Instructions for the On-line Application

The Orphan Oil and Gas Well Plugging Grant Program application must be submitted online through the Electronic Single Application (ESA) website. **Paper and faxed copies will not be accepted**. This change allows DEP to expedite the review process. The link to the ESA website is: https://www.esa.dced.state.pa.us/Login.aspx

No documentation should be mailed to DEP.

User Tips

- Electronic Single Application works best when accessed through Microsoft Edge or Google Chrome
- If you allow your screen to sit idle for 30 minutes or more, you will lose the data entered since your last save and will have to re-enter it.
- Save frequently.
- When completing the application, fields with a "•" are required fields. If a required field is skipped, you will be notified later in the application to return to the affected section to complete the field.
- Do not use special characters such as \,/,*,&,%,#, etc.
- If you have questions completing the application, please contact Enterprise eGrants Customer Service Center at 1-833-448-0647 or email at egrantshelp@pa.gov. Operating hours are Monday through Friday from 8:30 am to 6:00 pm EST.

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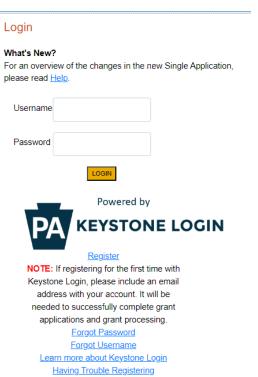
Reminder: If you have questions completing the application, please contact Enterprise eGrants Customer Service Center at 1-833-448-0647 or email at egrantshelp@pa.gov. Operating hours are Monday through Friday from 8:30 am to 6:00 pm EST.

1. Registration and Login

- Go to ESA login page https://www.esa.dced.state.pa.us/Login.aspx and follow the instructions for creating a new account, or login with your existing account.
- Write down and save the <u>Username</u> and <u>Password</u> you have chosen. You will need this for later your grant documents.

General Facts

- Create a New Keystone Login Account Registration
 - Click Register and enter all of the information into the fields with a red asterisk (*) next to them.
 - You will be asked to create your profile, login information and security questions.
 - If you have already created an account with another agency whose application uses the Keystone Login Service, you do not need to register another account with us.
 - If you create a Keystone Login account with us, you will be able to use this
 account with other agencies that use Keystone Login.
 - Some additional information may be required for those agencies.
- · Keystone Login Services
 - There are many account options that can be configured for your Keystone Login account. Please see the help documents provided by the <u>Keystone</u> Login Service
 - Keystone Login account assistance or password resets, please contact the Keystone Global Help Desk at 877-328-0995
- For technical assistance with an application, please contact the appropriate resource center listed below:
 - DCED customers: Please contact the DCED Customer Service Center.
 Representatives are available Monday through Friday, from 8:30 AM until 5:00 PM, at 800-379-7448. Email inquiries can also be sent to radcedcs@pa.gov.
 - Customers of all other agencies: Please contact the Enterprise eGrants
 Customer Service Center. Representatives are available Monday through
 Friday, from 8:30 AM until 6:00 PM, at 833-448-0647. Email inquiries can
 also be sent to egrantshelp@pa.gov.



2. Begin a New Application

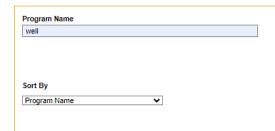
- Project Name Choose and enter a name for your project (have well in the project name).
- Do you need help selecting your program Select "No"
- Are you applying for assistance as outlined in a signed and accepted offer letter from the Governor's Action Team (GAT)? Select "No"
- Click on "Create a New Application"

Begin a New Application To begin a new Single Application For Assistance, enter a brief name for the project (up to sixty characters) and answer whether you need	i help selecting your program. If you already know the name of the program you want to apply for, answer "No".
Project Name	
Well Do you need help selecting your program?	
No ▼	
Are you applying for assistance as outlined in a signed and accepted offer letter from the Governor's Action Team (GAT)?	
140 V	
	CREATE A NEW APPLICATION

3. Select Program

- For Program Name enter "well"
- Scroll down and click "Search"

Select Program
To search for programs based on your organization and/or project, click the Program Finder button below





4. Apply

Scroll down through the various grant offerings, locate the "Orphan Oil and Gas Well Plugging Grant Program and click on "Apply."



5. Requirements

- Enter the number of wells that you are applying for. The number of Orphan Wells you are applying for cannot exceed 10.
- Click "Continue"

Requirements

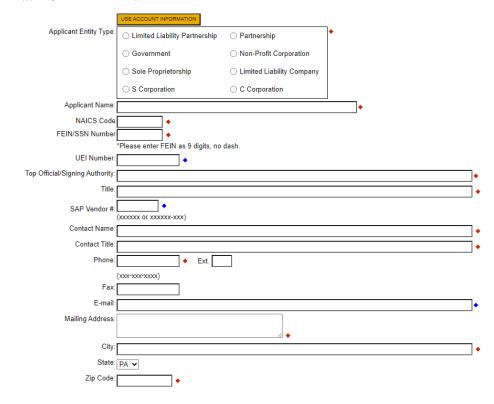
How may wells are you applying for? ♦

6. Applicant Information

- The Applicant Information section requires data related to the entity for which the application is being submitted.
- Applicant Entity Type select the appropriate type for your organization
- Applicant Name Enter the legal name, the name under which the entity legally conducts business.
- NAICS Code enter the appropriate code for your organization
- FEIN/SSN Number Enter the Federal Tax ID number for the legal name (no dashes).
- UEI Number Unique Entity Identifier. Enter the applying organization's unique, 12-character alphanumeric identifier which is assigned to all entities that conduct business with the federal government.
- Top Official/Signing Authority In this block, enter the authorized representative of the municipality.
- Title Enter the title of the authorized representative.
- SAP Vendor# Enter, if known.
- Contact Name Enter the primary contact name for this project.
- Contact Title Enter the primary contact title for this project.
- Phone and Fax Enter the phone and fax numbers for the primary contact title for this project.
- E-mail Enter the e-mail for the primary contact title for this project.
- Mailing address, City, State and Zip Code Enter this information for the primary contact for this project.
- Enterprise Type Select.
- Click "Continue"

Applicant Information

To copy your Registration information into the application, click the "Use Account Information" button below.



Enterprise Type

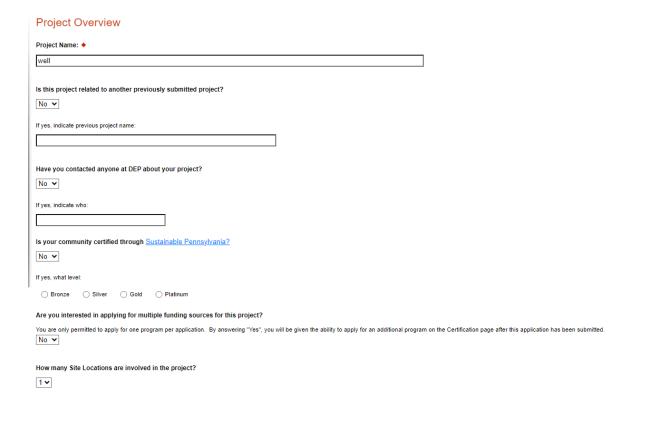
Indicate the types of enterprises that describe the organization listed above. You may select more than one type. ◆						
Advanced Technology	Agri-Processor	Agri-Producer	Authority	Biotechnology / Life Sciences		
Business Financial Services	Call Center	Child Care Center	Commercial	Community Dev. Provider		
Computer & Clerical Operators	Defense Related	Economic Dev. Provider	Educational Facility	Emergency Responder		
Environment and Conservation	Exempt Facility	Export Manufacturing	Export Service	Food Processing		
Government	Healthcare	Hospitality	Industrial	Manufacturing		
Mining	Other	Professional Services	Recycling	Regional & National Headquarters		
Research & Development	Retail	Social Services Provider	Tourism Promotion	Warehouse & Terminal		



7. Project Overview

• Project Name – The project name will auto-populate. If you would like to change the name of the project, you can on this screen

The rest of the information in the Project Overview section is not required and does not need to be filled out.



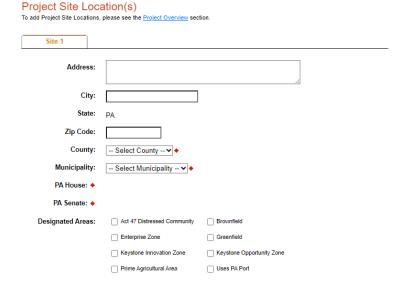
Click on "Continue"



Continue

8. Project Site

- Address Enter the applicant's mailing address (street address). **P.O. Boxes are not acceptable.**
- City, State and Zip Code Enter this information.
- County Select county from the dropdown box.
- Municipality Select municipality from the dropdown box.
- PA House and PA Senate These fields will be auto-populate based on the information entered above.
- Designated Areas Leave blank.



Click on "Continue"

Continue

9. Project Narrative

• This area does not need to be completed, please do not enter any information in the Project Narrative box. All relevant information for your application will be uploaded on the addenda tab.

Project Narrative Adequate answers to the Project Narrative questions below are required. Uploaded attachments or mailed documents are no longer permitted in this section of the application. instructions will either be provided in the Addenda section or the Program Guidelines.	If a more detailed narrative is required for the Program selected,
Character Count: 122 characters.	
This area does not need to be completed. All relevant information for your application will be uploaded on the Addenda tab	
	_
	<u>Con</u>

Click on "Continue"



10. Program Addenda

• Complete all fields in this section.

Addenda

Below are additional application requirements specific to the program you selected. If you are having problems completing the Addenda because your organization or project do not meet the requirements listed below, please try changing, your

1. Qua	lified Well	Plugger – A pers	on shall qu	alify as a qua	alified well p	olugger if the p	erson demon	strates acce	ss to the equ	ipment, n	materials	s, resource	es and s	ervices	s to plug	wells in	accordanc	e with secti	on 3220 (58
	•	ting to plugging r	-	s).															
a.	Ivallie of the	Qualified Well 1 to	yyei 🔻																
h	Address of C	Qualified Well Plug	ner 🌢																
		ess or P.O. Box 💠	City •			County •		State •			Zip C	ode 💠		_	Add	Cancel			
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	No data ha	s been entered.																	
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L.	DUSINESS INA	ille of Qualified W	eli Flugger 🔻	•															
d	Vegre of eve	erience plugging v	alle 🌢																
u.	Todas or exp	chence plagging v	CIIO ¥																
e	Nature of Wo	ork and Locality ◆																	
f.	Is the Qualifi	ed Well Plugger, ti	ne person wh	no is legally re:	sponsible fo	r plugging the o	rphan well ?	,											
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		e Qualified Well Pl						Plugger, in co	ontinuing viola	tion of any	y statute	administer	red by the	e Depa	rtment, a i	regulatio	n promulgat	ed under a	statute
	administered	I by the Departmen	it or a plan a	pproval, perm	nit or order o	f the Departmen	nt? ♦												
	If yes, Please	ovelsie																	
	Character Cour																		
2. List of eligible wells	s listed und	er section 2823() that the C	Qualified Wel	ell Plugger	intends to plu	g in the next	12 months,	if approved	for a gra	nt 🔸								
A well is considered e	_		-	rc															
 Be classified a Has not been 				h the require	ements of	section 3220	(58 Pa.C.S.	§3220, rela	ating to plug	ging req	uireme	ents) prior	r to Dep	artme	nt appro	val of a	n applicar	ıt's applica	tion.
3. No amount of																			
4. No person who	o is financia	ally responsible	for the plug	gging of the	orphan w	ell is known to	o the Depart	ment or like	ly to be ide	ntifiable.									
Please provide the fo	llowing info	ormation in the o	hart below	r.															
1. List eligible we																			
Identify eligible Provide levels			pected con	tamination;															
5. 1 151145 151615		o omicorono.																	
		Is obvious or s	ispected co	ontamination	n to soil, a	roundwater.	Please ide	entify if met	hane emissi	ons are d	detecte	d at this w	well by	Т		٦			
Permit Number ◆		surface water of							iate emissio			a at ano i		Add	Cance	<u>el</u>			
		~							~							-			
No data has been e	ntered.																		
3. Methane Monitoring		rafora to the cont	actor partn	or or ogonou	, amplayes	who will be cor	ndusting mother	ana maaaur	amanta at the	o cito for m	mothon	o (and "ath	hor good	o" if roc	uirod bu	the east	2011)		
A qualified measurement A "qualified measurement																		ent" means	that the
individual can make me																			
weather variables, etc., specialists should be av																			
type of legacy infrastruc	cture. Theref	ore, detection an	d measurem	nent at orphar	ned wells re	equires specific	knowledge a	nd training. I	Measurement	t specialis	sts shou	ıld be fami	iliar with	the ref	erence do	ocument	s provided	in these gu	idelines belov
in #4, particularly those dilute methane concent																			
qualified measurement	specialist sh	ould be prepared	to submit d	lata and resul	lts in a form	at that can be	easily incorpo	rated into th	e relevant ag	ency data	abase to							-, 50	
☐ The applicant att	ests that n	nethane meası	rements v	will be obta	ined by a	qualified me	easurement	specialist	as describ	ed abov	re. 🔷								
Please provide initials f	or the above	acknowldgemen	L ♦																

4. For any eligible wells, where methane emissions were "Detected" or "Detected + may be high", a report documenting the results of a pre-plugging methane emissions assessment of the eligible well in accordance with the protocol contained in the document titled "Assessing Methane Emission from Orphaned Wells to Meet Reporting Requirements of the 2021 Infrastructure Investment and Jobs Act: Methane Measurement Guidelines" released by Department of the Interior's Orphaned Wells Program Office on July 24, 2023 (Methane Guidance) will be required to be submitted prior to receiving any approved reimbursement. The updated methane measurement guidelines are available on the Department of Interior's website at: Orphaned Wells Methane Measurement Guidelines
☐ The applicant attests that the methane assessment shall be conducted by a Qualified Measurement Specialist as defined in the Methane Guidance. ◆
Please provide initials for the above acknowldgement. •
5. The qualified well plugger has legal authority to access and perform the activities needed to plug each eligible well and will secure the necessary planning and permit approvals for the project prior to beginning well plugging activities. The applicant attests to the above.
Please provide initials for the above acknowldgement. ◆
6. Is the Qualified Well Plugger also the landowner? ◆ ▼
Download Well plugging and restoration agreement.docx
Upload Files Use the control below to select your file. Each file can be no larger than 30MB.
File 1 Choose File No file chosen
7. The qualified well plugger will provide the documentation necessary for the department to comply with the provisions of section 2811(b) (relating to allocation of funding). ☐ The applicant attests to the above. ◆
Please provide initials for the above acknowldgement.
8. Each well plugged by the qualified well plugger will be plugged in accordance with section 3220 (relating to plugging requirements). ☐ The applicant attests to the above. ◆
Please provide initials for the above acknowldgement. ◆
9. The qualified well plugger acknowledges the Davis-Bacon Act requirements for the award or project and confirms that all laborers and mechanics performing construction, alteration, or repair work on projects in excess of \$2,000 funded directly by or assisted in whole or in part by funding under the grant award are paid or will be paid wages at rates not less than those prevailing on projects of a character similar in the locality as determined by the Secretary of Labor in accordance with Subchapter IV of Chapter 31 of Title 40, United States Code.
Please provide initials for the above acknowldgement. ◆
10. Pennsylvania DEP identifies an EJ area where 20 percent or more individuals live at or below the federal poverty line, and/or 30 percent more of the population identify as non-white minority, based on data from the U.S. Census Bureau and the federal guidelines for poverty. DEP has created an interactive mapping tool called EJ Areas Viewer to determine the location of all EJ areas throughout the Commonwealth. Are any eligible wells that the Qualified Well Plugger intends to plug in the next 12 months, if approved for a grant, located in an area designated as an Environmental Justice Community? Link to EJ Areas Viewer - PennEnviroScreen(pa.gov) PennEnviroScreen(pa.gov)

Budget for Orphan Oil and Gas Well Plugging Grant Program •

- Grant applications are limited to a 10 well maximum per applicant. Applicants are able to re-apply after a previously approved application's wells have been plugged in accordance with the requirements of the 2012 Oil and Gas Act, and other applicable measures as specified in the Technical Specifications, and the Grant Agreement, subject to availability of funds.
- Grant amounts are limited to \$40,000 for each eligible well plugged that is an orphan well of a depth of 3,000 feet or less or the actual cost of the qualified well plugger to plug the well, whichever is less.
- Grant amounts are limited to \$70,000 for each eligible well plugged that is an orphan well of a depth greater than 3,000 feet or the actual cost of the qualified well plugger to plug the well, whichever is less.

Orphan Well Type	Number Of Wells	Total Grant Amount
Orphan well of a depth of 3,000 feet or Less (Grant amounts limited to \$40,000 per well)	•	\$0.00
Orphan well of a depth greater than 3,000 feet (Grant amounts limited to \$70,000 per well)	•	\$0.00
Total	◆Total No. of Wells = 0	Total Grant Amount = \$0.00

Continue

Click "Continue"

11. Certification and Submission

- If there is any missing information in your application, your screen will look similar to the following example.
- Under the "Application Certification" heading, it will state, "The following sections are incomplete. All required fields marked with a red diamond must be completed before you are able to submit this application".
- To add/correct the information on your application, click on the section heading to return to the page.

Application Certification

The following sections are incomplete.

- All required fields marked with a red diamond (◆) must be completed before you are able to submit this application.
- All conditional fields marked with a blue diamond (◆) may be required to be completed before you are able to submit this application.

Applicant

- · Entity Type is required.
- · Applicant Name is required.
- · NAICS Code is not a valid four digit code.
- . FEIN Number is required.
- · Top Official/Signing Authority is required.
- · Title is required.
- · Contact Name is required.
- · Contact Title is required.
- · Phone Number must be a valid phone number, please use "-" instead of spaces. Must include area code xxx-xxxx-xxxx.
- · Phone Number is required.
- Mailing Address is required.
- · City is required.
- · Zip Code is required.
- · Enterprise Type is required.
- · Applicant Information has not saved correctly

Project Site Location(s)

- · Project Site 1: County is required.
- · Project Site 1: Municipality is required.
- · Project Site 1: PA House District is required.
- Project Site 1: PA Senate District is required.

Addenda

- Name Qualified Well Plugger is required.
- · Address Well Plugger is required.
- · BusinessName Well Plugger is required.
- · Years Experience is required.
- · Nature of Work is required.
- · Legally Responsible is required.
- · Continuing Violation is required.

12. Complete the following fields:

- Indicate certification of application information by checking the related checkbox under the Electronic Signature Agreement.
- Indicate identity as one of the following:
 - o I am the applicant.
 - o I am an authorized representative of the company, organization or local government.
 - o I am a "Certified" Partner representative.
- Type your name in the "Type Name Here" block. This will serve as your official e-signature and authorizes your application.
- Check the "Electronic Attachment Agreement" box.
- Click on "Submit Application."

Application Certification

All of the required sections of the web application have been completed. If you have reviewed the application, you may submit it for processing. After submitting, you will no longer be able to make changes.

Electronic Signature Agreement:

O I am the applicant.

By checking this box and typing your name in the below textbox, I hereby certify that all information contained in the single application and supporting materials submitted via the Internet and its attachments are true and correct and accurately represent the status and economic condition of the Applicant, and I also certify that, if applying on behalf of the applicant, I have verified with an authorized representative of the Applicant that such information is true and correct and accurately represents the status and economic condition of the Applicant. I also understand that if I knowingly make a false statement or overvalue a security to obtain a grant and/or loan from the Commonwealth of Pennsylvania, I may be subject to criminal prosecution in accordance with 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities) and 31 U.S.C. §§ 3729 and 3802 (relating to false claims and statements).

Ty	pe Name Here:
(○ I am a "Certified" Partner representative.
(I am an authorized representative of the company, organization or local government

Electronic Attachment Agreement:

Along with the web application, if you have been requested or need to send any documentation to DEP please print and send a copy of your E-Signature and mail it to DEP along with any paper supporting documents. You will be given an opportunity to print the signature page along with a copy of the application immediately after you submit.



13. Application Receipt Verification

- If you want a copy of your application, click the "Print Entire Applications with Signature Page" link. You will always be able to access your application with the username and password you created at the beginning of the application.
- Make sure to note the Single Application ID#. All future correspondence from the Department will reference this number.
- You do not need to send the signature page and/or any further documentation to the Grants Center. All the information needed is contained in your online submission.

Application Certification

Single Application ID #: 202308295136

The web application has been successfully submitted for processing.

I hereby certify that all information contained in the single application and supporting materials submitted via the Internet, Single Application # 202308295136 and its attachments are true and correct and accurately represent the status and economic condition of the Applicant, and I also certify that, if applying on behalf of the applicant, I have verified with an authorized representative of the Applicant that such information is true and correct and accurately represents the status and economic condition of the Applicant. I also understand that if I knowingly make a false statement or overvalue a security to obtain a grant and/or loan from the Commonwealth of Pennsylvania, I may be subject to criminal prosecution in accordance with 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities) and 31 U.S.C. §§ 3729 and 3802 (relating to false claims and statements).

The signature page may also be printed now. You may also print submitted applications from the Home page. Click the link labeled "Submitted Applications" in the top toolbar

Print Signature Page only

Print Entire Application with Signature Page

The signature page along with any paper supporting documents can be mailed to the following address:

Pennsylvania Department of Environmental Protection DEP Grants Center P.O. Box 8776 Harrisburg, PA 17105-8776 You do not need to mail any documentation to DEP. All information needed is contained in your on-line submission.

• **Congratulations!** You have completed the online application.