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

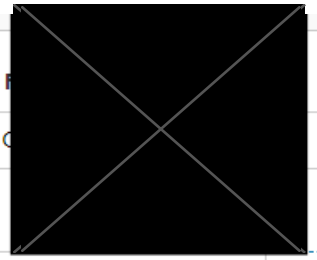
Thriving Communities [redacted] Environmental Protections Agency Grant - [redacted]

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.

Eligibility

Thriving



No Branch Assigned

Dropdown List *

Entity Type

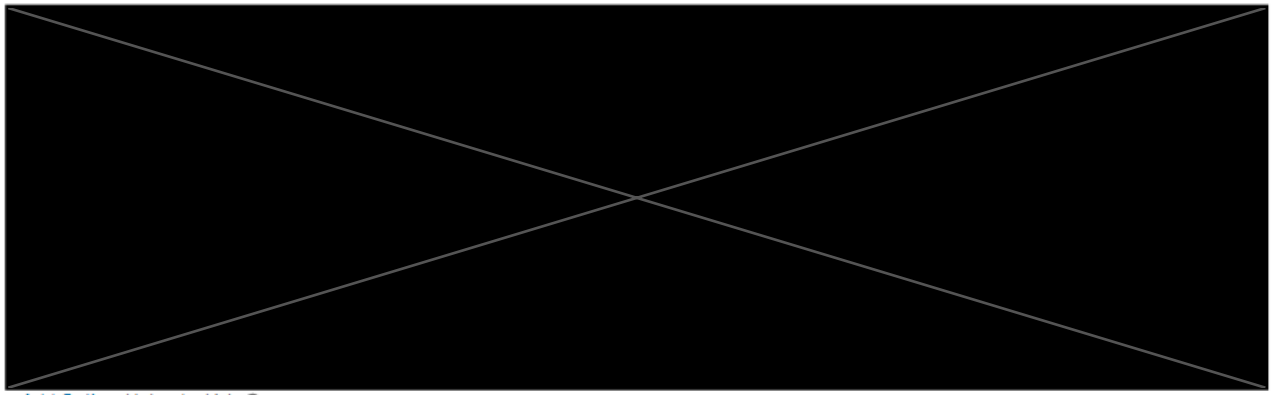
Eligible	501c3
Eligible	501c3 Fiscally Sponsored Project - official applicant must be the Fiscal Sponsor
Eligible	Institutions of Higher Educations
Eligible	Local Governments
Eligible	Native American Organizations
Eligible	Tribal Governments (both federally recognized and state-recognized) and Intertribal 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

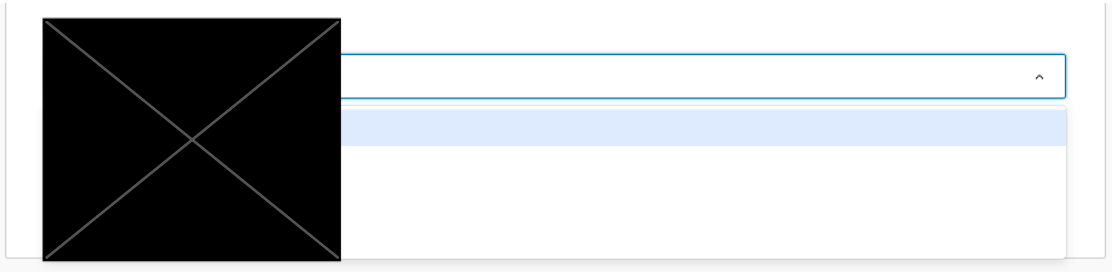
Region



+Add Option Upload a List

Additional Instructions for Submitter (optional)

Applicant Organization must be based in one of the  ocations listed above



Thriving Communities [redacted] Environmental Protection Agency Grant - n t al Form

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

Employer Identification Number

XX-XXXXXXX

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

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

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. Environmental Justice Issue(s) to Be Addressed

What are the local environmental/public health issue(s) that your project seeks to assess ?

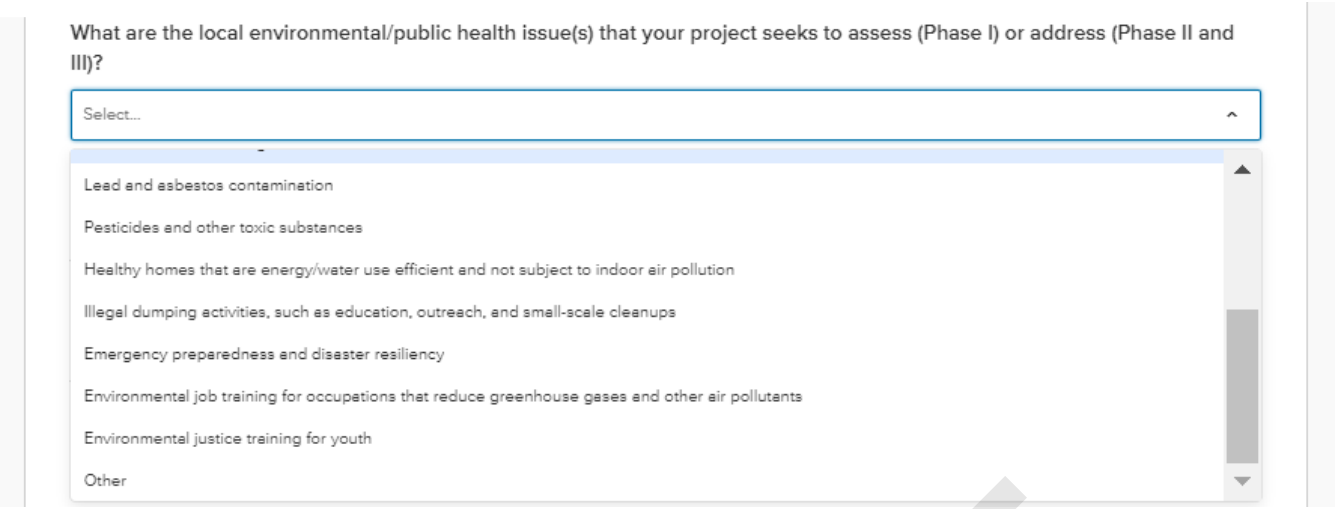
Other

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

Select...

- Air quality & asthma
- Fence line air quality monitoring
- Monitoring of effluent discharges from industrial facilities
- Water quality & sampling
- Small cleanup projects
- Improving food access to reduce vehicle miles traveled
- Stormwater issues and green infrastructure
- Lead and asbestos contamination

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)

IV. Project Plan, Goals, Outputs, and Outcomes

Project MUST benefit people in disadvantaged communities as defined by the IRA map.

Project Plan, Goals, Outputs, and Outcomes

Project description, goals, and community need for project