

Instructions for the On-line Application

The AML/AMD 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://www.esa.dced.state.pa.us/Login.aspx>

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 8:30 am to 6:00 pm EST.

1. Registration and Login

- Go to ESA login page <https://www.esa.dced.state.pa.us/Login.aspx> 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 8:30 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



[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

- Project Name – Choose and enter a name for your project or mine site.
- 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

AML/AMD

Do you need help selecting your program?

No ▾

CREATE A NEW APPLICATION



3. Select Program

- Under Program Name, click AML
- Click “Search.” Look for the appropriate program offered by DEP. The program is listed as AML/AMD Grant Program

Select Program

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

Program Name

AML

Sort By

Program Name ▾

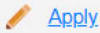
SEARCH

PROGRAM FINDER



4. Apply

- Scroll down through the various grant offerings, locate the “ AML/AMD Grant Program and click on “Apply.”

AML/AMD Grant Program 

Pennsylvania Department of Environmental Protection

Eligible Applicants: *Eligible applicants must be one of the following types of organizations or obtain a sponsor that is one of the following types of organizations to be eligible for a federal subaward:*

- County or municipality
- County conservation district
- Council of governments
- Municipal authority
- Other appropriate **incorporated nonprofit organization** including the following:
 - Incorporated watershed association
 - Entity whose mission it is to further the protection, enhancement, conservation, or preservation of the Commonwealth's environmental resources (Foundations, Conservancies, Environmental Associations, etc.)

Applications submitted by ineligible applicants or ineligible sponsors will not be considered.

Projects eligible for federal subawards under this program must reclaim or enhance abandoned coal mine sites and related AML problems as specified in SMCRA that pose a threat to public health and safety and the environment. Sites must be determined to be eligible by the Bureau of Abandoned Mine Reclamation and entered into both Pennsylvania's and OSMRE's abandoned mine land inventory systems. In most cases, the sites must be associated with a coal mine that was abandoned prior to August 3, 1977.

5. 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 organization’s name, the name under which the organization legally conducts business.
- NAICS Code – From the dropdown box, enter 5629.
- FEIN/SSN Number - Enter the Federal Tax ID number for the legal County 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 – Enter the name of the individual at your organization who has the authority to enter into a grant agreement with DEP (e.g. the name of President, Chairperson, CEO, etc., of the organization).
- Title – Enter the top official/signing authority’s title.
- SAP Vendor# - Enter, if known. (If your organization is awarded a grant and does not have an SAP Vendor number, you will be required to file for one at the time of award.)
- 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 legal entity organization.
- Enterprise Type – choose type that best describes your organization, such as “Mining”.
- 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 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.

<input type="checkbox"/> Advanced Technology	<input type="checkbox"/> Agri-Processor	<input type="checkbox"/> Agri-Producer	<input type="checkbox"/> Authority	<input type="checkbox"/> Biotechnology / Life Sciences
<input type="checkbox"/> Business Financial Services	<input type="checkbox"/> Call Center	<input type="checkbox"/> Child Care Center	<input type="checkbox"/> Commercial	<input type="checkbox"/> Community Dev. Provider
<input type="checkbox"/> Computer & Clerical Operators	<input type="checkbox"/> Defense Related	<input type="checkbox"/> Economic Dev. Provider	<input type="checkbox"/> Educational Facility	<input type="checkbox"/> Emergency Responder
<input type="checkbox"/> Environment and Conservation	<input type="checkbox"/> Exempt Facility	<input type="checkbox"/> Export Manufacturing	<input type="checkbox"/> Export Service	<input type="checkbox"/> Food Processing
<input type="checkbox"/> Government	<input type="checkbox"/> Healthcare	<input type="checkbox"/> Hospitality	<input type="checkbox"/> Industrial	<input type="checkbox"/> Manufacturing
<input type="checkbox"/> Mining	<input type="checkbox"/> Other	<input type="checkbox"/> Professional Services	<input type="checkbox"/> Recycling	<input type="checkbox"/> Regional & National Headquarters
<input type="checkbox"/> Research & Development	<input type="checkbox"/> Retail	<input type="checkbox"/> Social Services Provider	<input type="checkbox"/> Tourism Promotion	<input type="checkbox"/> Warehouse & Terminal

[Continue](#)

6. Project Overview

- Project Name – The project name will auto-populate from the information filled in at the beginning of the application. 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).
- 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: ◆

AML/AMD

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 ▼



Click on “Continue”

7. 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. If you indicated more than one project site in the previous section, you will be requested to complete this information for all sites.
- 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:

<input type="checkbox"/> Act 47 Distressed Community	<input type="checkbox"/> Brownfield
<input type="checkbox"/> Enterprise Zone	<input type="checkbox"/> Greenfield
<input type="checkbox"/> Keystone Innovation Zone	<input type="checkbox"/> Keystone Opportunity Zone
<input type="checkbox"/> Prime Agricultural Area	<input type="checkbox"/> Uses PA Port



Click on “Continue”

8. 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.

AML/AMD Grant Program Narrative Description ♦

Please provide a brief description of your project in one to two sentences.

Character Count: 0/500 characters.

Click on “Continue”

9. 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.**

Program Budget

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

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

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	AML/AMD Grant Program	Total
DEP AML/AMD Grant Program - Collapse	\$0.00	
Construction Remove	<input type="text" value="\$0.00"/>	\$0.00
Contractual Services Remove	<input type="text" value="\$0.00"/>	\$0.00
Equipment and Supplies Remove	<input type="text" value="\$0.00"/>	\$0.00
Salaries and Benefits Remove	<input type="text" value="\$0.00"/>	\$0.00
Other Remove	<input type="text" value="\$0.00"/>	\$0.00
Indirect (Facility and Administration) Costs Remove	<input type="text" value="\$0.00"/>	\$0.00
Total	\$0.00	
	Budget Total:	\$0.00

[Continue](#)

Click on “Continue”

b. Basis of Cost Tab

- This tab does not need to be completed. You may ignore this tab and simply click continue.

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.

- | | |
|---|---|
| <input type="checkbox"/> Appraisals | <input type="checkbox"/> Bids/Quotations |
| <input type="checkbox"/> Budget Justification | <input type="checkbox"/> Contractor Estimates |
| <input type="checkbox"/> Engineer Estimates | <input type="checkbox"/> Sales Agreements |

Budget Narrative ◆

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

Character Count: 122

This area does not need to be completed. All relevant information for your application will be uploaded on the Addenda tab

[Continue](#)



Click on “Continue”

10. Program Addenda

- Complete all fields in this section and click continue when completed.
- Some questions have additional instructions associated with them. Please read carefully.
- **Reminder:** Any items marked with a red diamond are required to be completed. You will not be able to submit your application without completing these sections.

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. Type of project(check all that apply): ♦

- Abandoned Mine Land (AML) Reclamation Acid Mine Drainage (AMD) Treatment or Abatement Abandoned Mine Land Economic Revitalization (AMLER)

2. Do you or any members of the applicant organization anticipate receiving payment or any benefits either directly or indirectly into your household, to any immediate family members, or a personal business from those to be employed or contracted to provide goods or services to complete the tasks proposed in the application? ♦

If yes, please provide the relationship of the parties involved and the anticipated benefit or payment received?

Character Count: 0/5000 characters.

- For Question 4, note you will need to click “Add” to save your entry after filling in the information.

3. Project Information

Project Name:

Project Address:

e-AMLIS Problem Area Number and Name:

If you have a BAMR Inquiry number, please list:

Latitude:

Longitude:

Municipality:

County:

4. Property Owner(s) Information. (Click “Add” after each entry to save information in below chart.)

Property Owner Name	Cell Phone No	Telephone No	E-mail Address	Street Address or P.O. Box	City	County	State	Zip Code			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="button" value="Add"/>	<input type="button" value="Cancel"/>
No data has been entered.											

5. Abandoned Coal Mine Information

Name of Mine:

Coal Company:

Date of Last Mining:

Source:

Project Eligibility

6. Did the current surface owner participate in or exercise control over the mining operation which necessitates this reclamation work?

7. Is there continuing responsibility for reclamation by the former mine operator, permittee or agent of the permittee under the applicable law? ♦

8. Have the necessary Chapter 102 permits required to complete this work been obtained or discussed with BAMR personnel? ♦

9. Have the necessary Chapter 105 permits required to complete this work been obtained or discussed with BAMR personnel? ♦

10. Has the Pennsylvania Natural Diversity Index (PNDI) clearance been obtained with documentation of clearances attached? ♦

If yes for above question please upload the documentation.

Upload Files

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

File 1 No file chosen

File 2 No file chosen

File 3 No file chosen

File 4 No file chosen

11. Has the State Historical and Preservation Office clearance been obtained with documentation attached? ♦

If yes for above question please upload the documentation.

Upload Files

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

File 1 No file chosen

File 2 No file chosen

File 3 No file chosen

File 4 No file chosen

12. Have you reviewed BAMR's "Guidance for Project Eligibility under the AML/AMD Sub-award program? Link to Guidance [Abandoned Mine Land Reclamation \(pa.gov\)](#) ♦

13. For AMD projects: Is water monitoring data and AMDTreat report or loading analysis provided that supports the claimed watershed improvement? ♦

14. For AMD treatment projects: Is the treatment technology proposed appropriate and cost-effective over the design life of the system? ♦

15. Are the proposed costs, well- defined, reasonable, accurate and acceptable? ♦

16. Have all affected property owners provided BAMR approved legal consent for right of entry to complete the project? ♦

Upload Property Owner Consent Form.

Upload Files

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

File 1 No file chosen

File 2 No file chosen

File 3 No file chosen

File 4 No file chosen

17. If no legal consent has been given by the property owner, please explain what formal agreement you have with the existing property owner(s) to complete the proposed work?

Character Count: 0/5000 characters.

Additional Project Information

18. Is the proposed project identified in an approved Qualified Hydrologic Unit (QHU) for AMD Set-a-side funding? ♦

If Yes for above question, Name of the Qualified Hydrologic Unit:

19. Is the project located in a designated Environmental Justice Area? ♦

20. Does the project drain to the Chesapeake Bay? ♦

21. Will the project be covered by the Environmental Good Samaritan Act? ♦

- When completing Priority 1 and 2 Reclamation and Environmental Accomplishments (Question 22) and Priority 3 Reclamation and Environmental Accomplishments (Question 23), please list the Quantity/Amount for each item listed, including entering zero as appropriate. Any items listed in acres or miles should be rounded to the nearest tenth decimal point; all others should be rounded to the nearest whole number.

Priority 1 and 2 Reclamation and Environmental Accomplishments

22. Accomplishment Description - Please list the Quantity/Amount for each item listed below. Any items listed in acres or miles should be rounded to the nearest tenth decimal point; all others should be rounded to the nearest whole number:

Clogged Streams (CS) (In Miles)	♦ <input type="text"/>
Clogged Stream Lands (CSL) (In Acres)	♦ <input type="text"/>
Dangerous Highwalls (DH) (In Linear Feet)	♦ <input type="text"/>
Dangerous Impoundments (DI) (Count Each)	♦ <input type="text"/>
Dangerous Pile and Embankments (DPE) (In Acres)	♦ <input type="text"/>
Dangerous AML Slides (DS) (In Acres)	♦ <input type="text"/>
Hazardous or Explosive Gas problems (GHE) (Count Each)	♦ <input type="text"/>
Underground Mine Fire (UMF) (In Acres)	♦ <input type="text"/>
Hazardous Equipment and Facilities (HEF) (Count Each)	♦ <input type="text"/>
Hazardous Water Bodies (HWB) (Count Each)	♦ <input type="text"/>
Industrial/Residential Waste (IRW) (In Acres)	♦ <input type="text"/>
Portals (P) (Count Each)	♦ <input type="text"/>
Reclamation or Restoration of Polluted Water: Agricultural & Industrial Use (PWA) (Count Each)	♦ <input type="text"/>
Reclamation or Restoration of Polluted Water: Human Consumption (PWHC) (Count Each)	♦ <input type="text"/>
Dangerous Subsidence (S) (In Acres)	♦ <input type="text"/>
Surface Burning (coal seam or refuse fire) (SB) (In Acres)	♦ <input type="text"/>
Vertical Openings (VO) (Count Each)	♦ <input type="text"/>

Priority 3 Reclamation and Environmental Accomplishments

23. Accomplishment Description - Please list the Quantity/Amount for each item listed below. Any items listed in acres or miles should be rounded to the nearest tenth decimal point; all others should be rounded to the nearest whole number:rounded to the nearest whole number:

Highwall (H) (In Feet)	◆ <input type="text"/>
Spoil Area (SA) (In Acres)	◆ <input type="text"/>
Pits (PI) (In Acres)	◆ <input type="text"/>
Bench (BE) (In Acres)	◆ <input type="text"/>
Equipment or Facilities (EF) (Count Each)	◆ <input type="text"/>
Gob (GO) (In Acres)	◆ <input type="text"/>
Slurry (SL) (In Acres)	◆ <input type="text"/>
Slump (SP) (In Acres)	◆ <input type="text"/>
Haul Road (HR) (In Acres)	◆ <input type="text"/>
Industrial/Residential Waste (DP) (In Acres)	◆ <input type="text"/>
Water Problems (WA) (In Gallons)	◆ <input type="text"/>
Water Supplies (WS) (Count Each)	◆ <input type="text"/>
Other (O) AMLER Project (Count Each)	◆ <input type="text"/>
Mine Opening (MO) (Count Each)	◆ <input type="text"/>
Unmanaged restoration (no-treatment) of a sport fishery (In Stream Miles)	◆ <input type="text"/>
Managed restoration (treatment dependent) of a sport fishery (In Stream Miles)	◆ <input type="text"/>
New AMD treatment or maintenance of AMD treatment resulting in significant measurable improvement of Waters of the Commonwealth (In Stream Miles)	◆ <input type="text"/>
New AMD treatment or maintenance of AMD treatment resulting in significant measurable improvement of Waters of the Commonwealth (In Lake Acres)	◆ <input type="text"/>
Is this an AMD Treatment System with secured and solvent non-AML Program Originated funded long-term operation, maintenance, and replacement funding?	◆ <input type="checkbox"/>

Project Benefits, Expected Outcomes or Performance Measures

24. Rounded to the nearest whole number, fill in all that apply related to this project and any anticipated benefits, expected outcomes or performance measures:

Immediate jobs created (beyond those jobs necessary to conduct reclamation)	<input type="text"/>
Businesses created, or served, or improved	<input type="text"/>
Infrastructure created (impact could be measured by the linear feet, acreage, square feet, or other unit of measure for the expected amount of water, sewer, utility, or other form of infrastructure installed, constructed or repaired).	Character Count: 0 characters. <input type="text"/>
Revenues increased (export or domestic sales)	Character Count: 0 characters. <input type="text"/>
Patients served or improved	<input type="text"/>
Participants served or improved	<input type="text"/>
Organizations served or improved	<input type="text"/>
Increased, enhanced, or restored infrastructure system capacity (includes energy capacity, broadband accessibility)	<input type="text"/>
Communities served or improved	<input type="text"/>
Households served or improved	<input type="text"/>
Housing units constructed or rehabilitated	<input type="text"/>
New or existing workers or students served or improved	<input type="text"/>
Number of visitors (overnight and daytime)	<input type="text"/>
Number of current or former coal industry employees to be employed by the project	<input type="text"/>
Number of organized labor unions to be represented by the proposed project	<input type="text"/>
Quantifiable recreational opportunities created	<input type="text"/>

- Have any documents you will be uploading to your application saved to your computer for easy access when needed.

25. Upload a detailed description of the project. Please include a Project Location Map and Site Photos. ♦

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

File 1 No file chosen

File 2 No file chosen

File 3 No file chosen

File 4 No file chosen

26. AML/AMD Nexus – Describe the physical connection between the project and historic mining. Describe the AML and/or AMD feature(s), priority of the feature(s), and reclamation of those features along with a cost estimate for the reclamation work. DEP staff is available to identify known AML/AMD features upon request.(Attach additional sheets if necessary) ♦

Character Count: 0/5000 characters.

Attach additional sheets if necessary for above question.

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

File 1 No file chosen

File 2 No file chosen

File 3 No file chosen

File 4 No file chosen

27. Provide a list of collaborative partners involved in or contributing to the proposed project and describe the involvement of each. Include source and amount of any leveraged funds. ♦

Character Count: 0/2000 characters.

28. Upload a detailed cost estimate of the AML/AMD reclamation work and any other work that is being proposed as part of this project. ♦

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

File 1 No file chosen

File 2 No file chosen

File 3 No file chosen

File 4 No file chosen

29. Upload a detailed schedule of the project including planning & project development, design, and construction activities. ♦

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

File 1	<input type="button" value="Choose File"/>	No file chosen
File 2	<input type="button" value="Choose File"/>	No file chosen
File 3	<input type="button" value="Choose File"/>	No file chosen
File 4	<input type="button" value="Choose File"/>	No file chosen

30. Provide a detailed description of the status of the project. Include any maps, conceptual sketches, design plans, etc. ♦

Character Count: 0/5000 characters.

Attach additional sheets if necessary for above question.

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

File 1	<input type="button" value="Choose File"/>	No file chosen
File 2	<input type="button" value="Choose File"/>	No file chosen
File 3	<input type="button" value="Choose File"/>	No file chosen
File 4	<input type="button" value="Choose File"/>	No file chosen

31. Does this project qualify as an Abandoned Mine Land Economic Revitalization (AMLER) Program project? If yes, continue with application. Infrastructure Investment and Jobs Act and SMCRA Title IV funding need not continue. ♦

If No skip the below questions and continue to next page.

32. Have you reviewed OSMRE's "Guidance for Project Eligibility under the Abandoned Mine Reclamation Economic Development Pilot Program? Link to Guidance [Abandoned Mine Land Economic Revitalization \(AMLER\) Program | Office of Surface Mining Reclamation and Enforcement \(osmre.gov\)](#)

33. Is the proposed project a Category "A" and/or a Category "B" project based on the OSMRE Guidelines?

34. Real Property (if applicable) - Number of acres to be purchased with AMLER funds.(include a copy of deed and form SF-429-B) Note:The title holder of any real property purchased with AMLER funds that is a non-Federal entity will be considered a sub-recipient.

Number of Acres (rounded to nearest whole number):

Upload the Deed and Form SF-429-B.

Upload Files

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

- File 1 No file chosen
- File 2 No file chosen
- File 3 No file chosen
- File 4 No file chosen

35. Upload a description of all other AMLER qualifying work to be done in conjunction with the AML/AMD reclamation and provide a cost estimate for that work.

Upload Files

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

- File 1 No file chosen
- File 2 No file chosen
- File 3 No file chosen
- File 4 No file chosen

36. Upload a detailed economic analysis for the proposed project. Information must include, at a minimum, economic data of surrounding area, anticipated economic impact of the proposed project, number of indirect and direct jobs created, number of businesses created, etc. MUST include source(s) of data.

Upload Files

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

- File 1 No file chosen
- File 2 No file chosen
- File 3 No file chosen
- File 4 No file chosen

37. Indicate any efforts to coordinate and collaborate with state or local economic development authorities and with the local community. Document the role of the project in the area's economic development strategy or how the project complies with any other local economic and community development plan.

Character Count: 0/5000 characters.

38. Upload any other relevant information that demonstrates the project meets the intent and purpose of the AMLER Program. Attach copies of any contracts, agreements in principle, property owner intention letters, legislative support letters, or other evidence that, once reclaimed, the site is reasonably anticipated to be used for one or more industrial, commercial, residential, agricultural or recreational purposes.

Upload Files

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

- File 1 No file chosen
- File 2 No file chosen
- File 3 No file chosen
- File 4 No file chosen

[Continue](#)

Click "Continue"

11. 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

- Entity Type is required.
- Applicant Name is required.
- NAICS Code is not a valid four digit code.
- FEIN Number is required.
- Top Official/Signing Authority is required.
- Title is required.
- Contact Name is required.
- Contact Title is required.
- Phone Number must be a valid phone number, please use "-" instead of spaces. Must include area code xxx-xxx-xxxx.

12. 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

13. 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.