### TCGM - Tier 2 Competitive Grant Application

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Thank you for your interest in the Great Lakes Environmental Justice Thriving Communities Grantmaking Program. Please complete this application for a Tier 2 grant. Before starting your application, please be sure to review the grant guidelines.

As you prepare your application, keep these points in mind:

- . This online application will take approximately 1 hour to complete. Gathering the required information may take an additional 4-5 hours.
- You need not complete your application in one sitting. HOWEVER, you must hit the green "Save Draft" button in the lower left-hand corner before exiting. You can return to this application at any time. via the link sent to you in your email.
- . Before starting this application, we recommend that you download this preview document of the application questions, use it to draft responses, and then copy and paste them into the online
- will not

<ul> <li>You can download the required budget template here. Please fill out this spreadsheet and save it to your computer so you can upload it into the application form.</li> <li>If you are submitting applications for more than one funding tier, be aware that you will be asked many of the same questions. For example, responses you provide in a Tier 1 application carry over to a Tier 2 application. Copying and pasting individual responses is acceptable as long as each application you submit makes a distinct case for your funding needs.</li> </ul>
if you have any questions or if you encounter technical difficulties.
Begin Survey
* Do you need assistance accessing or completing this intake form (e.g., assistance with language translation, visual accessibility, technological challenges, or internet access)?
● Yes  No
* Tell us what help you need, and we will contact you to follow up.

Thank	you for	submitting this	information. A	A representative o	of The Min	neapolis	Foundation	will
follow u	up with	you in the next	3-8 business	days.				

Click here to request for assistance and exit.

\* Do you need assistance accessing or completing this intake form (e.g., assistance with language translation, visual accessibility, technological challenges, or internet access)?

Yes	
<ul><li>No</li></ul>	

Next

## **Lead Applicant Information**

- If you are applying on behalf of a project that you host or fiscally sponsor, a partnership, a coalition, or another type of collaboration, please choose one organization to serve as the lead applicant and submit only their information in this section. If you are applying as an individual organization (without partners), please submit your own information.
- \* Please select the category that best describes your application:

if you don't ha

	ad applicant? (Choose one of the eligible entity categories
below)	
Federally recognized Tribal government	
Cocal government	
501(c)(3) nonprofit organization	
State-recognized nonprofit organization	
Institution of higher education	
* 5. Lead Applicant Employer Identification	ation Number (EIN) (Write N/A if you do not have an EIN.)
* 6. Do you have a Unique Entity Ider  No yet, our registration is in progress	ntifier (UEI) for the lead applicant?
No, we would like support in obtaining this	
Yes, we have a UEI	
<u> </u>	J
* 7. What are the lead applicant's total	Il organizational expenses for the previous fiscal year?
USD 🔻	
8. Please share the following for the le	ead applicant:
* Number of paid full time equivalent	(FTE) staff
* Number of unpaid staff (i.e., volunte	ers with staff roles)
* If you are hosting or fiscally sponsor expenses for the current fiscal year?	oring a community-led project, what are their total projected
USD •	

* 9. Please explain how your organization or project's board, advisory committee, and staff reflect
the disadvantaged communities you work with. (750 characters max)
Next
Project Description
* 10. What is the name of your proposed project? (75 characters max)
* 11. Please provide a 4-6 sentence summary of the project you are applying for. Identify the disadvantaged community(ies), project goals, and key activities you will undertake with this grant." (75 characters max)
* 12. What environmental justice, climate, and/or public health need(s) will your project address? (750 characters max)

* 13. What does success look like for this project? List up to three outcomes you seek to achiev (750 characters max)
* 14. In your own words, describe the disadvantaged community or communities this project will benefit (e.g., location, environmental and social conditions, population, etc.). (750 characters max)
* 15. Please list the zip codes of the disadvantaged community or communities that you will be working in. At least 70% of funded activities must take place in these locations.
16. Will some of your work take place in communities that are not considered disadvantaged, as defined by the EPA? If so, please list their zip codes. No more than 30% of funded activities can ake place in these locations.
17. Please explain how your proposed project is informed by residents and representatives of the community or communities where you will be working. (750 characters max)

18. If you are applying as a partnership or coalition, please list up to 5 project partners that will receive funds from this grant.  Summarize the work and role of all project partners listed below.					
N	lame	Work	Role with this Project	Do you have a signed agreement in place?	If not, please explain.
1				Yes No	
2				Yes No	
+					

Next

# **Project Description Continued**

* 19. Briefly describe your work on climate, environmental justice, and/or public health issues.
(1,200 characters max)
* 20. Explain how this project will strengthen relationships with some or all the project partners. Examples might include, but are not limited to: Increased partner capacity as measured by fundraising, communications, or programming outcomes; closer relationships as documented by
signed partnership agreements or signed memoranda of understanding. (750 characters max)
* O
* 21. Upload a PDF of your workplan that describes the key activities, milestones, and outcomes for this project. Click on this link for a workplan template. (Please note that the use of this template is optional. The EPA will not penalize or withhold a benefit from the respondent
for providing the requested information in another format.)
Download Workplan Template
Upload Files
Upload Files Or drop files

* 22. Will you be using this TCGM grant as matching funds or to complement another federal, state, or local government grant?
Yes
No
* If yes, please briefly explain.
* 23. Explain how you will be tracking and measuring progress for this project. (750 characters max)
24. What are the main challenges you anticipate for completing this work in the allocated imeframe? What are the areas where we can offer assistance and support? (750 characters max)
25. In this tier, we will award one- to two- year grants of up to \$250,000. How much funding are you requesting?
USD •
26. What timeframe are you requesting the funds for? This grant period must align with the activities and timelines noted in your workplan.
12 months
18 months
24 months

\* Provide a budget for your project using this template. Grant dollars can be used for program management, staff and fringe benefits, contracts, communications, meeting expenses, supplies, equipment, and other related costs. Up to 50% of the grant can be used for property acquisition. You can also use up to 15% of direct project costs for indirect or overhead expenses. Please allocate sufficient resources for partners (via contracts), staff, project management, and financial oversight.

# **Download Budget Template** Upload Files Or drop files \* 26. Please upload a PDF of your organizational budget for the current fiscal year. PDF Only Upload Files Or drop files 27. Please upload a PDF of the current budget for your fiscally sponsored project, if applicable. PDF Only Upload Files Or drop files 28. Please upload a PDF of a signed fiscal sponsorship agreement or fiscal agent letter, if applicable. PDF Only Upload Files Or drop files 29. Optional: Is there anything else you would like to share about your proposal? (750 characters max)

Please have the authorized executive at the lead applicant organization sign and date this submission.

* Authorized Executive		
First Name		
	•••]	
*Last Name		
* Title		
* Organization		
* Best phone number to reach yo	ou.	
Example: 987-401-8683		
* Can we text you at this number	?	
Yes		
No		
I		
ease check here to confirm that this application is bei	ng submitted with the approve	al of the Authorized Executive named a
<b>i</b>		

# \* Name First Name \*Last Name \* Title \* Organization \* Email

Next

Thank you for completing this application!

Please be aware that if your organization is selected for this grant, you must be willing to engage in regular conversations with staff to provide updates on your progress, as required by the U.S. Environmental Protection Agency. You will also be required to submit quarterly, annual (for multi-year grants), and final reports that include an itemized budget showing actual expenditures.

Our reporting questions emphasize learning rather than judgment. Specifically, we are interested in hearing the perspectives of people who are closest to the proposed work and the communities it impacts.