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

[redacted]

Follow

Thriving Communities [redacted] Environmental Protections Agency Grant - [redacted]

This collection of information is approved by OMB under the Paperwork Reduction Act, 44 U.S.C. 3501 et seq. OMB Control Number: 2035-NEW. Responses to this collection of information are voluntary. 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 2 to 6 hours. 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 Director, Information Engagement Division; 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.

** This project is NOT LIVE and not viewable by the public.

DRAFT

Eligibility Form Name *

Thriving Communities Eligibility Form

No Branch Assigned

Dropdown List *

Entity Type

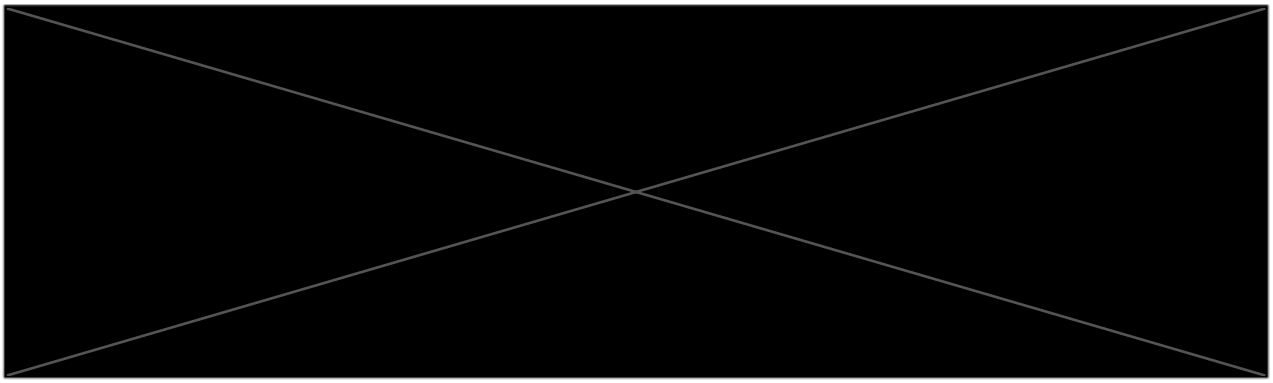
Eligible	501c3
Eligible	501c3 Fiscally Sponsored Project - official applicant must be the Fiscal Sponsor
Eligible	Institutions of Higher Educations
Eligible	Local Governments
Eligible	Native American Organizations
Eligible	Tribal Governments (both federally recognized and state-recognized) and Intertribal Consortia
Ineligible	None of the Above - (Individuals, For Profit Businesses, State Governments)

+Add Option Upload a List

Additional Instructions for Submitter (optional)

Applicant must be one of the entities listed above in good standing with the IRS and state in which the nonprofit organization operates to be eligible

Region

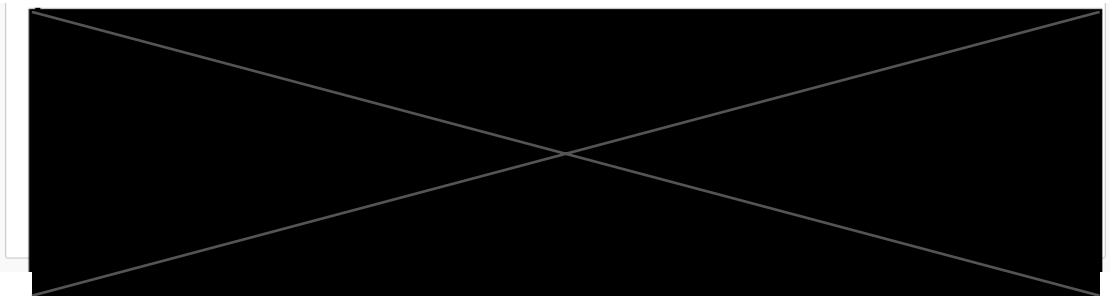


+Add Option Upload a List

Additional Instructions for Submitter (optional)

Applicant Organization must be based in one of the Region 9 locations listed above

AFT



Thriving Communities [redacted] Environmental Protection Agency Grant - Initial Form

DRAFT

I. Organization Information

Organization Name *

If Fiscally Sponsored please list your Fiscal Sponsor and the name of your project

Brief Description of Applicant Organization

Provide a brief description (100 words or less) of the applicant organization, including its mission and key ongoing projects and activities in which it is involved

Mailing Address

Country

Select...

Address

Address Line 2 (optional)

City

State, Province, or Region

Zip or Postal Code

Site Address (if different from above)

Country

Select...

Address

Address Line 2 (optional)

City

State, Province, or Region

Zip or Postal Code

Organization Phone Number

Organization Website

example.com

DRAFT

Congressional District

Census Tract

Employer Identification Number

XX-XXXXXXX

Unique Entity Identifier

XXXXXXXXXXXX

Organization Annual Budget

Choose File

Upload a file. No files have been attached yet.

Acceptable file types: .csv, .doc, .docx, .odt, .pdf, .rtf, .txt, .wpd, .wpf, .gif, .jpg, .jpeg, .png, .svg, .tif, .tiff, .epub, .key, .mobi, .mus, .musx, .ppt, .pptx, .sib, .xls, .xlsx, .zip

Provide Income Statement for most recently completed fiscal year

Choose File

Upload a file. No files have been attached yet.

Acceptable file types: .csv, .doc, .docx, .odt, .pdf, .rtf, .txt, .wpd, .wpf, .gif, .jpg, .jpeg, .png, .svg, .tif, .tiff, .epub, .key, .mobi, .mus, .musx, .ppt, .pptx, .sib, .xls, .xlsx, .zip

DRAFT

Year Organization Founded

How many full-time equivalent employees (FTE) does your organization employ?

II. Contact Information

Primary Contact Name

First Name

Last Name

Individual will be responsible for ongoing reporting and administration of this grant

Primary Contact Title

Primary Contact Phone Number

DRAFT

Primary Contact Email

email@example.com

Authorized Person Contact Name

First Name

Last Name

Individual with signatory authority

Authorized Contact Phone Number

Authorized Contact Email

email@example.com

Other Contact Information

III. Project Phase

Which Project Phase are you applying for?

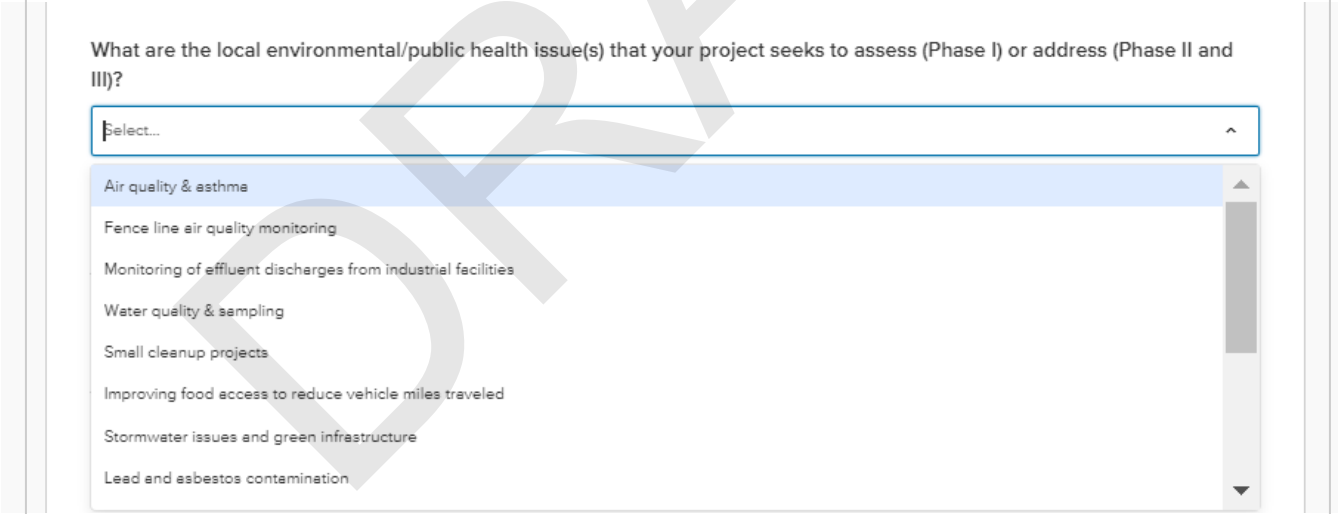
DRAFT

- [ ] Phase I - Assessment for up to $150,000 for a one-year project period
- [ ] PHASE II - Planning for up to $250,000 for a one to two-year project period
- [ ] PHASE III - Development for up to $350,000 for a two-year project period
- [ ] PHASE I - Noncompetitive Fixed Amount Subaward

IV. Environmental Justice Issue(s) to Be Addressed

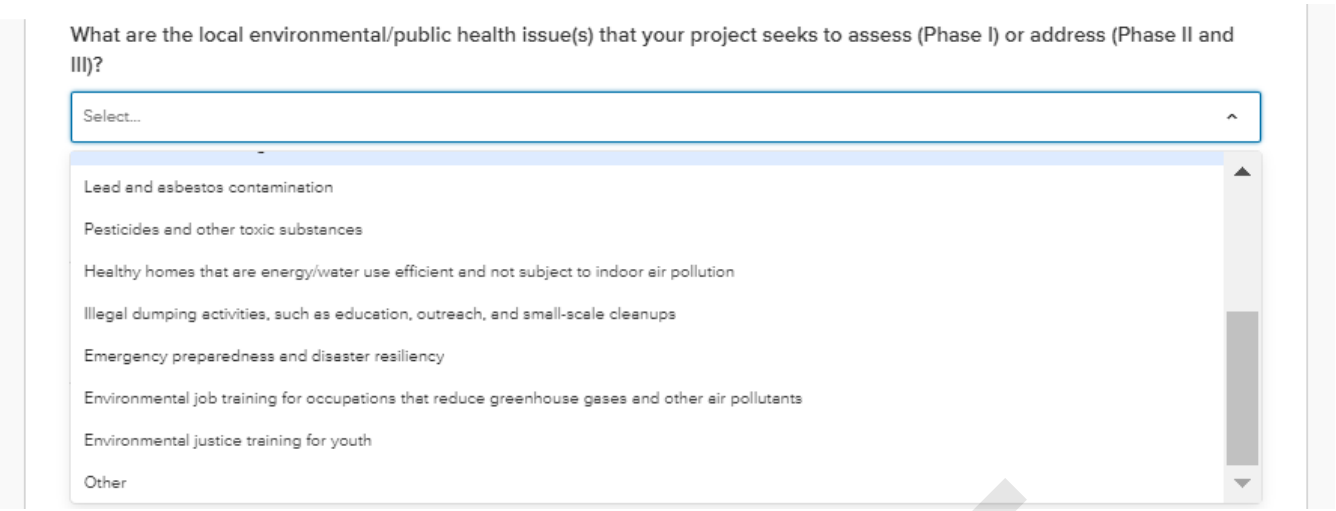
What are the local environmental/public health issue(s) that your project seeks to assess (Phase I) or address (Phase II and III)?

Other



DRAFT

What are the local environmental/public health issue(s) that your project seeks to assess (Phase I) or address (Phase II and III)?



Other (please describe)

V. Impacted Communities

What is the target area and general characterization of the community your project will impact?

DRAFT

Describe communities within the target area: What are the area's primary environmental justice challenges?

Using the EPA Inflation Reduction Act Disadvantaged Communities tool, or other Environmental Justice Mapping resources, what kinds of environmental and health burdens does the community face? (Project MUST benefit people in disadvantaged communities as defined by the IRA map)

- [ ] a) Disadvantaged Area: Identified as Disadvantaged and above the 90th percentile in the following categories: Climate Change, Energy, Health, Housing, Legacy Pollution, Transportation, Water and Wastewater, Workforce Development
- [ ] b) Environmentally Burdened: At or above the 80 percentile in one or more Environmental Justice Index indicators: Particulate Matter 2.5, Ozone, Diesel particulate, Air Toxics Cancer Risk, Air Toxics Respiratory HI, Traffic Proximity, Lead Paint, Superfund Proximity, RMP Facility Proximity, Hazardous Waste Proximity, Underground Storage Tanks, Wastewater Discharge
- [ ] c) Rural Community
- [ ] d) Indigenous/Tribal Land
- [ ] e) Other
- [ ] f) None of the Above

EPA geoplatform screening tool: https://screeningtool.geoplatform.gov/en/#3/33.47/-97.5
Disadvantaged Communities webinar here: https://communitychangeta.org/webinar-recordings . They demonstrate how to make a map step-by-step.

DRAFT

Disadvantaged Community fact sheet here: https://communitychangeta.org/fact-sheets
Environmentally Burdened mapping link: https://ejscreen.epa.gov/mapper/
Rural Community health information link: https://www.ruralhealthinfo.org/am-i-rural
Indigenous/Tribal Land Tribal Directory Assessment Tool: https://egis.hud.gov/TDAT/

Other (please describe)

Are Indigenous/Tribal Communities impacted by your project?

- [x] Yes
- [ ] No

How will the project recognize and support Tribal-led Indigenous Knowledge?

Given the sensitivity of Indigenous Knowledge, how will this knowledge be appropriately handled?

DRAFT

How does this project plan to involve local Indigenous/Tribal communities, address their priorities, and/or contribute to their economies?

Describe what barriers will be removed to allow Indigenous/Tribal communities to engage with this project.

If your project impacts disadvantaged or environmentally burdened areas, briefly describe (250 words or less) the track record of your organization in working in disadvantaged and/or environmentally burdened areas.

VI. Project Plan, Goals, Outputs, and Outcomes

Project Plan, Goals, Outputs, and Outcomes

Choose File

Upload a file. No files have been attached yet.

DRAFT

Acceptable file types: .csv, .doc, .docx, .odt, .pdf, .rtf, .txt, .wpd, .wpf, .gif, .jpg, .jpeg, .png, .svg, .tif, .tiff, .3gp, .avi, .flv, .m4v, .mkv, .mov, .mp4, .mpg, .webm, .wmv, .epub, .key, .mobi, .mus, .musx, .ppt, .pptx, .sib, .xls, .xlsx, .zip, .adoc, .ai, .bbl, .dae, .dwg, .eps, .fbx, .fdx, .heif, .hevc, .iba, .ibooks, .ltx, .mpp, .mpx, .psd, .step, .stl, .stp, .tex, .vdx, .vsd, .vss, .vst, .vsx, .vtx

(Project Plan submission not to exceed 5 pages, single-spaced, 12-point font size, and 1-inch margins.)

1. Project description, goals, and community need for project

2. Organizational history in the project community and capacity for completing the project

3. How will the impacted community and/or community partners be involved in the assessment (Phase I), planning (Phase II), or implementation (Phase III), and evaluation of the project?

4. Project Activities

5. Project Schedule

6. Outputs: Output means an environmental activity, effort, and/or associated work product related to an environmental goal or objective that will be produced or provided over a period of time or by a specified date. Outputs may be quantitative or qualitative but must be measurable during the funding period. Please list at least three outputs.

7. Outcomes: Outcome means the result, effect or consequence that will occur from carrying out an environmental program or activity that relates to an environmental or programmatic goal or objective. Outcomes may be environmental, behavioral, health-related, or programmatic in nature; must be quantitative; and may not necessarily be achievable within an assistance agreement funding period. Please list at least one each: short-term, intermediate, and long-term outcome.
   a) Short-term (change in knowledge) – Example: Increase in number of residents that know about indoor asthma triggers (during project)
   b) Intermediate (change in behavior) - Example: Increase in number of residents that install and routinely check their home indoor air monitor (6 - 12 months after project)
   c) Long-term (change in conditions) – Example: Reduction in asthma rates among community residents (2+ years after project)

DRAFT

VII. Performance Measurement Plan

How will you determine whether your project has achieved its intended outputs and outcomes? Consider what your data source will be (e.g., people, existing records, observation, etc.) and how you will collect the data (e.g., observing behavior changes, administering pre- and post-tests). Describe up to three indicators.

What support do you need from Thriving Communities Technical Assistance Centers (TCTACs) or technical assistance would be helpful to facilitate your ability to report on these outputs and outcomes?

VIII. Budget and Expense Tracking

Basic budget form will be provided for the applicant to ensure it aligns with the overall expense tracking plan.

Is this your first Federal grant?

- ◯ Yes
- ◯ No

How will you manage tracking expenses and invoices?

DRAFT

Thriving Communities Grant Draft Budget

Embedded Budget Template provided at end of document

	A	B	C	D
43				
44				
45				
46				
47	**Other Total**		**0**	**0**
48				
49				
50	**Total Budget Summary**			
51	**Personnel Total**		**0**	**0**
52	**Contractual**		**0**	**0**

DRAFT

Please use template to complete Draft Budget or upload external file in next submission field

Thriving Communities Grant Draft BudgetUpload

Choose File

Upload a file. No files have been attached yet.

Acceptable file types: .csv, .doc, .docx, .odt, .pdf, .rtf, .txt, .wpd, .wpf, .gif, .jpg, .jpeg, .png, .svg, .tif, .tiff, .epub, .key, .mobi, .mus, .musx, .ppt, .pptx, .sib, .xls, .xlsx, .zip

If not using template above please upload your Draft Budget file here

IX. Approval to Submit Application

Please enter the name and title of the individual submitting this application.

Does your organizational leadership approve the submission of this application?

- [x] Yes
- [ ] No

X. Other Information

Does the organization need additional support or technical assistance for technical and financial matters (invoicing, reporting, etc.) to manage the award effectively?

- [x] Yes
- [ ] No

DRAFT

If yes, please describe needs

Please describe the group that governs your organization.

- [x] Board of Directors
- [ ] Indigenous/Tribal Council
- [ ] Other Governing Group

Please list the members of your Board of Directors

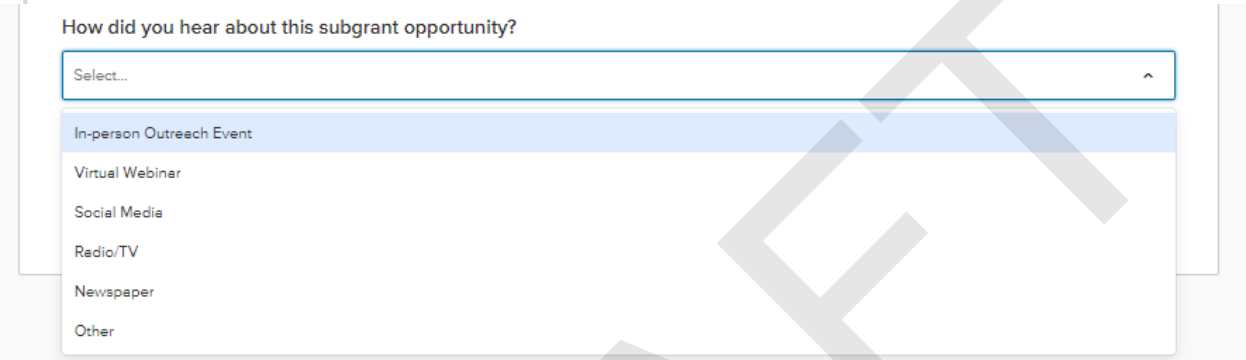
Please describe the geographic region(s) where your organization does its work.

Briefly describe (100 words or less) how this grant impacts your organization's ability to accomplish its mission.

DRAFT

How did you hear about this subgrant opportunity?

Other



Other (please describe)

Save Draft **Submit Form**

Drafts may be visible to the administrators of this program.

DRAFT

[redacted]

EPA EJ Thriving Communities Subgrant Program Budget
Budget Template/Format

Instructions; You do not have to fill out every category. This template is simply to help with applying for the Thriving Communities Region 9 Grant.

CATEGORY	YEAR 1	YEAR 2	TOTAL
PERSONNEL (Salaries and Wages)			
Personnel Total	-	-	-
CONTRACTUAL			
Contractual Total	-	-	-
TRAVEL			
Travel Total	-	-	-
SUPPLIES			
Supplies Total	-	-	-
OTHER			
Other Total	-	-	-
Grand Total	-	-	-

DRAFT