

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.

EPA Form 9600-055

Last Updated: 10/10/2023

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P2 IIA Products EJ Grant Reporting Template

How to Use This Tab:	<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:	

Business Establishment Names on Numbered Tabs <i>(populated automatically)</i>	
Business Establishment 1:	Go to Tab
Business Establishment 2:	Go to Tab
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P2 IJIA Products EJ Grant Reporting Template

Aggregate Output Measures from Business Establishments											
How to Use this Tab:		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.	0
Number of outreach activities and informational materials that widely share P2 practices.	0
Number of business establishments reached through outreach activities and informational materials.	0
Number of business establishments provided technical assistance.	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.	0%
Percentage of business establishments that implemented at least one new P2 practice as a result of the technical assistance provided by the grantee.	0%
Number of case studies describing specific P2 best practices implemented through the grant.	0

P2 IJA Products EJ Grant Reporting Template

How to Use this Tab:

This tab is optional. 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.

Grant Recipient:

Grant Project Number:

	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

<p>How to Use this Tab:</p>	<p>Use this tab to report on outreach activities, including training, webinars, videos, or other outreach.</p> <ol style="list-style-type: none"> 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. <p>The five sample records may be used as a guide.</p>
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Grant Recipient:	
Grant Project Number:	

Outreach Activity Name	Activity Type (use dropdown provided)	Activity Date (if applicable)	Informative Description of Activity and Topics Covered	# of Business Establishments in Attendance / Reached	Materials Developed 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).
(Ex: How to Find Safer Cleaners)	Training	9/1/2023	Training for janitorial staff on how to find Ecolabel cleaners using online tools	12	Training slide deck attached
(Ex: Green Cleaning Webinar)	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	http://stateagency/webinars
(Ex: Cleaners Go Green with P2 factsheet)	Outreach Document	n/a	Brief factsheet on how janitorial staff can go green using Safer Choice products, showcasing real-world examples	1,000	http://stateagency/factsheets
(Ex: Demonstration of Safer Choice Products)	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
(Ex: Instagram post about Demonstration of Safer Choice Products)	Social Media Content	11/19/2022	Posted photo of demonstration on Instagram with a link to recorded video from the event	4,000	instagram.com/p/CthEkNeg
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P2 IIA Products (I Grant): Sample Business Establishment

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 as 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 - granulation, certification, or marketing), Distributor/Retailer, or Purchaser/User. Based on the selection made, certain columns will gray 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 Recipient	The information in the box cells below is populated automatically from Grant Project Data tab.
Grant Project Number	Sample Recipient 12345678
Business Establishment Information	
Note: If copy-pasting into merged cells below, click this header for help text.	
Business Establishment Name	Blueview Cleaning & Supplies, Inc.
Business Establishment Contact (optional)	Joe Taylor
Business Establishment City (optional)	Elizabethtown
Business Establishment State (optional)	IN
NAICS Code (2 to 8 digit NAICS search results)	561720
Is the business establishment located in, adjacent to, or otherwise impacting a disadvantaged community? (Yes/No/Unknown)	Yes
How do the recommended P2 actions identified below benefit disadvantaged communities? (Yes/No/Unknown)	By using safer cleaning products, the cleaning staff will have a safer and healthier work environment and indoor air pollution will be reduced for disadvantaged community members who are attending the garage. By distributing ammonia found in additional cleaners, the risk for respiratory and skin irritation is reduced.
Date(s) of Follow-up (mm/dd/yyyy)	01/01/2024
Outreach Activity (optional)	Green Cleaning Webinar
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 Mechanisms (optional) (P2s in existing place)	Blueview Cleaning & Supplies, Inc. is under close management and made a commitment to dedicate resources, including staff time and overhead dollars, to ensure their green goals.
Description of Barriers to Implementation (optional)	The only barrier to implementation arose encountered to date was understanding the certification process and getting the process started. However, since the EPA materials were reviewed at https://www.epa.gov/saferschoice they got safer choice label your product and a contract was entered with a third party reviewer, the process was seamless.
Description of Planned P2 Actions Within 5 Years (optional)	Following certification of its new bathroom cleaner, Blueview intends to pursue certification for its new all-purpose cleaner and floor cleaner. They will also evaluate information of additional products based on the results of these efforts.

P2 Actions and Outcomes

(NOTE: This example has been constructed to demonstrate how each of the types of projects might be entered. It is unlikely that one business establishment will be conducting each of these types of P2 actions.)

Grant Project ID: 12345678		Grant Project Name: Sample Recipient		Grant Project Number: 12345678		Grant Project State: IN		Grant Project City: Elizabethtown		Grant Project NAICS: 561720		Grant Project Contact: Joe Taylor		Grant Project Date: 01/01/2024		Grant Project Outreach: Green Cleaning Webinar		Grant Project Description: By using safer cleaning products, the cleaning staff will have a safer and healthier work environment and indoor air pollution will be reduced for disadvantaged community members who are attending the garage. By distributing ammonia found in additional cleaners, the risk for respiratory and skin irritation is reduced.		Grant Project Barrier: The only barrier to implementation arose encountered to date was understanding the certification process and getting the process started. However, since the EPA materials were reviewed at https://www.epa.gov/saferschoice they got safer choice label your product and a contract was entered with a third party reviewer, the process was seamless.		Grant Project Planned P2 Actions Within 5 Years: Following certification of its new bathroom cleaner, Blueview intends to pursue certification for its new all-purpose cleaner and floor cleaner. They will also evaluate information of additional products based on the results of these efforts.				
Overall Impact to Date (Columns 1-10, 11-15, 16-20)		Production		Certification		Marketing		Marketing		Marketing		Marketing		Marketing		Marketing		Marketing		Marketing		Marketing				
Informational Description of P2 Action Implemented		Role	Product Description	Name of Establish or Standard (if applicable)	Date Implemented (mm/dd/yyyy)	Current Date (mm/dd/yyyy)	Number of Products Reformulated / Redesigned / Rebranded (or New Products for Sale)	Increase in Annual Production Volume	Unit of Measure	Projected / Actual	Number of Products Newly Certified or in Process (or New Products for Sale)	Certification Status	Increase in Number of Products Offered for Sale (or New Products for Sale)	New Advertising or Outreach?	Increase in Number of Products Sold (or New Products for Sale)	Increase in Retail Space (or New Products for Sale)	Increase in Annual Sales Volume (or New Products for Sale)	Unit of Measure	Projected / Actual	Number of Products Adopted for Use in Operations and Maintenance (or New Products for Sale)	Annual Volume of Products Adopted	Unit of Measure (e.g., gallons or sq. feet)	Adoption of Green Purchasing Program?	Description of the Green Purchasing Program	One Study Completed? (Y or N)	Link to Case Study (if the case study is online, provide a link for EPA to view, download and share. Otherwise, please describe documents with report addresses).
Transitioned to Safer Choice cleaners for cleaning services		Purchaser / User	all purpose cleaner, bathroom cleaners, floor cleaners	Safer Choice	10/01/2023	2024														5	500	gallons	Yes	Blueview has established an in-house SOP to use all Safer Choice cleaners when the appropriate products are available. The SOP was the result of the purchasing department and a review of the SOP is part of new employee training.	Y	https://StateAgency.com/p2results/transitioned-to-safer-choice-cleaners
Added Safer Choice cleaners to their supply catalog		Distributor / Retailer	all purpose cleaner, bathroom cleaners, floor cleaners	Safer Choice	12/15/2023	2024									10		Yes	5,000	Dollars	Projected				N		
Added Safer Choice cleaners to their retail space		Distributor / Retailer	all purpose cleaner, bathroom cleaners, floor cleaners	Safer Choice	11/06/2023	2024									4	10	Yes	150	Units	Actual				Y	https://StateAgency.com/p2results/added-to-retail-space	
Manufactured new bathroom cleaner		Manufacturer (Production)	bathroom cleaner	Safer Choice	02/05/2024	2024	1	10,000	Gallons	Projected														N		
Began certification process for new bathroom cleaner		Manufacturer (Certification)	bathroom cleaner	Safer Choice	04/01/2024	2024					1	In Progress												Y		
Marketed new Bathroom bathroom cleaner		Manufacturer (Marketing)	bathroom cleaner	Safer Choice	04/01/2024	2024								5	Yes									N		

Grant Information		The information in the two cells below is populated automatically from Grant Project Detail tab.
Grant Receipted Grant Project Number		
Business Establishment Information		
Business Establishment Name		Note: If copy/pasting information into this field, click this link for help text.
Business Establishment Contact Information		
Business Establishment City (optional)		
Business Establishment State (2 letter abbreviation)		
Business Establishment Zip (5 digit ZIP code)		
Business Establishment Website (optional)		
Is the business establishment located in, adjacent to, or otherwise impacting a state-recognized community?		Yes / No / Not Applicable
How do the recommended P2 actions identified below benefit/disrupt your agency?		
Details of Follow-up (max 6000)		
Outreach Activity (optional)		
If you made contact with the business establishment through an activity related to the "Outreach Activities" tab, indicate the activity by choosing the appropriate response below.		
Description of Barriers to Implementation (optional)		
If you list more recommended barriers to the business establishment did not implement, please describe any barriers to implementation (e.g., cost, legal impediment, 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 below.		

Scroll right to see all columns (cols. B through AB) →

Scroll right to see all columns (cols. B through AD) →

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How to Use this Tab:

The information in the two cells below is populated automatically from Grant Project Data tab.

The information in the two cells below is populated automatically from Grant Project Data tab.

Grant Project Number

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

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

Is the business establishment located in, adjacent to, or otherwise in violation of a designated community?

[illegible]

Outreach Activity (optional)
If you made contact with the business establishment through an activity

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Description of Barriers to Implementation (optional)
If there were recommended actions that this business establishment did

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

Scroll right to see all columns (cols. B through AE) ...

Scroll right to see all columns (cols. B through AE) ...

[illegible]

Grant Information		The information in the box with yellow is populated automatically from Grant Project Data table.	
		Grant Category	
		Grant Project Number	
Business Establishment Information			
Business Establishment Name		Note: If copy/pasting information into this box, click this header for help text.	
Business Establishment Contact Information			
Business Establishment City (optional)			
Business Establishment State (optional)			
Business Establishment Zip (optional)			
NACCS Code: 20 to 4 digits (NACCS Search Interface)			
<p>Is the business establishment located in, adjacent to, or otherwise impacting a disadvantaged community?</p> <p>Yes / No / Not / Unknown</p>			
<p>How do the recommended P2 actions identified below benefit disadvantaged communities?</p> <p>Describe of following (max 400 words)</p>			
<p>Network Activity (optional)</p> <p>If you make contact with the business establishment through an affiliate organization like "Network Activities" tab, indicate the activity by choosing the box that describes the activity.</p>			
<p>Description of Funding Mechanism (optional) (250 characters max)</p>			
<p>Description of Barriers to Implementation (optional)</p> <p>If there are recommended actions to be taken and implemented but not implemented, please describe any barriers to implementation (e.g., cost, long project period, low priority).</p>			
<p>Description of Planned P2 Actions Within 5 Years (optional)</p> <p>If the business establishment intends to implement additional actions within the next 5 years, please describe the Plan below.</p>			

Scroll right to see all columns (cols. B through AB) →

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1. Enter Business Establishment information and provide information about the business establishment's impact on disadvantaged communities. For Business Establishment Name, if you do not wish to disclose the actual name, enter a meaningful phrase on which you will be able to find it when you search for the business in the "Outreach Activities" section. Do not include the business address. Do not include the business phone number. 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 of Outreach Activities" section.

2. Enter P2 Actions and Outcomes, under each P2 action implemented by the business of establishment. Select the *main Manufacturer* (and which type of associated product - production, certification, or marketing). *Distributor/Retailer*, or *Purchaser/User*. Based on the selection made, certain columns will not apply. Fill all *not non-granted* cell. **IMPORTANT:** You must enter the Date Implemented for your actions and outcomes to be reflected on the "Results of Outreach Activities" section.

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

The information in the two cells below is populated automatically from Grant Project Data tab

The information in the two cells below is populated automatically from Grant Project Data tab

Grant Recipient
Project Number

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

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

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)
Outbreak Facility (optional)

it from the drop-down provided:

Description of Barriers to Implementation (optional):
If there were recommended actions that this business establishment did not implement, please describe any barriers to implementation (e.g.,

Description of Planned P2 Actions Within 5 Years (optional)

Scroll right to see all columns (cols. B through AB) →

[illegible]

Grant Information <div style="display: flex; justify-content: space-between;"> <div> Grant Number Grant Project Name </div> <div> The information in the box cells below is generated automatically from Grant Project Data tab. </div> </div>	
Business Establishment Information <div style="display: flex; justify-content: space-between;"> <div> Business Establishment Name Business Establishment Contact Information Business Establishment City Business Establishment State </div> <div> Note: If copy pasting into merged cells below, click this header for help text. </div> </div>	
<div> USDA Funds to be applied (USDA Award Number) Is the business establishment located in, adjacent to, or otherwise impacting a direct-adjacent community? (Yes / No / Unknown) </div>	
<div> How do the recommended F2 actions identified below benefit the target age group/community? Details of Follow-up (month/year) Outreach Activity If you make contact with the business establishment, indicate the type of outreach activity related to the "Outreach Activities" tab. Indicate the type of outreach activity that is most the most effective. </div>	
Non-Eligible F2 and/or Mechanism Selections (F2s) is pending any LAs	
<div> Description of Barriers to Implementation (optional) If there are any recommendations related to the business establishment not implemented, please describe any barriers to implementation (e.g., costs, long production timeline, low priority). </div>	
<div> Description of Planned F2 Actions Within 1 Year (optional) If the business establishment agrees to implement additional actions within the next 1 year, please describe them below. </div>	

Scroll right to see all columns (cols. B through AD) →

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1. Enter Business Establishment information and provide information about the business establishment's impact on disadvantaged communities. For Business Establishment Name, if you do not wish to disclose the actual name, enter a meaningful proxy on which you will also file for 2023. For Business Address, enter the address of the business establishment (not the "Corporate Address" or "Head Office Address"). Enter the NAICS code for the business establishment. **IMPORTANT:** None of your actions and outcomes will be reflected on the "Results of Actions and Outcomes" page.

2. Enter 2023 Actions and Outcomes, under each FY2 action implemented by the business establishment. Select the *main Manufacturer* (and which type of associated product - production, certification, or marketing). Distributor/Retailer, or Purchaser/User. Based on the selection made, certain columns will not be filled out *non-granted* cell. **IMPORTANT:** You must enter the Data Implemented for your actions and outcomes to be reflected on the "Results of Actions and Outcomes" page.

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

The information in the two cells below is populated automatically from Grant Project Data tab.

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ent Project Number

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

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Is the business establishment located in, adjacent to, or

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If you made contact with the business establishment through an activity noted on the "Outreach Activities" tab, indicate the activity by choosing

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If you were responsible for action, what are the barriers to implementation (e.g., cost, long payback period, low priority)?

Description of Planned P2 Actions Within 5 Years (optional)
If the business establishment intends to implement additional actions

Scroll right to see all columns (cols. B through AB) →

Scroll right to see all columns (cols. B through AB) →

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Grant Information		The information in the two cells below is populated automatically from Grant Project Detail tab.
<div> <div>Grant Receipts</div> <div>Grant Project Number</div> </div>		
Business Establishment Information		
<div>Business Establishment Name</div> <div>Business Establishment Contact Information</div> <div>Business Establishment City (optional)</div> <div>Business Establishment State (2 letter abbreviation)</div> <div>Business Establishment Zip (5 digit ZIP Code)</div> <div>Business Establishment Website (optional)</div>		<div>Notes: If copy/pasting information into this form, click this link for help text.</div>
<div>Is the business establishment located in, adjacent to, or otherwise impacting a State or local government?</div> <div>Yes / No / Not Applicable</div>		
<div>How do the recommended P2 actions identified below benefit the environment?</div> <div>Describe in 100 or fewer words</div>		
<div>Date(s) of Follow-up (mm/dd/yyyy)</div> <div>Outreach Activity (optional)</div> <div>If you made contact with the business establishment through an activity related to the "Outreach Activity" tab, indicate the activity by choosing from the drop-down menu.</div>		
<div>See description of P2 and waste management information in 8.16 to explain any fee.</div>		
<div>Description of Barriers to Implementation (optional)</div> <div>If you list any recommended barriers to the business establishment did not implement, please describe any barriers to implementation (e.g., cost, legal impediment, time priority).</div>		
<div>Description of Planned P2 Actions Within 5 Years (optional)</div> <div>If the business establishment intends to implement additional actions within the next 5 years, please describe them (e.g., time).</div>		

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Grant Information		The information in the box with yellow is populated automatically from Grant Project Data tab.	
Grant Number Grant Project Number			
Business Establishment Information			
Business Establishment Name		Note: If copy/pasting information into this box, click this header for help text.	
Business Establishment Contact Information			
Business Establishment City (optional)			
Business Establishment State (optional)			
Business Contact Title (optional)			
Business Contact Email (optional)			
Business Contact Phone (optional)			
Is the business establishment located in, adjacent to, or otherwise impacting a disadvantaged community? Yes / No / Not Determined			
How do the recommended P2 actions identified below benefit disadvantaged communities?			
Details of followup (optional)			
Outreach Activity (optional) If you make contact with the business establishment through an activity other than the "Outreach Activities" tab, indicate the activity by choosing the box for the activity below.			
Description of Funding Mechanism (optional) (250 characters max)			
Description of Barriers to Implementation (optional) If there are 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 the Plan below.			

Scroll right to see all columns (cols. B through AB) →

Scroll right to see all columns (cols. B through AD) →

15 of 81

Grant Information		The information in the box(es) below is generated automatically from Grant Project Data tab.					
<table border="1"> <tr> <th>Grant Purpose</th> </tr> <tr> <td>Grant Project Description</td> </tr> </table>		Grant Purpose	Grant Project Description				
Grant Purpose							
Grant Project Description							
Business Establishment Information		Note: If copy-pasting information with below, click this button for help text.					
<table border="1"> <tr> <th>Business Establishment Name</th> </tr> <tr> <td>Business Establishment Contact Information</td> </tr> <tr> <td>Business Establishment City (optional)</td> </tr> <tr> <td>Business Establishment State (2 letter abbreviation)</td> </tr> <tr> <td>NAICS Code (4 to 6 digit NAICS Search link)</td> </tr> </table>		Business Establishment Name	Business Establishment Contact Information	Business Establishment City (optional)	Business Establishment State (2 letter abbreviation)	NAICS Code (4 to 6 digit NAICS Search link)	
Business Establishment Name							
Business Establishment Contact Information							
Business Establishment City (optional)							
Business Establishment State (2 letter abbreviation)							
NAICS Code (4 to 6 digit NAICS Search link)							
Is the business establishment located in, adjacent to, or otherwise impacting a disadvantaged community? (Y/N / Not / Unknown)							
How do the recommended P2 actions identified below benefit disadvantaged communities?							
Extent of Follow-up (month/year)							
Outreach Activity (optional) If you mark contact with the business establishment through an activity listed on the "Outreach Activities" tab, indicate the activity by choosing a box from the drop-down menu below.							
Description of Funding Mechanism (optional) (P2 is a voluntary grant)							
Description of Barriers to Implementation (optional) If there were no recommendations given by the business establishment and/or if requested, please describe any barriers to implementation (e.g., cost, long project period, low priority).							
Description of Planned P2 Actions Within 3 Years (optional) If the business establishment intends to implement additional actions within the next 3 years, please describe the Plan.							

Scroll right to see all columns (cols. B through AB) →

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Grant Information		The information in the box with yellow is populated automatically from Grant Project Data tab.	
Grant Number Grant Project Number			
Business Establishment Information			
Business Establishment Name		Note: If copy/pasting information into this box, click this header for help text.	
Business Establishment Contact Information			
Business Establishment City (optional)			
Business Establishment State (optional)			
Business Contact Email (optional)			
Business Contact Phone (optional)			
Is the business establishment located in, adjacent to, or otherwise impacting a disadvantaged community? Yes / No / Not Determined			
How do the recommended P2 actions identified below benefit disadvantaged communities? Describe of follow-up (optional)			
Network Activity confirmed If you make contact with the business establishment through an activity listed on the "Network Activities" tab, indicate the activity by choosing the box that corresponds to the activity.			
Description of Funding Mechanism (optional) (250 characters max)			
Description of Barriers to Implementation (optional) If there are barriers to implementation of the business establishment that impede or prevent the business from implementing the business plan, please describe any barriers to implementation (e.g., cost, long product lines, 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 the Plan.			

Scroll right to see all columns (cols. B through AB) →

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Grant Information		The information in the box below is populated automatically from Grant Project Data tab.
Grant Number		
Grant Project Number		
Business Establishment Information		
Business Establishment Name	Note: If copy/pasting information call into below, click this header for help text.	
Business Establishment Contact Information		
Business Establishment City (optional)		
Business Establishment State (optional)		
NMCA Code (to be filled by NMCA Service Specialist)		
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)		
Network Activity completed		
If you made contact with the business establishment through an activity listed on the "Network Activities" tab, indicate the activity by choosing it from the drop-down menu below:		
Description of Funding Mechanism (optional)(P2 action type)		
Description of Barriers to Implementation (optional)	If there are no recommendations above for the barriers to implement P2, do not represent, please describe any barriers to implementation (e.g., cost, long project phase, low priority).	
Description of Planned P2 Action Within 5 Years (optional)	If the business establishment intends to implement additional activities within the next 5 years, please describe the Plan here.	

Scroll right to see all columns (cols. B through AB) →

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How to Use this Table:

The information in the two cells below is populated automatically from Grant Project Data tab.

The information in the two cells below is populated automatically from Grant Project Data tab.

Grant Project Number

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

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

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

[illegible]

Outreach Activity (optional)
If you made contact with the business establishment through an activity

--

Description of Barriers to Implementation (optional):
If there were recommended actions that this business establishment did

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

Scroll right to see all columns (cols. B through AE) ...

Scroll right to see all columns (cols. B through AE) ...

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		Program						Laboratory		Internship		Research		Jokes					
	<i>(optional)</i>	Number of Products						Number of Products				New		Number of Products Adopted for					

Name of Label or Standard	Date Issued/Revised	Substantive	Final	Revised/Regulated	Increase in Annual	Unit of	Projected /	Newly Certified or In Process	Certification	Increase in Number of Products Offered for Sale	New Advertising or Increase in Number of Products Sold	Increase in Shelf Space	Advertising, Outreach, or Sales Volume	Increase in Annual Sales Volume	Projected /	Use in Operations and Maintenance	Annual Volume of	Unit of Measure (e.g., number, sq. ft.)	Adoption of Green Purchasing	Link to Case Study	Case Study Developed?	If the case study is online, provide a link for EPA to view, download and share.
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Informative Description of P2 Action Implemented	Role	Product Description (if applicable)	Project Click header for help text	Timeline Click header for help text	Production Volume	Measures	Actual	Status	Outreach?	Spurred?	Unit of Measure	Actual	Products Adopted	Program?	Description of the Green Purchasing Program	(Y or N)
Otherwise, please include attachments with report submission.																

[illegible][illegible][illegible][illegible][illegible][illegible][illegible][illegible][illegible][illegible][illegible][illegible][illegible][illegible][illegible][illegible]

TOTAL REPORTED		0	-	-	-	0	-	0	0	0	0	0	0	\$0	-	0	-	-	0	-	0	-
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Grant Information		The information in the box with yellow is populated automatically from Grant Project Data tab.	
Grant Number Grant Project Number			
Business Establishment Information			
Business Establishment Name		Note: If copy/pasting information into this box, click this header for help text.	
Business Establishment Contact Information			
Business Establishment City (optional)			
Business Establishment State (optional)			
Business Contact Title (optional)			
Business Contact Email (optional)			
Business Contact Phone (optional)			
Is the business establishment located in, adjacent to, or otherwise impacting a disadvantaged community? Yes / No / Not Determined			
How do the recommended P2 actions identified below benefit disadvantaged communities?			
Detail of follow-up (optional)			
Outreach Activity (optional) If you reach contact with the business establishment through an activity other than the "Outreach Activities" tab, indicate the activity by choosing the box for the activity below.			
Description of Funding Mechanism (optional) (P2 actions within grant)			
Description of Barriers to Implementation (optional) If there are any recommended barriers to the business establishment not implementing, please describe any barriers to implementation (e.g., cost, long project phase, 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 the Plan below.			

Scroll right to see all columns (cols. B through AB) →

[illegible]

Grant Information		The information in the box with yellow background automatically flows from Grant Project 1. Only edit.	
<div> <div>Grant Number</div> <div>Grant Project Number</div> </div>			
Business Establishment Information			
Business Establishment Name		Note: If <i>not</i> pre-empting information entered on behalf, click this header for help text.	
Business Establishment Contact Information			
Business Establishment City (optional)			
Business Establishment Zip (optional)			
Business Contact Email (optional)			
Business Contact Phone (optional)			
Is the business establishment located in, adjacent to, or otherwise impacting a disadvantaged community? Yes / No / Not / Unknown			
How do the recommended P2 actions identified below benefit disadvantaged communities?			
Details of followup (optional)			
Network Activity (optional)			
If you make contact with the business establishment through an activity you are on the "Network Activity" tab, indicate the activity by choosing the icon that best describes the activity.			
Description of Funding Mechanism (optional) (255 characters max)			
Description of Barriers to Implementation (optional)			
If there are recommended barriers to the business establishment not implemented, please describe any barriers to implementation (e.g., cost, long project phase, 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 the Plan.			

Scroll right to see all columns (cols. B through AB) →

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Grant Information		The information in the box with yellow background is populated automatically from Grant Project Data table.	
Grant Number Grant Project Number			
Business Establishment Information			
Business Establishment Name		Note: If copy/pasting information into this box, click this header for help text.	
Business Establishment Contact Information			
Business Establishment City (optional)			
Business Establishment State (optional)			
Business Contact Email (optional)			
Business Contact Phone (optional)			
Is the business establishment located in, adjacent to, or otherwise impacting a disadvantaged community? Yes / No / Not Determined			
How do the recommended P2 actions identified below benefit disadvantaged communities? Describe of follow-up (optional)			
Network Activity confirmed If you make contact with the business establishment through an activity listed on the "Network Activities" tab, indicate the activity by choosing the box that corresponds to the activity.			
Description of Funding Mechanism (optional) (250 characters max)			
Description of Barriers to Implementation (optional) If there are barriers to implementation of the business establishment that you recommend, please describe any barriers to implementation (e.g., cost, long project phase, 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 the Plan.			

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*** Enter Business Establishment Information** and provide information about the business establishment's impact on disadvantaged communities.

*** Enter 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 you return to the form. Do not include "Confidential" or "Proprietary" as part of the name. The exact name from the document that provided the data is on file with you along with your follow-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.

*** Enter Up To 26 Actions and Outcomes:** enter each #2 action implemented by the business establishment. Select the role: Manufacturer (and which type of product) or Supplier (and which type of product). Select the Distribution Method: Direct-to-Consumer, Retailer, Distributor, or Other. You may select more than one category. Do not add any non-rated cells. **IMPORTANT:** You must enter the Date Implemented for your actions and outcomes to be reflected on the "Results Summary" tab.

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

The information in the two cells below is populated automatically from Grant Project Data tab.

The information in the two cells below is populated automatically from Grant Project Data tab.

Grant Recipient
Grant Project Number

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

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

Is the business establishment located in, adjacent to, or otherwise in violation of a designated community?

How do the recommended P2 actions identified below benefit

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

It from the drop-down provided:

Description of Funding Mechanism (optional) EPA is exploring ways to	

Description of Barriers to Implementation (optional)
If there were recommended actions that this business establishment did not implement, please describe each barrier to implementation in a

Description of Planned P2 Actions Within 5 Years (optional)

Scroll right to see all columns (cols. B through AB) →

[illegible]

Enter Business Establishment Name 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 you search for it. For the Business Establishment Address, you may enter a street address, a ZIP code, or a location identifier (e.g., latitude/longitude) if you followed up with the business establishment. **IMPORTANT:** None of your actions and outcomes will be reflected on the "Results and Impacts" page. You will see the results of your actions and outcomes on the "Impacts" page.

Enter **P2** Actions and Outcomes. Each **P2** action implemented by the business establishment. Select the mile. Manufacturer (and which type of associated product - production, certification, or marketing), Distributor/Retailer, or Purchaser/User. Based on the selection made, certain columns will show. 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 and Impacts" page.

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

The information in the two cells below is populated automatically from Grant Project Data tab.

The information in the two cells below is populated automatically from Grant Project Data tab.

Grant Recipient
Project Number

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

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

Is the business establishment located in, adjacent to, or otherwise in close proximity to a distressed community?

[illegible]

Outreach Activity (optional)
If you made contact with the business establishment through an activity

[illegible]

Description of Barriers to Implementation (optional)
If there were recommended actions that this business establishment did

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

Scroll right to see all columns (cols. B through AE) →

Scroll right to see all columns (cols. B through AE) →

[illegible]

How to Use this Tab:

The information in the two cells below is populated automatically from Grant Project Data tab.

The information in the two cells below is populated automatically from Grant Project Data tab.

Grant Recipient
Grant Project Number

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

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

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

	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	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	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	367	368	369	370	371	372	373	374	375	376	377	378	379	380	381	382	383	384	385	386	387	388	389	390	391	392	393	394	395	396	397	398	399	400	401	402	403	404	405	406	407	408	409	410	411	412	413	414	415	416	417	418	419	420	421	422	423	424	425	426	427	428	429	430	431	432	433	434	435	436	437	438	439	440	441	442	443	444	445	446	447	448	449	450	451	452	453	454	455	456	457	458	459	460	461	462	463	464	465	466	467	468	469	470	471	472	473	474	475	476	477	478	479	480	481	482	483	484	485	486	487	488	489	490	491	492	493	494	495	496	497	498	499	500	501	502	503	504	505	506	507	508	509	510	511	512	513	514	515	516	517	518	519	520	521	522	523</
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Outreach Activity (optional)
If you made contact with the business establishment through an activity

[illegible]

Description of Barriers to Implementation (optional)
 If there were recommended actions that this business establishment did

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

Scroll right to see all columns (cols. B through AE) ...

Scroll right to see all columns (cols. B through AE) ...

[illegible]

Grant Information		The information in the box below is populated automatically from Grant Project Data tab.
Grant Project Number	Grant Project Name	
Business Establishment Information *Note: If any entry pertaining to merged cells below, click this header for help text.		
Business Establishment Name Business Establishment Contact (optional) Business Establishment City (optional) Business Establishment State (optional) Business Establishment Zip (optional)		
NAICS Code (2 to 4 digits) NAICS Search Interface Is the business establishment located in, adjacent to, or otherwise impacting a flood-prone 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 in this column. If none, the drop-down menu is blank.		
Description of Funding Mechanism (optional) (P2A, as outlined on page 14)		
Description of Barriers to Implementation (optional) If there were no recommended actions that the business establishment did not implement, please describe any barriers to implementation (e.g., lack long project period, low priority).		
Description of Planned P2 Actions Within 3 Years (optional) If the business establishment intends to implement additional actions within the next 3 years, please describe them here.		

Scroll right to see all columns (cols. B through AB) →

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How to Use this Tab:

The information in the two cells below is populated automatically from Grant Project Data tab.

The information in the two cells below is populated automatically from Grant Project Data tab.

Grant Recipient	
Grant Project Number	

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

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

Business Establishment Name
Business Establishment Contact (individual)

Business Establishment Contact (optional)
Business Establishment City (optional)

Business Establishment State (2-letter abbreviation)
--

[NAICS Code 73 to 4-digit NAICS Search Results](#)

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

<p>otherwise impacting a disadvantaged community? (Yes / No / Unknown)</p>
--

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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

noted on the "Outreach Activities" tab, indicate the activity by choosing it from the drop-down provided:

--	--

Description of funding Mechanism (optional) EPA is exploring ways to

Downloaded from <http://ajphaphysocpharm.sagepub.com/>

Description of Barriers to Implementation (optional)
If there were recommended actions that this business establishment did

If there were recommended actions that this business establishment did not implement, please describe any barriers to implementation (e.g., cost, time, staff, space, lack of information, lack of training, etc.):

cost, long payback 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.

Within the next 2 years, please indicate when you will:

Scroll right to see all columns (cols. B through AD) →

TOTAL REPORTED	0	-	-	-	0	-	0	0	0	0	0	0	\$0	-	0	-	-	0	-
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*** Enter Business Establishment Information** and provide information about the business establishment's impact on disadvantaged communities.

*** Enter 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 you return to the form. Do not include "Confidential" or "Proprietary" as part of the name. The exact name from the document(s) provided (e.g., letter(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.)

*** Enter Up To Actions and Outcomes**, enter each action implemented by the business establishment. Select the role: Manufacturer (and which type of manufacturing activity) or Retailer (and which type of retailing activity). Select the Outcome Type (e.g., "Expected Impact") based on the selection made. You may add up to five actions and outcomes. Do not leave any cell blank. **(IMPORTANT: You must enter the Date Implemented for your actions and outcomes to be reflected on the "Results Summary" tab.)**

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

The information in the two cells below is populated automatically from Grant Project Data tab.

The information in the two cells below is populated automatically from Grant Project Data tab.

Grant Recipient
Grant Project Number

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

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

[illegible]

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Outreach Activity (optional)
If you made contact with the business establishment through an activity noted on the "Outreach Activities" tab, indicate the activity by choosing

If there were recommended actions that this business establishment did not implement, please describe any barriers to implementation (e.g., cost, time, staff, policy, law, etc.):

Description of Planned P2 Actions Within 5 Years (optional)

Scroll right to see all columns (cols. B through AB) →

Scroll right to see all columns (cols. B through AB) →

TOTAL REPORTED	0	-	-	-	0	-	0	0	0	0	0	0	0	\$0	-	0	-	-	0	-	0	-
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How to Use this Tab:

The information in the two cells below is populated automatically from Grant Project Data tab.

The information in the two cells below is populated automatically from Grant Project Data tab.

Grant Recipient:	
Project Number:	

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

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

is the business establishment located in, sufficient to, or

[illegible]

If you made contact with the business establishment through an activity noted on the "Outreach Activities" tab, indicate the activity by choosing

--

If none were recommended, please describe any barriers to implementation (e.g., cost, time, staff, space, priority).

Description of Planned P2 Actions Within 5 Years (optional)

Scroll right to see all columns (cols. B through AB) →

Scroll right to see all columns (cols. B through AB) →

TOTAL REPORTED	0	-	-	-	0	-	0	0	0	0	0	0	0	\$0	-	0	-	-	0	-	0	-
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Grant Information		The information in the box with yellow is populated automatically from Grant Project Data tab.	
Grant Number Grant Project Number			
Business Establishment Information			
Business Establishment Name		Note: If copy/pasting information into this box, click this header for help text.	
Business Establishment Contact Information			
Business Establishment City (optional)			
Business Establishment State (optional)			
Business Contact Email (optional)			
Business Contact Phone (optional)			
Is the business establishment located in, adjacent to, or otherwise impacting a disadvantaged community? Yes / No / Not Determined			
How do the recommended P2 actions identified below benefit disadvantaged communities? Describe of follow-up (optional)			
Network Activity confirmed If you make contact with the business establishment through an activity listed on the "Network Activities" tab, indicate the activity by choosing the box that corresponds to the activity.			
Description of Funding Mechanism (optional) (250 characters max)			
Description of Barriers to Implementation (optional) If there are barriers to implementation of the measures and/or need to 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 the Plan.			

Scroll right to see all columns (cols. B through AB) →

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*** Enter Business Establishment Information** and provide information about the business establishment's impact on disadvantaged communities.

*** Enter 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 you return to the form. Do not include "Confidential" or "Proprietary" as part of the name. The exact name from the document(s) provided (e.g., letter(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.)

*** Enter # of Affects and Outcomes**, enter each #2 action implemented by the business establishment. Select the rule: Manufacturer (and which type of product) or Retailer (and which type of product). Select either Distributor/Buyer, or Purchaser/User Based on the selection made, certain columns may gray out. Do not click on grayed-out cells. **(IMPORTANT: You must enter the Date Implemented for your actions and outcomes to be reflected on the "Results Summary" tab)**

*** Cells will be highlighted yellow if your name is different than the expected input type (e.g., text instead of number); For Highlighted values, enter the value in the appropriate format to remove the highlighting.**

The information in the two cells below is populated automatically from Grant Project Data tab.

The information in the two cells below is populated automatically from Grant Project Data tab.

Grant Recipient
Project Number

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

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

Is the business establishment located in, adjacent to, or

[illegible][illegible]

If you made contact with the business establishment through an activity noted on the "Outreach Activities" tab, indicate the activity by choosing

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If you were responsible for action, what are the barriers to implementation (e.g., cost, long payback period, low priority)?

Description of Planned P2 Actions Within 5 Years (optional)
If the business establishment intends to implement additional actions

Scroll right to see all columns (cols. B through AB) →

Scroll right to see all columns (cols. B through AB) →

[illegible]

1. Enter Business Establishment Number and provide information about the business establishment's impact on disadvantaged communities. For Business Establishment Name, if you do not wish to disclose the actual name, enter a meaningful phrase on which you will also file for credit. If you are unable to identify a meaningful phrase, enter "Business Establishment." If you have multiple locations, please indicate the location(s) you followed up with the business establishment. **IMPORTANT:** Name of your actions and outcomes will be reflected on the "Results of Actions" page. Please include all relevant information regarding the business establishment's impact on disadvantaged communities.

2. Enter P2 Actions and Outcomes across each P2 action identified by the business establishment. Select the main Manufacturer (and which type of associated product - production, certification, or marketing), Distributor/Retailer, or Purchaser/User. Based on the selection made, certain columns will vary. 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 of Actions" page.

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.

The information in the two cells below is populated automatically from Grant Project Data tab.

The information in the two cells below is populated automatically from Grant Project Data tab.

Grant Recipient
Project Number

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

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

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

[illegible]

Outreach Activity (optional)
If you made contact with the business establishment through an activity

--

Description of Barriers to Implementation (optional)
 If there were recommended without that this business establishment did

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

Scroll right to see all columns (cols. B through AE) ...

Scroll right to see all columns (cols. B through AE) ...

[illegible]

1. Enter Business Establishment Number and provide information about the business establishment's impact on disadvantaged communities. For Business Establishment Name, if you do not wish to disclose the actual name, enter a meaningful phrase on which you will be able to find it. When you enter a phrase, you will be able to search for the actual name in the "Expected Impact" section. If you are not sure of the actual name, enter the name of the site(s) on which you followed up with the business establishment. **IMPORTANT:** Name of your actions and outcomes will be reflected on the "Results of Actions" section. **IMPORTANT:** Do not enter the name of the business establishment in the "Expected Impact" section.

2. Enter P2 Actions and Outcomes across each P2 action. Information is categorized by the business establishment. Select the main Manufacturer (and which type of associated product - production, certification, or marketing), Distributor/Retailer, or Purchaser/User. Based on the selection made, certain columns will not fill. Fill all non-grayed out cells. **IMPORTANT:** You must enter the Date Implemented for your actions and outcomes to be reflected on the "Results of Actions" section.

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.

The information in the two cells below is populated automatically from Grant Project Data tab.

The information in the two cells below is populated automatically from Grant Project Data tab.

ent Project Number

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

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

is the business establishment located in, sufficient to, or

[illegible]

If you made contact with the business establishment through an activity noted on the "Outreach Activities" tab, indicate the activity by choosing

--

If none were recommended, please describe any barriers to implementation (e.g., cost, time, staff, space, priority).

Description of Planned P2 Actions Within 5 Years (optional)

Scroll right to see all columns (cols. B through AB) →

Scroll right to see all columns (cols. B through AB) →

TOTAL REPORTED	0	-	-	-	0	-	0	0	0	0	0	0	\$0	-	0	-	-	0	-	0	-
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How to Use this Tab:

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ent Project Number

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

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

Is the business establishment located in, adjacent to, or

[illegible]

If you made contact with the business establishment through an activity noted on the "Outreach Activities" tab, indicate the activity by choosing

If none were re-evaluated, please describe any barriers to implementation (e.g., cost, long feedback period, low priority).

Description of Planned P2 Actions Within 5 Years (optional)

Scroll right to see all columns (cols. B through AE) →

Scroll right to see all columns (cols. B through AE) →

TOTAL REPORTED	0	-	-	-	0	-	0	0	0	0	0	0	0	\$0	-	0	-	-	0	-	0	-
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Enter Business Establishment Name and address and provide information about the business establishment's impact on disadvantaged communities. For 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 you search for the business establishment. For Business Establishment Address, enter the address of the business establishment from the date it was established on (or the date you followed up with the business establishment, **IMPORTANT:** Note your actions and outcomes will be reflected on the "Results Summary" tab until you enter at least one follow-up establishment).

Under **Grants/Grants and Outcomes**, enter each grant #2 action implemented by the business establishment. Select the role/Manufacturer (and which type of grant) that you are implementing. Select the type of grant (e.g., State/Disaster Relief, or Purchase Order). Based on the action/done date, certain columns will be highlighted. Enter the grant #2 action and the date completed. Do not enter grant #2 actions that are not completed. Do not enter grant #2 actions that are not completed. Do not enter grant #2 actions that are not completed.

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

The information in the two cells below is populated automatically from Grant Project Data tab.

Grant Recipient
Grant Project Number

Grant Project Number	
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Note: If copy-pasting into merged cells below, click this header for help text.

NAICS Code (3 to 6 digit) [NAICS Search \(website\)](#)

<p>otherwise infringing a disadvantaged community's (Yes / No / Unknown)</p>
--

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

Date(s) of Follow-up [mm/dd/yyyy]
Outreach Activity (optional)

it from the drop-down provided:

Description of Funding Mechanism (optional) EPA is exploring ways to

If a barrier to implementation is identified, please describe the barrier (e.g., cost, long payback period, low priority).

Description of Planned P2 Actions Within 5 Years (optional)

Scroll right to see all columns (cols. B through AE)...

Scroll right to see all columns (cols. B through AE) →

[illegible]

Grant Information		The information in the box below is populated automatically from Grant Project Data tab.
Grant Project Number: <input type="text"/>		
Business Establishment Information		
Address (if any posting into merged cells below, click this header for help text): <input type="text"/>		
Business Establishment Name: <input type="text"/>		
Business Establishment Contact: <input type="text"/>		
Business Establishment City: <input type="text"/>		
Business Establishment State: <input type="text"/>		
Business Establishment Zip: <input type="text"/>		
NAICS Code 12 to 48 (e.g., 236110 for Construction): <input type="text"/>		
Is the business establishment located in, adjacent to, or otherwise impacting a flood-prone community? <input type="text"/> (Yes / No / Unknown)		
How do the recommended P2 actions identified below benefit disadvantaged communities? <input type="text"/>		
Date(s) of Follow-up (mm/dd/yyyy): <input type="text"/>		
Overview Activity: <input type="text"/>		
If you are in contact with the business establishment, an activity that uses the "Overview Activity" tab, include the activity in progress. <input type="text"/>		
Is your the "Overview Activity" tab, include the activity in progress. <input type="text"/>		
Description of Funding Mechanism (e.g., funding agency link): <input type="text"/>		
Description of Barriers to Implementation: (optional) <input type="text"/>		
If there are no recommended actions to the business establishment and no implementation, please describe any barriers to implementation (e.g., long project period, low priority). <input type="text"/>		
Description of Planned P2 Actions Within 5 Years: (optional) <input type="text"/>		
If the business establishment desires to implement additional actions within the next 5 years, please describe them here. <input type="text"/>		

Scroll right to see all columns (cols. B through AD) →

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How to Use this Table:

The information in the two cells below is populated automatically from Grant Project Data tab.

The information in the two cells below is populated automatically from Grant Project Data tab.

Grant Project Number

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

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

Is the business establishment located in, adjacent to, or otherwise in violation of a designated community?

[illegible]

Outreach Activity (optional)
If you made contact with the business establishment through an activity

--	--

Description of Barriers to Implementation (optional):
If there were recommended actions that this business establishment did

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

Scroll right to see all columns (cols. E through AE) ...

Scroll right to see all columns (cols. E through AE) ...

TOTAL REPORTED	0	-	-	-	0	-	0	0	0	0	0	0	\$0	-	0	-	-	0	-	0	-
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Grant Information		The information in the box below is populated automatically from Grant Project Data tab.
Grant Project Number	Grant Project Name	
Business Establishment Information *Note: If any entry pertaining to merged cells below, click this header for help text.		
Business Establishment Name Business Establishment Contact (optional) Business Establishment City (optional) Business Establishment State (optional) Business Establishment Zip (optional)		
NAICS Code (2 to 4 digits) NAICS Search Interface		
Is the business establishment located in, adjacent to, or otherwise impacting a flood-prone 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 in this column. If not, leave this column empty.)		
Description of Funding Mechanism (optional) (P2A, a funding type list)		
Description of Barriers to Implementation (optional) If there were no recommended actions that the business establishment did not implement, please describe any barriers to implementation (e.g., lack long project period, low priority)		
Description of Planned P2 Actions Within 3 Years (optional) If the business establishment intends to implement additional actions within the next 3 years, please describe them here.		

Scroll right to see all columns (cols. B through AB) →

39 of 81

Grant Information		The information in the box with yellow background automatically flows from Grant Project 1. Only edit.	
<div> <div>Grant Number</div> <div>Grant Project Number</div> </div>			
Business Establishment Information			
Business Establishment Name		Note: If copy/pasting information into this box, click this header for help text.	
Business Establishment Contact Information			
Business Establishment City (optional)			
Business Establishment Year 11 (optional)			
NACCS Code 2019 by 4 digit NACCS Service Identifier			
Is the business establishment located in, adjacent to, or otherwise impacting a disadvantaged community? Yes / No / Not Applicable			
How do the recommended P2 actions identified below benefit disadvantaged communities?			
Details of followup (optional)			
Outreach Activity (optional) If you reach contact with the business establishment through an activity other than the "Outreach Activities" tab, indicate the activity by choosing the box for the activity below.			
Description of Funding Mechanism (optional) (250 characters max)			
Description of Barriers to Implementation (optional) If there are any recommended barriers to the business establishment not implementing, 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 the Plan below.			

Scroll right to see all columns (cols. B through AB) →

40 of 81

How to Use this Tab:

The information in the two cells below is populated automatically from Grant Project Data tab.

The information in the two cells below is populated automatically from Grant Project Data tab.

ent Project Number

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

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

NAICS Code (3 to 6 digits) NAICS Search (website)

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)

it from the drop-down provided:

Description of funding Mechanism (optional) KPA is exploring ways to

Description of Barriers to Implementation (optional)

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

Scroll right to see all columns (cols. B through AB) →

Scroll right to see all columns (cols. B through AB) →

[illegible]

Enter Business Establishment Name 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 you search for it. For the Business Establishment Address, you may enter a street address, a ZIP code, or a location identifier (e.g., latitude/longitude) that you followed up with the business establishment. **IMPORTANT:** None of your actions and outcomes will be reflected on the "Results and Impacts" page until you click the "Save" button at the bottom of the page.

Enter **P2** Actions and Outcomes. Each **P2** action implemented by the business establishment. Select the mile. Manufacturer (and which type of associated product - production, certification, or marketing), Distributor/Retailer, or Purchaser/User. Based on the selection made, certain columns will get 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 and Impacts" page.

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

The information in the two cells below is populated automatically from Grant Project Data tab.

The information in the two cells below is populated automatically from Grant Project Data tab.

Grant Recipient
Project Number

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

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

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

[illegible]

Outreach Activity (optional)
If you made contact with the business establishment through an activity

--

Description of Barriers to Implementation (optional)
 If there were recommended actions that this business establishment did

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

Scroll right to see all columns (cols. B through AE) ->

Scroll right to see all columns (cols. B through AE) ->

[illegible]

Grant Information		The information in the box with yellow background automatically flows from Grant Project 1. Only edit.	
<div> <div>Grant Number</div> <div>Grant Project Number</div> </div>			
Business Establishment Information			
Business Establishment Name		Note: If copy/pasting information into this box, click this header for help text.	
Business Establishment Contact Information			
Business Establishment City (optional)			
Business Establishment Zip (optional)			
Business Contact Email (optional)			
Business Contact Phone (optional)			
Is the business establishment located in, adjacent to, or otherwise impacting a disadvantaged community? Yes / No / Not Applicable			
How do the recommended P2 actions identified below benefit disadvantaged communities?			
Details of followup (optional)			
Outreach Activity (optional) If you reach contact with the business establishment through an activity other than the "Outreach Activities" tab, indicate the activity by choosing the box that describes the activity.			
Description of Funding Mechanism (optional) (P2 actions within grant)			
Description of Barriers to Implementation (optional) If there are any 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 the Plan.			

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Grant Information		The information in the box below is populated automatically from Grant Project Data tab.
Grant Project Number: <input type="text"/>		
Business Establishment Information		
Note: If you are pasting in merged cells below, click this header for help text.		
Business Establishment Name: <input type="text"/>		
Business Establishment Contact: <input type="text"/>		
Business Establishment City: <input type="text"/>		
Business Establishment State: <input type="text"/>		
Business Establishment Tax ID Number: <input type="text"/>		
NAICS Code 12 to 48 (e.g., 236110 for Construction): <input type="text"/>		
Is the business establishment located in, adjacent to, or otherwise impacting a flood-prone community? <input type="text"/> (Yes / No / Unknown)		
How do the recommended P2 actions identified below benefit disadvantaged communities? <input type="text"/>		
Date(s) of Follow-up: <input type="text"/> (mm/dd/yyyy)		
Overview Activity: <input type="text"/>		
If you are in contact with the business establishment, an activity that uses the "Overview" tab below, include the activity in progress. <input type="text"/>		
Is there the design phase? <input type="text"/>		
Description of Funding Mechanism (e.g., funding agency, lot): <input type="text"/>		
Description of Barriers to Implementation: <input type="text"/>		
If there are no recommended actions, the business establishment will not implement, please describe any barriers to implementation (e.g., long project period, low priority): <input type="text"/>		
Description of Planned P2 Actions Within 5 Years: <input type="text"/>		
If the business establishment plans to implement additional actions within the next 5 years, please describe them here. <input type="text"/>		

Scroll right to see all columns (cols. B through AB) →

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Grant Information Grant Number _____ Grant Project Description _____		The information in the box with yellow background automatically flows from Grant Project Data tab.
Business Establishment Information Business Establishment Name _____ Business Establishment Contact Information _____ Business Establishment City (optional) _____ Business Establishment State (optional) _____ Business Establishment Zip (optional) _____ NAICS Code (to be filled in NAICS Search section) _____		
Is the business establishment located in, adjacent to, or otherwise impacting a disadvantaged community? (Yes / No) _____		
How do the recommended P2 actions identified below benefit disadvantaged communities? _____ Details of Followup (optional) _____ Outreach Activity (optional) _____ If you make contact with the business establishment through an activity other than the "Outreach Activities" tab, indicate the activity by choosing _____ If you have a sample form, please attach _____		
Description of Funding Mechanism (optional) (P2) _____		
Description of Barriers to Implementation (optional) If there are barriers to implementation of the business establishment P2 program, 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. _____		

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Grant Information		The information in the box with yellow is populated automatically from Grant Project Data tab.	
Grant Number Grant Project Number			
Business Establishment Information			
Business Establishment Name		Note: If copy/pasting information into this box, click this header for help text.	
Business Establishment Contact Information			
Business Establishment City (optional)			
Business Establishment State (optional)			
Business Contact Email (if available) (optional)			
Business Contact Phone (if available) (optional)			
Is the business establishment located in, adjacent to, or otherwise impacting a disadvantaged community? Yes / No / Not Determined			
How do the recommended P2 actions identified below benefit disadvantaged communities?			
Details of followup (optional)			
Outreach Activity (optional) If you make contact with the business establishment through an activity other than the "Outreach Activities" tab, indicate the activity by choosing the box for the activity below.			
Description of Funding Mechanism (optional) (P2 actions within grant)			
Description of Barriers to Implementation (optional) If there are recommended actions to be taken and identified but not implemented, 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 the Plan below.			

Scroll right to see all columns (cols. B through AB) →

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Grant Information		The information in the box with yellow background automatically flows from Grant Project 1. Only edit.	
<div> <div>Grant Number</div> <div>Grant Project Number</div> </div>			
Business Establishment Information			
Business Establishment Name		Note: If <i>not</i> applying, enter merged cell below, click this header for help text.	
Business Establishment Contact Information			
Business Establishment City (optional)			
Business Establishment Zip (optional)			
Business Contact Email (if different from email address)			
Business Contact Phone (if different from phone number)			
Is the business establishment located in, adjacent to, or otherwise impacting a disadvantaged community? Yes / No / Not Applicable			
How do the recommended P2 actions identified below benefit disadvantaged communities?			
Details of followup (optional)			
Outreach Activity (optional) If you make contact with the business establishment through an activity other than the "Outreach Activities" tab, indicate the activity by choosing the box that describes the activity.			
Description of Funding Mechanism (optional) (P2 actions within grant)			
Description of Barriers to Implementation (optional) If there are recommended actions in this document that cannot be implemented, 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 the Plan below.			

Scroll right to see all columns (cols. B through AB) →

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1. Enter Business Establishment Number and provide information about the business establishment's impact on disadvantaged communities. For Business Establishment Name, if you do not wish to disclose the actual name, enter a meaningful phrase on which you will also file for credit. If you are unable to identify a business establishment, please check "None." If you have multiple establishments, please indicate how many (see note) on which you followed up with the business establishment. **IMPORTANT:** Name of your actions and outcomes will be reflected on the "Results of Actions" section of the report. Please include all relevant information from the "Expected Impacts" section of the report.

2. Enter P2 Actions and Outcomes across each P2 action identified by the business establishment. Select the main Manufacturer (and which type of associated product - production, certification, or marketing), Distributor/Retailer, or Purchaser/User. Based on the selection made, certain columns will vary. 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 of Actions" section of the report.

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.

The information in the two cells below is populated automatically from Grant Project Data tab.

The information in the two cells below is populated automatically from Grant Project Data tab.

ent Project Number

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

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

is the business establishment located in, sufficient to, or

[illegible]

If you made contact with the business establishment through an activity noted on the "Outreach Activities" tab, indicate the activity by choosing

--

If none were recommended, please describe any barriers to implementation (e.g., cost, time, staff, space, priority).

Description of Planned P2 Actions Within 5 Years (optional)

Scroll right to see all columns (cols. B through AB) →

Scroll right to see all columns (cols. B through AB) →

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Grant Information		The information in the box below is populated automatically from Grant Project Data tab.
Grant Project Number	Grant Project Name	
Business Establishment Information *Note: If any entry pertaining to merged cells below, click this header for help text.		
Business Establishment Name Business Establishment Contact (optional) Business Establishment City (optional) Business Establishment State (optional) Business Establishment Zip (optional)		
NAICS Code (2 to 4 digits) NAICS Search Interface Is the business establishment located in, adjacent to, or otherwise impacting a flood-prone 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 in this column. If not, leave this column empty.)		
Description of Funding Mechanism (optional) (P2A, as outlined on page 14)		
Description of Barriers to Implementation (optional) If there were no recommended actions that the business establishment did not implement, please describe any barriers to implementation (e.g., lack long project period, low priority).		
Description of Planned P2 Actions Within 3 Years (optional) If the business establishment intends to implement additional actions within the next 3 years, please describe those items.		

Scroll right to see all columns (cols. B through AB) →

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How to Use this Table:

The information in the two cells below is populated automatically from Grant Project Data tab.

The information in the two cells below is populated automatically from Grant Project Data tab.

Grant Project Number

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

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

Scroll right to see all columns (cols. B through AB) →

Scroll right to see all columns (cols. B through AB) →

[illegible]

Grant Information		The information in the box with yellow is populated automatically from Grant Project Data table.	
<div> <div>Grant Reference</div> <div>Grant Project Number</div> </div>			
Business Establishment Information			
Business Establishment Name		Note: If copy/pasting information into this box, click this header for help text.	
Business Establishment Contact Information			
Business Establishment City (optional)			
Business Establishment Year 11 (optional)			
NACCS Code 2019 by 4 digit NACCS Search Results			
Is the business establishment located in, adjacent to, or otherwise impacting a disadvantaged community? Yes / No / Not Determined			
How do the recommended P2 actions identified below benefit disadvantaged communities?			
<div> <div>Detail of followup (optional)</div> <div> <p>If you reach contact with the business establishment through an entity other than the "Outreach Activities" tab, indicate the entity by choosing the box for the entity below.</p> </div> </div>			
<div> <div>Outreach Activity (optional)</div> <div> <p>If you reach contact with the business establishment through an entity other than the "Outreach Activities" tab, indicate the entity by choosing the box for the entity below.</p> </div> </div>			
Description of Funding Mechanism (optional) (250 characters max)			
Description of Barriers to Implementation (optional)			
If there are any recommended barriers to the business establishment not implementing, please describe any barriers to implementation (e.g., cost, long project start time, 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 the Plan below.			

Scroll right to see all columns (cols. B through AB) →

[illegible]

Enter Business Establishment Name and address and provide information about the business establishment's impact on disadvantaged communities. For 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 you search for the business establishment. For Business Establishment Address, enter the address of the business establishment from the date it was established on (or the date it was closed if 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 establishment.

Under **Grants/Actions and Outcomes**, enter each action implemented by the business establishment. Select the role/Manufacturer (and which type of manufacturing) that the business establishment is performing. Select the type of action (e.g., Disposal, Remediation, etc.). Select the type of outcome (e.g., Remediation, etc.). Do not add any non-granted actions. **IMPORTANT:** You must enter the Date Implemented for your actions and outcomes to be reflected on the "Results Summary" tab.

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

The information in the two cells below is populated automatically from Grant Project Data tab.

The information in the two cells below is populated automatically from Grant Project Data tab.

Grant Recipient
ent Project Number

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

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

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	Page / Page / Character(s)

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Outreach Activity (optional)
If you made contact with the business establishment through an activity noted on the "Outreach Activities" tab, indicate the activity by choosing

If there were recommended actions that this business establishment did not implement, please describe any barriers to implementation (e.g., cost, time, staff, policy, law, etc.):

Description of Planned P2 Actions Within 5 Years (optional)

Scroll right to see all columns (cols. B through AE) ...

Scroll right to see all columns (cols. B through AE) ...

[illegible]

Grant Information		The information in the box with yellow background automatically flows from Grant Project 1. Only edit.	
<div> <div>Grant Number</div> <div>Grant Project Number</div> </div>			
Business Establishment Information			
Business Establishment Name		Note: If <i>not</i> applying, enter merged cell below, click this header for help text.	
Business Establishment Contact Information			
Business Establishment City (optional)			
Business Establishment State (optional)			
Business Contact Email (if available) (optional)			
Business Contact Phone (if available) (optional)			
Is the business establishment located in, adjacent to, or otherwise impacting a disadvantaged community? Yes / No / Not Determined			
How do the recommended P2 actions identified below benefit disadvantaged communities?			
Details of followup (optional)			
Outreach Activity (optional) If you make contact with the business establishment through an activity other than the "Outreach Activities" tab, indicate the activity by choosing the box that describes the activity.			
Description of Funding Mechanism (optional) (P2 actions within grant)			
Description of Barriers to Implementation (optional) If there are 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 the Plan below.			

Scroll right to see all columns (cols. B through AB) →

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1. Enter Business Establishment Number and provide information about the business establishment's impact on disadvantaged communities. For Business Establishment Name, if you do not wish to disclose the actual name, enter a meaningful phrase on which you will be able to find it. When you enter a phrase, you will be able to search for the actual name. If you are not sure of the actual name, enter the name of the business establishment (e.g., "The City of Los Angeles") on which you followed up with the business establishment. **IMPORTANT:** Name of your actions and outcomes will be reflected on the "Results of Actions" page. **IMPORTANT:** Do not enter the name of the business establishment. **IMPORTANT:** Do not enter the name of the business establishment.

2. Enter P2 Actions and Outcomes across each P2 action. Select the main Manufacturer (and which type of associated product - production, certification, or marketing). Distributor/Retailer, or Purchaser/User. Based on the selection made, certain columns will not fill. Not all non-granted out calls. **IMPORTANT:** You must enter the Date Implemented for your actions and outcomes to be reflected on the "Results of Actions" page. **IMPORTANT:** Do not enter the name of the business establishment. **IMPORTANT:** Do not enter the name of the business establishment.

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

The information in the two cells below is populated automatically from Grant Project Data tab.

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Grant Recipient
Project Number

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

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

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

[illegible]

Outreach Activity (optional)
If you made contact with the business establishment through an activity

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Description of Barriers to Implementation (optional)
 If there were recommended without that this business establishment did

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

Scroll right to see all columns (cols. B through AE) ...

Scroll right to see all columns (cols. B through AE) ...

[illegible]

Grant Information		The information in the box with yellow background automatically flows from Grant Project 1. Only edit.	
<div> <div>Grant Number</div> <div>Grant Project Number</div> </div>			
Business Establishment Information			
Business Establishment Name		Note: If <i>not</i> applying, enter merged cell below, click this header for help text.	
Business Establishment Contact Information			
Business Establishment City (optional)			
Business Establishment Zip (optional)			
NACCS Code 20 to 30 NACCS Search Interface			
Is the business establishment located in, adjacent to, or otherwise impacting a disadvantaged community? Yes / No / Not Applicable			
How do the recommended P2 actions identified below benefit disadvantaged communities?			
Details of followup (optional)			
Outreach Activity (optional) If you make contact with the business establishment through an activity other than the "Outreach Activities" tab, indicate the activity by choosing a link from the drop-down menu below.			
Description of Funding Mechanism (optional) (2019) View this page			
Description of Barriers to Implementation (optional) If there are barriers to implementation of the measures and/or need 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 the Plan below.			

Scroll right to see all columns (cols. B through AB) →

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Grant Information		<p>The information in the two cells below is populated automatically from Grant Project Data tab.</p> <p>Grant Response</p> <p>Grant Project Summary</p>						
<p>Business Establishment Information</p> <p>Business Establishment Name</p> <p>Business Establishment Contact Information</p> <p>Business Establishment City (optional)</p> <p>Business Establishment State (optional)</p> <p>MARC Code 12-2 (if a MARC Search is needed)</p>								
<p>Is the business establishment located in, adjacent to, or otherwise impacting a shared water community? (Yes / No / Not Applicable)</p>								
<p>How does the recommended P2 action identified below benefit district-level communities?</p>								
<p>Details of Follow-up (month(s)/year(s))</p> <table border="1"> <thead> <tr> <th>Network Activity</th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td> <p>How often contact with the business establishment through an activity listed on the "Network Activities" tab, including the following (if any):</p> <p>• How often face-to-face meetings</p> </td> <td></td> <td></td> </tr> </tbody> </table>			Network Activity			<p>How often contact with the business establishment through an activity listed on the "Network Activities" tab, including the following (if any):</p> <p>• How often face-to-face meetings</p>		
Network Activity								
<p>How often contact with the business establishment through an activity listed on the "Network Activities" tab, including the following (if any):</p> <p>• How often face-to-face meetings</p>								
<p>Description of Funding Mechanism (including P2s, a funding award, grant)</p>								
<p>Description of Barriers to Implementation (optional)</p> <p>If there are any recommendations to the business establishment to implement P2s, please describe any barriers to implementation (e.g., cost, time, personnel, prior efforts).</p>								
<p>Description of Planned P2 Action Within 5 Years (optional)</p> <p>If the business establishment intends to implement additional actions within the next 5 years, please describe the future plans.</p>								

Scroll right to see all columns (cols. B through AB) →

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Grant Information		The information in the box with yellow background automatically flows from Grant Project 1. Only edit.	
<div> <div>Grant Number</div> <div>Grant Project Number</div> </div>			
Business Establishment Information			
Business Establishment Name		Note: If <i>not</i> applying, enter merged cell below, click this header for help text.	
Business Establishment Contact Information			
Business Establishment City (optional)			
Business Establishment Zip (optional)			
NACCS Code 20 to 30 NACCS Search Interface			
Is the business establishment located in, adjacent to, or otherwise impacting a disadvantaged community? Yes / No / Not Applicable			
How do the recommended P2 actions identified below benefit disadvantaged communities?			
Details of followup (optional)			
Outreach Activity (optional) If you make contact with the business establishment through an activity other than the "Outreach Activities" tab, indicate the activity by choosing a box from the drop-down menu below.			
Description of Funding Mechanism (optional) (250 characters max)			
Description of Barriers to Implementation (optional) If there are recommended barriers to the business establishment not implemented, please describe any barriers to implementation (e.g., cost, long project phase, 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 the Plan below.			

Scroll right to see all columns (cols. B through AB) →

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Grant Information		The information in the box with yellow is populated automatically from Grant Project Data tab.	
Grant Number Grant Project Number			
Business Establishment Information			
Business Establishment Name		Note: If copy/pasting information into this box, click this header for help text.	
Business Establishment Contact Information			
Business Establishment City (optional)			
Business Establishment State (optional)			
Business Contact Email (optional)			
Business Contact Phone (optional)			
Is the business establishment located in, adjacent to, or otherwise impacting a disadvantaged community? Yes / No / Not Determined			
How do the recommended P2 actions identified below benefit disadvantaged communities? Describe of follow-up (optional)			
Network Activity confirmed If you make contact with the business establishment through an activity listed on the "Network Activities" tab, indicate the activity by choosing the box that corresponds to the activity.			
Description of Funding Mechanism (optional) (250 characters max)			
Description of Barriers to Implementation (optional) If there are barriers to implementation of the business establishment that impede, please describe any barriers to implementation (e.g., cost, long product lines, 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 the Plan.			

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Grant Information		The information in the box with yellow is populated automatically from Grant Project Data tab.	
Grant Number Grant Project Number			
Business Establishment Information			
Business Establishment Name		Note: If copy/pasting information into this box, click this header for help text.	
Business Establishment Contact Information			
Business Establishment City (optional)			
Business Establishment State (optional)			
Business Contact Email (optional)			
Business Contact Phone (optional)			
Is the business establishment located in, adjacent to, or otherwise impacting a disadvantaged community? (Yes / No / Not Determined)			
How do the recommended P2 actions identified below benefit disadvantaged communities? (optional)			
Details of Followup (optional)			
Network Activity (optional)			
If you make contact with the business establishment through an activity you are on the "Network Activities" tab, indicate the activity by choosing the box that best describes the activity.			
Description of Followup Mechanism (optional) (250 characters max)			
Description of Barriers to Implementation (optional) If there are any recommended actions that the business establishment did not implement, please describe any barriers to implementation (e.g., cost, long project phase, 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 the Plan.			

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Grant Information		The information in the box with yellow is populated automatically from Grant Project Data tab.	
Grant Number Grant Project Number			
Business Establishment Information			
Business Establishment Name		Note: If copy/pasting information into this box, click this header for help text.	
Business Establishment Contact Information			
Business Establishment City (optional)			
Business Establishment State (optional)			
Business Contact Email (optional)			
Business Contact Phone (optional)			
Is the business establishment located in, adjacent to, or otherwise impacting a disadvantaged community? Yes / No / Not Determined			
How do the recommended P2 actions identified below benefit disadvantaged communities? Describe of follow-up (optional)			
Network Activity confirmed If you make contact with the business establishment through an activity listed on the "Network Activities" tab, indicate the activity by choosing the box that corresponds to the activity.			
Description of Funding Mechanism (optional) (250 characters max)			
Description of Barriers to Implementation (optional) If there are barriers to implementation of the business establishment that impede, please describe any barriers to implementation (e.g., cost, long product lines, 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 the Plan.			

Scroll right to see all columns (cols. B through AD) →

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[illegible]

The information in the two cells below is populated automatically from Grant Project Data tab.

The information in the two cells below is populated automatically from Grant Project Data tab.

ent Project Number

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

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

is the business establishment located in, sufficient to, or

[illegible]

If you made contact with the business establishment through an activity noted on the "Outreach Activities" tab, indicate the activity by choosing

--

If none were recommended, please describe any barriers to implementation (e.g., cost, time, staff, space, priority).

Description of Planned P2 Actions Within 5 Years (optional)

Scroll right to see all columns (cols. B through AB) →

Scroll right to see all columns (cols. B through AB) →

TOTAL REPORTED	0	-	-	-	0	-	0	0	0	0	0	0	\$0	-	0	-	-	0	-	0	-
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Grant Information		The information in the box with yellow is populated automatically from Grant Project Data table.	
		Grant Category	
		Grant Project Number	
Business Establishment Information			
Business Establishment Name		Note: If copy/pasting information into this box, click this header for help text.	
Business Establishment Contact Information			
Business Establishment City (optional)			
Business Establishment State (optional)			
Business Establishment Zip (optional)			
NACCS Code: 20 to 4 digits (NACCS Search Interface)			
<p>Is the business establishment located in, adjacent to, or otherwise impacting a disadvantaged community?</p> <p>Yes / No / Not / Unknown</p>			
<p>How do the recommended P2 actions identified below benefit disadvantaged communities?</p> <p>Describe of following (max 400 words)</p>			
<p>Network Activity (optional)</p> <p>If you make contact with the business establishment through an affiliate organization like "Network Activities" tab, indicate the activity by choosing the box that describes the activity.</p>			
<p>Description of Funding Mechanism (optional) (250 characters max)</p>			
<p>Description of Barriers to Implementation (optional)</p> <p>If there are recommended actions to be taken and implemented but not implemented, please describe any barriers to implementation (e.g., cost, long project period, low priority).</p>			
<p>Description of Planned P2 Actions Within 5 Years (optional)</p> <p>If the business establishment intends to implement additional actions within the next 5 years, please describe the Plan below.</p>			

Scroll right to see all columns (cols. B through AB) →

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Grant Information		The information in the box with yellow is populated automatically from Grant Project Data table.	
Grant Project Number		Grant Project Number	
Business Establishment Information			
Business Establishment Name		Note: If copy/pasting information into this box, click this header for help text.	
Business Establishment Contact Information			
Business Establishment City (optional)			
Business Establishment Year 11 (optional)			
Business Contact ID (to be a digital N/A's Search Identifier)			
<p>Is the business establishment located in, adjacent to, or otherwise impacting a disadvantaged community?</p> <p>Yes / No / Not / Unknown</p>			
<p>How do the recommended P2 actions identified below benefit disadvantaged communities?</p> <p>Describe of following (max 500 words)</p>			
<p>Network Activity (optional)</p> <p>If you make contact with the business establishment through an activity other than the "Network Activity" tab, indicate the activity by choosing the box that best describes the activity.</p>			
<p>Description of Funding Mechanism (optional) (250 characters max)</p>			
<p>Description of Barriers to Implementation (optional)</p> <p>If there are recommended actions to be taken and you are not able to implement, please describe any barriers to implementation (e.g., cost, long project period, low priority).</p>			
<p>Description of Planned P2 Actions Within 5 Years (optional)</p> <p>If the business establishment intends to implement additional actions within the next 5 years, please describe the Plan below.</p>			

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Grant Information		The information in the box with yellow background automatically flows from Grant Project 1. Only edit.	
<div> <div>Grant Number</div> <div>Grant Project Number</div> </div>			
Business Establishment Information			
Business Establishment Name		Note: If <i>not</i> applying, enter merged cell below, click this header for help text.	
Business Establishment Contact Information			
Business Establishment City (optional)			
Business Establishment Year 11 (optional)			
NACCS Code 2019 by 4 digit NACCS Search Results			
Is the business establishment located in, adjacent to, or otherwise impacting a disadvantaged community? Yes / No / Not Applicable			
How do the recommended P2 actions identified below benefit disadvantaged communities?			
Details of followup (optional)			
Outreach Activity (optional) If you make contact with the business establishment through an activity other than the "Outreach Activities" tab, indicate the activity by choosing a row from the drop-down menu below.			
Description of Funding Mechanism (optional) (2019) by Agency Name			
Description of Barriers to Implementation (optional) If there are barriers to implementation of the business establishment P2 program, 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 the Plan below.			

Scroll right to see all columns (cols. B through AB) →

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Grant Information		The information in the box with yellow is populated automatically from Grant Project Data tab.	
Grant Number Grant Project Number			
Business Establishment Information			
Business Establishment Name		Note: If copy/pasting information into this box, click this header for help text.	
Business Establishment Contact Information			
Business Establishment City (optional)			
Business Establishment State (optional)			
Business Contact Email (optional)			
Business Contact Phone (optional)			
Is the business establishment located in, adjacent to, or otherwise impacting a disadvantaged community? Yes / No / Not Determined			
How do the recommended P2 actions identified below benefit disadvantaged communities? Describe of follow-up (optional)			
Network Activity confirmed If you make contact with the business establishment through an activity listed on the "Network Activities" tab, indicate the activity by choosing the box that corresponds to the activity.			
Description of Funding Mechanism (optional) (250 characters max)			
Description of Barriers to Implementation (optional) If there are barriers to implementation of the business establishment that you recommend, please describe any barriers to implementation (e.g., cost, long project phase, 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 the Plan.			

Scroll right to see all columns (cols. B through AB) →

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How to Use this Table:

The information in the two cells below is populated automatically from Grant Project Data tab

The information in the two cells below is populated automatically from Grant Project Data tab

Grant Project Number

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

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

[illegible]

	Feb / Mar / Changelog

If you made contact with the business establishment through an activity noted on the "Outreach Activities" tab, indicate the activity by choosing

If there were recommended actions that this business establishment did not implement, please describe any barriers to implementation (e.g., cost, time, staff, etc.).

Description of Planned P2 Actions Within 5 Years (optional)

Scroll right to see all columns (cols. B through AE) ...

Scroll right to see all columns (cols. B through AE) ...

TOTAL REPORTED	0	-	-	-	0	-	0	0	0	0	0	0	0	\$0	-	0	-	-	0	-	0	-
----------------	---	---	---	---	---	---	---	---	---	---	---	---	---	-----	---	---	---	---	---	---	---	---

Grant Information		The information in the box with yellow background automatically flows from Grant Project 1. Only edit.	
<div> <div>Grant Number</div> <div>Grant Project Number</div> </div>			
Business Establishment Information			
Business Establishment Name		Note: If <i>not</i> applying, enter merged cell below, click this header for help text.	
Business Establishment Contact Information			
Business Establishment City (optional)			
Business Establishment Zip (optional)			
Business Contact Email (if different from email address)			
Business Contact Phone (if different from phone number)			
Is the business establishment located in, adjacent to, or otherwise impacting a disadvantaged community? Yes / No / Not Applicable			
How do the recommended P2 actions identified below benefit disadvantaged communities?			
Details of followup (optional)			
Outreach Activity (optional) If you make contact with the business establishment through an activity other than the "Outreach Activities" tab, indicate the activity by choosing the box that best describes the activity.			
Description of Funding Mechanism (optional) (P2 actions within grant)			
Description of Barriers to Implementation (optional) If there are barriers to implementation of the business establishment that impede or prevent the business from implementing P2, list any barriers to implementation (e.g., cost, long product lines, 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 the Plan below.			

Scroll right to see all columns (cols. B through AB) →

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How to Use this Table:

The information in the two cells below is populated automatically from Grant Project Data tab.

Grant Project Number

Grant Project Number

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

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

[NAICS Code \(3 to 6 digit\) NAICS Search Results](#)

<p>Otherwise impacting a disadvantaged community: (Yes / No / Unknown)</p>
--

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

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

It from the drop-down provided.

Description of funding Mechanism (optional) (UPA is exploring ways to...)

If a barrier to implementation was not implemented, please describe any barriers to implementation (e.g., cost, long payback period, low priority).

Description of Planned P2 Actions Within 5 Years (optional)

Scroll right to see all columns (cols. B through AE) →

[illegible]68 of 81

Grant Information		The information in the box with yellow is populated automatically from Grant Project Data table.			
<table border="1"> <tr> <td>Grant Number</td> <td>Grant Project Number</td> </tr> </table>		Grant Number	Grant Project Number		
Grant Number	Grant Project Number				
Business Establishment Information					
Business Establishment Name		Note: If copy/pasting information into this box, click this header for help text.			
Business Establishment Contact Information					
Business Establishment City (optional)					
Business Establishment State (optional)					
Business Contact Email (if available) (optional)					
Business Contact Phone (if available) (optional)					
Is the business establishment located in, adjacent to, or otherwise impacting a disadvantaged community? Yes / No / Not Determined					
How do the recommended P2 actions identified below benefit disadvantaged communities?					
Details of followup (optional)					
Outreach Activity (optional) If you reach contact with the business establishment through an activity other than the "Outreach Activities" tab, indicate the activity by choosing the box that describes the activity.					
Description of Funding Mechanism (optional) (P2 actions within grant)					
Description of Barriers to Implementation (optional) If there are 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 the Plan.					

Scroll right to see all columns (cols. B through AB) →

[illegible]

Grant Information		The information in the box below is populated automatically from Grant Project Data tab.
Grant Project Number: <input type="text"/>		
Business Establishment Information		
Note: If you are pasting in merged cells below, click this header for help text.		
Business Establishment Name: <input type="text"/>		
Business Establishment Contact: <input type="text"/>		
Business Establishment City: <input type="text"/>		
Business Establishment State: <input type="text"/>		
Business Establishment Zip: <input type="text"/>		
NAICS Code 12 to 48 (e.g., 236110 for Construction)		
Is the business establishment located in, adjacent to, or otherwise impacting a flood-prone community? <input type="text"/> (Yes / No / Unknown)		
How do the recommended P2 actions identified below benefit disadvantaged communities? <input type="text"/>		
Date(s) of Follow-up: <input type="text"/> (mm/dd/yyyy)		
Overview Activity: <input type="text"/>		
If you are in contact with the business establishment, an activity that uses the "Overview Activities" tab, include the activity in progress. <input type="text"/>		
Is your design complete? <input type="text"/>		
Description of Funding Mechanism (e.g., funding agency link) <input type="text"/>		
Description of Barriers to Implementation: <input type="text"/>		
If there are no recommended actions to the business establishment and no implementation, please describe any barriers to implementation (e.g., long project period, low priority). <input type="text"/>		
Description of Planned P2 Actions Within 5 Years: <input type="text"/>		
If the business establishment agrees to implement additional actions within the next 5 years, please describe them here. <input type="text"/>		

Scroll right to see all columns (cols. B through AB) →

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Grant Information		The information in the box with yellow background is populated automatically from Grant Project Data table.	
		Grant Category	
		Grant Project Number	
Business Establishment Information			
Business Establishment Name		Note: If copy/pasting information into this box, click this header for help text.	
Business Establishment Contact Information			
Business Establishment City (optional)			
Business Establishment State (optional)			
Business Establishment Zip (optional)			
NACCS Code (to be filled in by NACCS Service Specialist)			
Is the business establishment located in, adjacent to, or otherwise impacting a disadvantaged community? <input type="text"/> Yes / <input type="text"/> No / <input type="text"/> Undetermined			
How do the recommended P2 actions identified below benefit disadvantaged communities? <input type="text"/>			
Details of followup (optional) <input type="text"/>			
Outreach Activity (optional) If you make contact with the business establishment through an activity other than the "Outreach Activities" tab, indicate the activity by choosing the box that best describes the activity.			
Description of Funding Mechanism (optional) (NACCS 2.0.1.1) <input type="text"/>			
Description of Barriers to Implementation (optional) If there are any 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 the plans below.			

Scroll right to see all columns (cols. B through AB) →

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Grant Information		The information in the box with yellow is populated automatically from Grant Project Data tab.	
Grant Number Grant Project Number			
Business Establishment Information			
Business Establishment Name		Note: If copy/pasting information into this box, click this header for help text.	
Business Establishment Contact Information			
Business Establishment City (optional)			
Business Establishment State (optional)			
Business Contact Email (optional)			
Business Contact Phone (optional)			
Is the business establishment located in, adjacent to, or otherwise impacting a disadvantaged community? Yes / No / Not Determined			
How do the recommended P2 actions identified below benefit disadvantaged communities?			
Details of followup (optional)			
Network Activity (optional)			
If you make contact with the business establishment through an entity other than the "Network Activities" tab, indicate the entity by choosing the box for the entity below.			
Description of Funding Mechanism (optional) (P2 actions within 5 years)			
Description of Barriers to Implementation (optional) If there are any recommended barriers to the business establishment not implementing, please describe any barriers to implementation (e.g., cost, long product lines, 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 the Plan below.			

Scroll right to see all columns (cols. B through AB) →

[illegible]

Grant Information		The information in the box with yellow is populated automatically from Grant Project Data tab.	
Grant Number Grant Project Number			
Business Establishment Information			
Business Establishment Name		Note: If copy/pasting information into this box, click this header for help text.	
Business Establishment Contact Information			
Business Establishment City (optional)			
Business Establishment State (optional)			
Business Contact Email (optional)			
Business Contact Phone (optional)			
Is the business establishment located in, adjacent to, or otherwise impacting a disadvantaged community? Yes / No / Not Determined			
How do the recommended P2 actions identified below benefit disadvantaged communities?			
Details of followup (optional)			
Network Activity			
If you make contact with the business establishment through an activity listed on the "Network Activities" tab, indicate the activity by choosing the box that best describes the activity.			
Description of Funding Mechanism (optional) (250 characters max)			
Description of Barriers to Implementation (optional)			
If there are recommended barriers to the business establishment not implemented, please describe any barriers to implementation (e.g., cost, long project phase, 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 the Plan's intent.			

Scroll right to see all columns (cols. B through AB) →

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1. Enter Business Establishment Number and provide information about the business establishment's impact on disadvantaged communities. For Business Establishment Name, if you do not wish to disclose the actual name, enter a meaningful phrase on which you will be able to find it. When you enter a phrase, you will be able to search for the actual name. If you are not sure of the actual name, enter the name of the business establishment (e.g., "The City of Los Angeles") on which you followed up with the business establishment. **IMPORTANT:** Name of your actions and outcomes will be reflected on the "Results of Actions" page. **IMPORTANT:** Do not enter the name of the business establishment. **IMPORTANT:** Do not enter the name of the business establishment.

2. Enter P2 Actions and Outcomes across each P2 action. Select the main Manufacturer (and which type of associated product - production, certification, or marketing). Distributor/Retailer, or Purchaser/User. Based on the selection made, certain columns will not fill. Not all non-granted out calls. **IMPORTANT:** You must enter the Date Implemented for your actions and outcomes to be reflected on the "Results of Actions" page. **IMPORTANT:** Do not enter the name of the business establishment. **IMPORTANT:** Do not enter the name of the business establishment.

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

The information in the two cells below is populated automatically from Grant Project Data tab.

The information in the two cells below is populated automatically from Grant Project Data tab.

Grant Recipient
Project Number

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

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

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

[illegible]

Outreach Activity (optional)
If you made contact with the business establishment through an activity

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Description of Barriers to Implementation (optional)
 If there were recommended without that this business establishment did

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

Scroll right to see all columns (cols. B through AE) ...

Scroll right to see all columns (cols. B through AE) ...

[illegible]

*** Enter Business Establishment Information** and provide information about the business establishment's impact on disadvantaged communities.

*** Enter 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 you return to the form. Do not include "Confidential" or "Proprietary" as part of the name. The exact name from the document(s) provided (e.g., letter(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.)

*** Enter Up To Actions and Outcomes**, enter each action implemented by the business establishment. Select the role: Manufacturer (and which type of manufacturing activity) or Retailer (and which type of retailing activity). Select the Outcome Type (e.g., "Expected Impact") based on the selection made. You may add up to five actions and outcomes. Do not leave any cell blank. **(IMPORTANT: You must enter the Date Implemented for your actions and outcomes to be reflected on the "Results Summary" tab.)**

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

The information in the two cells below is populated automatically from Grant Project Data tab.

The information in the two cells below is populated automatically from Grant Project Data tab.

Grant Recipient
Project Number

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

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

is the business establishment located in, sufficient to, or

[illegible]

If you made contact with the business establishment through an activity noted on the "Outreach Activities" tab, indicate the activity by choosing

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If none were recommended, please describe any barriers to implementation (e.g., cost, time, staff, space, priority).

Description of Planned P2 Actions Within 5 Years (optional)

Scroll right to see all columns (cols. B through AB) →

Scroll right to see all columns (cols. B through AB) →

TOTAL REPORTED	0	-	-	-	0	-	0	0	0	0	0	0	\$0	-	0	-	-	0	-	0	-
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Grant Information		The information in the box below is populated automatically from Grant Project Data tab.
Grant Number		
Grant Project Number		
Business Establishment Information		
Business Establishment Name	Note: If copy/pasting information call into below, click this header for help text.	
Business Establishment Contact Information		
Business Establishment City (optional)		
Business Establishment State (optional)		
NMCA Code: 20 to 6 (optional) NMCA Service Identifier:		
Is the business establishment located in, adjacent to, or otherwise impacting a disadvantaged community?	(Yes / No / Not Determined)	
How do the recommended P2 actions identified below benefit disadvantaged communities?		
Date(s) of follow-up (mm/dd/yyyy)		
Network Activity continued		
If you make contact with the business establishment through an activity listed on the "Network Activities" tab, indicate the activity by choosing it here for each step taken during the visit.		
Description of Funding Mechanism (optional)(URLs are welcome)		
Description of Barriers to Implementation (optional)	If there are no recommendations above for the barriers to implementation, do not repeat; please describe any barriers to implementation (e.g., cost, long project phase time, priority).	
Description of Planned P2 Actions Within 5 Years (optional)	If the business establishment agrees to implement additional activities within the next 5 years, please describe the Plan Below.	

Scroll right to see all columns (cols. B through AD) →

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1. Enter Business Establishment name and provide information about the business establishment's impact on disadvantaged communities. For 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 you need it. Do not use a business name that is not on the list of business names in the data dictionary. Do not use a business name that you followed up with a business establishment. **IMPORTANT:** None of your actions and outcomes will be reflected on the "Results and Outcomes" page. Do not use a business name that is not on the list of business names in the data dictionary.

2. Use PD 2 Actions and Outcomes section with 72 action implemented by the business establishment. Select the title, Manufacturer (and which type of associated product - production, certification, or marketing), Distributor/Retailer, or Purchaser/ User. Based on the selection made, certain columns will not fill. Do not fill all non-grated out cells. **IMPORTANT:** You must enter the Date Implemented for your actions and outcomes to be reflected on the "Results and Outcomes" page.

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

The information in the two cells below is populated automatically from Grant Project Data tab.

The information in the two cells below is populated automatically from Grant Project Data tab.

ent Project Number

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

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

is the business establishment located in, sufficient to, or

[illegible]

If you made contact with the business establishment through an activity noted on the "Outreach Activities" tab, indicate the activity by choosing

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If none were recommended, please describe any barriers to implementation (e.g., cost, time, staff, space, priority).

Description of Planned P2 Actions Within 5 Years (optional)

Scroll right to see all columns (cols. B through AE) →

Scroll right to see all columns (cols. B through AB) →

[illegible]

1. Enter Business Establishment (or other) and provide information about the business establishment's impact on disadvantaged communities. For Business Establishment Name, if you do not wish to disclose the actual name, enter a meaningful phrase on which you will be able to find it. When you enter a phrase, you will be able to search for the actual name. If you are not sure of the actual name, enter the name of the business establishment (or other) on which you followed up with the business establishment. **IMPORTANT:** Name of your actions and outcomes will be reflected on the "Results of Actions" page. **IMPORTANT:** Do not enter the name of the business establishment (or other) on which you followed up with the business establishment. **IMPORTANT:** Name of your actions and outcomes will be reflected on the "Results of Actions" page. **IMPORTANT:** Do not enter the name of the business establishment (or other) on which you followed up with the business establishment. **IMPORTANT:** Name of your actions and outcomes will be reflected on the "Results of Actions" page.

2. Enter P2 Actions and Outcomes across each P2 action. Select the **line Manufacturer** (and which type of associated product - production, certification, or marketing). **Distributor/Retailer**, or **Purchaser/User**. Based on the selection made, certain columns will vary. **Do not fill all non-granted out cells. IMPORTANT:** You must enter the Date Implemented for your actions and outcomes to be reflected on the "Results of Actions" page. **IMPORTANT:** Do not enter the name of the business establishment (or other) on which you followed up with the business establishment. **IMPORTANT:** Name of your actions and outcomes will be reflected on the "Results of Actions" page.

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.

The information in the two cells below is populated automatically from Grant Project Data tab.

The information in the two cells below is populated automatically from Grant Project Data tab.

Grant Recipient
Project Number

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

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

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

[illegible]

Outreach Activity (optional)
If you made contact with the business establishment through an activity

--

Description of Barriers to Implementation (optional)
 If there were recommended without that this business establishment did

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

Scroll right to see all columns (cols. B through AE) ...

Scroll right to see all columns (cols. B through AE) ...

[illegible]

How to Use this Tab:

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Grant Recipient
Project Number

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

[illegible]

Outreach Activity (optional)
If you made contact with the business establishment through an activity

--

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Scroll right to see all columns (cols. B through AE) ...

Scroll right to see all columns (cols. B through AE) ...

[illegible]

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

[illegible]

Outreach Activity (optional)
If you made contact with the business establishment through an activity

--

Description of Barriers to Implementation (optional)
 If there were recommended without that this business establishment did

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

Scroll right to see all columns (cols. B through AE) ...

Scroll right to see all columns (cols. B through AE) ...

[illegible]

How to Use this Tab:

The information in the two cells below is populated automatically from Grant Project Data tab.

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Grant Recipient
Grant Project Number

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

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

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

More in the recommended R3 actions identified below benefit

[illegible]

Outreach Activity (optional)
If you made contact with the business establishment through an activity noted on the "Outreach Activities" tab, indicate the activity by choosing

--	--

Description of Barriers to Implementation (optional)
If there were recommended actions that this business establishment did

[illegible]

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

Scroll right to see all columns (cols. 8 through 20) →

Scroll right to see all columns (cols. 8 through 20) →

[illegible]