

**P2 IJA Products EJ Grant Reporting Template****Welcome**

Using this workbook will allow you to track all required reporting and outcome elements, automatically tabulate many of your required outputs, and submit your data for sequential annual reporting. Using this workbook will also allow EPA to easily import this information into its P2 Grants Database, which aggregates P2 grant performance information across the country. EPA is planning to make the P2 Grants database widely available through a searchable public website, which will allow other P2 providers and facilities to find demonstrated P2 practices and implemented P2 actions. By using this standardized workbook to report your results, you are helping to ensure that the database contains accurate, complete, and consistent data about P2 practices, which may allow others to replicate your successes. So, thanks!

[Learn more at https://www.epa.gov/p2/grant-reporting](https://www.epa.gov/p2/grant-reporting)

**Getting Started**

Use the tabs below from left to right. Full instructions appear on each tab:

1. The **Grant Project Data** tab combines data entry and an automatic list. On top is the data entry area for grant/grantee information. Below that is an auto-generated tracking list that will pull in business establishment names you've entered in the numbered business establishment tabs.
2. The **Results Summary** tab automatically aggregates results from data entered in the Partners tab, Outreach Activities tab, and the numbered business establishment tabs.
3. The **Partners** tab is optional and provides a place to enter information about partners who helped strengthen your ability to provide P2 technical assistance to businesses in disadvantaged communities.
4. The **Outreach Activities** tab is for capturing information about outreach activities, including training, webinars, videos, etc.
5. The **Sample Business Establishment** tab serves as an example of how to sufficiently enter project data on the numbered business establishment tabs.
6. The **numbered** tabs are for data entry of business establishment-level data, one business establishment per numbered tab. While providing the business establishment name is optional, it is beneficial to do so because the Grant Project Data tab displays the name provided and associates it with its numbered tab, which will help you later when you need to find the correct tab for updating the status of follow-up, implementation and results achieved at a specific business establishment. This template has 75 numbered tabs for business establishments; please use a new file if you need more tabs.

Last Updated: 10/10/2023

EPA Form 9600-055

**Paperwork Reduction Act Burden Statement**

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P2 IIA Products EJ Grant Reporting Template

<b>How to Use This Tab:</b>	<p>1. Enter Grant/Grantee information in the top section. The Recipient and Project Number information will automatically appear on the other tabs in this workbook.</p> <p>2. The Business Establishments in the bottom section will be populated automatically as you fill out the numbered business establishment tabs. This list will help you later to find business establishments when updating the status of follow-up, implementation, and results achieved.</p>
Grant Recipient:	
Grant Project Number:	
Grant Award Date:	
Grantee Contact Name:	
Grantee Contact Phone Number:	
Grantee Contact E-mail:	
Grantee State/Tribe:	

<b>Business Establishment Names on Numbered Tabs (populated automatically)</b>	
Business Establishment 1:	<a href="#">Go to Tab</a>
Business Establishment 2:	<a href="#">Go to Tab</a>
Business Establishment 3:	<a href="#">Go to Tab</a>
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P2 IJIA Products EJ Grant Reporting Template

Aggregate Output Measures from Business Establishments											
<b>How to Use this Tab:</b>		This read-only tab summarizes the aggregate outcomes being achieved in this grant project using information entered on the other tabs in this workbook.									
Grant Recipient: _____											
Grant Project Number: _____											
Federal Fiscal Year (Oct 1. - Sep 30)	Production				Sales / Marketing					Purchased/Used	
	Total Number of Products Reformulated / Redesigned	Total Number of Products Newly Certified (or in Process)	Total Increase in Number of Products Offered for Sale	Actions Including New Advertising or Outreach	Total Increase in Number of Products Sold	Total Increase in Shelf Space (linear feet)	Actions Including New Advertising, Outreach, or Signage	Increase in Sales Volume (units)	Increase in Sales Volume (dollars)	Total Number of Products Adopted for Use in Operations and Maintenance	Actions Including Adoption of Green Purchasing Programs
2023	0	0	0	0	0	0	0	0	\$0	0	0
2024	0	0	0	0	0	0	0	0	\$0	0	0
2025	0	0	0	0	0	0	0	0	\$0	0	0
2026	0	0	0	0	0	0	0	0	\$0	0	0
2027	0	0	0	0	0	0	0	0	\$0	0	0
2028	0	0	0	0	0	0	0	0	\$0	0	0

Additional Aggregate Output Measures	
Number of partner organizations.	<input type="text" value="0"/>
Number of outreach activities and informational materials that widely share P2 practices.	<input type="text" value="0"/>
Number of business establishments reached through outreach activities and informational materials.	<input type="text" value="0"/>
Number of business establishments provided technical assistance.	<input type="text" value="0"/>
Percentage of business establishments provided technical assistance that the grantee followed up with (should be 100%) by phone call, visit, letter or email) to determine which P2 practices were implemented.	<input type="text" value="0%"/>
Percentage of business establishments that implemented at least one new P2 practice as a result of the technical assistance provided by the grantee.	<input type="text" value="0%"/>
Number of case studies describing specific P2 best practices implemented through the grant.	<input type="text" value="0"/>

P2 IJA Products EJ Grant Reporting Template

<b>How to Use this Tab:</b>	<b>This tab is optional.</b> Enter information about the partners who helped strengthen your ability to provide P2 technical assistance to businesses in disadvantaged communities. The number of partners you entered will be captured automatically on the "Results Summary" tab.
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<b>Grant Recipient:</b>	
<b>Grant Project Number:</b>	

Name of Partner Organization/Entity <i>(Optional)</i>	Organization Type <i>(Optional. Use dropdown)</i>	Partnership Description <i>(Optional)</i>	Point of Contact Name <i>(Optional)</i>	Point of Contact Email <i>(Optional)</i>	Point of Contact Phone <i>(Optional)</i>
(Ex: Household & Commercial Products Association)	Trade Association	HCPA provided details about the companies they represent & distributed materials created under this grant.	John Doe	john.doe@hcpa.org	(212) 555-1212
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P2 IJA Products EJ Grant Reporting Template

<b>How to Use this Tab:</b>	Use this tab to report on outreach activities, including training, webinars, videos, or other outreach. 1. List the title of each activity and identify the type of activity using the dropdown provided. 2. Enter the date of the event, if applicable. Include just the first day for multi-day events. 3. Provide information on the topics covered and number of business establishments in attendance/reached. 4. If applicable, include a link to online content or attach the content created to the report submission. The five sample records may be used as a guide.
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<b>Grant Recipient:</b>	
<b>Grant Project Number:</b>	

Outreach Activity Name	Activity Type <i>(use dropdown provided)</i>	Activity Date <i>(if applicable)</i>	Informative Description of Activity and Topics Covered	# of Business Establishments in Attendance / Reached	Materials Developed <small>If online content was developed, provide a link for EPA to view, download and share. Otherwise, include attachments with your report submission and supply the file name(s) here or a description of file(s).</small>
<i>(Ex: How to Find Safer Cleaners)</i>	Training	9/1/2023	Training for janitorial staff on how to find Ecolabel cleaners using online tools	12	Training slide deck attached
<i>(Ex: Green Cleaning Webinar)</i>	Webinar	9/7/2023	How to apply green cleaning methods and use Ecolabel products at businesses for similar costs and with reduced risks to customers	40	<a href="http://stateagency/webinars">http://stateagency/webinars</a>
<i>(Ex: Cleaners Go Green with P2 factsheet)</i>	Outreach Document	n/a	Brief factsheet on how janitorial staff can go green using Safer Choice products, showcasing real-world examples	1,000	<a href="http://stateagency/factsheets">http://stateagency/factsheets</a>
<i>(Ex: Demonstration of Safer Choice Products)</i>	Outreach Demonstration	11/17/2022	Demonstrate effectiveness of a suite of Safer Choice certified products to janitorial contractors for the Des Moines school system	15	None
<i>(Ex: Instagram post about Demonstration of Safer Choice Products)</i>	Social Media Content	11/19/2022	Posted photo of demonstration on Instagram with a link to recorded video from the event	4,000	<a href="https://www.instagram.com/p/CthEkNeg">instagram.com/p/CthEkNeg</a>
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P2 BIA Products ( Grant) Business Establishment 1

1. Enter Business Establishment Information and provide information about the business establishment's interest on disadvantaged communities. For the Business Establishment Name, if you do not wish to disclose the actual name, enter a meaningful phrase so that you will be able to find it when entering follow-up information. If you made contact via an activity on the "Outreach Activities" tab, select it from the drop-down provided. Enter the date(s) on which you followed up with the business establishment. **IMPORTANT:** Name of your actions and outcomes will be reflected on the "Results Summary" tab until you enter at least one follow-up date.

**How to Use this Tab:**

2. Under P2 Actions and Outcomes, enter each P2 action implemented by the business establishment. Select the role, Manufacturer (and which type of associated project) production certification, or marketing, Distributor/Retailer, or Purchaser/User. Based on the selection made, certain columns will gray out. **NOTE:** All non-grayed out cells. **IMPORTANT:** You must enter the Date Implemented for your actions and outcomes to be reflected on the "Results Summary" tab.

3. Cells will be highlighted yellow if your response is different than the expected input type (e.g., text instead of numbers). For highlighted values, re-enter the value in the appropriate format to remove the highlighting.

**Grant Information** The information in the box calls below is populated automatically from Grant Project Data tab.

Grant Recipient: \_\_\_\_\_  
 Grant Project Number: \_\_\_\_\_

**Business Establishment Information** Note: If copy-pasting information into cells below, click this header for help text.

Business Establishment Name: \_\_\_\_\_  
 Business Establishment Contact (optional): \_\_\_\_\_  
 Business Establishment City (optional): \_\_\_\_\_  
 Business Establishment State (if known, select from dropdown): \_\_\_\_\_  
[\[Select Code \(e.g., P, S, D, etc.\) from Search Results\]](#)

Is the business establishment located in, adjacent to, or otherwise impacting a disadvantaged community? (Yes/No) (optional): \_\_\_\_\_

How do the recommended P2 actions identified below benefit disadvantaged communities? \_\_\_\_\_

Date(s) of Follow-up (mm/dd/yyyy): \_\_\_\_\_

Outreach Activity (optional): \_\_\_\_\_  
If you made contact with the business establishment through an activity related on the "Outreach Activities" tab, indicate the activity by choosing it from the drop-down provided.

Description of Funding Mechanism (optional/REQ. to submitting grants file): \_\_\_\_\_

Description of Barriers to Implementation (optional): \_\_\_\_\_  
If there were recommended actions that the business establishment did not implement, please describe any barriers to implementation (e.g., cost, long project period, low priority).

Description of Planned P2 Actions Within 5 Years (optional): \_\_\_\_\_  
If the business establishment intends to implement additional actions within the next 5 years, please describe them here.

P2 Actions and Outcomes		Manufacturer												Distributor/Retailer				Purchaser/User						
Informative Description of P2 Action Implemented	Role	Product Description	Name of Disposal or Subsidy (if applicable)	Date Implemented (see Instructions)	Contact Person (last name)	Production		Certification		Marketing		Marketing		Sales		Number of Products Adopted from One Manufacturer and One Distributor/Retailer		Annual Volume of Products Adopted		Adoption of Green Purchasing Programs		Date when Green Purchasing Program	Link to Case Study (if available) or URL for EPA to view, download and share. Alternatively, please describe activities with report submissions.	
						Number of Products Manufactured / Repackaged / Recycled / Recycled (for study use)	Increase in Annual Production Volume	Unit of Measure	Product / Asset	Number of Products Newly Certified (license or to City number for study use)	Certification Status	Increase in Number of Products Offered for Sale (City number for study use)	New Advertising Campaign?	Increase in Number of Products Sold (City number for study use)	Increase in Share (Market/Share)	New Advertising, Outreach, or "Strong"	Increase in Annual Sales Volume (City and P)	Unit of Measure	Projected / Actual	Projected / Actual	Annual Volume of Products Adopted			Unit of Measure (e.g., number, or % yield)
							0																	
<b>TOTAL REPORTED</b>							0					0	0	0	0	0	0	0	0	0	0	0	0	

P2 IIA Products Q Grant: Business Establishment 2

3. Enter Business Establishment information and provide information about the business establishment's impact on disadvantaged communities. For the Business Establishment Name: If you do not wish to disclose the actual name, enter a meaningful proxy so that you will be able to find it when entering follow-up information. If you made contact via an activity on the "Outreach Activities" tab, select it from the drop-down provided. Enter the date(s) on which you followed up with the business establishment. IMPORTANT: Name of your actions and outcomes will be reflected on the "Results Summary" tab until you enter at least one follow-up date.  
4. Under P2 Actions and Outcomes, enter each P2 action implemented by the business establishment. Select the role, Manufacturer (and which type of associated project), production, certification, or marketing; Distributor/Retailer, or Purchaser/User. Based on the selection made, certain columns will gray out. If not all items grayed out cells, IMPORTANT: You must enter the Date Implemented for your actions and outcomes to be reflected on the "Results Summary" tab.  
5. Cells will be highlighted yellow if your response is different than the expected input type (e.g., text instead of numbers). For highlighted values, re-enter the value in the appropriate format to remove the highlighting.

Grant Information	
Grant Recipient	The information in the box calls below is populated automatically from Grant Project Data tab.
Grant Project Number	

Business Establishment Information	
Business Establishment Name	Note: If copy-pasting into merged cells below, click this header for help text.
Business Establishment Contact (optional)	
Business Establishment City (optional)	
Business Establishment State (2 letter abbreviation)	
NAICS Code (e.g., 8 (Manufacturing))	
Is the business establishment located in, adjacent to, or otherwise impacting a disadvantaged community? (Yes / No / Unknown)	
How do the recommended P2 activities identified below benefit disadvantaged communities? (Text)	
Date(s) of Followup (mm/dd/yyyy)	
Outreach Activity (optional)	If you made contact with the business establishment through an activity listed on the "Outreach Activities" tab, indicate the activity by choosing it from the drop-down provided.
Description of Funding Mechanism (optional) (e.g., to a revolving grant)	
Description of Barriers to Implementation (optional)	If there were recommended activities that the business establishment did not implement, please describe any barriers to implementation (e.g., cost, long product period, low priority).
Description of Planned P2 Activities Within 5 Years (optional)	If the business establishment intends to implement additional activities within the next 5 years, please describe them here.

P2 Actions and Outcomes

Grant Project Information		Manufacture											Distributor/Retailer			Purchaser/User								
Informative Description of P2 Action Implemented	Role	Product Description	Name of Equipment or Standard (if applicable)	Date Implemented (see Instructions)	Contact Person (last name)	Production			Certification		Marketing		Marketing		Sales		Number of Products Adopted from One Manufacturer and One Distributor/Retailer	Annual Volume of Products Adopted	Unit of Measure (e.g., number, or % growth)	Adoption of Green Purchasing Program	Description of the Green Purchasing Program	Date When Green Purchased (if any)	Link to Case Study (if any)	If the case study is online, provide a QR to QR to view, download and share. Alternatively, please describe attachments with report submissions.
						Number of Products Manufactured / Repackaged / Case Number for Study Use	Increase in Annual Production Volume	Unit of Measure	Projected / Actual	Number of Products Newly Certified (one to its Case Number for Study Use)	Certification Status	Increase in Number of Products Offered for Sale (link number for Study Use)	New Advertising or Outreach?	Increase in Number of Products Sold (Case Number for Study Use)	Increase in Share Sales Volume (Revenue)	New Advertising, Outreach, or "Story"								
						0	-	-	0	-	0	0	0	0	0	0	-	0	-	0	-	0	-	
TOTAL REPORTED																								



P2 BIA Products Q Grant: Business Establishment 2

3. Enter Business Establishment Information and provide information about the business establishment's impact on disadvantaged communities. For the Business Establishment Name: if you do not wish to disclose the actual name, enter a meaningful proxy so that you will be able to find it when reviewing follow-up information. If you made contact via an activity on the "Outreach Activities" tab, select it from the drop-down provided. Enter the date(s) on which you followed up with the business establishment. IMPORTANT: Name of your actions and outcomes will be reflected on the "Results Summary" tab until you enter at least one follow-up date.

4. Under P2 Actions and Outcomes, enter each P2 action implemented by the business establishment. Select the role, Manufacturer (and which type of associated product) production certification or marketing, Distributor/Retailer, or Purchaser/User. Based on the selection made, certain columns will gray out. Fill out all grayed out cells. IMPORTANT: You must enter the Date Implemented for your actions and outcomes to be reflected on the "Results Summary" tab.

5. Cells will be highlighted yellow if your response is different than the expected input type (e.g., text instead of numbers). For highlighted values, re-enter the value in the appropriate format to remove the highlighting.

Grant Information	
Grant Recipient	The information in the box calls below is populated automatically from Grant Project Data tab.
Grant Project Number	

Business Establishment Information	
Note: If copy-pasting into merged cells below, click this header for help text.	
Business Establishment Name	
Business Establishment Contact (optional)	
Business Establishment City (optional)	
Business Establishment State (2-letter abbreviation)	
<a href="#">[Select Code (2- to 4-digit ZIP+4) Search Results]</a>	
Is the business establishment located in, adjacent to, or otherwise impacting a disadvantaged community? (Yes/No) (optional)	
How do the recommended P2 actions identified below benefit disadvantaged communities? (optional)	
Date(s) of Follow-up (mm/dd/yyyy)	
Outreach Activity (optional)	
If you made contact with the business establishment through an activity listed on the "Outreach Activities" tab, indicate the activity by choosing it from the drop-down provided.	
Description of Funding Mechanism (optional) (e.g., in partnership with)	
Description of Barriers to Implementation (optional)	
If there were recommended actions that the business establishment did not implement, please describe any barriers to implementation (e.g., cost, long project period, low priority).	
Description of Planned P2 Actions Within 5 Years (optional)	
If the business establishment already is implementing additional actions within the next 5 years, please describe them here.	

P2 Actions and Outcomes		Manufacturer		Certification		Marketing		Marketing		Distributor/Retailer		Sales		Purchaser/User		Date Report Generated (YYYY)	Link to Case Study (optional)	If the case study is online, provide a QR for QR to view, download and share. Otherwise, please describe attachments with report submissions.																	
Informative Description of P2 Action Implemented	Role	Product Description	Name of Equipment or Material (if applicable)	Date Implemented (See Instructions)	Contract/Grant Year	Number of Products Manufactured / Reprocessed / Recycled (For Study Use)	Increase in Annual Production Volume	Unit of Measure	Product / Asset	Number of Products Newly Certified (Access or to Date Number for Study Use)	Certification Status	Increase in Number of Products Offered for Sale (Link Number for Study Use)	New Advertising Campaign?	Increase in Number of Products Sold (Link Number for Study Use)	Increase in Share (Percentage)				New Advertising, Outreach, or "Story"	Increase in Annual Sales Volume (Link and if Unit of Measure)	Projected / Actual	Number of Products Adopted from One Manufacturer and One Distributor/Retailer	Annual Volume of Products Adopted	Unit of Measure (e.g., number, or % yield)	Adoption of Green Purchasing Program	Description of the Green Purchasing Program									
TOTAL REPORTED																		0	-	-	-	0	-	0	0	0	0	0	0	0	0	0	0	0	0

**P2 BIA Products Q Grant: Business Establishment 4**

3. Enter Business Establishment information and provide information about the business establishment's impact on disadvantaged communities. For the Business Establishment Name, if you do not wish to disclose the actual name, enter a meaningful phrase so that you will be able to find it when entering follow-up information. If you made contact via an activity on the "Outreach Activities" tab, select it from the drop-down provided. Enter the date(s) on which you followed up with the business establishment. IMPORTANT: Name of your actions and outcomes will be reflected on the "Results Summary" tab until you enter at least one follow-up date.  
 4. Under P2 Actions and Outcomes, enter each P2 action implemented by the business establishment. Select the role, Manufacturer (and which type of associated product), production certification or marketing, Distributor/Retailer, or Purchaser/Owner. Based on the selection made, certain columns will apply and will not all apply based on role. IMPORTANT: You must enter the Date Implemented for your actions and outcomes to be reflected on the "Results Summary" tab.  
 5. Calls will be highlighted yellow if your response is different than the expected input type (e.g., text instead of numbers). For highlighted values, re-enter the value in the appropriate format to remove the highlighting.

**How to Use this Tab:**

<b>Grant Information</b>	
The information in the box calls below is populated automatically from Grant Project Data tab.	
Grant Name	
Grant Project Number	
<b>Business Establishment Information</b>	
Notes: If copy pasting into merged cells below, click this header for help text.	
Business Establishment Name (optional)	
Business Establishment County (optional)	
Business Establishment State (3-letter abbreviation)	
<a href="#">MISPL Code (i.e., P-0404) Search Available</a>	
Is the business establishment located in, adjacent to, or otherwise impacting a disadvantaged community? (Yes/No) (optional)	
How do the recommended P2 actions identified below benefit disadvantaged communities? (optional)	
Date(s) of Follow-up (mm/dd/yyyy)	
Outreach Activity (optional) If you made contact with the business establishment through an activity listed on the "Outreach Activities" tab, indicate the activity by choosing it from the drop-down provided.	
Description of Funding Mechanism (optional) (EPA, to supporting grant list)	
Description of Barriers to Implementation (optional) If there were recommended actions that the business establishment did not implement, please describe any barriers to implementation (e.g., cost, long product period, low priority).	
Description of Planned P2 Actions Within 5 Years (optional) If the business establishment intends to implement additional actions within the next 5 years, please describe them here.	

**P2 Actions and Outcomes**

Scroll right to see all columns (cols. 8 through 40) -->

Informative Description of P2 Action Implemented	Role	Product Description	Name of Equipment or Material (if applicable)	Date Implemented (see instructions)	Federal/State/Local/Other	Production		Manufacturing		Marketing		Distributor/Retailer			Sales		Purchaser/User			Date of Report (YYYY)	Link to Case Study (optional - please describe activities with report submissions)	
						Number of Products Manufactured/ Reproduced/ Sold (enter for study year)	Increase in Annual Production Volume	Unit of Measure	Product / Asset	Number of Products Newly Certified (enter for study year)	Number of Products Certified (enter for study year)	Increase in Number of Products Offered for Sale (tick number for copy text)	New Advertising Campaigns?	Increase in Number of Products Sold (tick number for study year)	Increase in Share of Market (%)	New Advertising, Outreach, or Promotions?	Increase in Annual Sales Volume (tick on if)	Unit of Measure	Projected / Actual			Number of Products Adopted from One Manufacturer and One Retailer per year
TOTAL REPORTED						0	-	-	-	0	-	0	0	0	0	0	0	0	0	0	0	0

P2 BIA Products Q Grant: Business Establishment 1

3. Enter Business Establishment information and provide information about the business establishment's impact on disadvantaged communities. For the Business Establishment Name, if you do not wish to disclose the actual name, enter a meaningful proxy so that you will be able to find it when reviewing follow-up information. If you made contact via an activity on the "Outreach Activities" tab, select it from the drop-down provided. Enter the date(s) on which you followed up with the business establishment. IMPORTANT: Name of your actions and outcomes will be reflected on the "Results Summary" tab until you enter at least one follow-up date.

**How to Use this Tab:**

2. Under P2 Actions and Outcomes, enter each P2 action implemented by the business establishment. Select the role, Manufacturer (and which type of associated product), production, certification, or marketing. Distributor/Retailer, or Purchaser/User. Based on the selection made, certain columns will gray out. Fill out all grayed out cells. IMPORTANT: You must enter the Date Implemented for your actions and outcomes to be reflected on the "Results Summary" tab.

3. Cells will be highlighted yellow if your response is different than the expected input type (e.g., text instead of numbers). For highlighted values, re-enter the value in the appropriate format to remove the highlighting.

Grant Information	
Grant Recipient	The information in the box calls below is populated automatically from Grant Project Data tab.
Grant Project Number	

**Business Establishment Information** Note: If copy-pasting information into cells below, click this header for help text.

Business Establishment Name (optional)

Business Establishment Contact (optional)

Business Establishment City (optional)

Business Establishment State (2-letter abbreviation)

[MSPC Code \(e.g., F-0100\) Search Results](#)

Is the business establishment located in, adjacent to, or otherwise impacting a disadvantaged community? (Yes/No) (optional)

How do the recommended P2 actions identified below benefit disadvantaged communities?

Date(s) of Follow-up (mm/dd/yyyy)

Outreach Activity (optional)  
If you made contact with the business establishment through an activity listed on the "Outreach Activities" tab, indicate the activity by choosing it from the drop-down provided.

Description of Funding Mechanism (optional/EPA is providing grant fee)

Description of Barriers to Implementation (optional)  
If there were recommended actions that the business establishment did not implement, please describe any barriers to implementation (e.g., cost, long project period, low priority).

Description of Planned P2 Actions Within 5 Years (optional)  
If the business establishment intends to implement additional actions within the next 5 years, please describe them here.

P2 Actions and Outcomes	Manufacturer										Distributor/Retailer				Purchaser/User				Date Range (YYYY)	Link to Case Study (optional)	If the case study is online, provide a QR to EPA to view, download and share. (optional)				
	Informative Description of P2 Action Implemented	Role	Product Description	Name of Equipment or Material (if applicable)	Date Implemented (see Instructions)	Product Type (see Instructions)	Number of Products Produced / Repaired / Recycled / Reused (For Study Use)	Increase in Annual Production Volume	Unit of Measure	Projected / Actual	Certification Status	Increase in Number of Products Offered for Sale (Link to EPA for Study Use)	New Advertising Campaign?	Increase in Number of Products Sold (For Study Use)	Increase in Share of Sales (For Study Use)	New Advertising, Outreach, or "Story"	Increase in Annual Sales Volume (For Study Use)	Unit of Measure				Projected / Actual	Number of Products Adopted from One Manufacturer and One Distributor (For Study Use)	Annual Volume of Products Adopted	Unit of Measure (e.g., number, or % gain)
TOTAL REPORTED						0				0		0		0		0		0	0			0		0	

P2 IIA Products Q Grant: Business Establishment 6

**How to Use this Tab:**

1. Enter Business Establishment information and provide information about the business establishment's impact on disadvantaged communities. For the Business Establishment Name: if you do not wish to disclose the actual name, enter a meaningful proxy so that you will be able to find it when reviewing follow-up information. If you made contact via an activity on the "Outreach Activities" tab, select it from the drop-down provided. Enter the date(s) on which you followed up with the business establishment. IMPORTANT: Name of your actions and outcomes will be reflected on the "Results Summary" tab until you enter at least one follow-up date.

2. Under P2 Actions and Outcomes, enter each P2 action implemented by the business establishment. Select the role, Manufacturer (and which type of associated product), production certification, or marketing, Distributor/Retailer, or Purchaser/User. Based on the selection made, certain columns will gray out. Fill out all grayed out cells. IMPORTANT: You must enter the Date Implemented for your actions and outcomes to be reflected on the "Results Summary" tab.

3. Cells will be highlighted yellow if your response is different than the expected input type (e.g., text instead of numbers). For highlighted values, re-enter the value in the appropriate format to remove the highlighting.

Grant Information	
Grant Name	The information in the box calls below is populated automatically from Grant Project Data tab.
Grant Project Number	

**Business Establishment Information** Note: If copy-pasting into merged cells below, click this header for help text.

Business Establishment Name (optional)  
 Business Establishment Contact (optional)  
 Business Establishment City (optional)  
 Business Establishment State (2-letter abbreviation)  
 NAICS Code (e.g., 8, 20, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99)

Is the business establishment located in, adjacent to, or otherwise impacting a disadvantaged community? (Yes/No) (optional)

How do the recommended P2 actions identified below benefit disadvantaged communities? (optional)

Date(s) of Follow-up (mm/dd/yyyy) (optional)

Outreach Activity (optional)  
If you made contact with the business establishment through an activity listed on the "Outreach Activities" tab, indicate the activity by choosing it from the drop-down provided.

Description of Funding Mechanism (optional/EPA is providing grant) (optional)

Description of Barriers to Implementation (optional)  
If there were recommended actions that the business establishment did not implement, please describe any barriers to implementation (e.g., cost, long project period, low priority).

Description of Planned P2 Actions Within 5 Years (optional)  
If the business establishment intends to implement additional actions within the next 5 years, please describe them here.

Informative Description of P2 Action Implemented	Role	Product Description	Name of Equipment or Material (if applicable)	Date Implemented (use month/year)	Contract/Grant Year (optional)	Production				Certification		Marketing		Marketing			Distributor/Retailer			Sales		Purchaser/User			Date Study Completed (YYYY)	Link to Case Study (optional: in QR for EPA to view, download and share. Otherwise, please describe attachments with report submissions.)
						Number of Products Produced/Repackaged/Out Number (by study year)	Increase in Annual Production Volume	Unit of Measure	Produced / Total	Number of Products Newly Certified or to Date Number (by study year)	Certification Status	Increase in Number of Products Offered for Sale (Date Number for Study Year)	New Advertising Campaigns?	Increase in Number of Products Sold (Date Number for Study Year)	Increase in Share of Sales (%)	New Advertising, Outreach, or "Story"	Increase in Annual Sales Volume (Year to Year)	End of Measure	Projected / Actual	Number of Products Adopted from One Manufacturer and One Manufacturer (by year)	Annual Volume of Products Adopted	Unit of Measure (e.g., number, etc., gallon)	Adoption of Green Purchasing Program	Description of the Green Purchasing Program		
TOTAL REPORTED																										

P2 IBA Products ( Grant) Business Establishment ?

3. Enter Business Establishment information and provide information about the business establishment's impact on disadvantaged communities. For the Business Establishment Name: If you do not wish to disclose the actual name, enter a meaningful phrase so that you will be able to find it when reviewing follow-up information. If you made contact via an activity on the "Outreach Activities" tab, select it from the drop-down provided. Enter the date(s) on which you followed up with the business establishment. IMPORTANT: Name of your actions and outcomes will be reflected on the "Results Summary" tab until you enter at least one follow-up date.

4. Under P2 Actions and Outcomes, enter each P2 action implemented by the business establishment. Select the role, Manufacturer (and which type of associated product), production certification, or marketing, Distributor/Reseller, or Purchaser/User. Based on the selection made, certain columns will gray out. Fill out all grayed out cells. IMPORTANT: You must enter the Date Implemented for your actions and outcomes to be reflected on the "Results Summary" tab.

5. Cells will be highlighted yellow if your response is different than the expected input type (e.g., text instead of numbers). For highlighted values, re-enter the value in the appropriate format to remove the highlighting.

How to Use this Tab:

<b>Grant Information</b>	The information in the box calls below is populated automatically from Grant Project Data tab.
Grant Name	
Grant Project Number	
<b>Business Establishment Information</b>	Note: If copy-pasting information calls below, click this header for help text.
Business Establishment Name (optional)	
Business Establishment Contact (optional)	
Business Establishment City (optional)	
Business Establishment State (2 letter abbreviation)	
NAICS Code (e.g., 8100000000) Search Results	
Is the business establishment located in, adjacent to, or otherwise impacting a disadvantaged community? (Yes/No) (optional)	
How do the recommended P2 actions identified below benefit disadvantaged communities? (optional)	
Date(s) of Follow-up (mm/dd/yyyy)	
Outreach Activity (optional) If you made contact with the business establishment through an activity listed on the "Outreach Activities" tab, indicate the activity by choosing it from the drop-down provided.	
Description of Existing Barriers to Implementation (optional) If there were recommended actions that the business establishment did not implement, please describe any barriers to implementation (e.g., cost, long product period, low priority).	
Description of Planned P2 Actions Within 5 Years (optional) If the business establishment already is implementing additional actions within the next 5 years, please describe them here.	

P2 Actions and Outcomes

Informative Description of P2 Action Implemented	Role	Product Description	Name of Equipment or Material (if applicable)	Date Implemented (see Instructions)	Contract Year (if applicable)	Production		Manufacturing		Marketing		Distributor/Reseller		Sales		Purchaser/User		Date Report Due (Year)	Link to Case Study (optional) - please describe activities with report submissions.	
						Number of Products Manufactured / Reproduced / Cost (enter for any cost)	Increase in Annual Production Volume	Unit of Measure	Projected / Actual	Number of Products Newly Certified (enter for any cost)	Certification Status	Increase in Number of Products Offered for Sale (tick number for any cost)	New Advertising Campaigns?	Increase in Number of Products Sold (tick number for any cost)	Increase in Share of Market (tick number for any cost)	New Advertising, Outreach, or "Strong"	Increase in Annual Sales Volume (tick and if)			Unit of Measure
							0													
<b>TOTAL REPORTED</b>							0													

P2 IBA Products Q Grant: Business Establishment E

**How to Use this Tab:**

**1. Enter Business Establishment Information and provide information about the business establishment's impact on disadvantaged communities. For the Business Establishment Name: if you do not wish to disclose the actual name, enter a meaningful proxy so that you will be able to find it when pressing Follow-up information. If you made contact via an activity on the "Outreach Activities" tab, select it from the drop-down provided. Enter the date(s) on which you followed up with the business establishment. IMPORTANT: Name of your actions and outcomes will be reflected on the "Results Summary" tab until you enter at least one follow-up date.**

**2. Under P2 Actions and Outcomes, enter each P2 action implemented by the business establishment. Select the role, Manufacturer (and which type of associated project: production, certification, or marketing), Distributor/Reseller, or Purchaser/User. Based on the selection made, certain columns will apply out of 16 not all apply based out calls. IMPORTANT: You must enter the Date Implemented for your actions and outcomes to be reflected on the "Results Summary" tab.**

**3. Cells will be highlighted yellow if your response is different than the expected input type (e.g., text instead of numbers). For highlighted values, re-enter the value in the appropriate format to remove the highlighting.**

**Grant Information** The information in the box calls below is populated automatically from Grant Project Data tab.

Grant Recipient: \_\_\_\_\_  
 Grant Project Number: \_\_\_\_\_

**Business Establishment Information** Note: if copy-pasting info merged cells below, click this header for help text.

Business Establishment Name: \_\_\_\_\_  
 Business Establishment Contact (optional): \_\_\_\_\_  
 Business Establishment City (optional): \_\_\_\_\_  
 Business Establishment State (if known - optional): \_\_\_\_\_  
[\[Select Code on the P2 Activity Search Interface\]](#)

Is the business establishment located in, adjacent to, or otherwise impacting a disadvantaged community? (Yes / No / Unknown) \_\_\_\_\_

How do the recommended P2 actions identified below benefit disadvantaged communities? \_\_\_\_\_

Date(s) of Follow-up (mm/dd/yyyy): \_\_\_\_\_

Outreach Activity (optional): \_\_\_\_\_  
If you made contact with the business establishment through an activity listed on the "Outreach Activities" tab, indicate the activity by choosing it from the drop-down provided.

Description of Planned P2 Actions Within 5 Years (optional): \_\_\_\_\_  
If the business establishment already is implementing additional actions within the next 5 years, please describe them here.

P2 Actions and Outcomes			Manufacturer														Distributor/Reseller				Purchaser/User				Other Role	
Informative Description of P2 Action Implemented	Date Implemented	Role	Production		Certification		Marketing		Marketing		Marketing		Sales		Number of Products Adopted from One Manufacturer and One Reseller for Any Year		Annual Volume of Products Adopted		Adoption of Green Purchasing Program		Description of Green Purchasing Program		Date First Adopted (YYYY)	Link to Case Study		
			Number of Products Manufactured / Recycled / Recycled (or other) for Study Year	Increase in Annual Production Volume	Unit of Measure	Projected / Actual	Number of Products Newly Certified (or to Date number for Any Year)	Certification Status	Increase in Number of Products Offered for Sale (Date number for Any Year)	New Advertising Campaigns?	Increase in Number of Products Sold (Date number for Any Year)	Increase in Share of Sales (%)	New Advertising, Outreach, or "Story"	Increase in Annual Sales Volume (Date and \$)	Unit of Measure	Projected / Actual	Number of Products Adopted from One Manufacturer and One Reseller for Any Year	Annual Volume of Products Adopted	Unit of Measure (e.g. number, or \$, or other)	Adoption of Green Purchasing Program	Description of the Green Purchasing Program					
TOTAL REPORTED			0				0		0		0		0		0		0				0		0			

P2 IBA Products Q Grant: Business Establishment Y

3. Enter Business Establishment information and provide information about the business establishment's impact on disadvantaged communities. For the Business Establishment Name, if you do not wish to disclose the actual name, enter a meaningful proxy so that you will be able to find it when reviewing follow-up information. If you made contact via an activity on the "Outreach Activities" tab, select it from the drop-down provided. Enter the date(s) on which you followed up with the business establishment. IMPORTANT: Name of your actions and outcomes will be reflected on the "Results Summary" tab until you enter at least one follow-up date.

How to Use this Tab:

2. Under P2 Actions and Outcomes, enter each P2 action implemented by the business establishment. Select the role, Manufacturer (and which type of associated product), production certification, or marketing, Distributor/Reseller, or Purchaser/User. Based on the selection made, certain columns will gray out. If not all items grayed out, click IMPORTANT: You must enter the Date Implemented for your actions and outcomes to be reflected on the "Results Summary" tab.

3. Cells will be highlighted yellow if your response is different than the expected input type (e.g., text instead of numbers). For highlighted values, re-enter the value in the appropriate format to remove the highlighting.

<b>Grant Information</b>	
Grant Recipient	The information in the box calls below is populated automatically from Grant Project Data tab.
Grant Project Number	
<b>Business Establishment Information</b>	
Note: If copy-pasting information into cells below, click this header for help text.	
Business Establishment Name (optional)	
Business Establishment Contact (optional)	
Business Establishment City (optional)	
Business Establishment State (2-letter abbreviation)	
NAICS Code (e.g., 8100000000 - Health Services)	
Is the business establishment located in, adjacent to, or otherwise impacting a disadvantaged community? (Yes/No) (optional)	
How do the recommended P2 actions identified below benefit disadvantaged communities? (Text) (optional)	
Date(s) of Follow-up (mm/dd/yyyy)	
Outreach Activity (optional)	
If you made contact with the business establishment through an activity listed on the "Outreach Activities" tab, indicate the activity by choosing it from the drop-down provided.	
Description of Existing Barriers to Adoption/REPs in producing green tech	
Description of Barriers to Implementation (optional)	
If there were recommended actions that the business establishment did not implement, please describe any barriers to implementation (e.g., cost, long product period, low priority).	
Description of Planned P2 Actions Within 5 Years (optional)	
If the business establishment already has implemented additional actions within the next 5 years, please describe them here.	

P2 Actions and Outcomes	Manufacturer																		Distributor/Reseller				Purchaser/User		Date Report Entered (YYYY)	Link to Case Study (Optional: please describe activities with report submissions)	
	Informative Description of P2 Action Implemented	Role	Product Description	Name of Equipment or Material (if applicable)	Date Implemented (see Instructions)	Contact Person (last name)	Production		Certification		Marketing		Marketing		Sales		Number of Products Adopted from One Manufacturer and One Reseller for 1 year		Annual Volume of Products Adopted	Unit of Measure (e.g., number, sq. ft., gal/lb)	Adoption of Green Purchasing Program	Description of the Green Purchasing Program					
Number of Products Manufactured / Reproduced / Recycled / Cost (enter for only text)							Increase in Annual Production Volume	Unit of Measure	Product / Asset	Number of Products Newly Certified (enter for only text)	Number of Products or Certifications (enter for only text)	Increase in Number of Products Offered for Sale (tick number for only text)	New Advertising Campaigns?	Increase in Number of Products Sold (tick number for only text)	Increase in Share of Sales (tick number for only text)	New Advertising, Outreach, or Events?	Increase in Annual Sales Volume (tick only if)	Unit of Measure					Projected / Actual	Projected / Actual			
TOTAL REPORTED							0	-	-	-	0	-	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

**P2 BIA Products (I) Grant: Business Establishment 10**

1. Enter Business Establishment information and provide information about the business establishment's interest on disadvantaged communities. For the Business Establishment Name: If you do not wish to disclose the actual name, enter a meaningful phrase so that you will be able to find it when entering follow-up information. If you made contact via an activity on the "Outreach Activities" tab, select it from the drop-down provided. Enter the date(s) on which you followed up with the business establishment. **IMPORTANT:** Name of your actions and outcomes will be reflected on the "Results Summary" tab until you enter at least one follow-up date.  
 2. Under P2 Actions and Outcomes, enter each P2 action implemented by the business establishment. Select the role, Manufacturer (and which type of associated product), production certification, or marketing, Distributor/Reseller, or Purchaser/User. Based on the selection made, certain columns will apply out of 16 not all from group out cells. **IMPORTANT:** You must enter the Date Implemented for your actions and outcomes to be reflected on the "Results Summary" tab.  
 3. Cells will be highlighted yellow if your response is different than the expected input type (e.g., text instead of numbers). For highlighted values, re-enter the value in the appropriate format to remove the highlighting.

**How to Use this Tab:**

Grant Information	
Grant Recipient	The information in the box calls below is populated automatically from Grant Project Data tab.
Grant Project Number	

Business Establishment Information	
Note: If copy-pasting info merged cells below, click this header for help text.	
Business Establishment Name (optional)	
Business Establishment City (optional)	
Business Establishment State (optional)	
NAICS Code (e.g., 812990)	
Is the business establishment located in, adjacent to, or otherwise impacting a disadvantaged community? (Yes/No) (optional)	
How do the recommended P2 actions identified below benefit disadvantaged communities? (Text) (optional)	
Date(s) of Follow-up (mm/dd/yyyy)	
Outreach Activity (optional)	
If you made contact with the business establishment through an activity listed on the "Outreach Activities" tab, indicate the activity by choosing it from the drop-down provided.	
Description of Funding Mechanism (optional)	
Description of Barriers to Implementation (optional)	
If there were recommended actions that the business establishment did not implement, please describe any barriers to implementation (e.g., cost, long product period, low priority).	
Description of Planned P2 Actions Within 5 Years (optional)	
If the business establishment already is implementing actions within the next 5 years, please describe them here.	

**P2 Actions and Outcomes**

Informative Description of P2 Action Implemented		Role	Product Description	Name of Equipment or Material (if applicable)	Date Implemented (see instructions)	Contract Year (see instructions)	Production		Manufacturing		Marketing			Distribution/Reseller		Sales		Purchaser/User															
							Number of Products Produced / Repackaged / Case Number (for study use)	Increase in Annual Production Volume	Unit of Measure	Product / Material	Number of Products Newly Certified (to be Case Number for study use)	Certification Status	Increase in Number of Products Offered for Sale (Case Number for study use)	New Advertising Campaigns?	Increase in Number of Products Sold (Case Number for study use)	Increase in Share of Market (optional)	New Advertising, Outreach, or "Story"	Increase in Annual Sales Volume (units and \$)	Unit of Measure	Projected / Actual	Number of Products Adopted from One Manufacturer and Case Number for study use	Annual Volume of Products Adopted	Unit of Measure (e.g., number, or % points)	Adoption of Green Purchasing Program	Description of the Green Purchasing Program	Case Study (optional)	Link to Case Study (optional)						
TOTAL REPORTED							0	-	-	-	0	-	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0



P2 BIA Products () Grant: Business Establishment 21

3. Enter Business Establishment information and provide information about the business establishment's impact on disadvantaged communities. For the Business Establishment Name, if you do not wish to disclose the actual name, enter a meaningful proxy so that you will be able to find it when pressing Follow-up Information. If you made contact via an activity on the "Outreach Activities" tab, select it from the drop-down provided. Enter the date(s) on which you followed up with the business establishment. IMPORTANT: Name of your actions and outcomes will be reflected on the "Results Summary" tab until you enter at least one follow-up date.

How to Use this Tab:

4. Under P2 Actions and Outcomes, enter each P2 action implemented by the business establishment. Select the role, Manufacturer (and which type of associated product), production, certification, or marketing, Distributor/Retailer, or Purchaser/User. Based on the selection made, certain columns will gray out. Fill out all grayed-out cells. IMPORTANT: You must enter the Date Implemented for your actions and outcomes to be reflected on the "Results Summary" tab.

5. Cells will be highlighted yellow if your response is different than the expected input type (e.g., text instead of numbers). For highlighted values, re-enter the value in the appropriate format to remove the highlighting.

**Grant Information**  
 The information in the box calls below is populated automatically from Grant Project Data tab.

Grant Recipient:  
 Grant Project Number:

**Business Establishment Information**  
 Note: If copy-pasting information below, click this header for help text.

Business Establishment Name:  
 Business Establishment Contact (optional):  
 Business Establishment City (optional):  
 Business Establishment State (3 letter abbreviation):  
 NARA Code (to be filled out at agency's discretion):

Is the business establishment located in, adjacent to, or otherwise impacting a disadvantaged community? (Yes / No / Unknown):

How do the recommended P2 actions identified below benefit disadvantaged communities?:

Date(s) of Follow-up (mm/dd/yyyy):

Outreach Activity (optional):  
 If you made contact with the business establishment through an activity listed on the "Outreach Activities" tab, indicate the activity by choosing it from the drop-down provided.

Description of Funding Mechanism (optional):  
 If you are providing funding to a business, please specify here.

Description of Barriers to Implementation (optional):  
 If there were recommended actions that the business establishment did not implement, please describe any barriers to implementation (e.g., cost, long product period, low priority).

Description of Planned P2 Actions Within 5 Years (optional):  
 If the business establishment intends to implement additional actions within the next 5 years, please describe them here.

P2 Actions and Outcomes	Manufacturer										Distributor/Retailer				Purchaser/User		Date Range (MM/YY)	Link to Case Study (optional; please describe activities in table comments)																						
	Production	Certification	Marketing	Marketing	Sales	Production	Certification	Marketing	Marketing	Sales	Production	Certification	Marketing	Marketing	Sales	Adoption of Green Purchasing Program																								
Informative Description of P2 Action Implemented	Role	Product Description	Name of Equipment or Material (if applicable)	Date Implemented (see Instructions tab)	Correct From Year	Number of Products Reproduced / Repaired / Recycled (see Instructions for Units)	Increase in Annual Production Volume	Unit of Measure	Product / Asset	Number of Products Newly Certified (see Instructions for Units) or to Existing Certificates	Increase in Number of Products Offered for Sale (fill number for top left)	New Advertising Campaigns?	Increase in Number of Products Sold (see Instructions for Units)	Increase in Share of Market (%)	New Advertising, Outreach, or "Story"	Increase in Annual Sales Volume (units and \$)	Unit of Measure	Projected / Actual	Number of Products Adopted from One Manufacturer and One Distributor (see Instructions)	Annual Volume of Products Adopted	Unit of Measure (e.g. number, or % points)	Adoption of Green Purchasing Program	Description of the Green Purchasing Program	Date Range (MM/YY)	If the case study is online, provide a QR for EPA to view, download and share. Otherwise, please describe activities in table comments.															
TOTAL REPORTED																	0	-	-	-	0	-	0	0	0	0	0	0	0	0	0	0	-	0	-	-	0	-	0	-



P2 IIA Products (I Grant) Business Establishment 13

1. Enter Business Establishment Information and provide information about the business establishment's interest on disadvantaged communities. For the Business Establishment Name, if you do not wish to disclose the actual name, enter a meaningful proxy so that you will be able to find it when reviewing Follow-up Information. If you made contact via an activity on the "Outreach Activities" tab, select it from the drop-down provided. Enter the date(s) on which you followed up with the business establishment. IMPORTANT: Name of your actions and outcomes will be reflected on the "Results Summary" tab until you enter at least one follow-up date.

How to Use this Tab:

2. Under P2 Actions and Outcomes, enter each P2 action implemented by the business establishment. Select the role, Manufacturer (and which type of associated product), production, certification, or marketing. Distributor/Retailer, or Purchaser/User. Based on the selection made, certain columns will gray out. If not all data grayed out cells, IMPORTANT: You must enter the Date Implemented for your actions and outcomes to be reflected on the "Results Summary" tab.

3. Cells will be highlighted yellow if your response is different than the expected input type (e.g., text instead of numbers). For highlighted values, re-enter the value in the appropriate format to remove the highlighting.

Grant Information table with columns: Grant Name, Grant Project Number

Business Establishment Information form with fields: Business Establishment Name, Business Establishment Contact, Business Establishment City, Business Establishment State, Is the business establishment located in, adjacent to, or otherwise impacting a disadvantaged community?, Date(s) of Follow-up, Outreach Activity, Description of Barriers to Implementation, Description of Planned P2 Actions Within 5 Years

P2 Actions and Outcomes

Main data table with columns: Informative Description of P2 Action Implemented, Role, Product Description, Name of Disadvantaged Community, Date Implemented, Colored Glass Use, Production, Certification, Marketing, Distributor/Retailer, Sales, Purchaser/User, Date Report Due, Link to Case Study, and a final Total Reported row.

**P2 BIA Products (Grant) Business Establishment 24**

1. Enter Business Establishment information and provide information about the business establishment's impact on disadvantaged communities. For the Business Establishment Name, if you do not wish to disclose the actual name, enter a meaningful proxy so that you will be able to find it when reviewing follow-up information. If you make contact via an activity on the "Outreach Activity" tab, select it from the drop-down provided. Enter the date(s) for which you followed up with the business establishment. **IMPORTANT:** Name of your actions and outcomes will be reflected on the "Results Summary" tab until you enter at least one follow-up date.

**How to Use this Tab:**

2. Under P2 Actions and Outcomes, enter each P2 action implemented by the business establishment. Select the role, Manufacturer (and which type of associated product) production, certification, or marketing, Distributor/Retailer, or Purchaser/User. Based on the selection made, certain columns will apply out of 16 (not all from a given out code). **IMPORTANT:** You must enter the Date Implemented for your actions and outcomes to be reflected on the "Results Summary" tab.

3. Cells will be highlighted yellow if your response is different than the expected input type (e.g., text instead of numbers). For highlighted values, re-enter the value in the appropriate format to remove the highlighting.

<b>Grant Information</b>		The information in the box calls below is populated automatically from Grant Project Data tab.	
Grant Recipient:			
Grant Project Number:			
<b>Business Establishment Information</b>		Note: If copy-pasting information, click this header for help text.	
Business Establishment Name (optional)			
Business Establishment Contact (optional)			
Business Establishment City (optional)			
Business Establishment State (3-letter abbreviation)			
NAICS Code (e.g., 8100000000-Health Services)			
Is the business establishment located in, adjacent to, or otherwise impacting a disadvantaged community? (Yes/No) (optional)			
How do the recommended P2 actions identified below benefit disadvantaged communities? (Text) (optional)			
Date(s) of Follow-up (mm/dd/yyyy)			
Outreach Activity (optional)			
If you made contact with the business establishment through an activity listed on the "Outreach Activity" tab, indicate the activity by choosing it from the drop-down provided.			
Description of Funding Mechanism (optional) (e.g., a grant, loan guarantee)			
Description of Barriers to Implementation (optional)			
If there were recommended actions that the business establishment did not implement, please describe any barriers to implementation (e.g., cost, long product period, low priority).			
Description of Planned P2 Actions Within 5 Years (optional)			
If the business establishment already is implementing additional actions within the next 5 years, please describe them here.			

<b>P2 Actions and Outcomes</b>		<b>Manufacture</b>													<b>Distributor/Retailer</b>						<b>Purchaser/User</b>		<b>Grant Recipient (Optional)</b>	<b>Link to Case Study</b> If the case study is online, provide a URL for EPA to view, download and share. Otherwise, please describe attachments with report submissions.					
<small>Scroll right to see all columns (only 30 through 60) ...</small>	<b>Informative Description of P2 Action Implemented</b>	<b>Role</b>	<b>Product Description</b>	<b>Name of recipient or subsector (optional)</b>	<b>Date Implemented (Use Month/Day/Year)</b>	<b>Correct P2 Use (Yes/No)</b>	<b>Production</b>		<b>Certification</b>		<b>Marketing</b>		<b>Marketing</b>		<b>Sales</b>		<b>Number of Products Adopted from One Manufacturer and One Distributor for 1 year</b>	<b>Annual Volume of Products Adopted</b>	<b>Unit of Measure (e.g., number, tons, gallons)</b>	<b>Adoption of Green Purchasing Program?</b>	<b>Description of the Green Purchasing Program</b>								
							<b>Number of Products Manufactured / Repackaged / Reused / Recycled / Recycled for Sale</b>	<b>Increase in Annual Production Volume</b>	<b>Unit of Measure</b>	<b>Product / Asset</b>	<b>Number of Products Newly Certified (e.g., for 100% Recycled Content for 100% Recycled Content for 100% Recycled Content for 100% Recycled Content)</b>	<b>Certification Status</b>	<b>Increase in Number of Products Offered for Sale (Link number for help text)</b>	<b>New Advertising Outreach?</b>	<b>Increase in Number of Products Sold (Link number for help text)</b>	<b>Increase in Share Spent (Link number for help text)</b>						<b>New Advertising, Outreach, or Strategy?</b>	<b>Increase in Annual Sales Volume (Link number for help text)</b>	<b>Unit of Measure</b>	<b>Projected / Actual</b>				
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<b>TOTAL REPORTED</b>							<b>0</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>0</b>	<b>-</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	

P2 IBA Products Q Grant: Business Establishment 13

How to Use this Tab:
1. Enter Business Establishment information and provide information about the business establishment's impact on disadvantaged communities.
2. Under P2 Actions and Outcomes, enter each P2 action implemented by the business establishment.
3. Calls will be highlighted yellow if your response is different than the expected input type.

Grant Information
The information in the box calls below is populated automatically from Grant Project Data tab.
Grant Recipient:
Grant Project Number:

Business Establishment Information
Notes: If copy-pasting information, please click this header for help text.
Business Establishment Name (optional)
Business Establishment Contact (optional)
Business Establishment City (optional)
Business Establishment State (US state abbreviated)
NAICS Code (2 to 8 digit NAICS search results)
Is the business establishment located in, adjacent to, or otherwise impacting a disadvantaged community? (Yes/No) (optional)
How do the recommended P2 actions identified below benefit disadvantaged communities?
Date(s) of Follow-up (mm/dd/yyyy)
Outreach Activity (optional)
If you made contact with the business establishment through an activity listed on the "Outreach Activities" tab, indicate the activity by checking it from the drop-down provided.
Description of Funding Mechanism (optional)
Description of Barriers to Implementation (optional)
Description of Planned P2 Actions Within 3 Years (optional)

Table with 22 columns: Informative Description of P2 Action Implemented, Role, Product Description, Name of Recipient or Subcontractor, Date Implemented, Federal Fiscal Year, Number of Products, Increase in Annual Production Volume, Unit of Measure, Product/Animal, Number of Products Newly Certified, Increase in Number of Products Offered, New Advertising, Increase in Number of Products Sold, Increase in Share, New Advertising, Increase in Annual Sales Volume, End of Measure, Projected/Actual, Number of Products Adopted, Annual Volume of Products Adopted, Description of Green Purchasing Program, Green Share (if any), Link to Case Study.

P2 BIA Products Q Grant: Business Establishment IS

**How to Use this Tab:**

1. Enter Business Establishment Information and provide information about the business establishment's impact on disadvantaged communities. For the Business Establishment Name, if you do not wish to disclose the actual name, enter a meaningful phrase so that you will be able to find it when entering follow-up information. If you made contact via an activity on the "Outreach Activities" tab, select it from the drop-down provided. Enter the date(s) on which you followed up with the business establishment. IMPORTANT: Name of your actions and outcomes will be reflected on the "Results Summary" tab until you enter at least one follow-up date.

2. Under P2 Actions and Outcomes, enter each P2 action implemented by the business establishment. Select the role, Manufacturer (and which type of associated product), production certification, or marketing, Distributor/Retailer, or Purchaser/User. Based on the selection made, certain columns will gray out. Fill out all grayed out cells. IMPORTANT: You must enter the Date Implemented for your actions and outcomes to be reflected on the "Results Summary" tab.

3. Cells will be highlighted yellow if your response is different than the expected input type (e.g., text instead of numbers). For highlighted values, re-enter the value in the appropriate format to remove the highlighting.

Grant Information	
Grant Name	The information in the box calls below is populated automatically from Grant Project Data tab.
Grant Project Number	

**Business Establishment Information** Note: If copy-pasting into merged cells below, click this header for help text.

Business Establishment Name (optional)	
Business Establishment City (optional)	
Business Establishment State (optional)	
NAICS Code (Go to <a href="#">FIND STATE'S NAICS LISTING</a> )	
Is the business establishment located in, adjacent to, or otherwise impacting a disadvantaged community? (Yes/No) (optional)	
How do the recommended P2 actions identified below benefit disadvantaged communities? (optional)	
Date(s) of Follow-up (mm/dd/yyyy)	
Outreach Activity (optional) <small>If you made contact with the business establishment through an activity listed on the "Outreach Activities" tab, indicate the activity by choosing it from the drop-down provided.</small>	
Description of Funding Mechanism (optional) <small>if applicable</small>	
Description of Barriers to Implementation (optional) <small>If there were recommended actions that the business establishment did not implement, please describe any barriers to implementation (e.g., cost, long product period, low priority).</small>	
Description of Planned P2 Actions Within 5 Years (optional) <small>If the business establishment intends to implement additional actions within the next 5 years, please describe them here.</small>	

Informative Description of P2 Action Implemented	Role	Product Description	Name of Equipment or Material (if applicable)	Date Implemented (Go to <a href="#">FIND STATE'S NAICS LISTING</a> )	Contact Person (Last, First, Initial)	Production			Certification		Marketing		Marketing			Distributor/Retailer			Sales			Purchaser/User															
						Number of Products Produced/Researched/Developed/Out Number (For Study Use)	Increase in Annual Production Volume	Unit of Measure	Produced / Retail	Number of Products Newly Certified/Approved or its Date (Number for Study Use)	Certification Status	Increase in Number of Products Offered for Sale (Link Number for Study Use)	New Advertising Campaign?	Increase in Number of Products Sold (Go to <a href="#">FIND STATE'S NAICS LISTING</a> )	Increase in Share of Sales (Percentage)	New Advertising, Outreach, or "Strong"	Increase in Annual Sales Volume (Units and \$)	End of Measure	Projected / Retail	Number of Products Adopted from One Manufacturer and One Retailer (For Study Use)	Annual Volume of Products Adopted	Unit of Measure (e.g., number, sq. ft., gal/ton)	Adoption of Green Purchasing Program?	Description of the Green Purchasing Program	Date When Green Purchasing Program?	Link to Case Study (If the case study is online, provide a URL for EPA to view, download and share. Otherwise, please describe attachments with report submissions)											
																											0	-	-	0	-	0	0	0	0	0	0
TOTAL REPORTED						0	-	-	-	0	-	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

P2 IBA Products () Grant: Business Establishment ()

3. Enter Business Establishment information and provide information about the business establishment's impact on disadvantaged communities. For the Business Establishment Name, if you do not wish to disclose the actual name, enter a meaningful proxy so that you will be able to find it when entering follow-up information. If you made contact via an activity on the "Outreach Activities" tab, select it from the drop-down provided. Enter the date(s) on which you followed up with the business establishment. IMPORTANT: Name of your actions and outcomes will be reflected on the "Results Summary" tab until you enter at least one follow-up date.

How to Use this Tab:

4. Under P2 Actions and Outcomes, enter each P2 action implemented by the business establishment. Select the role, Manufacturer (and which type of associated project: production, certification, or marketing), Distributor/Retailer, or Purchaser/User. Based on the selection made, certain columns will gray out. If not all data grayed out cells, IMPORTANT: You must enter the Date Implemented for your actions and outcomes to be reflected on the "Results Summary" tab.

5. Cells will be highlighted yellow if your response is different than the expected input type (e.g., text instead of numbers). For highlighted values, re-enter the value in the appropriate format to remove the highlighting.

<b>Grant Information</b>	
Grant Recipient	The information in the box calls below is populated automatically from Grant Project Data tab.
Grant Project Number	
<b>Business Establishment Information</b>	
Note: If copy-pasting information into cells below, click this header for help text.	
Business Establishment Name (optional)	
Business Establishment Contact (optional)	
Business Establishment City (optional)	
Business Establishment State (2-letter abbreviation)	
NAICS Code (e.g., 8, 80000, 800000, 8000000)	
Is the business establishment located in, adjacent to, or otherwise impacting a disadvantaged community? (Yes/No) (optional)	
How do the recommended P2 actions identified below benefit disadvantaged communities? (Text) (optional)	
Date(s) of Follow-up (mm/dd/yyyy)	
Outreach Activity (optional)	
If you made contact with the business establishment through an activity listed on the "Outreach Activities" tab, indicate the activity by choosing it from the drop-down provided.	
Description of Existing Obstacles/Barriers to achieving goals list	
Description of Barriers to Implementation (optional)	
If there were recommended actions that the business establishment did not implement, please describe any barriers to implementation (e.g., cost, long product period, low priority).	
Description of Planned P2 Actions Within 5 Years (optional)	
If the business establishment already has implemented additional actions within the next 5 years, please describe them here.	

P2 Actions and Outcomes		Manufacturer										Distributor/Retailer				Purchaser/User				Date Report Due (YYYY)	Link to Case Study (Optional: please describe activities in the report submissions)			
Informative Description of P2 Action Implemented	Role	Product Description	Name of Equipment or Material (if applicable)	Date Implemented (see Instructions)	Contact Person (last name)	Production		Certification		Marketing		Marketing		Sales		Products Adopted from One Manufacturer and One Manufacturer per year		Annual Volume of Products Adopted				Adoption of Green Purchasing Program		
						Number of Products Manufactured / Reproduced / Distributed (per study year)	Increase in Annual Production Volume	Unit of Measure	Projected / Actual	Number of Products Newly Certified (per study year)	or to Existing Certifications	Increase in Number of Products Offered for Sale (tick number for drop list)	New Advertising Campaigns?	Increase in Number of Products Sold (per Product for study year)	Increase in Share of Sales (tick number)	New Advertising, Outreach, or "Story"	Increase in Annual Sales Volume (tick unit)	Unit of Measure	Projected / Actual	Number of Products Adopted from One Manufacturer and One Manufacturer per year	Annual Volume of Products Adopted	Unit of Measure (e.g., number, or % points)	Adoption of Green Purchasing Program	Description of the Green Purchasing Program
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TOTAL REPORTED							0	-	-	-	0	-	0	0	0	0	0	0	0	0	0	0	0	0

P2 IBA Products Q Grant: Business Establishment 28

**How to Use this Tab:**

1. Enter Business Establishment information and provide information about the business establishment's interest on disadvantaged communities. For the Business Establishment Name: if you do not wish to disclose the actual name, enter a meaningful phrase so that you will be able to find it when reviewing follow-up information. If you made contact via an activity on the "Outreach Activities" tab, select it from the drop-down provided. Enter the date(s) on which you followed up with the business establishment. **IMPORTANT:** Name of your actions and outcomes will be reflected on the "Results Summary" tab until you enter at least one follow-up date.

2. Under P2 Actions and Outcomes, enter each P2 action implemented by the business establishment. Select the role, Manufacturer (and which type of associated product), production, certification, or marketing. Distributor/Retailer, or Purchaser/User. Based on the selection made, certain columns will gray out. **NOTE:** All non-grayed out cells. **IMPORTANT:** You must enter the Date Implemented for your actions and outcomes to be reflected on the "Results Summary" tab.

3. Cells will be highlighted yellow if your response is different than the expected input type (e.g., text instead of numbers). For highlighted values, re-enter the value in the appropriate format to remove the highlighting.

Grant Information	
Grant Recipient:	The information in the box calls below is populated automatically from Grant Project Data tab.
Grant Project Number:	

**Business Establishment Information** Note: If copy-pasting information, please click this header for help text.

Business Establishment Name (optional)  
 Business Establishment Contact (optional)  
 Business Establishment City (optional)  
 Business Establishment State (if known, select from dropdown)  
Match Code 28 to P2 Action Search Results

Is the business establishment located in, adjacent to, or otherwise impacting a disadvantaged community? (Yes/No) (optional)

How do the recommended P2 actions identified below benefit disadvantaged communities? (Text) (optional)

Date(s) of Follow-up (mm/dd/yyyy)

Outreach Activity (optional)  
If you made contact with the business establishment through an activity listed on the "Outreach Activities" tab, indicate the activity by choosing it from the drop-down provided.

Description of Existing Barriers to Implementation (optional)  
If there were recommended actions that the business establishment did not implement, please describe any barriers to implementation (e.g., cost, long product period, low priority).

Description of Planned P2 Actions Within 5 Years (optional)  
If the business establishment intends to implement additional actions within the next 5 years, please describe them here.

P2 Actions and Outcomes	TOTAL REPORTED																									
	Informative Description of P2 Action Implemented	Role	Product Description	Name of Equipment or Material (if applicable)	Date Implemented (see Instructions)	Follow-up Date (optional)	Number of Products Implemented / Replaced / Cost (enter for only cost)	Increase in Annual Production Volume	Unit of Measure	Projected / Actual	Certification Status	Increase in Number of Products Offered for Sale (tick number for only cost)	New Advertising Campaign?	Increase in Number of Products Sold (tick number for only cost)	Increase in Share of Market (%)	New Advertising, Outreach, or Events?	Increase in Annual Sales Volume (only cost)	Unit of Measure	Projected / Actual	Number of Products Adopted from One Manufacturer and One Manufacturer for only cost	Annual Volume of Products Adopted	Unit of Measure (e.g., number, or % gain)	Adoption of Green Purchasing Program?	Description of the Green Purchasing Program	Cost Share (0-100%)	Link to Case Study (optional)
TOTAL REPORTED							0				0		0		0	0	0	0	0	0	0	0			0	



P2 BIA Products Q Grant: Business Establishment 19

3. Enter Business Establishment Information and provide information about the business establishment's impact on disadvantaged communities. For the Business Establishment Name: If you do not wish to disclose the actual name, enter a meaningful proxy so that you will be able to find it when reviewing follow-up information. If you made contact via an activity on the "Outreach Activities" tab, select it from the drop-down provided. Enter the date(s) on which you followed up with the business establishment. IMPORTANT: Name of your actions and outcomes will be reflected on the "Results Summary" tab until you enter at least one follow-up date.

**How to Use this Tab:**

2. Under P2 Actions and Outcomes, enter each P2 action implemented by the business establishment. Select the role, Manufacturer (and which type of associated project: production, certification, or marketing), Distributor/Retailer, or Purchaser/User. Based on the selection made, certain columns will gray out. Fill out all grayed out cells. IMPORTANT: You must enter the Date Implemented for your actions and outcomes to be reflected on the "Results Summary" tab.

3. Cells will be highlighted yellow if your response is different than the expected input type (e.g., text instead of numbers). For highlighted values, re-enter the value in the appropriate format to remove the highlighting.

**Grant Information**  
The information in the box calls below is populated automatically from Grant Project Data tab.

**Grant Response**  
Grant Project Number:

**Business Establishment Information**  
Note: If copy-pasting information into cells below, click this header for help text.

Business Establishment Name (optional)  
Business Establishment Contact (optional)  
Business Establishment City (optional)  
Business Establishment State (2-letter abbreviation)  
NAICS Code (2 to 4 digit NAICS Search Results)  
Is the business establishment located in, adjacent to, or otherwise impacting a disadvantaged community? (Yes/No) (optional)  
How do the recommended P2 actions identified below benefit disadvantaged communities?  
Date(s) of Follow-up (mm/dd/yyyy)  
Outreach Activity (optional)  
If you made contact with the business establishment through an activity listed on the "Outreach Activities" tab, indicate the activity by choosing it from the drop-down provided.  
Description of Existing Disadvantaged Communities (optional)  
Description of Barriers to Implementation (optional)  
If there were recommended actions that the business establishment did not implement, please describe any barriers to implementation (e.g., cost, long project period, low priority).  
Description of Planned P2 Actions Within 5 Years (optional)  
If the business establishment already has implemented additional actions within the next 5 years, please describe them here.

P2 Actions and Outcomes		Manufacturer												Distributor/Retailer				Purchaser/User								
		Production				Certification		Marketing		Marketing		Sales		Number of Products Adopted from One Manufacturer and One Distributor/Retailer		Annual Volume of Products Adopted		Adoption of Green Purchasing Programs								
Informative Description of P2 Action Implemented	Role	Product Description	Name of Disadvantaged Community (optional)	Date Implemented (see footnote 2 for help)	Correct/First Year Implemented	Number of Products Manufactured / Repackaged / Resealed / Case Number for Study Use	Increase in Annual Production Volume	Unit of Measure	Product / Asset	Number of Products Newly Certified or to Case Number for Study Use	Certification Status	Increase in Number of Products Offered for Sale (tick number for help text)	New Advertising Campaigns?	Increase in Number of Products Sold (tick number for help text)	Increase in Share of Sales (%) (tick number for help text)	New Packaging, Materials, or Storage?	Increase in Annual Sales Volume (tick and \$)	Unit of Measure	Projected / Actual	Number of Products Adopted from One Manufacturer and One Distributor/Retailer	Annual Volume of Products Adopted	Unit of Measure (e.g., number, or \$, gallons)	Adoption of Green Purchasing Programs	Description of the Green Purchasing Program	One-Stop Green Deal? (Yes/No)	Link to Case Study
<b>TOTAL REPORTED</b>						<b>0</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>0</b>	<b>-</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>-</b>	<b>0</b>	<b>-</b>	<b>0</b>	<b>-</b>

**P2 IIA Products Q Grant: Business Establishment 20**

1. Enter Business Establishment information and provide information about the business establishment's impact on disadvantaged communities. For the Business Establishment Name, if you do not wish to disclose the actual name, enter a meaningful proxy so that you will be able to find it when reviewing follow-up information. If you made contact via an activity on the "Outreach Activities" tab, select it from the drop-down provided. Enter the date(s) on which you followed up with the business establishment. IMPORTANT: Name of your actions and outcomes will be reflected on the "Results Summary" tab until you enter at least one follow-up date.  
 2. Under P2 Actions and Outcomes, enter each P2 action implemented by the business establishment. Select the role, Manufacturer (and which type of associated project - production, certification, or marketing), Distributor/Reseller, or Purchaser/User. Based on the selection made, certain columns will pop out. Fill out all non-grayed out cells. IMPORTANT: You must enter the Date Implemented for your actions and outcomes to be reflected on the "Results Summary" tab.  
 3. Cells will be highlighted yellow if your response is different than the expected input type (e.g., text instead of numbers). For highlighted values, re-enter the value in the appropriate format to remove the highlighting.

**How to Use this Tab:**

<b>Grant Information</b>	The information in the box calls below is populated automatically from Grant Project Data tab.
Grant Response#	
Grant Project Number#	
<b>Business Establishment Information</b>	Note: If copy-pasting info entered cells below, click this header for help text.
Business Establishment Name (optional)	
Business Establishment Contact (optional)	
Business Establishment City (optional)	
Business Establishment State (US state abbreviation)	
<a href="#">NAICS Code (Go to F-5010's NAICS Search Interface)</a>	
Is the business establishment located in, adjacent to, or otherwise impacting a disadvantaged community? (Yes/No) (optional)	
How do the recommended P2 actions identified below benefit disadvantaged communities? (optional)	
Date(s) of Follow-up (mm/dd/yyyy)	
Outreach Activity (optional) If you made contact with the business establishment through an activity listed on the "Outreach Activities" tab, indicate the activity by choosing it from the drop-down provided.	
Description of Funding Mechanism (optional) (e.g., a revolving grant)	
Description of Barriers to Implementation (optional) If there were recommended actions that the business establishment did not implement, please describe any barriers to implementation (e.g., cost, long project period, low priority).	
Description of Planned P2 Actions Within 5 Years (optional) If the business establishment intends to implement additional actions within the next 5 years, please describe them here.	

P2 Actions and Outcomes	Small right to use all columns (only 30 through 46) ->	Manufacturer										Distributor/Reseller				Purchaser/User																	
		Informative Description of P2 Action Implemented	Role	Product Description	Name of Disadvantaged Community	Date Implemented (see Instructions)	Funding Type (see Instructions)	Number of Products Implemented / Reproduced / Cost Number for Study Use	Increase in Annual Production Volume	Unit of Measure	Projected / Actual	Number of Products Newly Certified or to Certify (enter for study use)	Certification Status	Increase in Number of Products Offered for Sale (fill number for study use)	New Advertising Campaign?	Increase in Number of Products Sold (fill number for study use)	Increase in Share of Sales (%)	New Advertising, Outreach, or "Story"	Increase in Annual Sales Volume (enter in \$)	Unit of Measure	Projected / Actual	Number of Products Adopted from One Manufacturer and into Another for Study Use	Annual Volume of Products Adopted	Unit of Measure (e.g., number, or % points)	Adoption of Green Purchasing Program	Description of the Green Purchasing Program	Date Study Completed (YYYY)	Link to Case Study (optional) (URL for EPA to view, download and share. If the case study is online, provide a URL for EPA to view, download and share. Otherwise, please describe attachments with report submissions.)					
0	-																												-	-	0	-	0
<b>TOTAL REPORTED</b>							0	-	-	-	0	-	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

P2 BIA Products Q Grant: Business Establishment 21

3. Enter Business Establishment information and provide information about the business establishment's impact on disadvantaged communities. For the Business Establishment Name, if you do not wish to disclose the actual name, enter a meaningful proxy so that you will be able to find it when reviewing follow-up information. If you made contact via an activity on the "Outreach Activities" tab, select it from the drop-down provided. Enter the date(s) on which you followed up with the business establishment. IMPORTANT: Name of your actions and outcomes will be reflected on the "Results Summary" tab until you enter at least one follow-up date.

4. Under P2 Actions and Outcomes, enter each P2 action implemented by the business establishment. Select the role, Manufacturer (and which type of associated project: production, certification, or marketing), Distributor/Retailer, or Purchaser/User. Based on the selection made, certain columns will gray out. Fill out all grayed out cells. IMPORTANT: You must enter the Date Implemented for your actions and outcomes to be reflected on the "Results Summary" tab.

5. Cells will be highlighted yellow if your response is different than the expected input type (e.g., text instead of numbers). For highlighted values, re-enter the value in the appropriate format to remove the highlighting.

**How to Use this Tab:**

<b>Grant Information</b>	
Grant Recipient	The information in the box calls below is populated automatically from Grant Project Data tab.
Grant Project Number	
<b>Business Establishment Information</b>	
Note: If copy-pasting information into cells below, click this header for help text.	
Business Establishment Name (optional)	
Business Establishment Contact (optional)	
Business Establishment City (optional)	
Business Establishment State (2-letter abbreviation)	
NAICS Code (e.g., 812999, 531210, 238110)	
Is the business establishment located in, adjacent to, or otherwise impacting a disadvantaged community? (Yes/No) (optional)	
How do the recommended P2 actions identified below benefit disadvantaged communities? (Text) (optional)	
Date(s) of Follow-up (mm/dd/yyyy)	
Outreach Activity (optional)	
If you made contact with the business establishment through an activity listed on the "Outreach Activities" tab, indicate the activity by choosing it from the drop-down provided.	
Description of Existing Barriers to Implementation (optional)	
If there were recommended actions that the business establishment did not implement, please describe any barriers to implementation (e.g., cost, long project period, low priority).	
Description of Planned P2 Actions Within 5 Years (optional)	
If the business establishment already has implemented additional actions within the next 5 years, please describe them here.	

P2 Actions and Outcomes	Manufacturer																				Distributor/Retailer		Purchaser/User	
	Number of Products Manufactured / Repackaged / Case Number for Study Use	Increase in Annual Production Volume	Unit of Measure	Projected / Actual	Number of Products Newly Certified / Recycled or to Case Number for Study Use	Certification Status	Increase in Number of Products Offered for Sale (Link to Number for Study Use)	New Advertising / Outreach?	Increase in Number of Products Sold (Link to Number for Study Use)	Increase in Share of Sales (Market Share)	New Advertising, Outreach, or "Strong"	Increase in Annual Sales Volume (Link to #)	Unit of Measure	Projected / Actual	Number of Products Adopted from One to Operations and Case Number for Study Use	Annual Volume of Products Adopted	Unit of Measure (e.g., number, or % gain)	Adoption of Green Purchasing Program	Description of the Green Purchasing Program	Case Study (Optional)	Link to Case Study			
1																								
2																								
3																								
4																								
5																								
6																								
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9																								
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42																								
43																								
44																								
45																								
46																								
47																								
48																								
49																								
50																								
TOTAL REPORTED	0	-	-	-	0	-	0	0	0	0	0	0	0	0	0	-	0	-	0	-	0			



P2 IIA Products Q Grant: Business Establishment 23

3. Enter Business Establishment Information and provide information about the business establishment's impact on disadvantaged communities. For the Business Establishment Name, if you do not wish to disclose the actual name, enter a meaningful proxy so that you will be able to find it when entering follow-up information. If you made contact via an activity on the "Outreach Activities" tab, select it from the drop-down provided. Enter the date(s) on which you followed up with the business establishment. **IMPORTANT:** Name of your actions and outcomes will be reflected on the "Results Summary" tab until you enter at least one follow-up date.

**How to Use this Tab:**

2. Under P2 Actions and Outcomes, enter each P2 action implemented by the business establishment. Select the role, Manufacturer (and which type of associated product), production certification, or marketing, Distributor/Retailer, or Purchaser/User. Based on the selection made, certain columns will gray out. **NOTE:** Not all grayed out cells. **IMPORTANT:** You must enter the Date Implemented for your actions and outcomes to be reflected on the "Results Summary" tab.

3. Cells will be highlighted yellow if your response is different than the expected input type (e.g., text instead of numbers). For highlighted values, re-enter the value in the appropriate format to remove the highlighting.

Grant Information	
Grant Recipient	The information in the box calls below is populated automatically from Grant Project Data tab.
Grant Project Number	

Business Establishment Information	
Note: If copy-pasting information into cells below, click this header for help text.	
Business Establishment Name (optional)	
Business Establishment City (optional)	
Business Establishment State (2-letter abbreviation)	
NAICS Code (e.g., 812999, 812999, 812999)	
Is the business establishment located in, adjacent to, or otherwise impacting a disadvantaged community? (Yes/No) (optional)	
How do the recommended P2 actions identified below benefit disadvantaged communities? (Text) (optional)	
Date(s) of Follow-up (mm/dd/yyyy)	
Outreach Activity (optional)	
If you made contact with the business establishment through an activity listed on the "Outreach Activities" tab, indicate the activity by choosing it from the drop-down provided.	
Description of Funding Mechanism (optional/REDACTED to redacting grant list)	
Description of Barriers to Implementation (optional)	
If there were recommended actions that the business establishment did not implement, please describe any barriers to implementation (e.g., cost, long project period, low priority).	
Description of Planned P2 Actions Within 5 Years (optional)	
If the business establishment already is implementing additional actions within the next 5 years, please describe them here.	

P2 Actions and Outcomes	Manufacturer		Certification		Marketing		Marketing		Distributor/Retailer		Sales		Purchaser/User		Date Range (YYYY)	Link to Case Study (Optional: please describe activities with report submissions)											
	Informative Description of P2 Action Implemented	Role	Product Description	Name of Equipment or Material (if applicable)	Date Implemented (see Instructions)	Product Type (see Instructions)	Number of Products Produced / Repaired / Recycled / Etc. (enter for only last)	Increase in Annual Production Volume	Unit of Measure	Product / Asset	Number of Products Newly Certified (enter for only last)	Certification Status	Increase in Number of Products Offered for Sale (tick number for only last)	New Advertising Campaign?			Increase in Number of Products Sold (tick number for only last)	Increase in Share of Sales (tick number for only last)	New Advertising, Outreach, or "Strong"	Increase in Annual Sales Volume (tick only if)	Unit of Measure	Projected / Actual	Number of Products Adopted from One Organization and One Manufacturer (tick only if)	Annual Volume of Products Adopted	Unit of Measure (e.g., number, sq. ft., gal, etc.)	Adoption of Green Purchasing Program	Description of the Green Purchasing Program
TOTAL REPORTED						0	-	-	-	0	-	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

P2 IBA Products ( Grant) Business Establishment 24

3. Enter Business Establishment Information and provide information about the business establishment's impact on disadvantaged communities. For the Business Establishment Name: If you do not wish to disclose the actual name, enter a meaningful proxy so that you will be able to find it when reviewing Follow-up information. If you made contact via an activity on the "Outreach Activities" tab, select it from the drop-down provided. Enter the date(s) on which you followed up with the business establishment. IMPORTANT: Name of your actions and outcomes will be reflected on the "Results Summary" tab until you enter at least one follow-up date.

How to Use this Tab:

2. Under P2 Actions and Outcomes, enter each P2 action implemented by the business establishment. Select the role, Manufacturer (and which type of associated product), production, certification, or marketing, Distributor/Retailer, or Purchaser/User. Based on the selection made, certain columns will gray out. If not all items grayed out, click IMPORTANT: You must enter the Date Implemented for your actions and outcomes to be reflected on the "Results Summary" tab.

3. Calls will be highlighted yellow if your response is different than the expected input type (e.g., text instead of numbers). For highlighted values, re-enter the value in the appropriate format to remove the highlighting.

Grant Information
Business Establishment Information
Business Establishment Name
Business Establishment Contact (optional)
Business Establishment City (optional)
Business Establishment State (2 letter abbreviation)
Business Establishment Name (3 letter abbreviation)
Is the business establishment located in, adjacent to, or otherwise impacting a disadvantaged community?
How do the recommended P2 actions identified below benefit disadvantaged communities?
Date(s) of Follow-up (mm/dd/yyyy)
Outreach Activity (optional)
Description of Barriers to Implementation (optional)
Description of Planned P2 Actions Within 5 Years (optional)

P2 Actions and Outcomes table with columns: Informative Description of P2 Action Implemented, Role, Product Description, Name of Supplier or Subcontractor, Date Implemented, Product Type, Production, Certification, Marketing, Distributor/Retailer, Purchaser/User, Date Report Due, Link to Case Study, and various metrics for each category.

P2 BIA Products Q Grant: Business Establishment 25

**How to Use this Tab:**

1. Enter Business Establishment information and provide information about the business establishment's interest on disadvantaged communities. For the Business Establishment Name: If you do not wish to disclose the actual name, enter a meaningful phrase so that you will be able to find it when reviewing follow-up information. If you made contact via an activity on the "Outreach Activities" tab, select it from the drop-down provided. Enter the date(s) on which you followed up with the business establishment. **IMPORTANT:** Name of your actions and outcomes will be reflected on the "Results Summary" tab until you enter at least one follow-up date.

2. Under P2 Actions and Outcomes, enter each P2 action implemented by the business establishment. Select the role, Manufacturer (and which type of associated project: production, certification, or marketing), Distributor/Retailer, or Purchaser/User. Based on the selection made, certain columns will gray out. **NOTE:** Not all roles gray out cells. **IMPORTANT:** You must enter the Date Implemented for your actions and outcomes to be reflected on the "Results Summary" tab.

3. Cells will be highlighted yellow if your response is different than the expected input type (e.g., text instead of numbers). For highlighted values, re-enter the value in the appropriate format to remove the highlighting.

Grant Information	
Grant Recipient	The information in the box calls below is populated automatically from Grant Project Data tab.
Grant Project Number	

**Business Establishment Information** Note: If copy-pasting information calls below, click this header for help text.

Business Establishment Name (optional)

Business Establishment Contact (optional)

Business Establishment City (optional)

Business Establishment State (US state abbreviation)

[\[Select Code \(A to F\) from BIA's Search Results\]](#)

Is the business establishment located in, adjacent to, or otherwise impacting a disadvantaged community? (Yes/No) (optional)

How do the recommended P2 actions identified below benefit disadvantaged communities? (optional)

Date(s) of Follow-up (mm/dd/yyyy)

Outreach Activity (optional)

If you made contact with the business establishment through an activity listed on the "Outreach Activities" tab, indicate the activity by choosing it from the drop-down provided.

Description of Existing Disadvantaged Communities (optional)

Description of Barriers to Implementation (optional)

If there were recommended actions that the business establishment did not implement, please describe any barriers to implementation (e.g., cost, long grant period, low priority).

Description of Planned P2 Actions Within 5 Years (optional)

If the business establishment intends to implement additional actions within the next 5 years, please describe them here.

Informative Description of P2 Action Implemented	Role	Product Description	Name of Disadvantaged Community	Date Implemented (see Instructions)	Contact Person (last name)	Production			Manufacturing		Marketing		Distributor/Retailer		Sales		Purchaser/User			Date Report Due (MM/DD/YYYY)	Link to Case Study (optional)	If the case study is online, provide a QR to QR to view, download and share. Otherwise, please describe attachments with report submissions.	
						Number of Products Produced / Repackaged / Case Number (for study use)	Increase in Annual Production Volume	Unit of Measure	Projected / Actual	Number of Products Newly Certified (units or 1000 lbs. number for study use)	Certification Status	Increase in Number of Products Offered for Sale (link number for study use)	New Advertising Campaigns?	Increase in Number of Products Sold (link number for study use)	Increase in Share of Market (%)	New Advertising, Outreach, or "Story"	Increase in Annual Sales Volume (units or \$)	Unit of Measure	Projected / Actual				Number of Products Adopted from One to Multiple and Case Number (for study use)
TOTAL REPORTED						0	-	-	-	0	-	0	0	0	0	0	0	0	0	0	0	0	-

P2 IIA Products (I Grant) Business Establishment 26

1. Enter Business Establishment Information and provide information about the business establishment's impact on disadvantaged communities. For the Business Establishment Name, if you do not wish to disclose the actual name, enter a meaningful proxy so that you will be able to find it when reviewing follow-up information. If you make contact via an activity on the "Outreach Activities" tab, select it from the drop-down provided. Enter the date(s) on which you followed up with the business establishment. **IMPORTANT:** None of your actions and outcomes will be reflected on the "Results Summary" tab until you enter at least one follow-up date.

**How to Use this Tab:**

2. Under P2 Actions and Outcomes, enter each P2 action implemented by the business establishment. Select the role, Manufacturer (and which type of associated project - production, certification, or marketing), Distributor/Retailer, or Purchaser/User. Based on the selection made, certain columns will pop out. Fill out all non-grayed out cells. **IMPORTANT:** You must enter the Date Implemented for your actions and outcomes to be reflected on the "Results Summary" tab.

3. Cells will be highlighted yellow if your response is different than the expected input type (e.g., text instead of numbers). For highlighted values, re-enter the value in the appropriate format to remove the highlighting.

Grant Information	
Grant Name	The information in the box calls below is populated automatically from Grant Project Data tab.
Grant Project Number	
Business Establishment Information	
Business Establishment Name	
Business Establishment Contact (optional)	
Business Establishment City (optional)	
Business Establishment State (if not an incorporated district)	
NAICS Code (2 to 6 digit NAICS Search Results)	
Is the business establishment located in, adjacent to, or otherwise impacting a disadvantaged community? (Yes/No/Unknown)	
How do the recommended P2 actions identified below benefit disadvantaged communities? (Text)	
Date(s) of Followup (mm/dd/yyyy)	
Outreach Activity (optional) If you made contact with the business establishment through an activity listed on the "Outreach Activities" tab, indicate the activity by choosing it from the drop-down provided.	
Description of Existing Barriers (optional/EPA is conducting a study)	
Description of Barriers to Implementation (optional) If there were recommended actions that the business establishment did not implement, please describe any barriers to implementation (e.g., cost, long product period, low priority).	
Duration of Planned P2 Actions Within 5 Years (optional) If the business establishment already is implementing additional actions within the next 5 years, please describe them here.	

P2 Actions and Outcomes

Date Implemented (MM/DD/YYYY)	Role	Product Description	Name of Equipment or Material (if applicable)	Date Implemented (Use Month/Year/Year)	Contact Person (Full name)	Manufacturer			Marketing			Distributor/Retailer			Purchaser/User				Date Study Completed (YYYY)	Link to Case Study (Optional, please describe activities with impact submissions)				
						Number of Products Purchased / Researched / Cost (enter for study cost)	Increase in Annual Production Volume	Unit of Measure	Projected / Actual	Number of Products Newly Certified (or to Certify) (enter for study cost)	Certification Status	Increase in Number of Products Offered for Sale (Add number for study cost)	New Advertising (Optional)	Increase in Number of Products Sold (Add number for study cost)	Increase in Share (%) (Optional)	New Advertising, Outreach, or "Strong"	Increase in Annual Sales Volume (enter in \$)	Unit of Measure			Projected / Actual	Number of Products Adopted from One Manufacturer and into Another for Study Cost	Annual Volume of Products Adopted	Unit of Measure (e.g., number, or %, gallon)
1																								
2																								
3																								
4																								
5																								
6																								
7																								
8																								
9																								
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30																								
TOTAL REPORTED							0	-	-	-	0	-	0	0	0	0	0	0	0	0	0	0	0	-



F2 IIA Products Q Grant: Business Establishment 27

1. Enter Business Establishment information and provide information about the business establishment's interest on disadvantaged communities. For the Business Establishment Name: If you do not wish to disclose the actual name, enter a meaningful phrase so that you will be able to find it when reviewing follow-up information. If you made contact via an activity on the "Outreach Activities" tab, select it from the drop-down provided. Enter the date(s) on which you followed up with the business establishment. IMPORTANT: Name of your actions and outcomes will be reflected on the "Results Summary" tab until you enter at least one follow-up date.

**How to Use this Tab:**

2. Under F2 Actions and Outcomes, enter each F2 action implemented by the business establishment. Select the role, Manufacturer (and which type of associated project: production, certification, or marketing), Distributor/Retailer, or Purchaser/User. Based on the selection made, certain columns will pop out. Fill out all non-grayed out cells. IMPORTANT: You must enter the Date Implemented for your actions and outcomes to be reflected on the "Results Summary" tab.

3. Cells will be highlighted yellow if your response is different than the expected input type (e.g., text instead of numbers). For highlighted values, re-enter the value in the appropriate format to remove the highlighting.

**Grant Information**  
 The information in the box calls below is populated automatically from Grant Project Data tab.

Grant Recipient: \_\_\_\_\_  
 Grant Project Number: \_\_\_\_\_

**Business Establishment Information**  
 Note: If copy-pasting information calls below, click this header for help text.

Business Establishment Name: \_\_\_\_\_  
 Business Establishment Contact (optional): \_\_\_\_\_  
 Business Establishment City (optional): \_\_\_\_\_  
 Business Establishment State (2-letter abbreviation): \_\_\_\_\_  
 NAICS Code (2- to 4-digit NAICS Search Results): \_\_\_\_\_

Is the business establishment located in, adjacent to, or otherwise impacting a disadvantaged community? (Yes/No) (optional): \_\_\_\_\_

How do the recommended F2 actions identified below benefit disadvantaged communities? \_\_\_\_\_

Date(s) of Follow-up (mm/dd/yyyy): \_\_\_\_\_

Outreach Activity (optional): \_\_\_\_\_  
 If you made contact with the business establishment through an activity listed on the "Outreach Activities" tab, indicate the activity by choosing it from the drop-down provided.

Description of Funding Mechanism (optional/EPA is providing grants for): \_\_\_\_\_

Description of Barriers to Implementation (optional):  
 If there were recommended actions that the business establishment did not implement, please describe any barriers to implementation (e.g., cost, long grant period, low priority). \_\_\_\_\_

Description of Planned F2 Actions Within 5 Years (optional):  
 If the business establishment intends to implement additional actions within the next 5 years, please describe them here. \_\_\_\_\_

Informative Description of F2 Action Implemented	Role	Product Description	Name of Disadvantaged Community (optional)	Date Implemented (see Instructions)	Funding Type (see Instructions)	Production		Manufacturing		Marketing		Distributor/Retailer				Purchaser/User			Date Data Entered (YYYY)	Link to Case Study (optional: please describe, describe with report attachments)																					
						Number of Products Produced / Repackaged / Case Number (for study use)	Increase in Annual Production Volume	Unit of Measure	Projected / Actual	Number of Products Newly Certified (once or to Case Number for study use)	Certification Status	Increase in Number of Products Offered for Sale (Case Number for Study Use)	New Advertising / Outreach?	Increase in Number of Products Sold (Case Number for Study Use)	Increase in Share (%)	New Advertising, Outreach, or "Strong"	Increase in Annual Sales Volume (Year to Y)	Unit of Measure			Projected / Actual	Number of Products Adopted from One to Multiple and Case Number for Study Use	Annual Volume of Products Adopted	Unit of Measure (e.g., number, etc., gallons)	Adoption of Green Purchasing Program	Description of the Green Purchasing Program															
																											Year(s)	Year(s)	Year(s)	Year(s)	Year(s)	Year(s)	Year(s)								
TOTAL REPORTED																				0	-	-	-	0	-	0	0	0	0	0	0	0	0	0	-	0	-	0	-	0	-

P2 BIA Products Q Grant: Business Establishment 28

1. Enter Business Establishment information and provide information about the business establishment's impact on disadvantaged communities. For the Business Establishment Name, if you do not wish to disclose the actual name, enter a meaningful proxy so that you will be able to find it when reviewing follow-up information. If you made contact via an activity on the "Outreach Activities" tab, select it from the drop-down provided. Enter the date(s) on which you followed up with the business establishment. IMPORTANT: Name of your actions and outcomes will be reflected on the "Results Summary" tab until you enter at least one follow-up date.

2. Under P2 Actions and Outcomes, enter each P2 action implemented by the business establishment. Select the role, Manufacturer (and which type of associated project: production, certification, or marketing), Distributor/Retailer, or Purchaser/User. Based on the selection made, certain columns will gray out. Fill out all grayed out cells. IMPORTANT: You must enter the Date Implemented for your actions and outcomes to be reflected on the "Results Summary" tab.

3. Cells will be highlighted yellow if your response is different than the expected input type (e.g., text instead of numbers). For highlighted values, re-enter the value in the appropriate format to remove the highlighting.

**Grant Information** The information in the box calls below is populated automatically from Grant Project Data tab.

Grant Recipient: \_\_\_\_\_  
 Grant Project Number: \_\_\_\_\_

**Business Establishment Information** Note: If copy-pasting information into cells below, click this header for help text.

Business Establishment Name: \_\_\_\_\_  
 Business Establishment Contact (optional): \_\_\_\_\_  
 Business Establishment City (optional): \_\_\_\_\_  
 Business Establishment State (US state abbreviation): \_\_\_\_\_  
 NAICS Code (e.g., 812999) (Search NAICS): \_\_\_\_\_

Is the business establishment located in, adjacent to, or otherwise impacting a disadvantaged community? (Yes/No) (optional): \_\_\_\_\_

How do the recommended P2 actions identified below benefit disadvantaged communities? \_\_\_\_\_

Date(s) of Follow-up (mm/dd/yyyy): \_\_\_\_\_

Outreach Activity (optional): \_\_\_\_\_  
 If you made contact with the business establishment through an activity listed on the "Outreach Activities" tab, indicate the activity by choosing it from the drop-down provided.

Description of Funding Mechanism (optional/REQUIRED to reporting grant list): \_\_\_\_\_

Description of Barriers to Implementation (optional): \_\_\_\_\_  
 If there were recommended actions that the business establishment did not implement, please describe any barriers to implementation (e.g., cost, long project period, low priority).

Description of Planned P2 Actions Within 5 Years (optional): \_\_\_\_\_  
 If the business establishment intends to implement additional actions within the next 5 years, please describe them here.

P2 Actions and Outcomes	Manufacturer																Distributor/Retailer				Purchaser/User		Date Report Due (YYYY)	Link to Case Study (optional)	If the case study is online, provide a QR to QR to view, download and share. Alternatively, please describe attachments with report submissions.					
	Informative Description of P2 Action Implemented	Role	Product Description	Name of recipient or subsector (if applicable)	Date Implemented (see Instructions)	Contact Person (last name)	Production		Certification		Marketing		Marketing		Sales		Number of Products Adopted from One Manufacturer and One Distributor/Retailer	Annual Volume of Products Adopted	Unit of Measure (e.g., number, or % growth)	Adoption of Green Purchasing Program	Description of the Green Purchasing Program									
Number of Products Manufactured / Repackaged / Resold (For Study Use)							Increase in Annual Production Volume	Unit of Measure	Projected / Actual	Number of Products Newly Certified (or to Certify) (For Study Use)	Certification Status	Increase in Number of Products Offered for Sale (For Study Use)	New Advertising Campaigns?	Increase in Number of Products Sold (For Study Use)	Increase in Share of Sales (For Study Use)	New Advertising, Outreach, or "Story"						Increase in Annual Sales Volume (For Study Use)	Unit of Measure	Projected / Actual						
TOTAL REPORTED							0	-	-	-	0	-	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

P2 IIA Products Q Grant: Business Establishment 29

**How to Use this Tab:**

**1. Enter Business Establishment information and provide information about the business establishment's impact on disadvantaged communities. For the Business Establishment Name: If you do not wish to disclose the actual name, enter a meaningful phrase so that you will be able to find it when pressing Follow-up information. If you made contact via an activity on the "Outreach Activities" tab, select it from the drop-down provided. Enter the date(s) on which you followed up with the business establishment. IMPORTANT: Name of your actions and outcomes will be reflected on the "Results Summary" tab until you enter at least one follow-up date.**

**2. Under P2 Actions and Outcomes, enter each P2 action implemented by the business establishment. Select the role, Manufacturer (and which type of associated product), production certification, or marketing, Distributor/Retailer, or Purchaser/User. Based on the selection made, certain columns will pop out. Fill out all non-grayed out cells. IMPORTANT: You must enter the Date Implemented for your actions and outcomes to be reflected on the "Results Summary" tab.**

**3. Cells will be highlighted yellow if your response is different than the expected input type (e.g., text instead of numbers). For highlighted values, re-enter the value in the appropriate format to remove the highlighting.**

**Grant Information** - The information in the box calls below is populated automatically from Grant Project Data tab.

Grant Region:   
 Grant Project Number:

**Business Establishment Information** - Note: If copy-pasting information calls below, click this header for help text.

Business Establishment Name:   
 Business Establishment Contact (optional):   
 Business Establishment City (optional):   
 Business Establishment State (3-letter abbreviation):   
 NAICS Code (e.g., 484210 for Truck Dealership):

Is the business establishment located in, adjacent to, or otherwise impacting a disadvantaged community? (Yes/No/Unknown):

How do the recommended P2 actions identified below benefit disadvantaged communities?

Date(s) of Follow-up (mm/dd/yyyy):

Outreach Activity (optional):

If you made contact with the business establishment through an activity listed on the "Outreach Activities" tab, indicate the activity by choosing it from the drop-down provided.

Description of Funding Mechanism (optional):

Description of Barriers to Implementation (optional):

If there were recommended actions that the business establishment did not implement, please describe any barriers to implementation (e.g., cost, long project period, low priority).

Description of Planned P2 Actions Within 5 Years (optional):

If the business establishment intends to implement additional actions within the next 5 years, please describe them here.

Informative Description of P2 Action Implemented	Role	Product Description	Name of Equipment or Material (if applicable)	Date Implemented (see footnote 10)	Contact Person (if applicable)	Manufacturer						Distributor/Retailer						Purchaser/User		Date Report Generated (YYYY)	Link to Case Study (optional)	If the case study is online, provide a QR for EPA to view, download and share. Otherwise, please describe attachments with report submissions.						
						Production		Certification		Marketing		Marketing		Sales		Number of Products Adopted from One Manufacturer and One Retailer (per year)	Annual Volume of Products Adopted	Unit of Measure (e.g. number, sq. ft., gallons)	Adoption of Green Purchasing Program				Description of the Green Purchasing Program					
						Number of Products Manufactured / Reprocessed / Recycled (per Month for Study Year)	Increase in Annual Production Volume	Unit of Measure	Projected / Actual	Number of Products Newly Certified (or to Certify) (per Month for Study Year)	Certification Status	Increase in Number of Products Offered for Sale (each month for Study Year)	New Advertising Campaigns?	Increase in Number of Products Sold (each Month for Study Year)	Increase in Share of Sales (%)									New Advertising, Outreach, or "Story"	Increase in Annual Sales Volume (each month)	Unit of Measure	Projected / Actual	
TOTAL REPORTED						0	-	-	-	0	-	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

P2 BIA Products Q Grant: Business Establishment 30

3. Enter Business Establishment information and provide information about the business establishment's impact on disadvantaged communities. For the Business Establishment Name, if you do not wish to disclose the actual name, enter a meaningful proxy so that you will be able to find it when entering follow-up information. If you made contact via an activity on the "Outreach Activities" tab, select it from the drop-down provided. Enter the date(s) on which you followed up with the business establishment. IMPORTANT: Name of your actions and outcomes will be reflected on the "Results Summary" tab until you enter at least one follow-up date.

**How to Use this Tab:**

2. Under P2 Actions and Outcomes, enter each P2 action implemented by the business establishment. Select the role, Manufacturer (and which type of associated project: production, certification, or marketing), Distributor/Retailer, or Purchaser/User. Based on the selection made, certain columns will gray out. **TEI** not all grayed out cells. IMPORTANT: You must enter the Date Implemented for your actions and outcomes to be reflected on the "Results Summary" tab.

3. Cells will be highlighted yellow if your response is different than the expected input type (e.g., text instead of numbers). For highlighted values, re-enter the value in the appropriate format to remove the highlighting.

<b>Grant Information</b>		The information in the box calls below is populated automatically from Grant Project Data tab.
Grant Recipient		
Grant Project Number		
<b>Business Establishment Information</b>		
Note: If copy-pasting information into cells below, click this header for help text.		
Business Establishment Name (optional)		
Business Establishment City (optional)		
Business Establishment State (3-letter abbreviation)		
NAICS Code (e.g., 8100000000 - Health Services)		
Is the business establishment located in, adjacent to, or otherwise impacting a disadvantaged community? (Yes/No) (optional)		
How do the recommended P2 actions identified below benefit disadvantaged communities? (Text) (optional)		
Date(s) of Follow-up (mm/dd/yyyy)		
Outreach Activity (optional)		
If you made contact with the business establishment through an activity listed on the "Outreach Activities" tab, indicate the activity by choosing it from the drop-down provided.		
Description of Funding Mechanism (optional/TEI)		
Description of Barriers to Implementation (optional)		
If there were recommended actions that the business establishment did not implement, please describe any barriers to implementation (e.g., cost, long grant period, low priority).		
Description of Planned P2 Actions Within 5 Years (optional)		
If the business establishment intends to implement additional actions within the next 5 years, please describe them here.		

Informative Description of P2 Action Implemented	Role	Product Description	Name of Equipment or Material (if applicable)	Date Implemented (see Instructions)	Contract Year (see Instructions)	Production				Marketing		Marketing			Sales		Purchaser/User				Date Report Due (MM/YY)	Link to Case Study (optional - click for EPA to view, download and share. Otherwise, please describe activities in the report submissions.)														
						Number of Products Manufactured / Reproduced / Sold (enter for July only)	Increase in Annual Production Volume	Unit of Measure	Projected / Actual	Number of Products Newly Certified (enter for July only)	Increase in Number of Products Offered for Sale (click header for July only)	New Advertising Campaigns?	Increase in Number of Products Sold (see Instructions)	Increase in Share of Market (%)	New Advertising, Outreach, or "Strong"	Increase in Annual Sales Volume (enter in \$)	Unit of Measure	Projected / Actual	Number of Products Adopted from One Manufacturer and One Manufacturer for July only	Annual Volume of Products Adopted			Unit of Measure (e.g., number, or \$, gallons)	Adoption of Green Purchasing Program	Description of the Green Purchasing Program											
																										0	-	-	-	0	-	0	-	0	-	0
TOTAL REPORTED						0	-	-	-	0	-	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

P2 BIA Products () Grant: Business Establishment 21

1. Enter Business Establishment information and provide information about the business establishment's impact on disadvantaged communities. For the Business Establishment Name, if you do not wish to disclose the actual name, enter a meaningful phrase so that you will be able to find it when pressing Follow-up information. If you made contact via an activity on the "Outreach Activities" tab, select it from the drop-down provided. Enter the date(s) on which you followed up with the business establishment. IMPORTANT: Name of your actions and outcomes will be reflected on the "Results Summary" tab until you enter at least one follow-up date.

2. Under P2 Actions and Outcomes, enter each P2 action implemented by the business establishment. Select the role, Manufacturer (and which type of associated project - production, certification, or marketing), Distributor/Retailer, or Purchaser/User. Based on the selection made, certain columns will gray out. Fill out all grayed out cells. IMPORTANT: You must enter the Date Implemented for your actions and outcomes to be reflected on the "Results Summary" tab.

3. Cells will be highlighted yellow if your response is different than the expected input type (e.g., text instead of numbers). For highlighted values, re-enter the value in the appropriate format to remove the highlighting.

How to Use this Tab:

Grant Information	
Grant Recipient	The information in the box calls below is populated automatically from Grant Project Data tab.
Grant Project Number	

Business Establishment Information	
Business Establishment Name (optional)	Notes: If copy-pasting info entered cells below, click this header for help text.
Business Establishment City (optional)	
Business Establishment State (if known, select from dropdown)	
NAICS Code (e.g., 810000 - Health Services)	
Is the business establishment located in, adjacent to, or otherwise impacting a disadvantaged community? (Yes/No) (optional)	
How do the recommended P2 actions identified below benefit disadvantaged communities? (Text) (optional)	
Date(s) of Follow-up (mm/dd/yyyy)	
Outreach Activity (optional)	
Description of barriers to implementation (optional)	
Description of Planned P2 Actions Within 5 Years (optional)	

P2 Actions and Outcomes	Date Implemented (mm/dd/yyyy)	Role	Product Description	Name of Disadvantaged Community	Date Implemented (mm/dd/yyyy)	Code/Status	Production		Manufacturing		Marketing		Distribution/Retailer		Sales		Purchaser/User		Date Study Completed (mm/dd/yyyy)	Link to Case Study		
							Number of Products Produced / Researched / Developed / Sold (enter for study year)	Increase in Annual Production Volume	Unit of Measure	Produced / Actual	Number of Products Newly Certified (enter for study year)	Certification Status	Increase in Number of Products Offered for Sale (link number for study year)	New Advertising Campaigns?	Increase in Number of Products Sold (link number for study year)	Increase in Share of Market (%)	New Advertising, Outreach, or Sponsorship	Increase in Annual Sales Volume (link number for study year)			Unit of Measure	Projected / Actual
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29																						
30																						
TOTAL REPORTED							0	-	-	-	0	-	0	-	0	-	0	-	0	-	0	-

P2 BIA Products (I Grant) Business Establishment 32

3. Enter Business Establishment Information and provide information about the business establishment's impact on disadvantaged communities. For the Business Establishment Name: If you do not wish to disclose the actual name, enter a meaningful phrase so that you will be able to find it when entering follow-up information. If you made contact via an activity on the "Outreach Activities" tab, select it from the drop-down provided. Enter the date(s) on which you followed up with the business establishment. IMPORTANT: Name of your actions and outcomes will be reflected on the "Results Summary" tab until you enter at least one follow-up date.

How to Use this Tab:

2. Under P2 Actions and Outcomes, enter each P2 action implemented by the business establishment. Select the role, Manufacturer (and which type of associated product) - production, certification, or marketing, Distributor/Retailer, or Purchaser/User. Based on the selection made, certain columns will gray out. If not all items grayed out, click IMPORTANT: You must enter the Date Implemented for your actions and outcomes to be reflected on the "Results Summary" tab.

3. Calls will be highlighted yellow if your response is different than the expected input type (e.g., text instead of numbers). For highlighted values, re-enter the value in the appropriate format to remove the highlighting.

Grant Information	
Grant Recipient	The information in the box calls below is populated automatically from Grant Project Data tab.
Grant Project Number	
Business Establishment Information	
Business Establishment Name	Note: If copy-pasting into merged cells below, click this header for help text.
Business Establishment Contact (optional)	
Business Establishment City (optional)	
Business Establishment State (2-letter abbreviation)	
NAICS Code (Go to: <a href="#">FIND NAICS'S Search Results</a> )	
Is the business establishment located in, adjacent to, or otherwise impacting a disadvantaged community? (Yes / No) (optional)	
How do the recommended P2 actions identified below benefit disadvantaged communities? (Text) (optional)	
Date(s) of Follow-up (mm/dd/yyyy)	
Outreach Activity (optional)	
If you made contact with the business establishment through an activity listed on the "Outreach Activities" tab, indicate the activity by choosing it from the drop-down provided.	
Description of Funding Mechanism (optional) (e.g., is providing grants to)	
Description of Barriers to Implementation (optional)	
If there were recommended actions that the business establishment did not implement, please describe any barriers to implementation (e.g., cost, long product period, low priority).	
Description of Planned P2 Actions Within 5 Years (optional)	
If the business establishment already is implementing additional actions within the next 5 years, please describe them here.	

P2 Actions and Outcomes	Role	Product Description	Name of Equipment or Material (if applicable)	Date Implemented (Go to: <a href="#">DATE</a> )	Follow-up Date (optional)	Production			Manufacturing		Marketing			Distribution/Retailer		Sales			Purchaser/User			Date Study Completed (if any)	Link to Case Study (if any)	If the case study is online, provide a QR to view, download and share. Otherwise, please describe attachments with report submissions.			
						Number of Products Produced / Reproduced / Recycled / Recycled (For Study Use)	Increase in Annual Production Volume	Unit of Measure	Projected / Actual	Number of Products Newly Certified or to Certify (Enter for Study Use)	Certification Status	Increase in Number of Products Offered for Sale (Click header for help text)	New Advertising Campaigns?	Increase in Number of Products Sold (Click header for help text)	Increase in Share of Sales (%) (optional)	New Advertising, Outreach, or Events?	Increase in Annual Sales Volume (Click header for help text)	Unit of Measure	Projected / Actual	Number of Products Adopted for Use by Organizations and/or Institutions (For Study Use)	Annual Volume of Products Adopted				Unit of Measure (e.g., number, or % (optional))	Adoption of Green Purchasing Program?	Description of the Green Purchasing Program
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28																											
29																											
30																											
TOTAL REPORTED							0	-	-	-	0	-	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

P2 IIA Products (I Grant): Business Establishment 23

**How to Use this Tab:**

1. Enter Business Establishment information and provide information about the business establishment's impact on disadvantaged communities. For the Business Establishment Name, if you do not wish to disclose the actual name, enter a meaningful proxy so that you will be able to find it when pressing Follow-up information. If you made contact via an activity on the "Outreach Activities" tab, select it from the drop-down provided. Enter the date(s) on which you followed up with the business establishment. IMPORTANT: Name of your actions and outcomes will be reflected on the "Results Summary" tab until you enter at least one follow-up date.

2. Under P2 Actions and Outcomes, enter each P2 action implemented by the business establishment. Select the role, Manufacturer (and which type of associated product), production, certification, or marketing. Distributor/Retailer, or Purchaser/User. Based on the selection made, certain columns will gray out. Fill out all grayed out cells. IMPORTANT: You must enter the Date Implemented for your actions and outcomes to be reflected on the "Results Summary" tab.

3. Cells will be highlighted yellow if your response is different than the expected input type (e.g., text instead of numbers). For highlighted values, re-enter the value in the appropriate format to remove the highlighting.

**Grant Information**  
The information in the box calls below is populated automatically from Grant Project Data tab.

Grant Recipient:  
Grant Project Number:

**Business Establishment Information**  
Notes: If copy-pasting information calls below, click this header for help text.

Business Establishment Name:  
Business Establishment Contact (optional):  
Business Establishment City (optional):  
Business Establishment State (2-letter abbreviation):  
NAICS Code (e.g., 8100000000) (Search Results):  
Is the business establishment located in, adjacent to, or otherwise impacting a disadvantaged community? (Yes/No/Unsure)  
How do the recommended P2 actions identified below benefit disadvantaged communities?  
Date(s) of Follow-up (mm/dd/yyyy):  
Outreach Activity (optional):  
If you made contact with the business establishment through an activity listed on the "Outreach Activities" tab, indicate the activity by choosing it from the drop-down provided.  
Description of Funding Mechanism (optional/EPA is providing grants to):  
Description of Barriers to Implementation (optional):  
If there were recommended actions that the business establishment did not implement, please describe any barriers to implementation (e.g., cost, long project period, low priority).  
Description of Planned P2 Actions Within 5 Years (optional):  
If the business establishment already has implemented actions within the next 5 years, please describe them here.

**P2 Actions and Outcomes**

Scroll right to see all columns (cols. 8 through 46) >>>

Informative Description of P2 Action Implemented	Role	Product Description	Name of Equipment or Material (if applicable)	Date Implemented (see Instructions)	Contract/Grant Year	Production			Manufacturing		Marketing		Distribution/Retailer			Sales				Purchaser/User				Date Range (YYYY)	Link to Case Study (Optional, please describe activities with report submissions)											
						Number of Products Manufactured / Reproduced / Cost Number (for study use)	Increase in Annual Production Volume	Unit of Measure	Projected / Actual	Number of Products Newly Certified (once or to Cost Number for study use)	Certification Status	Increase in Number of Products Offered for Sale (Cost Number for study use)	New Advertising or Outreach?	Increase in Number of Products Sold (Cost Number for study use)	Increase in Share of Market (Optional)	New Advertising, Outreach, or "Strong"	Increase in Annual Sales Volume (Costs and \$)	Unit of Measure	Projected / Actual	Number of Products Adopted from One Manufacturer and Cost Number for study use	Annual Volume of Products Adopted	Unit of Measure (e.g., number, or % growth)	Adoption of Green Purchasing Program			Description of the Green Purchasing Program										
TOTAL REPORTED						0	-	-	-	0	-	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

P2 BIA Products Q Grant: Business Establishment 24

1. Enter Business Establishment information and provide information about the business establishment's impact on disadvantaged communities. For the Business Establishment Name: if you do not wish to disclose the actual name, enter a meaningful phrase so that you will be able to find it when reviewing follow-up information. If you made contact via an activity on the "Outreach Activities" tab, select it from the drop-down provided. Enter the date(s) on which you followed up with the business establishment. **IMPORTANT:** None of your actions and outcomes will be reflected on the "Results Summary" tab until you enter at least one follow-up date.  
 How to Use this Tab:  
 2. Under P2 Actions and Outcomes, enter each P2 action implemented by the business establishment. Select the role, Manufacturer (and which type of associated product: production, certification, or marketing), Distributor/Retailer, or Purchaser/User. Based on the selection made, certain columns will gray out. **FEED** all data from grant out calls. **IMPORTANT:** You must enter the Date Implemented for your actions and outcomes to be reflected on the "Results Summary" tab.  
 3. Cells will be highlighted yellow if your response is different than the expected input type (e.g., text instead of numbers). For highlighted values, re-enter the value in the appropriate format to remove the highlighting.

**Grant Information**  
 The information in the box calls below is populated automatically from Grant Project Data tab.  
 Grant Program: \_\_\_\_\_  
 Grant Project Number: \_\_\_\_\_

**Business Establishment Information**  
 Note: If copy-pasting info entered calls below, click this header for help text.  
 Business Establishment Name (optional)  
 Business Establishment Contact (optional)  
 Business Establishment City (optional)  
 Business Establishment State (2 letter abbreviation)  
ZIP Code (to be filled in by the grantee's search results)  
 Is the business establishment located in, adjacent to, or otherwise impacting a disadvantaged community? (Yes / No / Unknown)  
 How do the recommended P2 actions identified below benefit disadvantaged communities?  
 Date(s) of Follow-up (mm/dd/yyyy)  
 Outreach Activity (optional)  
 If you made contact with the business establishment through an activity listed on the "Outreach Activities" tab, indicate the activity by choosing it from the drop-down provided.  
Description of a Pending Application (optional)  
 Description of Barriers to Implementation (optional)  
 If there were recommended actions that the business establishment did not implement, please describe any barriers to implementation (e.g., cost, long grantee period, low priority).  
Description of Planned P2 Actions Within 5 Years (optional)  
 If the business establishment already is implementing additional actions within the next 5 years, please describe them here.

**P2 Actions and Outcomes**  
 Scroll right to see all columns (cols. 8 through 48) ←

Informative Description of P2 Action Implemented	Role	Product Description	Name of Disputed or Selected P2 (optional)	Date Implemented (see Instructions)	Contact Person (see Instructions)	Production		Manufacturing		Marketing			Distribution/Retailer			Sales		Purchaser/User				Date Report Generated (YYYY)	Link to Case Study (optional - please attach description with report submission)
						Number of Products Produced / Released / Offered (by Study Year)	Increase in Annual Production Volume	Unit of Measure	Products / Aerial	Number of Products Newly Certified (or to Certify) (see number for copy text)	Certification Status	Increase in Number of Products Offered for Sale (Link number for copy text)	New Advertising Campaigns?	Increase in Number of Products Sold (see number for copy text)	Increase in Share (Percentage)	New Advertising, Outreach, or Strategy?	Increase in Annual Sales Volume (Units and \$)	Unit of Measure	Projected / Actual	Number of Products Adopted from One-to-One Initiatives and Cross-Border (see year)	Annual Volume of Products Adopted		
TOTAL REPORTED						0					0				0		0				0		





P2 IIA Products Q Grant: Business Establishment 26

**How to Use this Tab:**

1. Enter Business Establishment Information and provide information about the business establishment's interest on disadvantaged communities. For the Business Establishment Name, if you do not wish to disclose the actual name, enter a meaningful proxy so that you will be able to find it when reviewing follow-up information. If you made contact via an activity on the "Outreach Activities" tab, select it from the drop-down provided. Enter the date(s) on which you followed up with the business establishment. IMPORTANT: Name of your actions and outcomes will be reflected on the "Results Summary" tab until you enter at least one follow-up date.

2. Under P2 Actions and Outcomes, enter each P2 action implemented by the business establishment. Select the role, Manufacturer (and which type of associated product) production certification or marketing, Distributor/Reseller, or Purchaser/User. Based on the selection made, certain columns will apply out of 16 not all may apply out each. IMPORTANT: You must enter the Date Implemented for your actions and outcomes to be reflected on the "Results Summary" tab.

3. Cells will be highlighted yellow if your response is different than the expected input type (e.g., text instead of numbers). For highlighted values, re-enter the value in the appropriate format to remove the highlighting.

Grant Information	
Grant Number	The information in the box calls below is populated automatically from Grant Project Data tab.
Grant Project Number	

Business Establishment Information	
<i>Note: If copy-pasting into merged cells below, click this header for help text.</i>	
Business Establishment Name (optional)	
Business Establishment City (optional)	
Business Establishment State (US state abbreviation)	
NAICS Code (e.g., 8100000000 - Health Services)	
Is the business establishment located in, adjacent to, or otherwise impacting a disadvantaged community? (Yes/No) (optional)	
How do the recommended P2 actions identified below benefit disadvantaged communities? (optional)	
Date(s) of Followup (mm/dd/yyyy)	
Outreach Activity (optional) If you made contact with the business establishment through an activity listed on the "Outreach Activities" tab, indicate the activity by choosing it from the drop-down provided.	
Description of Existing Disruption/Barrier to producing green job	
Description of Barriers to Implementation (optional) If there were recommended actions that the business establishment did not implement, please describe any barriers to implementation (e.g., cost, long product period, low priority).	
Description of Planned P2 Actions Within 5 Years (optional) If the business establishment already is implementing additional actions within the next 5 years, please describe them here.	

P2 Actions and Outcomes		Manufacturer																Distributor/Reseller				Purchaser/User		Other Role	
Grant right to use all columns (cols. 8 through 16) --		Role	Product Description	Name of Disruptor or Subsidy (if applicable)	Date Implemented (see Instructions tab)	Follow-up Date (optional)	Production		Certification		Marketing		Marketing		Sales		Number of Products Adopted from One Manufacturer and One Reseller for Study Year		Annual Volume of Products Adopted		Adoption of Green Purchasing Program		Date Study Completed (YYYY)	Link to Case Study (optional: in QR for QPA to view, download and share. Otherwise, please describe activities in the report submissions)	
Informative Description of P2 Action Implemented	Number of Products Produced/Developed/First Order for Study Year						Increase in Annual Production Volume	Unit of Measure	Product / Asset	Number of Products Newly Certified/Reserve or to Date (enter for study year)	Certification Status	Increase in Number of Products Offered for Sale (tick number for study year)	New Advertising Campaigns?	Increase in Number of Products Sold (tick number for study year)	Increase in Share (percent)	New Advertising, Outreach, or "Strong"	Increase in Annual Sales Volume (tick on if)	Unit of Measure	Projected / Actual	Projected / Actual	Annual Volume of Products Adopted	Unit of Measure (e.g. number, or % points)			Adoption of Green Purchasing Program
							0	-	-	-	0	-	0	0	0	0	0	0	0	0	0	0	0	-	
TOTAL REPORTED							0	-	-	-	0	-	0	0	0	0	0	0	0	0	0	0	0	-	

P2 BIA Products ( Grant) Business Establishment 27

3. Enter Business Establishment Information and provide information about the business establishment's impact on disadvantaged communities. For the Business Establishment Name, if you do not wish to disclose the actual name, enter a meaningful proxy so that you will be able to find it when reviewing follow-up information. If you made contact via an activity on the "Outreach Activities" tab, select it from the drop-down provided. Enter the date(s) on which you followed up with the business establishment. IMPORTANT: Name of your actions and outcomes will be reflected on the "Results Summary" tab until you enter at least one follow-up date.

4. Under P2 Actions and Outcomes, enter each P2 action implemented by the business establishment. Select the role, Manufacturer (and which type of associated product), production certification, or marketing, Distributor/Retailer, or Purchaser/User. Based on the selection made, certain columns will apply out of 16 not all may apply out each. IMPORTANT: You must enter the Date Implemented for your actions and outcomes to be reflected on the "Results Summary" tab.

5. Calls will be highlighted yellow if your response is different than the expected input type (e.g., text instead of numbers). For highlighted values, re-enter the value in the appropriate format to remove the highlighting.

Grant Information	
Grant Name	The information in the box calls below is populated automatically from Grant Project Data tab.
Grant Project Number	

**Business Establishment Information** Note: If copy-pasting into merged cells below, click this header for help text.

Business Establishment Name (optional)

Business Establishment Contact (optional)

Business Establishment City (optional)

Business Establishment State (US state abbreviation)

[\[Select Code 2 to 5 - P2 Activity Search Results\]](#)

Is the business establishment located in, adjacent to, or otherwise impacting a disadvantaged community? (Yes/No) (optional)

How do the recommended P2 actions identified below benefit disadvantaged communities? (optional)

Date(s) of Follow-up (mm/dd/yyyy)

Outreach Activity (optional)  
If you made contact with the business establishment through an activity listed on the "Outreach Activities" tab, indicate the activity by choosing it from the drop-down provided.

Description of Existing Production/CERT/ETB or marketing activity (optional)

Description of Barriers to Implementation (optional)  
If there were recommended actions that the business establishment did not implement, please describe any barriers to implementation (e.g., cost, long product period, low priority).

Description of Planned P2 Actions Within 5 Years (optional)  
If the business establishment intends to implement additional actions within the next 5 years, please describe them here.

P2 Actions and Outcomes	Manufacturer		Certification		Marketing		Marketing		Distributor/Retailer		Sales		Purchaser/User		Date Range (YYYY)	Link to Case Study (Optional, please describe activities with report submissions)						
	Informative Description of P2 Action Implemented	Role	Product Description	Name of Equipment or Standard (if applicable)	Date Implemented (see Instructions)	Number of Products Installed / Replaced / Cost (enter for July only)	Increase in Annual Production Volume	Unit of Measure	Projected / Actual	Number of Products Newly Certified (enter for July only)	Certification Status	Increase in Number of Products Offered for Sale (tick number for July only)	New Advertising Campaign?	Increase in Number of Products Sold (tick number for July only)			Increase in Share of Sales (%)	Increase in Annual Sales Volume (tick on if)	Unit of Measure	Projected / Actual	Number of Products Adopted from One Manufacturer and One Retailer for July only	Annual Volume of Products Adopted
TOTAL REPORTED																						

P2 IIA Products (I Grant): Business Establishment (3)

3. Enter Business Establishment Information and provide information about the business establishment's impact on disadvantaged communities. For the Business Establishment Name, if you do not wish to disclose the actual name, enter a meaningful phrase so that you will be able to find it when pressing Follow-up information. If you made contact via an activity on the "Outreach Activities" tab, select it from the drop-down provided. Enter the date(s) on which you followed up with the business establishment. IMPORTANT: Name of your actions and outcomes will be reflected on the "Results Summary" tab until you enter at least one follow-up date.

How to Use this Tab:

2. Under P2 Actions and Outcomes, enter each P2 action implemented by the business establishment. Select the role, Manufacturer (and which type of associated product), production certification or marketing, Distributor/Reseller, or Purchaser/User. Based on the selection made, certain columns will gray out. Fill out all grayed out cells. IMPORTANT: You must enter the Date Implemented for your actions and outcomes to be reflected on the "Results Summary" tab.

3. Cells will be highlighted yellow if your response is different than the expected input type (e.g., text instead of numbers). For highlighted values, re-enter the value in the appropriate format to remove the highlighting.

<b>Grant Information</b>	The information in the box calls below is populated automatically from Grant Project Data tab.
Grant Name	
Grant Project Number	

**Business Establishment Information** Note: If copy-pasting information calls below, click this header for help text.

<b>Business Establishment Name</b> <small>Business Establishment Contact (optional)</small>
<small>Business Establishment City (optional)</small>
<small>Business Establishment State (2-letter abbreviation)</small>
<u><a href="#">NAICS Code (Go to F.16/NAICS Search Results)</a></u>
Is the business establishment located in, adjacent to, or otherwise impacting a disadvantaged community? <small>(Yes / No / Unknown)</small>
How do the recommended P2 actions identified below benefit disadvantaged communities?
Date(s) of Follow-up <small>(mm/dd/yyyy)</small>
<small>Outreach Activity (optional)</small> <small>If you made contact with the business establishment through an activity listed on the "Outreach Activities" tab, indicate the activity by choosing it from the drop-down provided.</small>
<small>Description of Existing Barriers/Obstacles/ERPs to addressing grants list</small>
<small>Description of Barriers to Implementation (optional)</small> <small>If there were recommended actions that the business establishment did not implement, please describe any barriers to implementation (e.g., cost, long project period, low priority).</small>
<small>Description of Planned P2 Actions Within 5 Years (optional)</small> <small>If the business establishment already is implementing additional actions within the next 5 years, please describe them here.</small>

Small right to use all columns (cols. 8 through 40) →	Role	Product Description	Name of product or material (if applicable)	Date Implemented (Go to F.16/Date)	Contact Person (Last, first, middle initial)	Production			Certification		Marketing		Marketing			Distributor/Reseller			Sales			Purchaser/User			Date Rec'd (MM/DD/YYYY)	Link to Case Study (Optional: please describe activities with report submissions)													
						Number of Products Produced / Repackaged / Cast / Mined (For Study Use)	Increase in Annual Production Volume	Unit of Measure	Product / Material	Number of Products Newly Certified (Based on 10 CMAA Number for Study Use)	Certification Status	Increase in Number of Products Offered for Sale (Click number for Study Use)	New Advertising Outreach?	Increase in Number of Products Sold (Click number for Study Use)	Increase in Share (%)	New Advertising, Outreach, or "Strong"	Increase in Annual Sales Volume (Click unit)	Unit of Measure	Projected / Actual	Number of Products Adopted from One Manufacturer and One Reseller for Study Use	Annual Volume of Products Adopted	Unit of Measure (e.g. number, sq. ft., gallons)	Adoption of Green Purchasing Program	Description of the Green Purchasing Program															
							0	-	-		0	-		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-	0	-
<b>TOTAL REPORTED</b>																																							



P2 IBA Products () Grant: Business Establishment @

3. Enter Business Establishment Information and provide information about the business establishment's impact on disadvantaged communities. For the Business Establishment Name: if you do not wish to disclose the actual name, enter a meaningful phrase so that you will be able to find it when reviewing follow-up information. If you made contact via an activity on the "Outreach Activities" tab, select it from the drop-down provided. Enter the date(s) for which you followed up with the business establishment. **IMPORTANT:** Name of your actions and outcomes will be reflected on the "Results Summary" tab until you enter at least one follow-up date.  
 4. Under P2 Actions and Outcomes, enter each P2 action implemented by the business establishment. Select the role, Manufacturer (and which type of associated project: production certification or marketing), Distributor/Reseller, or Purchaser/User. Based on the selection made, certain columns will gray out. **IMPORTANT:** You must enter the Date Implemented for your actions and outcomes to be reflected on the "Results Summary" tab.  
 5. Cells will be highlighted yellow if your response is different than the expected input type (e.g., text instead of numbers). For highlighted values, re-enter the value in the appropriate format to remove the highlighting.

How to Use this Tab:

<b>Grant Information</b>	The information in the box calls below is populated automatically from Grant Project Data tab.
Grant Name	
Grant Project Number	
<b>Business Establishment Information</b>	Note: If copy pasting into merged cells below, click this header for help text.
Business Establishment Name (optional)	
Business Establishment City (optional)	
Business Establishment State (US state abbreviation)	
<a href="#">Select Code 28 to 8 (State's NAICS Industry)</a>	
Is the business establishment located in, adjacent to, or otherwise impacting a disadvantaged community? (Yes / No / Unknown)	
How do the recommended P2 actions identified below benefit disadvantaged communities? (Text)	
Date(s) of Followup (mm/dd/yyyy)	
Outreach Activity (optional) If you made contact with the business establishment through an activity listed on the "Outreach Activities" tab, indicate the activity by choosing it from the drop-down provided.	
Description of Funding Mechanism (optional) (EPA is providing grants to...)	
Description of Barriers to Implementation (optional) If there were recommended actions that the business establishment did not implement, please describe any barriers to implementation (e.g., cost, long project period, low priority).	
Duration of Planned P2 Actions Within 5 Years (optional) If the business establishment commits to implement additional actions within the next 5 years, please describe them here.	

Grant Project to use all columns (only 30 through 40)	P2 Actions and Outcomes																						Date Report Due (Yr/Mo)	Link to Case Study (optional) (Click for EPA to view, download and share. Alternatively, please describe activities with report submissions.)
	Production				Certification		Marketing		Distributor/Reseller				Sales				Purchaser/User							
	Number of Products Manufactured / Repackaged / Case Number for Study Use	Increase in Annual Production Volume	Unit of Measure	Projected / Actual	Number of Products Newly Certified (either on its Own number for study use or Certification Status)	Increase in Number of Products Offered for Sale (Click number for study use)	New Advertising Campaign(s)	Increase in Number of Products Sold (Click number for study use)	Increase in Share (Market/Share)	New Advertising, Outreach, or "Strong"	Increase in Annual Sales Volume (Click unit)	Unit of Measure	Projected / Actual	Number of Products Adopted from One Manufacturer and Case Number for Study Use	Annual Volume of Products Adopted	Unit of Measure (e.g., number, etc.) (Yr/Mo)	Adoption of Green Purchasing Program	Description of the Green Purchasing Program						
1																								
2																								
3																								
4																								
5																								
6																								
7																								
8																								
9																								
10																								
11																								
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24																								
25																								
26																								
27																								
28																								
29																								
30																								
<b>TOTAL REPORTED</b>																								

P2 BIA Products Q Grant: Business Establishment CI

3. Enter Business Establishment information and provide information about the business establishment's impact on disadvantaged communities. For the Business Establishment Name: if you do not wish to disclose the actual name, enter a meaningful proxy so that you will be able to find it when reviewing Follow-up information. If you made contact via an activity on the "Outreach Activity" tab, select it from the drop-down provided. Enter the date(s) on which you followed up with the business establishment. **IMPORTANT:** Name of your actions and outcomes will be reflected on the "Results Summary" tab until you enter at least one follow-up date.  
**How to Use this Tab:**  
 1. Under P2 Actions and Outcomes, enter each P2 action implemented by the business establishment. Select the role, Manufacturer (and which type of associated product: production, certification, or marketing), Distributor/Retailer, or Purchaser/User. Based on the selection made, certain columns will gray out. **NOTE:** Not all roles gray out cells. **IMPORTANT:** You must enter the Date Implemented for your actions and outcomes to be reflected on the "Results Summary" tab.  
 2. Cells will be highlighted yellow if your response is different than the expected input type (e.g., text instead of numbers). For highlighted values, re-enter the value in the appropriate format to remove the highlighting.

**Grant Information**  
 The information in the box calls below is populated automatically from Grant Project Data tab.  
 Grant Response  
 Grant Project Number

**Business Establishment Information**  
 Note: If copy-pasting into merged cells below, click this header for help text.  
 Business Establishment Name  
 Business Establishment Contact (optional)  
 Business Establishment City (optional)  
 Business Establishment State (2 letter abbreviation)  
[Select Code \(to go to State/County Search Results\)](#)  
 Is the business establishment located in, adjacent to, or otherwise impacting a disadvantaged community? (Yes/No) (optional)  
 How do the recommended P2 actions identified below benefit disadvantaged communities?  
 Date(s) of Follow-up (mm/dd/yyyy)  
 Outreach Activity (optional)  
 If you made contact with the business establishment through an activity listed on the "Outreach Activity" tab, indicate the activity by choosing it from the drop-down provided.  
 Description of Existing Barriers to Implementation (optional)  
 If there were recommended actions that the business establishment did not implement, please describe any barriers to implementation (e.g., cost, long grant period, low priority).  
 Description of Planned P2 Actions Within 5 Years (optional)  
 If the business establishment already is implementing additional actions within the next 5 years, please describe them here.

**P2 Actions and Outcomes**

Scroll right to see all columns (cols. 8 through 46) →

Informative Description of P2 Action Implemented	Role	Product Description	Name of Equipment or Material (if applicable)	Date Implemented (see Instructions)	Contract Year (if applicable)	Production				Manufacturing		Marketing				Distributor/Retailer				Sales		Purchaser/User				Date Report Generated (YYYY)	Link to Case Study (optional: please describe activities with report submissions)						
						Number of Products Manufactured / Reproduced / Cost Number (for study use)	Increase in Annual Production Volume	Unit of Measure	Projected / Actual	Number of Products Newly Certified (to be Cost Number for study use)	Certification Status	Increase in Number of Products Offered for Sale (Cost Number for study use)	New Advertising / Outreach?	Increase in Number of Products Sold (Cost Number for study use)	Increase in Share Spent (Share%)	New Advertising, Outreach, or "Strong"	Increase in Annual Sales Volume (Cost and \$)	Unit of Measure	Projected / Actual	Number of Products Adopted from One Manufacturer and Cost Number for study use	Annual Volume of Products Adopted	Unit of Measure (e.g., number, etc., gallon)	Adoption of Green Purchasing Program?	Description of the Green Purchasing Program									
<b>TOTAL REPORTED</b>							0					0		0		0		0		0		0		0		0		0		0		0	

F2 IBA Products (1 Grant): Business Establishment Q2

1. Enter Business Establishment information and provide information about the business establishment's impact on disadvantaged communities. For the Business Establishment Name: if you do not wish to disclose the actual name, enter a meaningful proxy so that you will be able to find it when opening follow-up information. If you made contact via an activity on the "Outreach Activities" tab, select it from the drop-down provided. Enter the date(s) on which you followed up with the business establishment. IMPORTANT: None of your actions and outcomes will be reflected on the "Results Summary" tab until you enter at least one follow-up date.

2. Under F2 Actions and Outcomes, enter each F2 action implemented by the business establishment. Select the role, Manufacturer (and which type of associated project), production, certification, or marketing; Distributor/Retailer, or Purchaser/User. Based on the selection made, certain columns will pop out. Fill out all non-grayed out cells. IMPORTANT: You must enter the Date Implemented for your actions and outcomes to be reflected on the "Results Summary" tab.

3. Cells will be highlighted yellow if your response is different than the expected input type (e.g., text instead of numbers). For highlighted values, re-enter the value in the appropriate format to remove the highlighting.

Grant Information	The information in the box calls below is populated automatically from Grant Project Data tab.
Grant Workspace	
Grant Project Number	

  

Business Establishment Information	Note: if copy-pasting into merged cells below, click this header for help text.
Business Establishment Name (optional)	
Business Establishment City (optional)	
Business Establishment State (3 letter abbreviation)	
NAICS Code (2 to 8 digit NAICS search results)	
Is the business establishment located in, adjacent to, or otherwise impacting a disadvantaged community? (Yes / No / Unknown)	
How do the recommended F2 actions identified below benefit disadvantaged communities?	
Date(s) of Follow-up (mm/dd/yyyy)	
Outreach Activity (optional)	
If you made contact with the business establishment through an activity listed on the "Outreach Activities" tab, indicate the activity by choosing it from the drop-down provided.	
Description of Barriers to Implementation (optional)	
If there were recommended actions that the business establishment did not implement, please describe any barriers to implementation (e.g., lack, long contract period, low priority).	
Description of Planned F2 Actions Within 5 Years (optional)	
If the business establishment intends to implement additional actions within the next 5 years, please describe them here.	

Informative Description of F2 Action Implemented	Role	Product Description	Name of Equipment or Material (if applicable)	Date Implemented (Use Month/Year)	Contract Year End (optional)	Production			Manufacturing		Marketing			Distributor/Retailer		Sales		Purchaser/User			Date First Implemented (YYYY)	Link to Case Study (optional)	If the case study is online, provide a URL for EPA to view, download and share. Otherwise, please describe attachment with report submission.	
						Number of Products Manufactured / Reprocessed / Recycled / Use Another For Study Use	Increase in Annual Production Volume	Unit of Measure	Projected / Actual	Number of Products Newly Certified (Include or Is CMAA Number for Study Use)	Certification Status	Increase in Number of Products Offered for Sale (Link Number for Study Use)	New Advertising Campaigns?	Increase in Number of Products Sold (Link Number for Study Use)	Increase in Share Sales (%) / (Link)	New Advertising, Outreach, or Strategy?	Increase in Annual Sales Volume (Link or Y)	Unit of Measure	Projected / Actual	Number of Products Adopted for Use in Operations and (Link Number for Study Use)				Annual Volume of Products Adopted
TOTAL REPORTED							0																0	



P2 BIA Products Q Grant: Business Establishment Q3

3. Enter Business Establishment information and provide information about the business establishment's impact on disadvantaged communities. For the Business Establishment Name, if you do not wish to disclose the actual name, enter a meaningful phrase so that you will be able to find it when entering follow-up information. If you made contact via an activity on the "Outreach Activities" tab, select it from the drop-down provided. Enter the date(s) for which you followed up with the business establishment. IMPORTANT: Name of your actions and outcomes will be reflected on the "Results Summary" tab until you enter at least one follow-up date.

4. Under P2 Actions and Outcomes, enter each P2 action implemented by the business establishment. Select the role, Manufacturer (and which type of associated product), production certification, or marketing, Distributor/Retailer, or Purchaser/User. Based on the selection made, certain columns will apply out of 16 not all from group out cells. IMPORTANT: You must enter the Date Implemented for your actions and outcomes to be reflected on the "Results Summary" tab.

5. Cells will be highlighted yellow if your response is different than the expected input type (e.g., text instead of numbers). For highlighted values, re-enter the value in the appropriate format to remove the highlighting.

How to Use this Tab:

<b>Grant Information</b>	
Grant Recipient	The information in the box calls below is populated automatically from Grant Project Data tab.
Grant Project Number	

<b>Business Establishment Information</b>	
Notes: If copy-pasting into merged cells below, click this header for help text.	
Business Establishment Name (optional)	
Business Establishment City (optional)	
Business Establishment State (3 letter abbreviation)	
<a href="#">NAICS Code (Go to: 8-DIGIT NAICS Search Results)</a>	
Is the business establishment located in, adjacent to, or otherwise impacting a disadvantaged community? (Yes/No/Unknown)	
How do the recommended P2 actions identified below benefit disadvantaged communities?	
Date(s) of Followup (mm/dd/yyyy)	
Outreach Activity (optional)	
If you made contact with the business establishment through an activity listed on the "Outreach Activities" tab, indicate the activity by choosing it from the drop-down provided.	
Description of Funding Mechanism (optional) (e.g., a revolving grant)	
Description of Barriers to Implementation (optional)	
If there were recommended actions that the business establishment did not implement, please describe any barriers to implementation (e.g., cost, long grant period, low priority).	
Description of Planned P2 Actions Within 5 Years (optional)	
If the business establishment intends to implement additional actions within the next 5 years, please describe them here.	

P2 Actions and Outcomes	Date Implemented (MM/DD/YYYY)	Role	Product Description	Name of Equipment or Material (if applicable)	Date Implemented (Go to: 8-DIGIT NAICS Search Results)	Code of Product (Go to: 8-DIGIT NAICS Search Results)	Production				Marketing		Marketing				Distributor/Retailer				Sales				Purchaser/User				Date Report Generated (MM/DD/YYYY)	Link to Case Study (Optional: please describe activities with report submissions)								
							Number of Products Manufactured / Reproduced / Distributed (For Study Use)	Increase in Annual Production Volume	Unit of Measure	Product / Asset	Certification Status	Increase in Number of Products Offered for Sale (Link to: 8-DIGIT NAICS Search Results)	New Advertising Campaigns?	Increase in Number of Products Sold (For Study Use)	Increase in Share of Sales (Optional)	New Advertising, Outreach, or "Strong"	Increase in Annual Sales Volume (Units and \$)	Unit of Measure	Projected / Actual	Number of Products Adopted from One Manufacturer and One Distributor for Study Use	Annual Volume of Products Adopted	Unit of Measure (e.g., number, or \$, gallons)	Adoption of Green Purchasing Program	Description of the Green Purchasing Program														
<b>TOTAL REPORTED</b>							0	-	-	-	0	-	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

P2 IBA Products () Grant: Business Establishment 04

B. Enter Business Establishment information and provide information about the business establishment's impact on disadvantaged communities. For the Business Establishment Name: if you do not wish to disclose the actual name, enter a meaningful proxy so that you will be able to find it when reviewing follow-up information. If you made contact via an activity on the "Outreach Activities" tab, select it from the drop-down provided. Enter the date(s) on which you followed up with the business establishment. IMPORTANT: Name of your actions and outcomes will be reflected on the "Results Summary" tab until you enter at least one follow-up date.

**How to Use this Tab:**

C. Under P2 Actions and Outcomes, enter each P2 action implemented by the business establishment. Select the role, Manufacturer (and which type of associated product), production certification, or marketing, Distributor/Retailer, or Purchaser/User. Based on the selection made, certain columns will gray out. **TEI** not all grayed out cells. IMPORTANT: You must enter the Date Implemented for your actions and outcomes to be reflected on the "Results Summary" tab.

D. Cells will be highlighted yellow if your response is different than the expected input type (e.g., text instead of numbers). For highlighted values, re-enter the value in the appropriate format to remove the highlighting.

**Grant Information** The information in the box calls below is populated automatically from Grant Project Data tab.

Grant Recipient:   
 Grant Project Number:

**Business Establishment Information** Note: If copy-pasting information calls below, click this header for help text.

Business Establishment Name:   
 Business Establishment Contact (optional):   
 Business Establishment City (optional):   
 Business Establishment State (US state abbreviation):   
[\[Select Code \(2- to 8-Digit State Search Results\)\]](#)

Is the business establishment located in, adjacent to, or otherwise impacting a disadvantaged community?

How do the recommended P2 actions identified below benefit disadvantaged communities?

Date(s) of Followup (mm/dd/yyyy):

Outreach Activity (optional):   
If you made contact with the business establishment through an activity listed on the "Outreach Activities" tab, indicate the activity by choosing it from the drop-down provided.

Description of Funding Mechanism (optional):

Description of Barriers to Implementation (optional):   
If there were recommended actions that the business establishment did not implement, please describe any barriers to implementation (e.g., cost, long product period, low priority).

Description of Planned P2 Actions Within 5 Years (optional):   
If the business establishment intends to implement additional actions within the next 5 years, please describe them here.

Informational Description of P2 Action Implemented	Role	Product Description	Name of Disposal or Substrate (if applicable)	Date Implemented (see Instructions)	Contact/Event Date	Production			Manufacturing		Marketing			Distribution/Retailer		Sales		Purchaser/User		Date Report Due (YYYY)	Link to Case Study (optional: please describe activities with report submissions)																				
						Number of Products Produced / Recycled / Cons. (enter for any unit)	Increase in Annual Production Volume	Unit of Measure	Produced / Recycled	Number of Products Newly Certified or to Certify (enter for any unit)	Certification Status	Increase in Number of Products Offered for Sale (tick number for any unit)	New Advertising Campaign?	Increase in Number of Products Sold (tick number for any unit)	Increase in Share (%)	New Advertising, Outreach, or "Story"	Increase in Annual Sales Volume (tick any 1)	Unit of Measure	Projected / Actual			Number of Products Adopted for Use by Operations and/or Customers (tick number for any unit)	Annual Volume of Products Adopted	Unit of Measure (e.g. number, or % yield)	Adoption of Green Purchasing Program	Description of the Green Purchasing Program															
																											0	-	-	-	0	-	0	-	0	-	0	-	0	-	0
TOTAL REPORTED																						0	-	-	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-

P2 IBA Products Q Grant: Business Establishment Q3

3. Enter Business Establishment information and provide information about the business establishment's impact on disadvantaged communities. For the Business Establishment Name, if you do not wish to disclose the actual name, enter a meaningful proxy so that you will be able to find it when reviewing follow-up information. If you made contact via an activity on the "Outreach Activities" tab, select it from the drop-down provided. Enter the date(s) on which you followed up with the business establishment. IMPORTANT: Name of your actions and outcomes will be reflected on the "Results Summary" tab until you enter at least one follow-up date.

4. Under P2 Actions and Outcomes, enter each P2 action implemented by the business establishment. Select the role, Manufacturer (and which type of associated project: production, certification, or marketing), Distributor/Retailer, or Purchaser/User. Based on the selection made, certain columns will gray out. Fill out all grayed out cells. IMPORTANT: You must enter the Date Implemented for your actions and outcomes to be reflected on the "Results Summary" tab.

5. Cells will be highlighted yellow if your response is different than the expected input type (e.g., text instead of numbers). For highlighted values, re-enter the value in the appropriate format to remove the highlighting.

<b>Grant Information</b>	
Grant Recipient	The information in the box calls below is populated automatically from Grant Project Data tab.
Grant Project Number	
<b>Business Establishment Information</b>	
Note: If copy-pasting information into cells below, click this header for help text.	
Business Establishment Name	
Business Establishment Contact (optional)	
Business Establishment City (optional)	
Business Establishment State (2-letter abbreviation)	
NAICS Code (e.g., 8100000000 - Health Services)	
Is the business establishment located in, adjacent to, or otherwise impacting a disadvantaged community? (Yes/No) (optional)	
How do the recommended P2 actions identified below benefit disadvantaged communities? (Text) (optional)	
Date(s) of Follow-up (mm/dd/yyyy)	
Outreach Activity (optional)	
If you made contact with the business establishment through an activity listed on the "Outreach Activities" tab, indicate the activity by choosing it from the drop-down provided.	
Description of Funding Mechanism (optional/REDACTED to redacting grant list)	
Description of Barriers to Implementation (optional)	
If there were recommended actions that the business establishment did not implement, please describe any barriers to implementation (e.g., cost, long project period, low priority).	
Description of Planned P2 Actions Within 5 Years (optional)	
If the business establishment already has implemented additional actions within the next 5 years, please describe them here.	

P2 Actions and Outcomes		Manufacturer										Distributor/Retailer				Purchaser/User										
Small right to use all columns (cols. 3 through 46) --		Production		Certification		Marketing		Marketing		Sales		Number of Products Adopted from One Manufacturer and One Distributor/Retailer		Annual Volume of Products Adopted		Adoption of Green Purchasing Program		Green Purchasing Program	Link to Case Study							
Informative Description of P2 Action Implemented	Role	Product Description	Name of Equipment or Material (if applicable)	Date Implemented (see Instructions)	Cost/Grant Use (optional)	Number of Products Manufactured / Reproduced / Distributed (For Study Use)	Increase in Annual Production Volume	Unit of Measure	Projected / Actual	Number of Products Newly Certified (or to Certify) (For Study Use)	Certification Status	Increase in Number of Products Offered for Sale (For Study Use)	New Advertising Campaigns?	Increase in Number of Products Sold (For Study Use)	Increase in Share of Sales (For Study Use)	New Advertising, Outreach, or "Story"	Increase in Annual Sales Volume (For Study Use)	Unit of Measure	Projected / Actual	Number of Products Adopted from One Manufacturer and One Distributor/Retailer	Annual Volume of Products Adopted	Unit of Measure (e.g., number, or \$, million)	Adoption of Green Purchasing Program	Description of the Green Purchasing Program	Green Purchasing Program	If the case study is online, provide a URL for EPA to view, download and share. Otherwise, please describe attachments with report submissions.
						0						0		0			0			0						0
<b>TOTAL REPORTED</b>						0						0		0			0			0						0

P2 BIA Products () Grant: Business Establishment 46

3. Enter Business Establishment Information and provide information about the business establishment's impact on disadvantaged communities. For the Business Establishment Name, if you do not wish to disclose the actual name, enter a meaningful phrase so that you will be able to find it when reviewing Follow-up Information. If you made contact via an activity on the "Outreach Activities" tab, select it from the drop-down provided. Enter the date(s) on which you followed up with the business establishment. IMPORTANT: Name of your actions and outcomes will be reflected on the "Results Summary" tab until you enter at least one follow-up date.
How to Use this Tab:
2. Under P2 Actions and Outcomes, enter each P2 action implemented by the business establishment. Select the role, Manufacturer (and which type of associated project - production, certification, or marketing), Distributor/Reseller, or Purchaser/User. Based on the selection made, certain columns will gray out. Fill out all grayed out cells. IMPORTANT: You must enter the Date Implemented for your actions and outcomes to be reflected on the "Results Summary" tab.
3. Cells will be highlighted yellow if your response is different than the expected input type (e.g., text instead of numbers). For highlighted values, re-enter the value in the appropriate format to remove the highlighting.

Grant Information
The information in the box calls below is populated automatically from Grant Project Data tab.
Grant Recipient
Grant Project Number

Business Establishment Information
Notes: If copy-pasting information into cells below, click this header for help text.
Business Establishment Name
Business Establishment Contact (optional)
Business Establishment City (optional)
Business Establishment State (US state abbreviation)
NAICS Code (e.g., 81110001) Search Results
Is the business establishment located in, adjacent to, or otherwise impacting a disadvantaged community? (Yes/No) (optional)
How do the recommended P2 actions identified below benefit disadvantaged communities?
Date(s) of Follow-up (mm/dd/yyyy)
Outreach Activity (optional)
If you made contact with the business establishment through an activity listed on the "Outreach Activities" tab, indicate the activity by choosing it from the drop-down provided.
Description of Funding Mechanism (optional) (e.g., a revolving grant)
Description of Barriers to Implementation (optional)
If there were recommended actions that the business establishment did not implement, please describe any barriers to implementation (e.g., cost, long grant period, low priority).
Description of Planned P2 Actions Within 5 Years (optional)
If the business establishment intends to implement additional actions within the next 5 years, please describe them here.

P2 Actions and Outcomes

Table with columns: Informative Description of P2 Action Implemented, Role, Product Description, Name of recipient or stakeholder (optional), Date Implemented (use month/day/year), Contact Person (last name), Number of Products Manufactured/Developed/First Order (For Study Use), Increase in Annual Production Volume, Unit of Measure, Projected Annual, Certification Status, Increase in Number of Products Offered for Sale (Link to Order for Study Use), New Advertising Campaign?, Increase in Number of Products Sold (Link to Order for Study Use), Increase in Share of Sales, New Advertising, Outreach, or Strategy, Increase in Annual Sales Volume (Link to Order for Study Use), Unit of Measure, Projected Annual, Number of Products Adopted from One to Multiple and One to Another (For Study Use), Annual Volume of Products Adopted, Unit of Measure (e.g., number, or \$, or gals), Adoption of Green Purchasing Program, Description of the Green Purchasing Program, Date Report Generated (Month), Link to Case Study, If the case study is online, provide a URL for EPA to view, download and share. Otherwise, please describe attachments with report submissions.

P2 IBA Products () Grant: Business Establishment

3. Enter Business Establishment information and provide information about the business establishment's impact on disadvantaged communities. For the Business Establishment Name, if you do not wish to disclose the actual name, enter a meaningful proxy so that you will be able to find it when reviewing Follow-up information. If you made contact via an activity on the "Outreach Activities" tab, select it from the drop-down provided. Enter the date(s) on which you followed up with the business establishment. IMPORTANT: Name of your actions and outcomes will be reflected on the "Results Summary" tab until you enter at least one follow-up date.
How to Use this Tab:
2. Under P2 Actions and Outcomes, enter each P2 action implemented by the business establishment. Select the role, Manufacturer (and which type of associated product), production, certification, or marketing. Distributor/Retailer, or Purchaser/User. Based on the selection made, certain columns will gray out. Fill out all grayed out cells. IMPORTANT: You must enter the Date Implemented for your actions and outcomes to be reflected on the "Results Summary" tab.
3. Cells will be highlighted yellow if your response is different than the expected input type (e.g., text instead of numbers). For highlighted values, re-enter the value in the appropriate format to remove the highlighting.

Grant Information
The information in the box calls below is populated automatically from Grant Project Data tab.
Grant Recipient
Grant Project Number

Business Establishment Information
Notes: If copy-pasting information, please click this header for help text.
Business Establishment Name
Business Establishment Contact (optional)
Business Establishment City (optional)
Business Establishment State (US state abbreviation)
NAICS Code (e.g., 8, 20, 30, 40, 50, 60, 70, 80, 90)
Is the business establishment located in, adjacent to, or otherwise impacting a disadvantaged community? (Yes/No) (optional)
How do the recommended P2 actions identified below benefit disadvantaged communities?
Date(s) of Follow-up (mm/dd/yyyy)
Outreach Activity (optional)
If you made contact with the business establishment through an activity listed on the "Outreach Activities" tab, indicate the activity by choosing it from the drop-down provided.
Description of Existing Barriers to Implementation (optional)
If there were recommended actions that the business establishment did not implement, please describe any barriers to implementation (e.g., cost, long product period, low priority).
Description of Planned P2 Actions Within 5 Years (optional)
If the business establishment already is implementing actions within the next 5 years, please describe them here.

P2 Actions and Outcomes
Scroll right to see all columns (cols. 39 through 46) ->
Informative Description of P2 Action Implemented
Role
Product Description
Name of Equipment or Material (if applicable)
Date Implemented (see Instructions tab)
Contact Person (last name)
Production: Number of Products Manufactured / Repackaged / Case Number (for study use), Increase in Annual Production Volume, Unit of Measure, Product / Animal
Certification: Number of Products Newly Certified (license or to Case Number for study use), Certification Status
Marketing: Increase in Number of Products Offered for Sale (Case Number for study use), New Advertising / Outreach?
Distributor/Retailer: Increase in Number of Products Sold (Case Number for study use), Increase in Share (percent), New Advertising, Outreach, or "Strong"?
Sales: Increase in Annual Sales Volume (dollars and cents), Unit of Measure, Projected / Actual
Purchaser/User: Number of Products Adopted from One Manufacturer and Case Number for study use, Annual Volume of Products Adopted, Unit of Measure (e.g., number, or %), Adoption of Green Purchasing Program, Description of the Green Purchasing Program
Date Study Completed (YYYY)
Link to Case Study (optional)
If the case study is online, provide a URL for EPA to view, download and share. Otherwise, please describe attachments with report submissions.

P2 IIA Products (I Grant) Business Establishment 01

1. Enter Business Establishment information and provide information about the business establishment's interest on disadvantaged communities. For the Business Establishment Name, if you do not wish to disclose the actual name, enter a meaningful proxy so that you will be able to find it when reviewing Follow-up information. If you made contact via an activity on the "Outreach Activities" tab, select it from the drop-down provided. Enter the date(s) on which you followed up with the business establishment. **IMPORTANT:** Name of your actions and outcomes will be reflected on the "Results Summary" tab until you enter at least one follow-up date.

2. Under P2 Actions and Outcomes, enter each P2 action implemented by the business establishment. Select the role, Manufacturer (and which type of associated project) production certification, or marketing. Distributor/Retailer, or Purchaser/User. Based on the selection made, certain columns will gray out. **NOTE:** Not all roles gray out cells. **IMPORTANT:** You must enter the Date Implemented for your actions and outcomes to be reflected on the "Results Summary" tab.

3. Cells will be highlighted yellow if your response is different than the expected input type (e.g., text instead of numbers). For highlighted values, re-enter the value in the appropriate format to remove the highlighting.

How to Use this Tab:

Grant Information	
Grant Recipient	The information in the box calls below is populated automatically from Grant Project Data tab.
Grant Project Number	

Business Establishment Information	
Notes: If copy-pasting into merged cells below, click this header for help text.	
Business Establishment Name (optional)	
Business Establishment City (optional)	
Business Establishment State (2-letter abbreviation)	
NAICS Code (e.g., 484210) (Search Available)	
Is the business establishment located in, adjacent to, or otherwise impacting a disadvantaged community? (Yes / No / Unknown)	
How do the recommended P2 actions identified below benefit disadvantaged communities?	
Date(s) of Follow-up (mm/dd/yyyy)	
Outreach Activity (optional)	
If you made contact with the business establishment through an activity listed on the "Outreach Activities" tab, indicate the activity by choosing it from the drop-down provided.	
Description of Funding Mechanism (optional/EPA is providing grant aid)	
Description of Barriers to Implementation (optional)	
If there were recommended actions that the business establishment did not implement, please describe any barriers to implementation (e.g., cost, long project period, low priority).	
Description of Planned P2 Actions Within 5 Years (optional)	
If the business establishment already is implementing additional actions within the next 5 years, please describe them here.	

P2 Actions and Outcomes

Scroll right to see all columns (cols. 39 through 65) ->

Informative Description of P2 Action Implemented	Role	Product Description	Name of Equipment or Substrate (if applicable)	Date Implemented (see Instructions tab)	Contact Person (last name)	Production			Manufacturing		Marketing			Distributor/Retailer		Sales		Purchaser/User			Date Report Due (MM/DD/YYYY)	Link to Case Study (optional) (provide a URL for EPA to view, download and share. Alternatively, please describe attachments with report submissions)	
						Number of Products Manufactured / Reprocessed / Recycled (or Units Produced for Study)	Increase in Annual Production Volume	Unit of Measure	Projected / Actual	Number of Products Newly Certified (or to Certify) (or Units Produced for Study)	Certification Status	Increase in Number of Products Offered for Sale (link number for copy text)	New Advertising Campaigns?	Increase in Number of Products Sold (or Units Produced for Study)	Increase in Share (%) (or Units Produced for Study)	New Advertising, Outreach, or "Strong"	Increase in Annual Sales Volume (units or \$)	Unit of Measure	Projected / Actual	Number of Products Adopted from One Manufacturer and One Distributor (per year)			Annual Volume of Products Adopted
TOTAL REPORTED						0	-	-	-	0	-	0	0	0	0	0	0	0	0	0	0	0	-

P2 BIA Products (I Grant) Business Establishment 49

3. Enter Business Establishment Information and provide information about the business establishment's impact on disadvantaged communities. For the Business Establishment Name, if you do not wish to disclose the actual name, enter a meaningful proxy so that you will be able to find it when reviewing follow-up information. If you made contact via an activity on the "Outreach Activities" tab, select it from the drop-down provided. Enter the date(s) on which you followed up with the business establishment. IMPORTANT: Name of your actions and outcomes will be reflected on the "Results Summary" tab until you enter at least one follow-up date.

How to Use this Tab:

2. Under P2 Actions and Outcomes, enter each P2 action implemented by the business establishment. Select the role, Manufacturer (and which type of associated product) production certification, or marketing. Distributor/Reseller, or Purchaser/User. Based on the selection made, certain columns will apply out of 16 not all from group out cells. IMPORTANT: You must enter the Date Implemented for your actions and outcomes to be reflected on the "Results Summary" tab.

3. Cells will be highlighted yellow if your response is different than the expected input type (e.g., text instead of numbers). For highlighted values, re-enter the value in the appropriate format to remove the highlighting.

**Grant Information**  
The information in the box calls below is populated automatically from Grant Project Data tab.

Grant Name: \_\_\_\_\_  
Grant Project Number: \_\_\_\_\_

**Business Establishment Information**  
Note: If copy-pasting information into cells below, click this header for help text.

Business Establishment Name: \_\_\_\_\_  
Business Establishment Contact (optional): \_\_\_\_\_  
Business Establishment City (optional): \_\_\_\_\_  
Business Establishment State (2-letter abbreviation): \_\_\_\_\_  
[Click here to view P2 Activity Search Results](#)

Is the business establishment located in, adjacent to, or otherwise impacting a disadvantaged community? (Yes/No) (optional): \_\_\_\_\_

How do the recommended P2 actions identified below benefit disadvantaged communities? \_\_\_\_\_

Date(s) of Follow-up (mm/dd/yyyy): \_\_\_\_\_

Outreach Activity (optional): \_\_\_\_\_  
If you made contact with the business establishment through an activity listed on the "Outreach Activities" tab, indicate the activity by choosing it from the drop-down provided.

Description of Existing Disadvantaged Communities (optional): \_\_\_\_\_

Description of Barriers to Implementation (optional):  
If there were recommended actions that the business establishment did not implement, please describe any barriers to implementation (e.g., cost, long product period, low priority).

Description of Planned P2 Actions Within 5 Years (optional):  
If the business establishment intends to implement additional actions within the next 5 years, please describe them here.

**P2 Actions and Outcomes**  
Scroll right to see all columns (cols. 8 through 46) -->

Informative Description of P2 Action Implemented	Role	Product Description	Name of Equipment or Material (if applicable)	Date Implemented (use month/day/year)	Contract Year (start/stop)	Production			Manufacturing		Marketing		Distributor/Reseller		Sales		Purchaser/User			Date Range (start/stop)	Link to Case Study (optional; please describe activities in your submissions)					
						Number of Products Produced / Reproduced / Recycled / Recycled (for study use)	Increase in Annual Production Volume	Unit of Measure	Projected / Actual	Number of Products Newly Certified (units or % Certifications) (for study use)	Increase in Number of Products Offered for Sale (link number for study use)	New Advertising (optional)	Increase in Number of Products Sold (link number for study use)	Increase in Share (percent)	New Advertising, Outreach, or "Strong"	Increase in Annual Sales Volume (link and %)	Unit of Measure	Projected / Actual	Number of Products Adopted from One Manufacturer and One Reseller for Study Use			Annual Volume of Products Adopted	Unit of Measure (e.g., number, or % points)	Adoption of Green Purchasing Program	Description of the Green Purchasing Program	
TOTAL REPORTED						0	-	-	-	0	-	0	0	0	0	0	0	0	0	0	0	-	0	-	0	-

P2 BIA Products Q Grant: Business Establishment 50

3. Enter Business Establishment Information and provide information about the business establishment's interest on disadvantaged communities. For the Business Establishment Name, if you do not wish to disclose the actual name, enter a meaningful phrase so that you will be able to find it when pressing Follow-up information. If you made contact via an activity on the "Outreach Activities" tab, select it from the drop-down provided. Enter the date(s) on which you followed up with the business establishment. IMPORTANT: Name of your actions and outcomes will be reflected on the "Results Summary" tab until you enter at least one follow-up date.

How to Use this Tab:

2. Under P2 Actions and Outcomes, enter each P2 action implemented by the business establishment. Select the role, Manufacturer (and which type of associated product), production certification, or marketing, Distributor/Retailer, or Purchaser/User. Based on the selection made, certain columns will gray out. If not all items grayed out cells, IMPORTANT: You must enter the Date Implemented for your actions and outcomes to be reflected on the "Results Summary" tab.

3. Cells will be highlighted yellow if your response is different than the expected input type (e.g., text instead of numbers). For highlighted values, re-enter the value in the appropriate format to remove the highlighting.

<b>Grant Information</b>	
Grant Recipient	The information in the box calls below is populated automatically from Grant Project Data tab.
Grant Project Number	
<b>Business Establishment Information</b>	
Note: If copy-pasting information calls below, click this header for help text.	
Business Establishment Name (optional)	
Business Establishment Contact (optional)	
Business Establishment City (optional)	
Business Establishment State (2-letter abbreviation)	
NAICS Code (e.g., 8100000000 - Health Services)	
Is the business establishment located in, adjacent to, or otherwise impacting a disadvantaged community? (Yes/No) (optional)	
How do the recommended P2 actions identified below benefit disadvantaged communities? (Text) (optional)	
Date(s) of Follow-up (mm/dd/yyyy)	
Outreach Activity (optional)	
If you made contact with the business establishment through an activity listed on the "Outreach Activities" tab, indicate the activity by choosing it from the drop-down provided.	
Description of Existing Barriers to Implementation (optional)	
If there were recommended actions that the business establishment did not implement, please describe any barriers to implementation (e.g., cost, long product period, low priority).	
Description of Planned P2 Actions Within 5 Years (optional)	
If the business establishment already is implementing additional actions within the next 5 years, please describe them here.	

P2 Actions and Outcomes	Role	Product Description	Name of Equipment or Material (if applicable)	Date Implemented (see Instructions)	Contact Person (last name)	Production			Manufacturing		Marketing			Distributor/Retailer			Sales			Purchaser/User			Date Report Due (MM/DD/YYYY)	Link to Case Study (optional: please describe activities with report submissions)
						Number of Products Manufactured / Repackaged / Case Number (for study use)	Increase in Annual Production Volume	Unit of Measure	Projected / Actual	Number of Products Newly Certified (to meet or to Exceed) for use last	Certification Status	Increase in Number of Products Offered for Sale (link number for study use)	New Advertising Campaigns?	Increase in Number of Products Sold (link number for study use)	Increase in Share (%) (link number for study use)	New Advertising, Outreach, or "Strong"	Increase in Annual Sales Volume (link number for study use)	Unit of Measure	Projected / Actual	Number of Products Adopted from One Manufacturer and Case Number for study use	Annual Volume of Products Adopted	Unit of Measure (e.g., number, or % gain)		
INFORMATIVE DESCRIPTION OF P2 ACTION IMPLEMENTED																								
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TOTAL REPORTED							0	-	-	-	0	-	0	0	0	0	0	0	0	0	0	0	0	0



P2 BIA Products (I Grant): Business Establishment 11

B. Enter Business Establishment information and provide information about the business establishment's impact on disadvantaged communities. For the Business Establishment Name, if you do not wish to disclose the actual name, enter a meaningful proxy so that you will be able to find it when reviewing follow-up information. If you made contact via an activity on the "Outreach Activities" tab, select it from the drop-down provided. Enter the date(s) on which you followed up with the business establishment. IMPORTANT: Name of your actions and outcomes will be reflected on the "Results Summary" tab until you enter at least one follow-up date.

How to Use this Tab:

C. Under P2 Actions and Outcomes, enter each P2 action implemented by the business establishment. Select the role, Manufacturer (and which type of associated project - production, certification, or marketing), Distributor/Retailer, or Purchaser/User. Based on the selection made, certain columns will gray out. Fill out all grayed out cells. IMPORTANT: You must enter the Date Implemented for your actions and outcomes to be reflected on the "Results Summary" tab.

D. Cells will be highlighted yellow if your response is different than the expected input type (e.g., text instead of numbers). For highlighted values, re-enter the value in the appropriate format to remove the highlighting.

Grant Information, Business Establishment Information, and Outreach Activities sections with various input fields and instructions.

Table with 22 columns: Informative Description of P2 Action Implemented, Role, Product Description, Name of Established or Substantiated (optional), Date Implemented (see Instructions), Contact Date (see Instructions), Number of Products Implemented/Developed/Out Number (for study use), Increase in Annual Production Volume, Unit of Measure, Projected Annual, Number of Products Newly Certified/Registered or to Certify (enter for study use), Certification Status, Increase in Number of Products Offered for Sale (tick number for study use), New Advertising Campaign?, Increase in Number of Products Sold (tick number for study use), Increase in Share of Sales (tick number for study use), Increase in Annual Sales Volume (tick and \$), Unit of Measure, Projected Annual, Number of Products Adopted from One Manufacturer and One Distributor (for study use), Annual Volume of Products Adopted, Unit of Measure (e.g., number, or \$, gallons), Adoption of Green Purchasing Program, Description of the Green Purchasing Program, Date Study Completed (optional), and Link to Case Study (optional). Includes a TOTAL REPORTED row at the bottom.

F2 IBA Products () Grant: Business Establishment 12

1. Enter Business Establishment information and provide information about the business establishment's impact on disadvantaged communities. For the Business Establishment Name, if you do not wish to disclose the actual name, enter a meaningful phrase so that you will be able to find it when reviewing follow-up information. If you made contact via an activity on the "Outreach Activities" tab, select it from the drop-down provided. Enter the date(s) on which you followed up with the business establishment. IMPORTANT: Name of your actions and outcomes will be reflected on the "Results Summary" tab until you enter at least one follow-up date.
2. Under F2 Actions and Outcomes, enter each F2 action implemented by the business establishment. Select the role, Manufacturer (and which type of associated product), production, certification, or marketing. Distributor/Retailer, or Purchaser/User. Based on the selection made, certain columns will apply out of 16 not all from group out cells. IMPORTANT: You must enter the Date Implemented for your actions and outcomes to be reflected on the "Results Summary" tab.
3. Cells will be highlighted yellow if your response is different than the expected input type (e.g., text instead of numbers). For highlighted values, re-enter the value in the appropriate format to remove the highlighting.

Grant Information
The information in the box calls below is populated automatically from Grant Project Data tab.
Grant Response
Grant Project Number

Business Establishment Information
Notes: If copy-pasting information calls below, click this header for help text.
Business Establishment Name (optional)
Business Establishment Contact (optional)
Business Establishment City (optional)
Business Establishment State (US state abbreviation)
NAICS Code (e.g., 81211001) (Search Results)
Is the business establishment located in, adjacent to, or otherwise impacting a disadvantaged community? (Yes/No) (optional)
How do the recommended F2 actions identified below benefit disadvantaged communities?
Date(s) of Follow-up (mm/dd/yyyy)
Outreach Activity (optional)
If you made contact with the business establishment through an activity listed on the "Outreach Activities" tab, indicate the activity by choosing it from the drop-down provided.
Description of F2 Actions/Outcomes/ERPs to be reported (max 1k)
Description of Barriers to Implementation (optional)
If there were recommended actions that the business establishment did not implement, please describe any barriers to implementation (e.g., cost, long product period, low priority).
Description of Planned F2 Actions Within 5 Years (optional)
If the business establishment already has implemented additional actions within the next 5 years, please describe them here.

F2 Actions and Outcomes
Grid (right to use all columns (cols. 8 through 46))
Informative Description of F2 Action Implemented
Role
Product Description
Name of Equipment or Material (if applicable)
Date Implemented (see Instructions)
Code(s) that apply (see Instructions)
Number of Products
Produced / Researched / Developed / Cost (enter for only cost)
Increase in Annual Production Volume
Unit of Measure
Projected / Actual
Certification
Status
Increase in Number of Products Offered for Sale (tick number for only cost)
New Advertising Campaign?
Increase in Number of Products Sold (tick number for only cost)
Increase in Share of Sales (tick number for only cost)
New Advertising, Outreach, or "Story"
Increase in Annual Sales Volume (tick only if)
Unit of Measure
Projected / Actual
Number of Products Adopted from One Organization and One Manufacturer per year
Annual Volume of Products Adopted
Unit of Measure (e.g., number, etc., grams)
Adoption of Green Purchasing Program
Description of the Green Purchasing Program
Date When Green Purchased (if any)
Link to Case Study
If the case study is online, provide a URL for EPA to view, download and share. Otherwise, please describe attachments with report submissions.

P2 IIA Products Q Grant: Business Establishment 13

1. Enter Business Establishment information and provide information about the business establishment's interest on disadvantaged communities. For the Business Establishment Name, if you do not wish to disclose the actual name, enter a meaningful phrase so that you will be able to find it when reviewing follow-up information. If you made contact via an activity on the "Outreach Activities" tab, select it from the drop-down provided. Enter the date(s) on which you followed up with the business establishment. IMPORTANT: Name of your actions and outcomes will be reflected on the "Results Summary" tab until you enter at least one follow-up date.

2. Under P2 Actions and Outcomes, enter each P2 action implemented by the business establishment. Select the role, Manufacturer (and which type of associated project) production certification, or marketing, Distributor/Retailer, or Purchaser/User. Based on the selection made, certain columns will pop out. Fill out all non-grayed out cells. IMPORTANT: You must enter the Date Implemented for your actions and outcomes to be reflected on the "Results Summary" tab.

3. Cells will be highlighted yellow if your response is different than the expected input type (e.g., text instead of numbers). For highlighted values, re-enter the value in the appropriate format to remove the highlighting.

How to Use this Tab:

<b>Grant Information</b>	
Grant Recipient	The information in the box calls below is populated automatically from Grant Project Data tab.
Grant Project Number	
<b>Business Establishment Information</b>	
Note: If copy-pasting information into cells below, click this header for help text.	
Business Establishment Name (optional)	
Business Establishment Contact (optional)	
Business Establishment City (optional)	
Business Establishment State (2-letter abbreviation)	
NAICS Code (e.g., 8100000000 - Health Services)	
Is the business establishment located in, adjacent to, or otherwise impacting a disadvantaged community? (Yes/No) (optional)	
How do the recommended P2 actions identified below benefit disadvantaged communities? (Text) (optional)	
Date(s) of Follow-up (mm/dd/yyyy)	
Outreach Activity (optional)	
If you made contact with the business establishment through an activity listed on the "Outreach Activities" tab, indicate the activity by choosing it from the drop-down provided.	
Description of Funding Mechanism (optional/REDACTED to redacting grant list)	
Description of Barriers to Implementation (optional)	
If there were recommended actions that the business establishment did not implement, please describe any barriers to implementation (e.g., cost, long project period, low priority).	
Description of Planned P2 Actions Within 5 Years (optional)	
If the business establishment already has implemented additional actions within the next 5 years, please describe them here.	

P2 Actions and Outcomes

Grantee right to use all columns (only 8 through 46) --	Role	Product Description	Name of Equipment or Material (if applicable)	Date Implemented (see Instructions)	Contract Year (if applicable)	Production			Manufacturing		Marketing			Distributor/Retailer			Sales			Purchaser/User			Date Report Due (YYYY)	Link to Case Study (optional - please provide in GR to GR to view, download and share. Otherwise, please describe activities in the report submissions)
						Number of Products Manufactured / Reproduced / Distributed (or Units) (for Study Use)	Increase in Annual Production Volume	Unit of Measure	Projected / Actual	Number of Products Newly Certified (or to Certify) (for Study Use)	Certification Status	Increase in Number of Products Offered for Sale (Link to Study for Study Use)	New Advertising Campaigns?	Increase in Number of Products Sold (Link to Study for Study Use)	Increase in Share (Market/Category)	New Advertising, Outreach, or "Strong"	Increase in Annual Sales Volume (Units and \$)	Unit of Measure	Projected / Actual	Number of Products Adopted from One Manufacturer and One Distributor (for Study Use)	Annual Volume of Products Adopted	Unit of Measure (e.g., number, or \$, percent)		
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46																								
TOTAL REPORTED							0	-	-	-	0	-	0	0	0	0	0	0	0	0	0	0	0	0







P2 IBA Products Q Grant: Business Establishment Q7

B. Enter Business Establishment information and provide information about the business establishment's interest on disadvantaged communities. For the Business Establishment Name: If you do not wish to disclose the actual name, enter a meaningful phrase so that you will be able to find it when entering follow-up information. If you made contact via an activity on the "Outreach Activities" tab, select it from the drop-down provided. Enter the date(s) on which you followed up with the business establishment. IMPORTANT: Name of your actions and outcomes will be reflected on the "Results Summary" tab until you enter at least one follow-up date.

**How to Use this Tab:**

1. Under P2 Actions and Outcomes, enter each P2 action implemented by the business establishment. Select the role, Manufacturer (and which type of associated project: production, certification, or marketing), Distributor/Reseller, or Purchaser/User. Based on the selection made, certain columns will gray out. **Do not** fill out all grayed out cells. IMPORTANT: You must enter the Date Implemented for your actions and outcomes to be reflected on the "Results Summary" tab.

2. Cells will be highlighted yellow if your response is different than the expected input type (e.g., text instead of numbers). For highlighted values, re-enter the value in the appropriate format to remove the highlighting.

**Grant Information** - The information in the box calls below is populated automatically from Grant Project Data tab.

Grant Workspace  
Grant Project Number:

**Business Establishment Information** - Note: If copy-pasting info merged cells below, click this header for help text.

Business Establishment Name (optional)  
Business Establishment Contact (optional)  
Business Establishment City (optional)  
Business Establishment State (US state abbreviation)  
NAICS Code (e.g., 8, 62000, 82000, 82000000)

Is the business establishment located in, adjacent to, or otherwise impacting a disadvantaged community? (Yes / No / Unknown)

How do the recommended P2 actions identified below benefit disadvantaged communities?  
Date(s) of Follow-up (mm/dd/yyyy)

Outreach Activity (optional)  
If you made contact with the business establishment through an activity related on the "Outreach Activities" tab, indicate the activity by choosing it from the drop-down provided.

Description of Existing Obstacles/Barriers to adopting green tech

Description of Barriers to Implementation (optional)  
If there were recommended actions that the business establishment did not implement, please describe any barriers to implementation (e.g., cost, long product period, low priority).

Description of Planned P2 Actions Within 5 Years (optional)  
If the business establishment already is implementing additional actions within the next 5 years, please describe them here.

P2 Actions and Outcomes		Manufacturer										Distributor/Reseller				Purchaser/User						
Informative Description of P2 Action Implemented	Role	Product Description	Name of Disadvantaged Community (optional)	Date Implemented (mm/dd/yyyy)	Contact Type (see instructions)	Production		Certification		Marketing		Marketing		Sales		Number of Products Adopted from One Manufacturer and One Reseller (per year)	Annual Volume of Products Adopted	Unit of Measure (e.g., number, sq. ft., gallons)	Adoption of Green Purchasing Program	Description of the Green Purchasing Program	Date of Report (if any)	Link to Case Study (if available) or QR to view, download and share. Otherwise, please describe activities with report attachments.
						Number of Products Manufactured / Researched / Certified (per year)	Increase in Annual Production Volume	Unit of Measure	Product / Asset	Number of Products Newly Certified (or to Certify) (per year)	Certification Status	Increase in Number of Products Offered for Sale (tick number for top row)	New Advertising Campaigns?	Increase in Number of Products Sold (tick number for top row)	Increase in Share (percent)							
TOTAL REPORTED						0				0		0		0	0	0	0	0	0	0	0	

P2 BIA Products Q Grant Business Establishment BI

3. Enter Business Establishment Information and provide information about the business establishment's impact on disadvantaged communities. For the Business Establishment Name: If you do not wish to disclose the actual name, enter a meaningful proxy so that you will be able to find it when entering follow-up information. If you made contact via an activity on the "Outreach Activities" tab, select it from the drop-down provided. Enter the date(s) on which you followed up with the business establishment. IMPORTANT: Name of your actions and outcomes will be reflected on the "Results Summary" tab until you enter at least one follow-up date.  
 4. Under P2 Actions and Outcomes, enter each P2 action implemented by the business establishment. Select the role, Manufacturer (and which type of associated project: production, certification, or marketing), Distributor/Reseller, or Purchaser/User. Based on the selection made, certain columns will gray out. Fill out all grayed out cells. IMPORTANT: You must enter the Date Implemented for your actions and outcomes to be reflected on the "Results Summary" tab.  
 5. Cells will be highlighted yellow if your response is different than the expected input type (e.g., text instead of numbers). For highlighted values, re-enter the value in the appropriate format to remove the highlighting.

**Grant Information** The information in the box calls below is populated automatically from Grant Project Data tab.

Grant Response  
Grant Project Number:

**Business Establishment Information** *Note: If copy-pasting information into below, click this header for help text.*

Business Establishment Name  
Business Establishment Contact (optional)  
Business Establishment City (optional)  
Business Establishment State (3-letter abbreviation)  
**NAICS Code (e.g., 8 - Retail Trade)** Search Results:  
Is the business establishment located in, adjacent to, or otherwise impacting a disadvantaged community? (Yes / No / Unknown)  
How do the recommended P2 actions identified below benefit disadvantaged communities?  
Date(s) of Follow-up (mm/dd/yyyy)  
**Outreach Activity** (optional)  
If you made contact with the business establishment through an activity listed on the "Outreach Activities" tab, indicate the activity by choosing it from the drop-down provided.  
Description of Funding Mechanism (optional/REDACTED to protecting grant list)  
Description of Barriers to Implementation (optional)  
If there were recommended actions that the business establishment did not implement, please describe any barriers to implementation (e.g., cost, long product period, low priority).  
Description of Planned P2 Actions Within 5 Years (optional)  
If the business establishment already has implemented additional actions within the next 5 years, please describe them here.

Informative Description of P2 Action Implemented	Role	Product Description	Name of recipient or subsector (if applicable)	Date Implemented (see footnote 1)	Contact Person (last name)	Production				Marketing		Marketing				Sales				Purchaser/User			Date Report Generated (YYYY)	Link to Case Study (if available in OIA for EPA to view, download and share. Otherwise, please describe activities in the report submissions)		
						Number of Products Manufactured / Repackaged / Cast (enter for only last)	Increase in Annual Production Volume	Unit of Measure	Product / Asset	Number of Products Newly Certified (enter for only last)	Certification Status	Increase in Number of Products Offered for Sale (tick number for only last)	New Advertising Campaigns?	Increase in Number of Products Sold (tick number for only last)	Increase in Share (%)	New Advertising, Outreach, or Events?	Increase in Annual Sales Volume (tick only if)	Unit of Measure	Projected / Actual	Number of Products Adopted from One Manufacturer and One Reseller for only last	Annual Volume of Products Adopted	Unit of Measure (e.g., number, or % gain)			Adoption of Green Purchasing Program	Description of the Green Purchasing Program
<b>TOTAL REPORTED</b>						0	-	-	-	0	-	0	0	0	0	0	0	0	0	0	0	0	0	0	-	



P2 IIA Products Q Grant: Business Establishment SP

**How to Use this Tab:**

1. Enter Business Establishment information and provide information about the business establishment's impact on disadvantaged communities. For the Business Establishment Name, if you do not wish to disclose the actual name, enter a meaningful proxy so that you will be able to find it when reviewing follow-up information. If you made contact via an activity on the "Outreach Activities" tab, select it from the drop-down provided. Enter the date(s) on which you followed up with the business establishment. **IMPORTANT:** Name of your actions and outcomes will be reflected on the "Results Summary" tab until you enter at least one follow-up date.

2. Under P2 Actions and Outcomes, enter each P2 action implemented by the business establishment. Select the role, Manufacturer (and which type of associated project) - production, certification, or marketing), Distributor/Retailer, or Purchaser/User. Based on the selection made, certain columns will gray out. Fill out all grayed out cells. **IMPORTANT:** You must enter the Date Implemented for your actions and outcomes to be reflected on the "Results Summary" tab.

3. Cells will be highlighted yellow if your response is different than the expected input type (e.g., text instead of numbers). For highlighted values, re-enter the value in the appropriate format to remove the highlighting.

Grant Information	
Grant Recipient	The information in the box calls below is populated automatically from Grant Project Data tab.
Grant Project Number	

**Business Establishment Information** Note: If copy-pasting info entered calls below, click this header for help text.

Business Establishment Name (optional)  
 Business Establishment Contact (optional)  
 Business Establishment City (optional)  
 Business Establishment State (3 letter abbreviation)  
 NAICS Code (e.g., 8100000000 - Health Services)  
 Is the business establishment located in, adjacent to, or otherwise impacting a disadvantaged community? (Yes/No) (optional)  
 How do the recommended P2 actions identified below benefit disadvantaged communities?  
 Date(s) of Follow-up (mm/dd/yyyy)  
 Outreach Activity (optional)  
If you made contact with the business establishment through an activity listed on the "Outreach Activities" tab, indicate the activity by choosing it from the drop-down provided.  
 Description of any barriers to implementation (optional)  
If there were recommended actions that the business establishment did not implement, please describe any barriers to implementation (e.g., cost, long product period, low priority).  
 Description of Planned P2 Actions Within 5 Years (optional)  
If the business establishment already has implemented actions within the next 5 years, please describe them here.

Informative Description of P2 Action Implemented	Role	Product Description	Name of Disadvantaged Community	Date Implemented (see Instructions)	Contact Point (see Instructions)	Production		Manufacturing		Marketing		Distribution/Retailer		Sales		Purchaser/User			Date Report Due (YYYY)	Link to Case Study (optional - please describe activities with report submissions)		
						Number of Products Manufactured / Reproduced / Cost (enter for July-July)	Increase in Annual Production Volume	Unit of Measure	Projected / Actual	Number of Products Newly Certified (enter for July-July)	Certification Status	Increase in Number of Products Offered for Sale (link number for July-July)	New Advertising Campaigns?	Increase in Number of Products Sold (link number for July-July)	Increase in Share of Sales (%)	New Advertising, Outreach, or Strategy?	Increase in Annual Sales Volume (enter in \$)	Unit of Measure			Projected / Actual	Number of Products Adopted from One Manufacturer and One Distributor for July-July
TOTAL REPORTED						0	-	-	0	-	0	0	0	0	0	0	0	0	0	0	0	-







P2 IBA Products Q Grant: Business Establishment Q3

3. Enter Business Establishment information and provide information about the business establishment's impact on disadvantaged communities. For the Business Establishment Name, if you do not wish to disclose the actual name, enter a meaningful proxy so that you will be able to find it when reviewing follow-up information. If you made contact via an activity on the "Outreach Activities" tab, select it from the drop-down provided. Enter the date(s) on which you followed up with the business establishment. IMPORTANT: Name of your actions and outcomes will be reflected on the "Results Summary" tab until you enter at least one follow-up date.

4. Under P2 Actions and Outcomes, enter each P2 action implemented by the business establishment. Select the role, Manufacturer (and which type of associated product), production certification, or marketing, Distributor/Retailer, or Purchaser/User. Based on the selection made, certain columns will gray out. If not all roles grayed out, click IMPORTANT: You must enter the Date Implemented for your actions and outcomes to be reflected on the "Results Summary" tab.

5. Cells will be highlighted yellow if your response is different than the expected input type (e.g., text instead of numbers). For highlighted values, re-enter the value in the appropriate format to remove the highlighting.

How to Use this Tab:

<b>Grant Information</b>	The information in the box calls below is populated automatically from Grant Project Data tab.
Grant Recipient	
Grant Project Number	

<b>Business Establishment Information</b>	Note: If copy-pasting information, click this header for help text.
Business Establishment Name (optional)	
Business Establishment City (optional)	
Business Establishment State (2-letter abbreviation)	
<a href="#">Click here to go to EPA's Small Business Database</a>	
Is the business establishment located in, adjacent to, or otherwise impacting a disadvantaged community? (Yes/No) (optional)	
How do the recommended P2 actions identified below benefit disadvantaged communities? (Text) (optional)	
Date(s) of Follow-up (mm/dd/yyyy)	
Outreach Activity (optional)	
If you made contact with the business establishment through an activity listed on the "Outreach Activities" tab, indicate the activity by choosing it from the drop-down provided.	
Description of Existing Production/Emissions (optional)	
Description of Barriers to Implementation (optional)	If there were recommended actions that the business establishment did not implement, please describe any barriers to implementation (e.g., cost, long product period, low priority).
Description of Planned P2 Actions Within 5 Years (optional)	If the business establishment already is implementing actions within the next 5 years, please describe them here.

P2 Actions and Outcomes

Informative Description of P2 Action Implemented	Role	Product Description	Name of Equipment or Subunit (if applicable)	Date Implemented (see Instructions)	Control Type (see Instructions)	Production		Manufacturing		Marketing		Distributor/Retailer		Sales		Purchaser/User		Date When Completed (YYYY)	Link to Case Study (optional)	If the case study is online, provide a QR to EPA to view, download and share. Alternatively, please describe attachments with report submissions.		
						Number of Products Manufactured / Reprocessed / Recycled (see Instructions)	Increase in Annual Production Volume	Unit of Measure	Projected / Actual	Number of Products Newly Certified (see Instructions)	Certification Status	Increase in Number of Products Offered for Sale (click header for help text)	New Advertising Campaigns?	Increase in Number of Products Sold (see Instructions)	Increase in Share of Market (%)	New Advertising, Outreach, or "Strong"	Increase in Annual Sales Volume (see Instructions)				Unit of Measure	Projected / Actual
							0	-	-	0	-	0	-	0	0	0	0	0	0	0	0	-
<b>TOTAL REPORTED</b>							0	-	-	0	-	0	-	0	0	0	0	0	0	0	0	-





P2 IBA Products ( Grant) Business Establishment 06

3. Enter Business Establishment information and provide information about the business establishment's impact on disadvantaged communities. For the Business Establishment Name, if you do not wish to disclose the actual name, enter a meaningful phrase so that you will be able to find it when reviewing Follow-up information. If you made contact via an activity on the "Outreach Activities" tab, select it from the drop-down provided. Enter the date(s) for which you followed up with the business establishment. IMPORTANT: Name of your actions and outcomes will be reflected on the "Results Summary" tab until you enter at least one follow-up date.

How to Use this Tab:

2. Under P2 Actions and Outcomes, enter each P2 action implemented by the business establishment. Select the role, Manufacturer (and which type of associated product), production certification, or marketing, Distributor/Retailer, or Purchaser/User. Based on the selection made, certain columns will gray out. If not all are grayed out cells, IMPORTANT: You must enter the Date Implemented for your actions and outcomes to be reflected on the "Results Summary" tab.

3. Cells will be highlighted yellow if your response is different than the expected input type (e.g., text instead of numbers). For highlighted values, re-enter the value in the appropriate format to remove the highlighting.

Grant Information
The information in the box calls below is populated automatically from Grant Project Data tab.
Grant Region
Grant Project Number

Business Establishment Information
Notes: If copy-pasting information into cells below, click this header for help text.
Business Establishment Name
Business Establishment Contact (optional)
Business Establishment City (optional)
Business Establishment State (if known, select from dropdown)
Select Code (e.g., if a state's disadvantaged business)
Is the business establishment located in, adjacent to, or otherwise impacting a disadvantaged community? (Yes/No) (optional)
How do the recommended P2 actions identified below benefit disadvantaged communities?
Date(s) of Follow-up (mm/dd/yyyy)
Outreach Activity (optional)
If you made contact with the business establishment through an activity listed on the "Outreach Activities" tab, indicate the activity by choosing it from the drop-down provided.
Description of Funding Mechanism (optional) (e.g., in partnership with...)
Description of Barriers to Implementation (optional)
If there were recommended actions that the business establishment did not implement, please describe any barriers to implementation (e.g., cost, long project period, low priority).
Description of Planned P2 Actions Within 5 Years (optional)
If the business establishment already is implementing additional actions within the next 5 years, please describe them here.

P2 Actions and Outcomes table with columns: Informative Description of P2 Action Implemented, Role, Product Description, Name of Established or Substantiated (optional), Date Implemented (use month/year), Contact Year, Number of Products Manufactured / Developed / Sold (enter for study year), Increase in Annual Production Volume, Unit of Measure, Produced / Annual, Number of Products Newly Certified (enter for study year), Increase in Number of Products Offered for Sale (tick number for study year), New Advertising Campaign?, Increase in Number of Products Sold (enter for study year), Increase in Share of Market, New Advertising, Outreach, or "Strong", Increase in Annual Sales Volume (enter in \$), Unit of Measure, Projected / Annual, Number of Products Adopted from One Manufacturer and One Manufacturer for study year, Annual Volume of Products Adopted, Unit of Measure (e.g., number, or \$, percent), Adoption of Green Purchasing Program, Description of the Green Purchasing Program, Date Made Available (month/year), Link to Case Study, If the case study is online, provide a URL for EPA to view, download and share. Otherwise, please describe attachments with report submissions.



P2 BIA Products (I Grant): Business Establishment (7)

**How to Use this Tab:**

**1.** Enter Business Establishment information and provide information about the business establishment's impact on disadvantaged communities. For the Business Establishment Name, if you do not wish to disclose the actual name, enter a meaningful phrase so that you will be able to find it when reviewing follow-up information. If you made contact via an activity on the "Outreach Activities" tab, select it from the drop-down provided. Enter the date(s) on which you followed up with the business establishment. **IMPORTANT:** Name of your actions and outcomes will be reflected on the "Results Summary" tab until you enter at least one follow-up date.

**2.** Under P2 Actions and Outcomes, enter each P2 action implemented by the business establishment. Select the role, Manufacturer (and which type of associated product), production certification, or marketing, Distributor/Retailer, or Purchaser/User. Based on the selection made, certain columns will gray out. **NOTE:** Not all roles gray out cells. **IMPORTANT:** You must enter the Date Implemented for your actions and outcomes to be reflected on the "Results Summary" tab.

**3.** Cells will be highlighted yellow if your response is different than the expected input type (e.g., text instead of numbers). For highlighted values, re-enter the value in the appropriate format to remove the highlighting.

<b>Grant Information</b>	
Grant Recipient	The information in the box calls below is populated automatically from Grant Project Data tab.
Grant Project Number	

**Business Establishment Information** Note: If copy-pasting information calls below, click this header for help text.

Business Establishment Name (optional)  
 Business Establishment Contact (optional)  
 Business Establishment City (optional)  
 Business Establishment State (US state abbreviation)  
[Click here to go to FEMA's State Search Interface](#)

Is the business establishment located in, adjacent to, or otherwise impacting a disadvantaged community? (Yes/No) (optional)

How do the recommended P2 actions identified below benefit disadvantaged communities? (optional)

Date(s) of Follow-up (mm/dd/yyyy)

Outreach Activity (optional)  
If you made contact with the business establishment through an activity listed on the "Outreach Activities" tab, indicate the activity by choosing it from the drop-down provided.

Description of Existing Obstacles/Barriers to producing green jobs (optional)

Description of Barriers to Implementation (optional)  
If there were recommended actions that the business establishment did not implement, please describe any barriers to implementation (e.g., cost, long project period, low priority).

Description of Planned P2 Actions Within 5 Years (optional)  
If the business establishment intends to implement additional actions within the next 5 years, please describe them here.

Informational Description of P2 Action Implemented	Role	Product Description	Name of Equipment or Material (if applicable)	Date Implemented (see footnote for help)	Contact Person (last, first, middle)	Production			Manufacturing		Marketing				Distributor/Retailer		Sales			Purchaser/User		Date Report Generated (MM/DD/YYYY)	Link to Case Study (optional: please describe, download, and share)																							
						Number of Products Manufactured / Reproduced / Sold (enter for study use)	Increase in Annual Production Volume	Unit of Measure	Projected / Actual	Number of Products Newly Certified (enter for study use)	Certification Status	Increase in Number of Products Offered for Sale (click header for help text)	New Advertising Campaigns?	Increase in Number of Products Sold (enter for study use)	Increase in Share of Sales (enter for study use)	New Advertising, Outreach, or "Story"	Increase in Annual Sales Volume (enter for study use)	Unit of Measure	Projected / Actual	Number of Products Adopted from One Manufacturer and One Distributor (enter for study use)	Annual Volume of Products Adopted			Unit of Measure (e.g., number, sq. ft., gallons)	Adoption of Green Purchasing Program	Description of the Green Purchasing Program																				
TOTAL REPORTED																								0	-	-	-	0	-	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-

P2 IIA Products (I Grant): Business Establishment (I)

1. Enter Business Establishment information and provide information about the business establishment's impact on disadvantaged communities. For the Business Establishment Name, if you do not wish to disclose the actual name, enter a meaningful proxy so that you will be able to find it when reviewing follow-up information. If you made contact via an activity on the "Outreach Activities" tab, select it from the drop-down provided. Enter the date(s) on which you followed up with the business establishment. IMPORTANT: Name of your actions and outcomes will be reflected on the "Results Summary" tab until you enter at least one follow-up date.

2. Under P2 Actions and Outcomes, enter each P2 action implemented by the business establishment. Select the role, Manufacturer (and which type of associated product), production, certification, or marketing, Distributor/Retailer, or Purchaser/User. Based on the selection made, certain columns will gray out. If not all roles grayed out, click IMPORTANT: You must enter the Date Implemented for your actions and outcomes to be reflected on the "Results Summary" tab.

3. Cells will be highlighted yellow if your response is different than the expected input type (e.g., text instead of numbers). For highlighted values, re-enter the value in the appropriate format to remove the highlighting.

How to Use this Tab:

<b>Grant Information</b>	
Grant Name	The information in the box calls below is populated automatically from Grant Project Data tab.
Grant Project Number	
<b>Business Establishment Information</b>	
Business Establishment Name	
Business Establishment Contact (optional)	
Business Establishment City (optional)	
Business Establishment State (if known, select from dropdown)	
NAICS Code (e.g., 8100000000 - Health Services)	
Is the business establishment located in, adjacent to, or otherwise impacting a disadvantaged community? (Yes/No) (optional)	
How do the recommended P2 actions identified below benefit disadvantaged communities? (optional)	
Date(s) of Follow-up (mm/dd/yyyy)	
Outreach Activity (optional) If you made contact with the business establishment through an activity listed on the "Outreach Activities" tab, indicate the activity by choosing it from the drop-down provided.	
Description of Existing Barriers to Implementation (optional) If there were recommended actions that the business establishment did not implement, please describe any barriers to implementation (e.g., cost, long product period, low priority).	
Description of Planned P2 Actions Within 5 Years (optional) If the business establishment already is implementing additional actions within the next 5 years, please describe them here.	

P2 Actions and Outcomes

Informative Description of P2 Action Implemented	Role	Product Description	Name of Equipment or Material (if applicable)	Date Implemented (see Instructions)	Contact Person (last name)	Production		Manufacturing		Marketing		Distributor/Retailer		Sales		Purchaser/User		Date Report Generated (YYYY)	Link to Case Study (optional) (provide a URL for EPA to view, download and share. Alternatively, please describe attachments with report submissions)		
						Number of Products Manufactured / Repackaged / Recycled (per Month for Study Year)	Increase in Annual Production Volume	Unit of Measure	Product / Material	Number of Products Newly Certified (per Month for Study Year)	Certification Status	Increase in Number of Products Offered for Sale (click header for help text)	New Advertising Campaigns?	Increase in Number of Products Sold (per Month for Study Year)	Increase in Share of Sales (Revenue)	New Advertising, Outreach, or "Strong"	Increase in Annual Sales Volume (per Month)			Unit of Measure	Projected / Actual
							0	-	-		0	-		0	-		0	-		0	-
<b>TOTAL REPORTED</b>																					

**P2 BIA Products (I Grant) Business Establishment (I)**

3. Enter Business Establishment Information and provide information about the business establishment's impact on disadvantaged communities. For the Business Establishment Name: if you do not wish to disclose the actual name, enter a meaningful proxy so that you will be able to find it when entering follow-up information. If you made contact via an activity on the "Outreach Activities" tab, select it from the drop-down provided. Enter the date(s) on which you followed up with the business establishment. **IMPORTANT:** Name of your actions and outcomes will be reflected on the "Results Summary" tab until you enter at least one follow-up date.

**How to Use this Tab:**

2. Under P2 Actions and Outcomes, enter each P2 action implemented by the business establishment. Select the role, Manufacturer (and which type of associated project: production, certification, or marketing), Distributor/Reseller, or Purchaser/User. Based on the selection made, certain columns will gray out. Fill out all grayed out cells. **IMPORTANT:** You must enter the Date Implemented for your actions and outcomes to be reflected on the "Results Summary" tab.

3. Cells will be highlighted yellow if your response is different than the expected input type (e.g., text instead of numbers). For highlighted values, re-enter the value in the appropriate format to remove the highlighting.

Grant Information	
Grant Name	The information in the box calls below is populated automatically from Grant Project Data tab.
Grant Project Number	
Business Establishment Information	
Notes: If copy-pasting info merged cells below, click this header for help text.	
Business Establishment Name (optional)	
Business Establishment City (optional)	
Business Establishment State (if known, optional)	
NAICS Code (e.g., 810000) Search Results	
Is the business establishment located in, adjacent to, or otherwise impacting a disadvantaged community? (Yes/No) (optional)	
How do the recommended P2 actions identified below benefit disadvantaged communities? (optional)	
Date(s) of Follow-up (mm/dd/yyyy)	
Outreach Activity (optional) If you made contact with the business establishment through an activity listed on the "Outreach Activities" tab, indicate the activity by choosing it from the drop-down provided.	
Description of Existing Barriers to Production/Marketing (optional)	
Description of Barriers to Implementation (optional) If there were recommended actions that the business establishment did not implement, please describe any barriers to implementation (e.g., cost, long product period, low priority).	
Description of Planned P2 Actions Within 5 Years (optional) If the business establishment intends to implement additional actions within the next 5 years, please describe them here.	

**P2 Actions and Outcomes**

Scroll right to see all columns (cols. 8 through 46) ←

Informative Description of P2 Action Implemented	Role	Product Description	Name of Equipment or Material (if applicable)	Date Implemented (see Instructions for help)	Contact Person (last name)	Production		Manufacturing		Marketing		Distribution/Reseller		Sales		Purchaser/User		Date Study Completed (YYYY)	Link to Case Study (optional)				
						Number of Products Produced / Repackaged / Case Number (for study use)	Increase in Annual Production Volume	Unit of Measure	Projected / Actual	Number of Products Newly Certified (to meet CECL or to CECL number for study use)	Certification Status	Increase in Number of Products Offered for Sale (CECL number for study use)	New Advertising Campaigns?	Increase in Number of Products Sold (CECL number for study use)	Increase in Share of Sales (CECL number for study use)	New Advertising, Outreach, or Events?	Increase in Annual Sales Volume (CECL and \$)			Unit of Measure	Projected / Actual	Number of Products Adopted for Use by Businesses and Case Number for Study Use	Annual Volume of Products Adopted
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TOTAL REPORTED							0	-	-	-	0	-	0	-	0	-	0	-	-	0	-	0	-



P2 BIA Products (I Grant): Business Establishment ?1

3. Enter Business Establishment Information and provide information about the business establishment's impact on disadvantaged communities. For the Business Establishment Name, if you do not wish to disclose the actual name, enter a meaningful proxy so that you will be able to find it when pressing Follow-up information. If you made contact via an activity on the "Outreach Activities" tab, select it from the drop-down provided. Enter the date(s) on which you followed up with the business establishment. IMPORTANT: Name of your actions and outcomes will be reflected on the "Results Summary" tab until you enter at least one follow-up date.

How to Use this Tab:

2. Under P2 Actions and Outcomes, enter each P2 action implemented by the business establishment. Select the role, Manufacturer (and which type of associated product), production certification, or marketing, Distributor/Reseller, or Purchaser/User. Based on the selection made, certain columns will gray out. **Do not** fill out all grayed out cells. IMPORTANT: You must enter the Date Implemented for your actions and outcomes to be reflected on the "Results Summary" tab.

3. Cells will be highlighted yellow if your response is different than the expected input type (e.g., text instead of numbers). For highlighted values, re-enter the value in the appropriate format to remove the highlighting.

Grant Information	
Grant Name	The information in the box calls below is populated automatically from Grant Project Data tab.
Grant Project Number	

Business Establishment Information	
Business Establishment Name	
Business Establishment Contact (optional)	
Business Establishment City (optional)	
Business Establishment State (optional)	
NAICS Code (2 to 6 digit) (optional)	
Is the business establishment located in, adjacent to, or otherwise impacting a disadvantaged community? (Yes / No / Unknown)	
How do the recommended P2 actions identified below benefit disadvantaged communities?	
Date(s) of Follow-up (mm/dd/yyyy)	
Outreach Activity (optional)	
If you made contact with the business establishment through an activity listed on the "Outreach Activities" tab, indicate the activity by choosing it from the drop-down provided.	
Description of Existing Barriers to Implementation (optional)	
If there were recommended actions that the business establishment did not implement, please describe any barriers to implementation (e.g., cost, long product period, low priority).	
Description of Planned P2 Actions Within 5 Years (optional)	
If the business establishment already has implemented actions within the next 5 years, please describe them here.	

P2 Actions and Outcomes	Role	Product Description	Name of Equipment or Material (optional)	Date Implemented (use mm/dd/yyyy)	Contact Person (optional)	Production		Certification		Marketing		Marketing		Distributor/Reseller		Sales		Purchaser/User																
						Number of Products Manufactured / Researched / Cost (enter for study cost)	Increase in Annual Production Volume	Unit of Measure	Product / Animal	Number of Products Newly Certified (enter for 1st year)	Number of Products Certified to 1st Year (enter for 1st year)	Number of Products Offered for Sale (tick number for 1st year)	New Advertising Campaigns?	Increase in Number of Products Sold (tick number for 1st year)	Increase in Sales Volume (tick number for 1st year)	New Advertising Campaigns, or "Strong"	Increase in Annual Sales Volume (tick on if)	Unit of Measure	Projected / Actual	Number of Products Adopted from One Manufacturer and One Reseller for 1st year	Annual Volume of Products Adopted	Unit of Measure (e.g., number, or % yield)	Adoption of Green Purchasing Program	Description of the Green Purchasing Program	Date Study Completed (Year)	Link to Case Study (optional)								
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30																																		
TOTAL REPORTED							0	-	-	-	0	-	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

P2 BIA Products Q Grant: Business Establishment 72

3. Enter Business Establishment Information and provide information about the business establishment's impact on disadvantaged communities. For the Business Establishment Name, if you do not wish to disclose the actual name, enter a meaningful proxy so that you will be able to find it when reviewing follow-up information. If you made contact via an activity on the "Outreach Activities" tab, select it from the drop-down provided. Enter the date(s) on which you followed up with the business establishment. IMPORTANT: Name of your actions and outcomes will be reflected on the "Results Summary" tab until you enter at least one follow-up date.

4. Under P2 Actions and Outcomes, enter each P2 action implemented by the business establishment. Select the role, Manufacturer (and which type of associated product), production certification or marketing, Distributor/Retailer, or Purchaser/User. Based on the selection made, certain columns will pop out. **NOTE:** Not all roles pop out each. IMPORTANT: You must enter the Date Implemented for your actions and outcomes to be reflected on the "Results Summary" tab.

5. Calls will be highlighted yellow if your response is different than the expected input type (e.g., text instead of numbers). For highlighted values, re-enter the value in the appropriate format to remove the highlighting.

Grant Information	
Grant Recipient	The information in the box calls below is populated automatically from Grant Project Data tab.
Grant Project Number	

**Business Establishment Information** Note: If copy-pasting into merged cells below, click this header for help text.

Business Establishment Name (optional)

Business Establishment Contact (optional)

Business Establishment City (optional)

Business Establishment State (2 letter abbreviation)

**NAICS Code (2 to 6 digit NAICS Search Results)**

Is the business establishment located in, adjacent to, or otherwise impacting a disadvantaged community? (Yes/No) (optional)

How do the recommended P2 actions identified below benefit disadvantaged communities?

Date(s) of Follow-up (mm/dd/yyyy)

Outreach Activity (optional)

If you made contact with the business establishment through an activity listed on the "Outreach Activities" tab, indicate the activity by choosing it from the drop-down provided.

Description of Funding Mechanism (optional/EPA is providing grant list)

Description of Barriers to Implementation (optional)

If there were recommended actions that the business establishment did not implement, please describe any barriers to implementation (e.g., cost, long product period, low priority).

Description of Planned P2 Actions Within 5 Years (optional)

If the business establishment intends to implement additional actions within the next 5 years, please describe them here.

P2 Actions and Outcomes

Grant right to use all columns (only 8 through 46) --	Informative Description of P2 Action Implemented	Role	Product Description	Name of Equipment or Material (if applicable)	Date Implemented (see Instructions)	Contact Person (last name)	Production				Manufacturing		Marketing		Distributor/Retailer		Sales		Purchaser/User		Date Report Due (YYYY)	Link to Case Study (optional - please provide in GR to EPA to view, download and share. Otherwise, please describe attachments with report submissions)	
							Number of Products Manufactured / Reprocessed / Recycled (per batch for batch work)	Increase in Annual Production Volume	Unit of Measure	Projected / Actual	Number of Products Newly Certified (new or to date number for long run)	Certification Status	Increase in Number of Products Offered for Sale (tick number for long run)	New Advertising Campaigns?	Increase in Number of Products Sold (tick number for long run)	Increase in Share of Market (tick number)	New Advertising, Outreach, or "Story"	Increase in Annual Sales Volume (tick on if)	Unit of Measure	Projected / Actual			Number of Products Adopted for Use by Operations and/or Customers (tick number for long run)
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39																							
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41																							
42																							
43																							
44																							
45																							
46																							
	TOTAL REPORTED									0													0

P2 IIA Products (Grant Business Establishment ?)

3. Enter Business Establishment information and provide information about the business establishment's impact on disadvantaged communities. For the Business Establishment Name, if you do not wish to disclose the actual name, enter a meaningful phrase so that you will be able to find it when reviewing follow-up information. If you made contact via an activity on the "Outreach Activities" tab, select it from the drop-down provided. Enter the date(s) on which you followed up with the business establishment. IMPORTANT: Name of your actions and outcomes will be reflected on the "Results Summary" tab until you enter at least one follow-up date.

4. Under P2 Actions and Outcomes, enter each P2 action implemented by the business establishment. Select the role, Manufacturer (and which type of associated product), production certification, or marketing, Distributor/Retailer, or Purchaser/User. Based on the selection made, certain columns will gray out. Fill out all grayed out cells. IMPORTANT: You must enter the Date Implemented for your actions and outcomes to be reflected on the "Results Summary" tab.

5. Cells will be highlighted yellow if your response is different than the expected input type (e.g., text instead of numbers). For highlighted values, re-enter the value in the appropriate format to remove the highlighting.

Grant Information	
Grant Recipient	The information in the box calls below is populated automatically from Grant Project Data tab.
Grant Project Number	

**Business Establishment Information** Note: If copy-pasting information, click this header for help text.

Business Establishment Name (optional)

Business Establishment Contact (optional)

Business Establishment City (optional)

Business Establishment State (US state abbreviation)

[\[Click here to go to EPA's Small Business Database\]](#)

Is the business establishment located in, adjacent to, or otherwise impacting a disadvantaged community? (Yes/No) (optional)

How do the recommended P2 actions identified below benefit disadvantaged communities? (optional)

Date(s) of Follow-up (mm/dd/yyyy)

Outreach Activity (optional)

If you made contact with the business establishment through an activity listed on the "Outreach Activities" tab, indicate the activity by choosing it from the drop-down provided.

Description of Existing Disadvantaged Communities (optional)

Description of Barriers to Implementation (optional)

If there were recommended actions that the business establishment did not implement, please describe any barriers to implementation (e.g., cost, long product period, low priority).

Description of Planned P2 Actions Within 5 Years (optional)

If the business establishment already is implementing actions within the next 5 years, please describe them here.

P2 Actions and Outcomes	Manufacturer														Distributor/Retailer				Purchaser/User					
	Informative Description of P2 Action Implemented	Role	Product Description	Name of Disposal or Substituted (if applicable)	Date Implemented (see Instructions)	Contact Person (last name)	Production		Certification		Marketing		Marketing		Sales		Number of Products Adopted from One Manufacturer and One Retailer for 1 year		Annual Volume of Products Adopted		Adoption of Green Purchasing Program		Date When Green Purchasing Program	Link to Case Study (optional)
Number of Products Manufactured / Replaced / Disposed (see Instructions)							Increase in Annual Production Volume	Unit of Measure	Product / Asset	Number of Products Newly Certified (see Instructions)	or to Date (enter for July last)	Certification Status	Increase in Number of Products Offered for Sale (click header for help text)	New Advertising Campaigns?	Increase in Number of Products Sold (see Instructions)	Increase in Share of Sales (see Instructions)	New Advertising, Outreach, or "Story"	Increase in Annual Sales Volume (see Instructions)	Unit of Measure	Projected / Actual	Actual	Annual Volume of Products Adopted		
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30																								
TOTAL REPORTED							0	-	-	-	0	-	0	0	0	0	0	0	0	0	0	0	0	-

**P2 BIA Products ( Grant) Business Establishment 24**

3. Enter Business Establishment information and provide information about the business establishment's impact on disadvantaged communities. For the Business Establishment Name, if you do not wish to disclose the actual name, enter a meaningful phrase so that you will be able to find it when pressing Follow-up information. If you made contact via an activity on the "Outreach Activities" tab, select it from the drop-down provided. Enter the date(s) on which you followed up with the business establishment. **IMPORTANT:** Name of your actions and outcomes will be reflected on the "Results Summary" tab until you enter at least one follow-up date.

**How to Use this Tab:**

2. Under P2 Actions and Outcomes, enter each P2 action implemented by the business establishment. Select the role, Manufacturer (and which type of associated product), production, certification, or marketing. Distributor/Retailer, or Purchaser/User. Based on the selection made, certain columns will gray out. **NOTE:** All cell grayed out cells. **IMPORTANT:** You must enter the Date Implemented for your actions and outcomes to be reflected on the "Results Summary" tab.

3. Cells will be highlighted yellow if your response is different than the expected input type (e.g., text instead of numbers). For highlighted values, re-enter the value in the appropriate format to remove the highlighting.

**Grant Information**  
The information in the box calls below is populated automatically from Grant Project Data tab.

Grant Requestor  
Grant Project Number

**Business Establishment Information**  
Notes: If copy-pasting information into cells below, click this header for help text.

Business Establishment Name (optional)  
Business Establishment Contact (optional)  
Business Establishment City (optional)  
Business Establishment State (U.S. state abbreviation)  
NAICS Code (e.g., 8.492099, Search Results)  
Is the business establishment located in, adjacent to, or otherwise impacting a disadvantaged community? (Yes/No) (optional)  
How do the recommended P2 actions identified below benefit disadvantaged communities?  
Date(s) of Follow-up (mm/dd/yyyy)  
Outreach Activity (optional)  
If you made contact with the business establishment through an activity listed on the "Outreach Activities" tab, indicate the activity by choosing it from the drop-down provided.  
Description of Funding Mechanism (optional) (e.g., a purchase order)  
Description of Barriers to Implementation (optional)  
If there were recommended actions that the business establishment did not implement, please describe any barriers to implementation (e.g., cost, long product period, low priority).  
Description of Planned P2 Actions Within 5 Years (optional)  
If the business establishment already has implemented actions within the next 5 years, please describe them here.

**P2 Actions and Outcomes**

Scroll right to see all columns (cols. 8 through 46) ←

Informative Description of P2 Action Implemented	Role	Product Description	Name of Equipment or Material (if applicable)	Date Implemented (see Instructions)	Contact Person (if applicable)	Production			Manufacturing		Marketing		Distributor/Retailer		Sales		Purchaser/User				Date Report Generated (YYYY)	Link to Case Study (optional)	
						Number of Products Fabricated / Reproduced / Cast (enter for dry test)	Increase in Annual Production Volume	Unit of Measure	Projected / Actual	Number of Products Newly Certified (enter for dry test)	Certification Status	Increase in Number of Products Offered for Sale (tick number for dry test)	New Advertising Campaign?	Increase in Number of Products Sold (tick number for dry test)	Increase in Share (%) (tick number)	New Advertising, Outreach, or Strategy?	Increase in Annual Sales Volume (tick unit)	Unit of Measure	Projected / Actual	Number of Products Adopted from One Manufacturer and One Distributor/Retailer			Annual Volume of Products Adopted
<b>TOTAL REPORTED</b>							0	-	-	0	-	0	0	0	0	0	0	0	0	0	0	0	0



P2 BIA Products Q Grant: Business Establishment 75

**How to Use this Tab:**

1. Enter Business Establishment information and provide information about the business establishment's impact on disadvantaged communities. For the Business Establishment Name, if you do not wish to disclose the actual name, enter a meaningful phrase so that you will be able to find it when entering follow-up information. If you made contact via an activity on the "Outreach Activities" tab, select it from the drop-down provided. Enter the date(s) on which you followed up with the business establishment. **IMPORTANT:** Name of your actions and outcomes will be reflected on the "Results Summary" tab until you enter at least one follow-up date.

2. Under P2 Actions and Outcomes, enter each P2 action implemented by the business establishment. Select the role, Manufacturer (and which type of associated project: production, certification, or marketing), Distributor/Retailer, or Purchaser/User. Based on the selection made, certain columns will gray out. Fill out all grayed out cells. **IMPORTANT:** You must enter the Date Implemented for your actions and outcomes to be reflected on the "Results Summary" tab.

3. Cells will be highlighted yellow if your response is different than the expected input type (e.g., text instead of numbers). For highlighted values, re-enter the value in the appropriate format to remove the highlighting.

Grant Information	
Grant Recipient	The information in the box calls below is populated automatically from Grant Project Data tab.
Grant Project Number	

Business Establishment Information	
Note: If copy-pasting into merged cells below, click this header for help text.	
Business Establishment Name (optional)	
Business Establishment Contact (optional)	
Business Establishment City (optional)	
Business Establishment State (3-letter abbreviation)	
NAICS Code (e.g., 811220) (State's NAICS Database)	
Is the business establishment located in, adjacent to, or otherwise impacting a disadvantaged community? (Yes/No) (optional)	
How do the recommended P2 actions identified below benefit disadvantaged communities? (Text) (optional)	
Date(s) of Follow-up (mm/dd/yyyy)	
Outreach Activity (optional)	
If you made contact with the business establishment through an activity listed on the "Outreach Activities" tab, indicate the activity by choosing it from the drop-down provided.	
Description of Existing Barriers (optional) (e.g., in existing grant list)	
Description of Barriers to Implementation (optional)	
If there were recommended actions that the business establishment did not implement, please describe any barriers to implementation (e.g., cost, long project period, low priority).	
Description of Planned P2 Actions Within 5 Years (optional)	
If the business establishment already is implementing actions within the next 5 years, please describe them here.	

P2 Actions and Outcomes	P2 Actions and Outcomes																													
	Informative Description of P2 Action Implemented	Role	Product Description	Name of Equipment or Software (if applicable)	Date Implemented (see Instructions)	Contract Year (if applicable)	Production		Manufacturing		Marketing		Distribution/Retailer		Sales		Purchaser/User					Date Study Completed (YYYY)	Link to Case Study (optional)	If the case study is online, provide a QR to view, download and share. (optional)						
Number of Products Produced / Researched / Developed / Cost (enter for study cost)							Increase in Annual Production Volume	Unit of Measure	Projected / Actual	Number of Products Newly Certified (enter for 10) or to Cost (enter for study cost)	Certification Status	Increase in Number of Products Offered for Sale (tick number for copy cost)	New Advertising Campaigns?	Increase in Number of Products Sold (tick number for study cost)	Increase in Share (Revenue)	New Advertising, Outreach, or "Strong"	Increase in Annual Sales Volume (tick on if)	Unit of Measure	Projected / Actual	Number of Products Adopted from One Manufacturer and Cost (enter for copy cost)	Annual Volume of Products Adopted				Unit of Measure (e.g. number, or \$, percent)	Adoption of Green Purchasing Program	Description of the Green Purchasing Program			
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TOTAL REPORTED							0	-	-	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	