

# Brownfields Cooperative Agreement Training 2016

June 15

EPA Region 1

Boston, MA

June 16

Greater Portland COG

Portland, ME

June 30

EPA Region 1 Lab

Chelmsford, MA

# Agenda

2

- 9:00 am Introductions  
Federal Forms & Starting Work Before Award
- 11:00 am Break
- 11:10 am Two Concurrent Sessions:
- ▶ **Cleanup Grantees** - Workplans, QAPP, Checklist Activities, State Involvement, Procurement, Cost Share, Continuing Obligations, National Historic Preservation Act, Davis Bacon Act, and Non-Profit Training
  - ▶ **Assessment Grantees** - Workplans, QAPPs, Site Eligibility and Forms, State Involvement, AAI and AAI Checklist
- 12:15 pm Lunch
- 1:00 pm Training:
- ▶ ACRES/Reporting, Green Remediation, Resiliency, Health & Safety, and Financial Awareness
- 2:00 pm Adjourn

# Forms for Award

3



**After**

# Standard Federal Forms

4

- Please make sure you have all of the following forms:
  - **SF-424:** Application for Federal Assistance
  - **SF-424A:** Budget Information – Non-Construction
  - **SF-424B:** Assurances – Non-Construction
  - **EPA Form 6600-06:** Certification Regarding Lobbying
  - **SF-LLL:** Disclosure of Lobbying Activities
  - **EPA Form 4700-4:** Pre-award Compliance Certification
  - **EPA Form 5700-54:** Key Contacts Form
  
- Notify a team member if you're missing any of these forms.

# Additional Application Forms

5

□ Please also make sure you also have the following:

➤ **Submitted Proposal(s)**

➤ **Workplan Template(s)**

➤ Assessment

➤ Cleanup

➤ RLF

➤ **Budget Attachment**

➤ Word Version (simple format)

**OR**

➤ Excel Version (more detailed format)

□ Now you can fill in each form as we go over them.



SF 424

Application for Federal  
Assistance



Application for Federal Assistance SF-424		
<p><b>* 1. Type of Submission:</b></p> <p><input type="checkbox"/> Preapplication</p> <p><input checked="" type="checkbox"/> Application</p> <p><input type="checkbox"/> Changed/Corrected Application</p>	<p><b>* 2. Type of Application:</b></p> <p><input checked="" type="checkbox"/> New</p> <p><input type="checkbox"/> Continuation</p> <p><input type="checkbox"/> Revision</p>	<p>* If Revision, select appropriate letter(s):</p> <p><input type="text"/></p> <p>* Other (Specify):</p> <p><input type="text"/></p>
<p><b>* 3. Date Received:</b></p> <p><input type="text"/></p>	<p><b>4. Applicant Identifier:</b></p> <p><input type="text"/></p>	
<p><b>5a. Federal Entity Identifier:</b></p> <p><input type="text"/></p>	<p><b>5b. Federal Award Identifier:</b></p> <p><b>BF</b> The rest of the Grant Number will be assigned by EPA</p>	
<p><b>State Use Only:</b></p>		
<p><b>6. Date Received by State:</b></p> <p><input type="text"/></p>	<p><b>7. State Application Identifier:</b></p> <p><input type="text"/></p>	
<p><b>8. APPLICANT INFORMATION:</b></p>		
<p><b>* a. Legal Name:</b> <b>Grant Recipient, Maine</b> ← Legal Name as listed in SAM.gov</p>		
<p><b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b></p> <p><b>123456789</b></p>	<p><b>* c. Organizational DUNS:</b></p> <p><b>012345678</b></p>	

<b>d. Address:</b>  <b>Legal address as listed in sam.gov</b>	
* Street1:	<b>1 Main Street</b>
Street2:	
* City:	<b>Anywhere</b>
County/Parish:	<b>Northland</b>
* State:	<b>ME: Maine (select from list)</b>
Province:	
* Country:	USA: UNITED STATES
* Zip / Postal Code:	<b>01234-1234</b>
<b>e. Organizational Unit:</b>	
Department Name:	Division Name:
<b>Planning</b>	

**f. Name and contact information of person to be contacted on matters involving this application:**

Prefix:  \* First Name: **Nomar**

Middle Name:

\* Last Name: **Brownfields**

Suffix:

Title: **Planner**

Organizational Affiliation:

\* Telephone Number: **207-123-4567** Fax Number:

\* Email: **Brownfields.Nomar@yourorganization.com**

## Application for Federal Assistance SF-424

\* 9. Type of Applicant 1: Select Applicant Type:

Select from list

**A: State Government**

**E: Regional Organization**

**C: City or Township Government**

**M: Nonprofit with 501C3 IRS Status**

**I: Indian/Native American Tribal Government (Federally Recognized)**

\* Other (specify):

\* 10. Name of Federal Agency:

**US Environmental Protection Agency**

11. Catalog of Federal Domestic Assistance Number:

**66-818**

CFDA Title:

**Brownfields**

## ASSESSMENT GRANTS

\* 12. Funding Opportunity Number:

EPA-OSWER-OBLR-15-04

\* Title:

Proposal Guidelines for Brownfields Assessment Grants

13. Competition Identification Number:

[Redacted]

Title:

[Redacted]

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

[Redacted]

Add Attachment

Delete Attachment

View Attachment

\* 15. Descriptive Title of Applicant's Project:

Grant Recipient's Brownfields Assessment Program

## CLEANUP GRANTS

\* 12. Funding Opportunity Number:

EPA-OSWER-OBLR-15-06

\* Title:

Proposal Guidelines for Brownfields Cleanup Grants

13. Competition Identification Number:

Title:

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

Add Attachment

Delete Attachment

View Attachment

\* 15. Descriptive Title of Applicant's Project:

Grant Recipient's Brownfields Cleanup Program

## RLF GRANTS

\* 12. Funding Opportunity Number:

EPA-OSWER-OBLR-15-05

\* Title:

Proposal Guidelines for Brownfields Revolving Loan Fund Grants

13. Competition Identification Number:

Title:

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

Add Attachment

Delete Attachment

View Attachment

\* 15. Descriptive Title of Applicant's Project:

Grant Recipient's Brownfields Revolving Loan Fund Program

## ASSESSMENT GRANTS

### Application for Federal Assistance SF-424

#### 16. Congressional Districts Of:

\* a. Applicant

1, 2 & 3

\* b. Program/Project

1, 2 & 3

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

Add Attachment

Delete Attachment

View Attachment

#### 17. Proposed Project:

\* a. Start Date:

10/01/2016

\* b. End Date:

09/30/2019

3 Year Period

#### 18. Estimated Funding (\$):

\* a. Federal

\$ 200,000

\* b. Applicant

\* c. State

\* d. Local

\* e. Other

\* f. Program Income

\* g. TOTAL

\$ 200,000

Single Assessment Grant  
Hazardous Substances OR Petroleum

Total is calculated automatically

## ASSESSMENT GRANTS

### Application for Federal Assistance SF-424

#### 16. Congressional Districts Of:

\* a. Applicant **1, 2 & 3**

\* b. Program/Project **1, 2 & 3**

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

Add Attachment

Delete Attachment

View Attachment

#### 17. Proposed Project:

\* a. Start Date: **10/01/2016**

\* b. End Date: **09/30/2019**

**3 Year Period**

#### 18. Estimated Funding (\$):

* a. Federal	<b>\$ 400,000</b>
* b. Applicant	
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	<b>\$ 400,000</b>

**Assessment Grants that include both Hazardous Substances AND Petroleum**

**Total is calculated automatically**

## CLEANUP GRANTS

### Application for Federal Assistance SF-424

#### 16. Congressional Districts Of:

\* a. Applicant **1, 2 & 3**

\* b. Program/Project **1, 2 & 3**

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

Add Attachment

Delete Attachment

View Attachment

#### 17. Proposed Project:

\* a. Start Date: **10/01/2016**

\* b. End Date: **09/30/2019**

**3 Year Period**

#### 18. Estimated Funding (\$):

* a. Federal	<b>\$ 200,000</b>
* b. Applicant	<b>\$ 40,000</b>
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	<b>\$ 240,000</b>

**Single Cleanup Grant with 20% Cost Share**

**Total is calculated automatically**

## CLEANUP GRANTS

### Application for Federal Assistance SF-424

#### 16. Congressional Districts Of:

\* a. Applicant **1, 2 & 3**

\* b. Program/Project **1, 2 & 3**

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

Add Attachment

Delete Attachment

View Attachment

#### 17. Proposed Project:

\* a. Start Date: **10/01/2016**

\* b. End Date: **09/30/2019**

**3 Year Period**

#### 18. Estimated Funding (\$):

* a. Federal	<b>\$ 600,000</b>
* b. Applicant	<b>\$ 120,000</b>
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	<b>\$ 720,000</b>

**Three Cleanup Grants with 20% Cost Share**

**Total is calculated automatically**

## RLF GRANTS

### Application for Federal Assistance SF-424

#### 16. Congressional Districts Of:

\* a. Applicant **1, 2 & 3**

\* b. Program/Project **1, 2 & 3**

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

Add Attachment

Delete Attachment

View Attachment

#### 17. Proposed Project:

\* a. Start Date: **10/01/2016**

\* b. End Date: **09/30/2021**

**5 Year Period**

#### 18. Estimated Funding (\$):

* a. Federal	<b>\$ 820,000</b>
* b. Applicant	<b>\$ 164,000</b>
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	<b>\$ 984,000</b>

**RLF Grant Hazardous Substances With or Without Petroleum and 20% Cost Share**

**Total is calculated automatically**

**NH Grantees Only  
See Handout**

**\* 19. 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 **06/30/2016**.
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

**\* 19. 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 the State for review.
- c. Program is not covered by E.O. 12372.

**\* 19. 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 the State for review.
- c. Program is not covered by E.O. 12372.

**\* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)**

Yes       No

If "Yes", provide explanation and attach

**21. \*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 218, 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.

**Authorized Representative:**

Prefix:       \* First Name:

Middle Name:

\* Last Name:

Suffix:

\* Title:

\* Telephone Number:       Fax Number:

\* Email:

\* Signature of Authorized Representative:       \* Date Signed:

# **SF 424A**

## BUDGET INFORMATION NON-CONSTRUCTION PROGRAMS



## ASSESSMENT GRANTS

**SECTION A - BUDGET SUMMARY**

	Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds				
			Federal (c)	Non-Federal (d)			
1.	<b>Hazardous Substances</b>		\$	\$	\$	\$	
2.							
3.							
4.							
5. Totals			\$	\$	\$	\$	\$

**If you are receiving Hazardous Substances Funding Only**



## ASSESSMENT GRANTS

**SECTION A - BUDGET SUMMARY**

	Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds				
			Federal (c)	Non-Federal (d)			
1.	Petroleum		\$	\$	\$	\$	
2.							
3.							
4.							
5.	Totals		\$	\$	\$	\$	\$

**If you are receiving Petroleum Funding Only**

## ASSESSMENT GRANTS

**SECTION A - BUDGET SUMMARY**

	Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds				
			Federal (c)	Non-Federal (d)			
1.	Hazardous Substances		\$		\$		
2.	Petroleum						
3.							
4.							
5.	<b>Totals</b>		\$		\$		\$

**If you are receiving Hazardous Substances AND Petroleum Funding**

## Cleanup & RLF GRANTS

**SECTION A - BUDGET SUMMARY**

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds				
		Federal (c)	Non-Federal (d)			
1. <b>Hazardous Substances</b>		\$	\$	\$	\$	
2. <b>20% Cost Share</b>						
3.						
4.						
5. <b>Totals</b>		\$	\$	\$	\$	\$

**If you are receiving Hazardous Substances Funding Only**

## Cleanup & RLF GRANTS

**SECTION A - BUDGET SUMMARY**

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds				
		Federal (c)	Non-Federal (d)			
1. Hazardous Substances		\$	\$	\$	\$	
2. Petroleum						
3. 20% Cost Share						
4.						
5. Totals		\$	\$	\$	\$	\$

**If you are receiving Hazardous Substances AND Petroleum Funding**

# ASSESSMENT GRANTS

SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION				Totals Automatically Calculated
	(1)	(2)	(3)		
	Hazardous Substances or Petroleum				
a. Personnel	\$ 15,000				\$ 15,000
b. Fringe Benefits	5,000				5,000
c. Travel	5,000				5,000
<del>d. Equipment</del>					
e. Supplies	5,000				5,000
f. Contractual	170,000				170,000
<del>g. Construction</del>					
<del>h. Other</del>					
i. Total Direct Charges (sum of 6a-6h)	200,000				\$ 200,000
<del>j. Indirect Charges</del>					
k. TOTALS (sum of 6i and 6j)	\$ 200,000	\$	\$	\$	\$ 200,000
<del>7. Program Income</del>					

**EXAMPLE**  
 Single Assessment Grant  
 Hazardous Substances  
OR Petroleum

## ASSESSMENT GRANTS

### SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION				Totals Automatically Calculated
	(1)	(2)	(3)		
	Hazardous Substances	Petroleum			
a. Personnel	\$ 15,000	\$ 15,000	\$	\$	30,000
b. Fringe Benefits	5,000	5,000			10,000
c. Travel	5,000	5,000			10,000
<del>d. Equipment</del>					
e. Supplies	5,000	5,000			10,000
f. Contractual	170,000	170,000			340,000
<del>g. Construction</del>					
<del>h. Other</del>					
i. Total Direct Charges (sum of 6a-6h)	200,000	200,000			400,000
<del>j. Indirect Charges</del>					
k. TOTALS (sum of 6i and 6j)	\$ 200,000	\$ 200,000	\$	\$	400,000
<del>7. Program Income</del>					

**EXAMPLE**  
Assessment Grant  
 With Both  
 Hazardous  
 Substances  
AND Petroleum

## CLEANUP GRANTS

### SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION				Totals Automatically Calculated
	(1)	(2)	(3)		
	Hazardous Substances or Petroleum	20% Cost Share	EXAMPLE <u>Single Cleanup Grant</u> Hazardous Substances <u>OR</u> Petroleum		
a. Personnel	\$ 15,000	\$	\$	\$	\$ 15,000
b. Fringe Benefits	5,000				5,000
c. Travel	5,000				5,000
<del>d. Equipment</del>					
e. Supplies	5,000				5,000
f. Contractual	170,000	40,000			210,000
<del>g. Construction</del>					
<del>h. Other</del>					
i. Total Direct Charges (sum of 6a-6h)	200,000	40,000			\$ 240,000
<del>j. Indirect Charges</del>					
k. TOTALS (sum of 6i and 6j)	\$ 200,000	\$ 40,000	\$	\$	\$ 240,000
<del>7. Program Income</del>	\$	\$	\$	\$	

## CLEANUP GRANTS

### SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION				Totals Automatically Calculated
	(1)	(2)	(3)		
	Hazardous Substances or Petroleum	20% Cost Share	EXAMPLE Three Cleanup Grants Hazardous Substances OR Petroleum		
a. Personnel	\$ 45,000	\$	\$	\$	\$ 45,000
b. Fringe Benefits	15,000				15,000
c. Travel	15,000				15,000
<del>d. Equipment</del>					
e. Supplies	15,000				15,000
f. Contractual	510,000	120,000			630,000
<del>g. Construction</del>					
<del>h. Other</del>					
i. Total Direct Charges (sum of 6a-6h)	600,000	120,000			\$ 720,000
<del>j. Indirect Charges</del>					
k. TOTALS (sum of 6i and 6j)	\$ 600,000	\$ 120,000	\$	\$	\$ 720,000
<del>7. Program Income</del>	\$	\$	\$	\$	

## RLF GRANTS

### SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1)	(2)	(3)	(4)	
	Hazardous Substances	20% Cost Share	<b>EXAMPLE Hazardous Substances <u>Only</u></b>		Totals Automatically Calculated
a. Personnel	\$ 35,000	\$	\$	\$	\$ 35,000
b. Fringe Benefits	5,000				5,000
c. Travel	10,000				10,000
<del>d. Equipment</del>	<del></del>	<del></del>	<del></del>	<del></del>	<del></del>
e. Supplies	5,000				5,000
f. Contractual	15,000				15,000
<del>g. Construction</del>	<del></del>	<del></del>	<del></del>	<del></del>	<del></del>
h. Other	750,000	164,000			914,000
i. Total Direct Charges (sum of 6a-6h)	820,000	164,000			\$ 984,000
<del>j. Indirect Charges</del>	<del></del>	<del></del>	<del></del>	<del></del>	<del></del>
k. TOTALS (sum of 6i and 6j)	\$ 820,000	\$ 164,000	\$	\$	\$ 984,000
<del>7. Program Income</del>	<del></del>	<del></del>	<del></del>	<del></del>	<del></del>

## RLF GRANTS

### SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1)	(2)	(3)	(4)	
	Hazardous Substances	Petroleum	20% Cost Share	<b>EXAMPLE Hazardous Substances AND Petroleum</b>	Totals Automatically Calculated
a. Personnel	\$ 26,250	\$ 8,750	\$		\$ 35,000
b. Fringe Benefits	3,750	1,250			5,000
c. Travel	7,500	2,500			10,000
<del>d. Equipment</del>					
e. Supplies	3,750	1,250			5,000
f. Contractual	11,250	3,750			15,000
<del>g. Construction</del>					
h. Other	567,500	182,500	164,000		914,000
i. Total Direct Charges (sum of 6a-6h)	620,000	200,000	164,000		\$ 984,000
<del>j. Indirect Charges</del>					
k. TOTALS (sum of 6i and 6j)	\$ 620,000	\$ 200,000	\$ 164,000	\$	\$ 984,000
<del>7. Program Income</del>					

**SECTION C - NON-FEDERAL RESOURCES**

	(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS
8.		\$	\$	\$	\$
9.					
10.					
11.					
12. TOTAL (sum of lines 8-11)		\$	\$	\$	\$

**SECTION D - FORECASTED CASH NEEDS**

	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	\$ <b>75,000</b>	\$ <b>10,000</b>	\$ <b>20,000</b>	\$ <b>25,000</b>	\$ <b>20,000</b>
14. Non-Federal	\$				
15. TOTAL (sum of lines 13 and 14)	\$ <b>75,000</b>	\$ <b>10,000</b>	\$ <b>20,000</b>	\$ <b>25,000</b>	\$ <b>20,000</b>

↑ Totals are calculated automatically ↑

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. <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
17. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
18. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
19. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
20. TOTAL (sum of lines 16 - 19)	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
SECTION F - OTHER BUDGET INFORMATION				
21. Direct Charges: <input type="text"/>	22. Indirect Charges: <input type="text"/>			
23. Remarks: <input type="text"/>				



SF 424B

Assurances  
Non-Construction  
Programs

View Burden Statement

OMB Number: 4040-0007  
Expiration Date: 01/31/2019

**ASSURANCES - NON-CONSTRUCTION PROGRAMS**

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503.

**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.**

**NOTE:** Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

- Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.
- Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
- Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
- Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
- Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
- Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation

- Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
- Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
  - Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.

- Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements.
- Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
- Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).
- Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
- Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
- Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
- Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
- Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
- Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
- Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.
- Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	TITLE
<i>Will C. Results</i>	Director
APPLICANT ORGANIZATION	DATE SUBMITTED
Your Organization	07/08/2016



EPA FORM 6600-06  
Certification Regarding  
Lobbying



# Certification Regarding Lobbying

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United States  
ENVIRONMENTAL PROTECTION AGENCY  
Washington, DC 20460

OMB Control No. 2030-0020  
Approval expires 06/30/2017

**Will be assigned by EPA**

## CERTIFICATION REGARDING LOBBYING

### CERTIFICATION FOR CONTRACTS, GRANTS, LOANS AND COOPERATIVE AGREEMENTS

The undersigned certifies, to the best of his or her knowledge and belief, that:

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
- (3) The undersigned shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including sub-contracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31 U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

**Will C. Results, Director**

Typed Name & Title of Authorized Representative

**Will C. Results 07/08/2016**

Signature and Date of Authorized Representative



**Need to add a signature block to sign electronically**

The public reporting and recordkeeping burden for this collection of information is estimated to average 15 minutes per response. Send comments on the Agency's need for this information, the accuracy of the provided burden estimates, and any suggested methods for minimizing respondent burden, including through the use of automated collection techniques to the Director, Collection Strategies Division, U.S. Environmental Protection Agency (2822T), 1200 Pennsylvania Ave., NW, Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed form to this address.



SF LLL

# Disclosure of Lobbying Activities

# SF LLL

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## DISCLOSURE OF LOBBYING ACTIVITIES

Approved by OMB  
0348-0046

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352  
(See reverse for public burden disclosure.)

<b>1. Type of Federal Action:</b> <input checked="" type="checkbox"/> <b>c</b> a. contract b. grant c. cooperative agreement d. loan e. loan guarantee f. loan insurance	<b>2. Status of Federal Action:</b> <input checked="" type="checkbox"/> <b>b</b> a. bid/offer/application b. initial award c. post-award	<b>3. Report Type:</b> <input checked="" type="checkbox"/> <b>a</b> a. initial filing b. material change <b>For Material Change Only:</b> year _____ quarter _____ date of last report _ .
<b>4. Name and Address of Reporting Entity:</b> <input checked="" type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known: <b>Legal address as listed in sam.gov</b> <b>Spell out the state name</b>  Congressional District, if known: 4c <b>1, 2 &amp; 3</b>		<b>5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime:</b>  <b>Grantee Organization</b> <b>1 Main Street</b> <b>Anywhere, Maine 01234</b>  Congressional District, if known: <b>1, 2 &amp; 3</b>
<b>6. Federal Department/Agency:</b> <b>US Environmental Protection Agency</b>	<b>7. Federal Program Name/Description:</b> <b>Brownfields</b> CFDA Number, if applicable: <b>66-818</b>	
<b>8. Federal Action Number, if known:</b> <b>Will be assigned by EPA</b>	<b>9. Award Amount, if known:</b> <b>\$ 200,000 (your award amount)</b>	

# SF LLL (continued)

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10. a. Name and Address of Lobbying Registrant  
(if individual, last name, first name, MI):

b. Individuals Performing Services (including address if  
different from No. 10a)  
(last name, first name, MI):

**Block 10 to be filled in only if you lobby**

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Signature: Will C. Results

Print Name: Will C. Results

Title: Director

Telephone No.: 207-123-4567 Date: 07/08/2016

Federal Use Only:

Authorized for Local Reproduction  
Standard Form LLL (Rev. 7-97)

## EPA FORM 4700-4

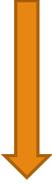
Pre-award Compliance Review  
Report for All Applicants and  
Recipients Requesting EPA  
Financial Assistance



# EPA Form 4700-4

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Legal name as listed in sam.gov; spell out state name

 		U.S. ENVIRONMENTAL PROTECTION AGENCY Washington, DC 20460	
<b>Preaward Compliance Review Report for All Applicants and Recipients Requesting EPA Financial Assistance</b> <i>Note: Read instructions on other side before completing form.</i>			
I. Applicant/Recipient (Name, Address, State, Zip Code).		DUNS No.	
<b>City of Anywhere, 1 Main Street, Anywhere, New Hampshire 01234</b>		<b>012345678</b>	
II. Is the applicant currently receiving EPA assistance? <b>Yes or No</b>			
III. List all civil rights lawsuits and administrative complaints pending 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. See instructions on reverse side.) <b>N/A or See Attached</b>			
IV. List all civil rights lawsuits and administrative complaints decided against the applicant/recipient within the last year that allege discrimination based on race, color, national origin, sex, age, or disability and enclose a copy of all decisions. Please describe all corrective action taken. (Do not include employment complaints not covered by 40 C.F.R. Parts 5 and 7. See instructions on reverse side.) <b>N/A or See Attached</b>			
V. List all civil rights compliance reviews of the applicant/recipient conducted by any agency within the last two years and enclose a copy of the review and any decisions, orders, or agreements based on the review. Please describe any corrective action taken. (40 C.F.R. § 7.80(c)(3)) <b>N/A or See Attached</b>			
VI. Is the applicant requesting EPA assistance for new construction? If no, proceed to VII; if yes, answer (a) and/or (b) below. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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). <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> No			

# EPA Form 4700-4 (continued)

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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 programs or activities? (40 C.F.R. § 5.140 and § 7.95) <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Yes or No</b> a. Do the methods of notice accommodate those with impaired vision or hearing? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Yes or No</b> b. Is the notice posted in a prominent place in the applicant's offices or facilities or, for education programs and activities, in appropriate periodicals and other written communications? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Yes or No</b> c. Does the notice identify a designated civil rights coordinator? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Yes or No</b>	
VIII.	Does the applicant/recipient maintain demographic data on the race, color, national origin, sex, age, or handicap of the population it serves? (40 C.F.R. § 7.85(a)) <b>Yes or No</b>	
IX.	Does the applicant/recipient have a policy/procedure for providing access to services for persons with limited English proficiency? (40 C.F.R. Part 7, E.O. 13166) <b>Yes or No</b>	
X.	If the applicant/recipient 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. <b>N/A or Provide contact information</b>	
XI.	If the applicant/recipient 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 Internet address for, or a copy of, the procedures. <b>N/A or Provide legal citation (attached or website address)</b>	
<b>For the Applicant/Recipient</b>		
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 <i>Will C. Results</i>	B. Title of Authorized Official <b>Director</b>	C. Date <b>7/08/2016</b>



**Need to add a signature block to sign**



EPA FORM 5700-54  
KEY CONTACTS FORM

# Key Contacts Form

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Form Approved OMB No: 2030-0020 Approval Expires 06/30/2017

**U.S. ENVIRONMENTAL PROTECTION AGENCY**  
Washington, DC 20460  
**KEY CONTACTS FORM**

**EPA**

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

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Complete Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

**Payee:** *Individual authorized to accept payments.*

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Mail Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

**Administrative Contact:** *Individual from Sponsored Program Office to contact concerning administrative matters (i.e., indirect cost rate computation, rebudgeting requests etc.)*

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
FAX Number: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

**Principal Investigator:** *Individual responsible for the technical completion of the proposed work.*

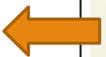
Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
FAX Number: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_  
Web URL: \_\_\_\_\_



Person signing all grant documents



Person that processes payments – Financial Contact



You or your administrative person



You or person managing grant



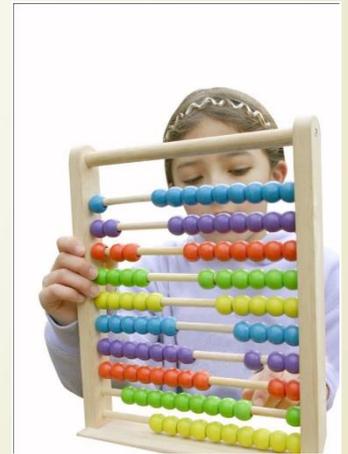
# BUDGET DETAIL

## Attachment 1

# Budget Detail – Attachment 1

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- ❑ A budget detail attachment must be included for each task in your workplan.
  
- ❑ Two options
  - Word Version (simple format)
  - Excel Version (detailed format)
  
- ❑ The math must add up!



# Task1 – Cooperative Agreement Oversight

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Position/Title	Estimated Time (Hours)	Hourly Wage	Total
Senior Planner <sup>3</sup>	150	\$40.00	\$6,000.00
Planner	100	\$30.00	\$3,000.00
Financial Manager	50	\$20.00	\$1,000.00
<b>Total Personnel</b>			<b>\$10,000.00</b>
Fringe (25%) <sup>3</sup>			\$2,500.00
Travel <sup>1</sup>			\$2,500.00
Supplies <sup>2</sup>			\$200.00
Contractual <sup>3</sup>			\$1,800.00
<b>Total Direct</b>			<b>\$17,000.00</b>

<sup>1</sup> Travel: 25 miles/trip x 8 trips x \$0.5/mile = \$100.00 & BF Conferences \$2,400

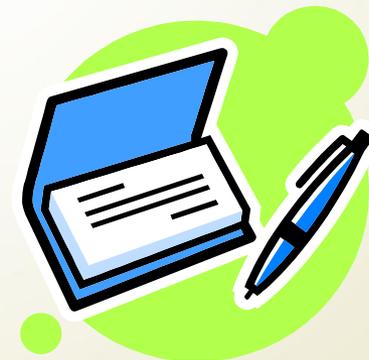
<sup>2</sup> Supplies: Postage \$25.00 + Copying \$100.00 + Notices \$75.00 = \$200.00

<sup>3</sup> Cost Share: Describe what part of this line item you anticipate will meet the cost share.

# Starting Work Before Award (aka Pre-award)

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- ❑ You may start work on July 1 ... but you must identify your pre-award tasks and estimated costs in Section 6 of your Workplan.
- ❑ You will not be reimbursed until the grant is awarded.



# Non-Profit Grantees

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- ❑ Must include proof of non-profit status
- ❑ Two people must complete online the training (<https://www.epa.gov/grants/grants-management-training-non-profit-applicants-and-recipients>)
- ❑ If grant funds total more than \$200K, you must also complete the EPA Administrative Capability Questionnaire.

Appendix A  
EPA Administrative Capability Questionnaire

The Environmental Protection Agency (EPA) uses the standards set forth in the Code of Federal Regulations, Title 40, Part 30, Subpart C and Office of Management and Budget's (OMB) Circular A-122 "Cost Principles for Non-Profit Organizations" to assess the adequacy of administrative management systems. The regulation can be found on EPA's website at <http://www.epa.gov/ogd/grants/regulations.htm> or by searching the US Government Printing Office's site at <http://www.gpoaccess.gov/cfr/index.html>; the OMB Circular can be found on OMB's website at: [http://www.whitehouse.gov/omb/circulars/a122/a122\\_2004.html](http://www.whitehouse.gov/omb/circulars/a122/a122_2004.html). If your organization is being recommended for an EPA grant, and your organizational policies and procedures do not fully cover the areas outlined in the questionnaire, revised or new policies may be necessary to comply with Federal financial management standards.

**PART I - GENERAL**

1.	Legal Name of the Organization	
2.	Other Organizational Names or Acronyms Used	
2a	Please Identify any affiliated organizations	
3.	Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) Number	
4.	Is your accounting system accrual based or cash based?	
5.	Is your accounting system manual, automated or combination?	
6.	Has an audit been performed on the organization's financial statement?	
7.	What was the audit opinion?	

# Last Things

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- ❑ DUNS #, CFDA, EIN
- ❑ System for Award Management (SAM) - see entity overview in your green folder - [www.sam.gov](http://www.sam.gov)
- ❑ Ensure all budget totals (from the 424A, Budget Detail Attachment 1, and the Workplan) **are the same amount**
- ❑ Cleanup Grantees: No 100% pass through and no cost share in Other

# Last Things

55



- NH Grantees:  
Send draft Workplan to the Intergovernmental Review Office
- Provide draft form package to your Project Officer ASAP
- July 8<sup>th</sup>** deadline for final submittal
- QEP on board by **December 2016**

# Make Sure You Have It All

56

- ❑ **SF-424:** Application for Federal Assistance
- ❑ **SF-424A:** Budget Information – Page 1 & 2
- ❑ **SF-424B:** Assurances
- ❑ **EPA Form 6600-06:** Certification Regarding Lobbying
- ❑ **SF-LLL:** Disclosure of Lobbying Activities
- ❑ **EPA-4700-4:** Pre-Award Compliance Review Report
- ❑ **EPA Form 5700-54:** Key Contacts Form
- ❑ **Project Narrative Statement** (Workplan)
- ❑ **Budget Detail** (Attachment 1 for each task)
- ❑ **Non-Profit Tax Status** (If Applicable)

# Forms & Workplan Templates

57

Reminder - All Forms & Workplan templates are available on our website:

<https://www.epa.gov/brownfields/2016-brownfields-new-grantee-training-new-england>



E-Mail it all to (preferred method):

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**Your Assigned Project Officer**

**lastname.firstname@epa.gov**

(see handout in green folder for your project officer's email address)

**Subject Line:**

**Brownfields Application – Name of Organization – 1 of X**

# You Are Done!

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# Questions???

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