Updated 2/12/25

Instructions:

- To make a copy of this template > select "File" > "Download" > "Microsoft Word"
- This template is intended for review and drafting purposes.

This document is to be used as a reference for preparing your Thriving Communities application for submission through the online portal. If you are unable to submit through the Fluxx portal please contact your Program Officer to make alternate arrangements for submission.

Application Checklist

- ☐ Application Questions
- ☐ Project Workplan
- ☐ Project Budget (Type 3 only)
- ☐ Budget Narrative (Type 3 only)
- ☐ Fiscal Sponsor Agreement (if applicable)
- ☐ Partnership Documentation (if applicable)

APPLICATION QUESTIONS

CONFIRM ELIGIBILITY

Check the box only if your project <u>does not</u> involve the following activities:

- Lobbying
- Legal advice, services, or representation
- "Inherently religious" activities such as worship, prayer, proselytizing, or religious instruction.

AND

You have not been suspended or debarred from receiving federal funding to conduct activities as a Grantee or Subgrantee of any department within the federal government

☐ **Confirm Eligibility**

1. Organization Information

Organization Name:	
Legal Name of Organization	
Acronym or DBA	
Department/Location (if applicable):	
Street Address 1	
Street Address 2	
City	
State/Province		**Postal Code (Zip)***	

Is your organization's mailing address different from the street address?*

☐ Yes
☐ No

Mailing Address

Street Address 1	
Street Address 2	
City	
State/Province		Postal Code (Zip)*	

Select the type of organization/entity you identify as
Please note applications will only be accepted from organizations/tribes/entities located in the geography of Region 10 (eligible organizations in rural and urban areas across EPA's Region 10, which includes Alaska, Idaho, Oregon, Washington, and 271 tribal nations)
Ineligible Subrecipients include:
- *- Individuals*
- *- For profit businesses*
- *- State governments*

☐ Nonprofit organizations, community-based and grassroots nonprofit organizations

☐ Tribal governments (both federally recognized and state-recognized) and intertribal consortia

☐ Local governments: counties, boroughs, municipalities, cities
☐ Institutions of higher education
☐ Native American/Indigenous-led organizations

Employer Identification Number	
Organization Email	
Organization Phone	
Website or Social Media	

Does your organization have a SAM.gov account and registration number?
For more information, please click on this link: https://sam.gov/content/home
☐ Yes
☐ No

Please provide your organization's SAM.gov registration number.*

Primary Application Contact
The Primary Application Contact is the main contact for this application and project

Name:		Title:	
Email:		Phone:	

Type of Contact for this Organization. *Please select all that apply*
- ☐ Primary
- ☐ Executive Director or CEO
- ☐ Authorized Signer Contract
- ☐ Finance
- ☐ Grant Writer
- ☐ Tribal Leader/Chairperson
- ☐ Other

Executive Director/Authorized Signer Contact:
The Executive Director/Authorized Signer Contact can be the same contact as above or you can add an additional contact to sign official documents. This MUST be an employee of your organization.

Name:		Title:	
Email:		Phone:	

Is your organization using a fiscal agent for this project?
- ☐ Yes
- ☐ No

Please be aware that each fiscal sponsor can be awarded no more than 5 grant awards and a total of no more than $1 million in grant funds from Philanthropy Northwest's Environmental Protection Agency Region 10 Environmental Justice Thriving Communities Grant Program.

2. Partnerships

Are you submitting this application on behalf of multiple parties, a partnership, or consortium or similar collaboration?
- ☐ Yes
- ☐ No

If yes, provide an overview of the partnership/consortium and the nature of any agreements (Memorandum of Understanding, tribal resolutions, etc.) that explain the roles and responsibilities of each party.
Please be specific about financial management and reporting roles. All member organizations and their roles should be included (3,000 characters maximum)

Please upload any documents that will be helpful in representing or clarifying the entities involved in the project. This could include Letters of Support, MOUs, or other types of partnership agreements

3. Project Overview

Project Title:	

Please make sure to spell out all acronyms, no more than 10 words.

Grant Type
- ☐ **Type One (Assessment Projects) for up to $150,000:** (1-year project period): focused on gathering information, assessing and understanding the problem(s) before developing a plan.
- ☐ **Type Two (Planning Projects) for up to $250,000:** (1- to 2-year project period): those who already have a strong understanding of the local environmental and/or public health issues and are ready to formulate a community-wide plan to address those issues.
- ☐ **Type Three (Project Development) for up to $350,000:** (2-year project period): those who already have a strong understanding of the local environmental and/or public health issues, have already formulated a community-wide plan addressing those issues, and/or are now ready to develop the technical aspects of the project (i.e., implement the project on the ground).

Project Executive Summary

Provide a summary of the project. This should include a description of your problem/need statement. Please include the project community/tribal government, project location, and how the project will improve or enhance the project community. (3,000 characters maximum)

4. Community & People Served

Describe the community your project intends to serve? [geographically, ethnically, racially, Tribal affiliation, etc.] What are their strengths and aspirations? *(3,000 characters maximum)*

What is your organization's relationship and history with this community?
Please describe how your organization works within the proposed project community, adding any relevant historical details. (3000 characters maximum)

Does this project primarily serve underserved and disadvantaged communities?

☐ Yes
☐ No
☐ I don't know

Please explain how the project community is (or is not) disadvantaged. We would also encourage explaining health or environmental indicators (for example, chronic health conditions or air/water quality) to provide a narrative on these issues.

(3,000 characters maximum)

Please estimate the total percentage of people from one or more of the following disadvantaged communities (listed below) that will be served by this project. Enter a total amount from 0-100%.

● Black/African American ● Latinx/Latin American ● Indigenous and Native American persons ● Asian Americans ● Pacific Islanders ● Other persons of color	● Children ● The elderly ● Members of religious minorities ● Lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons	● Persons with disabilities ● Persons who live in rural areas ● Persons adversely affected by persistent poverty or inequality
	Percentage:	

Please select the group(s) of individuals who would be supported by this project.

☐ Black/African American ☐ Latinx/Latin American ☐ Indigenous and Native American persons ☐ Asian Americans ☐ Pacific Islanders ☐ Other persons of color	☐ Children ☐ The elderly ☐ Members of religious minorities ☐ Lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons	☐ Persons with disabilities ☐ Persons who live in rural areas ☐ Persons adversely affected by persistent poverty or inequality

Describe how you integrate and empower historically marginalized communities in your projects design, planning, and implementation processes.
(*3,000 characters maximum*)

5. Environmental Justice

Which of the following environmental categories does your project address?
You will not be scored on the environmental categories you are addressing. If you do not see the environmental category your project is addressing, please tell us in your own words the environmental issue you are addressing.
Select as many as applicable

☐ Air quality and asthma ☐ Fence line air quality monitoring ☐ Water quality and sampling ☐ Small Cleanup projects ☐ Improving food access to reduce vehicle miles traveled ☐ Stormwater issues and green infrastructure	☐ Pesticides and other toxic substances ☐ Healthy homes that are energy/water use efficient and not subject to indoor air pollution ☐ Illegal dumping activities, such as education, outreach, and small-scale clean-ups ☐ Emergency preparedness and disaster resiliency ☐ Environmental job training for occupations that reduce greenhouse gases and other air pollutants ☐ Environmental justice training for youth

☐ Lead and asbestos contamination	☐ Other

Other (*1,000 characters maximum)*

What is the environmental issue you and your project community will address with the proposed project? (*3,000 Characters Maximum*)

6. Geographic Information

In which state within Region 10 will your proposed project be primarily located?

☐ Alaska
☐ Idaho
☐ Oregon
☐ Washington

In which Zip Code within Region 10 will your proposed project be primarily located?	

According to the [Rural Health Information Hub](#) . What is your Frontier and Remote Area (FAR) Level 1-4 for the area where your proposed project would do most of the work?

● Please go to this link to determine the frontier and remote (FAR) score for your proposed project:
  [Am I Rural? Tool - Rural Health Information Hub](#)
● On this site, enter the zip code or county for the primary location of your proposed project (upper left corner of the screen).
● Once you enter your zip code or county, click "Run Report"
● Scroll down to the section titled: "Frontier and Remote Area (FAR)", to get your FAR score (Level 1-4).

☐ FAR Level 1: Remote from urban areas of 50,000 or more people
☐ FAR Level 2: Remote from urban areas of 25,000 or more people
☐ FAR Level 3: Remote from urban areas of 10,000 or more people

☐ FAR Level 4: Remote from urban areas 2,500 or more people
☐ Not located in a Frontier and/or Remote area

Do you agree or disagree with the Frontier and Remote Area findings? Please tell us more.

Project location
Please provide all county/borough/tribal areas within Region 10 that your proposed project will be located in. Refer to this list.

Is the organization who is applying for the grant based in the same location as the proposed project?
    ☐ Yes
    ☐ No

7. Project Workplan and Measurement

Please attach a project workplan detailing 3-5 project goals/outcomes, associated activities/tasks, and proposed timeline.
For each goal, include description of associated tasks, as well as list up to five measurable outputs and/or indicators that will be tracked by the project.

Outputs are an (environmental) activity, effort, and/or associated work product related to an (environmental) goal or objective that will be produced or provided over a period of time or by a specified date. Outputs may be quantitative or qualitative but must be measurable during the funding period.

Outcomes are results, effects, or consequences that occurred from carrying out the activities (outputs). Example outcomes include: Community members identified as equipped with tools to engage in advocacy processes, data collected to advance an identified environmental justice project, or lots remediated for lead contamination.

Optional Template

Describe how you plan on measuring and tracking your outcomes and outputs.
(*3,000 characters maximum*)

Estimated number of people served *This should be an estimated number of people served for the proposed project and only include the amount of people that could be served from this funding stream.*	

Does your project propose research, sampling, testing, monitoring, surveying, investigating, and other scientifically based activities requiring additional documentation? *Please note this also includes Human Subjects Research*

☐ Yes
☐ No

If yes, your project may require a Quality Assurance Project Plan (QAPP). You are not required to develop a QAPP at the time of your application submission. Applicants are only being asked to determine whether or not a QAPP is required should your project be selected for funding. If required, then an approved QAPP must be in place prior to the initiation of project activities. The costs for a QAPP is allowable costs that can be paid for by this grant.

We encourage you to budget for this or obtain other sources of funds to develop and administer surveys.

Your application will not be scored based on your response. This information is for information gathering purposes only.

Please specify the objectives or goals of your proposed research, sampling, testing, monitoring, investigations, surveying, or other scientific activities:

8. Dates and Financials

Please refer to the Request for Applications to find the correct Start and End dates.			
Proposed Start Date:		**Proposed End Date:**	
Amount Requested:			
Do you have a Negotiated Indirect Cost Rate Agreement (NICRA)?: ☐ Yes ☐ No			
If yes, what is your organizations Negotiated Indirect Cost Rate?:			
Does your organization/entity have existing internal controls to support required financial reporting? ☐ Yes ☐ No			
If no, if your organization does not have internal controls to support compliance and allow detailed financial reporting, is your organization willing and able to partner with a third party to support required financial reporting (shared service model)? ☐ Yes ☐ No			
If no, please explain *1,000 characters maximum*			

Budget and Budget Narrative (only required for Type 3 Grants)

Please attach your project budget in your preferred format or use the template provided. Break down costs into these categories: *Personnel, Contracts, Travel, Equipment, Supplies, and Indirect Costs*. Review the Request for Applications for a full list of allowable and unallowable costs, budgets over the maximum project limit will not be considered.

Optional Template

Budget Narrative

Please include your budget narrative for each cost category in your project budget. Provide enough detail for reviewers to assess the reasonableness and appropriateness for each item. If your budget does not include costs in the below categories, please write Not Applicable (NA). 1,500 characters maximum

Please attach any additional budget narrative information as needed (optional attachment)

Personnel	
Travel	
Contractual	
Equipment	
Supplies	
Other	

9. Other

Non-Discrimination Policy: The organization must have a non-discrimination policy in place. Is there a policy in place to ensure non-discrimination?   ☐ Yes   ☐ No
If no, would you be willing to work under a provided non-discrimination policy until you have one in place?   ☐ Yes   ☐ No
If no, please explain *(1,000 characters maximum)*

Attestation: I hereby certify that all information provided in this application, as well as in any supporting documents and forms, is true and accurate to the best of my knowledge. I understand that any false statements or deliberate omissions

may result in the requirement to return funds or face legal consequences for fraudulent misrepresentation.*

_____
Name

_____
Title

_____
Signature

_____
Date

Attachments

- ☐ Project Workplan
- ☐ Project Budget (Type 3 only)
- ☐ Budget Narrative (Type 3 only)
- ☐ Fiscal Sponsor Agreement (if applicable)
- ☐ Partnership Documentation (if applicable)