

### Instructions for the On-line Application

The Orphan Oil and Gas Well Plugging Grant Program 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](mailto: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](mailto:egrantshelp@pa.gov). Operating hours are Monday through Friday from 8:00 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](mailto:ra-dcedcs@pa.gov).
  - **Customers of all other agencies:** Please contact the Enterprise eGrants Customer Service Center. Representatives are available Monday through Friday, from 8:00 AM until 6:00 PM, at 833-448-0647. Email inquiries can also be sent to [egrantshelp@pa.gov](mailto: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



KEYSTONE LOGIN

[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 (have well in the project name).
- Do you need help selecting your program – Select “No”
- Are you applying for assistance as outlined in a signed and accepted offer letter from the Governor’s Action Team (GAT)? – 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?

No ▾

Are you applying for assistance as outlined in a signed and accepted offer letter from the Governor's Action Team (GAT)?

No ▾

[CREATE A NEW APPLICATION](#)



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### 3. Select Program

- For Program Name enter “well”
- 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


well

Sort By

Program Name

SEARCH


PROGRAM FINDER



### 4. Apply

- Scroll down through the various grant offerings, locate the “ Orphan Oil and Gas Well Plugging Grant Program and click on “Apply.”

Orphan Oil and Gas Well Plugging Grant Program

 [Apply](#)

Pennsylvania Department of Environmental Protection

Act 136 of 2022 (Act of November 3, 2022 (P.L. 87, No. 136) (58 Pa.C.S. §§2811-2826)) establishes the Orphan Oil and Gas Well Plugging Grant Program and allocates federal funds to the Department of Environmental Protection (Department) for providing grants to help cover costs for orphan well plugging projects. Pennsylvania has hundreds of thousands of oil and gas wells drilled since 1859. This program provides a mechanism to clean out and plug orphaned wells that have the potential to cause health, safety or environmental concerns.

### 5. Requirements

- Enter the number of wells that you are applying for. The number of Orphan Wells you are applying for cannot exceed 5.
- Click “Continue”

#### Requirements

How many wells are you applying for? ♦

## **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 – enter the appropriate code for your organization
- 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 municipality.
- 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.
- Click “Continue”

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## Applicant Information

To copy your Registration information into the application, click the "Use Account Information" button below.

<b>USE ACCOUNT INFORMATION</b>	
Applicant Entity Type:	<input type="radio"/> Limited Liability Partnership <input type="radio"/> Partnership <input type="radio"/> Government <input type="radio"/> Non-Profit Corporation <input type="radio"/> Sole Proprietorship <input type="radio"/> Limited Liability Company <input type="radio"/> S Corporation <input type="radio"/> 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. If you would like to change the name of the project, you can on this screen

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: ♦

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 address of the project **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.
- Designated Areas – Leave blank.

### Project Site Location(s)

To add Project Site Locations, please see the [Project Overview](#) section.

Site 1								
<p>Address: <input type="text"/></p> <p>City: <input type="text"/></p> <p>State: PA</p> <p>Zip Code: <input type="text"/></p> <p>County: <input type="text" value="-- Select County --"/></p> <p>Municipality: <input type="text" value="-- Select Municipality --"/></p> <p>PA House: <input type="text"/></p> <p>PA Senate: <input type="text"/></p> <p>Designated Areas:</p> <table><tbody><tr><td><input type="checkbox"/> Act 47 Distressed Community</td><td><input type="checkbox"/> Brownfield</td></tr><tr><td><input type="checkbox"/> Enterprise Zone</td><td><input type="checkbox"/> Greenfield</td></tr><tr><td><input type="checkbox"/> Keystone Innovation Zone</td><td><input type="checkbox"/> Keystone Opportunity Zone</td></tr><tr><td><input type="checkbox"/> Prime Agricultural Area</td><td><input type="checkbox"/> Uses PA Port</td></tr></tbody></table>	<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
<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							

[Continue](#)



Click on “Continue”

## 9. Project Narrative

- This area does not need to be completed, please do not enter any information in the Project Narrative box. All relevant information for your application will be uploaded on the addenda tab.

### 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.

Character Count: 122 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”



## 10. Program Addenda

- Complete all fields in this section.

### 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. Qualified Well Plugger** – A person shall qualify as a qualified well plugger if the person demonstrates access to the equipment, materials, resources and services to plug wells in accordance with section 3220 (58 Pa.C.S. §3220, relating to plugging requirements).

a. Name of the Qualified Well Plugger ♦

b. Address of Qualified Well Plugger ♦

Street Address or P.O. Box ♦	City ♦	County ♦	State ♦	Zip Code ♦	<a href="#">Add</a>	<a href="#">Cancel</a>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		

No data has been entered.

c. Business Name of Qualified Well Plugger ♦

d. Years of experience plugging wells ♦

e. Nature of Work and Locality ♦

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f. Is the Qualified Well Plugger, the person who is legally responsible for plugging the orphan well ? ♦

If yes, Please explain

Character Count: 0 characters.

g. Are either the Qualified Well Plugger, or a parent or subsidiary business entity of the Qualified Well Plugger, in continuing violation of any statute administered by the Department, a regulation promulgated under a statute administered by the Department or a plan approval, permit or order of the Department? ♦

If yes, Please explain

Character Count: 0 characters.

## 2. List of eligible wells listed under section 2823(c) that the Qualified Well Plugger intends to plug in the next 12 months, if approved for a grant ♦

A well is considered eligible if it meets the following criteria:

1. Be classified as an orphan well by the Department.
2. Has not been previously plugged in accordance with the requirements of section 3220 (58 Pa.C.S. §3220, relating to plugging requirements) prior to Department approval of an applicant's application.
3. No amount of a bond under section 3225 (58 Pa.C.S. §3225, relating to bonding) is available to pay for the plugging of the orphan well.
4. No person who is financially responsible for the plugging of the orphan well is known to the Department or likely to be identifiable.

Please provide the following information in the chart below:

1. List eligible wells to be plugged;
2. Identify eligible wells with obvious or suspected contamination;
3. Provide levels of methane emissions.

Permit Number ♦ <input type="text"/>	Is obvious or suspected contamination to soil, groundwater, surface water or water supplies present at this well ? ♦ <input type="text"/>	Please identify if methane emissions are detected at this well by selecting the appropriate emission level. ♦ <input type="text"/>	<a href="#">Add</a>	<a href="#">Cancel</a>
No data has been entered.				

## 3. Methane Monitoring

A qualified measurement specialist refers to the contractor, partner, or agency employee who will be conducting methane measurements at the site for methane (and "other gases" if required by the agency).

A "qualified measurement specialist" will have training and field experience with the specific equipment and methods that have been proposed and approved by the agency for use at the targeted well sites. "Sufficient" means that the individual can make measurements that meet the data quality objectives of these protocols. The measurement instrumentation, but also able to recognize and avoid/mitigate safety hazards related to the oil and gas well, field conditions, weather variables, etc., to maintain personal safety. Ideally the measurement specialist will have 20+ hours of training and experience with the specific equipment type and/or methods used to quantify methane emissions. Measurement specialists should be aware of the key variables affecting emission measurements from orphaned wells. Emissions from orphaned wells are typically lower than those of producing wells and differ in other ways such as age, condition, and type of legacy infrastructure. Therefore, detection and measurement at orphaned wells requires specific knowledge and training. Measurement specialists should be familiar with the reference documents provided in these guidelines **below in #4**, particularly those relevant to the specific measurement instrumentation they are using. The specialist should understand how the above factors affect methane detection and measurement. For example, high wind speeds can quickly dilute methane concentrations; therefore, the qualified measurement specialist should be experienced with the performance of the measuring instrument used and the range of wind conditions over which it can provide repeatable data. The qualified measurement specialist should be prepared to submit data and results in a format that can be easily incorporated into the relevant agency database tool to assure consistent reporting.

☐ The applicant attests that methane measurements will be obtained by a qualified measurement specialist as described above. ♦

Please provide initials for the above acknowledgement. ♦

4. For any eligible wells, where methane emissions were "Detected" or "Detected + may be high", a report documenting the results of a pre-plugging methane emissions assessment of the eligible well in accordance with the protocol contained in the document titled "Assessing Methane Emission from Orphaned Wells to Meet Reporting Requirements of the 2021 Infrastructure Investment and Jobs Act: Methane Measurement Guidelines" released by Department of the Interior's Orphaned Wells Program Office on July 24, 2023 (Methane Guidance) will be required to be submitted prior to receiving any approved reimbursement. The updated methane measurement guidelines are available on the Department of Interior's website at: [Orphaned Wells Methane Measurement Guidelines](#)

☐ The applicant attests that the methane assessment shall be conducted by a Qualified Measurement Specialist as defined in the Methane Guidance. ♦

Please provide initials for the above acknowledgement. ♦

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5. The qualified well plugger has legal authority to access and perform the activities needed to plug each eligible well and will secure the necessary planning and permit approvals for the project prior to beginning well plugging activities.

☐ The applicant attests to the above. ♦

Please provide initials for the above acknowledgement. ♦

6. Is the Qualified Well Plugger also the landowner? ♦

[Download Well plugging and restoration agreement.docx](#)

Upload Files

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

File 1  No file chosen

7. The qualified well plugger will provide the documentation necessary for the department to comply with the provisions of section 2811(b) (relating to allocation of funding).

☐ The applicant attests to the above. ♦

Please provide initials for the above acknowledgement. ♦

8. Each well plugged by the qualified well plugger will be plugged in accordance with section 3220 (relating to plugging requirements).

☐ The applicant attests to the above. ♦

Please provide initials for the above acknowledgement. ♦

9. The qualified well plugger acknowledges the Davis-Bacon Act requirements for the award or project and confirms that all laborers and mechanics performing construction, alteration, or repair work on projects in excess of \$2,000 funded directly by or assisted in whole or in part by funding under the grant award are paid or will be paid wages at rates not less than those prevailing on projects of a character similar in the locality as determined by the Secretary of Labor in accordance with Subchapter IV of Chapter 31 of Title 40, United States Code.

☐ The applicant attests to the above. ♦

Please provide initials for the above acknowledgement. ♦

10. Pennsylvania DEP identifies an EJ area where 20 percent or more individuals live at or below the federal poverty line, and/or 30 percent more of the population identify as non-white minority, based on data from the U.S. Census Bureau and the federal guidelines for poverty. DEP has created an interactive mapping tool called EJ Areas Viewer to determine the location of all EJ areas throughout the Commonwealth.

Are any eligible wells that the Qualified Well Plugger intends to plug in the next 12 months, if approved for a grant, located in an area designated as an Environmental Justice Community? Link to EJ Areas Viewer -

[PennEnviroScreen\(pa.gov\)](#) ♦

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**Budget for Orphan Oil and Gas Well Plugging Grant Program ♦**

- Grant applications are limited to a 5 well maximum per applicant. Applicants are able to re-apply after a previously approved application's wells have been plugged in accordance with the requirements of the 2012 Oil and Gas Act, and other applicable measures as specified in the Technical Specifications, and the Grant Agreement, subject to availability of funds.
- Grant amounts are limited to \$40,000 for each eligible well plugged that is an orphan well of a depth of 3,000 feet or less or the actual cost of the qualified well plugger to plug the well, whichever is less.
- Grant amounts are limited to \$70,000 for each eligible well plugged that is an orphan well of a depth greater than 3,000 feet or the actual cost of the qualified well plugger to plug the well, whichever is less.

Orphan Well Type	Number Of Wells	Total Grant Amount
Orphan well of a depth of 3,000 feet or Less (Grant amounts limited to \$40,000 per well)	♦ <input type="text"/>	♦ \$0.00
Orphan well of a depth greater than 3,000 feet (Grant amounts limited to \$70,000 per well)	♦ <input type="text"/>	♦ \$0.00
Total	♦Total No. of Wells = 0	♦ Total Grant Amount = \$0.00

Click “Continue”

[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 “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](#)

- UEI should be 12 characters
- 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.

#### [Addenda](#)

- Name Qualified Well Plugger is required.
- Address Well Plugger is required.
- Business Name Well Plugger is required.
- Years Experience is required.
- Nature of Work is required.
- Legally Responsible is required.
- Continuing Violation is required.
- Eligible Wells is required.
- Methane Measurement Acknowledgement Initials is required.
- Methane Measurement Guidelines Initials is required.
- Legal Authority Acknowledgement Initials is required.
- Is Qualified Well Plugger also the Landowner is required.
- Well Plugging Restoration Agreement has not been uploaded.

## 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.