INSTRUCTIONS FOR THE ON-LINE APPLICATION

Cooking in Healthy Electrified Commercial Kitchens (CHECK) Program

Rebate must be submitted through the Electronic Single Application (ESA) website. <u>Paper, e-mailed or faxed</u> <u>copies will not be accepted</u>. The link to the on-line application can be found at: <u>https://www.esa.dced.state.pa.us/Login.aspx</u>

This document provides step-by-step 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. It is not necessary to send any documents, copies of applications or signature pages 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 " \bullet " 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 $\langle , /, *, \&, \%, #,$ etc.

If you have questions completing the application, please call the eGrants Help Desk at 833-448-0647 or email <u>egrantshelp@pa.gov</u>.

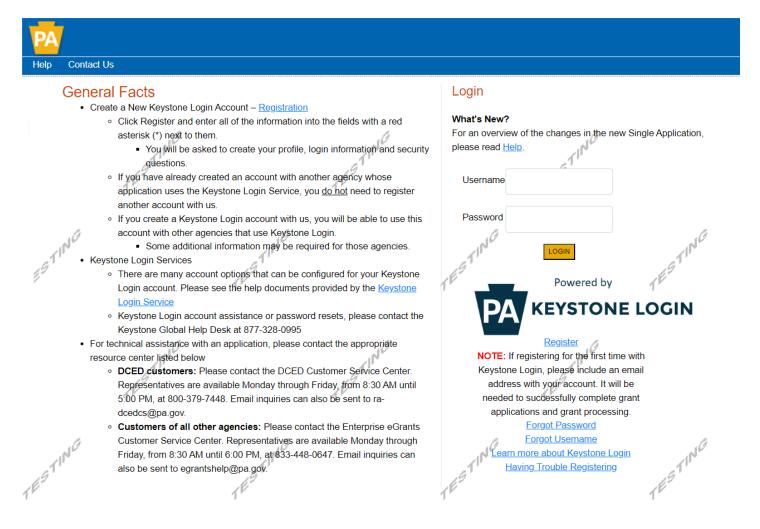
Note regarding receipt of payment if application is approved:

If you have an SAP Vendor Number, please use this number when submitting your application. This can be found on the Applicant Information Tab in the electronic application. If you do not have an SAP Vendor number, you have the option to apply for one so that you can receive any grant/rebate payment by ACH deposit instead of by check. If you choose not to apply for an SAP Vendor number to receive your payment by ACH, you will receive your payment in check form sent via US Mail for one-time payments only. If you have previously received a rebate or grant from the Commonwealth, you will be required to apply for an SAP Vendor Number. Please ensure your up to date address is used on the application as this is the address to which the check will be mailed. Please note, when receiving payment by check, some programs require that a W-9 form be included with your application submission.

If you do not have an SAP Vendor Number and would like to register to receive one, visit the PA Supplier Portal at <u>www.pasupplierportal.state.pa.us</u>. If you already have an SAP Vendor number, but need to make address or bank account changes, you may also use the PEPP form for these changes if your SAP Vendor number begins with a 6, 7 or 8. If your vendor number begins with a 1, 2, 3, 4, or 5, any changes to your vendor information such as bank account information or address changes must be completed by visiting the PA Supplier Portal.

Registration and Login

Go to the ESA login page <u>https://www.esa.dced.state.pa.us/Login.aspx</u> and login. If necessary, 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. This can be something simple such as "XYZ Nonprofit Oven Upgrade".
- 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

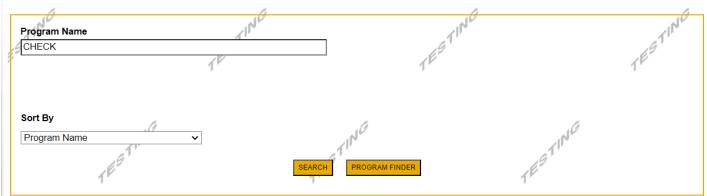
To begin a new Single Application For Assistance, en	ter a brief name for the project (up to sixty characte	ers) and answer whether you need help selecting your pro	gram. If you already know the name of the program you want to
Project Name	a TING	STING.	at INCO
XYZ Nonprofit Oven Upgrade		E	
	Para -	P .	Alma Alma
Do you need help selecting your program?			
No V ESTING	ESTING	ESTING	
	Aller P	r r	All the second s

Select Program

- Under Program Name, enter "CHECK" or "Commercial Kitchen."
- Click "Search." Look for the appropriate grant program offered by DEP.

Select Program

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



Apply

• Select the program for which you are applying.

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.	
Cooking in Healthy Electrified Commercial Kitchens (CHECK) Program	Apply.
Pennsylvania Department of Environmental Protection	
Eligible Applicants: • K-12 school district • Higher education institution • Not-for-profit hospital • Nonprofit whose mission is geared toward community services, such as soup kitchens, shelters, or food banks (must be registered as a 501c) • Restaurants	3 unless exempt)
This program is aimed at helping commercial kitchens modernize via energy efficiency and electrification.	

Program Requirements

Answer the Program Requirements questions to make sure you are eligible to apply. Note – you must have participated in one of DEP's CHECK online trainings or in-person workshop to apply.

REVIEW INFORMATION BE	IOW		
•		Kitchens (CHECK) Program, you must complete the P	re-Application Requirements section below.
Requirements	TES	TES	TES
	, is it registered as a 501c3? Please no emption must be uploaded to your app	ote that, if you are a nonprofit, you must be registered olication in the addenda.	as a 501c3 to apply, unless you have an
2. Has a representative from your on CHECK webinar? •	ganization, institution, district, or busi	iness participated in a live CHECK online webinar, in-p	erson workshop, and/or viewed a pre-recorded
3. If yes for above question, what wa	is the date of the webinar or workshop \mathcal{M}^{G}	or all the second se	11NG

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 auto-populate for you.
- FEIN/SSN Number Enter the Federal Tax ID number for the legal name of the applicant (no dashes).
- UEI Number Unique Entity ID. Enter the applying organization's unique, 12-character alphanumeric identifier assigned to all entities that conduct business with the federal government

A Unique Entity Identifier (UEI) is a **12-character** alphanumeric identifier assigned to entities that register in SAM.gov to do business with the federal government **1 2 3 4**. The UEI is the official identifier for the federal government as of April 4, 2022, replacing the DUNS number **1 2 4**. The UEI is used for verification and data collection purposes **3 5**.

Where can I Find my unique entity ID?

If your entity is registered in **SAM.gov** today, your Unique Entity ID has already been assigned and is viewable in SAM.gov. This includes inactive registrations. The Unique...

<u>Unique Entity Identifier Update | GSA</u> www.gsa.gov/about-us/organizatio...

- Top Official/Signing Authority In this block, enter the head of the organization's name or owner name.
- Title Enter that person's title.
- SAP Vendor# Fill in if you have one/if known. This is not required.
- 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.
- Select your enterprise type
- Click "Continue" at the bottom right.

Applicant Information

To copy your Registration information int	o the application, click the "Use Account	Information" button below.		
TING		11 ¹¹	9	LESTIN'
Applicant Entity Type:	C Limited Liability Partnership	O Partnership		IES.
	⊖ Government	○ Non-Profit Corporation		1'
	○ Sole Proprietorship	O Limited Liability Company		
6	○ S Corporation	C Corporation	10	
Applicant Name:		1997 1997	→ . 1 [№]	
NAICS Code	•	19	69	
FEIN/SSN Number	•	ſ [₽]	1	
	*Please enter FEIN as 9 digits, no	dash.		
UEI Number:	▲ (a)		a and a second se	
Top Official/Signing Authority:	152	44		+ /N'
Title:				− • ¹
SAP Vendor #:	(XXXXXX OF XXXXX-XXX)	11		T ^F
Contact Name:				•
Contact Title;				•
Phone:	◆ Ext.		.110	

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.
- Answer if this project is related to a previously submitted project.
- Enter the name of the person you spoke with at DEP regarding your application, if applicable.
- Sustainable Pennsylvania certification. Answer "No."
- Answer Yes/No if interested in applying for multiple funding sources for project.
- Be sure to enter the number of sites if there is more than one project site location.

Project Overview

Project Name: CHECK	G	ESTING
Is this project related to another previously submitted project? No ✔	1	1"
If yes, indicate previous project name:	o . E ⁹	TING
Have you contacted anyone at DEP about your project?	1.	
If yes, indicate who:	TESTING	TESTING
If yes, what level: Bronze Silver Gold Platinum Are you interested in applying for multiple funding sources for this project?	9	T1NG
You are only permitted to apply for one program per application. By answering "Yes", you will be given submitted. No \checkmark	ven the ability to apply for an additional program on	the Certification page after this application has
How many Site Locations are involved in the project?	TESTING	TESTING

Project Site –

- Be sure to include all site locations related to the application/project. If there is more than one site location, enter that number on the Project Overview tab (prior tab). This will create the appropriate number of site tabs. Though a red diamond does not appear beside the Address, City and Zip Code fields, please note that this information is required.
- Address Enter the mailing address (street address). **P.O. Boxes are not acceptable. Please enter full address of site location.**
- 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 and PA Senate These fields will auto-populate based on the information entered above. If more than one district appears, please select the appropriate district for the project site location.
- Designated Areas Leave blank.

Project Site Location(s)

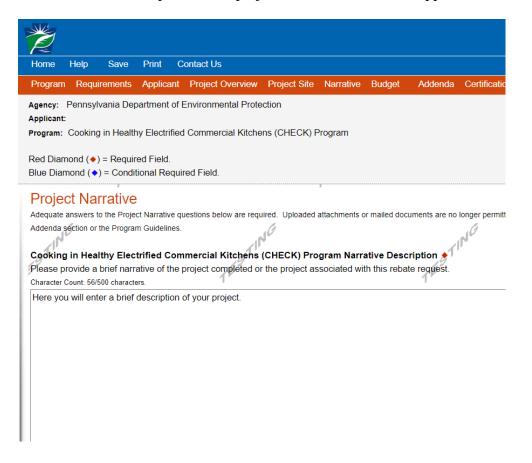
To add Project Site Locations, please see the Project Overview section.

Site 1	ر ا	y G	r Ind Ca		CESTING
Address:	400 Market Street		TES		TEST
City:	Harrisburg				
State:	PANG	NE		NIC	
Zip Code:	17110	GTH		GTI	
County!	✓ Dauphin ✓ ◆	TE		THE	
Municipality:	Harrisburg City				
PA House: •	■Patty Kim (103) □Susan Helm (104)		NG		IN G
PA Senate: •	John DiSanto (15)		TEST		TESTING
Designated Areas:	Act 47 Distressed Community	Brownfield	r		r
	Enterprise Zone	Greenfield			
	Keystone Innovation Zone	Keystone Opportunity Zone		.0	
	Prime Agricultural Area	Uses PA Port		110	
Click "Con	<i>G</i>	19		19	

Click "Continue."

Project Narrative

• Enter a <u>brief</u> description of the project related to this rebate application in the area provided.



• Click "Continue."

Program Budget – There are two tabs on this page – Spreadsheet and Basis of Cost.

\$0.00

Spreadsheet Tab

• Click on the Spreadsheet tab. Enter the amount of funding you are requesting from DEP. As a reminder, your total request may not exceed \$8,500.00

Program Budget

.0		16	9	
Spreadsheet	Basis of Cost	t di ^{pe}		
udget Spreadsheet ine first column indicates ovide a more detailed de Add funding so	the amount of fund escription of specifi	•, •	m DEP. After co Total	ompleting the budget, please compl
		Commercial Kitchens (CHECK) Program		
DEP Cooking in H Electrified Comme (CHECK) Program	ercial Kitchens	Commercial Kitchens (CHECK) Program \$0.00		
Electrified Comme	ercial Kitchens ı - Collapse	(CHECK) Program \$0.00	\$0.00	

Budget Total:

• Click "Continue."

Basis of Cost Tab

• This tab does not need to be completed and has been prepopulated. You may ignore this tab and click continue.

Program Budget

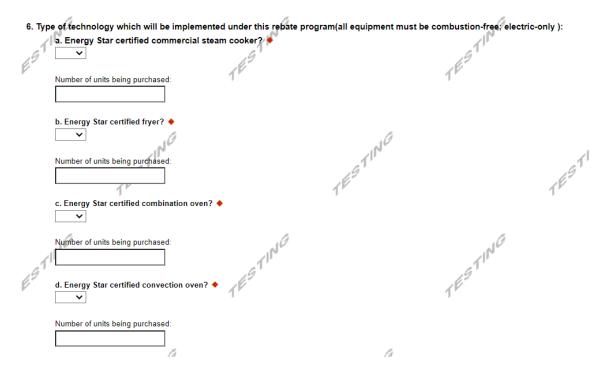
10		16	10	1
Spreadsheet	Basis of Cost	1 Pa	110	
Basis of Cost Provide the basis for call	culating the costs that are	e identified in the Project Budget.	TES	
Appraisals	□ Bids	/Quotations		
Budget Justification Engineer Estimation	16	iractor Estimates s Agreements	IN C	- 1 ^N
Budget Narrative The narrative must speci Character Count: 122		e cost items identified in the Budget Sp	preadsheet.	TEST

Program Addenda

Answer the questions and upload any documentation as required on the addenda. As a reminder, all areas marked with a red diamond are required fields.

In this section, you will be required to upload your Equipment Supplier Quote. Please have it saved to your computer and ready to upload for ease of applying.

Note: For Question #6, you will need to enter Yes or No for each type of technology.



Under the Attachments section in the Program Addenda, you MUST upload your equipment/product specifications.

Certification and Statement

- 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 in your application, click on the section heading to return to the page.



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

Application Certification	STIT	55T13	
All of the required sections of the web application have a submitting, you will no longer be able to make chan		application, you may submit it for processing.	After
Electronic Signature Agreement:			
By checking this box and typing your name in the be supporting materials submitted via the Internet and its a the Applicant, and I also certify that, if applying on beha- information is true and correct and accurately represent	trachments are true and correct and accura of the applicant, I have verified with an au- s the status and economic condition of the	tely represent the status and economic condi thorized representative of the Applicant that a Applicant. I also understand that if I knowingly	such y d
make a false statement or overvalue a security to obtain prosecution in accordance with 18 Pa.C.S. § 4904 (relat claims and statements).			
◯ I am the applicant			
I am an authorized representative of the company	, organization or local government.	NG	
OI am a "Certified" Partner representative.	ST	ST	
Type Name Here:	1 ^P	T	
Electronic Attachment Agreement:	NG	NG	
Along with the web application, if you have been n	equested or need to send any documentative	on to DEP please print and send a copy of yo	ur
E-Signature and mail it to DEP along with any paper s with a copy of the application immediately after you su		opportunity to print the signature page along	ſĔ
1	SUBMIT APPLICATION		

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 eSignature 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 Application 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 DEP 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.

<	Application Certification Single Application ID #: 201712074962	TEST	TEST
	The web application has been successfully submitted for process	ing.	
	I hereby certify that all information contained in the single applica 2017/12074962 and its attachments are true and correct and aco certify that, if applying on behalf of the applicant, I have verified w correct and accurately represents the status and economic condit overvalue a security to obtain a grant and/or loan from the Comm with 18 Pa.C.S. § 4904 (relating to unsworn falsification to author	urately represent the status and economic co vith an authorized representative of the Applic tion of the Applicant. I also understand that if ionwealth of Pennsylvania, I may be subject t	ndition of the Applicant, and I also ant that such information is true and I knowingly make a false statement or o criminal prosecution in accordance
	The signature page may also be printed now. You may also print Applications" in the top toolbar.	t submitted applications from the Home page.	Click the link labeled "Submitted
	16	10	Do not send any documentation
	Print Signature Page only	TIN	to DEP. All information needed
	Print Entire Application with Signature Page	TES	is contained in your on-line
	The signature page along with any paper supporting documents of	can be mailed to the following address:	submission, including your
	Pennsylvania Department of Environmental Pro	tection	official signature.
	PO Box 8776 Harrisburg, PA 17105-8776	STI	

• **Congratulations!** You have completed the on-line application. <u>You do not need to mail anything</u> <u>additional to DEP</u>.