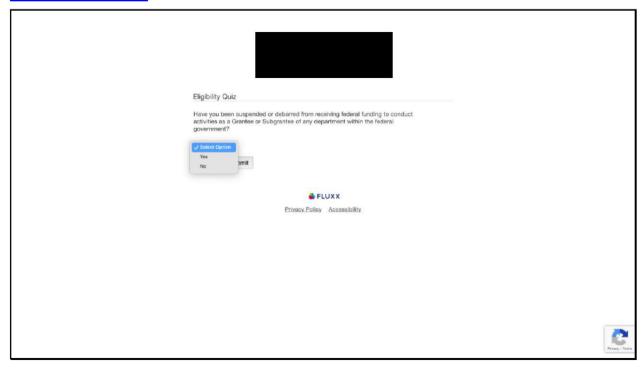
## OMB Control Number = 2035.NEW, Expiration Date mm/dd/yyyy

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## **Registration Form**

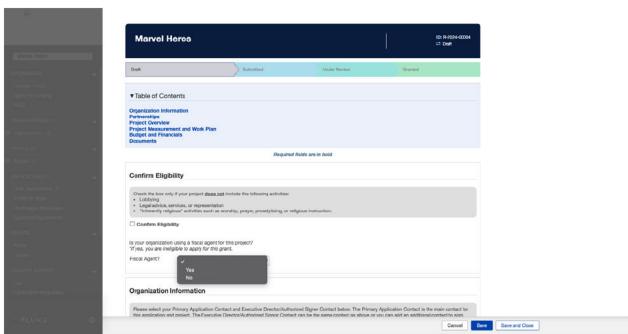


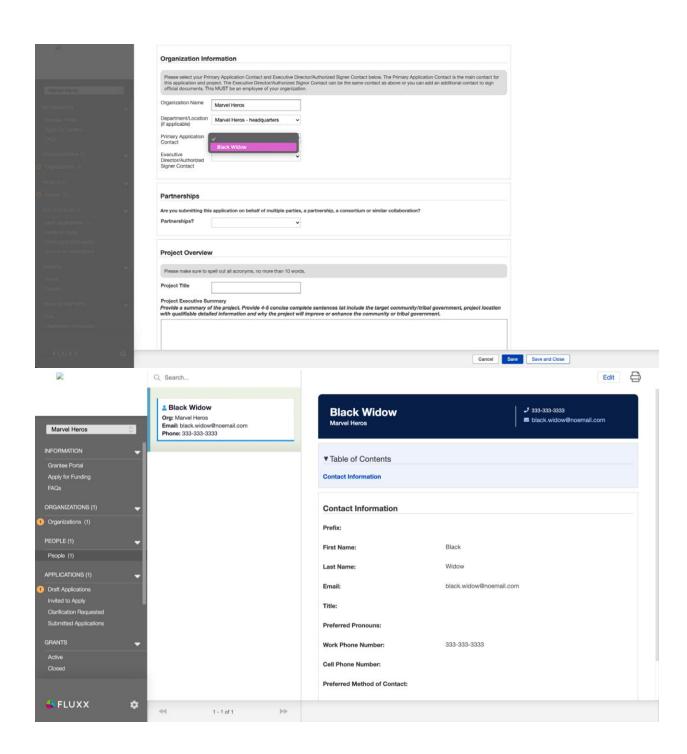
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City	
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Mission Statement	
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Select the type(s) of organization/entity you identify as  Nonprofit organizations	Privacy - Terror

Select the type(s) of organization/entity you identify as	
□ Nonprofit organizations	
☐ Community-based and grassroots nonprofit organizations	
Philanthropic and civic organizations with nonprofit status	
☐ Tribal governments (both federally recognized and state-recognized) and intertribal consortia (i.e., a partnership between two or more tribes that work together to achieve a common objective.)	
□ Native American Organizations (includes Indian groups, cooperatives, nonprofit corporations, partnerships, and associations that have the authority to enter into legally binding agreements)	
<ul> <li>Local governments (as defined by 2 CFR 200.1 - includes cities, towns, municipalities, and counties, public housing authorities and councils of government)</li> </ul>	
☐ Institutions of higher education (e.g., private and public universities and colleges, including community colleges)	
☐ Puerto Rico	
☐ US Territories	I
EIN	
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Does your organization have a SAM.gov account and registration number? 'For more information, please click on this link: https://sam.gov/content/home	
Contact Information	
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Cancel Submit Request	
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Partnerships	
Are you submitting the	
Partnerships?	
No	
Please provide an overview of the consortium, including all member organizations and their roles.	
Please describe the consortium/partnership, Memorandum of Understanding (MOU), or other agreements that detail the relationships and roles,	
specifically financial management and reporting.	
Project Overview	
Please make sure to spell out all acronyms, no more than 10 words.	
Project Title	
Project Executive Summary	
Provide a summary of the project. Provide 4-5 concise complete sentences tat include the target community/tribal government, project location with qualifiable detailed information and why the project will improve or enhance the community or tribal government.	
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communities? https	A Disadvantaged Communities Tool (EJSCreen), does this project primarily serve underserved and disadvantaged //ejscreen.epa.gov/mapper/	
Serve Disadvantaged	Yes	
Communities?		
Do you agree or dis	gree with the findings?	
The quick brown for	jumps over the lazydogs.	
supports. The follow persons, Asian Ame	group(s) of individuals who would be supported by this project as well as estimate the percentage of people this project ing options are EPA IRA Disadvantaged Communities defined groups: Back, Latino, Indigenous, and Native American closures of the Communities of the Communities of the Communities of the Communities (sebian, gay, r, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons adversely affected by inequality?	
Disadvantaged (	roups	⊕
Describe how you is	tegrate and empower historically marginalized communities in your projects design, planning, and implementation process	ises.
	jumps over the lazy dogs.	
The Quee Down to	puripu oran uni may acque.	
n which state withi	Region All your proposed project be primarily located in? (Please list primary)	d
Primary State	•	
In which county/trib	al area within Region will your proposed project be primarily located in? (Please list primary)	
Primary County or Tribal Area	~	
is your organization	located in a rural area?	
is Organization Rural?	¥	
	Cancel	Save and Close

