5/20/2025

Instructions for the On-line Application

The Section 904 Municipal Recycling Program Performance Grant application must be submitted online through the Enterprise eGrants System website. **Paper and faxed copies will not be accepted**. This change allows DEP to expedite the review process. The link to the eGrants 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.

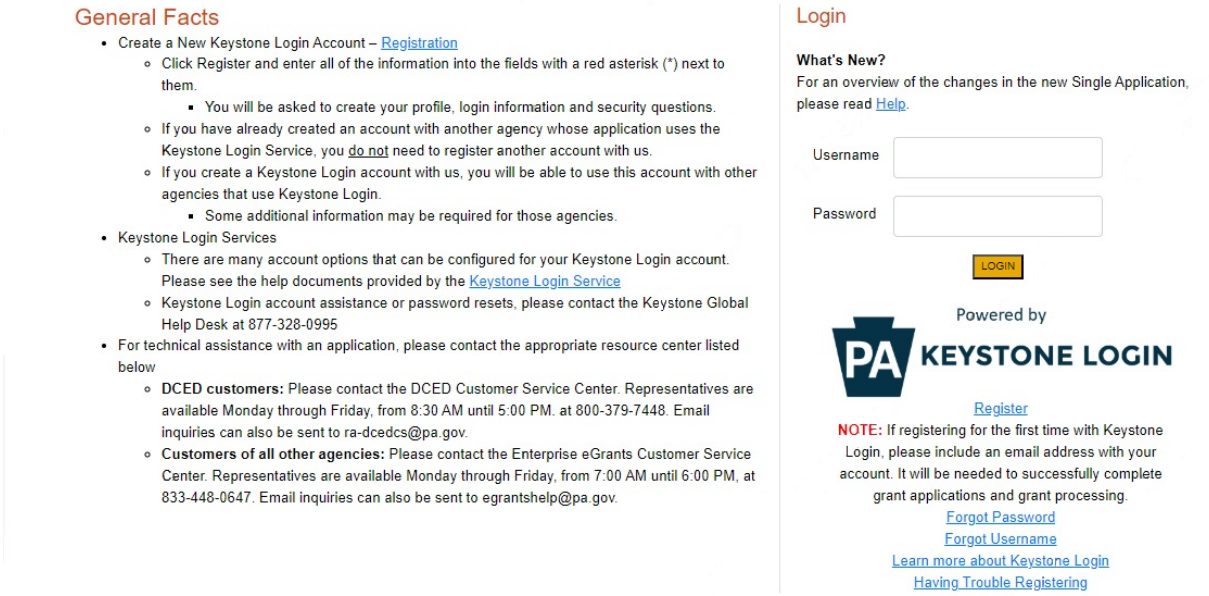
Table of Contents

1. **Registration and Login** ..... **Page 3**
2. **Begin a New Application** ..... **Page 4**
3. **Select a Program** ..... **Page 4**
4. **Apply** ..... **Page 5**
5. **Applicant Information Tab** ..... **Pages 5-6**
6. **Project Overview Tab** ..... **Page 7**
7. **Project Site Tab** ..... **Page 8**
8. **Narrative Tab** ..... **Page 9**
9. **Program Addenda Tab** ..... **Pages 10-13**
10. **Certification and Submission** ..... **Pages 14-15**
11. **Application Receipt Verification** ..... **Page 16**

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 Enterprise eGrants System 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

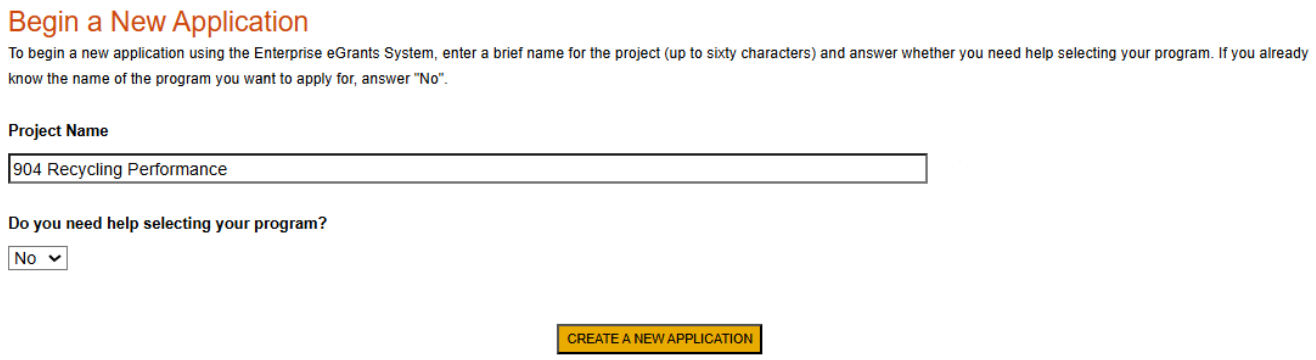
LOGIN

Powered by PA 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

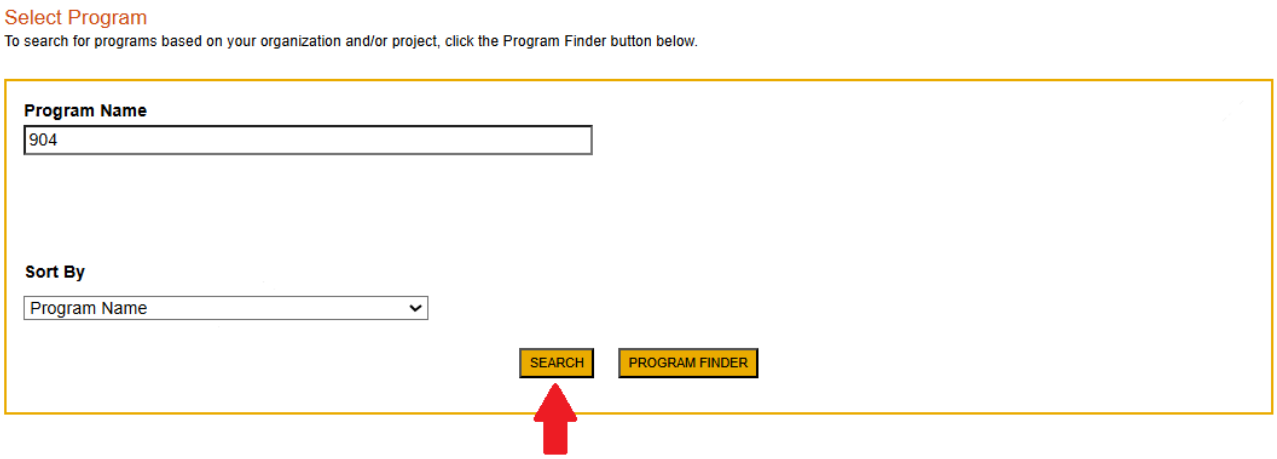
2. Begin a New Application

- Project Name – Choose and enter a name for your project.
- Do you need help selecting your program – Select “No”
- Click on “Create a New Application”



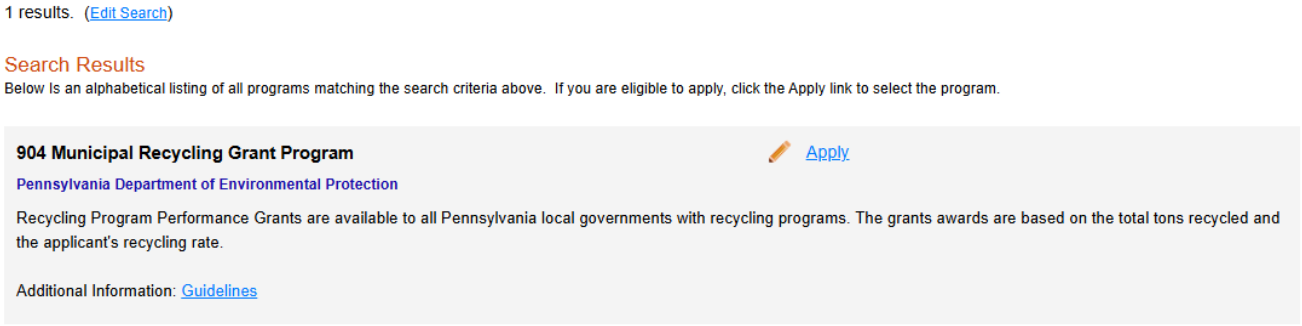
3. Select Program

- Under Program Name, enter “904”
- Click “Search.” Look for the appropriate grant program offered by DEP.



4. Apply

- Scroll down through the various grant offerings, locate the " 904 Municipal Recycling Grant Program" and click on "Apply."



5. Applicant Information

- The Applicant Information section requires data related to the entity for which the application is being submitted.
- Applicant Entity Type – select the appropriate type for your organization
- Applicant Name – Enter the legal name, the name under which the entity legally conducts business.
- NAICS Code – From the dropdown box, select the appropriate type (normally, executive, Legislative, and Other General Government Support). 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

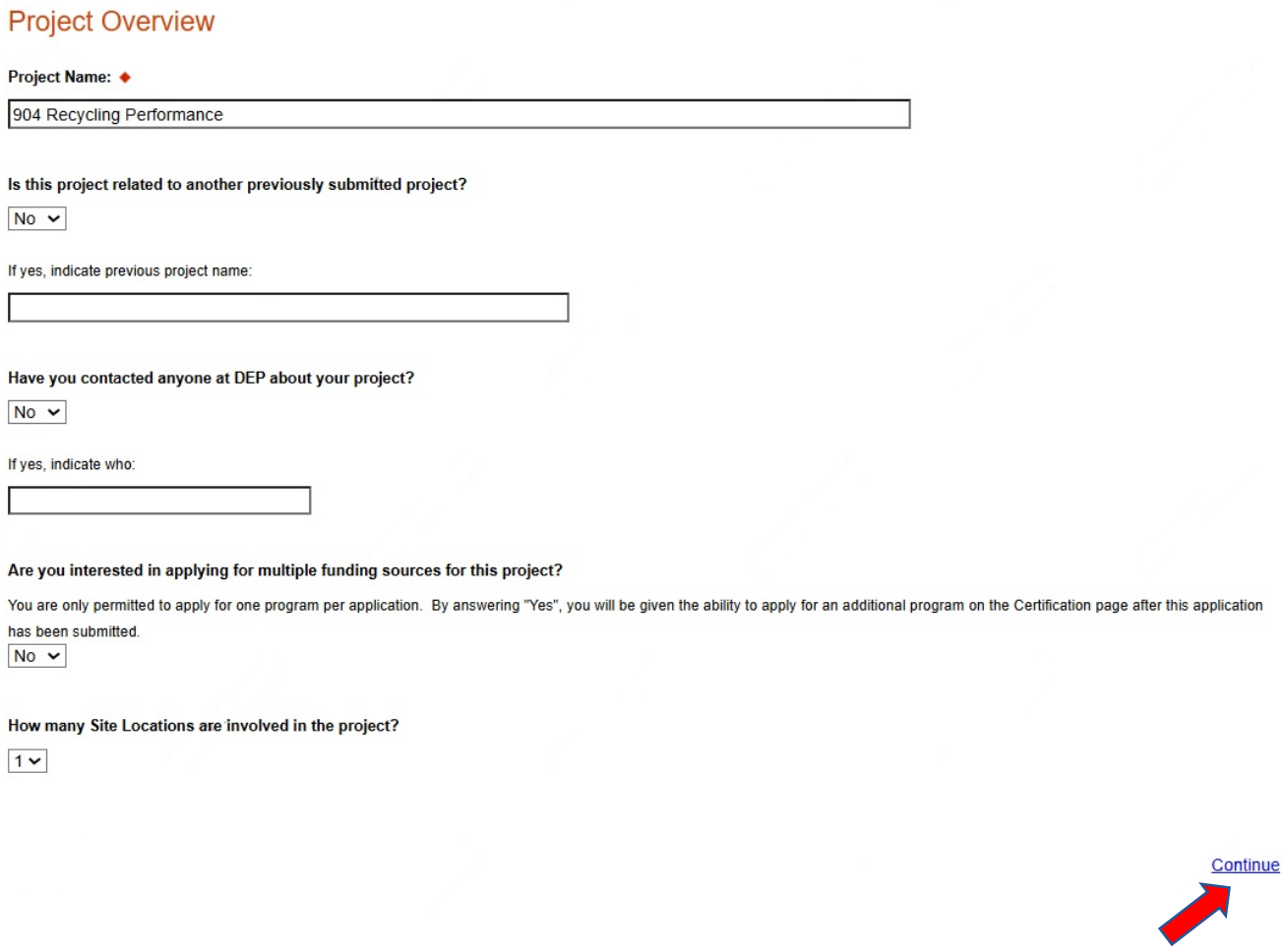
Indicate the types of enterprises that describe the organization listed above. You may select more than one type. ◆

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

Continue

6. Project Overview

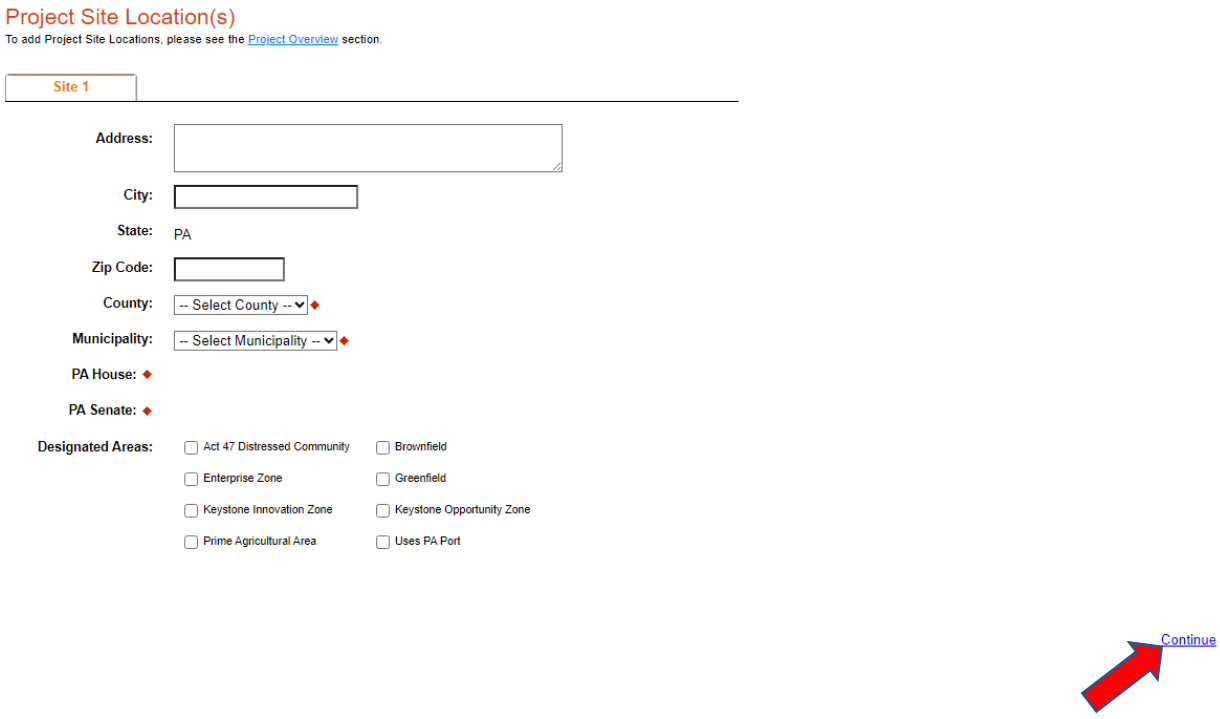
- Project Name – The project name will auto-populate from the information you filled in at the beginning of the process. You may change the project name at this time.
- Enter the name of the person you spoke with at DEP regarding your application.
- Site Locations – Default setting at 1. Only needs filled in if more than one site location exists for this project.



Click on “Continue”

7. Project Site

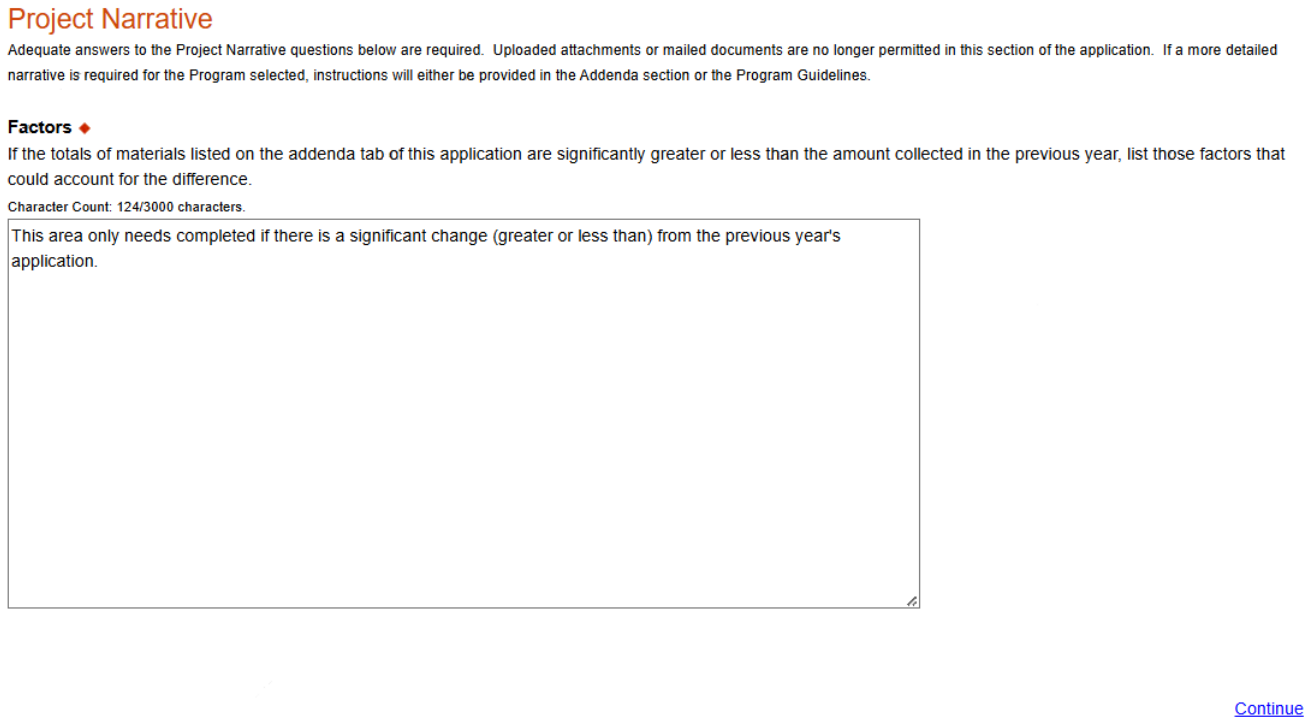
- Address – Enter the applicant's mailing address (street address). **P.O. Boxes are not acceptable.**
- City, State and Zip Code – Enter this information. (If you indicated more than one site on the prior tab, you will be requested to complete this information for all sites.) **Please add the zip +4 for each project site location.**
- 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 more than one House representative is listed, please choose the correct one.
- Designated Areas – Leave blank.



Click on "Continue"

8. Project Narrative

- Complete question in this section, if necessary. Be as specific and concise as possible.



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.

Factors ◆

If the totals of materials listed on the addenda tab of this application are significantly greater or less than the amount collected in the previous year, list those factors that could account for the difference.

Character Count: 124/3000 characters.

This area only needs completed if there is a significant change (greater or less than) from the previous year's application.

Continue

Click on “Continue”

9. Program Addenda

- Complete all fields and upload all required documents on this tab.
- All questions marked with a red diamond are required.

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.

Question 1: Applicant's Designated Recycling Coordinator (if different than contact person on profile tab).

Name:

Telephone Number:

Email Address:

Question 2: Population (per 2020 Decennial Census) ◆

If there are multiple participating municipalities (two or more) included in this application, the sum of all the participating municipalities' populations must be included in this field.

Question 3: Participating Municipalities ◆

Question 4: Municipality Website address ◆

Question 5: Performance Information

Residential Tons: ◆

Residential Residue: ◆

Commercial Tons: ◆

Commercial Residue: ◆

Total Tons:
0.00

Question 6: Program Information

a. Is this a multi-municipal application?(County government applicants should check 'No') ◆

b. Please upload the approval letter you received from DEP after the pre-application meeting.

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

File 1 Choose File No file chosen

The following documentation must be uploaded to qualify as a multi-municipal application:

- **An inter-municipal or inter-governmental agreement between the participating municipalities.**
- **A shared recycling ordinance(s) meeting the provisions of Act 101 and Act 140.**
- **A shared recycling ordinance enforcement program including fines and penalties.**
- **A shared recycling education program that is uniform in information, preparation, collection, and reporting.**
- **A contract for joint bid for recycling services or a joint municipally operated collection system.**

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

File 1 Choose File No file chosen

Question 7: Act 101 Program Requirements

****Multi-municipal applicants must complete **Question 7** for each participating muncipality. **A Question 7** form can be found on DEP's financial assistance website (a link is provided in the **Uploads** section of this application). The form must be completed for each participating municipality and uploaded in the **Uploads** section below. This does not apply to County government applicants.**

a. Is your municipality mandated by Act 101 to implement a curbside recycling program ◆

b. If Yes, does your mandated recycling program contain the following (check all that apply):

- ☐ An ordinance requiring waste and recycling service for residents and businesses?
- ☐ An ordinance requiring recycling at community activities?
- ☐ An Ordinance that prohibits the burning of recyclable materials?
- ☐ A program to enforce the ordinance(s)?
- ☐ A scheduled day, at least once per month, when recyclable materials are collected?
- ☐ A curbside collection for leaf waste (including garden residues, tree trimmings, etc.)
- ☐ A recycling education program that informs residents and businesses at least every six months, of the requirements of the recycling program?
- ☐ A program (operated by your municipality or another entity) for the collection of household hazardous waste, electronics, used tires and/or white goods?
- ☐ An illegal dumping/litter prevention program?(see below checkbox list)

If you checked "An illegal dumping / litter prevention program", please check one or more from the below list:

- ☐ Anti-litter education: This can be comprised by one or more of the following—signs, newsletter articles, direct mailings, etc. Should be annual at a minimum
- ☐ A scheduled clean-up event at least once per year
- ☐ Partnership with an anti-litter organization or community group to clean-up/deter litter
- ☐ Ordinances/regulations that prohibit litter and assess fines
- ☐ Municipal staff whose duties entail litter prevention/clean-up
- ☐ Promotion of a "Adopt a Highway" or "Adopt a Spot" program
- ☐ Other: please describe below

If you checked "Other" for above question, please describe below:

Character Count: 0/4000 characters.

For multi-municipal applications, each participating mandated municipality per Act 101 must complete the checklist noted above and upload this information with your electronic submission.

c. FOR NON-MANDATED APPLICANTS: Does your recycling program contain the following (check all that apply):

- ☐ An ordinance requiring waste and recycling service for residents?
- ☐ A program to enforce the ordinance(s)
- ☐ A scheduled day, at least once per month, when recyclable materials are collected?
- ☐ A recycling education program that informs residents and businesses, at least every six months, of the requirements of the recycling program?
- ☐ A program (operated by your municipality or another entity) for the collection of household hazardous waste, electronics, used tires and/or white goods?
- ☐ An illegal dumping/litter prevention program?(see below checkbox list)
- ☐ This is a county government application.

If you checked "An illegal dumping / litter prevention program", please check one or more from the below list:

- ☐ Anti-litter education: This can be comprised by one or more of the following—signs, newsletter articles, direct mailings, etc. Should be annual at a minimum
- ☐ A scheduled clean-up event at least once per year
- ☐ Partnership with an anti-litter organization or community group to clean-up/deter litter
- ☐ Ordinances/regulations that prohibit litter and assess fines
- ☐ Municipal staff whose duties entail litter prevention/clean-up
- ☐ Promotion of a "Adopt a Highway" or "Adopt a Spot" program
- ☐ Other: please describe below

If you checked "Other" for above question, please describe below:

Character Count: 0/4000 characters.

Uploads:

All required forms can be found on the program website under Act 101, Section 904:https://www.pa.gov/agencies/dep/programs-and-services/waste-programs/recycling-in-pennsylvania/municipal-resources/financial-assistance.html-accordion-3f6bc8666f-item-74557e2c49

Additional Forms for Multi-municipal Applications.

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

File 1 Choose File No file chosen

Residential Tonnage Summary Form ◆

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

File 1 Choose File No file chosen

Commercial Tonnage Summary Form ◆

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

File 1 Choose File No file chosen

Applicant Information and Banking ◆

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

File 1 Choose File No file chosen

Valid Marketed Receipts

If you are claiming a 0 percent residue rate, signed marketed receipts statement from the end user must be uploaded with your electronic grant submission. If the required documents are not uploaded with your grant application the department will automatically deduct 20 percent.

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

File 1 Choose File No file chosen

Worker Protection and Investment (MANDATORY FOR GRANT REQUESTS OF $10,000 OR MORE)

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

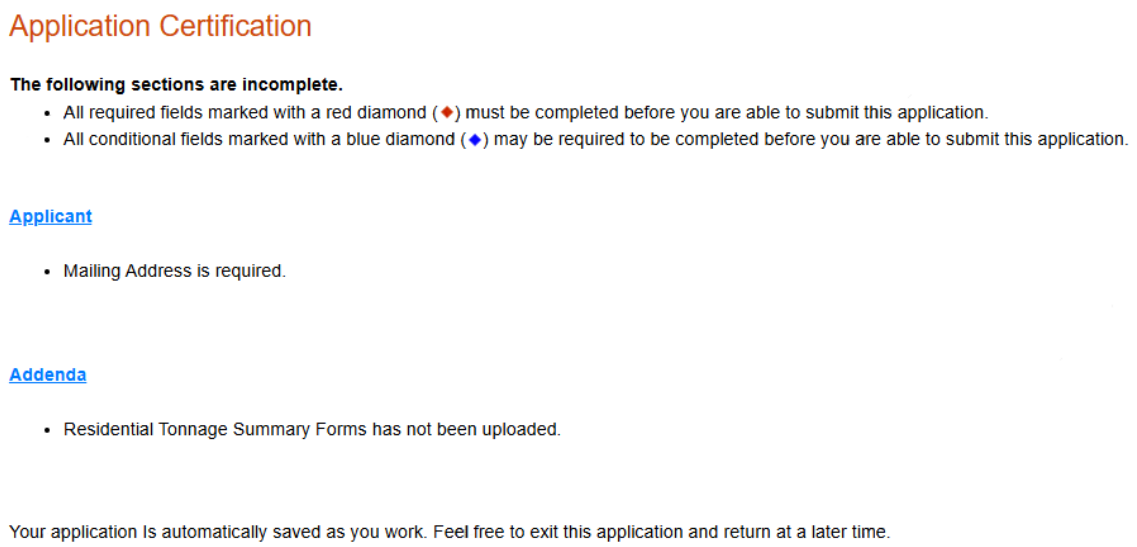
File 1 Choose File No file chosen

Continue

Click “Continue”

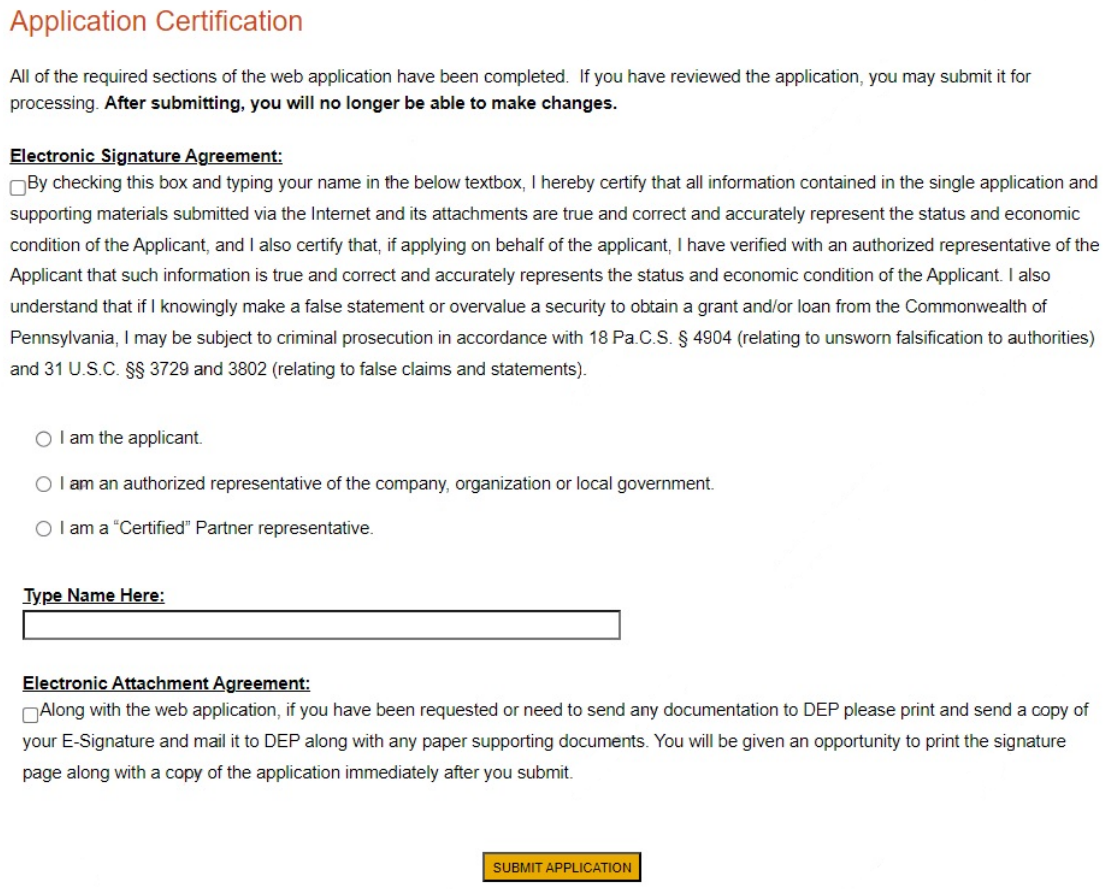
10. Certification and Submission

- 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.



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:

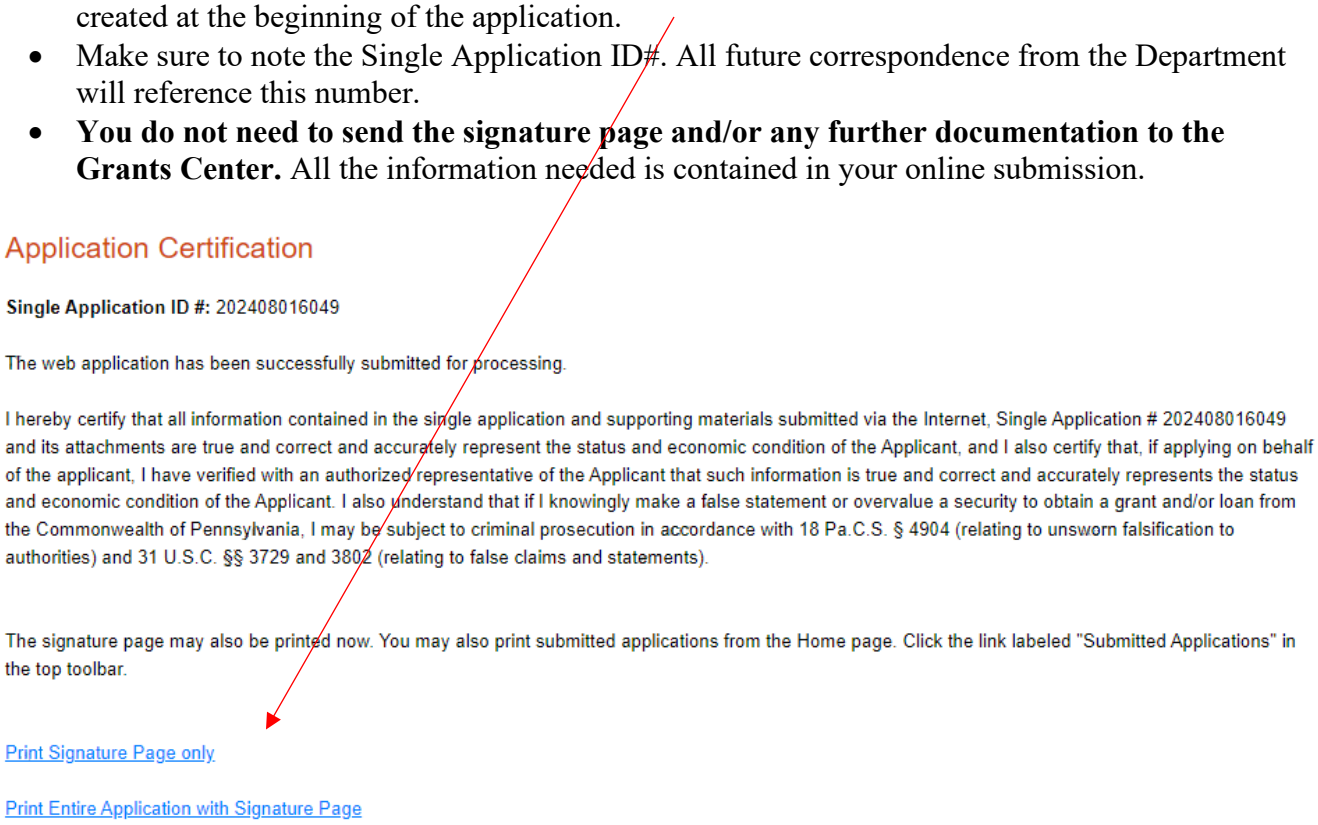
Electronic Attachment Agreement:

☐ 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.