

Instructions for the On-line Application

The 902 Development & Implementation of Municipal Recycling Program Grant application must be submitted online through the Enterprise eGrants 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>

No documentation should be mailed to DEP.

User Tips

- The eGrants website 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 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 egrantshelp@pa.gov. Operating hours are Monday through Friday from 7:00 am to 6:00 pm EST.

1. Registration and Login

- Go to the eGrants login page <https://grants.pa.gov/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 7:00 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

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](#)

2/25/2026

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?

CREATE A NEW APPLICATION



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 results.

Dept of Agriculture PCA DCED DEP PennDOT PLCB L&I Office of the Budget PDA PEMA PHMC

[Clear Agencies](#)

Non-Profit/Government Enterprise Types ([Display For-Profit Program Finder](#))
If you are applying on behalf of a company, you may want to search the For-Profit Program Finder (click the link above).

Authority

College/University

Economic Development Provider

Types of organizations include but are not limited to: Area Loan Organizations (ALO), Community Development Financial Institutions (CDFI), Economic Development Corporations (EDC), Industrial Development Authorities (IDA), Industrial Development Corporations (IDC), Local Development Districts (LDD), Redevelopment Authorities, and Regional Export Networks (REN).

Municipality

County Government and Councils of Governments (COGs) should also check this option for eligible programs.

Other Government or Non-Profit

Programs that are available to Government or Non-Profit organizations not listed above. Non-Profit/Government organizations listed above may also want to check this section for additional funding sources. Private Non-Profit organizations competing in primarily For-Profit industries may also want to check the For-Profit Program Finder for potential programs after using the Non-Profit Program Finder.

Use of Funds
Be sure to carefully read the Program Fact Sheet and Guidelines to make sure the project costs are eligible for funding. If the project does not match any of the options listed below, leave this section blank to view all programs.

Advanced Technology - Including Biotechnology, Life Sciences, and Nanotechnology.

Community Services - Examples include Low Income Assistance projects and Emergency Responders programs.

Infrastructure / Site Development / Housing - Including Construction, Environmental Assessments and Clean-Up, Land and Building Acquisition.

Machinery and Equipment

Planning / Marketing - Encompasses a wide range of projects, including Consulting Services, Municipal Planning, Research and Development, and Tourism Promotion.

Workforce Development - Including Education and Job Training.

Sort By
Show Single Application Programs First ▾

4. Apply

- Scroll down through the various grant offerings, locate the “ “902 Development & Implementation of Municipal Recycling Program Grant” 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.

902 Development & Implementation of Municipal Recycling Programs Grant  [Apply](#)

[Pennsylvania Department of Environmental Protection](#)

Act 101, Section 902, Recycling Program Development and Implementation Grants reimburse counties and municipalities 90 percent of eligible recycling program development and implementation expenses. Pre-application conferences with Regional Recycling Program Contacts are required. Additional grant program information is located [here](#)

5. Requirements

- **Include Requirements instructions and Screenshots here. Be sure to include information such as pre-application meeting requirements. If this section is not needed, it can be deleted and removed from Table of Contents.**



REVIEW INFORMATION BELOW

- Before you can apply for 902 Development & Implementation of Municipal Recycling Programs Grant, you must complete the Pre-Application Requirements section below.

Requirements

A pre-application meeting with your DEP Regional Recycling Coordinator is required prior to submitting this application. An access code was provided to you at the date of your pre-application meeting. Please enter that code here. ♦

[Continue](#)

6. 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 legal name, the name under which the entity legally conducts business.
- NAICS Code – Use the dropdown menu to select the most appropriate option. You may need to go through several dropdown menus. Once complete, the NAICS code will auto-populate for you.
- FEIN/SSN Number - Enter the Federal Tax ID number for the legal 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 – In this block, enter the authorized representative of the organization.
- Title – Enter the title of the authorized representative.
- 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 – 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.
- 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](#)

7. 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 who you spoke with.
- Is your community certified through Sustainable Pennsylvania? If “Yes,” what level?
- 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: ◆

902 Project

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 ▾

[Continue](#)



Click on “Continue”

8. 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 there is more than one selection for PA House, please select the appropriate one.
- 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”

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9. 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.

Project Description

Provide a brief description of the project for which you are seeking financial support. If additional space is needed, please attach any additional documentation in the "Supporting Documents" section.

Character Count: 0/3000 characters.

[Continue](#)

Click on "Continue"

10. Program Addenda

a. Pre-Application Requirement

- What date was your pre-application meeting?
- Upload the Pre-Application Form

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](#).

PRE-APPLICATION REQUIREMENT

A pre-application meeting was required prior to submitting this application. What was the date of your pre-application meeting? ◆

Please upload your Pre-Application Form ◆

Upload Files

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

File 1 No file chosen

b. Program Addenda – Part 1 – Applicant Information

- Complete the municipality information

PART I - APPLICANT INFORMATION

Municipality Information

1. Municipality Name ♦

2. Type ♦

- Home Rule Borough 1st Class Twp.
 City 2nd Class Twp. COG
 Town County SWA
 Authority Municipality Other

Other

3. Other Municipality Name (if this is a joint application)

4. Municipality Website Address ♦

Municipality Contact Person

5. Salutation ♦

- Mr. Ms.

6. Contact Person Name ♦

7. Contact Person Title ♦

8. Contact Person Telephone Number ♦

9. Contact Person E-mail Address ♦

c. Program Addenda – Part II – Executive Summary – Program Information

PART II - EXECUTIVE SUMMARY

A. Program Information

1. What is the population of your municipality? ♦

2. Is your municipality mandated to recycle per Act 101? ♦

Yes No

3. Does your municipality have an ordinance (rules/regulations) that requires residents to participate in a curbside recycling program? ♦

Yes No

Ordinance #

Date Enacted

4. Will this ordinance (rules/regulations) be updated? ♦

Yes No

If yes, please list projected date(s)

5. Does your municipality have an ordinance that requires residents to participate in a waste collection service? ♦

Yes No

Ordinance #

Date Enacted

5a. Will this ordinance be updated?

Yes No

If yes, please list projected date(s)

6. Who collects the waste? ♦

- Municipal Employees Contracted Hauler Private Subscription Other

Other

7. Please list the haulers who collect waste in your municipality ♦

8. What is the yearly waste collection cost to residents ♦

9. Does your municipality have an ordinance that requires commercial establishments to participate in a recycling program? ♦

- Yes No

Ordinance #

Date Enacted

9a. Will this ordinance be updated?

- Yes No

If yes, please list projected date(s)

10. Does your municipality have an ordinance that regulates the burning of waste? ♦

- Yes No

Ordinance #

Date Enacted

If yes, what items, if any, can be burned in your municipality?

11. Will the burning ordinance be updated? ♦

- Yes No

If yes, please list projected date(s)

i. Curbside Residential Recycling Program

12. What recyclable materials are currently being collected curbside from residents within your municipality(ies)? ♦

Check all that apply

- | | | | |
|--------------------------------------|--|---|---|
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Aluminum Cans | <input type="checkbox"/> Clear Glass | <input type="checkbox"/> Office Paper |
| <input type="checkbox"/> Steel Cans | <input type="checkbox"/> Green Glass | <input type="checkbox"/> Cardboard | <input type="checkbox"/> Appliances/Scrap Metal |
| <input type="checkbox"/> Brown Glass | <input type="checkbox"/> Magazines | <input type="checkbox"/> Used Motor Oil | <input type="checkbox"/> Grass |
| <input type="checkbox"/> Mixed Paper | <input type="checkbox"/> Food Waste | <input type="checkbox"/> Tree Trimmings/Christmas Trees | <input type="checkbox"/> PET Plastic |
| <input type="checkbox"/> Electronics | <input type="checkbox"/> HDPE Plastic | <input type="checkbox"/> Other Paper Fiber | <input type="checkbox"/> Other Plastics |

Other Paper Fiber

Other Plastics

13. How often are the residential curbside recyclable materials collected per month? ♦

- 1X 2X 3X 4X Other

Other

14. Who currently collects the residential curbside recyclable materials ? ♦

- Municipal Employees Contracted Hauler Private Subscription Other

Other

14a. Where are the residential curbside recyclable materials currently processed / marketed? ♦

14b. List how the residential curbside recyclable materials are currently collected. ♦

- Source-separated Comingled(Dual Stream) Single Stream Other

Other

15. What is the yearly recycling collection cost to residents? ♦

16. Please list the haulers who collect recyclable materials from residential establishments in your municipality ♦

ii. Drop-off Recycling Program

17. What recyclable materials are currently being collected at any drop-off facilities operating within or on behalf of your municipality(ies)?

Check all that apply

- | | | | |
|--------------------------------------|--|---|---|
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Aluminum Cans | <input type="checkbox"/> Clear Glass | <input type="checkbox"/> Office Paper |
| <input type="checkbox"/> Steel Cans | <input type="checkbox"/> Green Glass | <input type="checkbox"/> Cardboard | <input type="checkbox"/> Appliances/Scrap Metal |
| <input type="checkbox"/> Brown Glass | <input type="checkbox"/> Magazines | <input type="checkbox"/> Used Motor Oil | <input type="checkbox"/> Grass |
| <input type="checkbox"/> Mixed Paper | <input type="checkbox"/> Food Waste | <input type="checkbox"/> Tree Trimmings/Christmas Trees | <input type="checkbox"/> PET Plastic |
| <input type="checkbox"/> Electronics | <input type="checkbox"/> HDPE Plastic | <input type="checkbox"/> Other Paper Fiber | <input type="checkbox"/> Other Plastics |

Other Paper Fiber

Other Plastics

Drop-off Facility(ies) Operating Hours

iii. Commercial Recycling Program

18. What materials are currently being collected from (or recycled by) commercial, institutional and municipal facilities within your municipality(ies)? ♦

Check all that apply

- | | | | |
|--------------------------------------|--|---|---|
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Aluminum Cans | <input type="checkbox"/> Clear Glass | <input type="checkbox"/> Office Paper |
| <input type="checkbox"/> Steel Cans | <input type="checkbox"/> Green Glass | <input type="checkbox"/> Cardboard | <input type="checkbox"/> Appliances/Scrap Metal |
| <input type="checkbox"/> Brown Glass | <input type="checkbox"/> Magazines | <input type="checkbox"/> Used Motor Oil | <input type="checkbox"/> Grass |
| <input type="checkbox"/> Mixed Paper | <input type="checkbox"/> Food Waste | <input type="checkbox"/> Tree Trimmings/Christmas Trees | <input type="checkbox"/> PET Plastic |
| <input type="checkbox"/> Electronics | <input type="checkbox"/> HDPE Plastic | <input type="checkbox"/> Other Paper Fiber | <input type="checkbox"/> Other Plastics |

Other Paper Fiber

Other Plastics

19. Who currently collects the commercial establishments' recyclable materials? ♦

- Municipal Employees Contracted Hauler Private Subscription Other

Other

19a. Where are the collected commercial establishments' recyclable materials currently processed/marketed? ♦

19b. How are the commercial establishments' recyclable materials currently collected? ♦

- Source-separated Comingled(Dual Stream) Single Stream Other

Other

20. Please list the haulers who collect recyclables from commercial establishments in your municipality ♦

iv. Leaf Waste Program

21. Is there a residential curbside program in your municipality for the collection of leaves? ♦

Yes No

If yes, what is the collection frequency?

If yes, who provides the service?

Where are the leaves processed?

22. Is there a residential curbside program in your municipality for the collection of garden residues, shrubbery, tree trimmings and similar materials? ♦

Yes No

If yes, what is the collection frequency?

If yes, who provides the service?

Where is this material processed?

23. Is there a residential drop-off program in your municipality for the collection of leaves, garden residues, shrubbery, tree trimmings and similar materials? ♦

Must provide documentation. ♦

Yes No

If yes, how often and what are the operating hours of the drop-off facility(ies) available to residents?

Please list the drop-off facility(ies) utilized

v. Recycling and Leaf Waste Education Program

24. How often are residents reminded about the requirements of the recycling and leaf waste education program? ♦

- At least Monthly Quarterly Semiannually Annually Other

Other

25. What is used to remind residents of the recycling and leaf waste program? ♦

Must provide documentation

- TV Radio Newsletter Calendar
 Social Media Direct Mailing Hand-outs Website
 Other

Website Address

Other

26. How often are commercial establishments reminded about how they should participate in the recycling and leaf waste program? ♦

- At least Monthly Quarterly Semiannually Annually Other

Other

27. What is used to remind commercial establishments of the recycling and leaf waste program? ♦

Must provide documentation

- TV Radio Newsletter Calendar Social Media Direct Mailing Hand-outs Website Other

Website Address

Other

vi. Other Program Elements

28. Does your municipality have a program of enforcement that periodically monitors participation, receives complaints and issues warnings for required participants and provides fines, penalties, or both? ♦

- Yes No

29. Does your municipality currently have any of the following

Must provide supporting documentation for credit

- a. Pay-As-You-Throw program where residents are charged for waste collection/disposal based on the volume (# of bags, etc.) of waste placed at the curb?
 b. Limitation on the amount (# of bags) of waste residents may place at the curb at any one time?
 c. Recycling ordinance in place for community events?
 d. A program to address littering and/or illegal dumping?

30. Describe any revenues or other financial incentives your municipality receives as a result of marketing your Act 101 recyclable materials

Do not include 904 monies

Character Count: 0 characters.

PART II - EXECUTIVE SUMMARY
B. Project Description

1. If you are applying for funds to support a multi-municipal project, list the other counties or municipalities involved (please explain each municipality's involvement) ♦

Character Count: 0 characters.

Is there an inter-municipal agreement? ♦

Yes No

If yes, please provide a copy of the agreement as supporting documentation.

Please explain the agreement

2. What population will be served by the project for which you are seeking financial support? ♦

How many households does this represent? ♦

3. What new materials will be collected by the project for which you are seeking financial support? ♦

Character Count: 0 characters.

4. Will there be any changes or additions to the method of collection by the project for which you are seeking financial support? ♦

Yes No

If yes, please explain

Character Count: 0 characters.

5. How often will the materials be collected (for drop-off programs, when will the drop-off container be available for residents to use it?) ♦

Character Count: 0 characters.

6. Will there be any changes or additions to the collection frequency by the project for which you are seeking financial support? ♦

Yes No

If yes, please explain

Character Count: 0 characters.

7. Who will be responsible for the collection of recyclable materials included in the project for which you are seeking financial support? ♦

Character Count: 0 characters.

8. Will your municipality be revising any ordinances (rules/regulations) for the project for which you are seeking financial support? ♦

Yes No

If yes, please explain

Character Count: 0 characters.

9. Will your municipality be changing the frequency or methods of residential or commercial establishment education under the project for which you are seeking financial support? ♦

Yes No

If yes, please explain

Character Count: 0 characters.

10. What are the goals of the project for which you are seeking financial support? List specific accomplishments you would like to achieve. ♦

Character Count: 0 characters.

10a. How will you measure the project to determine if you are meeting your goals? ♦

Character Count: 0 characters.

What is Environmental Justice?

- Environmental justice means the **just treatment and meaningful involvement** of all people, regardless of income, wealth, race, color, national origin, area of residence, Tribal affiliation, or disability, in agency decision-making and other activities that affect human health and the environment so that people: are **fully protected from disproportionate and adverse human health and environmental effects** (including risks) and hazards, including those related to climate change, the cumulative impacts of environmental and other burdens, **and the legacy of racism or other structural or systemic barriers**; and have equitable access to a healthy, sustainable, and resilient environment in which to live, play, work, learn, grow, worship, and engage in cultural and subsistence practices. **It further involves the prevention of future environmental injustice and the redress of historic environmental injustice.**
- If you have any questions regarding environmental justice, please contact DEP's Office of Environmental Justice using the information on the ['Contact Us'](#) website

How does PA define an Environmental Justice Area?

- Pennsylvania DEP defines EJ Areas as, "A geographic area characterized by increased pollution burden, and sensitive or vulnerable populations based on demographic and environmental data."
- DEP has provided the [PennEnviroScreen](#) tool to help assist communities in making this assessment and for the purposes of DEP's EJ policy identifies EJ areas as areas with a score above 80, indicating withing the top 80th percentile of communities based on pollution burden and sensitive or vulnerable populations. By selecting the "themes" box which is the second down on the right hand side of the [PennEnviroScreen](#) tool, you can turn on only these areas.

***More information and tutorial videos about using the PennEnviroScreen tool are available on DEP's website at www.dep.pa.gov/EJAreas**

Environmental Justice Area Grant Questions

11. Will your recycling project be implemented in an EJ area and/or benefit a community located in an EJ Area? ♦

12. If Yes, please describe the EJ community and how the recycling project will beneficially impact the environmental and/or public health of an underserved community.

Character Count: 0/5000 characters.

PART III – PROJECT NARRATIVE

Provide details to give a comprehensive view of your proposed project. This is your opportunity to convey to the Department the purpose and benefits of your project.

Download and complete the 902 Project Narrative Worksheet. Upload the completed 902 Project Narrative Worksheet in **Excel format ONLY** ♦

[Download 902 Project Narrative Worksheet.xlsx](#)

Upload Files

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

File 1 No file chosen

PART IV – PROJECT SUSTAINABILITY PLAN

As outlined by Act 175 of 2002, Pennsylvania communities are to make their recycling programs more financially self-sufficient. The following questions are meant to foster an overall Sustainability Plan for your recycling program and are not intended to be the whole of the plan itself. In completing this section of the grant application and your Sustainability Plan, refer to the Department's technical report on [Building Financially Sustainable Recycling Programs](#).

The Department will utilize the information given below in evaluating and prioritizing your grant proposal. **Failure to complete this section will result in the denial of your grant request.**

1a. What are the current annual costs of your recycling and waste programs? These costs can include, but are not limited to: personnel; fuel; equipment purchase; maintenance; depreciation; education; and contractual obligations. ◆

Character Count: 0 characters.

Please upload additional itemized statement. ◆

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

File 1 No file chosen

1b. How have the above recycling and waste program costs been met in the past? Include in your revenues such sources as: fees/taxes; sale of recovered materials; donations/sponsors; grants/loans; and, avoided disposal costs. ◆

Character Count: 0 characters.

Please upload additional itemized statement. ◆

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

File 1 No file chosen

2. What are the projections for future costs and revenues associated with your recycling and overall waste management program over the next five years? What capital costs for your recycling program do you anticipate procuring over that time period? What is your municipality's funding plan (excluding Act 101, Section 902 Recycling Program Development Grants and Section 904 Recycling Program Performance Grants) to ensure revenues meet or exceed costs? ◆

Character Count: 0 characters.

Please upload additional itemized statement. ◆

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

File 1 No file chosen

3. What strategies will your municipality pursue/implement to minimize costs and increase revenue? Include strategies for reducing waste generated/disposed and increasing recyclables collected. ♦

Character Count: 0 characters.

4. What mechanisms will be employed by your municipality to monitor program costs, revenues, performance participation and efficiency? ♦

Character Count: 0 characters.

5. What other benefits (environmental, social, etc.) can be attributable to your recycling and waste programs? ♦

Character Count: 0 characters.

6. Describe the mechanisms employed by your municipality to solicit input and support from all parties (i.e. citizens, business community, elected officials, schools, waste/recycling collectors, etc.) affected by your recycling program. ♦

Character Count: 0 characters.

7. List any other programs or factors that affect the sustainability of your municipality's recycling and waste programs. ♦

Character Count: 0 characters.

PART V – THE PROPOSAL

A. Project Scope of Work

List each item for which funding is being requested OR for which you are claiming the value of as match. Briefly describe the function of each item as it relates to your project. Number each item, using the same number and order for PART V.B. ? FINANCIAL/WORK COMPLETION DATA. If additional space is needed, please attach any additional documentation in the "Supporting Documents" section. ♦

Character Count: 0 characters.

PART V – THE PROPOSAL

B. Financial/Work Completion Data

Download and complete the 902 Project Budget Worksheet. Upload the completed 902 Project Budget Worksheet in **Excel format ONLY** ♦

[Download 902 Project Budget Worksheet.xlsx](#)

Upload Files

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

File 1 No file chosen

PART VI – SUPPORTING DOCUMENTS

Attach such items as waste, recycling, and burning ordinances and/or regulations, proof of publication and responses received, price quotes and/or bids, examples of educational materials, letters of support, inter-municipal agreements, littering or illegal dumping education, incentive-based pricing documentation, special collections programs, monies received from the sale of Act 101-recyclable materials, justification of equipment that is pro-rated to reflect recycling use, and any other items necessary to support your grant request.

Be sure to consider the Department of General Services' Cooperative Purchasing Program (COSTARS) when seeking quotes for equipment. If COSTARS or a similar program was not used, three separate quotes/bids should be provided. Applicants should also be following their procurement guidelines. ♦

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

File 1 No file chosen

Please upload 902 Land Use Planning Form ♦
[Download 902 Land Use Planning Form LPF.docx](#)
[Download 902 Land Use Planning Form.pdf](#)

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

File 1 No file chosen

Worker Protection and Investment:

For any application request totaling \$10,000 or more, please review the attached [Worker Protection and Investment Notice](#) (relating to Executive Order 2021-06). If your request is for \$10,000 or more, you are required to complete and upload the attached [Worker Protection Form](#).

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

File 1 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.

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.
- Phone Number is required.
- Mailing Address is required.
- City is required.
- Zip Code is required.
- Enterprise Type is required.
- Applicant Information has not saved correctly

Project Site Location(s)

- Project Site 1: County is required.
- Project Site 1: Municipality is required.
- Project Site 1: PA House District is required.
- Project Site 1: PA Senate District is required.

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.