



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.

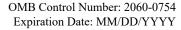
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Background Information

- 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.

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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.

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Official EPA Consent Form for use with Vide	o/Photos/Voice Recordings
Authorized Representative Approval	
Authorized Representative Name (Print)	Authorized Representative Signature
Authorized Representative Title Phone Number	

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UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

WASHINGTON, D.C. 20460

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I am at least 18 years of age, and/or the legal guardian/custodian or name or in the name of my child/ward for whom I am a legal guard and I fully understand the contents, meaning, and impact of this rel	ian/custodian. I have read this release before signing below,
Signature of Individual or other legally authorized person	Date
Print Name	Email (Optional)
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