INSTRUCTIONS FOR THE ON-LINE APPLICATION

The Food Recovery Infrastructure Grant application must be submitted through the Department of Community and Economic Development's (DCED) Electronic Single Application website. **Paper and faxed copies will not be accepted.** The link to the on-line application can be found at:

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

User Tips

- The Electronic Single Application works best when accessed through Internet Explorer.
- If you allow your screen to sit idle for more than 30 minutes, you will lose the data entered since 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 in the fields such as \, /, *, &, %, #, etc.

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.

******

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.

1. **Registration and Login**
   - If you are a first-time user, you will need to register for an account to complete the online application.

   Write down and save the <u>User name</u> and <u>Password</u> you have chosen. You will need this later for your grant documents.

2. **Begin a New Application**
   - Project Name – Choose and enter a name for your project.
   - Do you need help selecting your program – Select "Yes"
   - Click on "CREATE A NEW APPLICATION"

3. Select Program
- Under "Agencies", click on DEP.
- Scroll down and click "SEARCH"

4. Apply

- Scroll down through the various grant offerings, locate the Food Recovery Infrastructure Grant and hit "Apply".

Food Recovery Infrastructure Grant
Pennsylvania Department of Environmental Protection
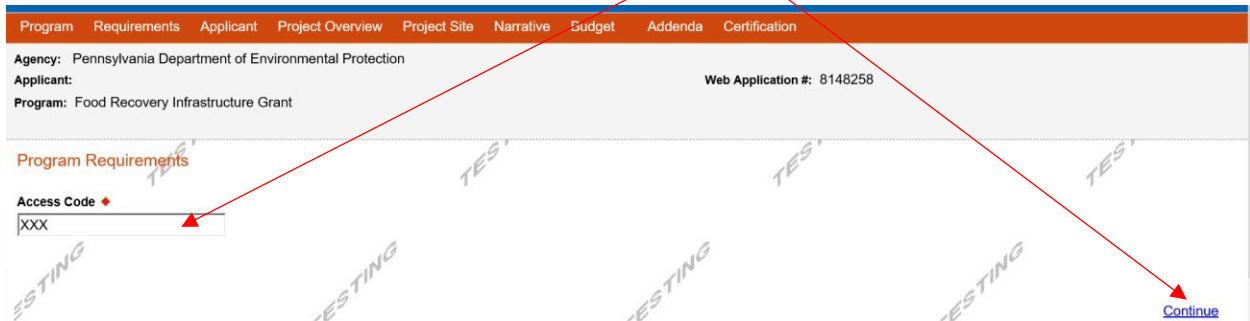
Apply

Entities applying for support under this grant program must demonstrate the following:
- *The organization's not-for profit status*
- *The financial stability of the organization*
- *The experience of the organization in operating a food distribution program*
- *The potential sources for foodstuffs under this proposed program; and*
- *The ability to operate the expanded/enhanced program for the length of the grant demonstration period*

The intent of this program is to reduce, to the greatest extent practicable, the amount of fresh and processed foodstuffs currently entering Pennsylvania's waste stream. Not-programs in the Commonwealth that provide food to segments of the public will be supported in partnering with retailers/wholesalers of foodstuffs operating in the Commonwealth wholesome foods before these items become waste, which can then be made available by these agencies to the public they serve.

Reminder: Any areas marked with a red diamond ◆ require a response.

- **You will then need to enter the access code provided during your pre-application meeting to continue.**

| Program | Requirements | Applicant | Project Overview | Project Site | Narrative | Budget | Addenda | Certification |

Agency: Pennsylvania Department of Environmental Protection
Applicant:
Program: Food Recovery Infrastructure Grant

Web Application #: 8148258

Program Requirements

Access Code ◆

XXX

Continue

5. Applicant Information Tab

The Applicant Information section requires data related to the organization for which the application is being submitted.

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.

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:

- Applicant Entity Type – **Non-Profit Organization**
- Applicant Name – Enter the legal entity name, the name under which the organization legally conducts business.
- NAICS Code - From the dropdown box, select the appropriate entity type, such as Civil and Social Organizations. The NAICS code will auto-populate for you.
- FEIN/SSN Number - Enter the Federal Tax ID number for the legal organization name (no dashes).

5

- UEI Number – Enter the UEI Number.
- Top Official/Signing Authority – In this block, enter either the name of the head of your organization or contact person.
- Title – Enter title as appropriate.
- SAP Vendor# - Leave blank unless known.
- Contact Name – Enter the primary contact person 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 person for this project.
- E-mail – Enter the e-mail for the primary contact person for this project.
- Mailing address, City, State and Zip Code – Enter this information for the organization and primary contact person for this project.

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

Continue

- Enterprise Type – Select the appropriate category or Other.
- Click on "Continue" at the bottom right.

6. **Project Overview Tab**
    - Project Name – The project name will auto-populate from your entry on the initial Application page. You may change the project name at this time, if desired.
    - Answer the questions on this page as appropriate. If a question does not relate to your organization or project, you may skip that question on this page.

Click on "Continue"

7. **Project Site Tab**
   - 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, PA Senate and US House – These fields will be auto-populate based on the information entered above.
   - Designated Areas – Leave blank.

Click on "Continue"

8. Project Narrative Tab

- Enter answers for the questions in this section.

Click on "Continue"

9. Program Budget Tabs

- There are two tabs on this page which need to be completed, <u>Spreadsheet</u> and <u>Basis of Cost</u>.

Spreadsheet Tab

- Click on the Spreadsheet tab.
- Add the grant amount for which you are apply.

Click on "Continue"

Basis of Cost Tab

- This tab does not require any additional information and has been pre-populated for you.

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 program.

1. Address of Operation if different from address supplied on Applicant Information Tab
Character Count: 0/1000 characters.

2. Organization Website Address ◆

Please answer the following questions as it relates to the current operation of your organization as it pertains to food utilization/distribution.

3. How often are you using/distributing food? ◆

4. What is the target group of your efforts? ◆

5. How many individuals do you serve per month? ◆

6. How long has your organization been in existence ◆

7. Please provide a description of the budget for your current operations and how are funds procured to finance your efforts? ◆
Character Count: 0/3000 characters.

8. Upload your budget information for this grant proposal, including each piece of equipment (and other eligible items) along with the cost of each item. Attach price quotes or receipts to verify your entries. ◆

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

9. Upload your approved pre-application form. ◆

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

Environmental Justice
Environmental Justice (EJ) is the fair treatment and meaningful involvement of all people regardless of race, color, natural origin or income with respect to the development, implementation and enforcement of environmental laws, regulations and policies. EJ embodies the principals that communities should not be disproportionally exposed to adverse environmental impacts and anyone can have a seat at the table in the decision-making process that affects their environment. If you have any questions regarding environmental justice, please contact DEP's Office if Environmental Justice. Pennsylvania DEP identifies an EJ Area where 20 percent or more individuals live at or below the federal poverty line, and/or 30 percent or more of the population identify as non-white minority, based on data from the U.S. Census Bureau and the federal guidelines for poverty. Use the DEP Environmental Justice Areas Viewer to determine if your project is in an EJ area.

10. Will your recycling project be implemented in an EJ area and benefit a community located in an EJ Area? ◆

11. If Yes, please describe the EJ community and how the recycling project will beneficially impact the environmental and/or public health of an underserved community?
Character Count: 0 characters.

WORKER PROTECTION AND INVESTMENT NOTICE

12. 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, you are required to 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 | Choose File | No file chosen

13. Upload any additional documentation to include: invoices, price quotes or receipts for equipment/services; a summary of the organization's primary sources of food to be distributed, including retailers, wholesalers, farms, processors and cooperatives with which the organization intends to partner to acquire non-expired foodstuffs for the length of the demonstration period; documentation of your not-for-profit status; and, any other information which you believe may be helpful to the Department in favorably assessing your application.

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

Continue

When completed, click Continue.

11. **Certification and Submission Tab**
- 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.

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:
  - I am the applicant
  - I am an authorized representative of the company, organization or local government.
  - 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".

12. **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 record your 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.**

| Home | Help | Print | Contact Us | | Logout |

Program   Addenda   Certification

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

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

> **It is not necessary to send any information to DEP. All required information, including your signature is contained in this electronic submission.**

Congratulations! You have completed the online application.