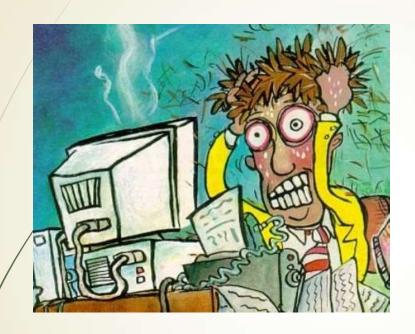
# Brownfields Cooperative Agreement Training 2019

June 25
EPA Region 1 Lab
Chelmsford, MA

June 27
Sanford City Hall
Sanford, ME

### Forms for Award



Before



After

### Standard Federal Forms

- 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.

- 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 Assista	Application for Federal Assistance SF-424							
* 1. Type of Submission:	* 2. Type of Application:		* If	* If Revision, select appropriate letter(s):				
Preapplication	X N	ew	-				-	
X Application	C	ontinuation	* 0	other (Specify):				
Changed/Corrected Application	Revision				The rest of the Grant Number			
* 3. Date Received:  4. Applicant Identifier:					will be ass by EP			
5a. Federal Entity Identifier:			5b. Federal Award Identifier:  BF					
State Use Only:								
6. Date Received by State: 7. State Application			on Ide	entifier:				
8. APPLICANT INFORMATION:								
*a. Legal Name: Grant Recipient, Maine Legal Name as listed in SAM.gov								
* b. Employer/Taxpayer Identification Number (EIN/TIN):				* c. Organizationa	al DUNS:			
123456789				01234567	78			

## SF 424 — Page 1 (continued)

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

f. Name and co	f. Name and contact information of person to be contacted on matters involving this application:								
Prefix:	v	* First Name:	Nomar						
Middle Name:									
* Last Name:	Brownfields								
Suffix:	v								
Title: Plan	ner								
Organizational A	Affiliation:								
* Telephone Number: 207-123-4567 Fax Number:									
							* Email: Bro	Email: Brownfields.Nomar@yourorganization.com	

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 Gover	nment (Federally Recognized)
Other (specify):	<del>_</del>
10. Name of Federal Agency:	
US Environmental Protection Agency	
1. Catalog of Federal Domestic Assistance Number:	
66-818	

# SF 424 — Page 2 (continued)

### **ASSESSMENT GRANTS**

* 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	
Aud 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

* 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

* 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	
/ New / Alexander / New	
* 15. Descriptive Title of Applicant's Project:	
Grant Recipient's Brownfields Multipurpose Program	

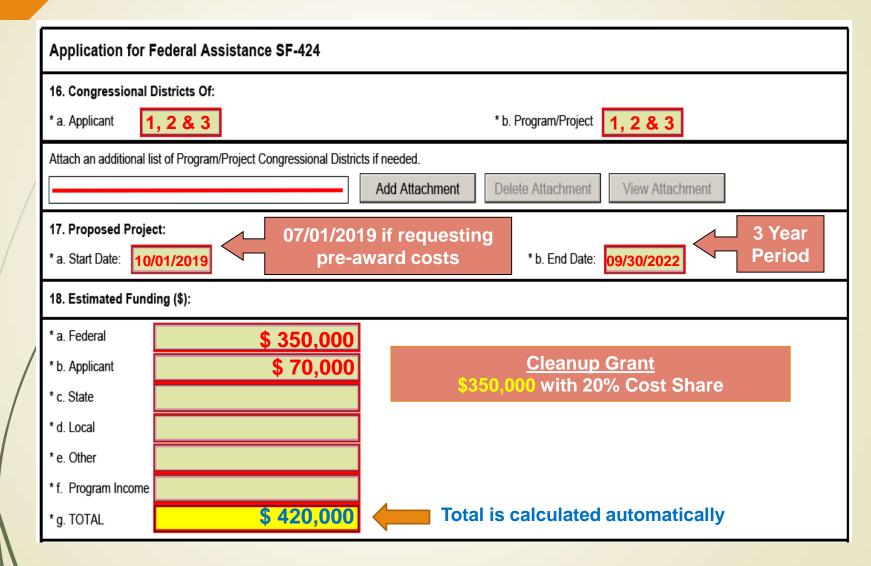
# SF 424 - Page 3 ASSESSMENT GRANTS

Application for Federal Assistance SF-424										
I	16. Congressional I	Districts Of:								
ı	* a. Applicant 1	, 2 & 3	* b. Program/Project 1, 2 & 3							
	Attach an additional li	st of Program/Project Congressional	al Districts if needed.							
			Add Attachment Delete Attachment View Attachment							
I	17. Proposed Proje	17. Proposed Project: 07/01/2019 if requesting 3 Year								
ı	* a. Start Date: 10/									
	18. Estimated Funding (\$):									
	* a. Federal	\$ 300,0	000							
	* b. Applicant		Assessment Grants							
ı	* c. State		Hazardous Substances <u>And/Or</u> Petroleum							
ı	* d. Local		r eti oleulii							
ı	* e. Other									
	* f. Program Income									
	* g. TOTAL	\$ 300,0	Total is calculated automatically							

# SF 424 - Page 3 CLEANUP GRANTS

Application	Application for Federal Assistance SF-424								
16. Congress	ional Districts Of:								
* a. Applicant	1, 2 & 3	* b. Program/Project 1, 2 & 3							
Attach an addit	ional list of Program/Project Congressional Dis	tricts if needed.							
		Add Attachment Delete Attachment View Attachment							
17. Proposed	Project: 07/01/2	019 if requesting 3 Year							
* a. Start Date:	10/01/2019 pre	-award costs *b. End Date: 09/30/2022 Period							
18. Estimated	18. Estimated Funding (\$):								
* a. Federal	\$ 500,000								
* b. Applicant	\$ 100,000	Cleanup Grant							
* c. State		\$500,000 with 20% Cost Share							
* d. Local									
* e. Other									
* f. Program In									
* g. TOTAL	\$ 600,000	Total is calculated automatically							

# SF 424 - Page 3 CLEANUP GRANTS



# SF 424 - Page 3 MULTIPURPOSE GRANTS

Application for I	Application for Federal Assistance SF-424								
16. Congressional Districts Of:									
* a. Applicant	,2&3	* b. Program/Project 1, 2 & 3							
Attach an additional li	ist of Program/Project Congressional Distri	cts if needed.							
		Add Attachment Delete Attachment View Attachment							
17. Proposed Proje	17. Proposed Project: 07/01/2019 if requesting 5 Year								
* a. Start Date: 10	pre-award costs *b. End Date: 09/30/2024 Period								
18. Estimated Fund	18. Estimated Funding (\$):								
* a. Federal	\$ 800,000								
* b. Applicant	\$ 40,000	Multipurpose Grant \$800,000 with \$40,000 Cost Share							
* c. State		\$600,000 With \$40,000 Cost Share							
* d. Local									
* e. Other									
* f. Program Income									
* g. TOTAL	\$ 840,000	Total is calculated automatically							

### SF 424 — Page 3 (continued)

### **NH Recipients Only (See Handout)**

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

- x 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.

I	* 20. Is the Ap	plicant Delinquent On Any F	ederal Debt? (I	f "Yes," pr	ovide explan	ation in attachment.	)			
Г	Yes X No									
Ι,	If "Yes", provid	de explanation and attach								
				Add Att	achment	Delete Attachment	Viev	v Attachment		
	herein are tru comply with a	*By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements rein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to mply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may bject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)  **   AGREE								
	** The list of co specific instruct	ertifications and assurances, clions.	or an internet site	where you	may obtain t	his list, is contained i	n the anno	uncement or age	ncy	
Ŀ	Authorized Representative:									
I	Prefix:	•	* Fir	rst Name:	Will					
ı	Middle Name:	C.								
	* Last Name:	Results								
Ŀ	Suffix:	•								
	* Title:	Director								
* Telephone Number: 207-123-4567 Fax Number:										
	* Email: Re	sults.will.c@you	rorganiza	tion.co	m					
	* Signature of A	uthorized Representative:	Will C	. Resul	lts			* Date Signed:	07/10/20	19

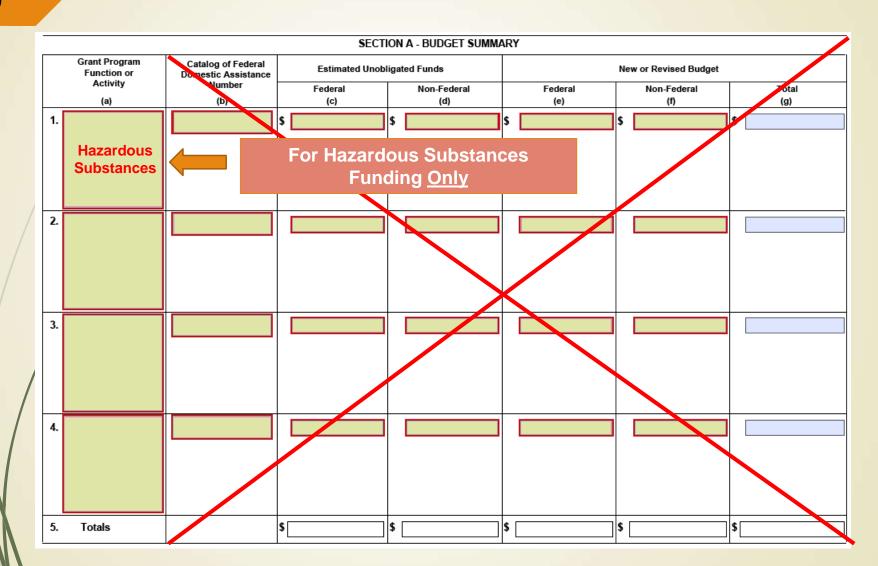
## SF 424A

# BUDGET INFORMATION NON-CONSTRUCTION PROGRAMS

SF424A-V1.0.pdf



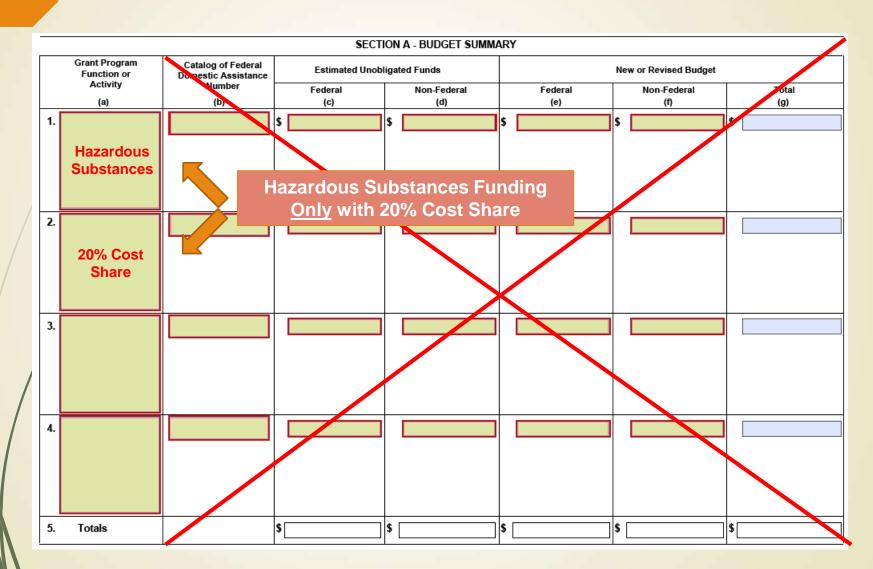
# SF 424A - Page 1 ASSESSMENT GRANTS



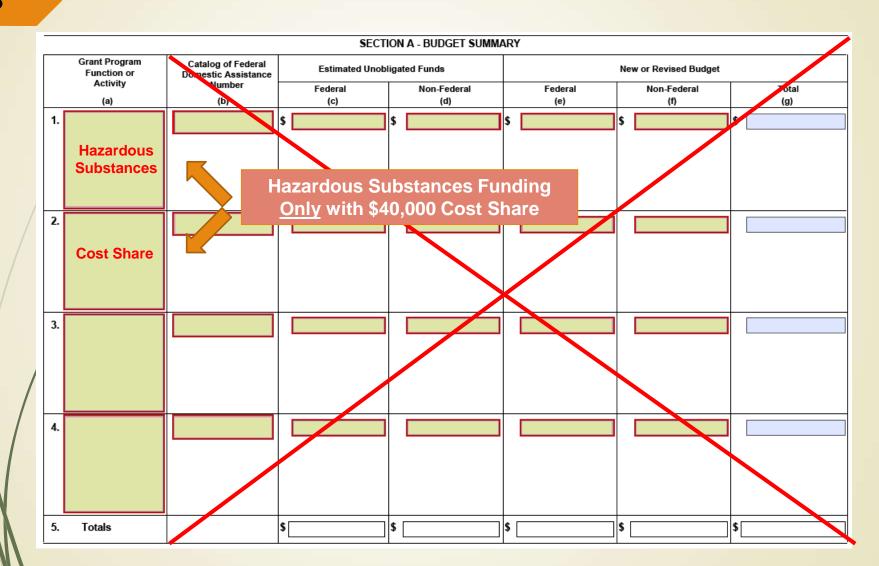
# SF 424A - Page 1 ASSESSMENT GRANTS



# SF 424A - Page 1 CLEANUP GRANTS



# SF 424A - Page 1 MULTIPURPOSE GRANTS



# SF 424A - Page 2 ASSESSMENT GRANTS

#### SECTION B - BUDGET CATEGORIES GRANT PROGRAM, FUNCTION OR ACTIVITY 6. Object Class Categories Total (1) (2) (5) **Hazardous Totals Substances Automatically EXAMPLE Calculated Assessment Grant Hazardous Substances Only 25,000** s 25,000 a. Personnel 15,000 15,000 b. Fringe Benefits 5,000 5.000 c. Travel d. Equipment 5.000 5,000 e. Supplies 250,000 250.000 f. Contractual g. Construction h. Other 300.000 300,000 -6h) **Enter your Indirect Costs** here 300,000 \$ 300.000 7. Program Income

# SF 424A - Page 2

### **ASSESSMENT GRANTS**

	SECTION B - BUDGET CATE	GORIE <b>S</b>	
6. Object Class Categories	GRANT PROGRA	Total	
	Hazardous Substances Petroleum	EXAMPLE	Totals Automatically
		Assessment Grant With Both Hazardous	Calculated
a. Personnel	s 15,000 s 7,500	Substances	s 22,500
b. Fringe Benefits	5,000 2,500	0	7,500
c. Travel	5,000 2,50	AND Petroleum	7,500
d. Equipment			
e. Supplies	5,000 2,50	0	7,500
f. Contractual	170,000 85,00	0	255,000
g. Construction			
h. Other			
Enter your 6h)	200,000 100,00	0	\$ 300,000
Indirect Costs	0		s <u> </u>
here	\$ 200,000 \$ 100,00	<b>0</b> \$\$	\$ 300,000
7. Program Income	\$ \$	\$ \$	\$
3			

# SF 424A - Page 2 CLEANUP GRANTS

#### SECTION B - BUDGET CATEGORIES GRANT PROGRAM, FUNCTION OR ACTIVITY 6. Object Class Categories Total (1) (2) (5) Hazardous **EXAMPLE** 20% **Totals Substances** Cost **Automatically** Calculated Share or **Cleanup Grant** Petroleum \$500,000 Hazardous 25,000 s 25,000 a. Personnel **Substances** 15,000 15,000 b. Fringe Benefits with 20% Cost Share 5.000 5.000 c. Travel d. Equipment 5.000 5,000 e. Supplies 550,000 450,000 100,000 f. Contractual g. Construction h. Other 500.000 100,000 600,000 -6h) **Enter your Indirect Costs** here 500.000 \$ 100.000 \$ 600.000 7. Program Income

# SF 424A - Page 2 CLEANUP GRANTS

	SECTION E	3 - BUDGET CATEGORIE	ES	
6. Object Class Categories	(4)	GRANT PROGRAM, FUN		Total
	Hazardous Substances or Petroleum	20% Cost Share	EXAMPLE <u>Cleanup Grant</u>	Totals Automatically Calculated
a. Personnel	\$ 25,000 \$	\$	\$350,000 Hazardous Substances	\$ 25,000
b. Fringe Benefits	15,000		with 20% Cost Share	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				
Enter your Indirect Costs here	350,000 0 \$ 350,000 \$	70,000	\$	\$ 420,000 \$ 0 \$ 420,000
7. Program Income	5	\$	\$ <b>.</b>	\$

# SF 424A - Page 2

### **MULTIPURPOSE GRANTS**

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

## **SF 424A -** Page 3

	SECTION	C - NON-FEDERAL R	ESOURCES		
(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 CA	ASH NEEDS	·	
	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	\$ 75,000	\$ 10,00	0 \$ 20,00	0 \$ 25,000	\$ 20,000
14. Non-Federal	\$				
15. TOTAL (sum of lines 13 and 14)	\$ 75,000	\$ 10,00	0 \$ 20,00	0 \$ 25,000	\$ 20,000



Totals are calculated automatically

## SF 424A - Page 3 (continued)

				· · · · · · · · · · · · · · · · · · ·
SECTION E - BUDGET ESTIMATES OF FE	DERAL FUNDS NEEDED F	FOR BALANCE OF THE F	PROJECT	
(a) Grant Program		FUTURE FUNDING F	PERIODS (YEARS)	
	(b)First	(c) Second	(d) Third	(e) Fourth
16.	\$	\$	\$	\$
17.				
18.				
19.				
20. TOTAL (sum of lines 16 - 19)	\$	\$	\$	\$
SECTION F	- OTHER BUDGET INFOR	MATION		
21. Direct Charges:	22. Indirect C	Charges:		
23. Remarks:				

## SF 424B

Assurances
Non-Construction
Programs
SF424B-V1.1.pdf



### SF 424B - Page 1 & 2

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View Burden Statement

OMB Number: 4040-0007 Expiration Date: 02/26/2022

#### 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, Papenwork 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.

Previous Edition Usable

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 duty 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
- 2. 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.
- 4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding
- 5. 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).
- 8. 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. \$61681-1683, 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) 5§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 alcoholand drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. \$63601 et seq.), as amended, relating to nondiscrimination in the sale. rental or financing of housing: (ii) 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
- 7. 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 nurchases.
- 8. 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.

- 9. 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.
- 10. 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.
- 11. 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-
- 12. 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.

- 13. 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.).
- 14. 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.
- 15. 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.
- 16. 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.
- 17 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."
- 18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.
- 19. 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

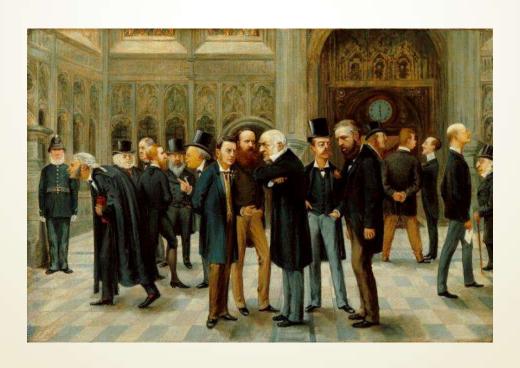
aller occurrence or consequence occurrence
07/10/2019
TE



Standard Form 424B (Rev. 7-97) Back

# EPA FORM 6600-06

# Certification Regarding Lobbying EPA\_Form\_6600\_06.pdf



### Certification Regarding Lobbying

34



United States
ENVIRONMENTAL PROTECTION AGENCY
Washington, DC 20460

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

### 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 07/10/2019

Signature and Date of Authorized Representative



#### You can add a signature block to sign electronically

The public reporting and record/seeping burdon for this collection of information is estimated to everage 15 minutes per response. Send comments on the Agency's need for this information, the accuracy of the provided burdon estimates, and any suggested methods for minimizing respondent burdon, including through the use of automated collection techniques to the Director, Collection Strategies Division, U.S. Environmental Protection Agency (2622T), 1200 Pennsylvama Ave., NW, Washington, D.C. 20480. Include the OMB control mainteer a say correspondence. Do not seed the completed down to this address.

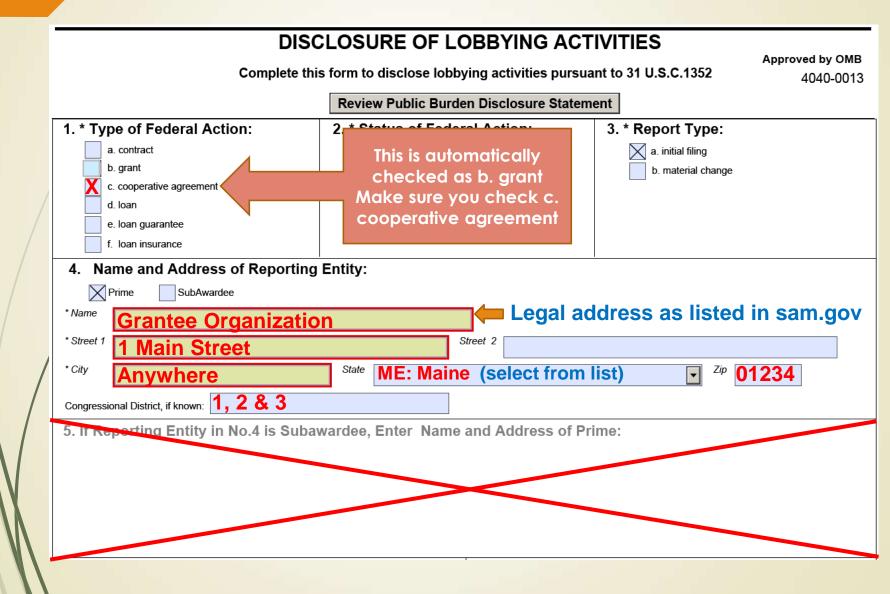
EPA Form 6600-06 (Rev. 06/2014) Previous editions are obsolete.

### SF LLL

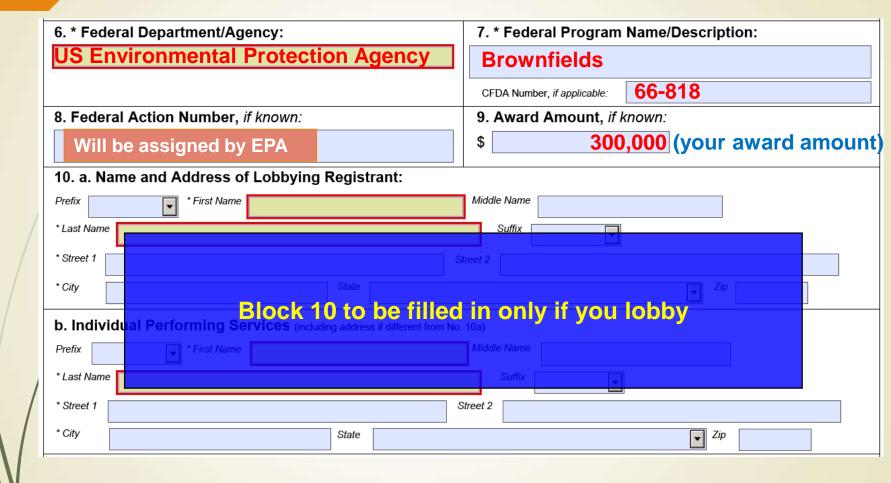
# Disclosure of Lobbying Activities SFLLL\_1\_2\_P-V1.2.pdf



### SF LLL



### SF LLL (continued)



## SF LLL (continued)

reliance w the Congr	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	<b>V</b>					
Title: Dir	ector 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

,	View Burde	en Statement		OMB Number: 2030-0020 Expiration Date: 04/30/2021
		Preaward Compliance Review Repor	t for	
		All Applicants and Recipients Requesting EPA Fina		ssistance
		Note: Read Instructions before completing form.		
I. A.	Applicant	/Recipient (Name, Address, City, State, Zip Code)		
	Name:	City of Anywhere		Legal name as
	Address:			listed in sam.gov
	Address.	1 Main Street		
	City:	Anywhere		
	State:		Zip Code: 0	1234
B. II. III.	List all ci	7-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		that allege discrimination based on
1		See Attached	iiits not cov	refer by 40 C.F.R. Parts 3 and 1.,
IV.	discrimin	vil rights lawsuits and administrative complaints decided against the applicar lation based on race, color, national origin, sex, age, or disability and enclose e actions taken. (Do not include employment complaints not covered by 40 C	a copy of al	Il decisions. Please describe all
ı	V/A or	See Attached		

### EPA Form 4700-4 (continued)

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		
Is the applicant requesting EPA assistance for new construction? If no, proceed to VII; if yes, answer (a) and/or	b) below.	
Yes X No		
If the grant is for new construction, will all new facilities or alterations to existing facilities be designed and consaccessible to and usable by persons with disabilities? If yes, proceed to VII; if no, proceed to VI(b).	tructed to be	readily
Yes No	Che	ck
. If the grant is for new construction and the new facilities or alterations to existing facilities will not be readily accept by persons with disabilities, explain how a regulatory exception (40 C.F.R. 7.70) applies.		
	又	5
Does the applicant/recipient provide initial and continuing notice that it does not discriminate on the basis of race, color, national origin, sex, age, or disability in its program or activities? (40 C.F.R 5.140 and 7.95)	Yes	No No
Do the methods of notice accommodate those with impaired vision or hearing?	Yes	No No
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?	Yes	No No
Does the notice identify a designated civil rights coordinator?	Yes	No
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))	Yes	No No
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)	Yes	No No
	Is the applicant requesting EPA assistance for new construction? If no, proceed to VII; if yes, answer (a) and/or ( Yes No  If the grant is for new construction, will all new facilities or alterations to existing facilities be designed and const accessible to and usable by persons with disabilities? If yes, proceed to VII; if no, proceed to VI(b).  Yes No  If the grant is for new construction and the new facilities or alterations to existing facilities will not be readily access by persons with disabilities, explain how a regulatory exception (40 C.F.R. 7.70) applies.  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)  Do the methods of notice accommodate those with impaired vision or hearing?  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?  Does the notice identify a designated civil rights coordinator?  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))	Is the applicant requesting EPA assistance for new construction? If no, proceed to VII; if yes, answer (a) and/or (b) below.  Yes  No  If the grant is for new construction, will all new facilities or alterations to existing facilities be designed and constructed to be accessible to and usable by persons with disabilities? If yes, proceed to VII; if no, proceed to VI(b).  Yes  No  If the grant is for new construction and the new facilities or alterations to existing facilities will not be readily acces by persons with disabilities, explain how a regulatory exception (40 C.F.R. 7.70) applies.  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)  Do the methods of notice accommodate those with impaired vision or hearing?  Yes  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?  Does the notice identify a designated civil rights coordinator?  Yes  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))

### EPA Form 4700-4 (continued)

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

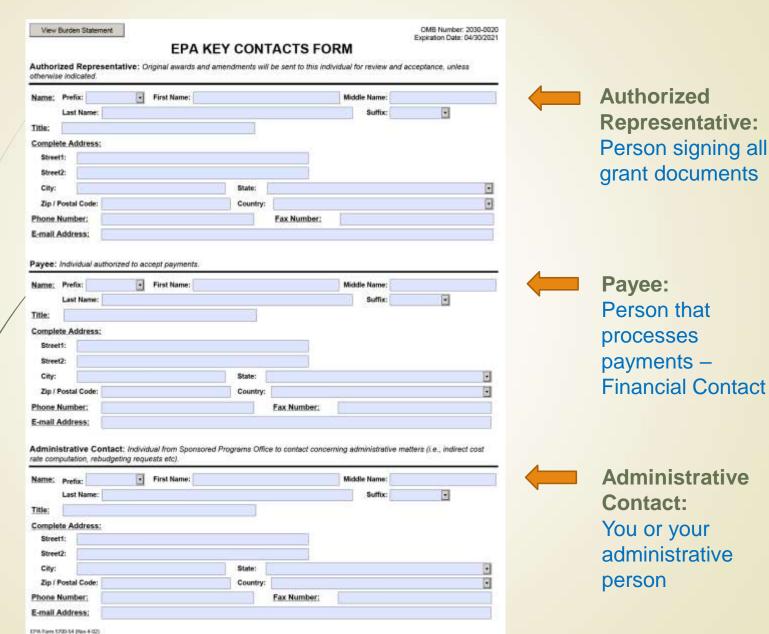
# EPA FORM 5700-54

# KEY CONTACTS FORM

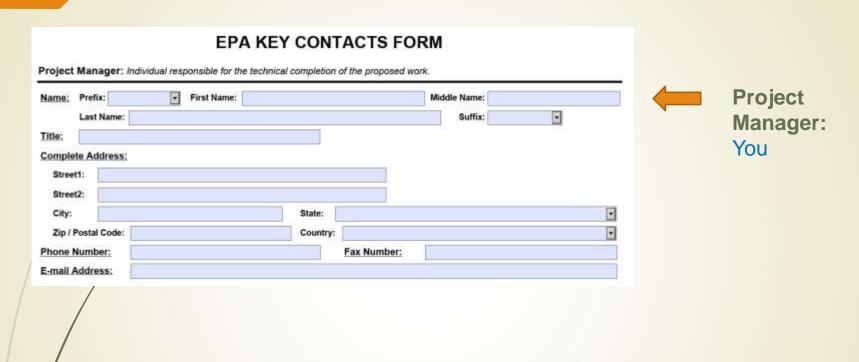
**EPA\_KeyContacts-V1.1.pdf** 



### Key Contacts Form (Page 1)



## Key Contacts Form (Page 2)



## **BUDGET DETAIL**

Attachment 1

2019 Budget Detail.xlsx



## **Budget Detail**

- ☐ 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!

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/Com	position		Request From EPA	Cost Share (if Applicable)	Total
60% (FICA, retirement, health, vacation, and sick leave)		ation, and	\$15,000		\$15,000
Total Fringe Benefits	Total Fringe Benefits				\$15,000

Cost Share does not apply to Assessment Grants

Travel			
Item	Request From EPA	Cost Share (if Applicable)	Total
National Brownfields Conference including lodging, air, perdiem, 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 Trayel	\$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
Notal Supplies	\$5,000		\$5,000

Contractual				
	Item	Request From EPA	Cost Share (if Applicable)	Total
Qualified Enviro	onmental Professional to perform Assessments	\$225,000		\$225,000
Historian/Certi- Plans	fied Archeologist for Historic Preservation	\$25,000		\$25,000
Total Contractu	ual val	\$250,000		\$250,000
Indirect Cos	sts			
	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 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

Personnel /						
Iter	n	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 Relation	ns Coordinator	\$20	125	\$2,500	\$0	\$2,500
Total Personnel			685	\$25,000	\$0	\$25,000
Fringe Benefit	S					
	Rate/Base/Composition				Cost Share (if Applicable)	Total
60%		(FICA, ret health, vacc sick le	ation, and	\$15,000	\$0	\$15,000
Total Fringe Bene	fits			\$15,000	\$0	\$15,000

Add your Cost Share here for each applicable item

Travel			
Item	Request From EPA	Cost Share (if Applicable)	Total
National Brownfields Conference including lodging, air, perdiem, 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 Trayel	\$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

Contractual				
	Item	Request From EPA	Cost Share (if Applicable)	Total
Qualified Environ	mental Professional to monitor cleanup	\$25,000	\$0	\$25,000
Cleanup Contracto	or for site remediation	\$425,000	\$97,000	\$522,000
Gravel fill @ \$15/CF × 200 CF		\$0	\$3,000	\$3,000
Total Contractual		\$450,000	\$100,000	\$550,000
Indirect Cost	rs			
	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 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)

- ☐ 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.

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

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.whitchouse.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 Aeronyms Used	
2.0	Please Identify any affiliated organizations	
1.	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?	8
6.	Has an audit been performed on the organization's financial statement?	
7.	What was the audit opinion?	

## Last Things

- 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 <a href="https://www.sam.gov">www.sam.gov</a>
- 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

- 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

- □ **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

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

https://www.epa.gov/brownfields/2019brownfields-new-grantee-training-newengland



#### 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**





# Questions???

