

Funding Program Recipient Story Form

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Congratulations again on receiving EPA funding! Please fill out this form to share your story with EPA. Sharing your story is a great way to educate others on the benefits of your participation in this EPA funding program, connect with others who have worked through similar challenges, and guide others interested in implementing similar projects.

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Background Information

- **EPA Funding Program (including year):**
- **Recipient Organization/Community:**
- **Project Location (at least City, State):**
- **Grant/Rebate Identification Number:**

Narrative Questions

- **Why did your organization/community apply for funding from this EPA program?**
- **What are some notable quantitative and qualitative benefits of the EPA-funded equipment/activities?**
- **Have you experienced any challenges at any point during project planning or implementation process? If yes, how did you overcome them? If no, how did you prevent them?**

- **What has been the response from the community (those involved, directly impacted, or indirectly impacted)?**
- **Does your organization/community plan to expand on this project? Why or why not?**
- **Can EPA follow-up with you in the future to check-in on your EPA-funded project?**

Collection of Testimonials

- **Please provide quotes from those involved in the project, those directly impacted by the project, those indirectly impacted by the project, and/or other members of the community. Please obtain all necessary permissions to use quote(s) from the interviewee and confirm the final wording. For minors, please consult the parent/guardian about how they want the minor portrayed (i.e. only provide the first name or use an alias) and obtain all necessary permissions.**

Guidance on Photos

- Please share digital copies of your high-quality photos depicting the EPA-funded equipment/activities in use/action. Please obtain all necessary permissions from any individuals depicted in your photos. For minors, please follow your organization's process for obtaining permission from the minor's parent/guardian. EPA will grant photo credit as applicable if your photo is used in an EPA external publication.

Completion of Required Forms

- ___ EPA Video/Audio/Photo License Agreement
- ___ Official EPA Consent Form for use with Video/Photos/Voice Recordings

Authorized Representative Approval

Authorized Representative Name (Print)

Authorized Representative Signature

Authorized Representative Title

Phone Number

Email



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

WASHINGTON, D.C. 20460

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(Name of EPA Project)

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LICENSEE

Signature: _____

Printed name: _____

Title: _____

Office of: _____

U.S. Environmental Protection Agency
EPA Form Number: PFN 5900-722

LICENSOR

Signature: _____

Printed name: _____

Title: _____

Organization: _____



Official U.S. Environmental Protection Agency Consent Form

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(Name)

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Date

Print Name

Email (Optional)

Organization and/or Title

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