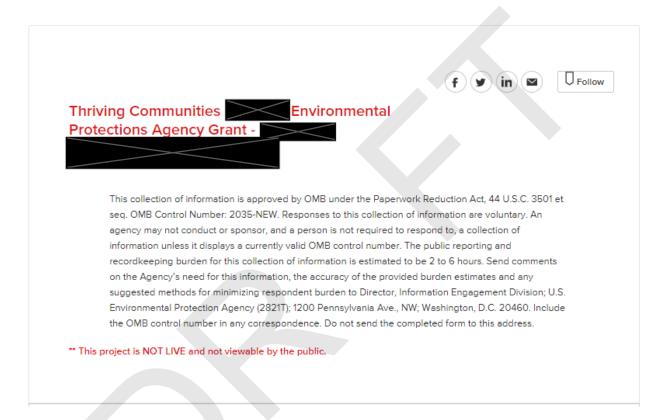
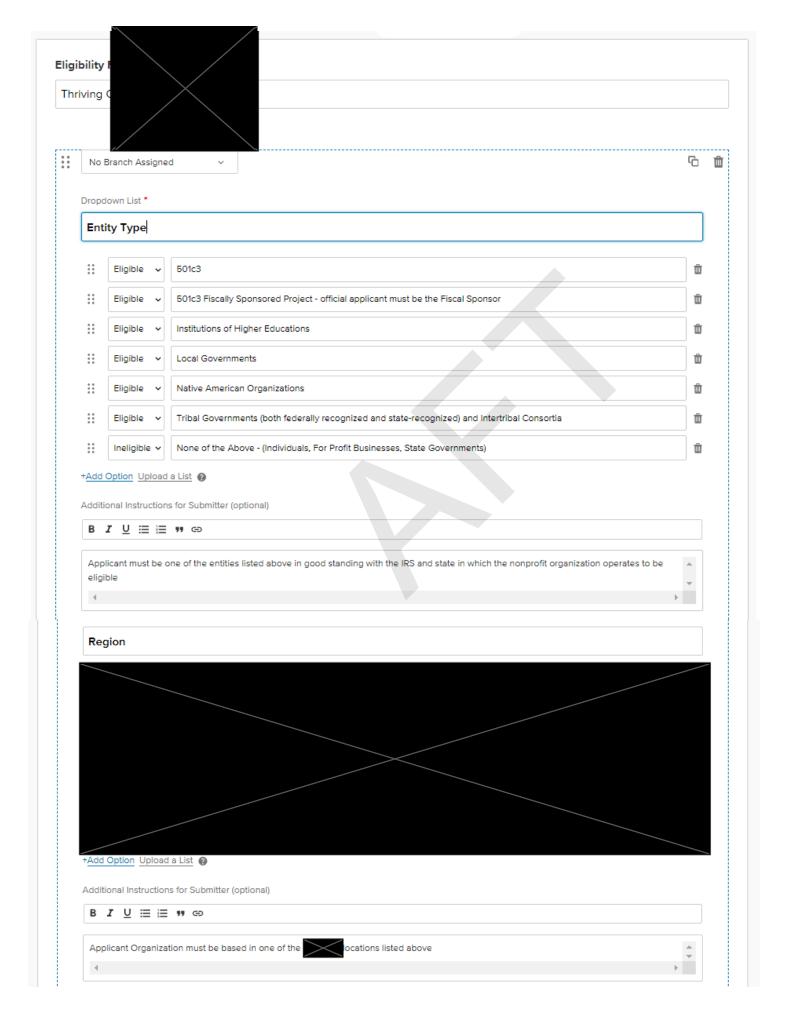
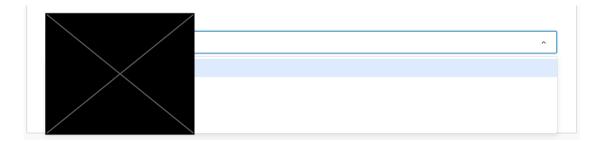
The use of this provided template is optional. EPA will not penalize or withhold a benefit from the respondent for providing the requested information in another format.









Thriving Communities 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
, , <u>, , , , , , , , , , , , , , , , , </u>	
Site Address (if differe	ant from above)
Country	in nom above)
Select	~
Address	
Address Line 2 (optional)	
City	
Sity	
State, Province, or Region	Zip or Postal Code
Organization Phone N	umber
*	
Organization Website	
example.com	

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

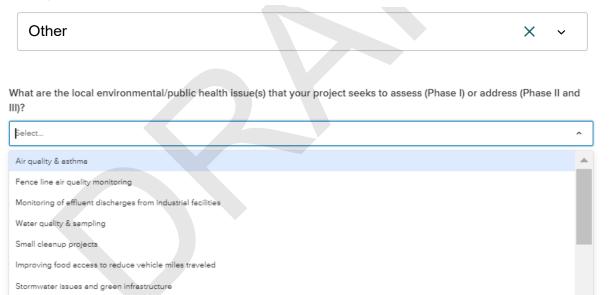
How many full-timorganization emp		loyees (FTE) do	es your
I. Contact Inform	ation		
Primary Contact First Name	Name		
ast Name			
ndividual will be respo	onsible for ongoing re	porting and adminis	tration of this grant
Primary Contact	Title		
Primary Contact	Phone Number		
•			

Authorized Person Contact Name irst Name ast Name dividual with signatory authority Authorized Contact Phone Number
ast Name adividual with signatory authority Authorized Contact Phone Number
ast Name Individual with signatory authority Authorized Contact Phone Number
ndividual with signatory authority Authorized Contact Phone Number
Authorized Contact Phone Number
Authorized Contact Phone Number
authorized Contact Email
email@example.com
Other Contact Information

III. Environmental Justice Issue(s) to Be Addressed

Lead and asbestos contamination

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



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

Select...

Lead and asbestos contamination

Pesticides and other toxic substances

Healthy homes that are energy/water use efficient and not subject to indoor air pollution

Illegal dumping activities, such as education, outreach, and small-scale cleanups

Emergency preparedness and disaster resiliency

Environmental job training for occupations that reduce greenhouse gases and other air pollutants

Environmental justice training for youth

Other

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