## **Instructions for the On-line Application**

The 319 Nonpoint Source (NPS) Management 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/Login.aspx

This document will provide instructions on how to apply and upload the required documentation in the eGrants application. See the 319 NPS grant program guidance document for instructions for completing the forms associated with your application that must be uploaded as part of the addenda for the eGrants application.

The instructions contained in this document will assist you in applying for any program offered under the 319 NPS Management Grant solicitation. All information needed for your submission will be contained within this electronic application.

### 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.
- The application round opens April 22, 2025 at 8:00 am. Application deadline is June 30. 2025 at 11:59 pm. Applications submitted prior to April 22 or those submitted after the June 30, 2025 deadline will not be accepted.
- If you have questions completing the application, please contact Enterprise eGrants Customer Service Center at 1-833-448-0647 or email at <a href="mailto:egrantshelp@pa.gov">egrantshelp@pa.gov</a>. Operating hours are Monday through Friday from 7:00 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 <a href="mailto:egrantshelp@pa.gov">egrantshelp@pa.gov</a>. Operating hours are Monday through Friday from 7:00 am to 6:00 pm EST.

## 1. Registration and Login

- Go to ESA login page <a href="https://grants.pa.gov/Login.aspx">https://grants.pa.gov/Login.aspx</a> and follow the instructions for creating a new account, or login with your existing account.
- Write down and save the <u>Username</u> and <u>Password</u> you have chosen. You will need this for later your grant documents.

#### **General Facts** Login Create a New Keystone Login Account – Registration What's New? Click Register and enter all of the information into the fields with a red asterisk (\*) next to For an overview of the changes in the new Single Application. please read Help · 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. Username . If you create a Keystone Login account with us, you will be able to use this account with other agencies that use Keystone Login. Password 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 Powered by Help Desk at 877-328-0995 · For technical assistance with an application, please contact the appropriate resource center listed **KEYSTONE LOGIN** · 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 Register NOTE: If registering for the first time with Keystone inquiries can also be sent to ra-dcedcs@pa.gov. Login, please include an email address with your · Customers of all other agencies: Please contact the Enterprise eGrants Customer Service Center. Representatives are available Monday through Friday, from 7:00 AM until 6:00 PM, at account. It will be needed to successfully complete grant applications and grant processing. 833-448-0647. Email inquiries can also be sent to egrantshelp@pa.gov. Forgot Password Forgot Username

Learn more about Keystone Login Having Trouble Registering

## 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"

## 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?	,	
Yes▼		



# 3. Select Program

- Under "Agencies," click DEP
- Scroll down and click "Search"

Select Program

Below is a listing of the types of organizations and projects that are most commonly funded. You may select more than one option. If no options are selected, all programs will display.

Agencies Select to limit the search Dept of Agriculture	results.	□ DCED	DEP	PennDOT	□ PLCB	□ L&I	☐ Office of the Budget	□ PDA	□ PEMA	□ PHMC
Clear Agencies										
Non-Profit/Governm If you are applying on be						r (click the I	ink above).			
☐ Authority										
□ College/University	ity									
☐ Economic Devel	opment Pr	rovider								
Corporations (	EDC), Indus		ent Authoritie	-			Development Financial In s (IDC), Local Developme		•	
☐ Municipality										
County Govern	nment and C	Councils of Gove	ernments (C	OGs) should also c	heck this option	n for eligible	e programs.			
Other Government	ent or Non-	-Profit								
section for add	litional fundi	ng sources. Pr	ivate Non-Pr	_			t/Government organization Profit industries may also		-	
Use of Funds Be sure to carefully read below, leave this section	•		nd Guideline	s to make sure the	project costs a	are eligible f	or funding. If the project	does not mate	ch any of the op	otions listed
☐ Advanced Techn	nology - Inc	luding Biotechr	ology, Life S	Sciences, and Nano	technology.					
☐ Community Serv	/ices - Exar	mples include L	ow Income A	Assistance projects	and Emergen	cy Respons	ers programs.			
☐ Infrastructure / S	Site Develo	pment / Hous	sing - Includ	ling Construction, E	Environmental	Assessmen	ts and Clean-Up, Land a	nd Building Ac	quisition.	
☐ Machinery and E	Equipment									
☐ Planning / Marke	eting - Enco	ompasses a wid	le range of p	orojects, including C	onsulting Ser	rices, Munic	ipal Planning, Research	and Developn	nent, and Touris	sm Promotion.
☐ Workforce Deve	lopment - I	Including Educa	ition and Jol	o Training.						
Sort By										
Show Single Applica	tion Progra	ams First <b>∨</b>								
				I	SEARCH					

## 4. Apply

• Scroll down through the various grant offerings, locate the "319 Nonpoint Source (NPS) Management grant application and click on "Apply."

#### Search Results

Below Is an alphabetical listing of all programs matching the search criteria above. If you are eligible to apply, click the Apply link to select the program



## 5. Requirements

• Please answer all Eligibility questions. **Please note** – Failure to answer these questions will prohibit advancement and completion of the application.



• Before you can apply for 319 Nonpoint Source Management Grants Program, you must complete the Pre-Application Requirements section below.

## Requirements

#### Eligibility

1. The application is complete with all required DEP forms including:

0	Project Workplan 🔸
	<b>~</b>
0	Task and Deliverables Budget Worksheet 💠
0	Task and Deliverables Budget Worksheet ◆

2. The application's budget contains:

0	10%	or less ir	n administrative	costs 4
		~		

Continue

## 6. Applicant Information

\*If your application has a need for a sponsor, the sponsor's information should be filled in on this tab. Your organization's information will be completed on the Company Tab.

- 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
- FEIN/SSN Number Enter the Federal Tax ID number for the legal name (no dashes).
- UEI Number (**Required**) 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 Top Official/Signing Authority.
- 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 (**Required**) 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 the appropriate type.
- Click "Continue"

## **Applicant Information**

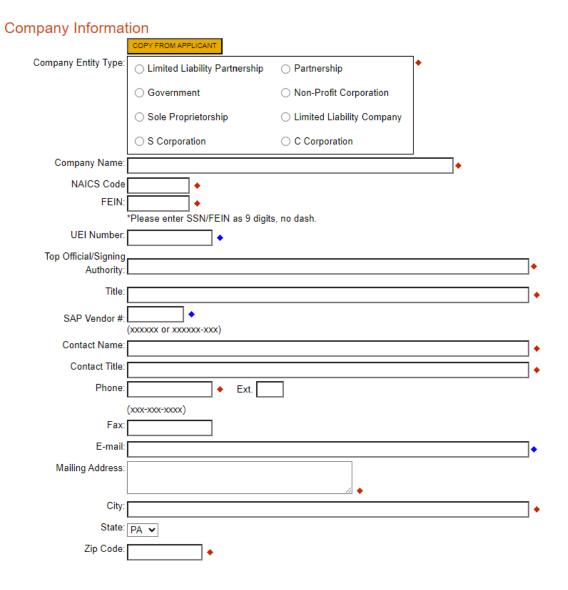
To copy your Registration information into the application, click the "Use Account Information" button below.

	USE ACCOUNT INFORMATION		
Applicant Entity Type:	Limited Liability Partnership	O Partnership	•
	○ Government	O Non-Profit Corporation	
	Sole Proprietorship	O Limited Liability Company	
	○ S Corporation	C Corporation	
Applicant Name:			•
NAICS Code	•		
FEIN/SSN Number			
	*Please enter SSN/FEIN as 9 digits	, no dash.	
UEI Number:	•		
Top Official/Signing Authority:			•
Title:			•
SAP Vendor #:	(xxxxxx or xxxxxx-xxx)		
Contact Name:	(**************************************		
Contact Title:			
Phone:		7	•
Alternate Phone:	(xxx-xxx-xxxx)		
E-mail:			
			•
Mailing Address:		<u>a</u> ◆	
City:			•
State:	PA 🗸		
Zip Code:	•		

**Continue** 

## 7. Company Tab

- If your application requires a sponsor, enter your organization's information on this tab.
- If your application **does not** require a sponsor, click the Copy from Applicant button to copy your information over to this tab.
- For information on which applications require a sponsor, see the grant program guidance document.
- Business Specifics Answer optional questions.
- Enterprise Type Select most appropriate type for your application.



# **Business Specifics**

Current # of Full-time	
Employees:	
(In PA):	
(World Wide:)	
Minority Owned:	■No OYes - (Ethnicity is optional) ON/A
	Select
Woman Owned:	●No OYes ON/A
Total Sales \$:	
Total Export Sales \$:	
R&D Investment:	(% of Budget)
Employee Training	
Investment:	(% of Budget)

# Enterprise Type

Indicate the types of enterprises	that describe the orga	nization listed above. You n	nay select more than or	ne 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

## 8. Project Overview

- Project Name The project name will auto-populate from information at the beginning of the application. You may change the project name at this time.
- Answer whether the project is related to a previously submitted project and list that project's name, if applicable.
- If applicable, enter the DEP contact name if you contacted someone regarding this project.
- If your community is certified through Sustainable Pennsylvania, enter the applicable level.
- Answer if you are interested in applying for more than one funding source.
- Site Locations Default setting at 1. Only needs filled in if more than one site location exists for this project.

# **Project Overview** Project Name: • 319 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? Continue

## 9. 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. If more than one appears, manually select the correct one.
- Designated Areas Leave blank.





# 10. 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.
Provide a brief, concise project description no more than two sentences. ◆
Character Count: 0/800 characters.
· ·
Continue

## 11. 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
- Enter the amount of funding you are requesting from DEP in the appropriate categories.

## **Program Budget**

Please see the Help section for details on how to complete the Program Budget.

Spreadsheet

Basis of Cost

In the Budget Narrative Section located on the Basis of Cost Tab, please indicate the following:

- · amount of cash-match that has already been received by the project applicant
- · amount of cash-match that has been applied for, but not yet received by the project applicant
- · amount of match that is expected as in-kind services, etc.

In the Budget Spreadsheet, please use whole numbers only, such as \$110,505.00.

#### Budget Spreadsheet .

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

Add funding source	319 Nonpoint Source Management Grants Program	Match Local	Total
319 Nonpoint Source Management Grants Program - Collapse	\$0.00	\$0.00	
Total Grant Request Amount Remove	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	
		Budget Total:	\$0.00

Continue

## b. Basis of Cost Tab

- Click Budget Justification
- Provide a brief narrative of the cost of each requested item identified in the Budget Spreadsheet.

## **Program Budget**

Please see the <u>Help</u> section for details on how to complete the Program Budget.

Spreadsheet	Basis of Cost	
Basis of Cost   Drawide the basis for call	culating the costs that are	s identified in the Preject Pudget
Provide the basis for call	culating the costs that are	e identified in the Project Budget.
☐ Appraisals	☐ Bids/	/Quotations
☐ Budget Justificat	tion Cont	tractor Estimates
☐ Engineer Estima	tes	s Agreements
Budget Narrative  The narrative must speci Character Count: 63		ne cost items identified in the Budget Spreadsheet.
This section is not re	quired and does not n	need to be completed.

Continue

## 12. 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 <a href="mailto:changing.your program">changing.your program</a>.

a. Enter the latitude and	longitude of the project location in decimal degrees
.atitude 🔷	
.ongitude 🔶	
evel. If this project is lo	cated within the Chesapeake Bay Watershed:
. Is the proposed projec	et located in the Chesapeake Bay?
	entire watershed is located 50% or more in the Chesapeake Bay, if not, select no. ◆
~	
a If in the Chesanoake E	day Watershed, what is the Watershed Implementation Plan (WIP) Tier Level?
. II III tile Ollesapeake L	ay Matershea, What is the Matershea Implementation Flan (Min.) Her Lever:
P Implementation (design	n and/or construction)
P Implementation (design P Revision	
P Implementation (design	
P Implementation (design P Revision tewide/regional project	
P Implementation (design P Revision tewide/regional project a. If project is for WIP in	
P Implementation (design Properties) P Revision tewide/regional project  a. If project is for WIP in Existing 319 WIP?	
P Implementation (design P Revision tewide/regional project a. If project is for WIP in	
P Implementation (design P Revision tewide/regional project  a. If project is for WIP in Existing 319 WIP?	
P Implementation (design P Revision tewide/regional project  a. If project is for WIP in Existing 319 WIP?	nplementation, does the project support an EPA approved 319 Watershed Implementation Plan?
P Implementation (design P Revision tewide/regional project  a. If project is for WIP in Existing 319 WIP?	nplementation, does the project support an EPA approved 319 Watershed Implementation Plan?
P Implementation (design P Revision thewide/regional project  a. If project is for WIP in Existing 319 WIP?	nplementation, does the project support an EPA approved 319 Watershed Implementation Plan?
Existing 319 WIP?  If Yes, please list	nplementation, does the project support an EPA approved 319 Watershed Implementation Plan?
P Implementation (design P Revision atewide/regional project  a. If project is for WIP in Existing 319 WIP?	nplementation, does the project support an EPA approved 319 Watershed Implementation Plan?

## 4. Impairment Sources, Causes and Measurable Environmental Benefits

a. List the Impairment Source(s), Cause(s) and Reach Code for the receiving waters of your project. ◆	
Use the <u>latest Integrated Report</u> to obtain this information. If a statewide or regional project, summarize impairment	nt
sources/causes (reach codes are not needed).	
Character Count: 0 characters.	
4	
b. Briefly discuss how the proposed project intends to address the listed Impairment Sources and Causes. Please lim	iit your
response to 500 words or less. ♦	
Character Count: 0 characters.	
c. Calculated or Measurable Environmental Benefits	
Nonpoint Source Pollutant Load Reductions	
○ Estimated ○ Modelled	
0	
Nitrogen (lbs./yr.)	
Phosphorus (lbs./yr.)	
Filospholas (ibs.ryl.)	
(famalism)	
Sediment (tons/yr.)	
Aluminum (lbs./day)	
Iron (lbs./day)	

Mang	anese (lbs./day)
Acidit	y (lbs./day)
	(500 words max.)
Chara	cter Count: 0 characters.
	A.
Lengt	th of streambank stabilized or restored (in feet)
Lengt	th of streambank fencing installed (in feet)
Acre	s of riparian buffers planted
Contacts	
	panization contacted the county conservation district to discuss the project? •
~	
Budget S	ummary
a. Up	oload the Task and Deliverable Budget Worksheet (Excel Only) ◆
	load Files
US	se the control below to select your file. Each file can be no larger than 30MB.
Fil	e 1 Choose File No file chosen
Prevailing	g Wage and Davis-Bacon Act
	Il the project grantee or sponsor abide by Pennsylvania's Prevailing Wage and/or Davis-Bacon Act? ◆
~	

8. Projects on Grantee/Non-Grantee Owned Lands Will your project be conducted on land you either own or control? ◆  ✓
9. Projects on State-Owned Lands Will your project be conducted on land owned by commonwealth agencies? ◆  ✓
Have you contacted the appropriate agency?
If yes, identify the person you contacted
10. Keystone Principles  Is this project consistent with the Keystone Principles and Criteria? ◆  ✓
11. Environmental Justice  Is your project located in an area designated as an Environmental Justice community? ◆  ✓
12. AMDTreat Report (AMD Projects only) Upload the AMDTreat report
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. Section 319 Workplan  Upload the completed "Pennsylvania Department of Environmental Protection Section 319(H) Workplan template" (Word only) ◆
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

#### 14. Location Maps, Site Maps, Aerial Maps, and/or Photos

Upload the location map(s), site map(s), aerial map(s), and/or photos

# 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

#### 15. Landowner Letters

Upload any required Landowner Letters, Landowner Access Authorization Forms, or Landowner Letters of Commitment, or Landowner Grantee Agreements.



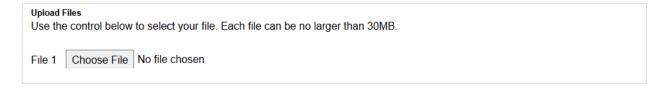
#### 16. Letters of Commitment

Upload any Letters of Commitment from project partners for identified match.



#### 17. Chesapeake Bay Countywide Action Plan BMP Implementation Form

Upload the Chesapeake Bay Countywide Action Plan BMP Implementation Form



## 18. Letters of Support or Additional Information

Upload any letters of support or additional information

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

## 13. 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**

· Mailing Address is required.

#### **Company**

· Mailing Address is required.

## Addenda

· Applicant Name is required.

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

## 14. 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:
  - o I am the applicant.
  - o I am an authorized representative of the company, organization or local government.
  - o 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).

oe Name Here:	
I am a "Certified" Partner representative.	
I am an authorized representative of the company, organization	or local government
I am the applicant.	

#### 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

## 15. 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 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.