selection in the Remarks section. **IMPORTANT:** None of your actions and outcomes will be reflected on the "Results by County" page if you select "Other."
2. Under P2 Actions and Outcomes, enter each P2 action implemented by the business establishment. Select the role Manufacturer (and which type of associated product - production, certification, or marketing), Distributor/Retailer, or Purchaser/User. Based on the selection made, certain columns will show up. Fill out all non-grayed-out cells **IMPORTANT:** You must enter the Date Implemented for your actions and outcomes to be reflected on the "Results by County" page.
3. Cells will be highlighted yellow if your outcome is different than the expected input type (e.g., text instead of number). For highlighted values, re-enter the value in the appropriate format to remove the highlighting.

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Grant Recipient  
Project Number

Note: If copy-pasting into merged cells below, click this header for help text.

Note: If copy-pasting into merged cells below, click this header for help text.

Business Establishment Name  
Business Establishment Contact (individual)

Business Establishment City (ajpt000a)

Business Establishment State (2-letter abbreviation)

[NACS Code \(3 to 6 digit\) NACS Search Results](#)

Is the business establishment located in, adjacent to, or otherwise benefiting a distressed community?

Otherwise impacting a disadvantaged community?  
(Yes / No / Unknown)

How do the recommended P2 actions identified below benefit disadvantaged communities?

Date(s) of Follow-up (mm/dd/yyyy)

**Outreach Activity (optional)**  
If you made contact with the business establishment through an activity

from the drop-down provided:

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Description of funding Mechanism (optional) EPA is exploring ways to...

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**Description of Barriers to Implementation (optional)**  
If there were recommended actions that this business establishment did

If any barriers to implementation (e.g., cost, long feedback period, low priority) were perceived, please describe any barriers to implementation (e.g., cost, long feedback period, low priority).

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Description of Planned P2 Actions Within 5 Years (optional)

If the business establishment intends to implement additional actions within the next 5 years, please describe them here.

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### 3 Actions and Outcomes

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P2 IIA Products (I Grant) Business Establishment 18

1. Enter Business Establishment Information and provide information about the business establishment's impact on disadvantaged communities. For the Business Establishment Name: If you do not wish to disclose the actual name, enter a meaningful proxy so that you will be able to find it when reviewing follow-up information. If you made contact as an activity on the "Outreach Activities" tab, select it from the drop-down provided. Enter the date(s) on which you followed up with the business establishment. IMPORTANT: Name of your actions and outcomes will be reflected on the "Results Summary" tab and you enter at least one follow-up date.

2. Under P2 Actions and Outcomes, enter each P2 action implemented by the business establishment. Select the role, Manufacturer (and which type of associated project - production, certification, or marketing), Distributor/Retailer, or Purchaser/User. Based on the selection made, certain columns will gray out. Fill out all grayed out cells. IMPORTANT: You must enter the Date Implemented for your actions and outcomes to be reflected on the "Results Summary" tab.

3. Cells will be highlighted yellow if your response is different than the expected input type (e.g., text instead of numbers). For highlighted values, re-enter the value in the appropriate format to remove the highlighting.

Grant Information	
Grant Recipient	The information in the box cells below is populated automatically from Grant Project Data tab.
Grant Project Number	
Business Establishment Information	
Notes: If copy-pasting into merged cells below, click this header for help text.	
Business Establishment Name	
Business Establishment Contact (optional)	
Business Establishment City (optional)	
Business Establishment State (3 letter abbreviation)	
NAICS Code (2 to 6 digit NAICS Search Results)	
Is the business establishment located in, adjacent to, or otherwise impacting a disadvantaged community? (Yes / No / Unknown)	
How do the recommended P2 actions identified below benefit disadvantaged communities?	
Date(s) of Follow-up (mm/dd/yyyy)	
Outreach Activity (optional)	
If you made contact with the business establishment through an activity listed on the "Outreach Activities" tab, indicate the activity by choosing from the drop-down provided.	
Description of Existing Obstacles/Barriers/CRDs to implementing action(s)	
Description of Barriers to Implementation (optional)	
If there were recommended actions that the business establishment did not implement, please describe any barriers to implementation (e.g., cost, long product period, low profits).	
Description of Planned P2 Actions Within 5 Years (optional)	
If the business establishment intends to implement additional actions within the next 5 years, please describe them here.	

P2 Actions and Outcomes																												
Scroll right to see all columns (cols. 9 through 46) -->																												
Informational Description of P2 Action Implemented	Role	Product Description	Name of Entity or Standard (if applicable)	Date Implemented (Click header for help text)	Federal Fiscal Year (select)	Manufacturer				Marketing				Distributor/Retailer				Sales				Purchaser/User				Case Study Completed (Y or N)	If the case study findings provide a link for EPA to view, download and share. Otherwise, please include attachment with report submission	Link to Case Study
						Number of Products Fabricated / Re-manufactured / Cast (enter for July 1st)	Increase in Annual Production Volume	Unit of Measure	Projected / Actual	Number of Products Newly Certified or to be Recertified (enter for July 1st)	Certification Status	Increase in Number of Products Offered for Sale (Click header for help text)	New Advertising or Outreach	Increase in Number of Products Sold (Click header for help text)	Increase in Total Sales (enter text)	New Advertising, Outreach, or Outreach	Increase in Annual Sales Volume (July 1st or 1st)	Unit of Measure	Projected / Actual	Number of Products Adopted for Use in Operations and Maintenance (Click header for help text)	Annual Volume of Products Adopted	Unit of Measure (e.g., number, etc., as applicable)	Adoption of Green Purchasing Program	Description of the Green Purchasing Program				
																			</									

P2 IIA Products (I Grant) Business Establishment (7

1. Enter Business Establishment information and provide information about the business establishment's impact on disadvantaged communities. For the Business Establishment Name: If you do not wish to disclose the actual name, enter a meaningful proxy so that you will be able to find it when entering follow-up information. If you made contact as an entity on the "Outreach Activities" tab, select it from the drop-down provided. Enter the date(s) on which you followed up with the business establishment. IMPORTANT: Name of your actions and outcomes will be reflected on the "Results Summary" tab and you enter at least one follow-up date.

2. Under P2 Actions and Outcomes, enter each P2 action implemented by the business establishment. Select the role, Manufacturer (and which type of associated project - production, certification, or marketing), Distributor/Retailer, or Purchaser/User. Based on the selection made, certain columns will gray out. Fill out all grayed out cells. IMPORTANT: You must enter the Date Implemented for your actions and outcomes to be reflected on the "Results Summary" tab.

3. Cells will be highlighted yellow if your response is different than the expected input type (e.g., text instead of numbers). For highlighted values, re-enter the value in the appropriate format to remove the highlighting.

Grant Information		The information in the box cells below is populated automatically from Grant Project Data tab.	
Grant Recipient			
Grant Project Number			
Business Establishment Information			
Notes: If copy-pasting into merged cells below, click this header for help text.			
Business Establishment Name (optional)			
Business Establishment Contact (optional)			
Business Establishment City (optional)			
Business Establishment State (3 letter abbreviation)			
NAICS Code (2 to 6 digit) (NAICS Search Results)			
Is the business establishment located in, adjacent to, or otherwise impacting a disadvantaged community? (Yes / No / Unknown)			
How do the recommended P2 actions identified below benefit disadvantaged communities?			
Date(s) of Follow-up (mm/dd/yyyy)			
Outreach Activity (optional)			
If you made contact with the business establishment through an activity listed on the "Outreach Activities" tab, indicate the activity by choosing from the drop-down provided.			
Description of Existing Obstacles/Barriers/CRDs to implementing action (s)			
Description of Barriers to Implementation (optional)			
If there were recommended actions that the business establishment did not implement, please describe any barriers to implementation (e.g., cost, long product period, low priority).			
Description of Planned P2 Actions Within 5 Years (optional)			
If the business establishment intends to implement additional actions within the next 5 years, please describe them here.			

P2 Actions and Outcomes																												
Scroll right to see all columns (cols. 9 through 46) -->																												
Informational Description of P2 Action Implemented	Role	Product Description	Name of Entity or Standard (if applicable)	Date Implemented (Click header for help text)	Federal Date (Year entered)	Manufacturer				Marketing				Distribution/Retailer				Sales				Purchaser/User				Case Study Developed (Y or N)	If the case study is online, provide a link to PDF to view, download and share. Otherwise, please include attachments with report submission.	Link to Case Study
						Number of Products Reproduced / Recycled / Clean Product For July 2021 (Click header for help text)	Increase in Annual Production Volume	Unit of Measure	Projected / Actual	Number of Products Newly Certified or in Process (Click header for help text)	Certification Status	Increase in Number of Products Offered for Sale (Click header for help text)	New Advertising or Outreach	Increase in Number of Products Sold (Click header for help text)	Increase in Total Sales (Enter text)	New Advertising, Outreach, or Outreach (Enter text)	Increase in Annual Sales Volume (Y or N)	Unit of Measure	Projected / Actual	Number of Products Adopted For Use in Operations and Maintenance (Click header for help text)	Annual Volume of Products Adopted	Unit of Measure (e.g., number, etc., as applicable)	Adoption of Green Purchasing Program	Description of the Green Purchasing Program				





**For Business Establishment Informs** and provide information about the business establishment's impact on disadvantaged communities.

1. Enter Business Establishment Name. If you do not wish to disclose the actual name, enter a reasonable proxy so that you will be able to find it when needed. You may also enter "Other" if you are unable to find the actual name or if you are unable to determine whether the establishment is in the state(s) on which you followed up with the community. **IMPORTANT:** None of your actions and outcomes will be reflected on the "Results by County" page if you select "Other".
2. Under P2 Actions and Outcomes, enter each P2 action implemented by the business establishment. Select the role: Manufacturer (and which type of associated product - production, certification, or marketing); Distributor/Retailer; Purchaser/User. Based on the selection made, certain columns will show. Fill out all non-grayed-out cells. **IMPORTANT:** You must enter the Date Implemented for your actions and outcomes to be reflected on the "Results by County" page.
3. Cells will be highlighted yellow if your outcome is different than the expected input type (e.g., text instead of number). For highlighted values, re-enter the value in the appropriate format to remove the highlighting.

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Grant Recipient  
Project Number

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Note: If copy-pasting into merged cells below, click this header for help text.

Business Establishment Name  
Business Establishment Contact (individual)

Business Establishment City (ajpt000a)

Business Establishment State (2-letter abbreviation)

[NACS Code \(3 to 6 digit\) NACS Search Results](#)

Is the business establishment located in, adjacent to, or otherwise benefiting a distressed community?

Otherwise impacting a disadvantaged community?  
(Yes / No / Unknown)

How do the recommended P2 actions identified below benefit disadvantaged communities?

Date(s) of Follow-up (mm/dd/yyyy)

**Outreach Activity (optional)**  
If you made contact with the business establishment through an activity

from the drop-down provided:

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Description of funding Mechanism (optional) EPA is exploring ways to...

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**Description of Barriers to Implementation (optional)**  
If there were recommended actions that this business establishment did

If any of the above barriers to implementation are present, please describe any barriers to implementation (e.g., cost, long feedback period, low priority).

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Description of Planned P2 Actions Within 5 Years (optional)

If the business establishment intends to implement additional actions within the next 5 years, please describe them here.

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### 3 Actions and Outcomes

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Scroll right to see all columns (cols. B through AB) →

[illegible]

**For Business Establishment Informs** and provide information about the business establishment's impact on disadvantaged communities.

**For Business Establishment Informs**, if you do not wish to disclose the actual name, enter a reasonable proxy so that you will be able to find it when you need it. For example, if you are a manufacturer, you may enter "Manufacturer of [Product Name]" or "Manufacturer of [Product Name] Co." (do not use the actual name of the business establishment). **IMPORTANT:** None of your actions and outcomes will be reflected on the "Results of Actions and Outcomes" page.

**Under P2 Actions and Outcomes**, enter each P2 action implemented by the business establishment. Select the role (Manufacturer (and which type of associated product - production, certification, or marketing), Distributor/Retailer, or Purchaser/User). Based on the selection made, certain columns will show. Fill out all non-grayed-out cells. **IMPORTANT:** You must enter the Date Implemented for your actions and outcomes to be reflected on the "Results of Actions and Outcomes" page.

**Cells will be highlighted yellow** if your outcome is different than the expected input type (e.g., text instead of number). For highlighted values, re-enter the value in the appropriate format to remove the highlighting.

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	(Yes / No / Unknown)

DISADVANTAGED COMMUNITIES

**Outreach Activity (optional)**  
If you made contact with the business establishment through an activity

\_\_\_\_\_

\_\_\_\_\_

If there were recommended actions that this business establishment did not implement, please describe any barriers to implementation (e.g.,

Description of Planned P2 Actions Within 5 Years (optional)

Scroll right to see all columns (cols. B through AE) →

Scroll right to see all columns (cols. B through AE) →

[illegible]

**For Business Establishment Informs** and provide information about the business establishment's impact on disadvantaged communities.

1. Enter Business Establishment Name. If you do not wish to disclose the actual name, enter a reasonable proxy so that you will be able to find it when needed. You may also enter "Other" if you are unable to find the name or you want to keep the name confidential. If you select "Other," please explain the basis for the entry on the following page with your comments. **IMPORTANT:** None of your actions and outcomes will be reflected on the "Results by County" report unless you include the actual name of the business establishment.
2. Under P2 Actions and Outcomes, enter each P2 action implemented by the business establishment. Select the role Manufacturer (and which type of associated product - production, certification, or marketing), Distributor/Retailer, or Purchaser/User. Based on the selection made, certain columns will show up. Fill out all non-grayed-out cells. **IMPORTANT:** You must enter the Date Implemented for your actions and outcomes to be reflected on the "Results by County" report.
3. Cells will be highlighted yellow if your outcome is different than the expected input type (e.g., text instead of number). For highlighted values, re-enter the value in the appropriate format to remove the highlighting.

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Business Establishment Name  
Business Establishment Contact (individual)

Business Establishment City (ajpt000a)

Business Establishment State (2-letter abbreviation)

[NACS Code \(3 to 6 digit\) NACS Search Results](#)

Is the business establishment located in, adjacent to, or otherwise benefiting a distressed community?

Otherwise impacting a disadvantaged community?  
(Yes / No / Unknown)

How do the recommended P2 actions identified below benefit disadvantaged communities?

Date(s) of Follow-up (mm/dd/yyyy)

**Outreach Activity (optional)**  
If you made contact with the business establishment through an activity

from the drop-down provided:

---

Description of funding Mechanism (optional) EPA is exploring ways to...

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---

**Description of Barriers to Implementation (optional)**  
If there were recommended actions that this business establishment did

If any barriers to implementation (e.g., cost, long feedback period, low priority) were perceived, please describe any barriers to implementation (e.g., cost, long feedback period, low priority).

---

Description of Planned P2 Actions Within 5 Years (optional)

If the business establishment intends to implement additional actions within the next 5 years, please describe them here.

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### 3 Actions and Outcomes

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[illegible]









































**For Business Establishment Informs** and provide information about the business establishment's impact on disadvantaged communities.

1. Enter Business Establishment Name. If you do not wish to disclose the actual name, enter a reasonable proxy so that you will be able to find it when needed. You may also enter "Other" if you are unable to identify a suitable proxy or if you have no specific location. If you select "Other," please explain the basis for your selection in the Remarks section. If you select "Other," you must also indicate whether you are providing information for a new business establishment or one that has been previously reported. **IMPORTANT:** None of your actions and outcomes will be reflected on the "Results by Location" page if you select "Other."
2. Under P2 Actions and Outcomes, enter each P2 action implemented by the business establishment. Select the role Manufacturer (and which type of associated product - production, certification, or marketing), Distributor/Retailer, or Purchaser/User. Based on the selection made, certain columns will show up. Fill out all non-grayed-out cells **IMPORTANT:** You must enter the Date Implemented for your actions and outcomes to be reflected on the "Results by Location" page.
3. Cells will be highlighted yellow if your outcome is different than the expected input type (e.g., text instead of number). For highlighted values, re-enter the value in the appropriate format to remove the highlighting.

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to the business establishment located in, adjacent to, or

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If you made contact with the business establishment through an activity noted on the "Outreach Activities" tab, indicate the activity by choosing it

---

If you were not surveyed about this but believe your organization has not implemented, please describe any barriers to implementation (e.g., cost, time, staff, space, etc.).

Description of Planned P2 Actions Within 5 Years (optional)

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Scroll right to see all columns (cols. B through AB) →

[illegible]

[illegible]

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Project Number

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Business Establishment Name  
Business Establishment Contact (optional)

Business Establishment City (optional)

Business Establishment State (2-letter abbreviation)

[NACS Code \(3 to 6 digit\) NACS Search Results](#)

Is the business establishment located in, adjacent to, or otherwise benefiting a distressed community?

Otherwise impacting a disadvantaged community?  
(Yes / No / Unknown)

How do the recommended P2 actions identified below benefit disadvantaged communities?

Date(s) of Follow-up (mm/dd/yyyy)

**Outreach Activity (optional)**  
If you made contact with the business establishment through an activity

from the drop-down provided:

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Description of funding Mechanism (optional) EPA is exploring ways to...

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**Description of Barriers to Implementation (optional)**  
If there were recommended actions that this business establishment did

If any of the above barriers to implementation are present, please describe any barriers to implementation (e.g., cost, long feedback period, low priority).

---

Description of Planned P2 Actions Within 5 Years (optional)

If the business establishment intends to implement additional actions within the next 5 years, please describe them here.

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### 3 Actions and Outcomes

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Scroll right to see all columns (cols. B through AB) →

[illegible]





**For Business Establishment Informs** and provide information about the business establishment's impact on disadvantaged communities.

**For Business Establishment Informs**, if you do not wish to disclose the actual name, enter a reasonable proxy so that you will be able to find it when you need it. For example, if you are a manufacturer, you may enter "Manufacturer of [Product Name]" instead of the actual name of the business. The state(s) on which you followed up with the business establishment is **IMPORTANT**. None of your actions and outcomes will be reflected on the "Results by State" page if you do not enter the state(s) on which you followed up with the business establishment.

**Under P2 Actions and Outcomes**, enter each P2 action implemented by the business establishment. Select the role: Manufacturer (and which type of associated product - production, certification, or marketing); Distributor/Retailer, or Purchaser/User. Based on the selection made, certain columns will show up. Fill out all non-grayed-out cells **IMPORTANT**. You must enter the Date Implemented for your actions and outcomes to be reflected on the "Results by State" page.

**Cells will be highlighted yellow** if your outcome is different than the expected input type (e.g. text instead of number). For highlighted values, re-enter the value in the appropriate format to remove the highlighting.

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	(Yes / No / Unknown)

DISADVANTAGED COMMUNITIES

**Outreach Activity (optional)**  
If you made contact with the business establishment through an activity

\_\_\_\_\_

\_\_\_\_\_

If there were recommended actions that this business establishment did not implement, please describe any barriers to implementation (e.g.,

Description of Planned P2 Actions Within 5 Years (optional)

Scroll right to see all columns (cols. B through AE) →

Scroll right to see all columns (cols. B through AE) →

[illegible]











**For Business Establishment Informs** and provide information about the business establishment's impact on disadvantaged communities.

1. Enter Business Establishment Name. If you do not wish to disclose the actual name, enter a reasonable proxy so that you will be able to find it when needed. You may also enter "Other" if you are unable to find the actual name or if you are unable to find the actual address. If you select "Other," please explain the reason(s) on which you followed up with the business establishment. **IMPORTANT:** None of your actions and outcomes will be reflected on the "Results by Business Establishment" page.
2. Under P2 Actions and Outcomes, enter each P2 action implemented by the business establishment. Select the role: Manufacturer (and which type of associated product - production, certification, or marketing); Distributor/Retailer; Purchaser/User. Based on the selection made, certain columns will show. Fill out all non-grayed-out cells. **IMPORTANT:** You must enter the Date Implemented for your actions and outcomes to be reflected on the "Results by Business Establishment" page.
3. Cells will be highlighted yellow if your outcome is different than the expected input type (e.g., text instead of number). For highlighted values, re-enter the value in the appropriate format to remove the highlighting.

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Note: If copy-pasting into merged cells below, click this header for help text.

Is the business establishment located in sufficient proximity

---

If you made contact with the business establishment through an activity listed on the "Outreach Activities" tab, indicate the activity by choosing it

---

If any of the above barriers to implementation are present, please describe any barriers to implementation (e.g., cost, long feedback period, low priority).

Description of Planned P2 Actions Within 5 Years (optional)

Scroll right to see all columns (cols. B through AB) →

Scroll right to see all columns (cols. B through AB) →

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**For Business Establishment Informs** and provide information about the business establishment's impact on disadvantaged communities.

**For Business Establishment Informs:** If you do not wish to disclose the actual name, enter a reasonable proxy so that you will be able to find it when needed. The proxy must be a word or words that are closely related to the actual name, such as "from the [blank] area," "from the [blank] state(s)" or "you followed up with [blank]." Do not include the actual name of the business establishment. **IMPORTANT:** None of your actions and outcomes will be reflected on the "Results by Business Establishment" page.

**Under P2 Actions and Outcomes:** Enter each P2 action implemented by the business establishment. Select the role: Manufacturer (and which type of associated product - production, certification, or marketing); Distributor/Retailer; Purchaser/User. Based on the selection made, certain columns will show. Fill out all non-grayed-out cells. **IMPORTANT:** You must enter the Date Implemented for your actions and outcomes to be reflected on the "Results by Business Establishment" page.

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Business Establishment Name  
Business Establishment Contact (optional)

Business Establishment City (optional)

Business Establishment State (2-letter abbreviation)

[NACS Code \(3 to 6 digit\) NACS Search Results](#)

Is the business establishment located in, adjacent to, or otherwise benefiting a distressed community?

Otherwise impacting a disadvantaged community?  
(Yes / No / Unknown)

How do the recommended P2 actions identified below benefit disadvantaged communities?

Date(s) of Follow-up (mm/dd/yyyy)

**Outreach Activity (optional)**  
If you made contact with the business establishment through an activity

from the drop-down provided:

---

Description of funding Mechanism (optional) EPA is exploring ways to...

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---

**Description of Barriers to Implementation (optional)**  
If there were recommended actions that this business establishment did

If any barriers to implementation (e.g., cost, long feedback period, low priority) were identified, please describe any barriers to implementation (e.g., cost, long feedback period, low priority).

---

Description of Planned P2 Actions Within 5 Years (optional)

If the business establishment intends to implement additional actions within the next 5 years, please describe them here.

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### 3 Actions and Outcomes

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Scroll right to see all columns (cols. B through AB) →

[illegible]



1. Enter Business Establishment Name and provide information about the business establishment's impact on disadvantaged communities. For the Business Establishment Name, if you do not wish to disclose the actual name, enter a meaningful phrase so that you will be able to find it when you search for the business establishment. For the Business Establishment Address, enter the address of the business establishment. For the Business Establishment Date(s), enter the date(s) you followed up with the business establishment. **IMPORTANT:** None of your actions and outcomes will be reflected on the "Results of Actions" page. **2. On P2 Actions and Outcomes:** enter each P2 action implemented. Select the role. **Manufacturer** (and only which type of associated product - production, certification, or marketing); **Distributor/Retailer**, or **Purchaser/HU**. Based on the selection made, certain columns will show. **Fill out** all non-grayed-out cells. **IMPORTANT:** You must enter the Date Implemented for your actions and outcomes to be reflected on the "Results of Actions" page. **3. Cells will be highlighted yellow if your outcome is different than the expected input type (e.g., lost instead of numbers).** For highlighted values, re-enter the value in the appropriate format to remove the highlighting.

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Project Number

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	(Yes / No / Unknown)

How do the recommended P2 actions identified below benefit disadvantaged communities?

Date(s) of Follow-up (mm/dd/yyyy)
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**Outreach Activity (optional)**  
If you made contact with the business establishment through an activity

Indicate the activity by choosing it from the drop-down provided:

Description of funding Mechanism (optional) EPA is exploring ways t

Description of Barriers to Implementation (continued)

If there were recommended actions that this business establishment did not implement, please describe any barriers to implementation (e.g.,

can, long payback period, low priority).
--

If the business establishment intends to implement additional actions within the next 5 years, please describe them here.

\_\_\_\_\_

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Scroll right to see all columns (cols. B through AE) ->

Information Description of P2 Action Implemented	Role	Product Description	Name of End-user or Standard (if applicable)	Date Implemented (Click here for P2s and P2s)	End-user Email (if available)	Number of Products Adapted for Redesign (Click here for P2s and P2s)	Increase in Annual Production Volume	Unit of Measure	Projected / Actual	Number of Products Newly Certified as a Process (Click here for P2s and P2s)	Certification Status	Increase in Number of Products Offered for Sale (Click here for P2s and P2s)	New Advertising or Outreach? (Click here for P2s and P2s)	Increase in Number of Products Sold (Click here for P2s and P2s)	Increase in Shelf Space (Square Feet)	New Advertising Outreach, or Signage?	Increase in Annual Sales Volume (Units or \$)	Unit of Measure	Projected / Actual	Number of Products Adapted for Maintenance (Click here for P2s and P2s)	Annual Volume of Products Adapted	Unit of Measure (e.g., number of kg, gallons)	Adoption of Green Purchasing Program?	Description of the Green Purchasing Program	Case Study Developed? (Y or N)	If the case study is online, provide a link for EPA to view, download and share. Otherwise, please include attachments with report submission.	Link to Case Study
TOTAL REPORTED						0	—	—	—	0	—	0	0	0	0	0	0	0	0	—	0	—	—	0	—	0	—

**For Business Establishment Informs** and provide information about the business establishment's impact on disadvantaged communities.

1. Enter Business Establishment Name. If you do not wish to disclose the actual name, enter a reasonable proxy so that you will be able to find it when needed. You may also enter "Other" if you are unable to identify the business establishment or if you are unable to determine its location. The state(s) on which you followed up with the business establishment. **IMPORTANT:** None of your actions and outcomes will be reflected on the "Results by State" page unless you include the state(s).
2. Under P2 Actions and Outcomes, enter each P2 action implemented by the business establishment. Select the role Manufacturer (and which type of associated product - production, certification, or marketing), Distributor/Retailer, or Purchaser/User. Based on the selection made, certain columns will show. Fill out all non-grayed-out cells. **IMPORTANT:** You must enter the Date Implemented for your actions and outcomes to be reflected on the "Results by Date" page.
3. Cells will be highlighted yellow if your outcome is different than the expected input type (e.g., text instead of number). For highlighted values, re-enter the value in the appropriate format to remove the highlighting.

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**Outreach Activity (optional)**  
If you made contact with the business establishment through an activity noted on the "Outreach Activities" tab, indicate the activity by choosing it

\_\_\_\_\_

\_\_\_\_\_

If there were recommended actions that this business establishment did not implement, please describe any barriers to implementation (e.g., cost, time, workload, need, low interest):

Description of Planned P2 Actions Within 5 Years (optional)

Scroll right to see all columns (cols. B through AE) →

Scroll right to see all columns (cols. B through AE) →

[illegible]

**For Business Establishment Informs** and provide information about the business establishment's impact on disadvantaged communities.

1. Enter Business Establishment Name. If you do not wish to disclose the actual name, enter a reasonable proxy so that you will be able to find it when needed. You may also enter "Other" if you are unable to find the name or if you are unable to determine whether the establishment is located in the state(s) on which you followed up with the community. **IMPORTANT:** None of your actions and outcomes will be reflected on the "Results by County" page if you select "Other".
2. Under P2 Actions and Outcomes, enter each P2 action implemented by the business establishment. Select the role Manufacturer (and which type of associated product - production, certification, or marketing), Distributor/Retailer, or Purchaser/User. Based on the selection made, certain columns will show. Fill out all non-grayed-out cells. **IMPORTANT:** You must enter the Date Implemented for your actions and outcomes to be reflected on the "Results by County" page.
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	(Yes / No / Unknown)

DISADVANTAGED COMMUNITIES

**Outreach Activity (optional)**  
If you made contact with the business establishment through an activity

\_\_\_\_\_

\_\_\_\_\_

If there were recommended actions that this business establishment did not implement, please describe any barriers to implementation (e.g.,

Description of Planned P2 Actions Within 5 Years (optional)

Scroll right to see all columns (cols. B through AE) →

Scroll right to see all columns (cols. B through AE) →

[illegible]



**For Business Establishment Informs** and provide information about the business establishment's impact on disadvantaged communities.

1. Enter Business Establishment Name. If you do not wish to disclose the actual name, enter a reasonable proxy so that you will be able to find it when needed. You may also enter "Other" if you are unable to find the name or you want to keep the name confidential. If you select "Other," please explain the basis for your selection in the Remarks section. **IMPORTANT:** None of your actions and outcomes will be reflected on the "Results by County" page if you select "Other."
2. Under P2 Actions and Outcomes, enter each P2 action implemented by the business establishment. Select the role: Manufacturer (and which type of associated product - production, certification, or marketing); Distributor/Retailer; Purchaser/User. Based on the selection made, certain columns will show up. Fill out all non-grayed-out cells **IMPORTANT:** You must enter the Date Implemented for your actions and outcomes to be reflected on the "Results by County" page.
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Business Establishment Name \_\_\_\_\_  
Business Establishment Contact (individual) \_\_\_\_\_

Business Establishment City (ajpt000a)

Business Establishment State (2-letter abbreviation)

[NACS Code \(3 to 6 digit\) NACS Search Results](#)

Is the business establishment located in, adjacent to, or otherwise benefiting a distressed community?

Otherwise impacting a disadvantaged community?  
(Yes / No / Unknown)

How do the recommended P2 actions identified below benefit disadvantaged communities?

Date(s) of Follow-up (mm/dd/yyyy)

**Outreach Activity (optional)**  
If you made contact with the business establishment through an activity

from the drop-down provided:

---

Description of funding Mechanism (optional) EPA is exploring ways to...

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**Description of Barriers to Implementation (optional)**  
If there were recommended actions that this business establishment did

If any barriers to implementation (e.g., cost, long feedback period, low priority) were perceived, please describe any barriers to implementation (e.g., cost, long feedback period, low priority).

---

Description of Planned P2 Actions Within 5 Years (optional)

If the business establishment intends to implement additional actions within the next 5 years, please describe them here.

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### 3 Actions and Outcomes

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Scroll right to see all columns (cols. B through AB) →

[illegible]



**For Business Establishment Informs** and provide information about the business establishment's impact on disadvantaged communities.

1. Enter Business Establishment Name. If you do not wish to disclose the actual name, enter a reasonable proxy so that you will be able to find it when needed. You may also enter "Other" if you are unable to identify a suitable proxy or if you have no other information. If you select "Other," please explain the basis for your selection in the Remarks section.
2. Enter Address. This includes the street address, city, state, zip code, and country. If you are unable to determine the exact location, enter the best estimate of the location. If you are unsure of the location, enter "Other." If you select "Other," please explain the basis for your selection in the Remarks section.
3. Enter Date(s) when you followed up with the business establishment. **IMPORTANT:** None of your actions and outcomes will be reflected on the "Results by Date" report unless you enter a date.
4. Under P2 Actions and Outcomes, enter each P2 action implemented by the business establishment. Select the role (Manufacturer [and which type of associated product - production, certification, or marketing], Distributor/Retailer, or Purchaser/User). Based on the selection made, certain columns will show. Fill out all non-grayed-out cells. **IMPORTANT:** You must enter the Date Implemented for your actions and outcomes to be reflected on the "Results by Date" report.
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	(Yes / No / Unknown)

#### Disadvantaged Communities

**Outreach Activity (optional)**  
If you made contact with the business establishment through an activity

\_\_\_\_\_

\_\_\_\_\_

If there were recommended actions that this business establishment did not implement, please describe any barriers to implementation (e.g.,

Description of Planned P2 Actions Within 5 Years (optional)

Scroll right to see all columns (cols. B through AB) →

Scroll right to see all columns (cols. B through AB) →

[illegible]

P2 IIA Products (I Grant) Business Establishment Q2

How to Use this Tab:

1. Enter Business Establishment Information and provide information about the business establishment's impact on disadvantaged communities. For the Business Establishment Name: If you do not wish to disclose the actual name, enter a meaningful proxy so that you will be able to find it when reviewing follow-up information. If you made contact as an activity on the "Outreach Activities" tab, select it from the drop-down provided. Enter the date(s) on which you followed up with the business establishment. **IMPORTANT:** Name of your actions and outcomes will be reflected on the "Results Summary" tab and you enter at least one follow-up date.

2. Under P2 Actions and Outcomes, enter each P2 action implemented by the business establishment. Select the role, Manufacturer (and which type of associated project - production, certification, or marketing), Distributor/Retailer, or Purchaser/User. Based on the selection made, certain columns will gray out. Fill out all grayed out cells. **IMPORTANT:** You must enter the Date Implemented for your actions and outcomes to be reflected on the "Results Summary" tab.

3. Cells will be highlighted yellow if your response is different than the expected input type (e.g., text instead of numbers). For highlighted values, re-enter the value in the appropriate format to remove the highlighting.

Grant Information		The information in the box cells below is populated automatically from Grant Project Data tab.	
Grant Recipient			
Grant Project Number			
Business Establishment Information			
Notes: If copy-pasting into merged cells below, click this header for help text.			
Business Establishment Name (optional)			
Business Establishment Contact (optional)			
Business Establishment City (optional)			
Business Establishment State (3 letter abbreviation)			
NAICS Code (2 to 6 digit NAICS Search Results)			
Is the business establishment located in, adjacent to, or otherwise impacting a disadvantaged community? (Yes / No / Unknown)			
How do the recommended P2 actions identified below benefit disadvantaged communities?			
Date(s) of Follow-up (mm/dd/yyyy)			
Outreach Activity (optional)			
If you made contact with the business establishment through an activity listed on the "Outreach Activities" tab, indicate the activity by choosing from the drop-down provided.			
Description of Existing Obstacles/Barriers/CRDs to implementing action (s)			
Description of Barriers to Implementation (optional)			
If there were recommended actions that the business establishment did not implement, please describe any barriers to implementation (e.g., cost, long product period, low profits).			
Description of Planned P2 Actions Within 5 Years (optional)			
If the business establishment intends to implement additional actions within the next 5 years, please describe them here.			

P2 Actions and Outcomes																												
Scroll right to see all columns (cols. 9 through 46) -->																												
Informational Description of P2 Action Implemented	Role	Product Description	Name of Entity or Standard (if applicable)	Date Implemented (Click header for help text)	Federal Date (Year entered)	Manufacturer				Marketing				Distribution/Retailer				Sales				Purchaser/User						
						Number of Products Reproduced / Reimagined / Recycled (Click header for help text)	Increase in Annual Production Volume	Unit of Measure	Projected / Actual	Number of Products Newly Certified or in Process (Click header for help text)	Certification Status	Increase in Number of Products Offered for Sale (Click header for help text)	New Advertising or Outreach	Increase in Number of Products Sold (Click header for help text)	Increase in Sales Volume (Enter text)	New Advertising, Outreach, or Signage	Increase in Annual Sales Volume (Unit) or \$	Unit of Measure	Projected / Actual	Number of Products Adopted for Use in Operations and Maintenance (Click header for help text)	Annual Volume of Products Adopted	Unit of Measure (e.g., number, or \$, or gallons)	Adoption of Green Purchasing Program?	Description of the Green Purchasing Program	Case Study Document (if any)	If the case study includes, provide a link to PDF to view, download, and share. Otherwise, please include attachments with report submission.	Link to Case Study	



**For Business Establishment Informs** and provide information about the business establishment's impact on disadvantaged communities.

1. Enter Business Establishment Name. If you do not wish to disclose the actual name, enter a reasonable proxy so that you will be able to find it when needed. You may also enter "Other" if you are unable to find the actual name or if you are unable to find the actual address. If you select "Other," please explain the reason(s) on what you followed up with the business establishment. **IMPORTANT:** None of your actions and outcomes will be reflected on the "Results by Business Establishment" page.
2. Under P2 Actions and Outcomes, enter each P2 action implemented by the business establishment. Select the role: Manufacturer (and which type of associated product - production, certification, or marketing); Distributor/Retailer; Purchaser/User. Based on the selection made, certain columns will show. Fill out all non-grayed-out cells. **IMPORTANT:** You must enter the Date Implemented for your actions and outcomes to be reflected on the "Results by Business Establishment" page.
3. Cells will be highlighted yellow if your outcome is different than the expected input type (e.g., text instead of number). For highlighted values, re-enter the value in the appropriate format to remove the highlighting.

The information in the two cells below is populated automatically from Grant Project Data tab.

The information in the two cells below is populated automatically from Grant Project Data tab.

ent Project Number

Note: If copy-pasting into merged cells below, click this header for help text.

Note: If copy-pasting into merged cells below, click this header for help text.

Business Establishment Name
Business Establishment Contact Information

Business Establishment City (optional)
--

Business Establishment State (2-letter abbreviation)
--

[NAICS Code \(3 to 6 digit\) NAICS Search Results](#)

Is the business establishment located in, adjacent to, or otherwise benefiting a disadvantaged community?

\_\_\_\_\_ (Yes / No / Unknown)

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How do the recommended P2 actions identified below benefit disadvantaged communities?

\_\_\_\_\_

Date(s) of Follow-up (mm/dd/yyyy)	

**Outreach Activity (optional)**  
If you made contact with the business establishment through an activity

from the drop-down provided:

\_\_\_\_\_

**Description of funding Mechanism (optional)** EPA is exploring ways to

\_\_\_\_\_


**Description of Barriers to Implementation (optional)**  
 If there were recommended actions that this business establishment did

If the barrier is not implementable, please describe any barriers to implementation (e.g., cost, time, safety, etc.).

---

Description of Planned P2 Actions Within 5 Years (optional)

If the business establishment intends to implement additional actions within the next 5 years, please describe them here:

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### 03 Actions and Outcomes

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Scroll right to see all columns (cols. B through AB) →

[illegible]

**For Business Establishment Informs** and provide information about the business establishment's impact on disadvantaged communities.

1. Enter Business Establishment Name. If you do not wish to disclose the actual name, enter a reasonable proxy so that you will be able to find it when needed. You may also enter "Other" if you are unable to find the actual name or you want to keep the name confidential. If you select "Other," please explain the basis for your selection in the Remarks section.
2. Enter NAICS Code. Select the appropriate NAICS code from the dropdown menu. The NAICS code determines which federal statistical data sets (or data) you follow up with after you complete this form. **IMPORTANT:** None of your actions and outcomes will be reflected on the "Results by Action Type" report unless you have entered a valid NAICS code.
3. Under P2 Actions and Outcomes, enter each P2 action implemented by the business establishment. Select the role: Manufacturer (and which type of associated product - production, certification, or marketing); Distributor/Retailer; Purchaser/User. Based on the selection made, certain columns will show up. Fill out all non-grayed-out cells **IMPORTANT:** You must enter the Date Implemented for your actions and outcomes to be reflected on the "Results by Action Type" report.
4. Cells will be highlighted yellow if your outcome is different than the expected input type (e.g., text instead of number). For highlighted values, re-enter the value in the appropriate format to remove the highlighting.

The information in the two cells below is populated automatically from Grant Project Data tab.

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Grant Recipient  
Project Number

Note: If copy-pasting into merged cells below, click this header for help text.

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**Outreach Activity (optional)**  
If you made contact with the business establishment through an activity noted on the "Outreach Activities" tab, indicate the activity by choosing it

\_\_\_\_\_

\_\_\_\_\_

If there were recommended actions that this business establishment did not implement, please describe any barriers to implementation (e.g., cost, time, workload, need, low interest):

Description of Planned P2 Actions Within 5 Years (optional)

Scroll right to see all columns (cols. B through AE) →

Scroll right to see all columns (cols. B through AE) →

[illegible]





**For Business Establishment Informs** and provide information about the business establishment's impact on disadvantaged communities.

1. Enter Business Establishment Name. If you do not wish to disclose the actual name, enter a reasonable proxy so that you will be able to find it when needed. You may also enter a street address or other location information if you want. If you are reporting on multiple establishments, you must enter the state(s) on which you followed up with each establishment. **IMPORTANT:** None of your actions and outcomes will be reflected on the "Results by State" page unless you enter a state.
2. Under P2 Actions and Outcomes, enter each P2 action implemented by the business establishment. Select the role: Manufacturer (and which type of associated product - production, certification, or marketing); Distributor/Retailer; Purchaser/User. Based on the selection made, certain columns will show. Fill out all non-grayed-out cells. **IMPORTANT:** You must enter the Date Implemented for your actions and outcomes to be reflected on the "Results by State" page.
3. Cells will be highlighted yellow if your outcome is different than the expected input type (e.g., text instead of number). For highlighted values, re-enter the value in the appropriate format to remove the highlighting.

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Grant Recipient  
Project Number

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Note: If copy-pasting into merged cells below, click this header for help text.

Business Establishment Name  
Business Establishment Contact (individual)

Business Establishment City (ajpt000a)

Business Establishment State (2-letter abbreviation)

[NACS Code \(3 to 6 digit\) NACS Search Results](#)

Is the business establishment located in, adjacent to, or otherwise benefiting a distressed community?

Otherwise impacting a disadvantaged community?  
(Yes / No / Unknown)

How do the recommended P2 actions identified below benefit disadvantaged communities?

Date(s) of Follow-up (mm/dd/yyyy)

**Outreach Activity (optional)**  
If you made contact with the business establishment through an activity

from the drop-down provided:

---

Description of funding Mechanism (optional) EPA is exploring ways to...

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---

**Description of Barriers to Implementation (optional)**  
If there were recommended actions that this business establishment did

If any of the above barriers to implementation are present, please describe any barriers to implementation (e.g., cost, long feedback period, low priority).

---

Description of Planned P2 Actions Within 5 Years (optional)

If the business establishment intends to implement additional actions within the next 5 years, please describe them here.

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### 3 Actions and Outcomes

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Scroll right to see all columns (cols. B through AB) →

[illegible]

**For Business Establishment Informs** and provide information about the business establishment's impact on disadvantaged communities.

**For Business Establishment Informs:** If you do not wish to disclose the actual name, enter a reasonable proxy so that you will be able to find it when needed. The proxy must be a word or words that are directly related to the actual name, such as "from the [blank] area," "from the [blank] state(s)" or "you followed up with [blank]." Do not include the actual name. **IMPORTANT:** None of your actions and outcomes will be reflected on the "Results by County" page if you do not include the actual name.

**Under P2 Actions and Outcomes:** Enter each P2 action implemented by the business establishment. Select the role: Manufacturer (and which type of associated product - production, certification, or marketing); Distributor/Retailer; Purchaser/User. Based on the selection made, certain columns will show. Fill out all non-grayed-out cells. **IMPORTANT:** You must enter the Date Implemented for your actions and outcomes to be reflected on the "Results by County" page.

**Calls will be highlighted yellow if your outcome is different than the expected input type (e.g., text instead of number). For highlighted values, re-enter the value in the appropriate format to remove the highlighting.**

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The information in the two cells below is populated automatically from Grant Project Data tab.

Grant Recipient  
Project Number

Note: If copy-pasting into merged cells below, click this header for help text.

Note: If copy-pasting into merged cells below, click this header for help text.

Business Establishment Name  
Business Establishment Contact (individual)

Business Establishment City (ajpt000a)

Business Establishment State (2-letter abbreviation)

[NACS Code \(3 to 6 digit\) NACS Search Results](#)

Is the business establishment located in, adjacent to, or otherwise benefiting a distressed community?

Otherwise impacting a disadvantaged community?  
(Yes / No / Unknown)

How do the recommended P2 actions identified below benefit disadvantaged communities?

Date(s) of Follow-up (mm/dd/yyyy)

**Outreach Activity (optional)**  
If you made contact with the business establishment through an activity

from the drop-down provided:

---

Description of funding Mechanism (optional) EPA is exploring ways to...

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---

**Description of Barriers to Implementation (optional)**  
If there were recommended actions that this business establishment did

If any barriers to implementation (e.g., cost, long feedback period, low priority) were perceived, please describe any barriers to implementation (e.g., cost, long feedback period, low priority).

---

Description of Planned P2 Actions Within 5 Years (optional)

If the business establishment intends to implement additional actions within the next 5 years, please describe them here.

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### 3 Actions and Outcomes

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Scroll right to see all columns (cols. B through AB) →

[illegible]



**For Business Establishment Informs** and provide information about the business establishment's impact on disadvantaged communities.

1. Enter Business Establishment Name. If you do not wish to disclose the actual name, enter a reasonable proxy so that you will be able to find it when needed. You may also enter "Other" if you are unable to find the actual name or if you are unable to find the actual address. If you select "Other," please explain the reason(s) on which you followed up with the business establishment. **IMPORTANT:** None of your actions and outcomes will be reflected on the "Results by Business Establishment" page.
2. Under P2 Actions and Outcomes, enter each P2 action implemented by the business establishment. Select the role: Manufacturer (and which type of associated product - production, certification, or marketing); Distributor/Retailer; Purchaser/User. Based on the selection made, certain columns will show. Fill out all non-grayed-out cells. **IMPORTANT:** You must enter the Date Implemented for your actions and outcomes to be reflected on the "Results by Business Establishment" page.
3. Cells will be highlighted yellow if your outcome is different than the expected input type (e.g., text instead of number). For highlighted values, re-enter the value in the appropriate format to remove the highlighting.

The information in the two cells below is populated automatically from Grant Project Data tab.

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Grant Recipient  
Project Number

Note: If copy-pasting into merged cells below, click this header for help text.

Note: If copy-pasting into merged cells below, click this header for help text.

Business Establishment Name  
Business Establishment Contact (individual)

Business Establishment City (ajpt000a)

Business Establishment State (2-letter abbreviation)

[NACS Code \(3 to 6 digit\) NACS Search Results](#)

Is the business establishment located in, adjacent to, or otherwise benefiting a distressed community?

Otherwise impacting a disadvantaged community?  
(Yes / No / Unknown)

How do the recommended P2 actions identified below benefit disadvantaged communities?

Date(s) of Follow-up (mm/dd/yyyy)

**Outreach Activity (optional)**  
If you made contact with the business establishment through an activity

from the drop-down provided:

---

Description of funding Mechanism (optional) EPA is exploring ways to...

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**Description of Barriers to Implementation (optional)**  
 If there were recommended actions that this business establishment did

If any of the above barriers to implementation are present, please describe any barriers to implementation (e.g., cost, long feedback period, low priority).

---

Description of Planned P2 Actions Within 5 Years (optional)

If the business establishment intends to implement additional actions within the next 5 years, please describe them here.

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### 3 Actions and Outcomes

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Scroll right to see all columns (cols. B through AE) ->

[illegible]



**For Business Establishment Informs** and provide information about the business establishment's impact on disadvantaged communities.

1. Enter Business Establishment Name. If you do not wish to disclose the actual name, enter a reasonable proxy so that you will be able to find it when needed. You may also enter "Other" if you are unable to find the name or you want to keep the name confidential. If you select "Other," please explain the basis for the entry in the Remarks section.
2. Enter NAICS Code. Select the appropriate NAICS code from the dropdown menu. The NAICS code determines which questions are asked. If the state(s) on which you followed up with the business establishment is different than the one selected, select the state(s) from the dropdown menu. The state(s) on which you followed up with the business establishment is **IMPORTANT:** None of your actions and outcomes will be reflected on the "Results by State" page unless you have entered the state(s) on which you followed up with the business establishment.
3. Under P2 Actions and Outcomes, enter each P2 action implemented by the business establishment. Select the role: Manufacturer (and which type of associated product - production, certification, or marketing); Distributor/Retailer; Purchaser/User. Based on the selection made, certain columns will show up. Fill out all non-grayed-out cells **IMPORTANT:** You must enter the Date Implemented for your actions and outcomes to be reflected on the "Results by State" page.
4. Cells will be highlighted yellow if your response is different than the expected input type (e.g., text instead of number). For highlighted values, re-enter the value in the appropriate format to remove the highlighting.

The information in the two cells below is populated automatically from Grant Project Data tab.

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Grant Recipient  
Project Number

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Business Establishment Name \_\_\_\_\_  
Business Establishment Contact (individual) \_\_\_\_\_

Business Establishment City (ajpt000a)

Business Establishment State (2-letter abbreviation)

[NACS Code \(3 to 6 digit\) NACS Search Results](#)

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### 3 Actions and Outcomes

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