

Submitting EPA CPS on grants.gov

PLAN ON 3 HOURS TO SUBMIT

You can get to the page by logging into grants.gov, then in the search grants tab, put this in the opportunity number “EPA-R-OEJECS-OCS-23-01” and click search.

This is what you should get

Grants.gov logo and navigation links: HOME, LEARN GRANTS, SEARCH GRANTS, APPLICANTS, GRANTORS, SYSTEM-TO-SYSTEM, FORMS, CONNECT, SUPPORT.

SEARCH: Grant Opportunities Enter Keyword... GO

APPLY NOW USING WORKSPACE

If you know the Funding Opportunity Number or the Opportunity Package ID for which you would like to create a Workspace, please enter it below. Otherwise, go to [Search Grants](#) to search open Opportunities.

Please enter Opportunity information:

Funding Opportunity Number: EPA-R-OEJECS-OCS-23-01

Opportunity Package ID:

Please enter required information for new Workspace:

*Profile: ristroph (MV5MY6Z7U3A4)

*Application Filing Name: dummy application

Create Workspace Cancel

CONNECT WITH US: Blog, Twitter, YouTube, Alerts, RSS, XML Extract, Get Adobe Reader

HEALTH & HUMAN SERVICES: HHS.gov, EEOC / No Fear Act, Accessibility, Privacy, Disclaimers, Site Map

COMMUNITY: USA.gov, WhiteHouse.gov, USAspending.gov, SBA.gov, SAM.gov, Report Fraud

Frequently Asked Questions

Click on apply

Select yourself as the profile

For the application filing name, make up something

This will allow you to click "create a workspace"

EPA-R-OEJECS-OCS-23-01 - PKG00279168
ENVIRONMENTAL JUSTICE
COLLABORATIVE PROBLEM-SOLVING
(EJCPS) COOPERATIVE AGREEMENT
PROGRAM
Environmental Protection Agency

Application Filing Name: dummy application [Edit Name]

Workspace ID: WS01054855

Workspace Status: New

Opening Date: Jan 10, 2023

Closing Date: Apr 14, 2023

Workspace Owner: Elizaveta B Ristroph

Last Submitted Date: ---

SAM Expiration Date: Feb 02, 2024

UEI: MV5MY6Z7U3A4

FORMS VIEW APPLICATION ATTACHMENTS PARTICIPANTS ACTIVITY DETAILS

Workspace Actions: Check Application Sign and Submit Delete

Application Package Forms - Users are encouraged to follow antivirus best practices when Downloading Instructions and Forms: Download Instructions »

Include in Package	Form Name (Click to Edit)	Requirement	Form Status	Last Updated Date/Time	Locked By	Actions
<input checked="" type="checkbox"/>	Application for Federal Assistance (SF-424) [V4.0]	Mandatory	---	---	---	Lock Download Upload Reuse Webform
<input checked="" type="checkbox"/>	EPA Form 4700-4 [V5.0]	Mandatory	---	---	---	Lock Download Upload Reuse Webform
<input checked="" type="checkbox"/>	Project Narrative Attachment Form [V1.2]	Mandatory	---	---	---	Lock Download Upload Reuse Webform
<input checked="" type="checkbox"/>	EPA KEY CONTACTS FORM [V2.0]	Mandatory	---	---	---	Lock Download Upload Reuse Webform
<input checked="" type="checkbox"/>	Budget Information for Non-Construction Programs (SF-424A) [V1.0]	Mandatory	---	---	---	Lock Download Upload Reuse Webform
<input checked="" type="checkbox"/>	Other Attachments Form [V1.2]	Mandatory	---	---	---	Lock Download Upload Reuse Webform

Forms are

Application for Federal Assistance (SF-424) [V4.0]

EPA EPS application 1

EPA Form 4700-4 [V5.0] Mandatory

Project Narrative Attachment Form [V1.2]

EPA KEY CONTACTS FORM [V2.0]

Budget Information for Non-Construction Programs (SF-424A)

Other Attachments Form [V1.2]

You can download PDFs and upload the completed ones, or just complete the webform (probably the webform option is easier if you have all the info you need already for the budget and your taxpayer number and UEI). Once you start to use the webform, Form Status will say "Locked: In Progress." This is so that no one else in your organization will try to work on the application at the same time as you, but probably there is only one person doing this. You can generally disregard the messages about whether to lock or unlock the forms.

For all forms, if there is not a red star in the upper right corner of the blank, you don't have to fill it out. If you put your cursor in the box, it may show directions for filling out the box.

Application for Federal Assistance (SF-424)

APPLICATION FOR FEDERAL ASSISTANCE (SF-424) Version 4.0		OMB Number: 4040-0004 Expiration Date: 11/30/2025	
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1. TYPE OF SUBMISSION:
Type of Submission:

☐ Preapplication
☒ Application
☐ Changed/Corrected Application

2. TYPE OF APPLICATION:
Type of Application:

☒ New
☐ Continuation
☐ Revision

3. DATE RECEIVED:
Date Received:

Completed by Grants.gov upon submission.

If this application is submitted through Grants.gov, the system will generate this Date. If submitting a hard copy, enter the Date the AOR signed the application.

4. APPLICANT IDENTIFIER:
Applicant Identifier:

5. FEDERAL IDENTIFIERS:

State:
Country:
ZIP / Postal Code:

LA, Louisiana
USA, UNITED STATES
70808-3539

e. Organizational Unit:
Department Name:
Division Name:

f. Name and contact information of person to be contacted on matters involving this application:
Prefix:
First Name:
Middle Name:
Last Name:
Suffix:
Title:
Organizational Affiliation:
Telephone Number:

project

manager

project manager

A2

225-909-9090

a. Federal Entity Identifier:

b. Federal Award Identifier:

6. DATE RECEIVED BY STATE:

State Use Only:

Date Received by State:

7. STATE APPLICATION IDENTIFIER:

State Use Only:

State Applicant Identifier:

8. APPLICANT INFORMATION:

a. Legal Name:

Elizaveta Barrett Ristroph

b. Employer/Taxpayer Identification Number (EIN/TIN):

482923829382

c. UEI:

MV5MY6Z7U3A4

d. Address:

Street1:

123 anywhere

Street2:

City:

here

County / Parish:

9. TYPE OF APPLICANT:

Select Applicant Type 1:

M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)

Select Applicant Type 2:

Select Applicant Type 3:

10. NAME OF FEDERAL AGENCY:

Name of Federal Agency:

Environmental Protection Agency

11. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

CFDA Number:

66.306

CFDA Title:

Environmental Justice Collaborative Problem-Solving Cooperative Agreement Program

12. FUNDING OPPORTUNITY NUMBER:

Funding Opportunity Number:

EPA-R-OEJECS-OCS-23-01

Title:

ENVIRONMENTAL JUSTICE COLLABORATIVE PROBLEM-SOLVING (EJCPS) COOPERATIVE AGREEMENT PROGRAM

13. COMPETITION IDENTIFICATION NUMBER:

Competition Identification Number:

14. AREAS AFFECTED BY PROJECT:

Areas Affected by Project (Cities, Counties, States, etc.):

ADD ATTACHMENT

DELETE ATTACHMENT

VIEW ATTACHMENT

15. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

save the wetlands

Attach supporting documents as specified in agency instructions.

ADD ATTACHMENTS

16. CONGRESSIONAL DISTRICTS:

Congressional Districts Of:

a. Applicant: 01 *

b. Program/Project: 01 *

Attach an additional list of Program/Project Congressional Districts if needed.

ADD ATTACHMENT

DELETE ATTACHMENT

VIEW ATTACHMENT

17. PROPOSED PROJECT DATES:

Proposed Project:

a. Start Date: 11/01/2023 *

b. End Date: 10/31/2025 *

The estimated funding in Q18 is from our budget template. For Q18 , it is ok to not have matching funds, everything but federal can be \$0.

18. ESTIMATED FUNDING (\$):

a. Federal: 149,466.00 *

b. Applicant: 0.00 *

c. State: 0.00 *

d. Local: 0.00 *

e. Other: 0.00 *

f. Program Income: 0.00 *

g. TOTAL: 149,466.00

19. E.O. 12372 REVIEW:

Is Application Subject to Review By State Under Executive Order 12372 Process?

- ☐ a. This application was made available to the State under the Executive Order 12372 Process for review on:
- ☐ b. Program is subject to E.O.12372 but has not been selected by State for review.
- ☒ c. Program is not covered by E.O. 12372.

20. FEDERAL DEBT DELINQUENCY:

Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)

☐ Yes *

☒ No

21. APPLICATION CERTIFICATION:

By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

☒ I AGREE* *

*The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

22. AUTHORIZED REPRESENTATIVE:

Prefix:

First Name: whoever is registered *

Middle Name:

Last Name: on grants.gov *

Suffix:

Title: Executive Director *

Phone Number: 225-990-9090 *

Fax Number:

Email: ebristroph@gmail.com *

Signature of Authorized Representative: Completed by Grants.gov upon submission.

Date Signed: Completed by Grants.gov upon submission.

Precompliance form

I. A. Applicant/Recipient (Name, Address, City, State, Zip Code)

Name: executive director *

Address: anywhere Us *

City: anywhere *

State: LA: Louisiana * v

Zip Code: 70808-3539 *

B. UEI

MV5MY6Z7U3A4

C. Applicant/Recipient Point of Contact

Name: Elizaveta Ristroph *

Phone Number: 225-909-9090 *

Email: ebristroph@gmail.com *

Title: project manager *

II. Is the applicant currently receiving EPA Assistance?

☐ Yes
☒ No

III. List all pending civil rights lawsuits and administrative complaints filed under federal law against the applicant/recipient that allege discrimination based on race, color, national origin, sex, age, or disability. (Do not include employment complaints not covered by 40 C.F.R. Parts 5 and 7.)

none

IV. List all civil rights lawsuits and administrative complaints decided against the applicant/recipient within the last year that alleged discrimination based on race, color, national origin, sex, age, or disability and enclose a copy of all decisions. Please describe all corrective actions taken. (Do not include employment complaints not covered by 40 C.F.R. Parts 5 and 7.)

none

V. List all civil rights compliance reviews of the applicant/recipient conducted under federal nondiscrimination laws by any federal agency within the last two years and enclose a copy of the review and any decision based on the review. Please describe any corrective action taken. (40 C.F.R. § 7.80(c)(3))

none

VI. Is the applicant requesting EPA assistance for new construction? If no, proceed to VII; if yes, answer (a) and/or (b) below.

☐ Yes
☒ No

a. If the grant is for new construction, will all new facilities or alterations to existing facilities be designed and constructed to be readily accessible to and usable by persons with disabilities? If yes, proceed to VII; if no, proceed to VI(b).

☐ Yes
☐ No

b. If the grant is for new construction and the new facilities or alterations to existing facilities will not be readily accessible to and usable by persons with disabilities, explain how a regulatory exception (40 C.F.R. 7.70) applies.

VII. Does the applicant/recipient provide initial and continuing notice that it does not discriminate on the basis of race, color, national origin, sex, age, or disability in its program or activities? (40 C.F.R. 5.140 and 7.95)

☒ Yes
☐ No

a. Do the methods of notice accommodate those with impaired vision or hearing?

☒ Yes
☐ No

b. Is the notice posted in a prominent place in the applicant's/recipient's website, in the offices or facilities or, for education programs and activities, in appropriate periodicals and other written communications?

☒ Yes
☐ No

c. Does the notice identify a designated civil rights coordinator?

☒ Yes
☐ No



VIII. Does the applicant/recipient maintain demographic data on the race, color, national origin, sex, age, or disability status of the population it serves? (40 C.F.R. 7.85(a))

☒ Yes
☐ No

IX. Does the applicant/recipient have a policy/procedure for providing meaningful access to services for persons with limited English proficiency? (Title VI, 40 C.F.R. Part 7, *Lau v Nichols* 414 U.S. (1974))

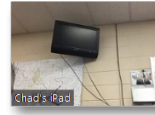
☒ Yes
☐ No

X. If the applicant is an education program or activity, or has 15 or more employees, has it designated an employee to coordinate its compliance with 40 C.F.R. Parts 5 and 7? Provide the name, title, position, mailing address, e-mail address, fax number, and telephone number of the designated coordinator.

n/a

XI. If the applicant is an education program or activity, or has 15 or more employees, has it adopted grievance procedures that assure the prompt and fair resolution of complaints that allege a violation of 40 C.F.R. Parts 5 and 7? Provide a legal citation or applicant's/recipient's website address for, or a copy of, the procedures.

n/a



APPLICANT SIGNATURE:

For the Applicant/Recipient

I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law. I assure that I will fully comply with all applicable civil rights statutes and EPA regulations.

A. Signature of Authorized Official: Completed by Grants.gov upon submission.

B. Title of Authorized Official: Executive Director

C. Date: Completed by Grants.gov upon submission.

EPA SIGNATURE:

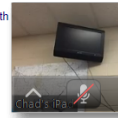
For the Applicant/Recipient

I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both that I will fully comply with all applicable civil rights statutes and EPA regulations.

A. Signature of Authorized Official: Completed by Grants.gov upon submission.

B. Title of Authorized Official: Executive Director

C. Date: Completed by Grants.gov upon submission.



EPA SIGNATURE:

For the U.S. Environmental Protection Agency

I have reviewed the information provided by the applicant/recipient and hereby certify that the applicant/recipient has submitted all preaward compliance information required by 40 C.F.R. Parts 5 and 7; that based on the information submitted, this applicant satisfies the preaward provisions of 40 C.F.R. Parts 5 and 7; and that the applicant has given assurance that it will fully comply with all applicable civil rights statutes and EPA regulations.

A. Signature of Authorized EPA Official: Completed by EPA upon submission.

B. Title of Authorized Official: Completed by EPA upon submission.

C. Date: Completed by EPA upon submission.

Project Narrative

This is your workplan

PROJECT NARRATIVE FILE(S)

MANDATORY PROJECT NARRATIVE FILE:

Mandatory Project
Narrative Filename:

A2_EPA_EJCPS Work Plan Template, Capacity-Building

ADD ATTACHMENT

DELETE ATTACHMENT

VIEW ATTACHMENT

OPTIONAL PROJECT NARRATIVE FILE(S):

To add more Project Narrative File attachments, please use the Add Attachments button below.

ADD ATTACHMENTS

EPA Key contacts

AUTHORIZED REPRESENTATIVE:

Original awards and amendments will be sent to this individual for review and acceptance, unless otherwise indicated.

Authorized Representative

Name:

Prefix:

First Name:

executive

Middle Name:

Last Name:

director

Suffix:

Title:

executive director

Complete Address:

Street1:

anywhere

Street2:

City:

anywhere

State:

LA: Louisiana

ZIP / Postal Code:

70808-3539

Country:

USA: UNITED STATES

Phone Number:

225-909-9090

PAYEE:

Individual authorized to accept payments.

Payee

Name:

Prefix:

First Name:

executive

Middle Name:

Last Name:

director

Suffix:

Title:

Complete Address:

Street1:

anywhere

Street2:

City:

anywhere

State:

LA: Louisiana

ZIP / Postal Code:

70808-3539

Country:

USA: UNITED STATES

Phone Number:

225-909-9090

ADMINISTRATIVE CONTACT:

Individual from Sponsored Programs Office to contact concerning administrative matters (i.e., indirect cost rate computation, rebudgeting requests etc).

Administrative Contact

Name:

Prefix:

First Name: *

Middle Name:

Last Name: *

Suffix:

Title:

Complete Address:

Street1: *

Street2:

City: *

State: * v

ZIP / Postal Code: *

Country: * v

PROJECT MANAGER:

Individual responsible for the technical completion of the proposed work.

Project Manager

Name:

Prefix:

First Name: *

Middle Name:

Last Name: *

Suffix:

Title:

Complete Address:

Street1: *

Street2:

City: *

State: * v

ZIP / Postal Code: *

Country: * v

Phone Number:

 *

For SF-424A

For column (a) Grant Program Function or Activity put Environmental Justice Collaborative Problem-Solving Cooperative Agreement Program

For column (b), put 66.306

leave Column (c) and (d) blank

You need to guess ahead of time how much money will be needed for each year and each quarter of the program. If the program is 2 years, it is fine to just divide by 2 to come up with the amount for each year, and divide by 8 to come up with the amount for each quarter.

In Section A row 1 column (e) put the total amount of federal funds requested for year 1. Everything else is blank unless you have matching funds. Do the same for year 2. This will automatically tally up in Row 5

In Section B, you are breaking down each year by the budget categories. So if this is 2 years and you had \$x budget for personnel, then year 1 personnel is half of \$x and Year 2 is the other half. It will automatically tally.

Leave Section C blank unless you have nonfederal resources

Section D is where you break the total budget down by quarters for the first year, and Section E is for future years.

Section F, put your direct and your indirect

Should be no need to enter remarks in Section F

Section A - Budget Summary:						
Instructions:						
For new applications, leave Column (c) and (d) blank. For each line entry in Columns (a) and (b), enter in Columns (e), (f), and (g) the appropriate amounts of funds needed to support the project for the first funding period (usually a year).						
For continuing grant program applications, submit these forms before the end of each funding period as required by the grantor agency. Enter in Columns (c) and (d) the estimated amounts of funds which will remain unobligated at the end of the grant funding period only if the Federal grantor agency instructions provide for this. Otherwise, leave these columns blank. Enter in columns (e) and (f) the amounts of funds needed for the upcoming period. The amount(s) in Column (g) should be the sum of amounts in Columns (e) and (f).						
For supplemental grants and changes to existing grants, do not use Columns (c) and (d). Enter in Column (e) the amount of the increase or decrease of Federal funds and enter in Column (f) the amount of the increase or decrease of non-Federal funds. In Column (g) enter the new total budgeted amount (Federal and non-Federal) which includes the total previous authorized budgeted amounts plus or minus, as appropriate, the amounts shown in Columns (e) and (f). The amount(s) in Column (g) should not equal the sum of amounts in Columns (e) and (f).						
Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. Environmental Justice Collaborative Problem-Solving Cooperative Assessment Program	66.306	\$	\$	\$ 149,466.00	\$ 0.00	\$ 149,466.00
2.						
3.						
4.						
		Enter Non-Federal (f) New or Revised Budget according to the Instructions provided in Section A - Budg				
5. Totals		\$	\$	\$ 149,466.00	\$ 0.00	\$ 149,466.00

Section B - Budget Categories:					
	Grant Program, Function or Activity				
	(1)	(2)	(3)	(4)	Total (5)
6. Object Class Categories	Environmental Justice Collaborative Problem-Solving Cooperative Assessment Program	N/A			
a. Personnel	\$ 32,500.00	\$ 32,500.00			\$ 65,000.00
b. Fringe Benefits	\$ 4,875.00	\$ 4,875.00			\$ 9,750.00
c. Travel	\$ 648.00	\$ 648.00			\$ 1,296.00
d. Equipment	\$ 0.00	\$ 0.00			\$ 0.00
e. Supplies	\$ 5,410.00	\$ 5,410.00			\$ 10,820.00
f. Contractual	\$ 28,050.00	\$ 28,050.00			\$ 56,100.00
g. Construction	\$ 0.00	\$ 0.00			\$ 0.00
h. Other	\$ 0.00	\$ 0.00			\$ 0.00
i. Total Direct Charges (sum of 6a-6h)	\$ 71,483.00	\$ 71,483.00			\$ 142,966.00
j. Indirect Charges	\$ 3,250.00	\$ 3,250.00			\$ 6,500.00
k. TOTALS (sum of 6i and 6j)	\$ 74,733.00	\$ 74,733.00			\$ 149,466.00
7. Program Income	\$ 0.00	\$ 0.00			\$ 0.00

Section C - Non-Federal Resources:				
(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS
8. Environmental Justice Collaborative Problem-Solving Cooperative Agreement Program	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
9.				
10.				
11.				
12. TOTAL (sum of lines 8-11)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

Section D - Forecasted Cash Needs:					
	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	\$ 74,733.00	\$ 18,683.25	\$ 18,683.25	\$ 18,683.25	\$ 18,683.25
14. Non-Federal	\$ 0.00	0.00	0.00	0.00	0.00
15. TOTAL (sum of lines 13-14)	\$ 74,733.00	\$ 18,683.25	\$ 18,683.25	\$ 18,683.25	\$ 18,683.25

Section E - Budget Estimates of Federal Funds Needed for Balance of the Project:				
(a) Grant Program	Future Funding Periods (Years)			
	(b) First	(c) Second	(d) Third	(e) Fourth
16. Environmental Justice Collaborative Problem-Solving Cooperative Agreement Program	\$ 74,733.00	\$ 74,733.00		
17.				
18.				
19.				
20. TOTAL (sum of lines 16-19)	\$ 74,733.00	\$ 74,733.00		

Section F - Other Budget Information:	
21. Direct Charges:	n/a
22. Indirect Charges:	n/a
23. Remarks	n/a

SECTION G - BURDEN STATEMENT:

Other attachments form

is where we will upload the following:

--budget

--logic model

--at least 3 signed non-generic letters of commitment from partners

--resumes of key personnel

--proof of non-profit status, either 501c3 or “non-profit organization recognized by the state, territory, commonwealth or tribe in which it is located”]

One will be mandatory, and all the others will be uploaded as optional

MANDATORY OTHER ATTACHMENT:

Mandatory Other
Attachment Filename:

EPA EJGPS Budget Template Capacity Building.xlsx



ADD ATTACHMENT

DELETE ATTACHMENT

VIEW ATTACHMENT

OPTIONAL OTHER ATTACHMENT(S):

To add more Other Attachment attachments, please use the Add Attachments button below.

A2_EPA_EJGPS Logic Model Template--Capacity Buildir

DELETE ATTACHMENT

VIEW ATTACHMENT

EJCPS LOC - A2.docx

DELETE ATTACHMENT

VIEW ATTACHMENT

EJCPS LOC - financial partners.docx

DELETE ATTACHMENT

VIEW ATTACHMENT

EJCPS LOC - non-financial partners.docx

DELETE ATTACHMENT

VIEW ATTACHMENT

Micah 6 8 Mission tax exempt letter.pdf

DELETE ATTACHMENT

VIEW ATTACHMENT

Resume.docx

DELETE ATTACHMENT

VIEW ATTACHMENT

ADD ATTACHMENTS

Click “check application”

Sign and submit

YOU MUST EMAIL Burney.Jacob@epa.gov to tell him you submitted an application

It is possible to reopen, and to delete

Grants.gov will log you off automatically after some time of unuse. Get back to your application by logging on to grants.gov, hit “manage workspace” on the lefthand menu. You will arrive at the Manage Workspace screen with lots of blanks. No need to fill them in. Just leave them empty and click the Search button at the bottom left. A list of all your applications will appear. Find the EPA one and click “manage” and you’ll be back to the original screen at the top of this file.