Training and Technical Assistance (TA) Program for Rural, Small, and Tribal (RST) Wastewater Sys

OMB Control Number = 2090-NEW
Expiration Date = mm/dd/yyyy

General Instructions for Completing this Form

As per Grant regulations (2 CFR § 200.329), all recipients are required to submit quarterly progress reports to the En Protection Agency (EPA) Project Officer within 30 days after each reporting period. To guarantee timely submission, reports electronically via email to the EPA Project Officer within 30 days after the reporting period (every three mont should indicate the progress made towards the outcomes and outputs of the performance period. Please complete t Technical Assistance and Training forms with the requested information to comply with this reporting obligation. Yo comprehensive reports will aid us in tracking progress, ensuring accountability, and maximizing the impact of your w

Burden Statement: This collection of information is approved by OMB under the Paperwork Reduction Act, 44 U.S.C Control Number: 2090-NEW. Responses to this collection of information are mandatory [2 CFR Part 200]. An agency or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid number. The public reporting and recordkeeping burden for this collection of information is estimated to be 30 min response. Send comments on the Agency's need for this information, the accuracy of the provided burden estimate suggested methods for minimizing respondent burden to Director, Information Engagement Division; U.S. Environm Agency (2821T); 1200 Pennsylvania Ave., NW; Washington, D.C. 20460. Include the OMB control number in any cor not send the completed form to this address.

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Appendix A: TA Progress Report

Grant ID #:

TA Activity	Quarterly performance period

d Tribal (RST) Wastewater Systems

Community/System Name (if applicable)	Status

National Pollutant Discharge Elimination System (NPDES) Permit Number	EPA Region	County

State/Territory/Tribe	TA Start Date	TA End Date

Issue/Problem Faced by System	Assistance Type Being Provided	Number of Participants

Participant Role/Title	**Topic area(s) covered**	**Category** (technical, managerial, and/or financial)

Brief description including community needs and milestones	Hours of TA Provided

Serves a disadvantaged, rural, or Tribal community? (Yes/No)	**Which group is served** (N/A, low-income, disadvantaged, rural or Tribal?)

Method of assistance (on-site, virtual, etc.)

Training and Technical Assistance (TA) Program for Rural, Small, and Tribal

Appendix B: Training Report

Grant ID#:
Date:

Training Activity	Quarterly Performance Period	Date of Training

(RST) Wastewater Systems

Trainer's Name	**Status**	**EPA Region where the training took place**	**Method of assistance** (classroom, on-site, virtual, etc.)

Training location	**Community/System Name** (if applicable)	**National Pollutant Discharge Elimination System (NPDES) Permit Number** (if applicable)	**Duration** (hours)

Name of Training	**Category** (i.e., technical, managerial, and/or financial)

Brief Description of Topics Discussed	**Number of participants in each training activity** (or viewcount for webinars/online postings)

Role(s) and State Affiliation for each participant, if known (e.g., operator, administrator, manager, board or council member, government official, etc.)	**Continuing Education Unit (CEU) Issued** (Yes or No)

Number of Attendees Awarded CEUs	Notes