

Brownfields Cooperative Agreement Training 2019

June 25



EPA Region 1 Lab
Chelmsford, MA

June 27

Sanford City Hall
Sanford, ME

Forms for Award

2



Before



After

Standard Federal Forms

3

- Please make sure you have all of the following forms:
 - **SF424_2_1-V2.1.pdf:** Application for Federal Assistance
 - **SF424A-V1.0.pdf:** Budget Information – Non-Construction
 - **SF424B-V1.1.pdf:** Assurances – Non-Construction
 - **EPA_Form_6600_06.pdf:** Certification Regarding Lobbying
 - **SFLLL_1_2_P-V1.2.pdf:** Disclosure of Lobbying Activities
 - **EPA4700_4_2_1-V2.1.pdf:** Pre-award Compliance Certification
 - **EPA_KeyContacts-V1.1.pdf:** Key Contacts Form

- Notify a team member if you're missing any of these forms.

Additional Application Forms

4

❑ Please make sure you have the following:

➤ **Your Submitted Proposal(s)** (For reference)

➤ **Workplan Template(s)**

- AssessmentWorkplanTemplateFY19.docx
- CleanupWorkplanTemplateFY2019.docx
- MultipurposeWorkplanTemplateFY19.docx

➤ **Budget Attachment**

- 2019 Budget Detail – Assessment.xlsx
- 2019 Budget Detail – Cleanup.xlsx
- 2019 Budget Detail – Multipurpose.xlsx

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

SF 424





Application for Federal Assistance

SF424_2_1-V2.1.pdf



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

The rest of the
Grant Number
will be assigned
by EPA

d. Address:  Legal address as listed in sam.gov	
* Street1:	1 Main Street
Street2:	
* City:	Anywhere
County/Parish:	Northland
* State:	ME: Maine (select from list) 
Province:	
* Country:	USA: UNITED STATES 
* Zip / Postal Code:	01234-1234  Must enter all 9 digits
e. Organizational Unit:	
Department Name:	Division Name:
Planning	

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

Prefix:	<input type="text"/>	* First Name:	<input type="text" value="Nomar"/>
Middle Name:	<input type="text"/>		
* Last Name:	<input type="text" value="Brownfields"/>		
Suffix:	<input type="text"/>		
Title:	<input type="text" value="Planner"/>		
Organizational Affiliation:	<input type="text"/>		
* Telephone Number:	<input type="text" value="207-123-4567"/>	Fax Number:	<input type="text"/>
* Email:	<input type="text" value="Brownfields.Nomar@yourorganization.com"/>		

Application for Federal Assistance SF-424

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

Select from list

A: State Government

M: Nonprofit with 501C3 IRS Status

C: City or Township Government

E: Regional Organization

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

SF 424 — Page 2 (continued)

ASSESSMENT GRANTS

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* 12. Funding Opportunity Number:

EPA-OLEM-OBLR-18-06

* Title:

Proposal Guidelines for Brownfields Assessment 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 Assessment Program

SF 424 — Page 2 (continued)

CLEANUP GRANTS

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* 12. Funding Opportunity Number:

EPA-OLEM-OBLR-18-07

* 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

SF 424 — Page 2 (continued)

MULTIPURPOSE GRANTS

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* 12. Funding Opportunity Number:

EPA-OLEM-OBLR-18-08

* Title:

Proposal Guidelines for Brownfields Multipurpose 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 Multipurpose Program

ASSESSMENT GRANTS

13

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:

10/01/2019

07/01/2019 if requesting
pre-award costs

* b. End Date:

09/30/2022

3 Year
Period

18. Estimated Funding (\$):

* a. Federal

\$ 300,000

* b. Applicant

* c. State

* d. Local

* e. Other

* f. Program Income

* g. TOTAL

\$ 300,000

Assessment Grants
Hazardous Substances And/Or
Petroleum

Total is calculated automatically

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CLEANUP GRANTS

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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:

10/01/2019

07/01/2019 if requesting
pre-award costs

* b. End Date:

09/30/2022

3 Year
Period

18. Estimated Funding (\$):

* a. Federal

\$ 500,000

* b. Applicant

\$ 100,000

* c. State

* d. Local

* e. Other

* f. Program Income

* g. TOTAL

\$ 600,000

Cleanup Grant
\$500,000 with 20% Cost Share

Total is calculated automatically

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CLEANUP GRANTS

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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:

10/01/2019

07/01/2019 if requesting
pre-award costs

* b. End Date:

09/30/2022

3 Year
Period

18. Estimated Funding (\$):

* a. Federal

\$ 350,000

* b. Applicant

\$ 70,000

* c. State

* d. Local

* e. Other

* f. Program Income

* g. TOTAL

\$ 420,000

Cleanup Grant
\$350,000 with 20% Cost Share

Total is calculated automatically

MULTIPURPOSE GRANTS

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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:

10/01/2019

07/01/2019 if requesting
pre-award costs

* b. End Date:

09/30/2024

5 Year
Period

18. Estimated Funding (\$):

* a. Federal

\$ 800,000

* b. Applicant

\$ 40,000

* c. State

* d. Local

* e. Other

* f. Program Income

* g. TOTAL

\$ 840,000

Multipurpose Grant
\$800,000 with \$40,000 Cost Share

Total is calculated automatically

NH Recipients 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 **06/27/2019**.
- ☐ 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.

CT, MA, ME, RI & VT Recipients

*** 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

Add Attachment

Delete Attachment

View Attachment

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: Will

Middle Name: C.

* Last Name: Results

Suffix:

* Title: Director

* Telephone Number: 207-123-4567

Fax Number:

* Email: Results.will.c@yourorganization.com

* Signature of Authorized Representative:

Will C. Results

* Date Signed: 07/10/2019

SF 424A

BUDGET INFORMATION NON-CONSTRUCTION PROGRAMS

SF424A-V1.0.pdf



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ASSESSMENT GRANTS

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SECTION A - BUDGET SUMMARY						
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. Hazardous Substances		\$	\$	\$	\$	
2.						
3.						
4.						
5. Totals		\$	\$	\$	\$	\$

For Hazardous Substances Funding Only

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ASSESSMENT GRANTS

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SECTION A - BUDGET SUMMARY						
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. Hazardous Substances		\$	\$	\$	\$	
2. Petroleum						
3.						
4.						
5. Totals		\$	\$	\$	\$	\$

Hazardous Substances AND Petroleum Funding

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CLEANUP GRANTS

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SECTION A - BUDGET SUMMARY						
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. Hazardous Substances		\$	\$	\$	\$	
2. 20% Cost Share						
3.						
4.						
5. Totals		\$	\$	\$	\$	\$

Hazardous Substances Funding Only with 20% Cost Share

MULTIPURPOSE GRANTS

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SECTION A - BUDGET SUMMARY						
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. Hazardous Substances		\$	\$	\$	\$	\$
2. Cost Share						
3.						
4.						
5. Totals		\$	\$	\$	\$	\$

Hazardous Substances Funding Only with \$40,000 Cost Share

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ASSESSMENT GRANTS

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SECTION B - BUDGET CATEGORIES


6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1)	(2)	(3)	(4)	
	Hazardous Substances	<div>EXAMPLE</div> <div>Assessment Grant</div> <div>Hazardous Substances Only</div>			Totals Automatically Calculated
a. Personnel	\$ 25,000				\$ 25,000
b. Fringe Benefits	15,000				15,000
c. Travel	5,000				5,000
d. Equipment					
e. Supplies	5,000				5,000
f. Contractual	250,000				250,000
g. Construction					
h. Other					
<div>Enter your Indirect Costs here</div> <div>6h)</div>	300,000				\$ 300,000
	0				\$ 0
	\$ 300,000	\$	\$	\$	\$ 300,000
7. Program Income					

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ASSESSMENT GRANTS

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SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1)	(2)	(3)	(4)	
	Hazardous Substances	Petroleum	EXAMPLE <u>Assessment Grant</u> With Both Hazardous Substances AND Petroleum		Totals Automatically Calculated
a. Personnel	\$ 15,000	\$ 7,500			\$ 22,500
b. Fringe Benefits	5,000	2,500			7,500
c. Travel	5,000	2,500			7,500
d. Equipment					
e. Supplies	5,000	2,500			7,500
f. Contractual	170,000	85,000			255,000
g. Construction					
h. Other					
Enter your Indirect Costs here 	200,000	100,000			\$ 300,000
	0				\$ 0
	\$ 200,000	\$ 100,000	\$	\$	\$ 300,000
7. Program Income					

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CLEANUP GRANTS

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SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1)	(2)	(3)	(4)	
	Hazardous Substances or Petroleum	20% Cost Share	<div>EXAMPLE</div> <div>Cleanup Grant</div> <div>\$500,000</div> <div>Hazardous</div> <div>Substances</div> <div>with 20% Cost Share</div>		Totals Automatically Calculated
a. Personnel	\$ 25,000	\$	\$	\$	\$ 25,000
b. Fringe Benefits	15,000				15,000
c. Travel	5,000				5,000
d. Equipment					
e. Supplies	5,000				5,000
f. Contractual	450,000	100,000			550,000
g. Construction					
h. Other					
<div>Enter your Indirect Costs here</div> <div>→</div>	500,000	100,000			\$ 600,000
	0				\$ 0
	\$ 500,000	\$ 100,000	\$	\$	\$ 600,000
7. Program Income	\$	\$	\$	\$	\$

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CLEANUP GRANTS

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SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1)	(2)	(3)	(4)	
	Hazardous Substances or Petroleum	20% Cost Share	<div>EXAMPLE</div> <div>Cleanup Grant</div> <div>\$350,000</div> <div>Hazardous</div> <div>Substances</div> <div>with 20% Cost Share</div>		Totals Automatically Calculated
a. Personnel	\$ 25,000	\$	\$	\$	\$ 25,000
b. Fringe Benefits	15,000				15,000
c. Travel	5,000				5,000
d. Equipment					
e. Supplies	5,000				5,000
f. Contractual	300,000	70,000			300,000
g. Construction					
h. Other					
<div>Enter your Indirect Costs here</div> <div>6h)</div>	350,000	70,000			\$ 420,000
	0				\$ 0
	\$ 350,000	\$ 70,000	\$	\$	\$ 420,000
7. Program Income	\$	\$	\$	\$	\$

MULTIPURPOSE GRANTS

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SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1)	(2)	(3)	(4)	
	Hazardous Substances	Cost Share	EXAMPLE <u>Multipurpose Grant</u> \$800,000 Hazardous Substances with \$40,000 Cost Share		Totals Automatically Calculated
a. Personnel	\$ 25,000	\$			\$ 25,000
b. Fringe Benefits	15,000				15,000
c. Travel	5,000				5,000
d. Equipment					
e. Supplies	7,000				7,000
f. Contractual	748,000	40,000			788,000
g. Construction					
h. Other					
Enter your Indirect Costs here →	800,000	40,000			\$ 840,000
	0				\$ 0
	\$ 800,000	\$ 40,000	\$	\$	\$ 840,000
7. Program Income	\$	\$	\$	\$	\$

SECTION C - NON-FEDERAL RESOURCES				
(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS
8. <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
9. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
11. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
12. TOTAL (sum of lines 8-11)	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

SECTION D - FORECASTED CASH NEEDS					
	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	\$ 75,000	\$ 10,000	\$ 20,000	\$ 25,000	\$ 20,000
14. Non-Federal	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
15. TOTAL (sum of lines 13 and 14)	\$ 75,000	\$ 10,000	\$ 20,000	\$ 25,000	\$ 20,000

↑ 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

SF424B-V1.1.pdf



View Burden Statement

OMB Number: 4040-0007
Expiration Date: 02/28/2022

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 handicap; (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.



You can add a signature block to sign electronically

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	TITLE
<i>Will C. Results</i>	Director
APPLICANT ORGANIZATION	DATE SUBMITTED
Your Organization	07/10/2019



Legal name as listed in sam.gov

EPA FORM 6600-06

Certification Regarding Lobbying

EPA_Form_6600_06.pdf



Certification Regarding Lobbying

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 **United States
ENVIRONMENTAL PROTECTION AGENCY**
Washington, DC 20460

OMB Control No. 2030-002
Approval expires 04/30/202

**Will be assigned
by EPA** → EPA Project Control Number

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 07/10/2019
Signature and Date of Authorized Representative

↑ **You can 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 this 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.

EPA Form 8600-06 (Rev. 06/2014) Previous editions are obsolete.

SFLLL_1_2_P-V1.2.pdf



DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C.1352

Approved by OMB
4040-0013**Review Public Burden Disclosure Statement****1. * Type of Federal Action:**

- ☐ a. contract
☐ b. grant
☒ c. cooperative agreement
☐ d. loan
☐ e. loan guarantee
☐ f. loan insurance

2. * Status of Federal Action:

This is automatically
checked as b. grant
Make sure you check c.
cooperative agreement

3. * Report Type:

- ☒ a. initial filing
☐ b. material change

4. Name and Address of Reporting Entity:

☒ Prime ☐ SubAwardee

* Name

Grantee Organization

Legal address as listed in sam.gov

* Street 1

1 Main Street

Street 2

* City

Anywhere

State

ME: Maine (select from list)

Zip

01234

Congressional District, if known:

1, 2 & 3**5. If Reporting Entity in No.4 is Subawardee, Enter Name and Address of Prime:**

SF LLL (continued)

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6. * Federal Department/Agency: US Environmental Protection Agency	7. * Federal Program Name/Description: Brownfields CFDA Number, if applicable: 66-818
8. Federal Action Number, if known: Will be assigned by EPA	9. Award Amount, if known: \$ 300,000 (your award amount)
10. a. Name and Address of Lobbying Registrant: Prefix <input type="text"/> * First Name <input type="text"/> Middle Name <input type="text"/> * Last Name <input type="text"/> Suffix <input type="text"/> * Street 1 <input type="text"/> Street 2 <input type="text"/> * City <input type="text"/> State <input type="text"/> Zip <input type="text"/> Block 10 to be filled in only if you lobby	
b. Individual Performing Services (including address if different from No. 10a) Prefix <input type="text"/> * First Name <input type="text"/> Middle Name <input type="text"/> * Last Name <input type="text"/> Suffix <input type="text"/> * Street 1 <input type="text"/> Street 2 <input type="text"/> * City <input type="text"/> State <input type="text"/> Zip <input type="text"/>	

SF LLL (continued)

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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 the transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and 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

*Name:

Prefix

* First Name

Will

Middle Name

C.

* Last Name

Results

Suffix

Title:

Director

Telephone No.:

207-123-4567

Date:

07/10/2019

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

[EPA4700_4_2_1-V2.1.pdf](#)

EPA Form 4700-4

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[View Burden Statement](#)

OMB Number: 2030-0020
Expiration Date: 04/30/2021

Preaward Compliance Review Report for All Applicants and Recipients Requesting EPA Financial Assistance

Note: Read Instructions before completing form.

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

Name: **City of Anywhere**

Address: **1 Main Street**

City: **Anywhere**

State: **VT: Vermont (select from list)**

Zip Code: **01234**

Legal name as
listed in sam.gov

B. DUNS No. **012345678**

II. Is the applicant currently receiving EPA Assistance? ☐ Yes ☐ No **Check Yes or No**

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.)

N/A or See Attached

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 actions taken. (Do not include employment complaints not covered by 40 C.F.R. Parts 5 and 7.)

N/A or See Attached

EPA Form 4700-4 (continued)

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- 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))

N/A or See Attached

- 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.

Check
Yes or
No

- 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)
- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|
- a. Do the methods of notice accommodate those with impaired vision or hearing?
- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|
- 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 |
|------------------------------|-----------------------------|
- c. Does the notice identify a designated civil rights coordinator?
- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|
- 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))
- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|
- 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)
- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

EPA Form 4700-4 (continued)

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- 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 or Provide contact information

- 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 Internet Address for, or a copy of, the procedures.

N/A or Provide legal citation (see attached or website address)

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

Will C. Results

B. Title of Authorized Official

Director

C. Date

07/10/2019



You can add a signature block to sign electronically

EPA FORM 5700-54

KEY CONTACTS FORM

EPA_KeyContacts-V1.1.pdf



Key Contacts Form (Page 1)

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View Burden Statement

CMB Number: 2030-0020
Expiration Date: 04/30/2021

EPA KEY CONTACTS FORM

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

Name: Prefix: First Name: Middle Name:
Last Name: Suffix:
Title:
Complete Address:
Street1:
Street2:
City: State:
Zip / Postal Code: Country:
Phone Number: Fax Number:
E-mail Address:

Payee: Individual authorized to accept payments.

Name: Prefix: First Name: Middle Name:
Last Name: Suffix:
Title:
Complete Address:
Street1:
Street2:
City: State:
Zip / Postal Code: Country:
Phone Number: Fax Number:
E-mail Address:

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

Name: Prefix: First Name: Middle Name:
Last Name: Suffix:
Title:
Complete Address:
Street1:
Street2:
City: State:
Zip / Postal Code: Country:
Phone Number: Fax Number:
E-mail Address:

EPA Form 5700-54 (Rev 4-02)



Authorized Representative:
Person signing all grant documents



Payee:
Person that processes payments – Financial Contact



Administrative Contact:
You or your administrative person

Key Contacts Form (Page 2)

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EPA KEY CONTACTS FORM

Project Manager: *Individual responsible for the technical completion of the proposed work.*

Name:	Prefix: <input type="text"/>	First Name: <input type="text"/>	Middle Name: <input type="text"/>
	Last Name: <input type="text"/>	Suffix: <input type="text"/>	
Title:	<input type="text"/>		
Complete Address:			
Street1:	<input type="text"/>		
Street2:	<input type="text"/>		
City:	<input type="text"/>	State: <input type="text"/>	
Zip / Postal Code:	<input type="text"/>	Country: <input type="text"/>	
Phone Number:	<input type="text"/>	Fax Number:	<input type="text"/>
E-mail Address:	<input type="text"/>		



**Project
Manager:**
You

BUDGET DETAIL

Attachment 1

2019 Budget Detail.xlsx



Budget Detail

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- ❑ The budget detail chart must be included as an attachment to your work plan.
- ❑ Grant specific versions
 - 2019 Budget Detail – Assessment.xlsx
 - 2019 Budget Detail – Cleanup.xlsx
 - 2019 Budget Detail – Multipurpose.xlsx
- ❑ Both versions have built in formulas and examples of the information for you to add in **red**.
- ❑ The math must add up!



Budget Detail

ASSESSMENT GRANTS

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Personnel					
Item	Rate/Hour	Hours	Request From EPA	Cost Share (if Applicable)	Total
Project Manager	\$50	340	\$17,000		\$17,000
Project Assistant	\$25	220	\$5,500		\$5,500
Community Relations Coordinator	\$20	125	\$2,500		\$2,500
Total Personnel		685	\$25,000		\$25,000
Fringe Benefits					
Rate/Base/Composition			Request From EPA	Cost Share (if Applicable)	Total
60%	(FICA, retirement, health, vacation, and sick leave)		\$15,000		\$15,000
Total Fringe Benefits			\$15,000		\$15,000

Cost Share does not apply to Assessment Grants

Budget Detail

ASSESSMENT GRANTS

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Travel			
Item	Request From EPA	Cost Share (if Applicable)	Total
National Brownfields Conference including lodging, air, per-diem, and registration fees for 2 employees.	\$3,850		\$3,850
Local travel for sampling and meetings. (POV @ \$0.58 per mile and actual cost for public transit)	\$150		\$150
Travel to Region 1 Grantee meeting including travel, lodging, and per-diem for 1 employee.	\$1,000		\$1,000
Total Travel	\$5,000		\$5,000
Supplies			
Item	Request From EPA	Cost Share (if Applicable)	Total
Laptop Computer and Software	\$2,500		\$2,500
Office Supplies (pens, paper)	\$500		\$500
Website/GIS	\$1,500		\$1,500
Postage for Community Meeting Flyers	\$500		\$500
Total Supplies	\$5,000		\$5,000

Budget Detail

ASSESSMENT GRANTS

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Contractual				
Item		Request From EPA	Cost Share (if Applicable)	Total
Qualified Environmental Professional to perform Assessments		\$225,000		\$225,000
Historian/Certified Archeologist for Historic Preservation Plans		\$25,000		\$25,000
Total Contractual		\$250,000		\$250,000
Indirect Costs				
Base		Request From EPA	Cost Share (if Applicable)	Total
0%	% of Personnel & Fringe Benefits	\$0		\$0
Total Indirect Costs		\$0		\$0

You can describe your indirect costs here

Budget Detail

ASSESSMENT GRANTS

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Budget Summary			
Item	Request From EPA	Cost Share (if Applicable)	Total
Personnel	\$25,000		\$25,000
Fringe Benefits	\$15,000		\$15,000
Travel	\$5,000		\$5,000
Supplies	\$5,000		\$5,000
Contractual	\$250,000		\$250,000
Indirect Costs	\$0		\$0
Total	\$300,000		\$300,000

Totals must match SF424A &
Workplan Budget

Budget Detail

CLEANUP/MULTIPURPOSE GRANTS

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Personnel

Item	Rate/Hour	Hours	Request From EPA	Cost Share (if Applicable)	Total
Project Manager	\$50	340	\$17,000	\$0	\$17,000
Project Assistant	\$25	220	\$5,500	\$0	\$5,500
Community Relations Coordinator	\$20	125	\$2,500	\$0	\$2,500
Total Personnel		685	\$25,000	\$0	\$25,000

Fringe Benefits

Rate/Base/Composition		Request From EPA	Cost Share (if Applicable)	Total
60%	(FICA, retirement, health, vacation, and sick leave)	\$15,000	\$0	\$15,000
Total Fringe Benefits		\$15,000	\$0	\$15,000

Add your Cost Share here
for each applicable item

Budget Detail

CLEANUP/MULTIPURPOSE GRANTS

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Travel

Item	Request From EPA	Cost Share (if Applicable)	Total
National Brownfields Conference including lodging, air, per-diem, and registration fees for 2 employees.	\$3,850	\$0	\$3,850
Local travel for sampling and meetings. (POV @ \$0.58 per mile and actual cost for public transit)	\$150	\$0	\$150
Travel to Region 1 Grantee meeting including travel, lodging, and per-diem for 1 employee.	\$1,000	\$0	\$1,000
Total Travel	\$5,000	\$0	\$5,000

Supplies

Item	Request From EPA	Cost Share (if Applicable)	Total
Laptop Computer and Software	\$2,250	\$0	\$2,250
Office Supplies (pens, paper)	\$500	\$0	\$500
Community Meeting (room rental, media, brochures)	\$750	\$0	\$750
Project update newsletter & website	\$1,000	\$0	\$1,000
Postage for Community Meeting Flyers	\$500	\$0	\$500
Total Supplies	\$5,000	\$0	\$5,000

Budget Detail

CLEANUP/MULTIPURPOSE GRANTS

54

Contractual				
Item		Request From EPA	Cost Share (if Applicable)	Total
Qualified Environmental Professional to monitor cleanup		\$25,000	\$0	\$25,000
Cleanup Contractor for site remediation		\$425,000	\$97,000	\$522,000
Gravel fill @ \$15/CF x 200 CF		\$0	\$3,000	\$3,000
Total Contractual		\$450,000	\$100,000	\$550,000
Indirect Costs				
Base		Request From EPA	Cost Share (if Applicable)	Total
0%	% of Personnel & Fringe Benefits	\$0	\$0	\$0
Total Indirect Costs		\$0	\$0	\$0

You can describe your indirect costs here

Budget Detail

CLEANUP/MULTIPURPOSE GRANTS

Budget Summary			
Item	Request From EPA	Cost Share (if Applicable)	Total
Personnel	\$25,000	\$0	\$25,000
Fringe Benefits	\$15,000	\$0	\$15,000
Travel	\$5,000	\$0	\$5,000
Supplies	\$5,000	\$0	\$5,000
Contractual	\$450,000	\$100,000	\$550,000
Indirect Costs	\$0	\$0	\$0
Total	\$500,000	\$100,000	\$600,000

Totals must match SF424A &
Workplan Budget

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.
- ❑ If you are paying for travel to this session with your new grant or need to start work before **July 1**, notify your Project Office ASAP.

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. 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 1 - 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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- ❑ Make sure DUNS #, CFDA, EIN are up to date and consistent with SAM.gov
- ❑ Make sure your System for Award Management (SAM) is up to date - see information in your green folder - 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

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- ❑ NH Grantees:
Send draft Workplan to the Intergovernmental Review Office ASAP
- ❑ You may send a draft of your form package to your Project Officer for a review. Please do so ASAP in order to adjust any items and get your package in by the July 10 deadline.
- ❑ **July 10th** deadline for final submittal
- ❑ Get your QEP on board by **December 2019**

Make Sure You Have It All

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- ☐ **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 to the Workplan)
- ☐ **Non-Profit Tax Status** (If Applicable)

Forms & Workplan Templates

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

<https://www.epa.gov/brownfields/2019-brownfields-new-grantee-training-new-england>



E-Mail it all to:

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



You Are Done!

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Questions???

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