Environmental Justice Thriving Communities Grantmaking Program (TCGM)

Application for Funding

Intended for organizations applying for foundational support 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

Up to 250 words, 1-2 paragraphs

limitations, and concerns related to reporting and compliance.

Part 2. Project Information

Project Title *Please enter a brief, descriptive title of the project.*	[Short response – open text]
Proposed Duration of the Project (months)	[Numeric field] *Internal note: Tier 1 projects may not exceed 12 months.*
Tell us about the main objective for this project. (optional)	Up to 100 words, 2-3 sentences
Identify any of the following capacity-building areas to be addressed through this work. *Check all that apply.*	☐ Governance and executive leadership ☐ Organizational vision and strategy ☐ Systems for planning, evaluation, and organizational learning ☐ Staff management and human resources ☐ Communications ☐ Relationships and networks ☐ Financial health Other (specify): [Short response – open text]
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

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]