

## Application for Federal Assistance SF-424

## \* 1. Type of Submission:

- ☐ Preapplication  
☒ Application  
☐ Changed/Corrected Application

## \* 2. Type of Application:

- ☒ New  
☐ Continuation  
☐ Revision

\* If Revision, select appropriate letter(s):

\* Other (Specify):

## \* 3. Date Received:

Enter submission date

## 4. Applicant Identifier:

Leave blank

## 5a. Federal Entity Identifier:

Leave blank

## 5b. Federal Award Identifier:

BF

## State Use Only:

## 6. Date Received by State:

Leave blank

## 7. State Application Identifier:

Leave blank

## 8. APPLICANT INFORMATION:

## \* a. Legal Name:

Enter the organization's legal name as listed in www.sam.gov

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

Enter the organization's EIN/TIN

## \* c. Organizational DUNS:

Enter the correct DUNS number for the organization/department

## d. Address:

## \* Street1:

Enter the organization's address as listed in www.sam.gov

## Street2:

## \* City:

Enter the organization's city as listed in www.sam.gov

## County/Parish:

## \* State:

Enter the organization's state as listed in www.sam.gov

## Province:

## \* Country:

USA: UNITED STATES

## \* Zip / Postal Code:

Enter the organization's 9 digit zip code as listed in www.sam.gov

## e. Organizational Unit:

## Department Name:

Enter information as appropriate

## Division Name:

Enter information as appropriate

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

## Prefix:

## \* First Name:

## Middle Name:

## \* Last Name:

## Suffix:

## Title:

Enter information as appropriate

## Organizational Affiliation:

## \* Telephone Number:

## Fax Number:

## \* Email:

## Application for Federal Assistance SF-424

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

Select from list

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

### \* 10. Name of Federal Agency:

US Environmental Protection Agency

### 11. Catalog of Federal Domestic Assistance Number:

66.818

CFDA Title:

Brownfields Multipurpose, Assessment, Revolving Loan Fund, and Cleanup Grants

### \* 12. Funding Opportunity Number:

"EPA-OLEM-OBLR-19-05" for Assessment Grants or  
"EPA-OLEM-OBLR-19-06" for Revolving Loan Fund Grants or  
"EPA-OLEM-OBLR-19-07" for Cleanup Grants

\* Title:

"Application Guidelines for Assessment Grants" or  
"Application Guidelines for Revolving Loan Fund Grants" or  
"Application Guidelines for Cleanup Grants"

### 13. Competition Identification Number:

Leave blank

Title:

Leave blank

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

Leave blank

Add Attachment

Delete Attachment

View Attachment

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

Include the organization's name and type of funding requested. For example "City of Somewhere's Assessment Grant Program"

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

## Application for Federal Assistance SF-424

### 16. Congressional Districts Of:

\* a. Applicant  Enter information as appropriate

\* b. Program/Project  Enter information as appropriate; may be the same as 16.a.

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

Add Attachment

Delete Attachment

View Attachment

### 17. Proposed Project:

\* a. Start Date:  10/01/2020

\* b. End Date:  "9/30/2023" for Assessment  
"9/30/2023" for Cleanup Grants  
"9/30/2025" for RLF Grants

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

\* a. Federal

Amount requested from EPA

\* b. Applicant

Amount of cost share, if applicable\*

\* c. State

Leave blank or enter \$0

\* d. Local

Leave blank or enter \$0

\* e. Other

Leave blank or enter \$0

\* f. Program Income

\* g. TOTAL

- \*Only applicants requesting **Cleanup Grant** or **RLF Grant** funding must provide a cost share. The cost share must not exceed 20% of the amount requested from EPA. Applicants must include the cost share even if a waiver is requested.

### \* 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. All applicants should select 19.b. at time of application submission. If selected for funding and the state requires review, applicants will revise this selection accordingly.

☐ 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 Select the appropriate response

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: ENSURE THE AUTHORIZED ORGANIZATION REPRESENTATIVE'S (AOR) INFORMATION IS INCLUDED

Prefix:

\* First Name:

Middle Name:

\* Last Name:

Suffix:

\* Title:

\* Telephone Number:

Fax Number:

\* Email:

\* Signature of Authorized Representative:

\* Date Signed:

**List Grant and Funding  
Type(s), and Cost  
Share, if applicable**

**BUDGET INFORMATION - Non-Construction Programs**

OMB Number: 4040-0006  
Expiration Date: 01/31/2019

**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. <b>Brownfields Cleanup Grants - Hazardous Substances</b>	<b>66.818</b>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>  <b>Enter amount of hazardous substances funding being requested from EPA</b>	\$ <input type="text"/>  <b>Enter \$0</b>	\$ <input type="text"/>
2. <b>Brownfields Cleanup Grants - Petroleum</b>	<b>66.818</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>  <b>Enter amount of petroleum funding being requested from EPA</b>	<input type="text"/>  <b>Enter \$0</b>	<input type="text"/>
3. <b>Brownfields Cleanup Grants - Cost Share</b>	<b>66.818</b>	<input type="text"/>	<input type="text"/>			<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>			<input type="text"/>
5. <b>Totals</b>		\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

# SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1)	(2)	(3)	(4)	
Enter amounts from the budget table in the proposal narrative	Enter amounts for hazardous substances funding request, if applicable	Separately, enter amounts for petroleum funding request, if applicable	Separately enter the amount of the required cost share, if applicable		
a. Personnel	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$
b. Fringe Benefits	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
c. Travel	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
d. Equipment	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
e. Supplies	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
f. Contractual	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
g. Construction	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
h. Other e.g., RLF loan/subgrant pool	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
i. Total Direct Charges (sum of 6a-6h)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$
j. Indirect Charges	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$
k. TOTALS (sum of 6i and 6j)	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$
7. Program Income	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$

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SECTION C - NON-FEDERAL RESOURCES						
(a) Grant Program		(b) Applicant	(c) State	(d) Other Sources	(e)TOTALS	
8.	<b>ENTER \$0 FOR ALL OF SECTION C</b>	\$ <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"/>	
10.		<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"/>	
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	<b>Enter the amount of federal EPA funds that will be spent in in each quarter of the first year</b>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
14. Non-Federal		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
15. TOTAL (sum of lines 13-14)		\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	
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.	<b>ENTER \$0 FOR ALL OF SECTION E</b>	\$ <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"/>	
18.		<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"/>	
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:		22. Indirect Charges:				
<b>Totals will auto-calculate</b>						
23. Remarks:						

**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:

1. 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.
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.
3. 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 agency.
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).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee- 3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
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 purchases.
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. 93-205).
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.

<p><b>SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL</b></p> <p><i>Signature of the Authorized Organization Representative. If submitted through Grants.gov, form is signed electronically upon submission.</i></p>	<p><b>TITLE</b></p> <p><i>Enter the title of Authorized Organization Representative. If submitting via Grants.gov, this field is auto-populated.</i></p>
<p><b>APPLICANT ORGANIZATION</b></p> <p><i>Enter the name of the organization applying for financial assistance. If submitting via Grants.gov, this field is auto-populated.</i></p>	<p><b>DATE SUBMITTED</b></p> <p><i>Enter date. If submitted through Grants.gov, form is signed electronically upon submission.</i></p>



## 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:

Address:

City:

State:  Zip Code:

### B. DUNS No.

- II. Is the applicant currently receiving EPA Assistance? ☐ Yes ☐ No *Select 'yes' if the organization has an active/open agreement from EPA*
- 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.)
- State "Not applicable" or provide requested information*
- 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.)
- State "Not applicable" or provide requested information*
- 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))
- State "Not applicable" or provide requested information*
- 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 *Select 'No' and proceed to VII.*
- 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.
- Select the appropriate responses*
- 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)
- a. Do the methods of notice accommodate those with impaired vision or hearing? ☐ Yes ☐ No
- b. Is the notice posted in a prominent place in the applicant's offices or facilities or, for education programs and activities, in appropriate periodicals and other written communications? ☐ Yes ☐ No
- c. Does the notice identify a designated civil rights coordinator? ☐ Yes ☐ No
- VIII. Does the applicant/recipient maintain demographic data on the race, color, national origin, sex, age, or handicap of the population it serves? (40 C.F.R. 7.85(a)) ☐ Yes ☐ No
- IX. Does the applicant/recipient have a policy/procedure for providing access to services for persons with limited English proficiency? (40 C.F.R. Part 7, E.O. 13166) ☐ Yes ☐ No

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

*State "Not applicable" or provide requested 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.

*State "Not applicable" or provide requested information*

**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

*Authorized Organization Representative's  
signature*

B. Title of Authorized Official

*Authorized Organization Representative's title*

C. Date

*Enter date*

**For the U.S. Environmental Protection Agency**

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

A. \*Signature of Authorized EPA Official

B. Title of Authorized Official

C. Date

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**\* See Instructions**

Instructions for EPA FORM 4700-4 (Rev. 06/2014)

General. Recipients of Federal financial assistance from the U.S. Environmental Protection Agency must comply with the following statutes and regulations.

Title VI of the Civil Rights Acts of 1964 provides that no person in the United States shall, on the grounds of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance. The Act goes on to explain that the statute shall not be construed to authorize action with respect to any employment practice of any employer, employment agency, or labor organization (except where the primary objective of the Federal financial assistance is to provide employment). Section 13 of the 1972 Amendments to the Federal Water Pollution Control Act provides that no person in the United States shall on the ground of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under the Federal Water Pollution Control Act, as amended. Employment discrimination on the basis of sex is prohibited in all such programs or activities. Section 504 of the Rehabilitation Act of 1973 provides that no otherwise qualified individual with a disability in the United States shall solely by reason of disability be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance. Employment discrimination on the basis of disability is prohibited in all such programs or activities. The Age Discrimination Act of 1975 provides that no person on the basis of age shall be excluded from participation under any program or activity receiving Federal financial assistance. Employment discrimination is not covered. Age discrimination in employment is prohibited by the Age Discrimination in Employment Act administered by the Equal Employment Opportunity Commission. Title IX of the Education Amendments of 1972 provides that no person in the United States on the basis of sex shall be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any education program or activity receiving Federal financial assistance. Employment discrimination on the basis of sex is prohibited in all such education programs or activities. Note: an education program or activity is not limited to only those conducted by a formal institution. 40 C.F.R. Part 5 implements Title IX of the Education Amendments of 1972. 40 C.F.R. Part 7 implements Title VI of the Civil Rights Act of 1964, Section 13 of the 1972 Amendments to the Federal Water Pollution Control Act, and Section 504 of The Rehabilitation Act of 1973. The Executive Order 13166 (E.O. 13166) entitled; "Improving Access to Services for Persons with Limited English Proficiency" requires Federal agencies work to ensure that recipients of Federal financial assistance provide meaningful access to their LEP applicants and beneficiaries.

Items "Applicant" means any entity that files an application or unsolicited proposal or otherwise requests EPA assistance. 40 C.F.R. §§ 5.105, 7.25. "Recipient" means any entity, other than applicant, which will actually receive EPA assistance. 40 C.F.R. §§ 5.105, 7.25. "Civil rights lawsuits and administrative complaints" means any lawsuit or administrative complaint alleging discrimination on the basis of race, color, national origin, sex, age, or disability pending or decided against the applicant and/or entity which actually benefits from the grant, but excluding employment complaints not covered by 40 C.F.R. Parts 5 and 7. For example, if a city is the named applicant but the grant will actually benefit the Department of Sewage, civil rights lawsuits involving both the city and the Department of Sewage should be listed. "Civil rights compliance review" means any review assessing the applicant's and/or recipient's compliance with laws prohibiting discrimination on the basis of race, color, national origin, sex, age, or disability. Submit this form with the original and required copies of applications, requests for extensions, requests for increase of funds, etc. Updates of information are all that are required after the initial application submission. If any item is not relevant to the project for which assistance is requested, write "NA" for "Not Applicable." In the event applicant is uncertain about how to answer any questions, EPA program officials should be contacted for clarification. \* Note: Signature appears in the Approval Section of the EPA Comprehensive Administrative Review For Grants/Cooperative Agreements & Continuation/Supplemental Awards form.

# 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:**

**Provide information for the Authorized Organization Representative who is submitting the forms through Grants.gov**

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:**

**Provide information for the Financial Contact who process payments**

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:**

**Provide information for the Administrative Contact or the day-to-day project contact (Brownfields Program Manager)**

Street1:

Street2:

City:

State:

Zip / Postal Code:

Country:

**Phone Number:**

**Fax Number:**

**E-mail Address:**

# EPA KEY CONTACTS FORM

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

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**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:**

**Provide information for the competitively  
procured Qualified Environmental  
Professional - this person may be named  
after the award is made**

## Project Narrative File(s)

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If possible, combine

- the Narrative Information Sheet
- the Narrative and
- associated attachments

into a single file. Attach the single file to the Project Narrative Attachment Form. This will ensure that EPA receives your entire submission and the submission is in the order that you intended.

\* Mandatory Project Narrative File Filename:

Add Mandatory Project Narrative File

Delete Mandatory Project Narrative File

View Mandatory Project Narrative File

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To add more Project Narrative File attachments, please use the attachment buttons below.

Add Optional Project Narrative File

Delete Optional Project Narrative File

View Optional Project Narrative File