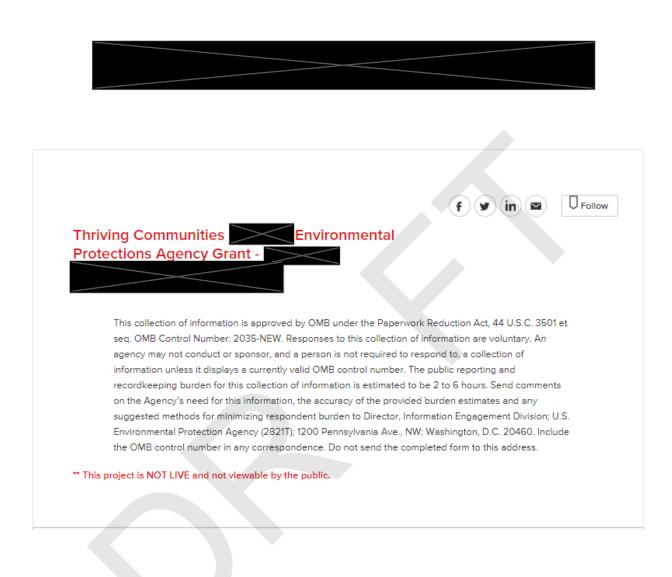
#### OMB Control Number=2035.NEW, Expiration Date =mm/dd/yyyy

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.



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None of the Above - (Individuals, For Profit Businesses, State Governments)	
of the entities listed above in good standing with the IRS and state in which the nonprofit organization operates to	be 🔺
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a l fc	None of the Above - (Individuals, For Profit Businesses, State Governments)



## 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

City	
State, Province, or Region	Zip or Postal Code
Site Address (if differe	ent from above)
Country	
Select	~
Address	
Address Line 2 (optional)	
City	
State, Province, or Region	Zip or Postal Code
Organization Phone N	umber
~	

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	rovide Income Statement for most recently completed fiscal year Choose File		
	Choose File		
Upload a file. No files have been atta			

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

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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