INSTRUCTIONS FOR THE ON-LINE APPLICATION

The Household Hazardous Waste Program Reimbursement Grant must be submitted through the Electronic Single Application 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

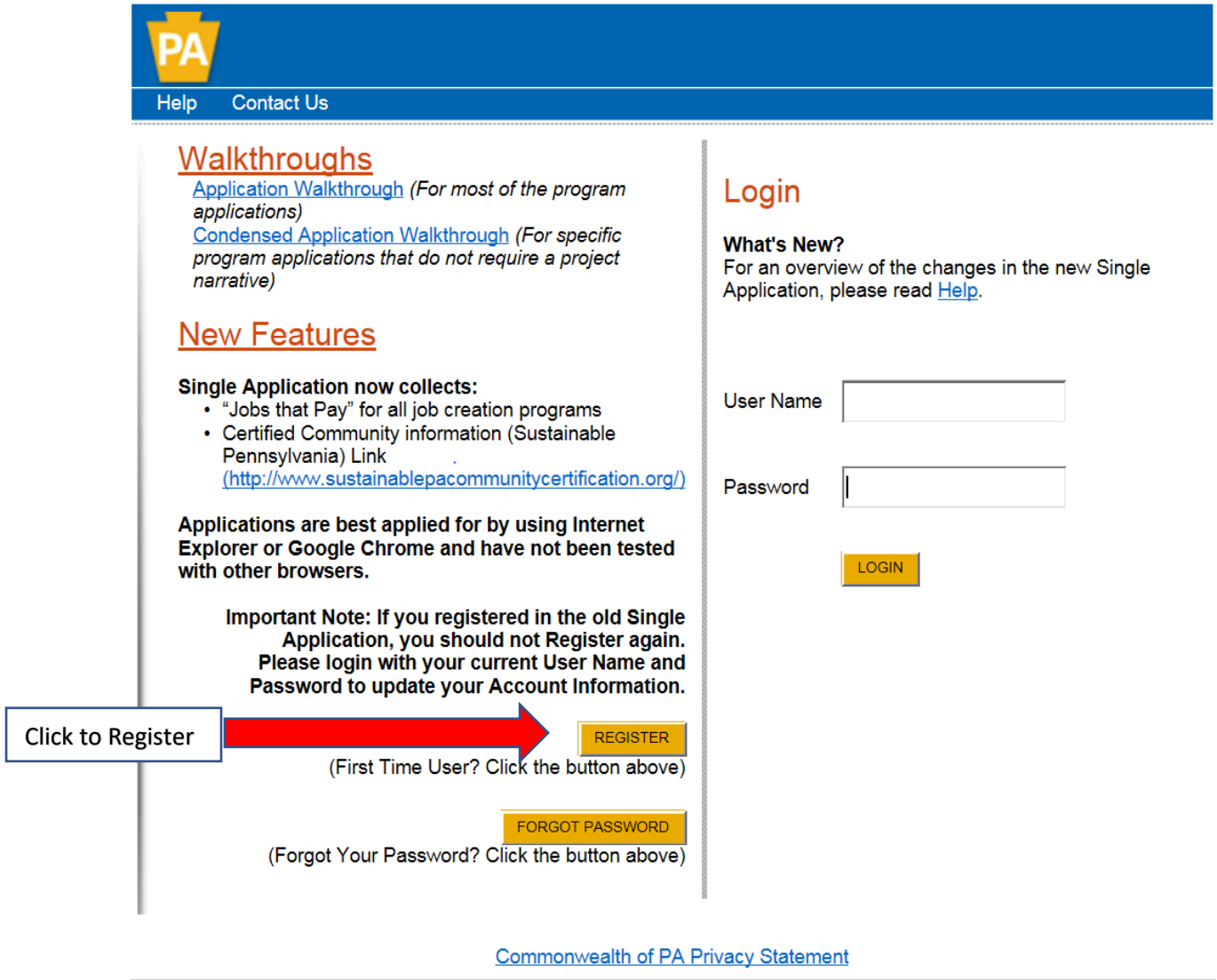
User Tips

- Electronic Single Application works best when accessed through Internet Explorer.
- If you allow your screen to sit idle for more than 30 minutes, you will lose the data entered since 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 in the fields such as \, /, *, &, %, #, etc.
- 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.
- If you have questions completing the application, please call the Enterprise eGrants Customer Service Center at 1-833-448-0647 or by email at egrantshelp@pa.gov. They are open 8:30 am-6:00 pm EST Monday thru Friday.

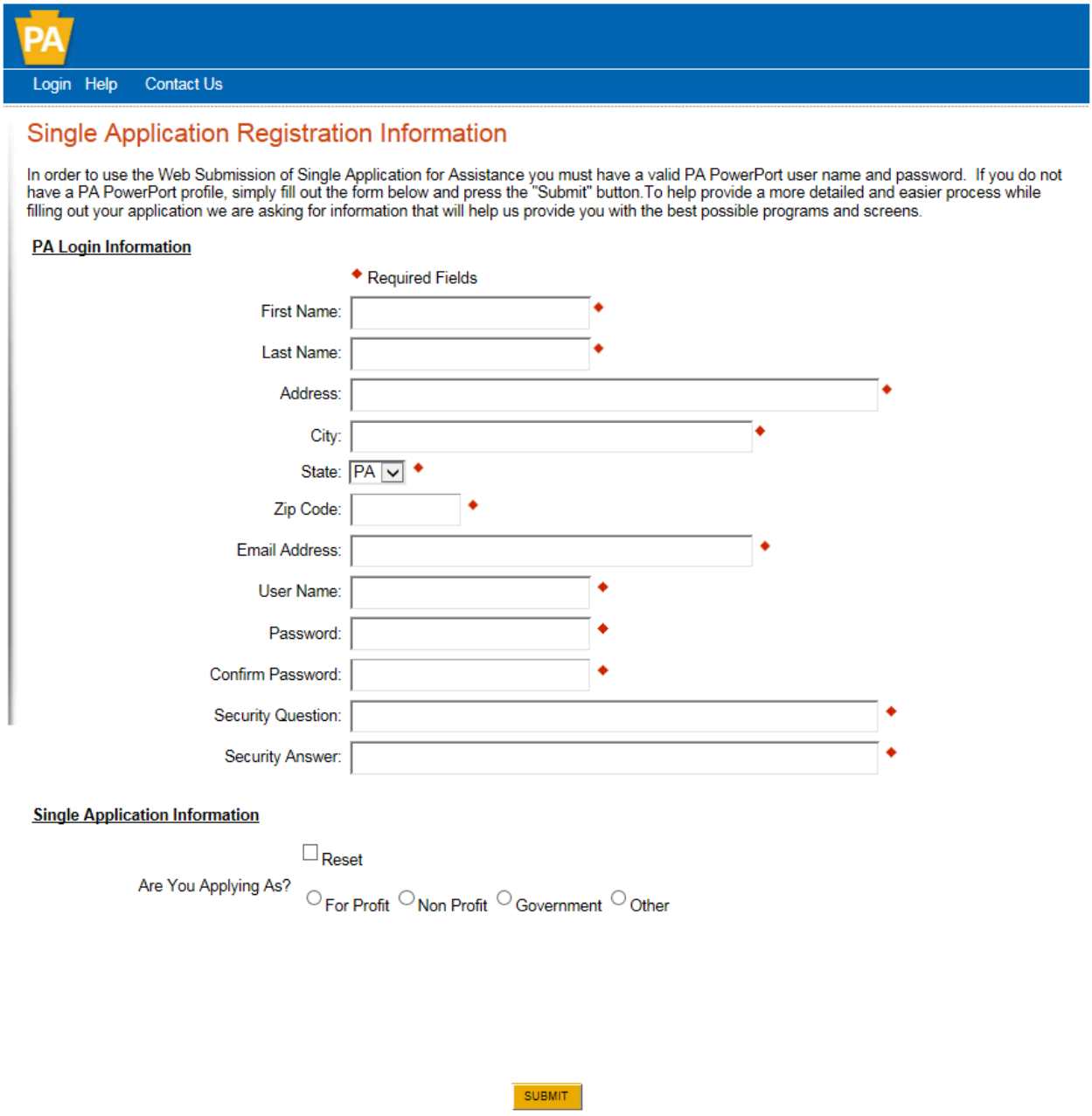
IMPORTANT INFORMATION: When you are ready to submit your application for reimbursement of approved events, please e-mail RA-GrantsCenter@pa.gov to activate your security code and include the user name of the person submitting the application. This code would have been provided in your approval letter and will be needed to submit your reimbursement request. (For information on obtaining an account and user name, see below steps.)

1. Registration and Login

- If you are a first-time user, click the “REGISTER” button on the left.



- **Write down and save** the User name and Password you have chosen. You will need this later for your grant documents.

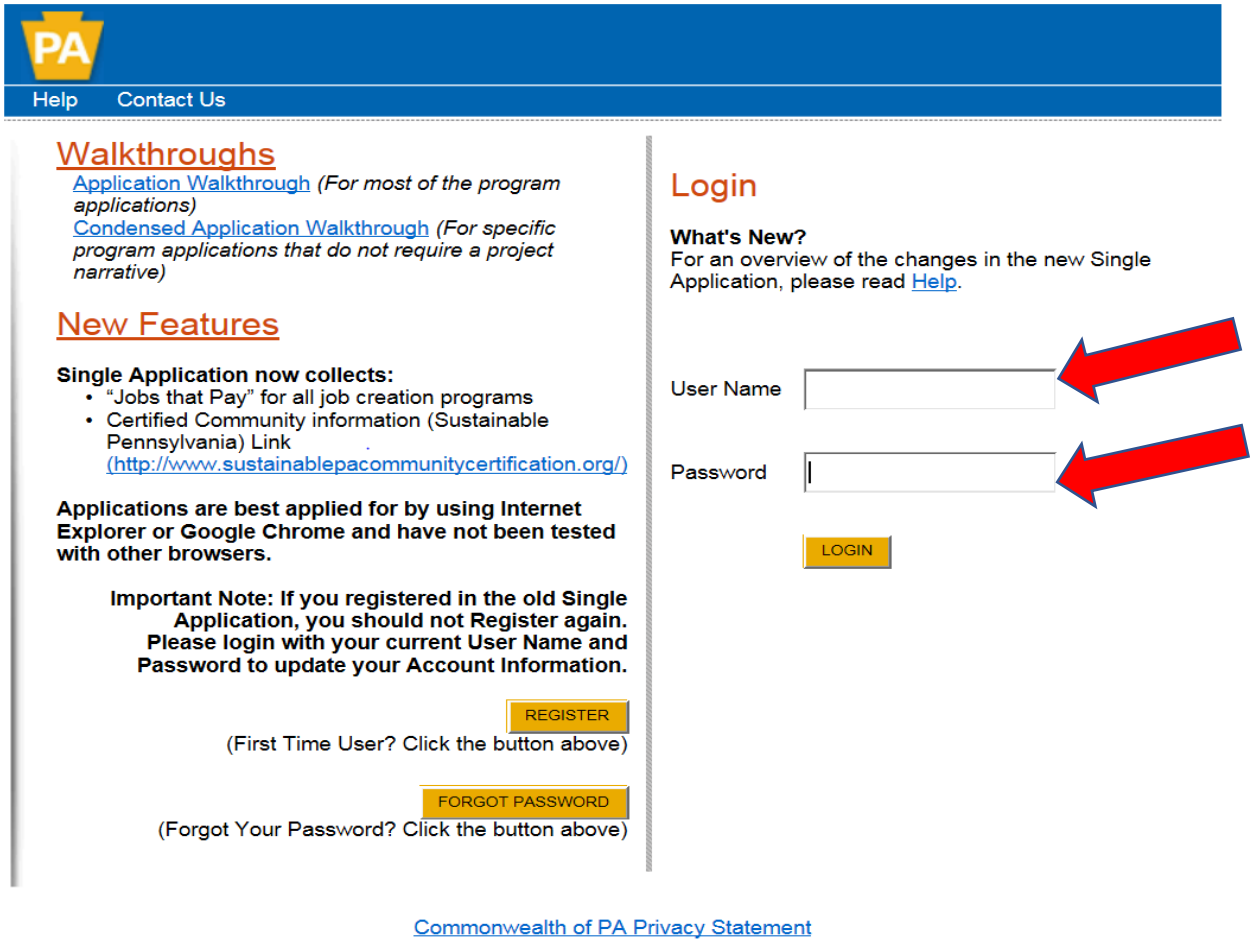


1. Complete all the required fields (denoted with a red diamond)
    - **E-mail address** – Used to forward forgotten password when requested. An email address cannot be used twice.
    - **User Name** - Must be unique to all the user accounts within PA Login system
    - **Password –** Case sensitive and requires a minimum of 8 characters **passwords must include at least one of each of the following: uppercase letter, lowercase letter, number and symbol**

- **Security Question/Answer –** protects the identity of account
    - Security answer is case sensitive
    - Information used to reset password
    - Used by Customer Service Center to verify user and reset password

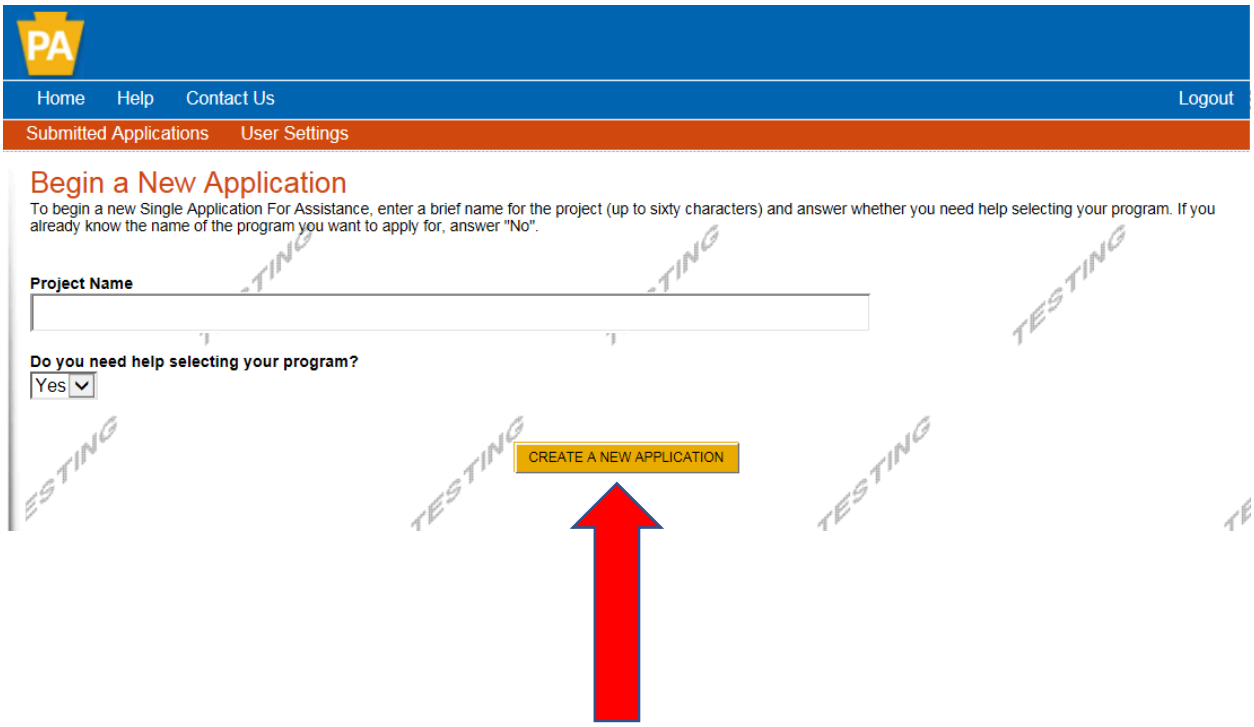
2. **Single Application Information "Are you Applying As?" –** Allows the Applicant to set-up Single Application Account Information and is used to display applicable programs.
    - Choose appropriate entity type

3. **Click the orange SUBMIT button –** when you have completed all the fields. You should be at the Login screen and proceed to enter User Name and Password. Click Login button.



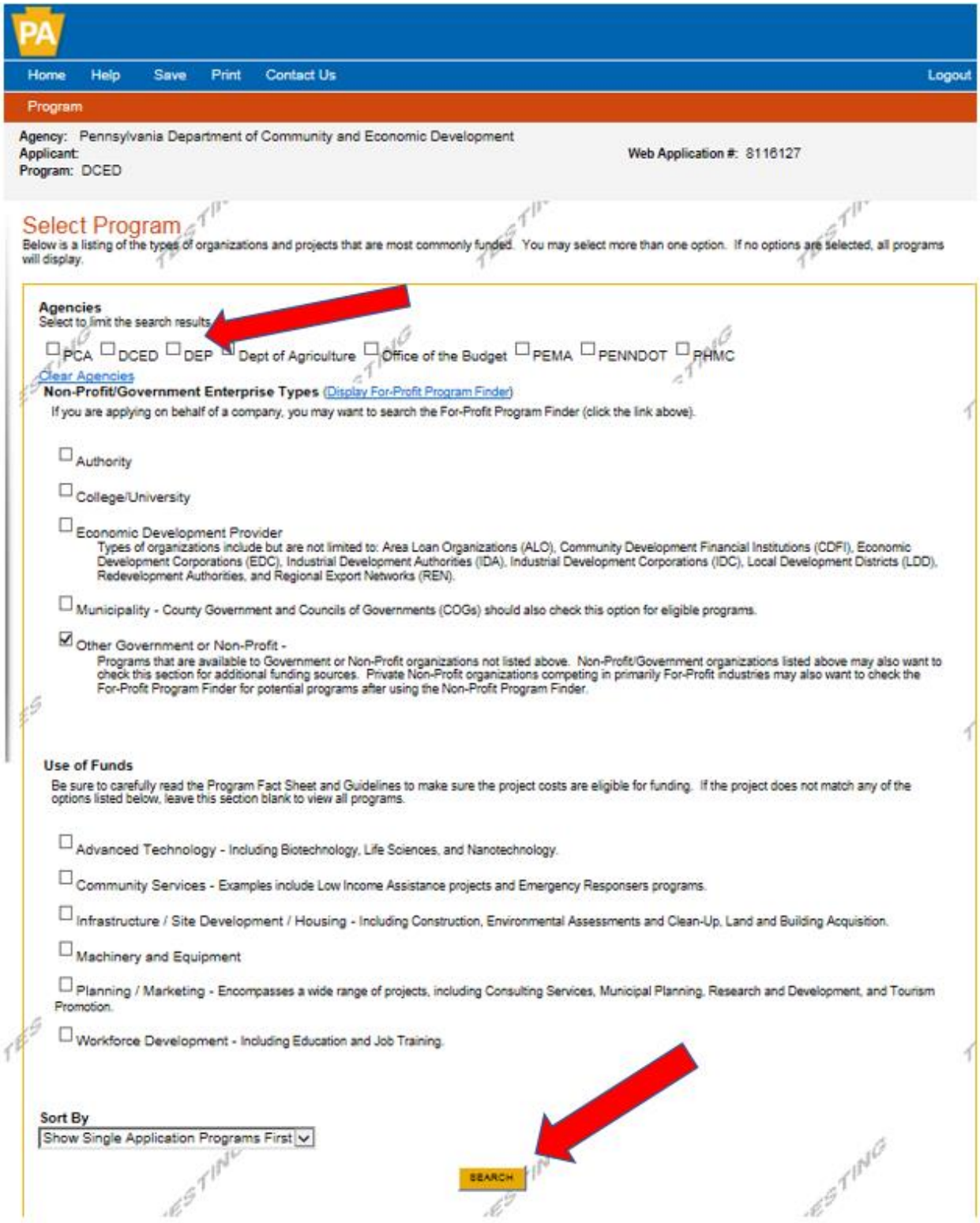
2. Begin a New Application

- 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”



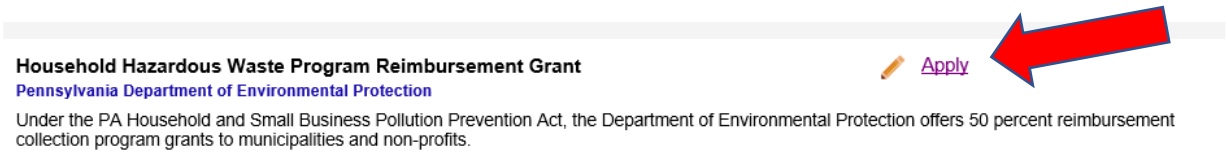
3. Select Program

- Under “Agencies”, click on DEP.
- Scroll down and click “SEARCH”

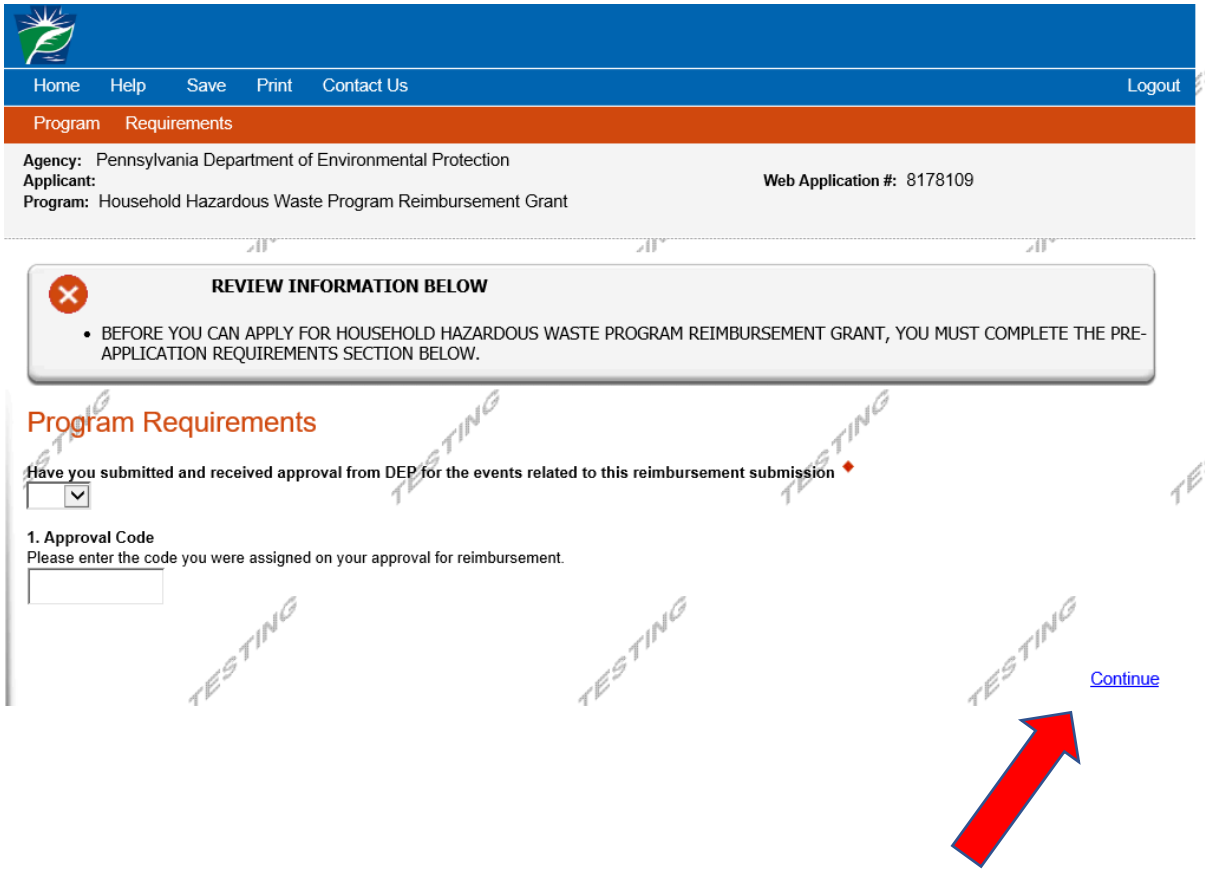


4. Apply

- Scroll down through the various grant offerings, locate “Household Hazardous Waste Program Reimbursement” and click on the “apply link” for the specific project type that you would like to apply for.



In order to apply, you need to receive an individualized pre-approval code from the HHW Program. After entering approval code, click on the continue button



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.

DUNS Number:

CEO:

CEO 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.

☐ 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

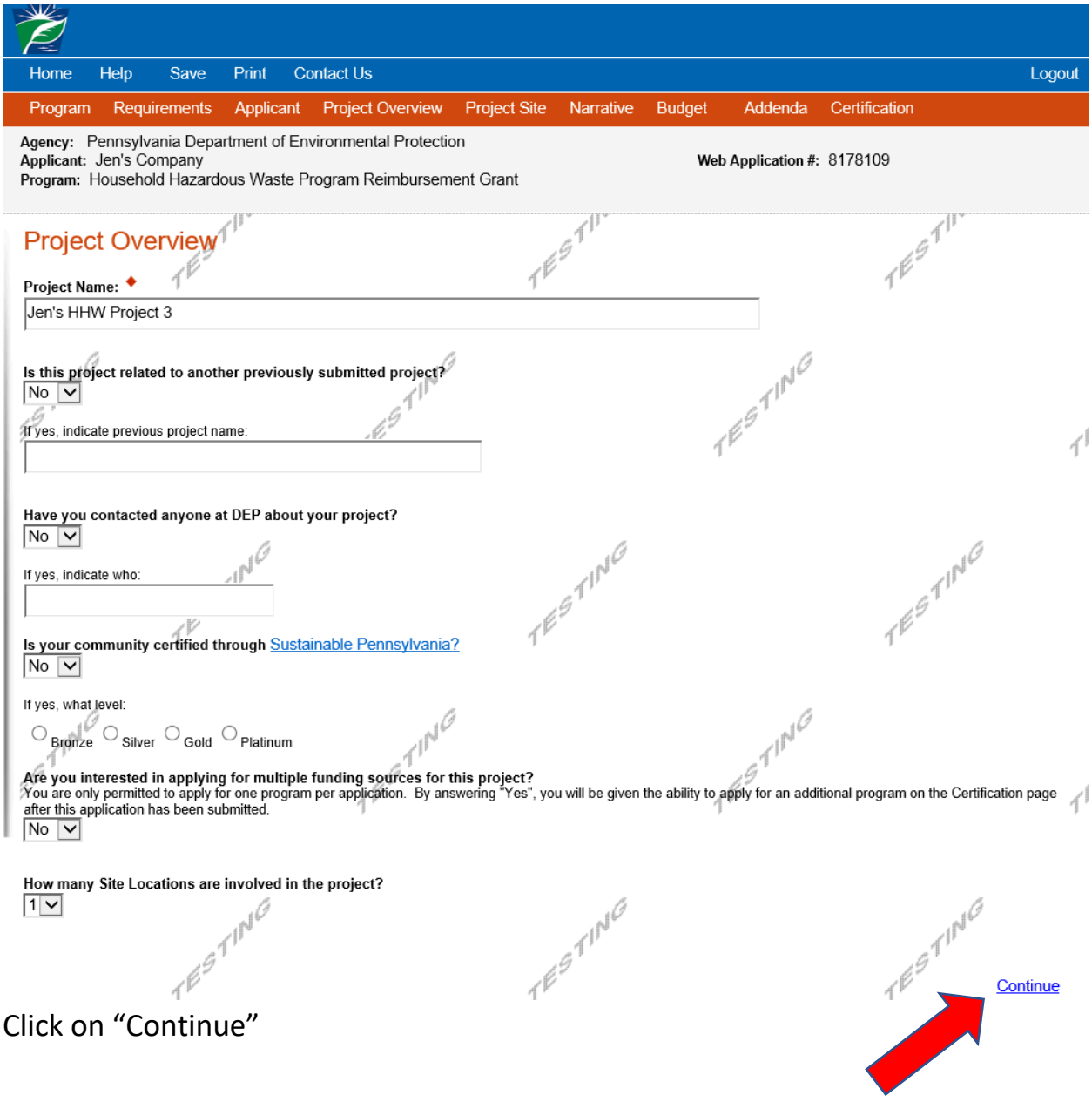
5. Applicant Information

- The Applicant Information section requires data related to the entity for which the application is being submitted.
- Applicant Entity Type – **Select Appropriate Entity Type of your Organization.**
- Applicant Name – Enter the legal Entity name.
- NAICS Code - From the dropdown box, **select the appropriate option.** The NAICS code will auto-populate for you.
- FEIN/SSN Number - Enter the Federal Tax ID number for the legal County name (no dashes).
- DUNS Number – Leave blank.
- CEO – In this block, enter the authorized representative of the organization.
- CEO Title – Enter the title of the authorized representative.
- SAP Vendor# - Leave blank.
- 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 primary contact for this project.
- Enterprise Type – Select Appropriate type for the organization.
- Click on “Continue” at the bottom right.

6. Project Overview

- Project Name – The project name will auto-populate.
- Is this project related to another previously submitted project – Select "Yes" if appropriate.
- Have you contacted anyone at DEP about your project – If so, please indicate "yes" and indicate who you spoke to.
- Site Locations – Enter as many sites that are applicable for your project.

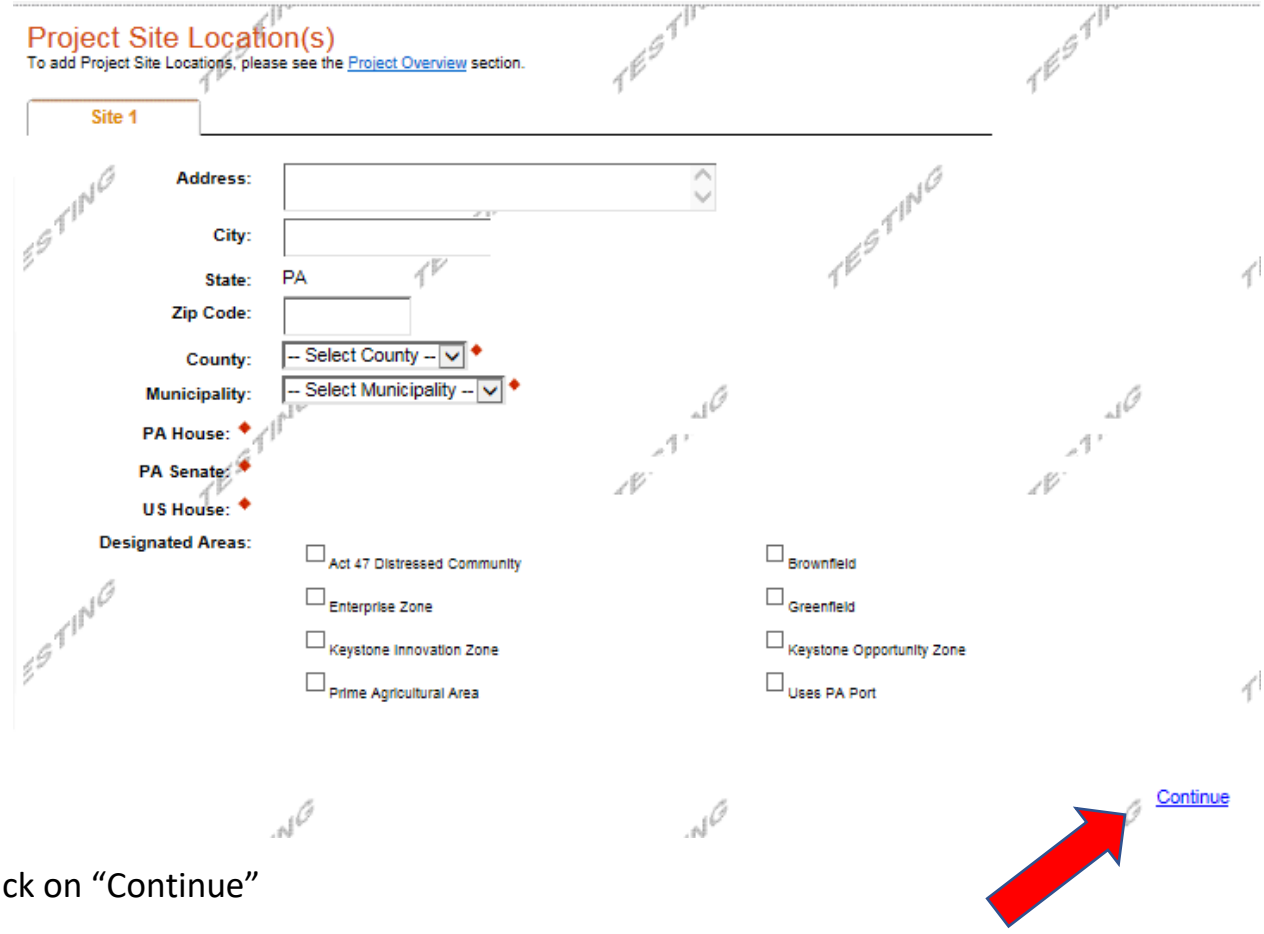
The rest of the information in the Project Overview section is not required and does not need to be filled out.



Click on "Continue"

7. Project Site

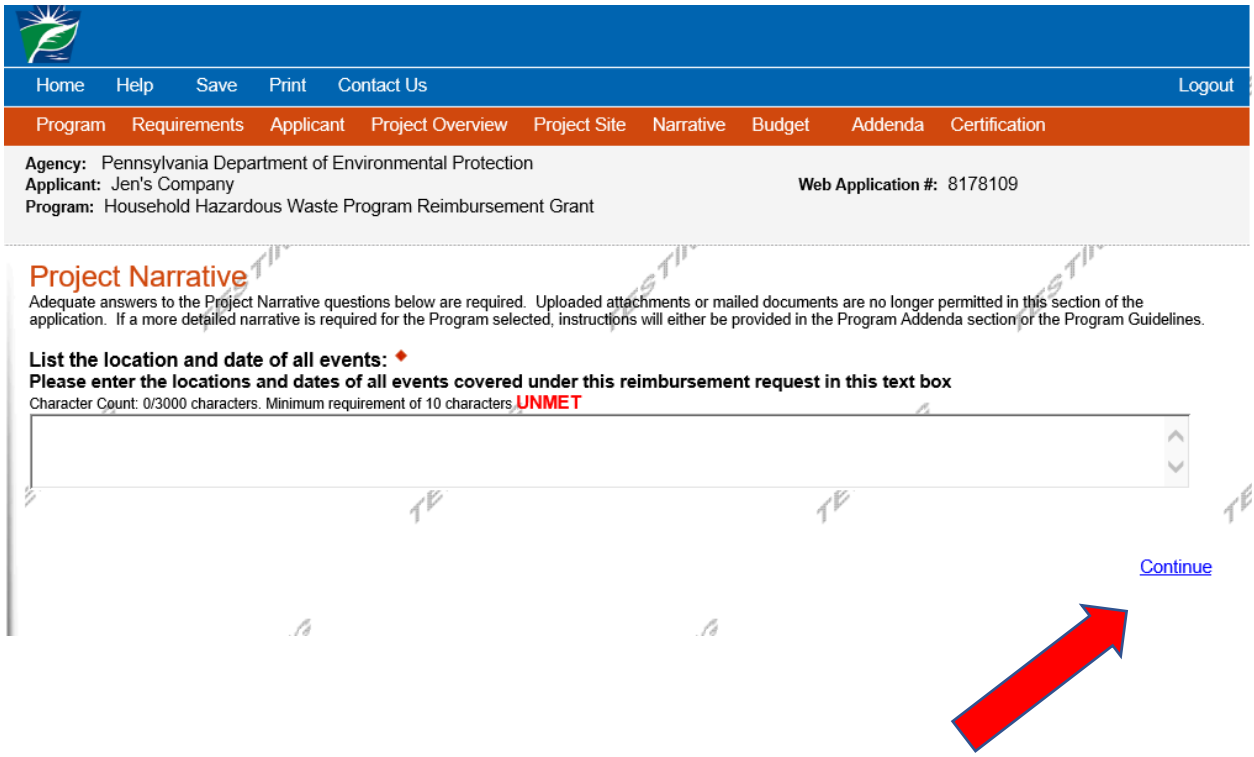
- Address – Enter the project location site. **P.O. Boxes are not acceptable.**
- City, State and Zip Code – Enter this information.
- County – Select county from the dropdown box.
- Municipality – Select municipality from the dropdown box.
- PA House, Senate and US House – These fields will auto-populate based on county and municipality. If a Legislator is not auto-populated, please visit http://www.legis.state.pa.us/cfdocs/legis/home/findyourlegislator/
- Designated Areas – Leave blank.



Click on "Continue"

8. Project Narrative

- Complete the project narrative section.

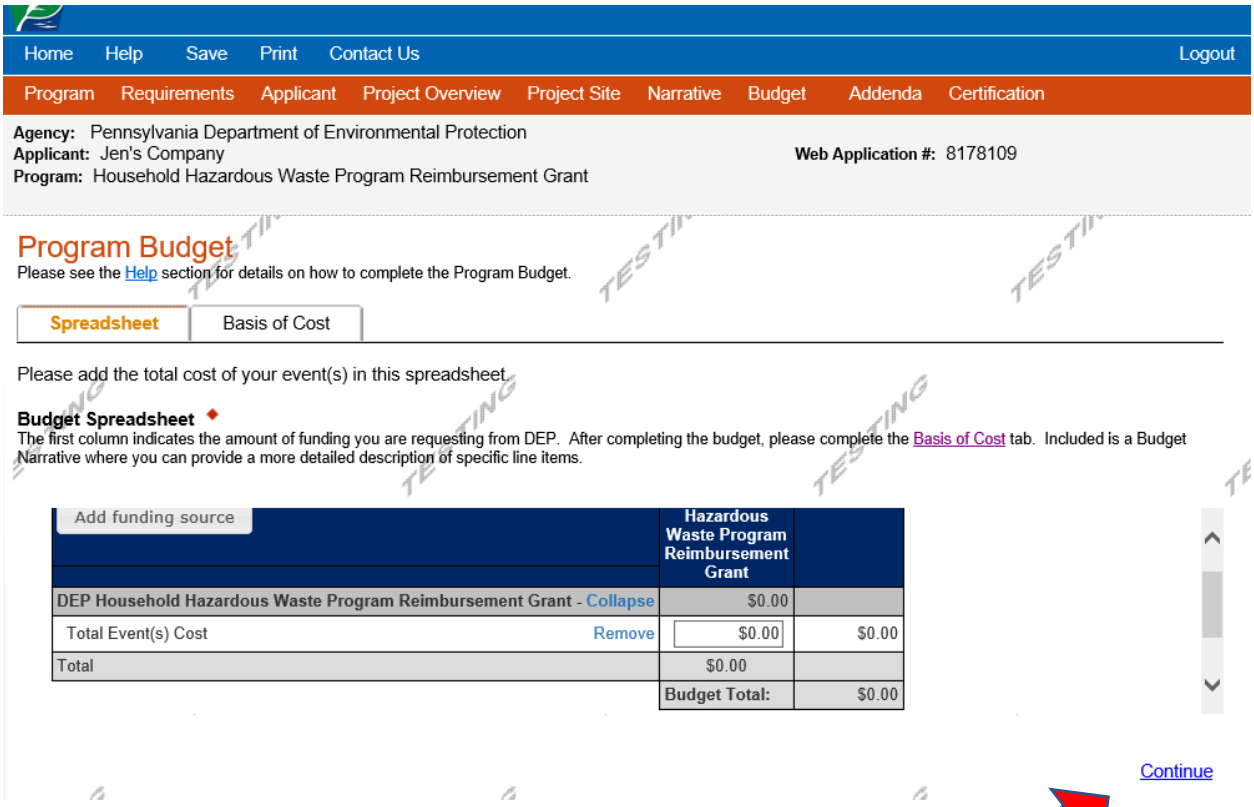


Click on “Continue”

9. Program Budget

Spreadsheet Tab

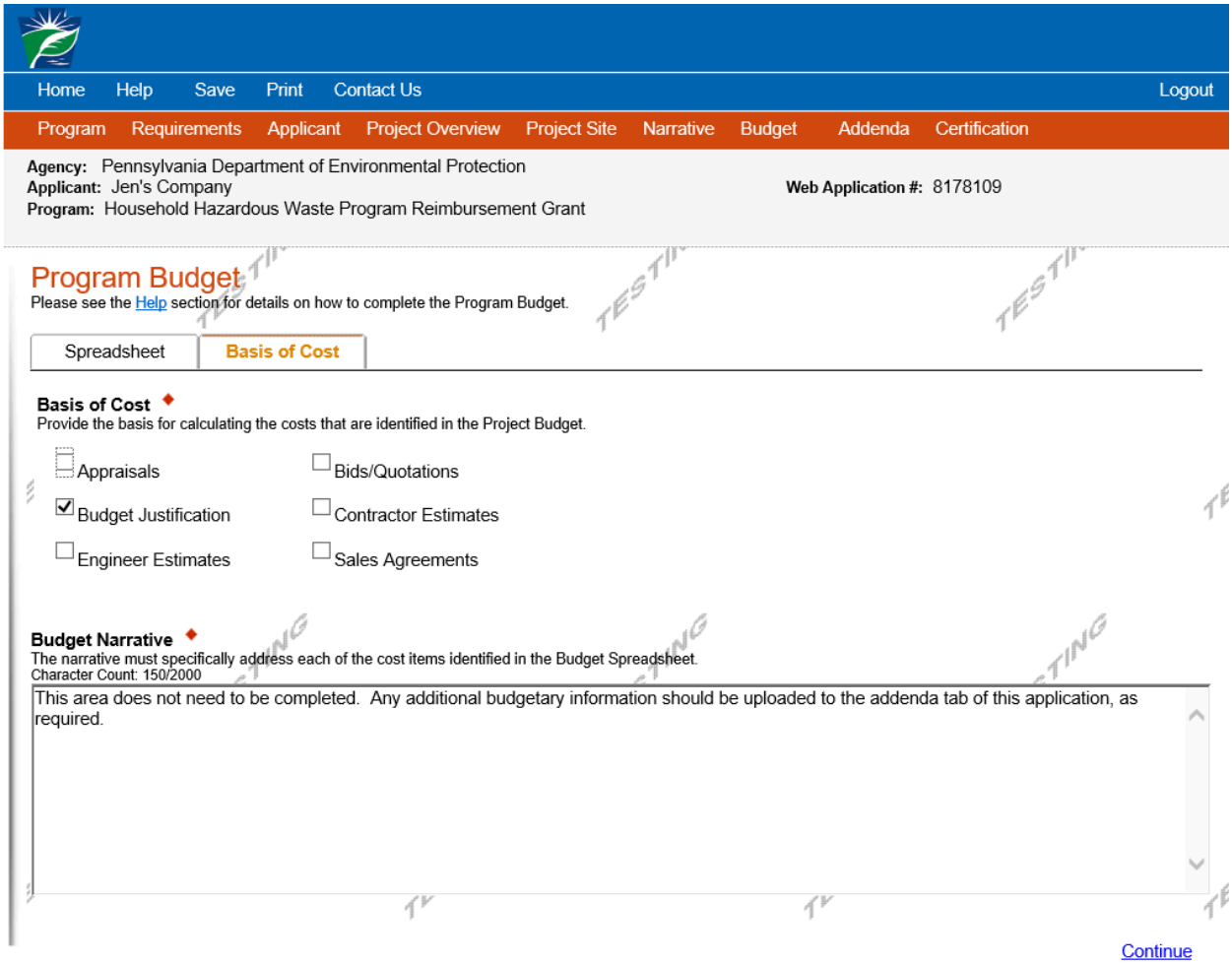
- Click on the Spreadsheet tab.
- In the first column, enter the amount of funding you are requesting from DEP.



Click on “Continue”

Basis of Cost Tab

- The Basis of Cost tab will pre-populate. Nothing in this section needs to be filled out.



Click on “Continue”

10. Program Addenda

- **"Period of Events" – The exact date(s) of the program event(s), using numerical values only in the following format: xx/xx/xxxx**
- **"Travel Expense Certification" – Select "Yes" or "N/A" based on the applicant's travel expense guidelines.**
- **"Upload Application for Reimbursement Form" – Complete and upload full reimbursement form found at link provided. Both Word and PDF formats are available for download.**
- **"Upload Reimbursement Calculator" – Complete and upload the Excel spreadsheet provided. Although this information is already included on pages 3-4 of the full reimbursement form, submitting it here, in a separate excel spreadsheet, allows the Department to file and reference more easily.**
- **"Upload a Record of Operations" – Multiple files may be uploaded to accommodate applicants with multiple events scheduled. If applicant has multiple events, please upload a Record of Operations for each individual event.**

Program Addenda

Below are additional application requirements specific to the program you selected. If you are having problems completing the Program Addenda because your organization or project do not meet the requirements listed below, please try changing your program.

Period of Events covered under this application

From

To:

Travel Expense Certification

I certify that the applying organization does not have regulations, ordinances, or guidelines regarding travel expenses for its employees, officials, contractors or volunteers.

Does this application contain equipment or building costs? *

Upload Application for Reimbursement Form: http://www.depgreenport.state.pa.us/elibrary/GetFolder?FolderID=3439 *

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

File 1 Browse...

Upload Reimbursement Calculator *

Download HHW New Program Worksheet.xlsx

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

File 1 Browse...

Upload a Record of Operation Report for each event: http://www.depgreenport.state.pa.us/elibrary/GetFolder?FolderID=3440 *

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

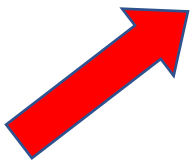
File 1 Browse...

Upload any receipts or supporting documentation

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

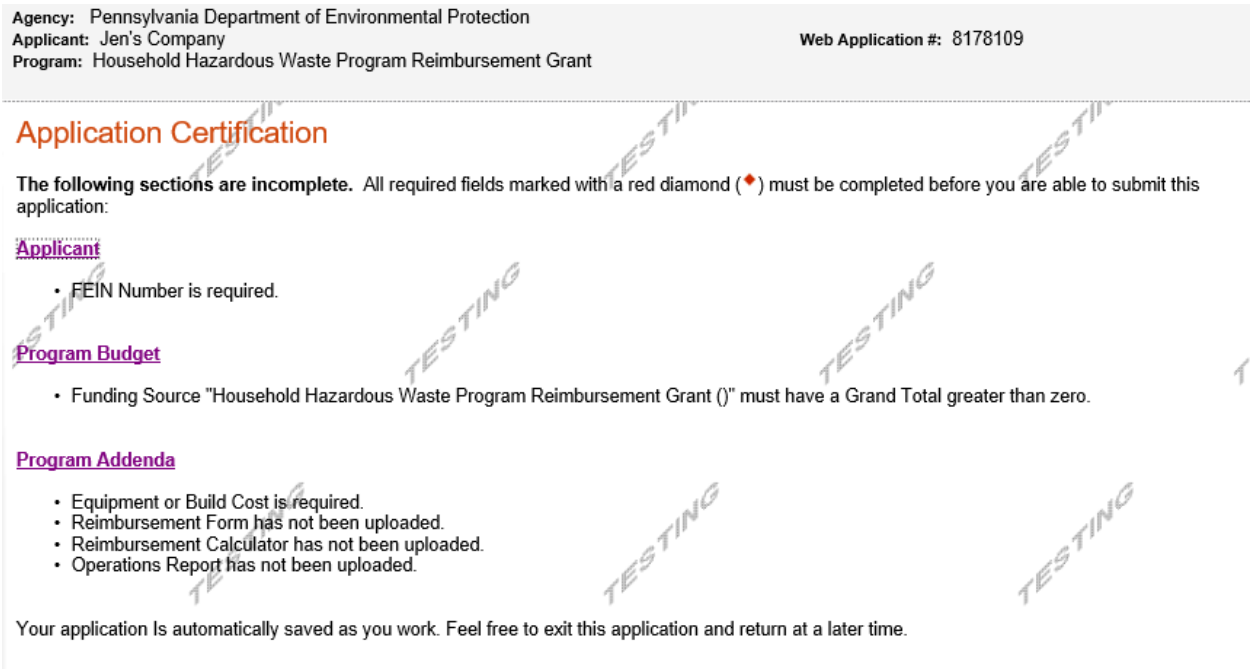
File 1 Browse...

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.



Agency: Pennsylvania Department of Environmental Protection
Applicant: Jen's Company
Program: Household Hazardous Waste Program Reimbursement Grant
Web Application #: 8178109

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:

Applicant

- FEIN Number is required.

Program Budget

- Funding Source "Household Hazardous Waste Program Reimbursement Grant ()" must have a Grand Total greater than zero.

Program Addenda

- Equipment or Build Cost is required.
- Reimbursement Form has not been uploaded.
- Reimbursement Calculator has not been uploaded.
- Operations Report has not been uploaded.

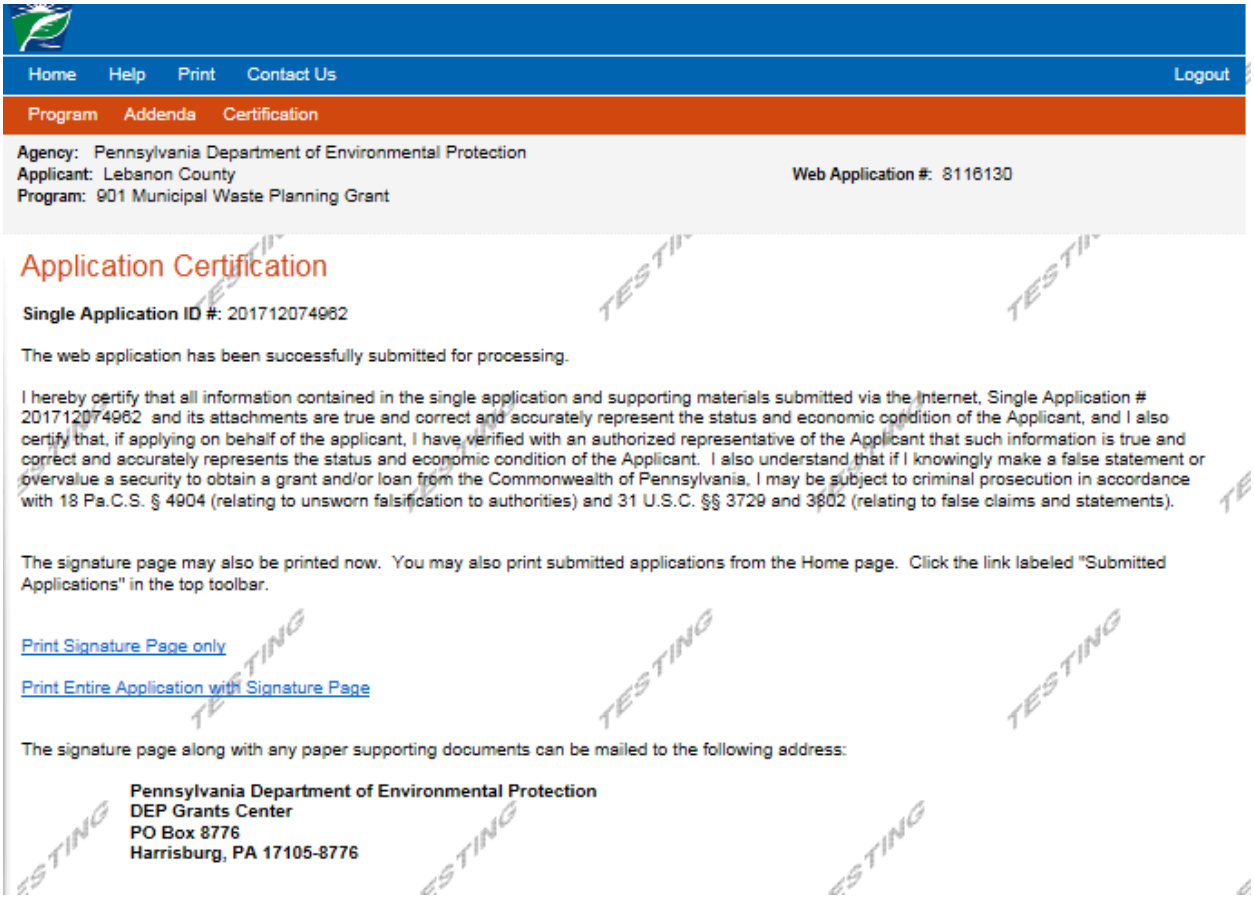
Your application Is automatically saved as you work. Feel free to exit this application and return at a later time.

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”.

12. 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. You will be notified of your application status and subsequent steps in the next few weeks.