

## Request for a New GAP Capacity Indicator

To Be Completed by Tribe	
<b>Date:</b>	
<b>Submitter's Name:</b>	
<b>Submitter's Email Address:</b>	
<b>Region:</b>	
<b>Tribe:</b>	

### I. Tribal Recommendation Summary: To be completed by Tribe and sent to Regional [Tribal Program Manager](#)

Project Overview	
<b>Proposed Indicator Statutory Area (required)</b>	<div style="display: flex; flex-wrap: wrap; justify-content: space-between;"> <div>CAA <input type="checkbox"/></div> <div>CWA <input type="checkbox"/></div> <div>CERCLA <input type="checkbox"/></div> <div>EPCRA <input type="checkbox"/></div> <div>FIFRA <input type="checkbox"/></div> <div>OPA <input type="checkbox"/></div> </div> <div style="display: flex; flex-wrap: wrap; justify-content: space-between; margin-top: 5px;"> <div>PPA <input type="checkbox"/></div> <div>RCRA <input type="checkbox"/></div> <div>SDWA <input type="checkbox"/></div> <div>TSCA <input type="checkbox"/></div> <div>Cross Cutting <input type="checkbox"/></div> </div>
<b>Proposed Indicator Text (required):</b> One sentence describing the capacity development milestone (e.g., Recipient is completing an emissions inventory).	
<b>Proposed Definition of Indicator Completeness (required):</b> Provide a one sentence definition that will enable EPA/GAP recipient to know when this indicator has been achieved [e.g., Recipient submits emissions inventory in the NEIS (National Emissions Inventory System)].	
<b>How is the proposed indicator different from <a href="#">existing indicators</a> (required)?</b>	
<b>Additional information (optional)?</b>	

**II. Detailed Basis for Recommendation: To be completed by Region and sent to AIEO (gap@epa.gov)**

	Regional Explanation	AIEO Determination
Explain whether the Region supports addition of the proposed Indicator. Include any suggested edits to the indicator proposal.		<i>Is information &amp; justification sufficient to add the indicator?</i>
		Yes <input type="checkbox"/>
		No <input type="checkbox"/>
		<i>If no, why?</i>
<div> <div> <b>AIEO Determination:</b>   <b>Date:</b>   <b>Consult with Program Office:</b> </div> <div> <b>Approved Based on Information:</b>   <b>Disapproved Based on Information:</b>   <b>Date:</b> </div> <div> <input type="checkbox"/>   <input type="checkbox"/> </div> </div>		