INSTRUCTIONS FOR THE ON-LINE APPLICATION

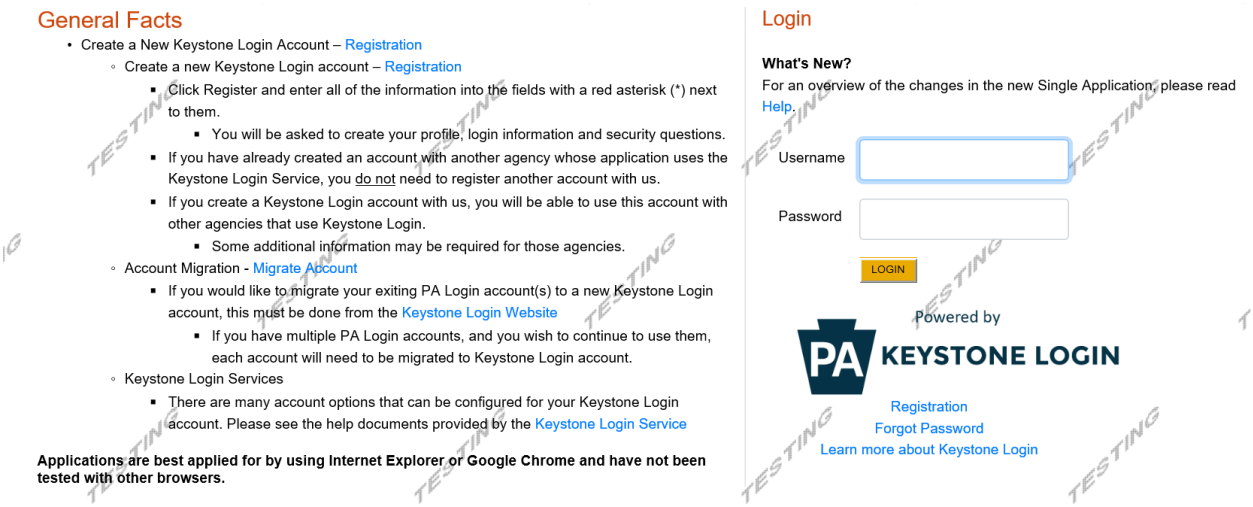
The 902 Development & Implementation of Municipal Recycling Programs Grant must be submitted Electronic Single Application website. **Paper and faxed copies will not be accepted.** This change allows DEP to expedite the review process. The link to the on-line application can be found at:

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

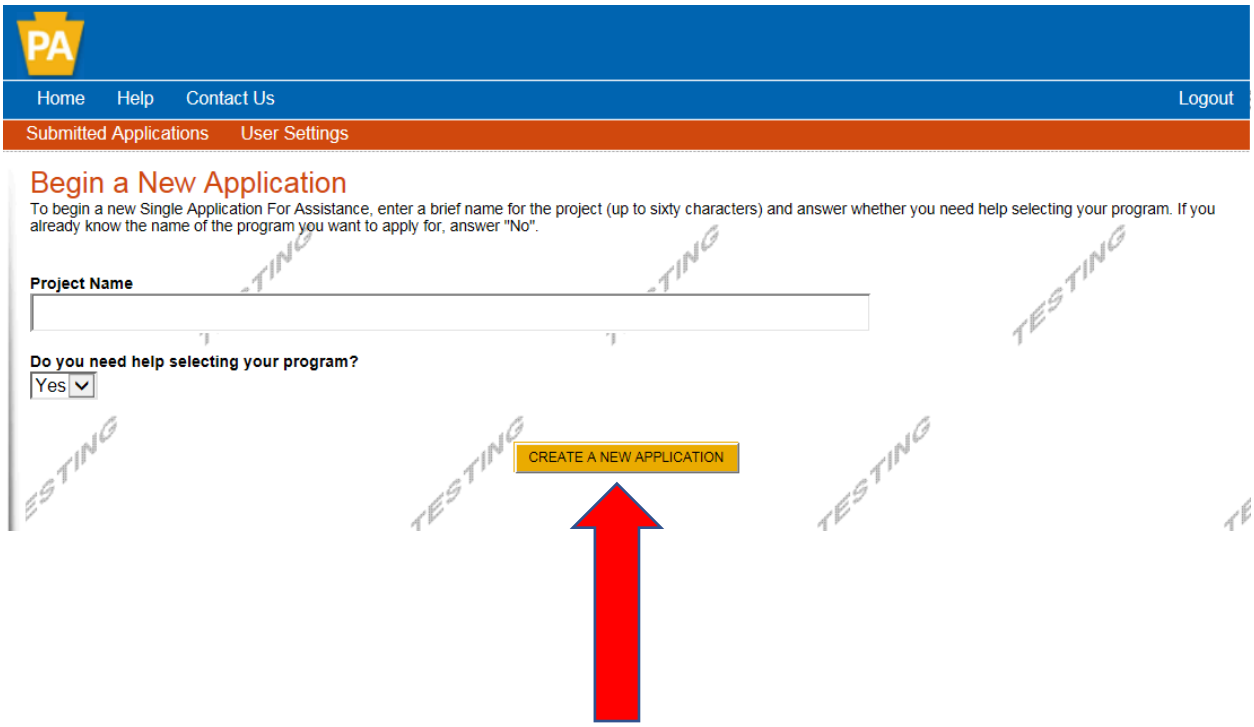
User Tips

- 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 Enterprise eGrants Customer Service Center at 1-833-448-0647 or by email at egrantshelp@pa.gov. They are open 8:30 am-6:00 pm EST Monday thru Friday.

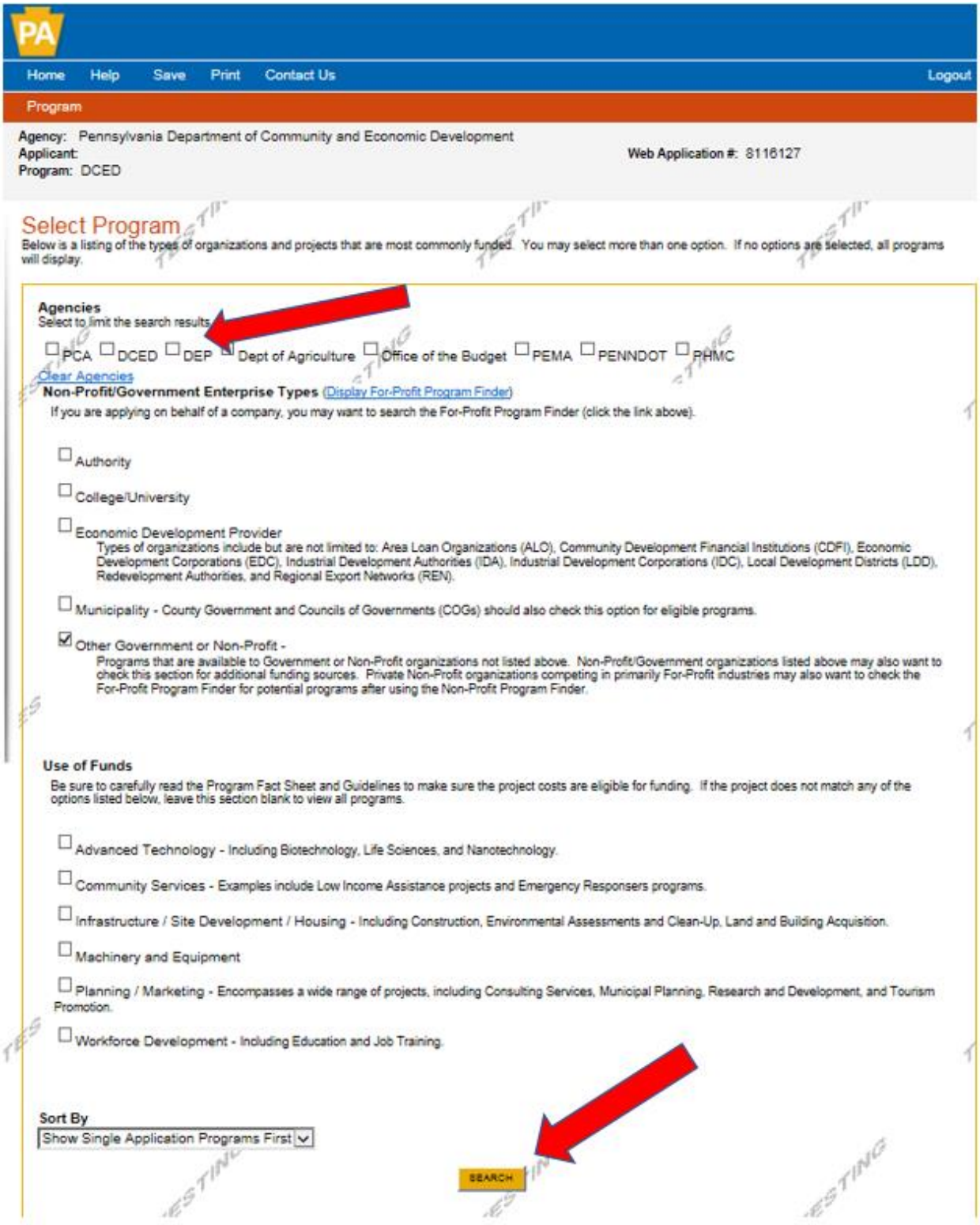
- **Login, and register if necessary, to the ESA system.**



- **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”

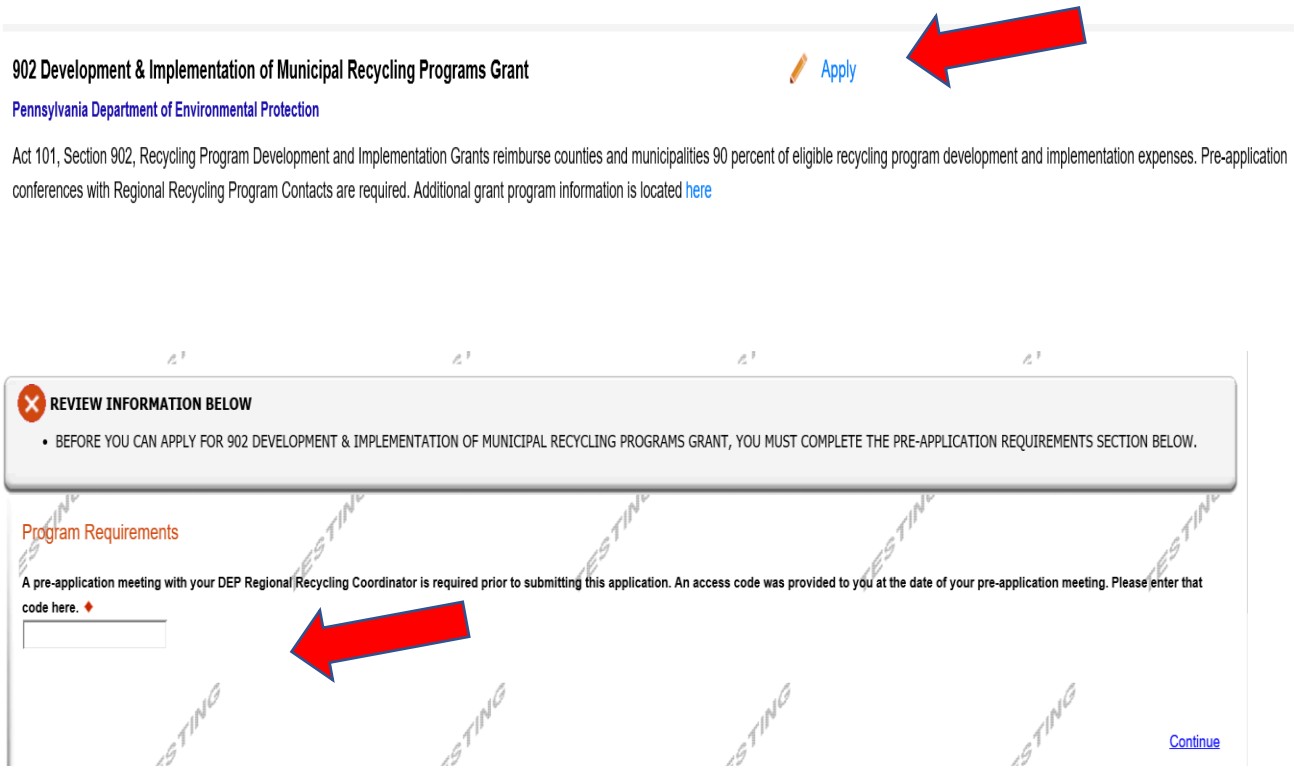


- **Select Program**
  - Under “Agencies”, click on DEP.
  - Scroll down and click “SEARCH”



- **Apply**

    - Scroll down through the various grant offerings, locate **"902 Development & Implementation of Municipal Recycling Program Grant"** and click on the "apply link" for the specific project type that you would like to apply for.
    - Program Requirements – An access code was provided to the applicant at the pre-application meeting. Please enter that access code.



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:

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

- **Applicant Information**

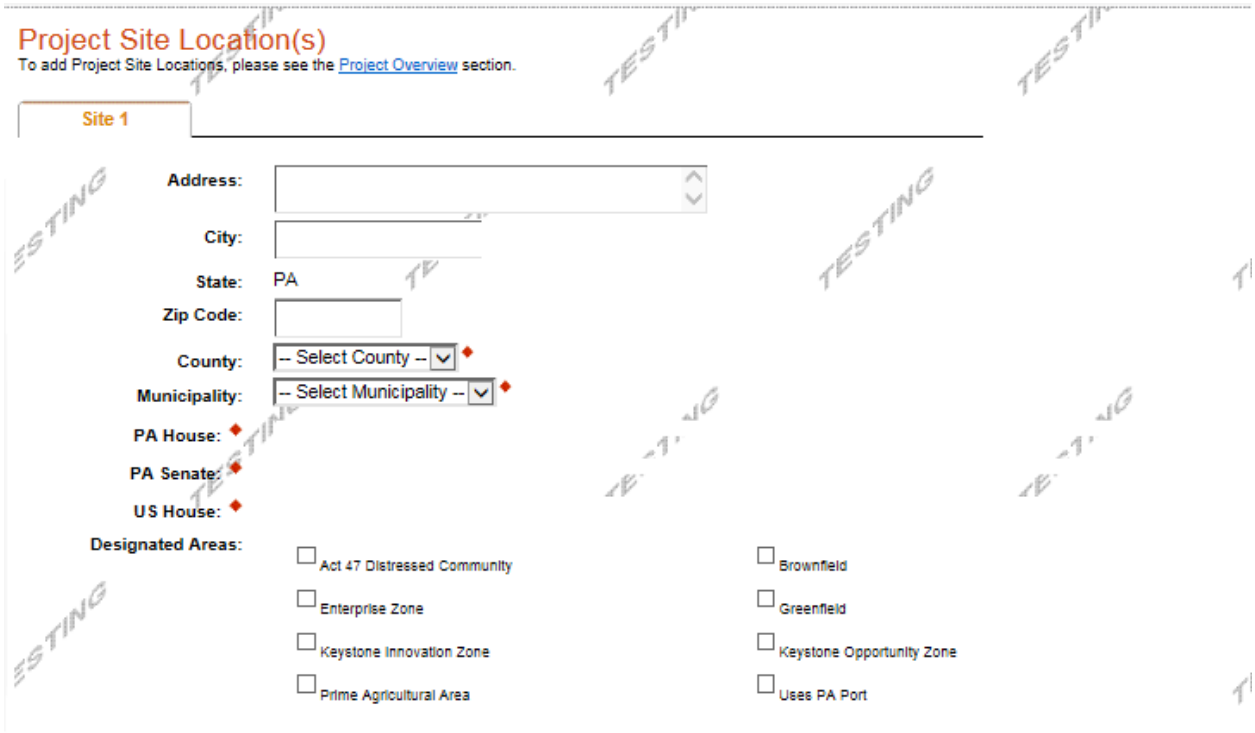
    - The Applicant Information section requires data related to the entity for which the application is being submitted.
    - Applicant Entity Type – **Select Appropriate Entity Type of your Organization.**
    - Applicant Name – Enter the legal Entity name.
    - NAICS Code - From the dropdown box, **select the appropriate option.** The NAICS code will auto-populate for you.
    - FEIN/SSN Number - Enter the Federal Tax ID number for the legal County name (no dashes).
    - UEI Number – Unique Entity Identifier – a twelve-digit, alphanumeric number.
    - Top Official/Signing Authority – In this block, enter the authorized representative of the municipality.
    - Title – Enter the title of the authorized representative.
    - SAP Vendor# - Leave blank.
    - 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 Appropriate type for the organization.
    - Click on “Continue” at the bottom right.

- **Project Overview**
  - Project Name – The project name will auto-populate.
  - Is this project related to another previously submitted project – Select “Yes” if appropriate.
  - Have you contacted anyone at DEP about your project – If so, please indicate “yes” and indicate whom you spoke with.
  - Is your community certified through Sustainable Pennsylvania? If yes, what level?
  - Site Locations – Enter as many sites that are applicable for your project.

Click on “Continue”

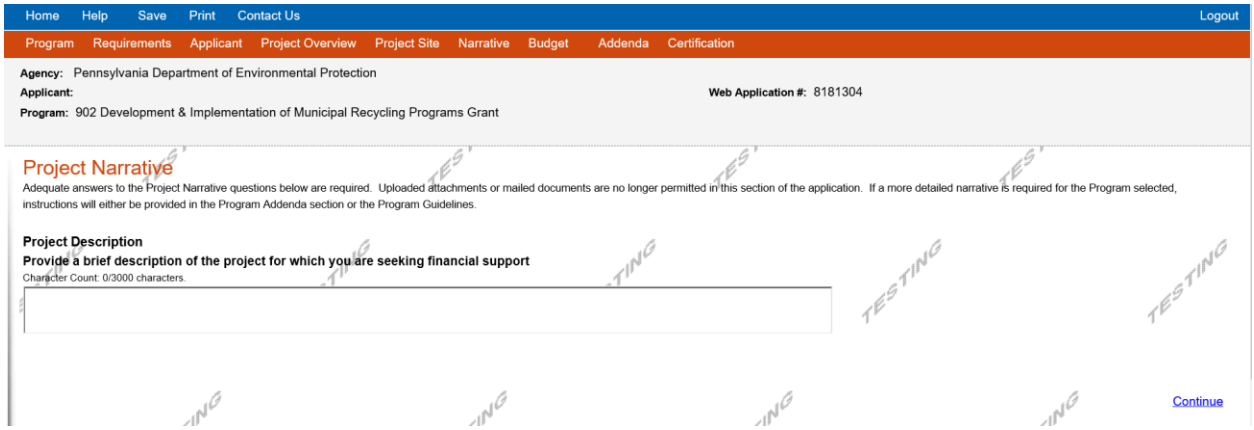
- **Project Site**

  - Address – Enter the address of the municipality. **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, Senate and US House – These fields will auto-populate based on county and municipality. If a Legislator is not auto-populated, please visit http://www.legis.state.pa.us/cfdocs/legis/home/findyourlegislator/
  - Designated Areas – Leave blank.



Click on “Continue”

- **Project Narrative**
  - Complete the project narrative section.

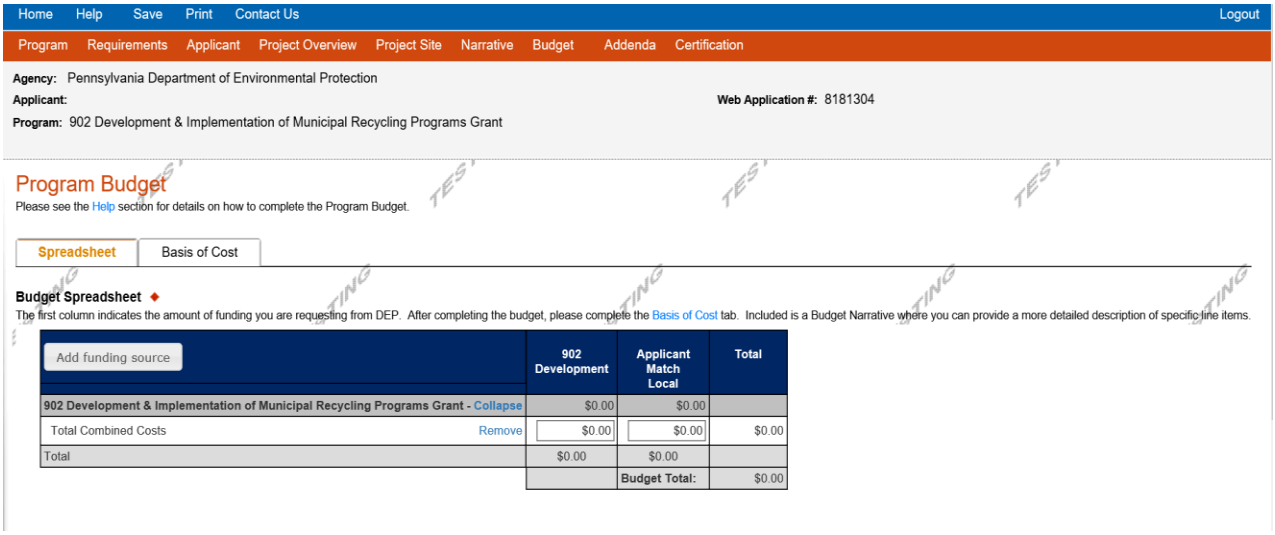


Click on “Continue”

- **Program Budget**

Spreadsheet Tab

- Click on the Spreadsheet tab.
- In the first column, enter the amount of funding you are requesting from DEP.
- After completing the budget, complete the Basis of Cost tab.

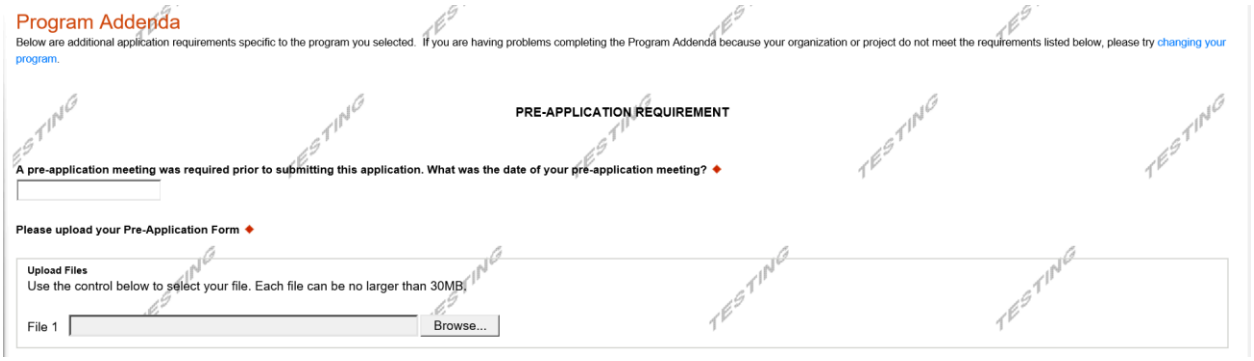


Basis of Cost Tab

- Complete the Basis of Cost tab – Included is a Budget Narrative where you can provide a more detailed description of specific line items.

Click on “Continue”

- **Program Addenda – Pre-Application Requirement**
    - What date was your pre-application meeting?
    - Upload the Pre-Application Form



- **Program Addenda – Part 1 – Applicant Information**
    - Complete the Municipality Information

PART I - APPLICANT INFORMATION

Municipality Information

1. Name ◆

2. Type ◆

○ Home Rule	○ Borough	○ 1st Class Twp.
○ City	○ 2nd Class Twp.	○ COG
○ Town	○ County	○ SWA
○ Authority	○ Municipality	○ Other

3. Other Municipality Name

4. Municipality Website Address ◆

Municipality Contact

5. Salutation ◆

○ Mr. ○ Ms.

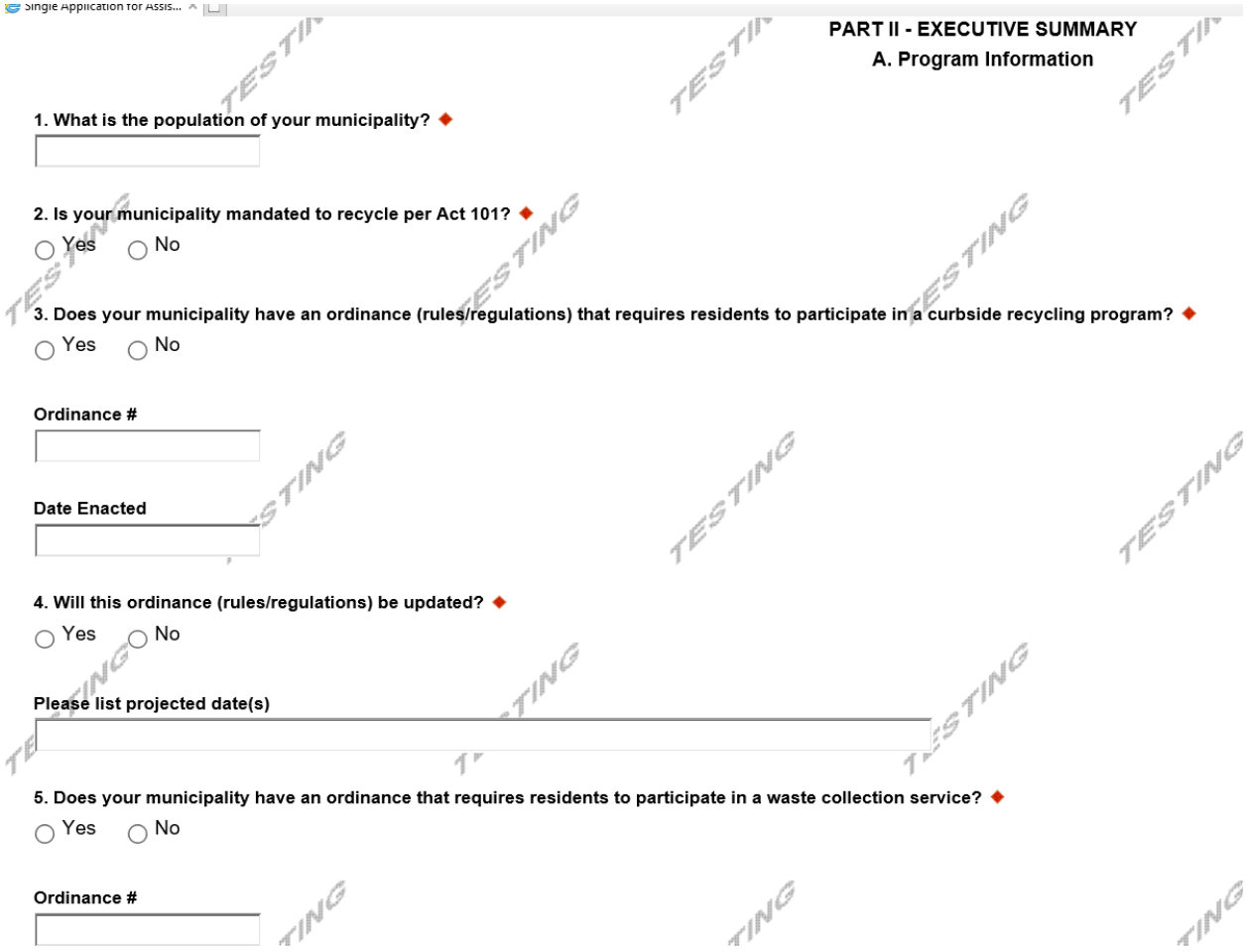
6. Name ◆

7. Title ◆

8. Telephone Number ◆

9. E-mail Address ◆

- **Program Addenda – Part II – Executive Summary – Program Information**



Single Application for Assis...

PART II - EXECUTIVE SUMMARY

A. Program Information

1. What is the population of your municipality? ◆

2. Is your municipality mandated to recycle per Act 101? ◆

○ Yes ○ No

3. Does your municipality have an ordinance (rules/regulations) that requires residents to participate in a curbside recycling program? ◆

○ Yes ○ No

Ordinance #

Date Enacted

4. Will this ordinance (rules/regulations) be updated? ◆

○ Yes ○ No

Please list projected date(s)

5. Does your municipality have an ordinance that requires residents to participate in a waste collection service? ◆

○ Yes ○ No

Ordinance #

Date Enacted

6. Who collects the waste? ◆

○ Municipal Employees ○ Contracted Hauler ○ Private Subscription ○ Other

Other

7. Please list the haulers who collect waste in your municipality ◆

8. What is the yearly cost to residents ◆

9. Does your municipality have an ordinance that requires commercial establishments to participate in a recycling program? ◆

○ Yes ○ No

Ordinance #

Date Enacted

10. Does your municipality have an ordinance that regulates the burning of waste? ◆

○ Yes ○ No

Ordinance #

TESTING

Date Enacted

What items, if any, can be burned in your municipality?

11. Will the burning ordinance be updated? ◆

◯ Yes ◯ No

Please list projected date(s)

12. What materials are currently being collected curbside from residents within your municipality(ies)? ◆

Check all that apply

☐ Newspaper	☐ Aluminum Cans	☐ Clear Glass	☐ Office Paper
☐ Steel Cans	☐ Green Glass	☐ Cardboard	☐ Appliances/Scrap Metal
☐ Brown Glass	☐ Magazines	☐ Used Motor Oil	☐ Grass
☐ Mixed Paper	☐ Food Waste	☐ Tree Trimmings/Christmas Trees	☐ PET Plastic
☐ Electronics	☐ HDPE Plastic	☐ Other Paper Fiber	☐ Other Plastics

Other Paper Fiber

Other Plastics

13. How often are the residential curbside materials collected per month? ◆

◯ 1X ◯ 2X ◯ 3X ◯ 4X ◯ Other

Other

14. How are the recyclable materials collected? ◆

◯ Municipal Employees ◯ Contracted Hauler ◯ Private Subscription ◯ Other

Other

14a. Where are the collected recyclable materials processed / marketed? ◆

15. What is the yearly cost to residents? ◆

16. Please list the haulers who collect recyclables in your municipality ◆

17. What materials are currently being collected at any drop-off facilities operating within or on behalf of your municipality(ies)? ◆

Check all that apply

☐ Newspaper	☐ Aluminum Cans	☐ Clear Glass	☐ Office Paper
☐ Steel Cans	☐ Green Glass	☐ Cardboard	☐ Appliances/Scrap Metal
☐ Brown Glass	☐ Magazines	☐ Used Motor Oil	☐ Grass
☐ Mixed Paper	☐ Food Waste	☐ Tree Trimmings/Christmas Trees	☐ PET Plastic
☐ Electronics	☐ HDPE Plastic	☐ Other Paper Fiber	☐ Other Plastics

Other Paper Fiber

Other Plastics

18. Operating Hours ◆

19. What materials are currently being collected from (or recycled by) your commercial, institutional and municipal facilities within your municipality(ies)? ◆

Check all that apply

- ☐ Newspaper
- ☐ Aluminum Cans
- ☐ Clear Glass
- ☐ Office Paper
- ☐ Steel Cans
- ☐ Green Glass
- ☐ Cardboard
- ☐ Appliances/Scrap Metal
- ☐ Brown Glass
- ☐ Magazines
- ☐ Used Motor Oil
- ☐ Grass
- ☐ Mixed Paper
- ☐ Food Waste
- ☐ Tree Trimmings/Christmas Trees
- ☐ PET Plastic
- ☐ Electronics
- ☐ HDPE Plastic
- ☐ Other Paper Fiber
- ☐ Other Plastics

Other Paper Fiber

Other Plastics

20. How are the commercial establishments' recyclable materials collected? ◆

- ◯ Municipal Employees
- ◯ Contracted Hauler
- ◯ Private Subscription
- ◯ Other

Other

21. Please list the haulers who collect recyclables from commercial establishments in your municipality ◆

22. Is there a residential curbside program in your municipality for the collection of leaves? ◆

○ Yes ○ No

What is the collection frequency and who provides the service?

Where is this material processed?

23. Is there a residential curbside program in your municipality for the collection of garden residues, shrubbery, tree trimmings and similar materials? ◆

○ Yes ○ No

What is the collection frequency and who provides the service?

Where is this material processed?

24. Is there a residential drop-off program in your municipality for the collection of garden residues, shrubbery, tree trimmings and similar materials? ◆

○ Yes ○ No

How often and when is the drop-off facility available to residents?

Please list the drop-off facility(ies) utilized

25. How often are residents reminded about the requirements of the recycling education program? ◆

○ At least Monthly ○ Quarterly ○ Semiannually ○ Annually ○ Other

TESTING

Other

26. What is used to remind residents of the program? ◆

Must provide documentation

☐ TV ☐ Radio ☐ Newsletter ☐ Calendar

☐ Direct Mailing ☐ Hand-outs ☐ Website ☐ Other

Website Address

Other

27. How often are commercial establishments reminded about how they should participate in the recycling program? ◆

◯ At least Monthly ◯ Quarterly ◯ Semiannually ◯ Annually ◯ Other

Other

28. What is used to remind commercial establishments of the program? ◆

Must provide documentation

☐ TV ☐ Radio ☐ Newsletter ☐ Calendar ☐ Direct Mailing ☐ Hand-outs ☐ Website ☐ Other

Website Address

Other

29. Does your municipality have a program of enforcement that periodically monitors participation, receives complaints and issues warnings for related participants and provides fines, penalties, or both? ◆

◯ Yes ◯ No

30. Does your municipality currently have any of the following ◆

Must provide supporting documentation for credit

☐ a. Pay-As-You-Throw program where residents are charged for waste collection/disposal based on the volume (# of bags, etc.) of waste placed at the curb?

☐ b. Limitation on the amount (# of bags) of waste residents may place at the curb at any one time?

☐ c. Recycling ordinance in place for community events?

☐ d. A program to address littering and/or illegal dumping?

31. Describe any revenues or other financial incentives your municipality receives as a result of marketing your recyclable materials ◆

Do not include 904 monies

32. List where your residential recyclable materials are currently recycled and marketed ◆

Character Count: 0 characters.

- **Program Addenda – Part II Executive Summary – Project Description**

PART II - EXECUTIVE SUMMARY
B. Project Description

1. If you are applying for funds to support a multi-municipal project, list the other counties or municipalities involved (please explain each municipality's involvement) ◆
Character Count: 0 characters.

Is there an inter-municipal agreement? ◆
If yes, please provide a copy of the agreement as supporting documentation.
◯ Yes ◯ No

Please explain the agreement

2. What population will be served by the project for which you are seeking financial support? ◆

How many households does this represent? ◆

3. What new materials will be collected by the project for which you are seeking financial support? ◆
Character Count: 0 characters.

TESTING

4. Will there be any changes or additions to the method of collection by the project for which you are seeking financial support? ◆

◯ Yes ◯ No

Please explain

Character Count: 0 characters.

5. How often will the materials be collected (for drop-off programs, when will the drop-off container be available for residents to use it?) ◆

Character Count: 0 characters.

6. Will your municipality be revising any ordinances (rules/regulations) for the project which you are seeking financial support? ◆

◯ Yes ◯ No

Please explain

Character Count: 0 characters.

7. Who will be responsible for the collection of recyclable materials included in the project for which you are seeking financial support? ◆

Character Count: 0 characters.

8. Will there be any changes or additions to the collection frequency by the project for which you are seeking financial support? ◆

◯ Yes ◯ No

Please explain

Character Count: 0 characters.

9. Will your municipality be changing the frequency or methods of residential or commercial establishment education under the project for which you are seeking financial support? ◆

◯ Yes ◯ No

Please explain

Character Count: 0 characters.

10. What are the goals of the project for which you are seeking financial support? List specific accomplishments you would like to achieve. How will you measure the project to determine if you are meeting your goals? ◆

Character Count: 0 characters.

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 Area Viewer to determine if your project is in an EJ area.

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

12. 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: 0/5000 characters

Worker Protection and Investment:

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

- **Program Addenda – Part III – Project Narrative**

PART III – PROJECT NARRATIVE

Provide details to give a comprehensive view of your proposed project. This is your opportunity to convey to the Department the purpose and benefits of your project. Upload completed SOW Narrative in *Excel format ONLY* ◆

Download 902 Project Narrative Worksheet.xlsx

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

File 1 Browse...

- **Program Addenda – Part IV – Project Sustainability Plan**

PART IV – PROJECT SUSTAINABILITY PLAN

As outlined by Act 175 of 2002, Pennsylvania communities are to make their recycling programs more financially self-sufficient. The following questions are meant to foster an overall Sustainability Plan for your recycling program and are not intended to be the whole of the plan itself. In completing this section of the grant application and your Sustainability Plan, refer to the Department's technical report on *Building Financially Sustainable Recycling Programs* under Recycling Program Development and Implementation Grants at DEP website:

http://www.portal.state.pa.us/portal/server.pt/community/financial_assistance/14065/recycling_program_development_and_implementation_grants_/589534

The Department will utilize the information given below in evaluating and prioritizing your grant proposal. **Failure to complete this section will result in the denial of your grant request.**

1a. What are the current annual costs of your recycling and waste programs? These costs can include, but are not limited to: personnel; fuel; equipment purchase; maintenance; depreciation; education; and contractual obligations. ◆

Character Count: 0 characters.

Please upload additional itemized statement. ◆

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

File 1 Browse...

1b. How have the above recycling and waste program costs been met in the past? Include in your revenues such sources as: fees/taxes; sale of recovered materials; donations/sponsors; grants/loans; and, avoided disposal costs. ◆

Character Count: 0 characters.

Please upload additional itemized statement. ◆

Upload Files

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

File 1 Browse...

2. What are the projections for future costs and revenues associated with your recycling and overall waste management program over the next five years? What capital costs for your recycling program do you anticipate procuring over that time period? What is your municipality's funding plan (excluding Act 101, Section 902 Recycling Program Development Grants and Section 904 Recycling Program Performance Grants) to ensure revenues meet or exceed costs? ◆

Character Count: 0 characters.

Please upload additional itemized statement. ◆

Upload Files

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

File 1 Browse...

3. What strategies will your municipality pursue/implement to minimize costs and increase revenue? Include strategies for reducing waste generated/disposed and increasing recyclables collected. ◆

Character Count: 0 characters.

4. What mechanisms will be employed by your municipality to monitor program costs, revenues, performance participation and efficiency? ◆

Character Count: 0 characters.

5. What other benefits (environmental, social, etc.) can be attributable to your recycling and waste programs? ◆

Character Count: 0 characters.

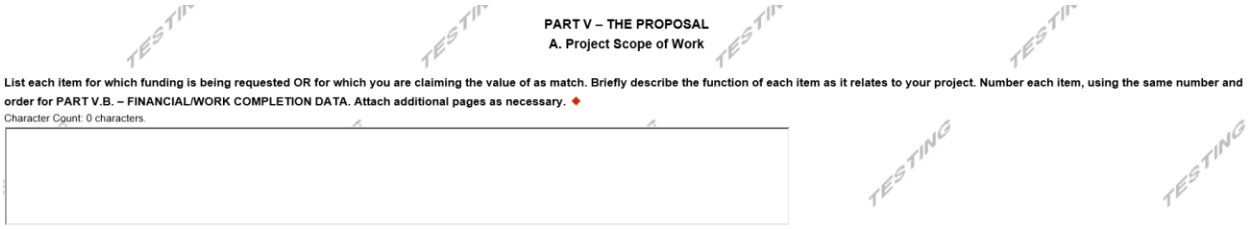
6. Describe the mechanisms employed by your municipality to solicit input and support from all parties (i.e. citizens, business community, elected officials, schools waste/recycling collectors, etc.) affected by your recycling program. ◆

Character Count: 0 characters.

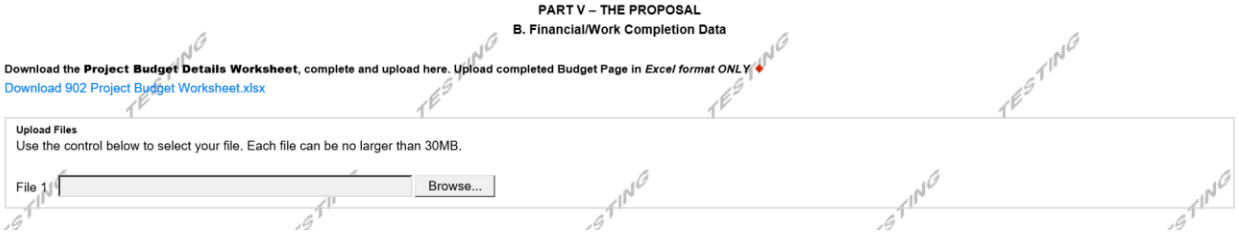
7. List any other programs or factors that affect the sustainability of your municipality's recycling and waste programs. ◆

Character Count: 0 characters.

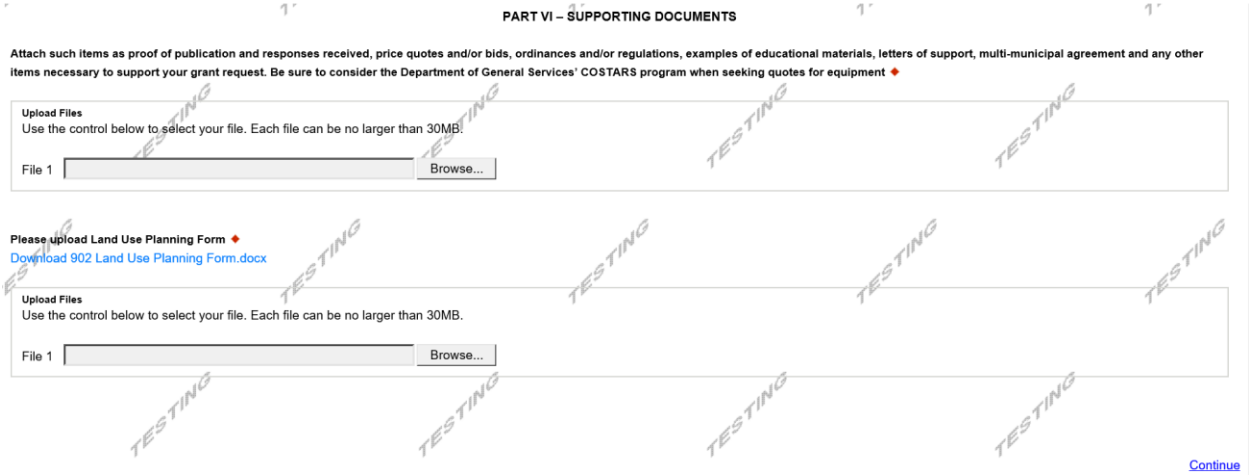
- **Project V – The Proposal – Project Scope of Work**



- **Project V – The Proposal – Financial/Work Completion Data**

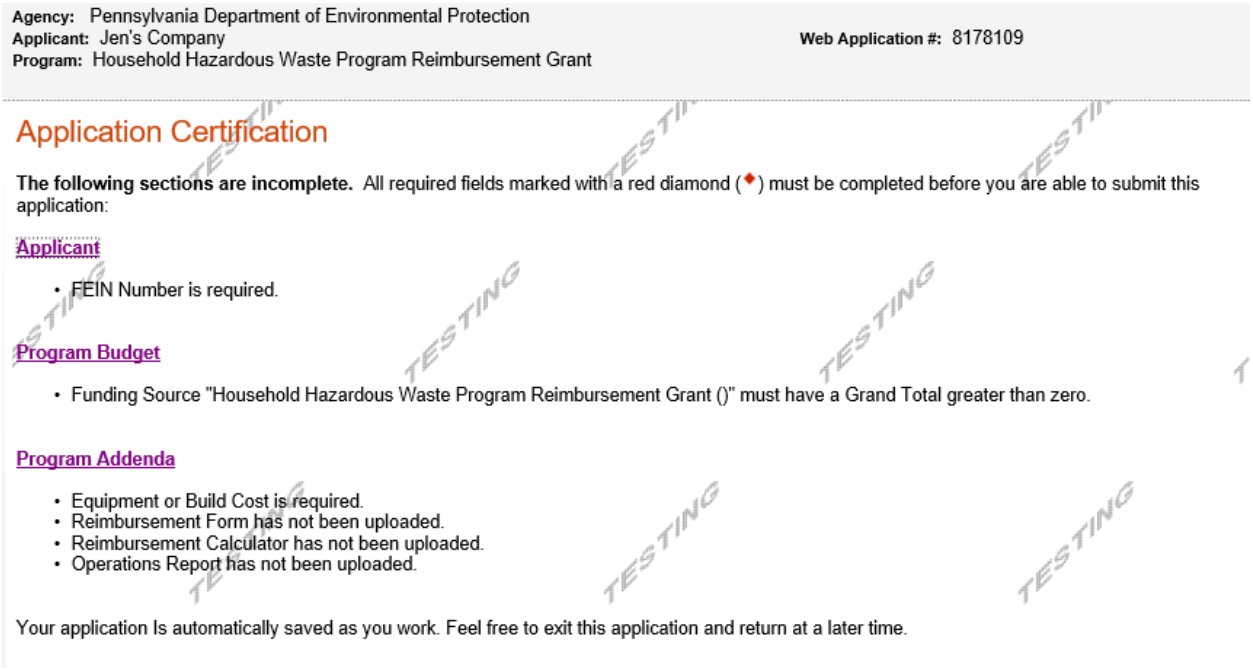


- **Part VI – Supporting Documents**



Click the “Continue”

- **Certification and Submission**
    - If there is any missing information in your application, your screen will look similar to 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.



Agency: Pennsylvania Department of Environmental Protection
Applicant: Jen's Company
Program: Household Hazardous Waste Program Reimbursement Grant
Web Application #: 8178109

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

- FEIN Number is required.

Program Budget

- Funding Source "Household Hazardous Waste Program Reimbursement Grant ()" must have a Grand Total greater than zero.

Program Addenda

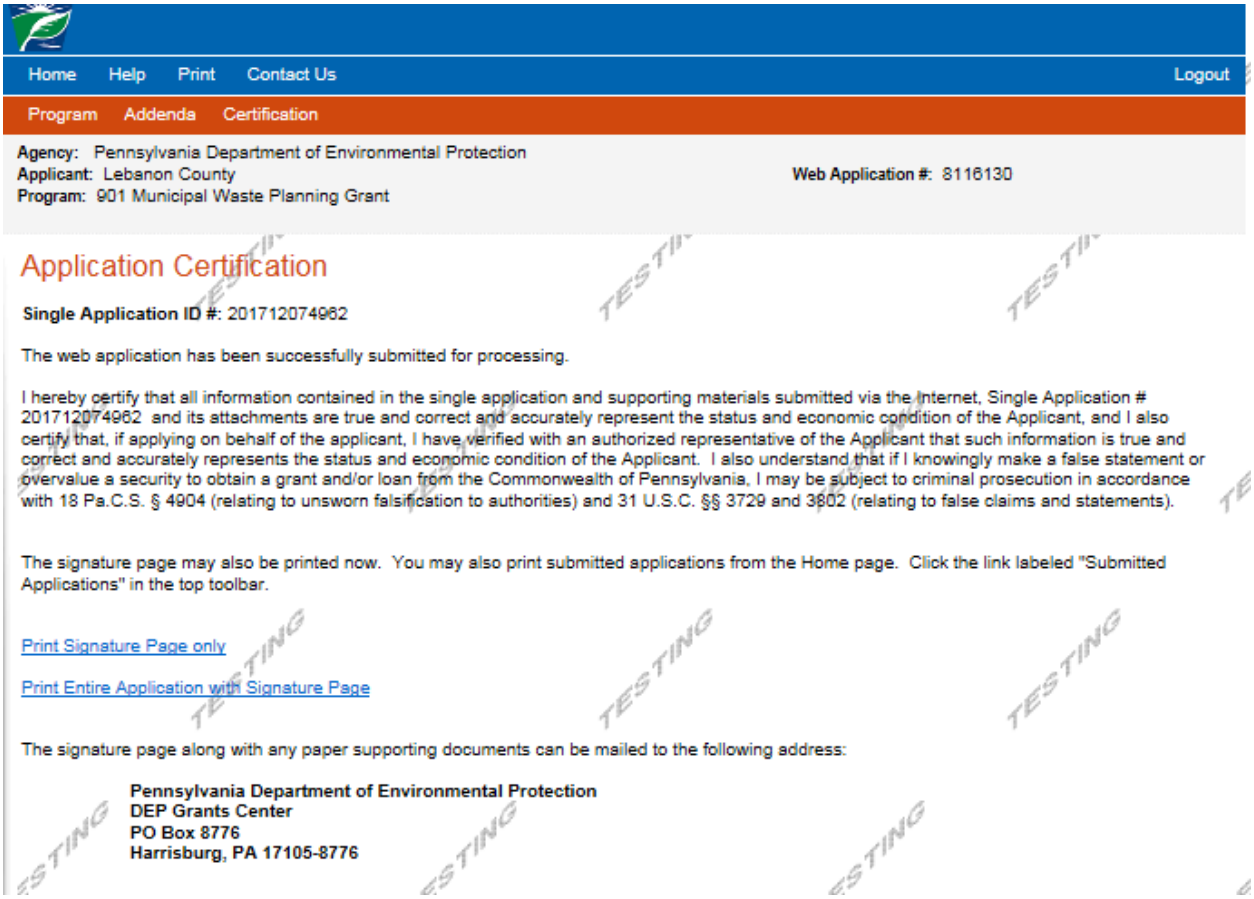
- Equipment or Build Cost is required.
- Reimbursement Form has not been uploaded.
- Reimbursement Calculator has not been uploaded.
- Operations Report has not been uploaded.

Your application Is automatically saved as you work. Feel free to exit this application and return at a later time.

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”.

- **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.**



- **Congratulations!** You have completed the on-line application. You will be notified of your application status and subsequent steps in the next few weeks.