TCGM - Tier 3 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 3 grant.

To be considered for the first grant round, you must complete your application(s) by December 15, 2024 (date subject to change). If you do not submit your application by the deadline, you can be considered in the next grant round, which we will be announced in the coming months.

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 the application, we suggest that you review the entire form in this preview document. We highly recommend that you first draft responses in this document, then copy and

| paste your answers into the online form. 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. |
|---|
| f 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 representative of The Minneapolis Foundation will follow 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 ir translation, visual accessibility, technological challenges, | |
|--|--|
| Yes | |
| No | |
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| Next | |
| | |
| Lead Applicant Information | |
| If you are applying on behalf of a project that you hose coalition, or another type of collaboration, please choos applicant and submit only their information in this second organization (without partners), please submit your oward. * Please select the category that best describes your applicant. | ose one organization to serve as the lead tion. If you are applying as an individual wn information. |
| Single applicant | |
| Fiscal sponsor or host of a community-led project | |
| Partnership (2-3 partners that all receive funding from this grant) | |
| Coalition (4+ partners that all receive funding from this grant) | |
| Other | |
| * 1. Lead Applicant Name | |
| | |
| * 2. Lead Applicant Address | |
| Q | |
| *Street | |
| | |
| *City *State/Province | |

| * 3. Website Address or Primary Social Media Handle (Write N/A if you don't have any of these.) |
|--|
| |
| * 4. What type of organization is the lead 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 Number (EIN) (Write N/A if you do not have an EIN.) |
| * 6. Do you have a Unique Entity Identifier (UEI) for the lead applicant? |
| No yet, our registration is in progress |
| No, we would like support in obtaining this |
| Yes, we have a UEI |
| * 7. What are the lead applicant's total organizational expenses for the previous fiscal year? USD ▼ 8. Please share the following for the lead applicant: |
| |
| * Number of paid full time equivalent (FTE) staff |
| |
| * Number of unpaid staff (i.e., volunteers with staff roles) |

| * If you are hosting or fiscally sponsoring a community-led project, what are their total projected expenses for the current fiscal year? |
|---|
| 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." (750 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 communit defined by the EPA? If so, please list their zip code take place in these locations. | |
|--|------|
| | |
| * 17. Please explain how your proposed project is the community or communities where you will be v | • |
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| 18. If you are appl receive funds from Summarize the work an | n this grant. | | ease list up to 5 pr | roject partners that will |
|--|---------------|---------------------------|--|---------------------------|
| Name | Work | Role with this Project | Do you have a signed agreement in place? | If not, please explain. |
| 1 | | | Yes No | |
| 2 | | | Yes No | |
| + | | | | |
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Project Description Continued

| * 19. Briefly describe your work on climate, environmental justice, and/or public health issues. (1,200 characters max) |
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| |
| * 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) |
| |
| * 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 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. |
| |
| Response to this question is required |
| * 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 nax) |
| |
| |

| * 25. In this tier, we will award one-to-two-year grants of up to \$350,000. 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 | |
| * 27. 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. | 0 |
| Download Budget Template Upload Files | |
| Upload Files Or drop files | |
| * . Please upload a PDF of your organizational budget for the current fiscal year. | |
| • PDF Only | |
| Upload Files | |
| | |
| Please upload a PDF of the current budget for your fiscally sponsored project, if applicable. | |
| PDF Only | |
| Upload Files | |
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| 28. Please upload a PDF of a signed fiscal sponsorship agreement or fiscal agent letter, if applicable. |
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| PDF Only |
| Upload Files Or drop files Or drop files |
| 29. Optional: Is there anything else you would like to share about your proposal? (750 characters max) |
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Please have the authorized executive at the lead applicant organization sign and date this submission.

| *Last Name *Title *Organization *Best phone number to reach you. Example: 987-401-8683 *Can we text you at this number? Yes No | | * Authorized Executive |
|---|-------|--|
| * Title * Organization * Best phone number to reach you. Example: 987-401-8683 * Can we text you at this number? Yes No | | First Name |
| * Title * Organization * Best phone number to reach you. Example: 987-401-8683 * Can we text you at this number? Yes No | | |
| * Organization * Best phone number to reach you. Example: 987-401-8683 * Can we text you at this number? Yes No | | *Last Name |
| * Organization * Best phone number to reach you. Example: 987-401-8683 * Can we text you at this number? Yes No | | |
| * Best phone number to reach you. Example: 987-401-8683 * Can we text you at this number? Yes No | | * Title |
| * Best phone number to reach you. Example: 987-401-8683 * Can we text you at this number? Yes No | | |
| * Can we text you at this number? Yes No | | * Organization |
| * Can we text you at this number? Yes No | | |
| * Can we text you at this number? Oracle Yes No | | * Best phone number to reach you. |
| Yes No | | Example: 987-401-8683 |
| No | | * Can we text you at this number? |
| | | |
| Email | | 140 |
| | Email | |
| | | |
| Please check here to confirm that this application is being submitted with the approval of the Authorized Executive named above. | Pleas | se check here to confirm that this application is being submitted with the approval of the Authorized Executive named above. |
| Date | Date | |
| | | |
| | | |

Next

| Name | |
|---|--|
| First Name | |
| | |
| *Last Name | |
| | |
| Title | |
| | |
| Organization | |
| | |
| Email | |
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| | |
| Next | |
| nank you for completing this application! | |
| ease be aware that if your organization is selected for this grant, you must be willing to engage in sonversations with | |

Please provide the name of the person who completed this application.

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.

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.

Submit