#### INSTRUCTIONS FOR THE ON-LINE APPLICATION

The Host Municipality Independent Review of Permit Application/Siting Plan Grant 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.

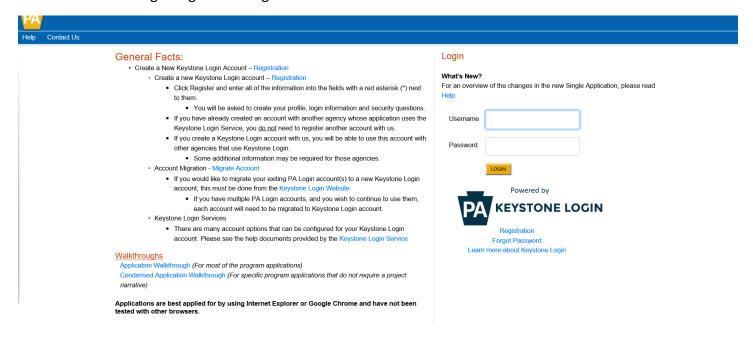
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*Reminder:* If you have questions completing the electronic application, please call the DCED Customer Service Center at 1-800-379-7448. They are open 8:30 am-5:00 pm EST Monday thru Friday.

# **Registration and Login**

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



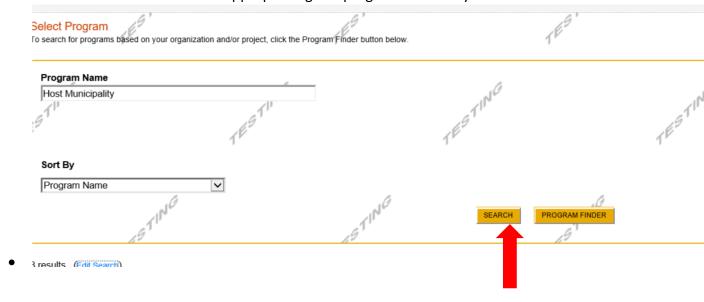
## **Begin a New Application**

- 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".

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				
Instructions on how to apply				
Do you need help selecting your program?				
Yes 🗸				
	CREATE A NEW APPLICATION			

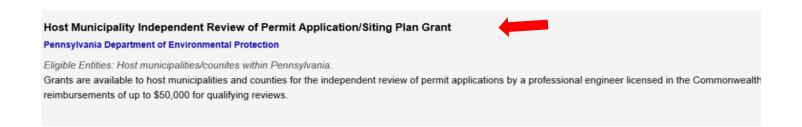
# **Select Program**

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



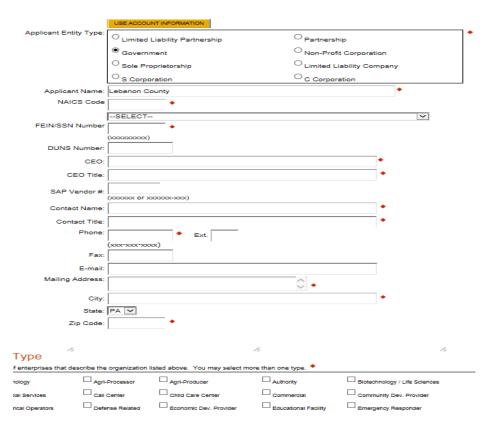
# **Apply**

Select the program for which you are applying.



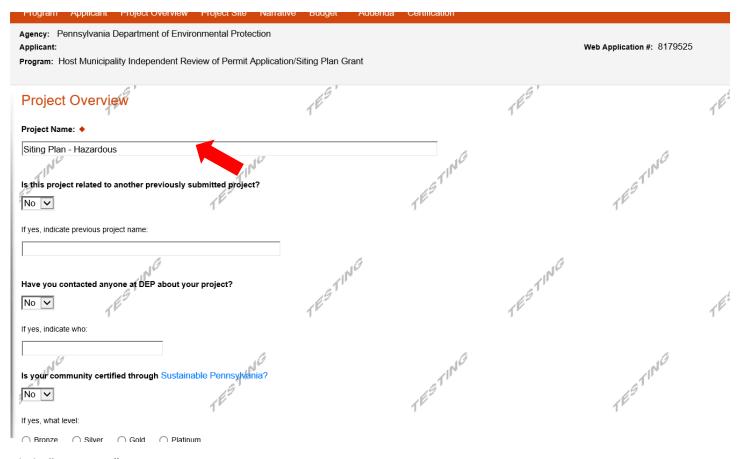
## **Applicant Information Tab**

- 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. The NAICS code will autopopulate for you.
- FEIN/SSN Number Enter the Federal Tax ID number for the legal County name (no dashes).
- CEO In this block, enter the head of the organization's name. (It does not need to be a CEO.)
- CEO 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.
- Click "Continue" at the bottom right.



#### **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 (if applicable).
- Be sure to enter the number of sites if there is more than one project site.



#### Click "Continue"

## **Project Site**

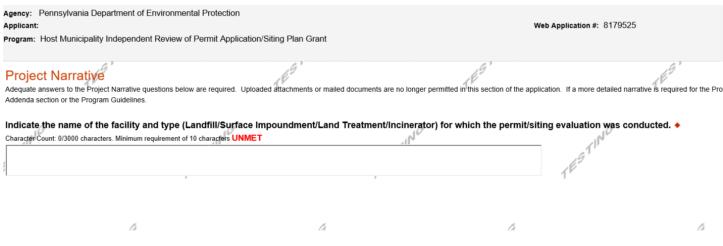
- Address Enter the mailing address (street address). **P.O. Boxes are not acceptable.**
- City, State and Zip Code Enter this information. (If you indicated more than one site on the prior tab, you will be requested to complete this information for all sites.)
- County Select your county from the dropdown 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.



Click "Continue"

## **Project Narrative**

• Complete question in this section. Be as specific and concise as possible. Responses to all questions are required.



Click "Continue"

# **Program Budget**

• There are two tabs on this page, <u>Spreadsheet</u> and <u>Basis of Cost</u>.

## **Spreadsheet Tab**

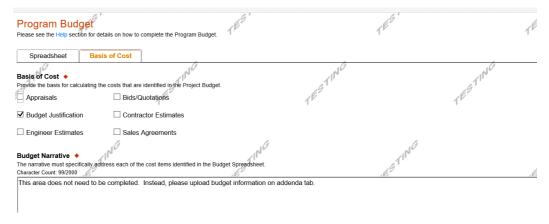
• Click on the Spreadsheet tab. Enter the amount of funding you are requesting from DEP.



Click "Continue"

## **Basis of Cost Tab**

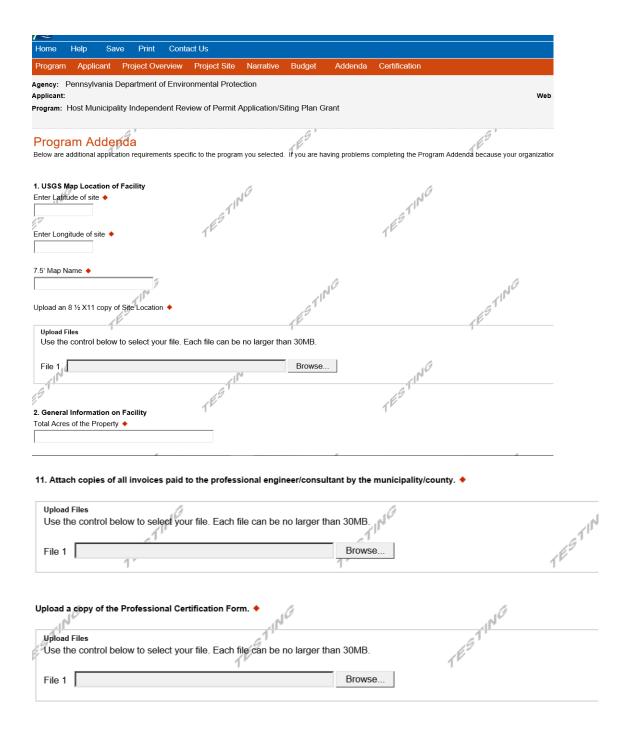
This tab does not need completed and has been prepopulated. You may ignore this tab.



Click "Continue"

## **Program Addenda**

 Complete all fields and upload all required documents on this tab. Once completed, click Continue.



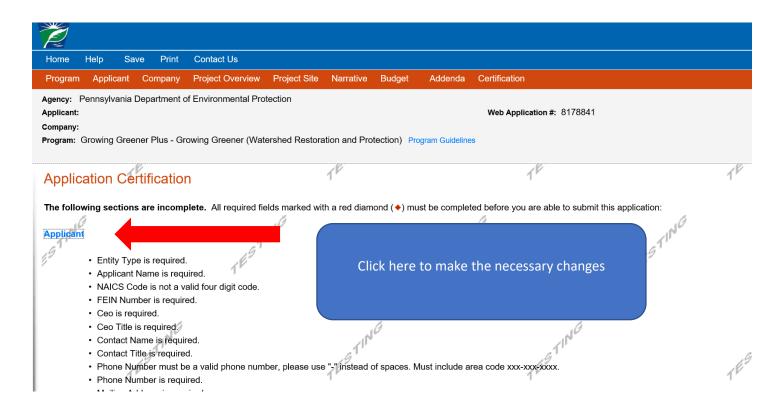
You may download required documents from within the application itself or visit

https://www.dep.pa.gov/Business/Land/Waste/SolidWaste/MunicipalWaste/Host-Municipality-

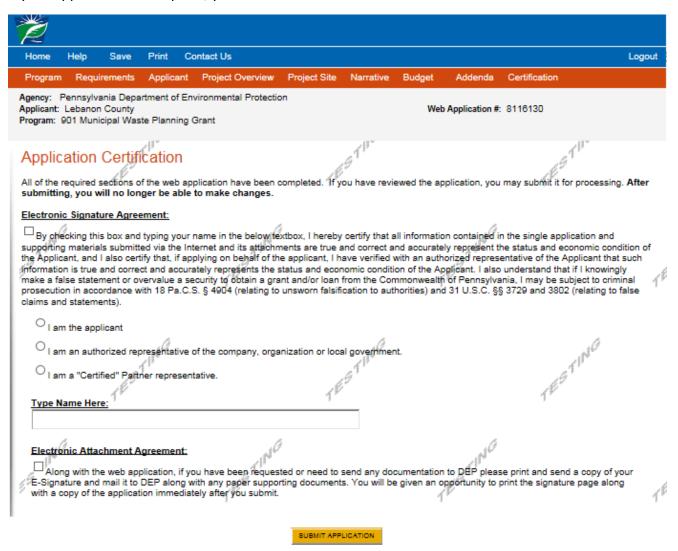
Programs/Pages/default.aspx [need to verify website] to obtain a copy of the complete grant guidance document, including all required documentation.

#### **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.



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

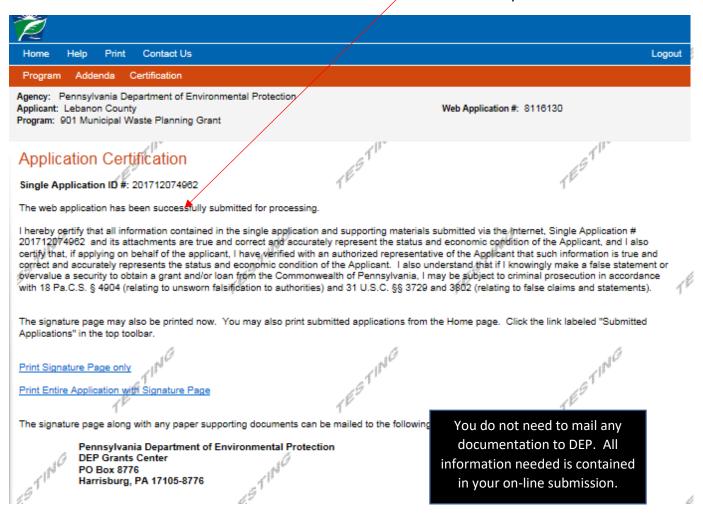


#### Complete the following fields:

- 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".

#### **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.