Environmen

SECTION 1:

Burden State
This collection 44 U.S.C. 3501 Part 35, 2 CFR collection of in burden for this for this informa burden to Dire NW; Washingt this address.

Project Infor
Instructions: P
Grantee Name
Project Title
Grant Identific
Environmental
Project Officer
Start Date
Expected End

Progress Rep
Instructions: R days after the April - June, an your EPA Proje When submitti representation subawardee ar Project Officer.

Year (Y)
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tal Finance Center Grant Program - Progress Report Form

: PROJECT INFORMATION

ement

of information is approved by Office of Management and Budget (OMB) under the Paperwo
et seq. OMB Control Number: 2090-NEW. Responses to this collection of information are m
Parts 200 and 207]. An agency may not conduct or sponsor, and a person is not required to
formation unless it displays a currently valid OMB control number. The public reporting and
collection of information is estimated to be 4-12 hours per response. Send comments on th
ation, the accuracy of the provided burden estimates and any suggested methods for minim
ctor, Information Engagement Division; U.S. Environmental Protection Agency (2821T); 120
on, D.C. 20460. Include the OMB control number in any correspondence. Do not send the co

rmation

lease complete the information below.

:

ation (ID) Number

l Protection Agency (EPA)

Date

port Submission Schedule

eports are to be submitted electronically via email to the EPA Project Officer and EPA Headc
reporting period (every three-month period). The reporting periods are October - Decemeb
d July - September with reports being due January 31st, April 30th, July 31st, and October 3
ct Officer, please enter the expected dates (Columns J-K) in the table below.
ng each report: Enter the actual date that you submit that report. Note that each report sho
of all work performed under this grant at the time of submission. Projects performed by th
nd/or subcontractor under a different award should not be included. For more information,

Quarterly (Q) Report Title
Progress Report Y1Q1
Progress Report Y1Q2

Progress Report Y1Q3
Progress Report Y1Q4
Progress Report Y2Q1
Progress Report Y2Q2
Progress Report Y2Q3
Progress Report Y2Q4
Progress Report Y3Q1
Progress Report Y3Q2
Progress Report Y3Q3
Progress Report Y3Q4
Progress Report Y4Q1
Progress Report Y4Q2
Progress Report Y4Q3
Progress Report Y4Q4
Progress Report Y5Q1
Progress Report Y5Q2
Progress Report Y5Q3
Progress Report Y5Q4

OMB Control Number:	2090.NEW
Experation date:	mm/dd/yyyy

ork Reduction Act,
mandatory [40 CFR
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recordkeeping
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0 Pennsylvania Ave.,
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quarters within 30
er, January - March,
1st. Working with

ould be a cumulative
e grantee as a
please contact your

Expected Date	Actual Date

Environmental Finance Center Grant Program - Progress Report Form

SECTION 2: DIRECT TECHNICAL ASSISTANCE (TA) - Targeted and

Instructions

Use this section to report your direct TA projects (including locations, dat
Targeting and focusing on the needs of the TA recipient: Direct TA is pro
Meeting TA receipients where they are: Direct TA starts with what the cc
TA recipient.
Culturally competent and engaging the broader community: Direct TA sh
support TA recipients to engage the broader community, including harde

Add a new row (horizontal) for each TA recipient you wish to report. Inse
between reporting periods.
The title of each column is listed in row 19 with instructions on how to co
If you have any questions or need further assistance, please review the su

Unique identifier to help distinguish unique TA recipients. The convention used for the Unique ID does not matter as long as the ID is unique to one project throughout the duration of this grant	*Entity receiving TA (this will often be the name of a Utility)*	*Type of entity benefitting from TA. Select the appropriate option*
Unique ID	**Community/System Name**	**Type of community/system**

1	**EXAMPLE 1:** Philadelphia	*[will include drop-down menu of options]*
2	**EXAMPLE 2:** Annapolis	*[will include drop-down menu of options]*
3	**EXAMPLE 3:** District of Columbia	*[will include drop-down menu of options]*

l focused on needs of TA recipient

es, and project descriptions). Direct TA is defined as:
vided via direct interactions with communities. It will include concrete actio
ommunity needs to make progress and works from that starting point in the

hould be provided in a culturally competent manner, cognizant of communi
r-to-reach portions of the community.

rt additional rows if you have multiple items to report for a recipient (e.g., p

mplete each cell in row 18.
upplemental guidance for this form, and then speak to your Environmental I

Provide county the community/system is located in. Do not include "County" suffix. Enter "Harris" versus "Harris County"	*Provide State/Territory/Tribe the community/system is located in. Select the appropriate option*	*Provide the population size of the community/system. Select the appropriate option*
County	**State/Territory/Tribe**	**Population Size**

Philadephia	*[will include drop-down menu of options]*	*[will include drop-down menu of options]*
Anne Arundel	*[will include drop-down menu of options]*	*[will include drop-down menu of options]*
District of Columbia	*[will include drop-down menu of options]*	*[will include drop-down menu of options]*

ons that put communities on the path to accessing funding.
e delivery of support. TA services will be informed by the technical, managerial, and f

ty sensitivities, to support the TA recipient to build community trust. In each commu

project type). Each row should be updated as appropriated to represent updates for

Protection Agency (EPA) Project Officer.

If applicable, enter the complete PWSID number. Format PWSID to include state abbreviation (e.g. "TX0000000"). For communities with multiple PWSIDs, make a new row for each additional PWSID	*If applicable, enter the complete NPDES permit number. Format permit number to include the state abbreviation (e.g. "TX0000000"). For communities with multiple NPDES permit numbers, make a new row for each additional NPDES permit*	*Format: decimal degrees. Provide the latitude coordinate of the community/system*
Public Water System Identification (PWSID) Number	**National Pollutant Discharge Elimination System (NPDES) Permit Number**	**Latitude**

PA10003		
MD20001		
DC0000175		

inancial constraints of the

nity, efforts will be made to

ongoing projects

Format: decimal degrees. Provide the longitude coordinate of the community/system	*Select the appropriate option*	*Source of Information for answer in Column K. Select the appropriate option*
Longitude	**Serves a disadvantaged community?**	**Disadvantaged community definition source**

	[will include drop-down menu of options]	*[will include drop-down menu of options]*
	No	
	Yes	CEJST

Format: MM/DD/YY. Include start date of project. This date represents the start of all work, including initial coordination	*Format: MM/DD/YY. Include end date as applicable. If ongoing, list end date as "ongoing." An end date could indicate that the project was completed or work on this project will no longer continue.*	*Provide the current status of the project. Select the appropriate option*
TA Start Date	**TA End Date**	**Status**

06/05/23	12/11/23	*[will include drop-down menu of options]*
08/06/23	ongoing	Other
07/15/23	ongoing	*[will include drop-down menu of options]*

Provide additional details on the status of the project when the status is selected as "Other" in the previous column or if additional details are needed	*Indiciates if the community/system has applied for SRF funding as a result of this TA work*
Status "Other" Description	**State Revolving Fund (SRF) application submitted?**

	[will include a drop-down menu: yes, no]
Declined TA	Yes
	No

Indiciates if the community/system has applied for non-SRF funding as a result of this TA work	*Indicates the type of assistance being provided to the community/system. Select the appropriate option*	*Provide additional details on the type of assistance being provided to the community/system when the assistance type is selected as "Other" in the previous column or if additional details are needed*
Other funding application submitted?	**Assistance Type Being Provided**	**Assistance Type "Other" Description**

[will include a drop-down menu: yes/no]	*[will include drop-down menu of options]*	
Yes	*[will include drop-down menu of options]*	
Yes	*[will include drop-down menu of options]*	

Select the appropriate the option	*Indicates if the project falls into the climate resilience topic area*	*Indicates if the project falls into the lead in drinking water topic area*
Infrastructure Type	**Topic Area Covered - Climate Resilience**	**Topic Area Covered - Lead in Drinking Water**

[will include drop-down menu of options]	*[will include a drop-down menu: yes/no]*	*[will include a drop-down menu: yes/no]*
[will include drop-down menu of options]	*[will include a drop-down menu: yes/no]*	*[will include a drop-down menu: yes/no]*
[will include drop-down menu of options]	*[will include a drop-down menu: yes/no]*	*[will include a drop-down menu: yes/no]*

Indicates if the project falls into the emerging contaminants topic area	*Indicates if the project falls into the decentralized topic area*	*Indicates if the project falls into the regionalization topic area*
Topic Area Covered - Emerging Contaminants	**Topic Area Covered - Decentralized Wastewater**	**Topic Area Covered - Regionalization**

[will include a drop-down menu: yes/no]	*[will include a drop-down menu: yes/no]*	*[will include a drop-down menu: yes/no]*
[will include a drop-down menu: yes/no]	*[will include a drop-down menu: yes/no]*	*[will include a drop-down menu: yes/no]*
[will include a drop-down menu: yes/no]	*[will include a drop-down menu: yes/no]*	*[will include a drop-down menu: yes/no]*

Indicates if the project falls into the aging infrastructure topic area	*Indicates if the project falls into the stormwater/green infrastructure topic area*	*Indicates if the project falls into the tribal topic area*
Topic Area Covered - Aging Infrastructure	**Topic Area Covered - Stormwater/Green Infrastructure**	**Topic Area Covered - Tribal**

[will include a drop-down menu: yes/no]	*[will include a drop-down menu: yes/no]*	*[will include a drop-down menu: yes/no]*
[will include a drop-down menu: yes/no]	*[will include a drop-down menu: yes/no]*	*[will include a drop-down menu: yes/no]*
[will include a drop-down menu: yes/no]	*[will include a drop-down menu: yes/no]*	*[will include a drop-down menu: yes/no]*

Indicates if the project falls into the cybersecurity area
Topic Area Covered - Cybersecurity

[will include a drop-down menu: yes/no]
[will include a drop-down menu: yes/no]
[will include a drop-down menu: yes/no]

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SECTION 3: NON-DIRECT TECHNICAL ASSISTANCE (TA) ACTVITIES - T

Instructions

Use this section to report your activities (including locations, dates, and partn
Add a new row (horizontal) for each activity you wish to report. Insert additio
updates for ongoing activities between reporting periods.
The title of each column is listed in row 13 with instructions on how to comple
If you have any questions or need further assistance, please review the supple

Unique identifier to help distinguish unique activities. The convention used for the Unique ID does not matter as long as the ID is unique to one project throughout the duration of this grant	*Format: MM/DD/YY. Include start date of activity*	*Format: MM/DD/YY. Include end date as applicable. If ongoing, list end date as "ongoing." An end date could indicate that the project was completed or work on this project will no longer continue.*
Unique ID	**Start Date**	**End Date**
Metropolis	10/13/23	07/01/23
East Metro Neighborhood	10/13/23	06/06/23

Metropolis County	10/13/23	ongoing

Training activities or other reporting period activities (including activities u

ers) and outputs/outcomes (including audiences).
nal rows if you have multiple items to report for an activity (e.g., locations). Each row s

ete each cell in row 12.
emental guidance for this form, and then speak to your Environmental Projection Ager

Brief description of activitiy/deliverable	*Provide State/Territory/Tribe the activity is located in. Select the appropriate option*	*Type of location data. Select the appropriate option*
Activity	**State/Territory/Tribe**	**Type of Location Data**
EXAMPLE 1: Created online guidance on best practices in recycling solid waste.	*[will include drop-down menu of options]*	*[will include drop-down menu of options: street address, census tract, zip code, city, county, state, tribal land, school district, hydrologic units, other]*
EXAMPLE 2: Developed and delivered in-person workshop on hazardous waste clean-up efforts.	*[will include drop-down menu of options]*	*[will include drop-down menu of options: street address, census tract, zip code, city, county, state, tribal land, school district, hydrologic units, etc.]*

EXAMPLE 3: Implemented nutrient reduction strategy in Metropolis River Basin and track water quality.	*[will include drop-down menu of options]*	*[will include drop-down menu of options: street address, census tract, zip code, city, county, state, tribal land, school district, hydrologic units, etc.]*

ısing leveraged funds)

should be updated as appropriated to represent

ıcy (EPA) Project Officer.

Format: decimal degrees. Provide the latitude coordinate of the community/system	*Format: decimal degrees. Provide the longitude coordinate of the community/system*	*Select the appropriate option*
Latitude	**Longitude**	**Serves a disadvantaged community?**
		[will include drop-down menu of options]
		No

		Yes

Source of Information for Answer in Column I. Select the appropriate option	*Provide additional details about the activity, including the name of the product, service, or event and the quantity, if applicable*
Disadvantaged community definition source	**Number/Name of Product, Service, or Event**
[will include drop-down menu of options]	1 guidance document (PDF) posted on EPA website
	1 in-person workshop

CEJST	1. Approved implementation plan. 2. Water quality monitoring data. 3. Monthly updates on water quality posted on public website.

Provide additional details about the outcome/result that was measured
Outcome/Result that was measured
Survey of 4,000 Metropolis city residents: * 87% of respondents reported more knowledge of recycling best practices * 72% of respondents reported increased intentions to recycle
* 20,000 tons of recycled material across the city. Increase in volume of 34% compared to same time period in previous year. Feedback survey of 63 participants after the workshop: * 48% of respondents reported more knowledge of clean-up efforts * 22% of respondents were supportive of clean-up efforts * 51% of respondents requested more information about clean-up efforts

Since July 15 2023 (1 year ago):

* 95,000 pounds of total nitrogen load reduction
* 16,000 pounds of total phosphorous load reduction
* 85 tons of sediment load reduction
* 100,000 recreation users recorded in visitor logs,
  an increase of 20,000 users compared to previous year
  (July 15 2022 to July 15, 2023)

List any organizations or groups who worked with the grantee to conduct the activity.
Partner(s)
Metropolis Department of Sanitation
None

Metropolis County Community Organization

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SECTION 4: FINANCIAL SUMMARY

Instructions

Use this section to report your financial summary, as displayed in the S
Add a new column (vertical) for each grant program function or activit
grant program function or activity can be based off of the original SF-4
grant application.
If you have any questions or need further assistance, please review th
this form, and then speak to your Environmental Protection Agency (E

	Grant Program Function or Activity
Object Class Categories	**EXAMPLE 1: Technical Assistance**
a. Personnel	
b. Fringe Benefits	
c. Travel	
d. Equipment	
e. Supplies	
f. Contractual	
g. Construction	
h. Other	
i. Total Direct Charges (sum of a-h)	$ -
j. Indirect Charges	
k. TOTALS (sum of i and j)	**$ -**

n

SF-424A form.
y you wish to report. The
424A form submitted with the

e supplemental guidance for
PA) Project Officer.

EXAMPLE 2: Training	EXAMPLE 3: Tools	EXAMPLE 4: Other
$ -	$ -	$ -
$ -	**$ -**	**$ -**