INSTRUCTIONS FOR THE ON-LINE APPLICATION

The Section 904 Municipal Recycling Program Performance Grant Application must be submitted through the Department of Community and Economic Development's (DCED) 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 on-line application can be found at:

https://www.esa.dced.state.pa.us/Login.aspx

This document will provide instructions on how to apply and upload the required documentation in the ESA application. All information needed for your submission will be contained in this online application.

No documentation needs to be mailed to DEP.

User Tips

- The Electronic Single Application works best when accessed through Internet Explorer or Google Chrome.
- If you allow your screen to sit idle for more than 30 minutes, 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 that section to complete the field.
- Do not use special characters in the fields such as \, /, *, &, %, #, etc.

If you have questions completing the application, please call the DCED Customer Service Center at 1-800-379-7448. They are open 8:30 am-5:00 pm EST Monday thru Friday.

TABLE OF CONTENTS

Reminder: If you have questions completing the electronic application, please call the DCED Customer Service Center at 1-800-379-7448. They are open 8:30 am-5:00 pm EST Monday thru Friday.

Registration and Login

Go to the ESA login page https://www.esa.dced.state.pa.us/Login.aspx and follow the instructions for creating a new account or migrating an existing account.

Begin a New Application

- Project Name – Enter a name for your project.
- Indicate whether you are applying for your or another's organization.
- Do you need help selecting your program – Select "No".
- Click on "CREATE A NEW APPLICATION".

Select Program

- Under Program Name, enter "904".
- Click "SEARCH". Look for the appropriate grant program offered by DEP.

Apply

- Select the program for which you are applying.

Applicant Information Tab

- The Applicant Information section requires data related to the applicant or sponsor for which the application is being submitted.
- Applicant Entity Type – select the appropriate type for your organization.
- Applicant Name – Enter the organization's name, the name under which the applicant or sponsor legally conducts business.
- NAICS Code - From the dropdown box, select the appropriate type {normally, executive, Legislative, and Other General Government Support}. The NAICS code will auto-populate for you.
- FEIN/SSN Number - Enter the Federal Tax ID number for the legal County name (no dashes).
- DUNS Number – The Data Universal Numbering System – number is a unique nine-digit identification number provided by Dun & Bradstreet (D&B)
- UEI Number – Unique Entity Identifier.
- Top Official/ Signing Authority – In this block, enter the head of the organization's name.
- Title – Enter that person's title.
- SAP Vendor# - Fill in if known.
- Contact Name – Enter the primary contact name for this project.
- Contact Title – Enter the primary contact's title for this project.
- Phone and Fax – Enter the phone and fax numbers for the primary contact for this project.
- E-mail – Enter the e-mail for the primary contact for this project.
- Mailing address, City, State and Zip Code – Enter this information for the organization and primary contact for this project.
- Enterprise Type – Enter Government. Other choices could be Environment & Conservation and/or Recycling.
- Click "Continue" at the bottom right.

Applicant Information

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

USE ACCOUNT INFORMATION

Applicant Entity Type:
- ○ Limited Liability Partnership   ○ Partnership
- ○ Government   ○ Non-Profit Corporation
- ○ Sole Proprietorship   ○ Limited Liability Company
- ○ S Corporation   ○ C Corporation

Applicant Name:

NAICS Code

FEIN/SSN Number

*Please enter FEIN as 9 digits, no dash.

DUNS Number:

UEI Number:

Top Official/Signing Authority:

Title:

SAP Vendor #:

(xxxxxx or xxxxxx-xxx)

Contact Name:

Contact Title:

Phone: [_____] ♦ Ext. [_____]

(xxx-xxx-xxxx)

Fax: [_____]

E-mail: [_____] ♦

Mailing Address: [_____] ♦

City: [_____] ♦

State: [PA ▾]

Zip Code: [_____] ♦

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

Project Overview

- Project Name – The project name will auto-populate from the information you filled in at the beginning of the process. You may change the project name at this time.
- Enter the name of the person you spoke with at DEP regarding your application.

Agency: Pennsylvania Department of Environmental Protection

Applicant:

Program: 904 Municipal Recycling Grant Program Program Guidelines

Web Application #: 8184706

Red Diamond (♦) = Required Field.
Blue Diamond (♦) = Conditional Required Field.

Project Overview

Project Name: ♦

904 Recycling Performance Instructi

Is this project related to another previously submitted project?

No

If yes, indicate previous project name:

Have you contacted anyone at DEP about your project?

No

If yes, indicate who:

Is your community certified through Sustainable Pennsylvania?

No

If yes, what level:

○ Bronze   ○ Silver   ○ Gold   ○ Platinum

Are you interested in applying for multiple funding sources for this project?

You are only permitted to apply for one program per application. By answering "Yes", you will be given the ability to apply for an additional program on the Certification page after this application has been submitted.

No

How many Site Locations are involved in the project?

1

Continue

7

Project Site

- Address – Enter the mailing address (street address). **P.O. Boxes are not acceptable.**
- City, State and Zip Code – Enter this information. (If you indicated more than one site on the prior tab, you will be requested to complete this information for all sites.) **Please add the zip +4 for each project site location.**
- County – Select your county from the dropdown box.
- Municipality – Select the Municipality or County-Wide from the dropdown box, as appropriate.
- PA House, PA Senate and US House – These fields will be auto-populate based on the information entered above.
- Designated Areas – Leave blank.

Project Site Location(s)

To add Project Site Locations, please see the Project Overview section.

| Site 1 |

Address:	400 Market Street
City:	York Haven
State:	PA
Zip Code:	17370
County:	York
Municipality:	Newberry Township
PA House: ◆	☑ Dawn Keefer (92)
PA Senate: ◆	☑ Dave Arnold (48)

Designated Areas:

☐ Act 47 Distressed Community	☐ Brownfield
☐ Enterprise Zone	☐ Greenfield
☐ Keystone Innovation Zone	☐ Keystone Opportunity Zone
☐ Prime Agricultural Area	☐ Uses PA Port

Click "Continue"

Project Narrative

- Complete question in this section, if necessary. Be as specific and concise as possible.

  Click"Continue"

Agency: Pennsylvania Department of Environmental Protection
Applicant:
Program: 904 Municipal Recycling Grant Program

Web Application #: 8179487

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. If a more detailed narrative is required for the Program selected, instructions will either be p
Addenda section or the Program Guidelines.

Factors ◆

If the totals of materials listed on the addenda tab of this application are significantly greater or less than the amount collected in the previous year, list those factors that could account for the difference.

Character Count: 124/3000 characters.

This area only needs completed if there is a significant change (greater or less than) from the previous year's application.

Program Addenda

- Complete all fields and upload all required documents on this tab. Once completed, click Continue.
- All questions marked with a red diamond are required to be answered.

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 program.

Question 1: Applicant's Designated Recycling Coordinator (if different than contact person on profile tab).

Name:

Telephone Number:

Email Address:

Question 2: Population (per 2020 Decennial Census) ◆

Question 3: Participating Municipalities ◆

Question 4: Municipality Website address ♦

[_____]

Question 5: Performance Information

Residential Tons: ♦

[_____]

Residential Residue: ♦

[_____]

Commercial Tons: ♦

[_____]

Commercial Residue: ♦

[_____]

Total Tons:
0.00

Question 6: Program Information

Is this a multi-municipal application?

[____ ▾]

Upload the inter-municipal or inter-governmental agreements between the participating municipalities.

Upload Files
Use the control below to select your file. Each file can be no larger than 30MB.

File 1 [_____] [Browse...]

Question 7: Act 101 Program Requirements

a. Is your municipality mandated by Act 101 to implement a curbside recycling program

[_____ ▾]

b. If Yes, does your mandated recycling program contain the following (check all that apply):

☐ An ordinance requiring waste and recycling service for residents and businesses?

☐ An ordinance requiring at community activities?

☐ An Ordinance that prohibits the burning of recyclable materials?

☐ A program to enforce the ordinance(s)?

☐ A scheduled day, at least once per month, when recyclable materials are collected?

☐ A curbside collection for leaf waste (including garden residues, tree trimmings, etc.) as outlined in the attached guidelines.

☐ A recycling education program that informs residents and businesses at least every six months, of the requirements of the recycling program?

☐ A program (operated by your municipality or another entity) for the collection of household hazardous waste, electronics, used tires and/or white goods?

☐ An illegal dumping/litter prevention program?(see below checkbox list)

If you checked "An illegal dumping / litter prevention program", please check one or more from the below list:

☐ Anti-litter education: This can be comprised by one or more of the following—signs, newsletter articles, direct mailings, etc. Should be annual at a minimum

☐ A scheduled clean-up event at least once per year

☐ Partnership with an anti-litter organization or community group to clean-up/deter litter

☐ Ordinances/regulations that prohibit litter and assess fines

☐ Municipal staff whose duties entail litter prevention/clean-up

☐ Promotion of a "Adopt a Highway" or "Adopt a Spot" program

☐ Other: please describe below

If you checked "Other" for above question, please describe below:

Character Count: 0/4000 characters.

[_____]

**For multi-municipal applications, each participating mandated municipality per Act 101 must complete the checklist noted above and upload this information with your electronic submission.

c. FOR NON-MANDATED APPLICANTS (EXCEPT COUNTIES): Does your recycling program contain the following (check all that apply):

☐ An ordinance requiring waste and recycling service for residents?

☐ A program to enforce the ordinance(s)

☐ A scheduled day, at least once per month, when recyclable materials are collected?

☐ A recycling education program that informs residents and businesses, at least every six months, of the requirements of the recycling program?

☐ A program (operated by your municipality or another entity) for the collection of household hazardous waste, electronics, used tires and/or white goods?

☐ An illegal dumping/litter prevention program?(see below checkbox list)

If you checked "An illegal dumping / litter prevention program", please check one or more from the below list:

☐ Anti-litter education: This can be comprised by one or more of the following—signs, newsletter articles, direct mailings, etc. Should be annual at a minimum

☐ A scheduled clean-up event at least once per year

☐ Partnership with an anti-litter organization or community group to clean-up/deter litter

☐ Ordinances/regulations that prohibit litter and assess fines

☐ Municipal staff whose duties entail litter prevention/clean-up

☐ Promotion of a "Adopt a Highway" or "Adopt a Spot" program

☐ Other: please describe below

If you checked "Other" for above question, please describe below:
Character Count: 0/4000 characters.

Uploads:

Any additional forms for multi-municipal applications

Upload Files
Use the control below to select your file. Each file can be no larger than 30MB.

File 1 [   ] Browse...

Residential Tonnage Summary Form ◆

Upload Files
Use the control below to select your file. Each file can be no larger than 30MB.

File 1 [   ] Browse...

Commercial Tonnage Summary Form ◆

Upload Files
Use the control below to select your file. Each file can be no larger than 30MB.

File 1 [   ] Browse...

Preapplication Form. Contact Information (Reimbursement Form) ◆

Upload Files
Use the control below to select your file. Each file can be no larger than 30MB.

File 1 [   ] Browse...

Valid Marketed Receipts

If you are claiming a 0 percent residue rate, signed marketed receipts statement from the end user must be uploaded with your electronic grant submission. If the required documents are not uploaded with your grant application the department will automatically deduct 20 percent.

Upload Files
Use the control below to select your file. Each file can be no larger than 30MB.

File 1 [   ] Browse...

For any application request totaling $10,000 or more, please review the attached Worker Protection and Investment Notice (relating to Executive Order 2021-06).

If your request is for $10,000 or more, please complete and upload the attached Worker Protection Form.

Upload Files
Use the control below to select your file. Each file can be no larger than 30MB.

File 1 [   ] Browse...

Certification and Submission

- If there is any missing information in your application, your screen will look like the following example.
- Under the orange "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:

Applicant

- Entity Type is required.
- Applicant Name is required.
- NAICS Code is not a valid four digit code.
- FEIN Number is required.
- Ceo is required.
- Ceo 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-xxx-xxxx.
- Phone Number is required.

Click here to make the necessary changes

If your application is complete, your screen will look like this:

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 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 user name 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 on-line submission.

Home	Help	Print	Contact Us		Logout
Program	Addenda	Certification			

Agency: Pennsylvania Department of Environmental Protection
Applicant: Lebanon County
Program: 901 Municipal Waste Planning Grant
Web Application #: 8116130

Application Certification

Single Application ID #: 201712074962

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 # 201712074962 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
PO 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 on-line application.