

Instructions for the On-line Application

The County Recycling Coordinator Program Grant application must be submitted online through the Electronic Single Application (ESA) website. **Paper and faxed copies will not be accepted.** This change allows DEP to expedite the review process. The link to the ESA website is:
<https://grants.pa.gov/Login.aspx>

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 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 ESA 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

[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 – Enter “County Recycling Coordinator Grant”
- 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

Do you need help selecting your program?

[CREATE A NEW APPLICATION](#)

3. Select Program

- Program Name – County Recycling Coordinator Grant
- Scroll down and click “Search”

Select Program

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

Program Name


Sort By

4. Apply

- Locate the “ County Recycling Coordinator 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.

| | |
|---|---|
| 903 County Recycling Coordinator Grant |  Apply |
| Pennsylvania Department of Environmental Protection | |
| The Department of Environmental Protection (DEP) awards Section 903 grant funds to eligible counties of Pennsylvania for 50 percent reimbursement of the approved cost of their county recycling coordinator's salary and expenses. The grants are authorized under Section 903 of the Municipal Waste Planning, Recycling and Waste Reduction Act (Act 101 of 1988, P.L. 556). | |

5. Applicant Information

- The Applicant Information section requires data related to the entity for which the application is being submitted.
- Applicant Entity Type – Select “Government”
- Applicant Name – **This must be entered as a county name only.** The 903 Grant Program only accepts applications from a County. Enter as, for example, “Dauphin County” (substitute the county for which the application is submitted).
- NAICS Code – From the dropdown box, select “Executive, Legislative & Other General Government Support.” The NAICS code will auto-populate the fields.
- FEIN/SSN Number - Enter the Federal Tax ID number for the legal name (no dashes). **Be sure this is the County Federal Tax ID.**
- 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 organization’s authorized representative (Official Applicant who Signed the Application for Reimbursement for a County Recycling Coordinator (Section A – F Form) Affidavit (Section F).
- Top Official/Signing Authority Title – Enter the title of the authorized representative.
- SAP Vendor# - Enter, if known.
- Contact Name – Enter the primary contact name for this project (Current CRC).
- Contact Title – Enter the primary contact title for this project (Current CRC).
- 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 (Current CRC).
- Mailing address, City, State and Zip Code – Enter this information for the primary contact for this project (Current CRC).
- Enterprise Type – Select Government.
- 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. You may change the project name at this time.
- 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: ◆

903

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:

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"

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.
- 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 Representative or Senator for your location, please manually choose.
- 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”

12/23/2024

8. Project Narrative

- This section does not need to be completed.

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.

What do you plan to accomplish with this project?

Character Count: 124/3000 characters.

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”

9. Program Addenda

- **Upload all required documentation**, (see the 903 County Recycling Coordinator Program Grant for more detailed information) to include:
 - 903 Application Spreadsheet.
 - All expenses, such as invoices, receipts, proofs of payment, etc. If there are none for this application, please upload a page saying, “no requests.”
 - Section A-F Form, pages 1-3 (Application for Reimbursement for a County Recycling Coordinator).
 - Agreement between the County and the Contractor (organization/person) designated as the CRC, if applicable.
 - Worker Protection Form if grant request is totaling more than \$10,000.

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](#).

Upload the completed 903 Application Spreadsheet ◆

[Download 903 Application Spreadsheet.xlsx](#)

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 a copy of all expense receipts, proofs of payment, etc. ◆

Upload Files

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

File 1 No file chosen

Upload the Section A-F Form (Application for Reimbursement) ◆

[Download A-F Form.doc](#)

Upload Files

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

File 1 No file chosen

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Please upload any agreements between the County and an organization/individual designated as the County Recycling Coordinator for the County.

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).

[Download Worker Protection and Investment Notice.docx](#)

If your request is for \$10,000 or more, please complete and upload the attached Worker Protection Form.

[Download Worker Protection Form.docx](#)

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”

10. Certification and Submission

- If there is any missing information in your application, your screen will look similar to the following example.
- Under the orange “Application Certification” heading, it will state, “The following sections are incomplete. All required fields marked with a red diamond must be completed before you are able to submit this application”.
- To add/correct the information on your application, click on the section heading to return to the page.

Application Certification

The following sections are incomplete.

- All required fields marked with a red diamond (◆) must be completed before you are able to submit this application.
- All conditional fields marked with a blue diamond (◆) may be required to be completed before you are able to submit this application.

[Applicant](#)

- Mailing Address is required.
- Enterprise Type is required.

[Project Site Location\(s\)](#)

- Project Site 1: PA House District is required.

[Addenda](#)

- Expense Receipts has not been uploaded.
- Application For Reimbursement has not been uploaded.

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

11. 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

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 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.