### Semiannual Project and Final Project Reporting Template

### Burden Statement for EPA Form Number: PFN 5900-720

This collection of information is approved by OMB under the Paperwork Reduction Act, 44 U.S.C. 3501 et seq. (OMB Control No. 2060-0754). Responses to this collection of information are voluntary (2 CFR 200 at 2 CFR 1500). An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The public reporting and recordkeeping burden for this collection of information is estimated to be 13-15 hours per response. Send comments on the Agency's need for this information, the accuracy of the provided burden estimates and any suggested methods for minimizing respondent burden to the Director, Information Engagement Division, U.S. Environmental Protection Agency (2821T), 1200 Pennsylvania Ave., NW, Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed form to this address.

### Instructions

Per the grant agreement terms and conditions, this reporting template should be submitted 1) semi-annually throughout the project period of performance as described in the program guidance and 2) as a Final Report 120-days after the completion of the grant period. Please work with relevant parties (i.e., transportation contractor, port authority, etc.) to ensure information submitted is accurate. Information that is submitted in semi-annual reports should NOT be changed in future report submissions unless approved by the EPA. Please only update information for the specific period in which this report is being submitted.

The grant recipient only needs to fill out shaded cells highlighted blue. Cells highlighted yellow are simply for informative purposes and/or automated from other tabs in this spreadsheet. Additional fields may autopopulate with diagonal patterns (///), indicating that a response to those fields is not necessary based on prior responses entered. Please complete tabs in this workbook according to the instructions below.

Please keep the following in mind when working with the Reporting Template to avoid errors:

- When downloading and saving a copy of the file, save the Excel files as '.xlsx' files to ensure optimal performance and functionality.
- For best performance, do not delete any tabs from the workbook, as there are hidden tabs used for auto-populating select fields.
- Be cautious when copy/pasting information into the provided templates, as there may be formula and/or formatting that can be overwritten. When pasting, we recommend pasting only values into the workbook.
- In the event the workbook does not auto-populate as intended, information can be added to the yellow fields manually.
- Recipients may add additional rows to the template by right clicking on the row number and selecting insert (rather than just adding a few cells). Alternatively, recipients may add additional information below the tables in the template.

Table 1: Tab Description	Table 1: Tab Descriptions			
Excel Workbook Tab	Definition			
1. Instructions	Basic instructions for all worksheets in this reporting workbook.			
2. Recipient & Project Details	Recipient and project details. All fields are required.			
3. Project Partners	Partner organizations involved in the project, including all statutory partners and collaborating entities. All fields are required, if applicable.			
4. Subawardees	Subawardees involved in the project. All fields are required, if applicable.			
5. Project Overview	An overview of the sectors covered by the project. All fields are required, if applicable.			
6. Port Facility Locations	Project locations that are port/port facilities. All fields are required.			
7. Additional Locations	Any project locations that are not port/port facilities. All fields are required, if applicable.			
8. Amendments & Other Revisions	The Amendments & Other Revisions tab should be used to update any changes in planned project activities and/or funding amounts post-award. Please update this tab at least on an annual basis at the end of each year of project performance and at project closeout.			
9. Financial Summary	Financial summary for the entire grant period of performance. Please only complete shaded cells highlighted blue that contain grantee and original project budget information. Other cells on this worksheet will automatically feed from information in tabs 10-12 (Year 1-Year 3). If a modification to the grant is approved, please update the financial tabs accordingly.			
10. Year 1	Financial summary for the first year of the project period. For each semi-annual report, please complete all financial and narrative descriptive cells highlighted blue for each reporting period required. Other cells in this worksheet are informative or may be automated from subsequent tabs. Below the financial information, please complete the programmatic questions regarding the grant.			
11. Year 2	Financial summary for the second year of the project period if grant period of performance is longer than one year. For each semi-annual report, please complete all financial and narrative descriptive cells highlighted blue for each reporting period required. Other cells in this worksheet are informative or may be automated from subsequent tabs. Below the financial information, please complete the programmatic questions regarding the grant.			

12. Year 3	Financial summary for the third year of the project period if grant period of performance is longer than two years. For each semi-annual report, please complete all financial and narrative descriptive cells highlighted blue for each reporting period required. Other cells in this worksheet are informative or may be automated from subsequent tabs. Below the financial information, please complete the programmatic questions regarding the grant.
13. Workplan Commitments	The tab should be completed based upon community engagement, project sustainability, and workforce development commitments defined in the proposed workplan. Please complete this tab during regular semi-annual reporting periods if the proposed workplan committed to any community engagement, project sustainability, and workforce development as referred to in the evaluation metrics defined in the Notice of Funding Opportunity. During each semi-annual reporting period of the project period of performance, please complete updates on these defined project commitments. The final report submission for the project should contain the end results of community engagement, project sustainability, and workforce development commitments completed during the project period.
14. Specific Planning Activity	This tab should detail the affected locations and costs associated with each planning activity funded through the Climate and Air Quality Plans Funding. This tab should be updated semi-annually and reflect the work completed with these funds during the project period at final submission.
15. Final Report	Final project details including actual programmatic results. Please only complete shaded cells highlighted blue.
16. Data Dictionary	Please refer to the dictionary on this tab for support in completing the reporting workbook.

### U. S. Environmental Protection Agency

Clean Ports Program | Climate and Air Quality Planning Competition

\*Recipient & Project Details\*

### Instructions

Please enter the requested information in the **blue** shaded cells. Refer to the definitions on Tab 16 (Data Dictionary) for additional guidance on each field in this tab. This tab includes multiple tables which may require scrolling to the right to access.

Table 2a: Recipient & Project Details							
	Recipient Address Information				Primary Conta		
Recipient Organization Name	Street		<b>State</b> (select from dropdown)	Zip Code	Name	Title/Role	
Example: Organization Alpha	Example: Main Street	Example: Miami	Example: FL	Example: 33101	Example: Ali Raymond	Example: Director of A	

ct Information					
Phone	Email	Recipient Type (select from dropdown; See NOFO Section III.A for details)	Affiliate Port Authority (if applicable)	SAM.gov Unique Entity ID (UEI)	EPA Grant Number
Example: 111-111-123	<sup>4</sup> Example: firstname.la	Example: Port Authorit	Example: Port Authorit	Example: ###########	Example: #######

	Project Period		
Project Title	Project Start Date	Project End Date	Short Project Description Briefly describe your project in one to three sentences only, especially noting the expected outputs and outcomes.
Example: Clean Port Implementation Project	Example: 01/01/2025	Example: 12/30/2027	Example: This project will create an emission inventory, emissions r

	Total Recipient Costs This value should be consistent with the amount included on the ) SF-424A in cell 5(f) under Section A – Budget Summary and . SF-424 in Section 18.b-e.	(select Yes/No from dropdown)	Dry Port Project? (See NOFO section I.B. for specifications) (select Yes/No from dropdown)	Does the recipient use LOGINK or any other prohibited logistics platform as described in NOFO Section III.D.? (select Yes/No from dropdown)
Example: 3,000,000	Example: 25,000	Example: No	Example: No	Example: No

Clean I

### Instructions

Please enter the requested information in the **blue** shaded cells. Refer to the definitions on Tab 16 (Data Dict workplan. You do not need to include recipients of Participant Support Costs. More details about subawarde

### Table 3a: Project Partners

### **Primary Contact Inforn**

Project Partner Organization Name	Name	Primary Contact Information for Project Partner(s): Title/Role
Example: Partner Organization	Example: Ali Raymond	Example: Director of Advancement

### U. S. Environmental Protection Agency

Ports Program | Climate and Air Quality Planning Competition

Project Partners

tionary) for additional guidance on each field in this tab. Users should include, at a minimum, all statutory part es should be captured in Tab 4 (Subawardees).

nation for Project Partner(s)		T
Primary Contact Information for Project Partner(s): <b>Email</b>	Primary Contact Information for Project Partner(s): <b>Phone</b>	Type of Organization (select from dropdown)
Example: firstname.lastname@org.org	Example: 111-111-1111	Example: Other

tners and collaborating entities mentioned in the

# ype of Organization Nature of Partnership with Recipient Role in Project (select from dropdown) Describe

Other selected for Type of Organization, descri xample: Non-governmental Organization	Example: Collaborating Entity (non-st	Example: Collaborating Entity (non-statutcExample: Site Manager		
	. 5 / 1			
	_			
	_			

Is this partner a subawardee? (select Yes/No from dropdown)

Example: Yes

### Instructions

Please enter the requested information in the blue shaded cells. Refer to the definitions on Tab 16 (Data Dictionary,

 Table 4a: Subawardees (if applicable)

Subawardee Organization Name Subawardee Unique ID (e.g., SAM.gov Brief Subawardee Project UEI) Description

Example: Subawardee Alpha #NAME:	Example: SO1	Example: Emissions Inventory for Port X
#NAME?		

## U. S. Environmental Protection Agency Clean Ports Program Subawardees (if applicable)

) for additional guidance on each field in this tab. Users should only include subawardees. Project partners and coi

	Table 4b. Year 1 Project Updates - Suba	ward Reporting Requirements   Please p
Subawardee Funding Amount	Summaries of results of reviews of financial and programmatic reports Year 1	Summaries of findings from site visits and/or desk reviews to ensure effective subrecipient performance Year 1
Example: \$50,000		

ntractors should be noted in the previous tab, '3. Project Partners'.

ovide subaward information on the project and an explanation in each cell below.

Environmental results the subrecipient achieved Year 1

Summaries of audit findings and related pass-through entity management decisions Year 1

Actions the pass-through entity has taken to correct deficiencies such as those specified at 2 CFR 200.332, 2 CFR 200.208 and the 2 CFR 200.339 Remedies for Noncompliance Year 1

n in each cell below.		Table 4d. Year 3 Project Updates - Subaward F
Summaries of audit findings and related pass-through entity management decisions Year 2	Actions the pass-through entity has taken to correct deficiencies such as those specified at 2 CFR 200.332, 2 CFR 200.208 and the 2 CFR 200.339 Remedies for Noncompliance Year 2	Summaries of results of reviews of financial and programmatic reports Year 3

teporting Requirements | Please provide subaward information on the project and an explanation in each cell below.

Summaries of findings from site visits and/or desk reviews to ensure effective subrecipient performance Year 3

Environmental results the subrecipient achieved Year 3

Summaries of audit findings and related pass-through entity management decisions
Year 3

Actions the pass-through entity has taken to correct deficiencies such as those specified at 2 CFR 200.332, 2 CFR 200.208 and the 2 CFR 200.339 Remedies for Noncompliance Year 3

### **U. S. Environmental Protection Agency**

Clean Ports Program | Climate and Air Quality Planning Competition **Project Overview** 

### Instructions

Please enter the requested information in the blue shaded cells. Refer to the definitions on Tab 16 (Data Dictionary) for additional guidance

### Table 5a: Climate and Air Quality Planning Project Overview

### **Planning Activity Type**

If the project features other activities beyond the eight listed Project includes this activity here, use the remaining cells in this column to describe these (select from dropdown) other activities

Requested EPA Funds for this Activity

**Emissions Inventory and/or Accounting Practice Emissions Reduction Strategy Analysis Development of Emissions Reduction Target** Plan for Reducing Future Port Emissions Port Resiliency Assessment Plan to Increase Resilience of Port Formal Stakeholder Engagement **Workforce Planning Analysis** 

## Total EPA Funding for Climate and Air Quality Planning Activities This field will auto-populate after completing the Specific

Planning Activity Tab

ce on each field in this tab.

Is it the intent that this Activity will be fully funded by the EPA? (select from dropdown)

**U. S. Environmental Protec** Clean Ports Progra Port/Port Facility Loca

### Instructions

Please enter the requested information in the  $\underline{blue}$  shaded cells;  $\underline{yellow}$  fields will populate automatically based guidance on each field in this tab.

- For purposes of the Clean Ports Program, a port is either a water port or a dry port, as defined below:

  Nater port: places on land alongside navigable water (e.g., oceans, rivers, or lakes) with one or more facilities other commercial vessels. This includes facilities that support non-commercial Tribal fishing operations.

  Dry port: an intermodal truck-rail facility that is included in the 2024 Federal Highway Administration's (FHW).
- criteria include having more than 50,000 20-foot equivalent units per year or 100 trucks per day, or comprising

Table 6: Project Location(s)			
Table 6a: Port/Port Facility Lo	ocation(s)		

Port/Port Facility Name
If a port or port facility spans more than one county, please enter a new line for

Project Site ID each unique county.

Port Authority Name (if applicable)

Example: Port of X	Example: Project ID	Example: Port Authority of Port X	
	Primary Place of Performanc	e	
	2		
	3		
	4		
	5		
	6		
	7		
	8		
	9		
	10		

21

tion Agency		
am		
ıtion(s)		
on inputs into <b>blue</b> cells. Refer to t	the definitions on Tab 16 (Data Dic	tionary) for additional
; in close proximity for the loading	and unloading of passengers or ca	rgo from ships, ferries, and
	based on meeting the criteria set olumes handled by any mode withi	
State (select from dropdown)	County (select from dropdown)	City
Example: FL	Example: Miami-Dade County	Example: Miami
	please provide state first	
	please provide state first	
	please provide state first	
	places provide state first	
	please provide state first	
	please provide state first	
	please provide state first please provide state first	
	please provide state first please provide state first please provide state first	
	please provide state first please provide state first please provide state first please provide state first	
	please provide state first please provide state first please provide state first	

22

	The sum of all the values in column H across both Table 6a on this sheet and Table 7a on the next sheet should equal 100%. Please check values.		
Description of Project Activity at Port/Port Facility	Share of Overall Project Activity at this Site (For each project location, enter a value between 0-100% based on the percentage of the total grant activities taking place at that location.)	County FIPS Code	EPA Region
Example: Mobile Source Emissions Inventory	Example: 100%	Example: 12086	Example: EPA Region 4

	Does this county contains a Severe or Extreme Ozone Nonattainment Area?	Does this county contains a PM2.5 or Ozone Maintenance Area?	Does this county contain an area with High Ambient Diesel PM Concentration?
Example: No	Example: No	Example: No	Example: Yes

### U. S. Environmental Protecti Clean Ports Prograr Additional Project Local

### Instructions

Please enter the requested information in the blue shaded cells; yellow fields will populate automatically based on inputs into blue of

### **Table 7: Additional Project Locations**

### **Table 7a: Additional Project Locations**

Use this table to identify additional project locations found outside of the ports and port facilities listed in Table 6a.

### Site Name

If an Additional Site spans more than one county, please enter a new line for each unique county.

**Project Site ID** 

Port(s)/Port Facilities Served by Location State

(separate additional ports by semicolon) (select from dropdown)

Example: Hialeah Fueling Depot	Example Additional Site A	Example: Port of Miami; Port Everglades	Example: FL
	Additional Site 1		
	Additional Site 2		
	Additional Site 3		
	Additional Site 4		
	Additional Site 5		
	Additional Site 6		
	Additional Site 7		
	Additional Site 8		
	Additional Site 9		
	Additional Site 10		

on Agency		
m		
tion(s)		
cells. Refer to the definitions on Ta	nb 16 (Data Dictionary) for add	ditional guidance on each field in this tab.
County (select from dropdown)	City	Description of Project Activity at Site
(select from dropdown)		
Example: Miami-Dade County	Example: Miami	Example: EV Infrastructure Planning
please provide state first		

please provide state first please provide state first

The sum of all the values in column H across both Table 6a on the previous sheet and Table 7a on this sheet should equal 100%. Please check values.

## Estimate of the Share of Overall Project Activity at this site

(For each project location, enter a value between 0-100% based on the percentage of the total grant activities taking place at that location.)

inty FIPS Code	EPA Region	PM2.5 oi
•	•	

Does this county contains a PM2.5 or Ozone Nonattainment Area?

Example: 100%	Example: 12086	Example: EPA Region 4	Example: No

Does this county contains a Severe or Extreme Ozone Nonattainment Area?	Does this county contains a PM2.5 or Ozone Maintenance Area?	Does this county contain an area with High Ambient Diesel PM Concentration?
Example: No	Example: No	Example: Yes

### Instructions

Please use this tab to indicate <u>any</u> changes or revisions in planning activities and/or funding amounts row per amendment made; more rows may be added if needed. Fill out this tab at the end of each ye

Table 8a. Post-Award Amendment & Other Revisions Overview

Year	Were there any changes to planning activities and/or funding amounts in each year of the project period of performance? If yes, please select Y or N and describe the change(s) in Table 8b.
Year 1	(Y or N)
Year 2	(Y or N)
Year 3	(Y or N)

Table 8b. Post-Award Amendment & Other Revisions Detail	ment & Other Revisions Detail	& Other	<b>Amendment</b>	. Post-Award	Table 8b.
---	-------------------------------	---------	------------------	--------------	-----------

Changes to	Specific	<b>Planning</b>	Activities
------------	----------	-----------------	------------

		Changes to Specific Planning Activities
Amendment Number	Update Year (select from dropdown)	Type of Award Modification (select from dropdown)
Ex 1	Example Year 1 Update	Formal Amendment
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		

### U. S. Environmental Protection Agency Clean Ports Program Amendments & Other Revisions

5 post-award. Please enter in the requested information in the blue shaded cells; yellow fields will populate automatically based on in ar of project performance. Refer to the definitions on Tab 16 (Data Dictionary) for additional guidance on each field in this tab.

Number of Amendments By Year	Change in Funding Amount by Year
0	\$
0	\$ -
0	\$ -

		Corresponding EPA Funding Changes
Original Planning Activity	Updated Planning Activity	Original Funding Request Amount
Example: Equipment inventory for on-road, locomotive, and nonroad sectors at port	Example: Equipment inventory for on- road and nonroad sectors at port	Example: \$150,000

puts into blue cells. Use one

		Affected Project Areas
Updated Funding Request Amount	Change in Funding Amount	Port or Associated Site Name (select from dropdown)
Example: \$115,000	Example: - \$35,000	Example: River Port of State X
	\$0.00	
	\$0.00	
	\$0.00	
	\$0.00	
	\$0.00	
	\$0.00	
	\$0.00	
	\$0.00	
	\$0.00	
	\$0.00	
	\$0.00	
	\$0.00	
	\$0.00	
	\$0.00	
	\$0.00	

Subawardee(s) Affected (if applicable)

Example: N/A

### U. S. Environmental Protection Agency Clean Ports Program Financial Summary - Project Lifetime

### Table 9a. Summary Rate of Expenditure

Instructions: Record project budget funds only from approved final workplan in the blue cells below. All other numbers will update automatically after completion of subsequent tabs.

instructions. Record project sudget furnes only from approved find workplain in the side consistence in a side con							
Financial Summary	<b>Project Budget</b> EPA Funds	<b>Project Budget</b> Recipient Cost Share	<b>Project Budget</b> Total Project Cost	Total Expenses to Date EPA Funds	<b>Total Expenses to Date</b> Recipient Cost Share	<b>Total Expenses to Date</b> Total Project Cost	Remaining Balance EPA Funds
Personnel			\$ -	\$ -	\$ -	\$ -	\$ -
Fringe Benefits			\$ -	\$ -	\$ -	\$ -	\$ -
Travel			\$ -	\$ -	\$ -	\$ -	\$ -
Equipment			\$ -	\$ -	\$ -	\$ -	\$ -
Supplies			\$ -	\$ -	\$ -	\$ -	\$ -
Contractual			\$ -	\$ -	\$ -	\$ -	\$ -
Construction			\$ -	\$ -	\$ -	\$ -	-
Other			\$ -	\$ -	\$ -	\$ -	\$ -
Direct Cost Total	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Indirect Charges	-	\$ -	\$ -	\$ -	\$ -	\$ -	-
TOTALS	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

### Table 9b. Annual Rate of Expenditure

No entry needed - all numbers will reflect automatically from subsequent tabs. Note: Years 2 and/or 3 may remain empty if the project ends before the 3 year performance period.

Financial Summary	<b>Year 1</b> EPA Funds	<b>Year 1</b> Recipient Cost Share	<b>Year 1</b> Total Project Cost	<b>Year 2</b> EPA Funds	<b>Year 2</b> Recipient Cost Share	<b>Year 2</b> Total Project Cost	<b>Year 3</b> EPA Funds
Personnel	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Fringe Benefits	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Travel	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Supplies	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Contractual	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Construction	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Direct Cost Total	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Indirect Charges	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTALS	\$ -	\$ -	\$ -	\$ -	-	\$ -	-

Remaining Balance Recipient Cost Share	<b>Remaining Balance</b> Total Project Cost
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -

<b>Year 3</b> Recipient Cost Share	<b>Year 3</b> Total Project Cost
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -

U. S.	īnv
Finance	al a

Table 10a. Y

Record and update project expenses semi-annually, noting the cost at the line item level, following the example budget table i automatically based on inputs into blue cells. Previous fields should remain and edits should be made to the report being subn dropdown and populate corresponding new blue cells. Please do not add or remove rows. Funding totals in yellow cells will au This tab includes multiple tables which may require scrolling down to access.

Category of Expenses (populate additional rows as needed, selecting the appropriate Category of Expenses)	Line Item Description	<b>Jan- Jun 2025</b> EPA Funds
Personnel		
Fringe Benefits		
Travel		
Equipment		
Supplies		
Contractual		
Construction		
Other		
Indirect Charges		

<sup>←</sup> Click + to access additional rows. Please do not insert or delete rows.

Direct Cost Total Indirect Charge Total TOTAL

-	
\$ -	
\$ -	

Table 10b. Project Updates - Narr Record and update project up

Please paste the planned activities, outputs, and outcomes from the submitted workplan information. Provide updates and if a use the dropdown to indicate if the activity is 1) Not yet started, 2) In progress, or 3) Completed.

Activities	Anticipated Outputs	Anticipated Outcomes

Table 10c. Programmatic and Narrative Updates
Record and update project updates below.

Please provide programmatic and narrative updates on the project. As semi-annual reports are submitted, indicate updates or changes for each period. For each period, please indicate if there was a change from the previous period. If yes, please provide an explanation in the subsequent cell.

Question	Jan-Jun 2025 Update	Jul-Dec 2025 Update
Provide a comparison of actual accomplishments to the objectives established for the reporting period.		
2. If anticipated outputs/outcomes and/or timelines/milestones are not met, why not? Did you encounter any problems during the reporting period which may interfere with meeting project objectives?		
What is your plan to address these problems to ensure that the outputs/outcomes will be met within the period of performance?		
3. Have there been any major personnel changes during this reporting period?		
4. Did any public relations events regarding this grant take place during the reporting period?		
5. Are you using websites or other tools used to relay information about this grant to the public?		
6. What project activities are planned for the next reporting period?		
7. Was any program income generated during the reporting period? Identify amount of program income, how it was generated, and how the program income was/will be used.		
8. Have any activities changed from those included in the final workplan?		
9. Do you have any other comments or feedback?		

### ironmental Protection Agency

Clean Ports Program

ınd Narrative Summary - Year 1

### ear 1 Annual Rate of Expenditure

included in the Notice of Funding Opportunity. Please enter in the requested information in the blue shaded cells below; yellow fields will populate nitted. To access additional rows in this table, click the box containing "+" on row 60; select the appropriate 'Category of Expense' from the tomatically update to include added rows.

<b>Jan- Jun 2025</b> Recipient Cost Share	<b>Jan- Jun 2025</b> Total Project Cost	<b>Jul-Dec 2025</b> EPA Funds	<b>Jul-Dec 2025</b> Recipient Cost Share
	\$ -		
	\$ -		
	\$ -		
	\$ -		
	\$ -		
	\$ -		
	\$ -		
	\$ -		
	\$ -		

\$ -	\$ -	\$ -	\$ -
\$ -	\$ -	-	-
\$ -	\$ -	\$ -	\$ -

### ative Responses dates below.

any changes occurred, please provide that information accordingly. In the 'Progress to Date' columns, please

Progress to Date: Jan-Jun 2025 (select from dropdown)	Progress to Date: Jul-Dec 2025 (select from dropdown)	<b>Progress Notes</b> Describe

## **Jul-Dec 2025** Total Project Cost

\$	-
\$	-
\$	-
\$	-
\$	-
\$	-
\$	-
\$	-
\$	_

\$	-
\$	-
\$	_

U. S. Environmen
Clean Pc
Financial and Narro

#### Table 11a. Year 2 An

Record and update project expenses semi-annually, noting the cost at the line item level, following the example budget table yellow fields will populate automatically based on inputs into blue cells. Previous fields should remain and edits should be m appropriate 'Category of Expense' from the dropdown and populate corresponding new blue cells. Please do not add or remains tab includes multiple tables which may require scrolling down to access.

Category of Expenses	Line Item Description (add new rows as needed, selecting the Category of Expenses as appropriate)	<b>Jan- Jun 2026</b> EPA Funds
Personnel		
Fringe Benefits		
Travel		
Equipment		
Supplies		
Contractual		
Construction		
Other		
Indirect Charges		

<sup>←</sup> Click + to access additional rows. Please do not insert or delete rows.

Direct Cost Total Indirect Charge Total TOTAL

\$ -	
\$	
\$	

## Table 11b. Project Updates - Narrat Record and update project upda

Please paste the planned activities, outputs, and outcomes from the submitted workplan information. Provide updates and i columns, please use the dropdown to indicate if the activity is 1) Not yet started, 2) In progress, or 3) Completed.

Activities	Anticipated Outputs	Anticipated Outcomes

Table 11c. Programmatic and Narrative Updates Record and update project updates below.

Please provide programmatic and narrative updates on the project. As semi-annual reports are submitted, indicate updates or changes for each period. For each period, please indicate if there was a change from the previous period. If yes, please provide an explanation in the subsequent cell.

Question	Jan-Jun 2026 Update	Jul-Dec 2026 Update
Provide a comparison of actual accomplishments to the objectives established for the reporting period.		
2. If anticipated outputs/outcomes and/or timelines/milestones are not met, why not? Did you encounter any problems during the reporting period which may interfere with meeting project objectives?  What is your plan to address these problems to ensure that the outputs/outcomes will be met within the period of performance?		
3. Have there been any major personnel changes during this reporting period?		
4. Did any public relations events regarding this grant take place during the reporting period?		
5. Are you using websites or other tools used to relay information about this grant to the public?		
6. What project activities are planned for the next reporting period?		
7. Was any program income generated during the reporting period? Identify amount of program income, how it was generated, and how the program income was/will be used.		
8. Have any activities changed from those included in the final workplan?		
9. Do you have any other comments or feedback?		

## tal Protection Agency

orts Program

ative Summary - Year 2

#### nual Rate of Expenditure

e included in the Notice of Funding Opportunity. Please enter in the requested information in the **blue** shaded cells below; ade to the report being submitted. To access additional rows in this table, click the box containing "+" on row 60; select the ove rows. Funding totals in **yellow** cells will automatically update to include added rows.

<b>Jan- Jun 2026</b> Recipient Cost Share	<b>Jan- Jun 2026</b> Total Project Cost	<b>Jul-Dec 2026</b> EPA Funds	<b>Jul-Dec 2026</b> Recipient Cost Share
	\$ -		
	\$ -		
	\$ -		
	\$ -		
	\$ -		
	\$ -		
	\$ -		
	\$ -		
	\$ -		

\$ -	-	\$ -	\$ -
\$ -	\$ -	\$ -	\$ -
\$ -	\$ -	\$ -	\$ -

## ive Responses

ites below.

 $f \ any \ changes \ occurred, \ please \ provide \ that \ information \ accordingly. \ In \ the \ 'Progress \ to \ Date'$ 

Progress to Date: Jan-Jun 2026 (select from dropdown)	Progress to Date: Jul-Dec 2026 (select from dropdown)	<b>Progress Notes</b> Describe

## **Jul-Dec 2026** Total Project Cost

\$	-
\$	-
\$	-
\$	-
\$	-
\$	-
\$ \$ \$	-
	-
\$	_

\$	-
\$	-
¢	_

U. S. Environmen
Clean Pc
Financial and Narro

#### Table 12a. Year 3 An

Record and update project expenses semi-annually, noting the cost at the line item level, following the example budget table vellow fields will populate automatically based on inputs into blue cells. Previous fields should remain and edits should be mappropriate 'Category of Expense' from the dropdown and populate corresponding new blue cells. Please do not add or remainistab includes multiple tables which may require scrolling down to access.

Category of Expenses	Line Item Description (add new rows as needed, selecting the Category of Expenses as appropriate)	<b>Jan- Jun 2027</b> EPA Funds
Personnel		
Fringe Benefits		
Travel		
Equipment		
Supplies		
Contractual		
Construction		
Other		
Indirect Charges		

<sup>←</sup> Click + to access additional rows. Please do not insert or delete rows.

Direct Cost Total	\$
Indirect Charge Total	\$
TOTAL	\$

## Table 12b. Project Updates - Narrat Record and update project upda

Please paste the planned activities, outputs, and outcomes from the submitted workplan information. Provide updates and i columns, please use the dropdown to indicate if the activity is 1) Not yet started, 2) In progress, or 3) Completed.

Activities	Anticipated Outputs	Anticipated Outcomes

#### Table 12c. Programmatic and Narrative Updates

# ${\it Record\ and\ update\ project\ updates\ below.}$

Please provide programmatic and narrative updates on the project. As semi-annual reports are submitted, indicate updates or changes for each period. For each period, please indicate if there was a change from the previous period. If yes, please provide an explanation in the subsequent cell.

Question	Jan-Jun 2027 Update	Jul-Dec 2027 Update
1. Provide a comparison of actual accomplishments to the objectives established for the reporting period.		
2. If anticipated outputs/outcomes and/or timelines/milestones are not met, why not? Did you encounter any problems during the reporting period which may interfere with meeting project objectives?  What is your plan to address these problems to ensure that the outputs/outcomes will be met within the period of performance?		
3. Have there been any major personnel changes during this reporting period?		
4. Did any public relations events regarding this grant take place during the reporting period?		
5. Are you using websites or other tools used to relay information about this grant to the public?		
6. What project activities are planned for the next reporting period?		
7. Was any program income generated during the reporting period? Identify amount of program income, how it was generated, and how the program income was/will be used.		
8. Have any activities changed from those included in the final workplan?		
9. Do you have any other comments or feedback?		

## tal Protection Agency

orts Program

ative Summary - Year 3

#### nual Rate of Expenditure

2 included in the Notice of Funding Opportunity. Please enter in the requested information in the **blue** shaded cells below; ade to the report being submitted. To access additional rows in this table, click the box containing "+" on row 60; select the ove rows. Funding totals in **yellow** cells will automatically update to include added rows.

<b>Jan- Jun 2027</b> Recipient Cost Share	<b>Jan- Jun 2027</b> Total Project Cost	<b>Jul-Dec 2027</b> EPA Funds	<b>Jul-Dec 2027</b> Recipient Cost Share
	\$ -		
	\$ -		
	\$ -		
	\$ -		
	\$ -		
	\$ -		
	\$ -		
	\$ -		
	\$ -		

\$ -	\$ -	\$ -	\$ -
\$ -	\$ -	\$ -	\$ -
\$ -	\$ -	\$ -	\$ -

## ive Responses

ites below.

 $f \ any \ changes \ occurred, \ please \ provide \ that \ information \ accordingly. \ In \ the \ 'Progress \ to \ Date'$ 

Progress to Date: Jan-Jun 2027 (select from dropdown)	Progress to Date: Jul-Dec 2027 (select from dropdown)	<b>Progress Notes</b> Describe

## **Jul-Dec 2027** Total Project Cost

\$	-
\$	-
\$	-
\$	-
\$	-
\$	-
\$	-
\$	-
\$	-

\$	-
\$	-
\$	-

## U. S. Environmental Protection Agency

Clean Ports Program

## **Workplan Commitments**

#### Instructions

Please complete this tab to report on commitments related to community engagement, project sustainability, and workforce development, as defined in the Notice of Funding Opportunity. Only cells shaded in blue need to be filled out. At the end of each of the sections below, there are cells to provide additional narrative responses, as appropriate. Please ensure all questions are answered; provide both quantitative and qualitative details.

This tab includes multiple tables which may require scrolling down to access.

	Table 13a. Project Community Engagement			
Number	Question	Answer 1	Answer 2	
<b>1</b> a.	Did the workplan demonstrate that input was sought prior to application, and the proposed project is responsive to comments and concerns of near-port communities?	(Y or N)		
1b.	If you selected 'Yes' for 1a, describe the engagement with near-port communities prior to application (who, how, and what was the focus), input received, and how the project is responsive to community concerns.			
2a.	Engaging communities about the project during the project period is a required term and condition of the award. Describe the plan to meaningfully engage with near-port communities during the project (e.g., who, how, and what is the focus), including any specific activities referenced in the workplan.			
2b.	During which project reporting period(s) did this engagement occur?			
2c.	What were the outcomes of the engagement?			
За.	Did the workplan demonstrate that the recipient or project partner(s) have an established long-term policy or process for meaningful community engagement to both receive input on port operations and projects that impact air quality and to address community concerns?	(Y or N)		
3b.	If not, was there a commitment in the workplan to establish a long-term policy or process before the end of the project period?	(Y or N)		
3c.	If yes to either 3a or 3b above, describe the policy or process and steps planned to implement the policy or process by the end of the project period.			
3d.	To date, has the recipient and/or project partner(s) completed this commitment?	Select Status	Select Reporting Period Completed	

<b>4</b> a.	Please provide any additional details and relevant status updates related to project community engagement. Please use the drop downs under 'Select Year' to indicate which year the update was completed. Note: Do not delete data from prior reports. If providing updates for multiple reporting periods in one year, please indicate all updates in the same cell.	Select Year	
4b.	Please provide any additional details and relevant status updates related to project community engagement. Please use the drop downs under 'Select Year' to indicate which year the update was completed. Note: Do not delete data from prior reports. If providing updates for multiple reporting periods in one year, please indicate all updates in the same cell.	Select Year	
4c.	Please provide any additional details and relevant status updates related to project community engagement. Please use the drop downs under 'Select Year' to indicate which year the update was completed. Note: Do not delete data from prior reports. If providing updates for multiple reporting periods in one year, please indicate all updates in the same cell.	Select Year	

	Table 13b. Project Sustainability			
Number	Question	Answer 1	Answer 2	
<b>1</b> a.	Did the workplan demonstrate a commitment to ensure that emissions reduction planning is a standard practice at the port(s)?			
1d.	If yes, please describe this commitment.			
2a.	Did the workplan demonstrate a commitment to implement results of the planning activities after EPA funding for this project has ended?			
2d.	If yes, please describe this commitment.			
За.	Please provide any additional details and relevant status updates related to project sustainability. Please use the drop downs under 'Select Year' to indicate which year the update was completed. Note: Do not delete data from prior reports. If providing updates for multiple reporting periods in one year, please indicate all updates in the same cell.	Select Year		

3b.	Please provide any additional details and relevant status updates related to project sustainability. Please use the drop downs under 'Select Year' to indicate which year the update was completed. Note: Do not delete data from prior reports. If providing updates for multiple reporting periods in one year, please indicate all updates in the same cell.	Select Year	
Зс.	Please provide any additional details and relevant status updates related to project sustainability. Please use the drop downs under 'Select Year' to indicate which year the update was completed. Note: Do not delete data from prior reports. If providing updates for multiple reporting periods in one year, please indicate all updates in the same cell.	Select Year	

Table 13c. Workforce Development

U. S. Environmental Protection A

Clean Ports Program | Climate and Air Quality F Specific Planning Activities

## Instructions

Complete the following table to provide details on the affected locations and costs associated with each planning activity funded through the Clininterval and reflect the work completed with these funds during the project period at final submission. Please enter in the requested information about each field, please see the data dictionary (Tab 16).

Table 14: Specific Pla	nning Activities		
Planning Activity ID (user is encouraged to modify values in this column. This is used to identify activities when completing other tabs)	Type of Planning Activity (select from dropdown)	If Other Planning Activity not listed, describe	Primary Port Affected by Planning Activity (select from dropdown)
Example Planning Activity	Example: Emissions Inventory and/or Accounting Practice		Example: Port of Miami
Planning Activity 1			
Planning Activity 2			
Planning Activity 3			
Planning Activity 4			
Planning Activity 5			
Planning Activity 6			
Planning Activity 7			
Planning Activity 8			
Planning Activity 9			
Planning Activity 10			
Planning Activity 11			
Planning Activity 12			
Planning Activity 13			
Planning Activity 14			
Planning Activity 15			

Planning Activity 16		
Planning Activity 17		
Planning Activity 18		
Planning Activity 19		
Planning Activity 20		

gency		
gency Planning Competition		

mate and Air Quality Planning Competition. This tab should be updated biannually at each regularly reporting in the **blue** shaded cells; **yellow** fields will populate automatically based on inputs into blue cells. For more details

If Primary location of activity is not at a port, provide the Name of the Additional Project Location (select from dropdown)	Project Site ID	State	County
(select from aropaown)			
	Primary Place of Performance	FL	Miami-Dade County

	For each row, the sum of values in columns J, Q, and S should equal 100%. Please check values.	
City	Percentage of Planning Activity Affecting Site (Enter a value between 0-100% based on the percentage of the planning activity listed in each row taking place at the primary project location.)	Secondary Port Affected by Planning Activity (select from dropdown, if applicable)
Miami	50%	

If Secondary location of activity is not at a port, provide the Name of the Additional Project Location (select from dropdown)	Project Site ID Secondary location	State Secondary location	County Secondary location
Hialeah Fueling Depot	Additional Site 1	FL	Miami-Dade County

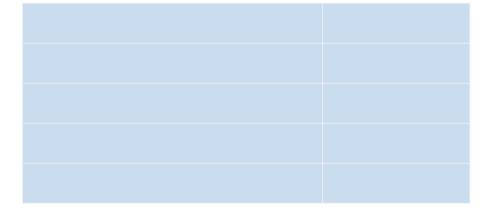
	For each row, the sum of values in columns J, Q, and S should equal 100%. Please check values.	
City Secondary location	Percentage of Planning Activity Affecting Site Secondary location (Enter a value between 0-100% based on the percentage of the planning activity listed in each row taking place at the secondary project location.)	Additional Counties where Planning Takes Place (Include county and state, and use a semicolon for multiple counties, if needed)
Miami	45%	Broward County, FL; Monroe County, FL

For each row, the sum of values in columns J, Q, and S should equal 100%. Please check values.	
% of Planning Affecting Additional Counties (Format response as [number]% in [county, state abbreviation], and use a semicolon if listing multiple counties)	Outcome of Planning Activity
4% in Broward County; 1% in Monroe County	

**Publicly Available Documentation of Outcome** (e.g., link to published emissions inventory)

**Total Cost of Planning Activity** 

\$	125,000.00



**Total EPA Funds Expended for Planning Activity** 

If third party contractors provided support for this planning activity, provide names and roles.

\$ 100,000.00	

# U. S. Environmental Protection Agency Clean Ports Program Final Report: Financial and Narrative Summary

Table 15a. Project Updates - Narrative Responses

Record final project information.

Please paste the planned activities, outputs, and outcomes from the last interannual report (table 12b). Please indicate the final results below. This tab includes multiple tables which may require scrolling down to access.

Activities	Anticipated Outputs	Anticipated Outcomes
Click the second different court to the table above. Discourt	not linear and alate and	

<sup>←</sup> Click + to access additional rows to the table above. Please do not insert or delete rows.

# U. S. Environmental Protection Agency Clean Ports Program Final Report: Financial and Narrative Summary

Table 15b. Project Updates - Programmatic and Narrative Financial Results of Project	
Please provide programmatic and narrative financial results on the project.	
Question	Answer
1. Provide a narrative description of the project.	
2. Explain the reason for any differences in proposed versus actual outputs/outcomes identified in the table above.	
3. Provide a narrative discussion of the actual project results (outputs and outcomes) and how the results are quantified. These may include, but are not limited to:  Example outputs:  - Completed or updated port emissions inventory; - Plan for reducing future port emissions; - Plan to increase climate resilience of port; - Number of local residents and community-based organizations participating; - Other  Example outcomes: - Increased understanding of current port emissions; - Increased capacity to make strategic long-term investments to reduce port emissions; - Increased capacity to improve resilience to current and future climate change impacts; - Increased stakeholder participation in port planning and decision-making; - Other	
4. Provide information on subrecipients and vendors participating in support of this project:  - Sub-recipient information (name, award amount, project description);  - Vendor information (name, payment amount, good/services provided)	

# U. S. Environmental Protection Agency Clean Ports Program Final Report: Financial and Narrative Summary

i. Provide a narrative discussion of the successes and lessons earned for the entire project.	
b. If any cost-share funds are reported, identify the source of the unds.	
7. Was any program income generated during the project period? Identify amount of program income, how it was generated, and how the program income was used.	
B. Did you include at least one photo for planning activity types, if applicable? If yes, please indicate if you approve of permission or EPA's future use of the photo(s) in future internal and external documents including, but not limited to Reports to congress and case studies highlighting Clean Ports Program uccess stories.	
P. Do you have any other comments or feedback?	

Table 15c. Project Updates - Subaward Reporting Requirements (if applicable)		
Please provide subaward information on the project and an explai	nation in each cell below.	
Question	Answer	
Did this project feature subawards? If yes, please provide the information requested below.	(Y or N)	
Summaries of results of reviews of financial and programmatic reports		
Summaries of findings from site visits and/or desk reviews to ensure effective subrecipient performance		

# U. S. Environmental Protection Agency Clean Ports Program Final Report: Financial and Narrative Summary

Environmental results the subrecipient achieved	
Summaries of audit findings and related pass-through entity management decisions	
Actions the pass-through entity has taken to correct deficiencies such as those specified at 2 CFR 200.332, 2 CFR 200.208 and the 2 CFR 200.339 Remedies for Noncompliance	

Actual Outputs	Actual Outcomes

#### Clean Ports Program | Clir

## Tab 2. Recipient & Project Details

Table 2a: Recipient & Project Details

**Recipient Organization Name** 

Recipient Address - Street

Recipient Address - City

Recipient Address - State (select from dropdown)

Recipient Address - Zip Code

**Primary Contact Information - Name** 

Primary Contact Information - Title/Role

**Primary Contact Information - Phone** 

**Primary Contact Information - email** 

Recipient Type (See NOFO Section III.A for details)

**Affiliate Port Authority** 

(if applicable)

SAM.gov Unique Entity ID (UEI)

**EPA Grant ID Number** 

**Small Water Port Project?** 

(See NOFO Section II.B for specifications)

**Dry Port Project?** 

(See NOFO Section I.B. for specifications)

Does the Recipient use LOGINK or any other prohibited logistics platform as described in NOFO Section III.D.?

Project Period-Project start date

Project Period-Project end date

**Short Project Description** 

Briefly describe your project in one to three sentences only, especially noting the expected outputs and outcomes.

**Total EPA Funding** 

**Total Recipient Costs** 

#### Tab 3. Project Partners

**Table 3a: Project Partners** 

**Project Partner Organization Name** 

Primary Contact Information for Project Partner(s):

Primary Contact Information for Project Partner(s):

Title/Role

Primary Contact Information for Project Partner(s):

Email

Primary Contact Information for Project Partner(s):

Phone

Type of Organization

Type of Organization

If Other selected for Type of Organization, describe

Nature of Partnership with Recipient

(select from dropdown)

Role in Project Describe

In this partner a subawardee? (select Yes/No from dropdown)

## <u>Tab 4. Subawardees</u>

Table 4a: Subawardees (if applicable)

**Subawardee Organization Name** 

Subawardee Unique ID (if none, number subawardees)

**Brief Subawardee Project Description** 

**Subawardee Funding Amount** 

Table 4b, 4c, 4d: Project Updates - Subawardee Reporting Requirements Summaries of results of reviews of financial and programmatic reports

Summaries of findings from site visits and/or desk reviews to ensure effective subrecipient performance

Environmental results the subrecipient achieved

Summaries of audit findings and related pass-through entity management decisions

Actions the pass-through entity has taken to correct deficiencies such as those specified at 2 CFR 200.332, 2 CFR 200.208 and the 2 CFR 200.339 Remedies for Noncompliance

#### Tab 5. Project Overview

#### Table 5a. Climate and Air Quality Planning Project Overview

**Planning Activity Type** 

If the project features other activities beyond the eight listed here, use the remaining cells in this column to describe these other activities

Project includes this activity (select from dropdown)

**Requested EPA Funds for this Activity** 

Is it the intent that this Activity will be fully funded by the EPA? (select from dropdown)

#### Tab 6. Port Facility Locations

#### Table 6a: Project Location(s)

Port/Port Facility Name

If a port or port facility spans more than one county, please enter a new line for each unique county.

**Project Site ID** 

Port Authority Name (if applicable)

State

(select from dropdown)

County

(select from dropdown)

City

Description of Project Activity at Port/Port Facility

Share of Overall Project Activity at this Site

(For each project location, enter a value between 0-100% based on the percentage of the total grant activities taking place at that location.)

**County FIPS Code** 

**EPA Region** 

Does this county contains a PM2.5 or Ozone Nonattainment Area?

Does this county contains a Severe or Extreme Ozone Nonattainment Area?

Does this county contains a PM2.5 or Ozone Maintenance Area?

Does this county contain an area with High Ambient Diesel PM Concentration?

### Tab 7. Additional Locations

## Table 7a: Additional Project Locations

Site Name

If an Additional Site spans more than one county, please enter a new line for each unique county.

Proiect Site ID

Port(s)/Port Facilities Served by Location (separate additional ports by semicolon)

State

(select from dropdown)

County

(select from dropdown)

City

**Description of Project Activity at Site** 

Estimate of the Share of Overall Project Activity at this site (For each project location, enter a value between 0-100% based on the percentage of the total grant activities taking place at that location.)

**County FIPS Code** 

**EPA Region** 

Does this county contains a PM2.5 or Ozone Nonattainment Area?

Does this county contains a Severe or Extreme Ozone Nonattainment Area?

Does this county contains a PM2.5 or Ozone Maintenance Area?

Does this county contain an area with High Ambient Diesel PM Concentration?

### Tab 8. Amendments & Other Revisions

#### Table 8a. Post-Award Amendment & Other Revisions Overview

Were there any changes to planning activities and/or funding amounts in each year of the project period of performance? If yes, please select Y or N and describe the change(s) in Table 4b.

Number of Amendments By Year Change in Funding Amount by Year

#### Table 8b. Post-Award Amendment & Other Revisions Details

**Update Year** 

(select from dropdown)

Original Climate and Air Quality Planning Activity

**Updated Climate and Air Quality Planning Activity** 

**Original Funding Request Amount** 

**Updated Funding Request Amount** 

**Change in Funding Amount** 

Port or Associated Site Name

(select from dropdown)

Subawardee(s) Affected (if applicable)

#### Tab 9. Financial Summary

## Table 9a. Summary Rate of Expenditure

**Project Budget** 

**EPA Funds** 

Project Budget Recipient Cost Share

- . . - . . .

Project Budget Total Project Cost

Total Expenses to Date

EPA Funds

**Total Expenses to Date** 

**Recipient Cost Share** 

**Total Expenses to Date** 

**Total Project Cost** 

**Remaining Balance** 

**EPA Funds** 

Remaining Balance

Recipient Cost Share

**Remaining Balance** 

**Total Project Cost** 

## Table 9b. Annual Rate of Expenditure

Year 1

EPA Funds

Year 1

Recipient Cost Share

Year :

**Total Project Cost** 

Year 2

**EPA Funds** 

Year 2

**Recipient Cost Share** 

Year 2

**Total Project Cost** 

Year 3

**EPA Funds** 

Year 3

**Recipient Cost Share** 

Year 3

**Total Project Cost** 

## Tab 10. Year 1

# Table 10a. Year 1 Annual Rate of Expenditure

Line Item Description

Jan-Jun 2025

**EPA Funds** 

Jan-Jun 2025

**Recipient Cost Share** 

Jan-Jun 2025

**Total Project Cost** 

Jul-Dec 2025

**EPA Funds** 

Jul-Dec 2025 Recipient Cost Share

Jul-Dec 2025 Total Project Cost

#### Table 10b. Project Updates - Narrative Responses

Activities

**Anticipated Outputs** 

**Anticipated Outcomes** 

Progress to Date: Jan-Jun 2025 (select from dropdown)

Progress to Date:

Jul-Dec 2025 (select from dropdown)

Progress Notes Describe

## Table 10c. Programmatic and Narrative Updates

Jan-Jun 2025 Update Jul-Dec 2025 Update

## Tab 11. Year 2

## Table 11a. Year 2 Annual Rate of Expenditure

**Line Item Description** 

Jan-Jun 2026 EPA Funds

Jan-Jun 2026 Recipient Cost Share

Jan-Jun 2026 Total Project Cost

Jul-Dec 2026 EPA Funds

Jul-Dec 2026 Recipient Cost Share

Jul-Dec 2026 Total Project Cost

## Table 11b. Project Updates - Narrative Responses

Activities

Anticipated Outputs
Anticipated Outcomes

Progress to Date: Jan-Jun 2026 (select from dropdown)

Progress to Date: Jul-Dec 2026 (select from dropdown)

Progress Notes Describe

# Table 11c. Programmatic and Narrative Updates

Jan-Jun 2026 Update Jul-Dec 2026 Update

#### Tab 12. Year 3

# Table 12a. Year 3 Annual Rate of Expenditure

Line Item Description

Jan-Jun 2027 EPA Funds

Jan-Jun 2027 Recipient Cost Share

Jan-Jun 2027 Total Project Cost

Jul-Dec 2027 EPA Funds

Jul-Dec 2027 Recipient Cost Share

Jul-Dec 2027 Total Project Cost

## Table 12b. Project Updates - Narrative Responses

Activities

Anticipated Outputs
Anticipated Outcomes

Progress to Date: Jan-Jun 2027 (select from dropdown)

Progress to Date: Jul-Dec 2027 (select from dropdown)

Progress Notes Describe

Table 12c. Programmatic and Narrative Updates

Jan-Jun 2027 Update Jul-Dec 2027 Update

Tab 14. Specific Planning Activity

**Table 14a: Specific Planning Activity Details** 

Type of Planning Activity (select from dropdown)

If Other Planning Activity not listed, describe Primary Port Affected by Planning Activity (select from dropdown)

If Primary location of activity is not at a port, provide the Name of the Additional Project Location (select from dropdown)

**Project Site ID** 

State

County

City

Percentage of Planning Activity Affecting Site (Enter a value between 0-100% based on the percentage of the planning activity listed in each row taking place at the primary project location.)

Secondary Port Affected by Planning Activity (select from dropdown, if applicable)\_2

If Secondary location of activity is not at a port, provide the Name of the Additional Project Location (select from dropdown)

Project Site ID Secondary location

State

**Secondary location** 

County

Secondary location

City

Secondary location

Percentage of Planning Activity Affecting Site Secondary location

(Enter a value between 0-100% based on the percentage of the planning activity listed in each row taking place at the secondary project location.)

Additional Counties where Planning Takes Place (Include county and state, and use a semicolon for multiple counties, if needed)

% of Planning Affecting Additional Counties (Format response as [number]% in [county, state abbreviation], and use a semicolon if listing multiple counties)

**Outcome of Planning Activity** 

**Publicly Available Documentation of Outcome** (e.g., link to published emissions inventory.)

**Total Cost of Planning Activity** 

**Total EPA Funds Expended for Planning Activity** 

If third party contractors provided support for this planning activity, provide names and roles.

#### Tab 15. Final Report

Table 15a. Project Updates - Narrative Responses

Activities

**Anticipated Outputs** 

**Anticipated Outcomes** 

**Actual Results** 

Table 15b. Project Updates - Programmatic and Narrative Financial Results of

All fields

Table 15c. Project Updates - Subaward Reporting Requirements (if applicable

All fields

#### **U. S. Environmental Protection Agency**

nate and Air Quality Planning Project Reporting Template Data Dictionary

Enter Name of Recipient Organization

Provide the street name and number of mailing address of Recipient Organization

Provide the city of mailing address of Recipient Organization

Provide the state of mailing address of Recipient Organization

Provide the Zip Code of mailing address of Recipient Organization

Provide the name of the Primary Contact for this award

Provide the title or role of the Primary Contact for this award

Provide the phone number of the Primary Contact for this award

Provide the email address of the Primary Contact for this award

Select from dropdown which of the following options best describes the Recipient: Port Authority; State Agency with jurisdiction over a port authority or port; Tribal agency with jurisdiction over a port authority or a port; Regional Agency with jurisdiction over a port authority or port; Local Agency with jurisdiction over a port authority or port; Air Pollution Control Agency; Eligible Private Entity

For Recipients that are not Port Authorities or which have affiliated port authorities, provide the name(s) of the port authorities

Enter the SAM.gov Unique Entity Identification Number for the Recipient

Enter the EPA grant ID number for this award

Select Yes or No from dropdown

Select Yes or No from dropdown

Select Yes or No from dropdown

One descriptive sentence only

Enter the project period start date (M/D/Y)

Enter the project period end date (M/D/Y)

Briefly describe your project in one to three sentences only, especially noting the expected outputs and outcomes.

This value should be consistent with the amount included on the SF-424A in cell 5(e) under Section A – Budget Summary and SF-424 in Section 18.a.

This value should be consistent with the amount included on the SF-424A in cell 5(f) under Section A – Budget Summary and SF-424 in Section 18.b-e.

Provide the name(s) of the organizations working in partnership with the recipient on this project

Provide the name(s) of the primary contact at this partner organization

Provide the title or role of the primary contact at this partner organization

Provide the email address of the primary contact at this partner organization

Provide the phone number of the primary contact at this partner organization

Select from dropdown which of the following options best describes the partner organization(s): Port Authority; State Agency with jurisdiction over a port authority or port; Tribal agency with jurisdiction over a port authority or a port; Regional Agency with jurisdiction over a port authority or port; Local Agency with jurisdiction over a port authority or port; Air Pollution Control Agency; Eligible Private Entity; Other

Enter in a brief description of the type of organization

Select from dropdown: Statutory Partner or Collaborating Entity (non-statutory)

Enter in a brief description of the role this project partner is expected to have

Select from dropdown to indicate whether the partner organization is a subawardee.

Provide the name(s) of the organizations receiving subawards as part of this project

Enter a unique ID or number for each subawardee

Briefly describe the subawardee's project in one to three sentences only, especially noting the expected outputs and outcomes.

Enter funding amount to subawardee

See supporting program documentation for more details

Enter additional activities here

For each of the listed Planning Activity Types in column A, select whether this project features that activity using the dropdown menu provided

For each of the planned Activities selected in the previous column, enter the requested funds to support this specific activity

For each of the planned Activities selected in the first column, use the dropdown menu to select whether or not it is the intent for this activity to be fully funded by the Clean Ports Program Climate and Air Quality Planning Competition. Options include: "Yes", "No", and "Unsure at this Time"

If a port or port facility spans more than one county, please enter a new line for each unique county.

Prepopulated; used for looking up tables in other tables

Enter in the Port Authority Name associated with this Port or Port Facility, if applicable.

Select the state abbreviation from the dropdown list provided

Select the county name from the dropdown list provided; note the dropdown menu will only work if the state field for that row is completed

Enter in the name of the city in which the Port/Port Facility is located

Provide a brief comment about which project activity or activities are expected to be completed at this site

For each project location, enter a value between 0-100% based on the percentage of the total grant activities taking place at that location. The sum of all the values in column H across both Table 3a on this sheet and Table 3b on the next sheet should equal 100%.

Autopopulates

Autopopulates

Autopopulates

Autopopulates

Autopopulates

Autopopulates

If an Additional Site spans more than one county, please enter a new line for each unique county.

Prepopulated; used for looking up tables in other tables

Separate additional ports by semicolon

Select the state abbreviation from the dropdown list provided

Select the county name from the dropdown list provided; note the dropdown menu will only work if the state field for that row is completed

Enter in the name of the city in which the Additional Project Location is located

Provide a brief comment about which project activity or activities are expected to be completed at this site

For each project location, enter a value between 0-100% based on the percentage of the total grant activities taking place at that location. The sum of all the values in column H across both Table 3a on the previous sheet and Table 3b on this sheet should equal 100%.

Autopopulates

Autopopulates

Autopopulates

Autopopulates

Autopopulates

Autopopulates

77

Select yes if, in each year of the project period of performance, there were any changes to planning activities, vehicles or equipment numbers, numbers of infrastructure items, and/or funding amounts.

Autopopulates

Autopopulates

Select the update year for the post-award amendment

Describe the original climate and air quality planning activity

Describe the updated climate and air quality planning activity

Enter the funding request amount for the original activity

Enter the funding request amount for the updated activity

Autopopulates

Select the corresponding port or associated site. Selection list auto-populates from sheet 3a. Port Facility Locations, Table 3a: Port/Port Facility Location(s)

Enter the affected subawardee details, if applicable

This value should be consistent with the amount included on the SF-424A in cell 5(e) under Section A – Budget Summary and SF-424 in Section 18.a.

This value should be consistent with the amount included on the SF-424A in cell 5(f) under Section A – Budget Summary and SF-424 in Section 18.b-e.

Autopopulates

Autopopulates

Autopopulates

**Autopopulates** 

Autopopulates

Autopopulates

Autopopulates

Autopopulates from completion of respective Year reporting tab

Add a plain language description of the expense category

Record project expenses during the given time period; EPA Funds

Record project expenses during the given time period; Recipient Cost Share

Autopopulates

Record project expenses during the given time period; EPA Funds

Record project expenses during the given time period; Recipient Cost Share

Autopopulates

Paste the planned activities from the submitted workplan information
Paste the anticipated outputs from the submitted workplan information
Paste the anticipated outcomes from the submitted workplan information

Select the status of progress for the planned activity during the given time period

Select the status of progress for the planned activity during the given time period

Detail any relevant detail for the activity. Include details if any changes have occurred to the activities, outputs, or outcomes

Please provide programmatic and narrative updates on the project during the given time period Please provide programmatic and narrative updates on the project during the given time period

Add a plain language description of the expense category

Record project expenses during the given time period; EPA Funds

Record project expenses during the given time period; Recipient Cost Share

Autopopulates

Record project expenses during the given time period; EPA Funds

Record project expenses during the given time period; Recipient Cost Share

**Autopopulates** 

Paste the planned activities from the submitted workplan information Paste the anticipated outputs from the submitted workplan information Paste the anticipated outcomes from the submitted workplan information

Select the status of progress for the planned activity during the given time period

Select the status of progress for the planned activity during the given time period

Detail any relevant detail for the activity. Include details if any changes have occurred to the activities, outputs, or outcomes

Please provide programmatic and narrative updates on the project during the given time period Please provide programmatic and narrative updates on the project during the given time period

Add a plain language description of the expense category

Record project expenses during the given time period; EPA Funds

Record project expenses during the given time period; Recipient Cost Share

Autopopulates

Record project expenses during the given time period; EPA Funds

Record project expenses during the given time period; Recipient Cost Share

Autopopulates

Paste the planned activities from the submitted workplan information
Paste the anticipated outputs from the submitted workplan information
Paste the anticipated outcomes from the submitted workplan information

Select the status of progress for the planned activity during the given time period

Select the status of progress for the planned activity during the given time period

Detail any relevant detail for the activity. Include details if any changes have occurred to the activities, outputs, or outcomes

Please provide programmatic and narrative updates on the project during the given time period Please provide programmatic and narrative updates on the project during the given time period

Select the type of planning activity from the dropdown menu. Options include: Emissions Inventory and/or Accounting Practice, Emissions Reduction Strategy Analysis, Development of Emissions Reduction Target, Plan for Reducing Future Port Emissions, Port Resiliency Assessment, Plan to Increase Resilience of Port, Formal Stakeholder Engagement, Workforce Planning Analysis, and Other Activity.

If Other Activity is selected for the previous field, enter the planning activity in this field.

Select the primary port affected by each planning activity from the dropdown menu, which will be populated with fields from Table 3a.

If the primary location of the activity is not at a port, select the primary site affected by each planning activity from the dropdown menu, which will be populated with fields from Table 3b.

No action needed; this field will auto-populate based on the response to the prior fields

No action needed; this field will auto-populate based on the response to the prior fields

No action needed; this field will auto-populate based on the response to the prior fields

No action needed; this field will auto-populate based on the response to the prior fields

Enter a value between 0-100% based on the percentage of the planning activity listed in each row taking place at the primary project location. For each row, the sum of values in columns I, P, and S should equal 100%.

If the planning activity affects more than one area, select the secondary port affected by each planning activity from the dropdown menu, which will be populated with fields from Table 3a.

If the planning activity affects more than one area and it is not at a port, provide the secondary site affected by each planning activity from the dropdown menu, which will be populated with fields from Table 3b.

No action needed; this field will auto-populate based on the response to the prior fields

No action needed; this field will auto-populate based on the response to the prior fields

No action needed; this field will auto-populate based on the response to the prior fields

No action needed; this field will auto-populate based on the response to the prior fields

Enter a value between 0-100% based on the percentage of the planning activity listed in each row taking place at the secondary project location. For each row, the sum of values in columns I, P, and S should equal 100%.

If the listed planning activity spans additional counties or sites not otherwise listed, please list these counties here, using a semicolon to separate between different counties.

If the listed planning activity spans additional counties or sites not otherwise listed, please list the relative share of the planning activity affecting these additional counties, using a semicolon to separate between different counties and percentages of activities in parentheses. For each row, the sum of values in columns I, P, and S should equal 100%.

In 1-2 sentences, describe the anticipated or actual outcome of the planning activity. For examples of outcomes, please refer to the program NOFO.

For each outcome listed in the prior field with a publicly-facing product or deliverable, please list the name and web address of the publicly facing product.

Enter the total cost of the planning activity

Enter the total EPA funds used for the planning activity

For activities that involved third-party contractors, please list the name and roles of each third party as it relates to the listed activity.

Paste the planned activities from the last interannual report

Paste the anticipated outputs from the last interannual report

Paste the anticipated outcomes from the last interannual report

Describe the final, actual results for the planned activity

#### f Proiect

Please provide programmatic and narrative financial results on the project (open response)

2)

Please provide subaward information on the project and an explanation in each cell below.