

Instructions for the On-line Application

The WIIN 2107: Voluntary School and Child Care Lead Testing and Reduction Grant 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://grants.pa.gov>

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 8:00 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 8:00 am to 6:00 pm EST.

1. Registration and Login

- Go to ESA login page <https://grants.pa.gov> and follow the instructions for creating a new account, or login with your existing account.
- **Write down and save** the Username and Password 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 [Keystone 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 ra-dcedcs@pa.gov.
 - **Customers of all other agencies:** Please contact the Enterprise eGrants Customer Service Center. Representatives are available Monday through Friday, from 8:00 AM until 6:00 PM, at 833-448-0647. Email inquiries can also be sent to egrantshelp@pa.gov.

Login

What's New?

For an overview of the changes in the new Single Application, please read [Help](#).

Username

Password

LOGIN



Powered by

KEYSTONE LOGIN

[Register](#)

NOTE: If registering for the first time with Keystone Login, please include an email address with your account. It will be needed to successfully complete grant applications and grant processing.

[Forgot Password](#)

[Forgot Username](#)

[Learn more about Keystone Login](#)

[Having Trouble Registering](#)

2. Begin a New Application

- It is recommended to consult with DEP prior to applying for this grant. You can contact DEP representatives by emailing RA-EPWIINLEAD@pa.gov
- Project Name – Choose and enter a name for your project
- Do you need help selecting your program – 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 help selecting your program. If you already know the name of the program you want to apply for, answer "No".

Project Name

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)?

No ▾

CREATE A NEW APPLICATION



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3. Select Program

- Enter Program Name
- Click “Search”

Select Program

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

Program Name

WIIN

Sort By

Program Name ▼

SEARCH

PROGRAM FINDER



4. Apply

- Scroll down through the various grant offerings, locate the “ WIIN 2107: Voluntary School and Child Care Lead Testing and Reduction Grant” and click on “Apply.”

WIIN 2107: Voluntary School and Child Care Lead Testing and Reduction Grant [Apply](#)

[Pennsylvania Department of Environmental Protection](#)

This grant program provides reimbursement funding for schools and child care facilities located in Pennsylvania for lead reduction activities at water fixtures with appropriate sample results that exceed the remediation trigger level of 5 ppb, such as hydration station or point-of-use device purchases and labor costs to install units. This grant may also cover costs associated with replacing faucets where samples exceeded the remediation trigger level of 5 ppb.

Eligible Applicants: Child care facilities and schools located in Pennsylvania with lead in drinking water sample results within 36 months of the application date showing water fixtures exceeding the remediation trigger level of 5 ppb.

5. Requirements

Requirements

1. Is the facility you are applying on behalf of located in Pennsylvania? ♦

2. Are you applying on behalf of a school or child care facility? ♦

3. Has this facility received funding from the WIIN 2107 or WIIN 2104 grants for the work being applied for today? ♦

[Continue](#)



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
 - **Elementary and Secondary Schools – 611110**
 - **Childcare Facilities - 624410**
- 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 organization.
- 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 appropriate type.
- Click “Continue”

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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](#)



7. Project Overview

- Project Name – The project name will auto-populate.
- Site Locations – Default setting at 1. Only needs filled in if more than one site location exists for this project.

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

Project Overview

Project Name: ♦

WIIN

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](#)

Click on "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.

Project Site Location(s)

To add Project Site Locations, please see the [Project Overview](#) section.

Site 1								
Address: City: State: PA Zip Code: County: -- Select County -- Municipality: -- Select Municipality -- PA House: PA Senate: Designated Areas: <table><tbody><tr><td>☐ Act 47 Distressed Community</td><td>☐ Brownfield</td></tr><tr><td>☐ Enterprise Zone</td><td>☐ Greenfield</td></tr><tr><td>☐ Keystone Innovation Zone</td><td>☐ Keystone Opportunity Zone</td></tr><tr><td>☐ Prime Agricultural Area</td><td>☐ Uses PA Port</td></tr></tbody></table>	☐ Act 47 Distressed Community	☐ Brownfield	☐ Enterprise Zone	☐ Greenfield	☐ Keystone Innovation Zone	☐ Keystone Opportunity Zone	☐ Prime Agricultural Area	☐ Uses PA Port
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☐ Enterprise Zone	☐ Greenfield							
☐ Keystone Innovation Zone	☐ Keystone Opportunity Zone							
☐ Prime Agricultural Area	☐ Uses PA Port							

[Continue](#)

Click on “Continue”



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9. Project Narrative

- Complete all fields in this section

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 provided in the Addenda section or the Program Guidelines.

Project Narrative ♦

Briefly describe the project you propose by noting how many children are served by your facility, the age range, and how many full-time faculty work at your facility. Indicate the number of water fixtures (ones used for drinking water or food preparation) that exceed the remediation trigger level (5 parts per billion, ppb), the lead reduction corrective action(s) you are seeking funding for, and if you are seeking funding for labor costs associated with stated lead reduction corrective actions.

Character Count: 0/3000 characters.

[Continue](#)

Click on “Continue”



10. Program Budget

There are two tabs on this page which need to be completed, the Spreadsheet and Basis of Cost.

a. Spreadsheet

- Click on the Spreadsheet tab
- “Match Local” column can be \$0.00 as this grant does not require a match.

Program Budget

Please see the [Help](#) section for details on how to complete the Program Budget.

Spreadsheet	Basis of Cost
--------------------	---------------

Please note that the maximum total amount requested per affected water fixtures cannot exceed \$3,000.

The Basis of Cost tab is prepopulated and does not need completed.

Budget Spreadsheet ♦

The first column indicates the amount of funding you are requesting from DEP. After completing the budget, please complete the [Basis of Cost](#) tab. Included is a Budget Narrative where you can provide a more detailed description of specific line items.

Add funding source	WIIN 2107: Voluntary School and Child Care Lead Testing and Reduction Grant	Match Local	Total
WIIN2107 Grant Program - Collapse	\$0.00	\$0.00	
Salaries/Labor costs Remove	\$0.00	\$0.00	\$0.00
Equipment, Materials and Supplies Remove	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	
		Budget Total:	\$0.00

[Continue](#)

Click on “Continue”



b. Basis of Cost Tab

- Click the Basis of Cost Tab
- Provide a brief narrative of the cost of each requested item, however, this is not required.

Program Budget

Please see the [Help](#) section for details on how to complete the Program Budget.

Spreadsheet

Basis of Cost

Basis of Cost ♦

Provide the basis for calculating the costs that are identified in the Project Budget.

☐ Appraisals

☐ Bids/Quotations

☒ Budget Justification

☐ Contractor Estimates

☐ Engineer Estimates

☐ Sales Agreements

Budget Narrative ♦

The narrative must specifically address each of the cost items identified in the Budget Spreadsheet.

Character Count: 70

This area does not need to be completed. You may click Continue below

[Continue](#)

Click on “Continue”



11. Program Addenda

- Complete all fields in this section.
- Question 13 – Please include supporting documentation indicating reduction units/devices are ANSI/NSF 53 certified for lead reduction in drinking water.

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. Select the type of eligible applicant ♦

- ☐ Child care facility
 ☐ Public elementary school
 ☐ Public middle school
 ☐ Public high school
 ☐ Charter school under LEA
 ☐ Magnet school under LEA

2. Are you applying on behalf of a public or private facility? ♦

3. If applicable, what school district is this facility included within? If facility is not in a school district, put N/A. ♦

4. What is the number of full-time faculty at the facility? ♦

5. What is the number of enrolled students at the facility? ♦

6. What is the number of enrolled students that are children 6 and under? ♦

7. If your facility is a school, list the percentage of students enrolled in the free or reduced lunch program. Put N/A if not applicable. ♦

8. If your facility is a child care facility, list the percentage of families receiving subsidized tuitions through the Early Learning Resource Center. Put N/A if not applicable. ♦

9. Was your facility built prior to 1991? ♦

10. Pennsylvania DEP identifies an Environmental Justice 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. DEP has created an interactive mapping tool called EJ Areas Viewer to determine the location of all EJ areas throughout the Commonwealth.

[PennEnviroScreen \(pa.gov\)](#) ♦

Is your project located in an area designated as an Environmental Justice Community?

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11. Please attach a copy of sample results for each water fixture (used for drinking water or food preparation) that exceeded the 5 ppb trigger level. Be sure that these sample results were analyzed using an acceptable drinking water method by a Pennsylvania-accredited lab and are within 36 months of the date of this application. ♦

Upload Files

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

File 1 No file chosen

12. Attach any other information that is relevant to and supports your application. If you have any information on materials or construction documentation regarding lead reduction corrective actions you are seeking funding for, attach those documents here.

Upload Files

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

File 1 No file chosen

13. Fill out and attach an estimated budget sheet with the estimated cost of your proposed lead reduction action and labor cost for each water fixture exceeding the 5 ppb trigger level.

[Download Estimated Budget Sheet.xlsx](#)

Upload Files

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

File 1 No file chosen

14. If your project occurs in more than 6 locations on the Project Site Location tab, please fill out and upload this spreadsheet.

[Download Additional Project Site Locations.xlsx](#)

Upload Files

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

File 1 No file chosen

[Continue](#)

Click “Continue”

12. 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.

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](#)

- UEI is required

[Project Site Location\(s\)](#)

- Project Site 1: PA House District is required.

[Program Budget](#)

- Funding Source "WIIN 2107: Voluntary School and Child Care Lead Testing and Reduction Grant ()" must have a Grand Total greater than zero.

[Addenda](#)

- copy of sample results has not been uploaded.

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

13. 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 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:

☐ 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).

- ☐ I am the applicant.
- ☐ I am an authorized representative of the company, organization or local government.
- ☐ I am a “Certified” Partner representative.

Type Name Here:

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.

SUBMIT APPLICATION

14. 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 #: 202408016049

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 # 202408016049 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](#)

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