Environmental Justice Thriving Communities Grantmaking Program (TCGM)

Application for Funding

Intended for organizations applying for competitive opportunities under the TCGM Program.

This application consists of questions to verify eligibility and requirements of the funding opportunity. Applying organizations are encouraged to respond to questions to the best of their ability.

OMB Burden Statement

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Part 1. Applicant Information

Name of Applying Organization	[Short response]
What is the **mailing address** of the applying organization?	Street Address 1: [Short response – open text] Street Address 2: [Short response – open text] City: [Short response – open text] State: [State drop-down] Zip Code: [5-digit numeric field]
Who will be the **primary point of contact**? *This person will be the main point of contact for information or questions about the project and its activities.*	Prefix: [Short response – open text] First Name: [Short response – open text] Middle Name/Initial (optional): [Short response – open text] Last Name: [Short response – open text] Suffix: [Short response – open text] Pronouns (optional): [Short response – open text]
➲ Provide the contact information for the primary point of contact:	Title or Role of Primary Contact: [Short response – open text] Preferred Email: [Short response – email validation] Preferred Phone Number: [Numeric - 10-digit phone validation]
Who will be the **financial point of contact**? *This person will be the main point of contact for information or questions about budget, billing, payments, and other financial matters.*	Prefix: [Short response – open text] First Name: [Short response – open text] Middle Name/Initial (optional): [Short response – open text] Last Name: [Short response – open text] Suffix: [Short response – open text] Pronouns (optional): [Short response – open text]

➲ Provide the contact information for the financial point of contact:

Title or Role of Financial Contact: [Short response – open text]
Preferred Email: [Short response – email validation]
Preferred Phone Number: [Numeric - 10-digit phone validation]

Which point of contact will be the **authorized individual** to negotiate and sign a legally binding agreement(s) on behalf of the organization? *Select one.*

- ○ Primary point of contact
- ○ Financial point of contact
- ○ Other [provide contact info]

➲ If Other, who is authorized? *Provide contact information*

Authorized Organizational Representative: [Full Name]
Preferred Email: [Short response – email validation]
Preferred Phone Number: [Numeric - 10-digit phone validation]

Which **best** describes your organization? *Select one.*

- ○ Nonprofit organization
- ○ Community-based and grassroots nonprofit organization
- ○ Philanthropic and civic organizations with nonprofit status
- ○ Tribal government (both federally recognized and state-recognized)
- ○ Intertribal Consortia (i.e., a partnership between two or more tribes that work together to achieve a common objective.)
- ○ Native American Organization (includes Indian groups, cooperatives, nonprofit corporations, partnerships, and associations that have the authority to enter into legally binding agreements)
- ○ Organization based in Puerto Rico
- ○ Organization based in U.S. Territories
- ○ Freely Associated State (FAS) – including local governmental entities and local nonprofit organizations in the Federated States of Micronesia, the Republic of the Marshall Islands, and Palau
- ○ Local government (as defined by 2 CFR 200.1 – includes cities, towns, municipalities, and counties, public housing authorities and councils of government)
- ○ Institution of higher education (such as private and public universities, colleges, and community colleges)
- ○ Other (specify): [Short response – open text]

Tell us about your organization. Include any information about (1) grants or other funding received from the federal government (2) challenges you have faced to receiving funding from the federal government (3) your experience working on environmental or health-related issues and (4) your experience working directly with your community on projects or issues.

Up to 500 words, 2-3 paragraphs

Does your organization have a Unique Entity Identifier (UEI)?

Note: This does not prevent your application from being considered. Your organization's UEI is generated when you register in SAM.gov. (This is different from a Data Universal Numbering System (DUNs) number. See DUNS to UEI transition information.)

- ○ Yes
- ○ No
- ○ Don't Know

➲ [If Yes] Enter your organization's Unique Entity Identifier (UEI).

[Short response – open text]

➲ [If No or Don't Know] Does your organization need assistance acquiring a Unique Entity Identifier (UEI) for your organization?
If selected for funding, the Grantmaker will work with your organization to secure a UEI.

- ○ Yes
- ○ No
- ○ Don't Know

Select the category that **best** fits the size of your organization's budget (use the information from last fiscal year):

- ○ No organizational budget
- ○ Less than $100,000
- ○ $100,000 - $499,999
- ○ $500,000 - $999,999
- ○ $1,000,000 - $5,000,000
- ○ More than $5,000,000
- ○ Prefer not to answer

Briefly describe any **challenges** your organization might face in applying for and/or completing federally funded work.
Common challenges may include, but not limited to, getting registered in SAM.gov, managing financial and accounting systems, current staffing limitations, and concerns related to reporting and compliance.

Up to 250 words, 1-2 paragraphs

Part 2. Project Information

Project Type	[Drop down menu] ▪ Tier 1-Assessment ▪ Tier 2-Planning ▪ Tier 3-Development
Project Title *Please enter a brief, descriptive title of the project.*	[Short response – open text]
Proposed Project Start Date (mm/dd/yyyy)	[Date format]
Proposed Duration of the Project (months)	[Numeric field] *Internal note: Tier 1 projects may not exceed 12 months.*
Are you working with any other partners on this project?	○ Yes ○ No
➲ [If 1 or more] *Please list each partner you are working with, including subcontractors, consultants, or other organizations you are working with.*	[option to add/+ button] *Internal Note: Relevant for Conflict of Interest*
Tell us about the main objective for this project.	Up to 100 words, 2-3 sentences
Describe your community and the environmental, public health, and/or economic development issue(s) this proposed project is designed to address.	Up to 500 words, 1-2 paragraphs
Is your project intended to benefit a disadvantaged community? *EPA uses the term disadvantaged community to describe historically underserved communities. To answer this question, please use the EPA IRA Disadvantaged Communities layer in the Climate and Economic Justice Screening Tool to check if your project will benefit one or more disadvantaged communities identified by this tool.*	○ Yes ○ No ○ Don't Know
Identify any of the following topic areas or activities to be addressed by this proposed project. *Check all that apply.*	☐ Air quality & asthma ☐ Fence line air quality monitoring ☐ Monitoring of effluent discharges from industrial facilities ☐ Water quality & sampling ☐ Small cleanup projects ☐ Improving food access to reduce vehicle miles traveled ☐ Stormwater issues and green infrastructure ☐ Lead and asbestos contamination

- ☐ Pesticides and other toxic substances
- ☐ Healthy homes that are energy/water use efficient and not subject to indoor air pollution
- ☐ Illegal dumping activities, such as education, outreach, and small-scale clean-ups
- ☐ Emergency preparedness and disaster resiliency
- ☐ Environmental job training for occupations that reduce greenhouse gases and other air pollutants
- ☐ Environmental justice training for youth
- ☐ Other (specify): [Short response – open text]

Tell us about the **geographic area(s)** that will benefit from this project.
Provide relevant information, including zip codes, county, community, and/or neighborhood information.

Up to 250 words, 1-2 paragraphs

About how many people will <u>directly</u> benefit from this project?

- ○ Greater than 50,000 individuals
- ○ Up to 50,000 individuals
- ○ Up to 10,000 individuals
- ○ Up to 5,000 individuals
- ○ Up to 1,500 individuals
- ○ Less than 300 individuals

How did you come up with these estimates?
Describe any tools or resources used to support your estimation.

Up to 150 words, 1-2 paragraphs

Describe your key activities to carry out the project, including any strategies and objectives.

Up to 500 words, 2-3 paragraphs

What does success look like for this project? How will you know if you have been successful?
Describe the project's expected outcomes, benefits, or results to be achieved by the end of the project period.

Up to 500 words, 2-3 paragraphs

How will your organization plan for the timely and successful achievement of the objectives of this proposed project?

Up to 250 words, 1-2 paragraphs

Will this project require a Quality Assurance Project Plan (QAPP)?

- ○ Yes
- ○ No
- ○ Don't Know

Part 3. Budget

Enter the total amount ($) requested for each of the following budget categories:

Note: Consider reviewing the Notice of Funding Opportunity for additional details. Indirect costs are those for a common or joint purpose across more than one project and that cannot be easily separated by project. Learn more at 45 CFR 75.414, Indirect Costs.

a) Personnel (Salary and Wages)
b) Fringe Benefits
c) Travel
d) Equipment
e) Supplies
f) Contractual
g) Construction
h) Other
i) Indirect Costs

What is the total amount ($) requested for this project?

[Display numeric entry with running total]

Upload your budget documents, including line-item budget and budget justification.

[File upload]

Part 4. Submission Questions

Did you receive any technical assistance (TA) to submit this application? (optional)
Please note that any responses to this question will be used exclusively for informational purposes and will not impact the scoring of your organization's application in any way.

- ○ Yes
- ○ No
- ○ Don't Know

➲ [If Yes] Was the assistance provided by a Thriving Communities Technical Assistance Center (TCTAC) or another technical assistance (TA) provider(s)? (optional)

- ☐ TCTAC
- ☐ Other TA Provider

➲ [If TCTAC] Select which TCTAC(s):

- ☐ Region 1-ISC
- ☐ Region 2-WE ACT
- ☐ Region 2- Inter-American University of Puerto Rico-Metropolitan Campus
- ☐ Region 3-National Wildlife Federation
- ☐ Region 4-REACT4EJ
- ☐ Region 4-CIRC
- ☐ Region 5-BIG Justice
- ☐ Region 5-Great Lakes
- ☐ Region 6-CIRC
- ☐ Region 6-South Central
- ☐ Region 7-Heartland EJ
- ☐ Region 8-ICMA
- ☐ Region 9-WEST EJ Center
- ☐ Region 9-CCEEJ

	☐ Region 10-NW EJ Center ☐ Region 10-UW Center for Environmental Health Equity ☐ National-Indian Health Board ☐ National-ICMA ☐ National-ISC
➲ [If Other Provider] Select which TA provider or specify other:	☐ Environmental Finance Center ☐ Technical Assistance for Brownfields ☐ Community Change Grants Technical Assistance Center ☐ Building Resilient Infrastructure and Communities Direct Technical Assistance (BRIC DTA) ☐ Economic Recovery Corps ☐ Other (specify): [Short response – open text]
To complete your submission, the authorized representative for the applying organization must sign and date this submission.	Signature box: Date: [Date format]
Enter the name of the person above.	[Short response – open text]