



2020 New Cooperative Agreement Webinar

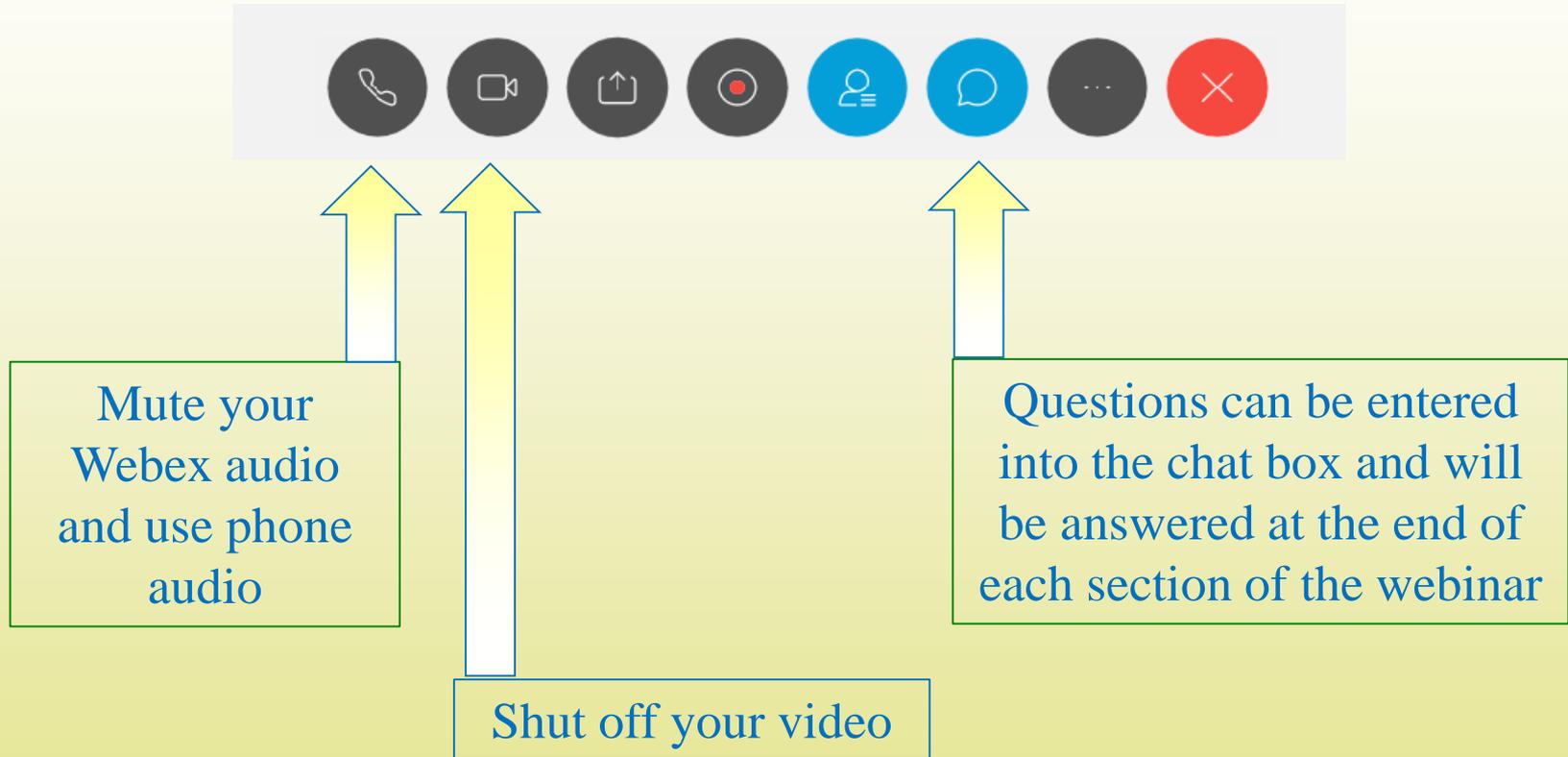
Forms for Award

Webinar Logistics

- Call into webinar for better audio. **DO NOT** use WebEx audio.
 - ✓ Dial-in Number: 636-651-3142
 - ✓ Access Code: 6146884
 - ✓ Security Code: 1234
- Mute your phone line & shut off video. This will save bandwidth for a clearer presentation.



Webinar Logistics





Webinar Sessions

May 28, 2020

- 9:00 am Forms for Award
- 1:00 pm Assessment Workplan & Program Information
- 2:00 pm Cleanup Workplan & Program Information

June 3, 2020

- 9:00 am Forms for Award
- 1:00 pm Assessment Workplan & Program Information
- 2:00 pm Cleanup Workplan & Program Information



Forms for Award



Before

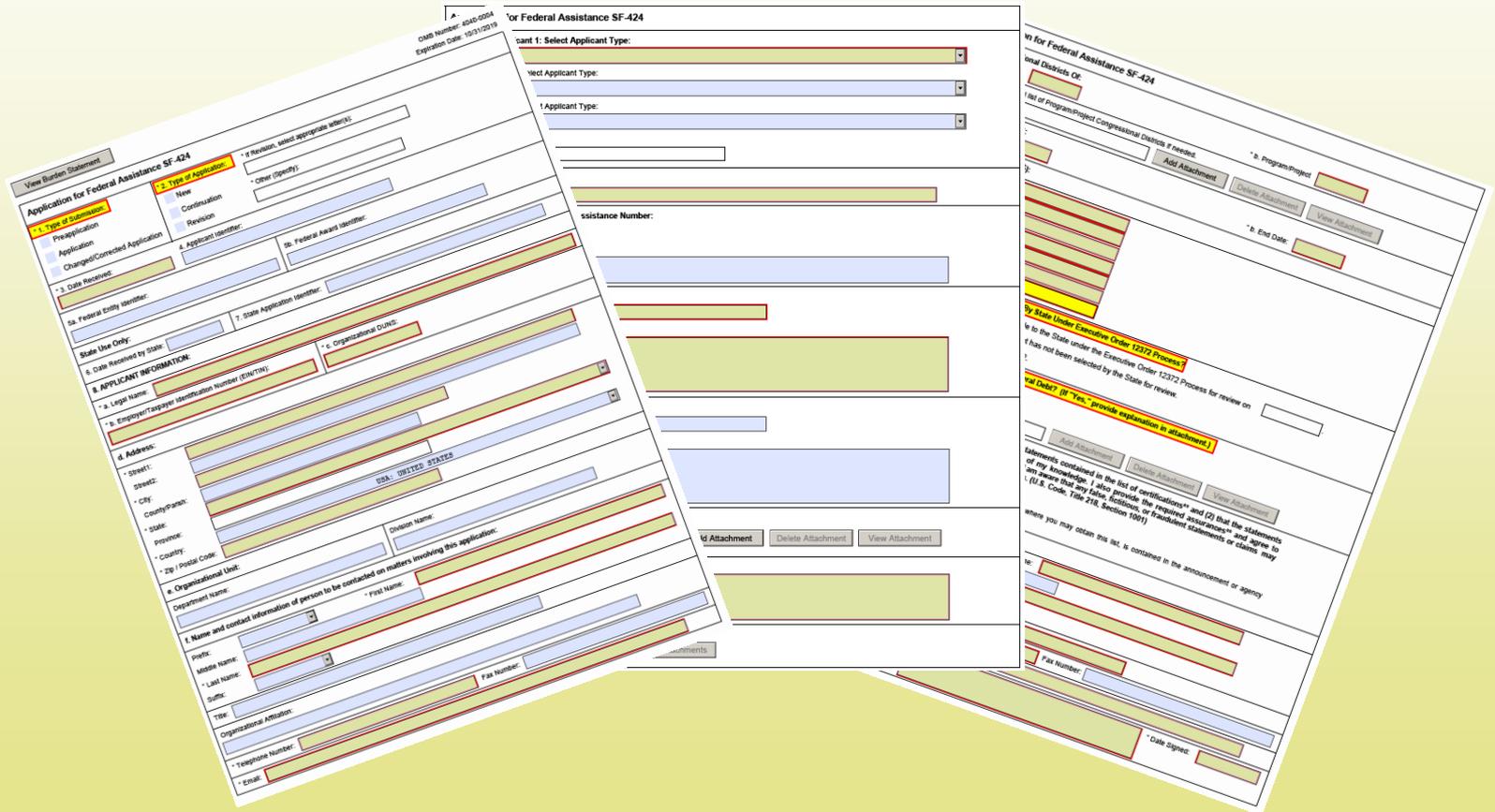


After

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
 - ✓ **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
- Please make sure you have your **Submitted Proposal(s)** (For reference).
- To help follow along, you can mark up a printed copy as we go through the forms and enter the information later.

SF424_2_1-V2.1.pdf



Application for Federal Assistance SF-424

OMB Number: 4348-0054
Expiration Date: 10/31/2019

1. Type of Submission:
 Application
 Changed/Corrected Application

2. Type of Application:
 New
 Continuation
 Revision
 * If Revision, select appropriate version:
 * Other (Specify):

3. Date Received:

4. Applicant Information:
 a. Applicant Identifier:
 b. Federal Award Identifier:

5. State Use Only:
 a. Date Received by State:
 b. State Application Identifier:

6. APPLICANT INFORMATION:
 a. Legal Name:
 b. Employer/Taxpayer Identification Number (EIN/TIN):
 c. Organizational DUNS:

7. Address:
 Street:
 Street:
 City:
 County/Parish:
 State: USA: UNITED STATES
 Province:
 Country:
 Zip / Postal Code:

8. Organizational Unit:
 Department Name:
 Division Name:

9. Name and contact information of person to be contacted on matters involving this application:
 First Name:
 Middle Name:
 Last Name:
 Title:
 Organizational Address:
 Telephone Number:
 Fax Number:
 Email:

10. Select Applicant Type:
 Select Applicant Type:
 Applicant Type:

11. Assistance Number:

12. List of Program/Project Congressional Districts:
 List of Program/Project Congressional Districts (if needed):
 a. Program/Project:
 b. End Date:

13. State Under Executive Order 12372 Process:
 Is the State under the Executive Order 12372 Process for review on:
 Yes (If "Yes," provide explanation in attachment.)
 No

14. Certifications and Assurances:
 I certify that the information provided in this application is true and correct to the best of my knowledge. I also provide the "required assurances" and agree to them (U.S. Code, Title 218, Section 1001)
 where you may obtain this list, is contained in the announcement or agency website:

 Date signed:

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

The rest of the Grant Number will be assigned by EPA

SF 424 - Page 1 (continued)

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	

SF 424 - Page 1 (continued)

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

Prefix:

* First Name:

Nomar

Middle Name:

* Last Name:

Brownfields

Suffix:

Title:

Planner

Organizational Affiliation:

* Telephone Number:

207-123-4567

Fax Number:

* Email:

Brownfields.Nomar@yourorganization.com

Application for Federal Assistance SF-424

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

Select from list

A: State Government

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

* 12. Funding Opportunity Number:

EPA-OLEM-OBLR-19-05

* 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

* 12. Funding Opportunity Number:

EPA-OLEM-OBLR-19-07

* 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

* 12. Funding Opportunity Number:

EPA-OLEM-OBLR-19-06

* Title:

Proposal Guidelines for Brownfields RLF 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 RLF Program

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:

10/01/2020

07/01/2020 if requesting
pre-award costs

* b. End Date:

09/30/2023

3 Year
Period

18. Estimated Funding (\$):

* a. Federal

\$ 250,000

* b. Applicant

* c. State

* d. Local

* e. Other

* f. Program Income

* g. TOTAL

\$ 250,000

Assessment Grants
\$250,000

Total is calculated automatically

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:

10/01/2020

**07/01/2020 if requesting
pre-award costs**

* b. End Date:

09/30/2023

**3 Year
Period**

18. Estimated Funding (\$):

* a. Federal

\$ 350,000

* b. Applicant

* c. State

* d. Local

* e. Other

* f. Program Income

* g. TOTAL

\$ 350,000

**Assessment Grants
\$350,000**

Total is calculated automatically

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:

10/01/2020

**07/01/2020 if requesting
pre-award costs**

* b. End Date:

09/30/2023

**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

CT, MA, ME & 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.

SF 424 - Page 3 (continued)

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

Yes No

If "Yes", provide explanation and attach

21. *By signing this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:



SF 424



SF 424A - Page 1

ASSESSMENT GRANTS

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. Assessment Grant		\$	\$	\$	\$	\$
2.						
3.						
4.						
5. Totals		\$	\$	\$	\$	\$

SF 424A - Page 1

CLEANUP GRANTS

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. Cleanup Grant		\$	\$	\$	\$	\$
2. 20% Cost Share						
3.						
4.						
5. Totals		\$	\$	\$	\$	\$

SF 424A - Page 1

RLF GRANTS

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. RLF Grant		\$	\$	\$	\$	\$
2. 20% Cost Share						
3.						
4.						
5. Totals		\$	\$	\$	\$	\$

SF 424A - Page 1A

ASSESSMENT GRANTS

SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1)	(2)	(3)	(4)	
	Assessment Grant				Totals Automatically Calculated
a. Personnel	\$ 25,000	\$	\$	\$	\$ 25,000
b. Fringe Benefits	15,000				15,000
c. Travel	2,500				2,500
d. Equipment					
e. Supplies	2,500				2,500
f. Contractual	250,000				250,000
g. Construction					
h. Other					
	295,000				\$ 295,000
	5,000				\$ 5,000
	\$ 300,000	\$	\$	\$	\$ 300,000
7. Program Income					

Enter your Indirect Costs here 

SF 424A - Page 1A

CLEANUP GRANTS

SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1)	(2)	(3)	(4)	
	Cleanup Grant	20% Cost Share			Totals Automatically Calculated
a. Personnel	\$ 25,000	\$	\$	\$	\$ 25,000
b. Fringe Benefits	15,000				15,000
c. Travel	2,500				2,500
d. Equipment					
e. Supplies	2,500				2,500
f. Contractual	450,000	100,000			550,000
g. Construction					
h. Other					
	495,000	100,000			\$ 595,000
	5,000				\$ 5,000
	\$ 500,000	\$ 100,000	\$	\$	\$ 600,000
7. Program Income					

Enter your Indirect Costs here 



SF 424A - Page 1A

RLF GRANTS

SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1)	(2)	(3)	(4)	
a. Personnel	\$ <input type="text"/>	\$ <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"/>	<input type="text"/>
c. Travel	<input type="text"/>	<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"/>	<input type="text"/>
e. Supplies	<input type="text"/>	<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"/>	<input type="text"/>
g. Construction	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
h. Other	<input type="text"/>	<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"/>	\$ <input type="text"/>
j. Indirect Charges	<input type="text"/>	<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"/>	\$ <input type="text"/>
7. Program Income	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>



SF 424A - Page 3

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 ↑

SF 424A - Page 3 (continued)

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 424A



EPA FORM 6600-06

Certification Regarding Lobbying

EPA_Form_6600_06.pdf

	United States ENVIRONMENTAL PROTECTION AGENCY Washington, DC 20460	OMB Control No. 2030-002 Approval expires 04/30/202
	<hr/> <p style="text-align: right;">EPA Project Control Number _____</p>	
<p>CERTIFICATION REGARDING LOBBYING</p> <p>CERTIFICATION FOR CONTRACTS, GRANTS, LOANS AND COOPERATIVE AGREEMENTS</p>		
<p>The undersigned certifies, to the best of his or her knowledge and belief, that:</p>		
<p>(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.</p>		
<p>(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.</p>		
<p>(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.</p>		
<p>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.</p>		
<p>_____ Typed Name & Title of Authorized Representative</p>		
<p>_____ Signature and Date of Authorized Representative</p>		
<p><small>The public reporting and recordkeeping burden for this collection of information is estimated to average 15 minutes per response. Send comments on the Agency's need for this information, the accuracy of the provided burden estimates, and any suggested methods for minimizing respondent burden, including through the use of automated collection techniques to the Director, Collection Strategies Division, U.S. Environmental Protection Agency (2022), 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.</small></p>		
<p><small>EPA Form 6600-06 (Rev. 06/2014) Previous editions are obsolete.</small></p>		

EPA FORM 6600-06



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 06/12/2020

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

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

EPA FORM 6600-06





SF-LLL

Disclosure of Lobbying Activities

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: <input type="checkbox"/> a. contract <input checked="" type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	2. * Status of Federal Action: <input type="checkbox"/> a. bid/offer/application <input checked="" type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	3. * Report Type: <input checked="" type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change
4. Name and Address of Reporting Entity: <input checked="" type="checkbox"/> Prime <input type="checkbox"/> Sub-Awardee * Name: _____ * Street 1: _____ Street 2: _____ * City: _____ State: _____ Zip: _____ Congressional District, if known: _____		
5. If Reporting Entity in No.4 is Subawardee, Enter Name and Address of Prime: _____		
6. * Federal Department/Agency: _____	7. * Federal Program Name/Description: _____ <small>CFDA Number, if applicable: _____</small>	
8. Federal Action Number, if known: _____	9. Award Amount, if known: \$ _____	
10. a. Name and Address of Lobbying Registrant: Prefix: _____ * First Name: _____ Middle Name: _____ * Last Name: _____ Suffix: _____ * Street 1: _____ Street 2: _____ * City: _____ State: _____ Zip: _____		
b. Individual Performing Services (including address if different from No. 10a) Prefix: _____ * First Name: _____ Middle Name: _____ * Last Name: _____ Suffix: _____ * Street 1: _____ Street 2: _____ * City: _____ State: _____ Zip: _____		
<small>11. Information requested through this form is authorized by title 31 U.S.C. section 1362. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the filer above when the transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1362. 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.</small>		
* Signature: _____ * Name: Prefix: _____ * First Name: _____ Middle Name: _____ * Last Name: _____ Suffix: _____ Title: _____ Telephone No.: _____ Date: _____		
Federal Use Only:		



DISCLOSURE OF LOBBYING ACTIVITIES

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

OMB Number: 4040-0013
Expiration Date: 02/28/2022

Review Public Burden Disclosure Statement

<p>1. * Type of Federal Action:</p> <p><input type="checkbox"/> a. contract</p> <p><input type="checkbox"/> b. grant</p> <p><input checked="" type="checkbox"/> c. cooperative agreement</p> <p><input type="checkbox"/> d. loan</p> <p><input type="checkbox"/> e. loan guarantee</p> <p><input type="checkbox"/> f. loan insurance</p>	<p>2.</p> <p>This is automatically checked as b. grant Make sure you check cooperative agreement</p> <p>This is correct</p>	<p>3. * Report Type:</p> <p><input checked="" type="checkbox"/> a. initial filing</p> <p><input type="checkbox"/> b. material change</p> <p>This is correct</p>
<p>4. Name and Address of Reporting</p>		
<p><input checked="" type="checkbox"/> Private</p>		
<p>* Name Grantee Organization ← Legal address as listed in sam.gov</p>		
<p>* Street 1 1 Main Street Street 2</p>		
<p>* City Anywhere State ME: Maine (select from list) Zip 01234</p>		
<p>Congressional District, if known: 1, 2 & 3</p>		
<p>5. If Reporting Entity in No.4 is Subawardee, Enter Name and Address of Prime:</p> <p> </p>		

SF-LLL (continued)

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

SF-LLL (continued)

You can add a signature block to sign electronically

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 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:

06/12/2020

Federal Use Only:

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

SF-LLL



EPA FORM 4700-4

Preaward Compliance Review Report

EPA4700_4_2_1-V2.1.pdf

OMB Number: 2030-0200
Expiration Date: 04/02/2021

Preaward Compliance Review Report for All Applicants and Recipients Requesting EPA Financial Assistance
Note: Read instructions before completing form.

View Burden Statement

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

Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____

DUNS No. _____

II. Is the applicant currently receiving EPA Assistance? Yes 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.)

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.)

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 actions taken.

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 VI; if no, proceed to VIIb.

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 exemption (40 C.F.R. 7.739) applies.

Yes 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. 5.460 and 7.50)

Yes No

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. 7.559a)

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.

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.

I, _____, of _____, certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any false or misleading statement may be punishable by fine or imprisonment or both under applicable law. I assure that I will fully comply with the requirements of 40 C.F.R. Parts 5 and 7.

For the Applicant/Recipient
Signature: _____ Title: Authorized Official

For the U.S. Environmental Protection Agency
Signature: _____ Title: Authorized Official
Date: _____

EPA Form 4700-4

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)

- 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)
- Yes No
- 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

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

06/12/2020

 You can add a signature block to sign electronically

EPA Form 4700-4



EPA FORM 5700-54

KEY CONTACTS FORM

EPA_KeyContacts-V1.1.pdf

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

EPA KEY CONTACTS FORM

View Burden Statement

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: [] Suffix: []
Last Name: []

Title: []

Complete Address: State: [] Country: [] Fax Number: []
Street: []
Street2: []
City: []
Zip / Postal Code: []
Phone Number: []
E-mail Address: []

Payee: Individual authorized to accept payments

Name: Prefix: [] First Name: [] Middle Name: [] Suffix: []
Last Name: []

Title: []

Complete Address: State: [] Country: [] Fax Number: []
Street: []
Street2: []
City: []
Zip / Postal Code: []
Phone 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: [] Suffix: []
Last Name: []

Title: []

Complete Address: State: [] Country: [] Fax Number: []
Street: []
Street2: []
City: []
Zip / Postal Code: []
Phone Number: []
E-mail Address: []

EPA Form 5700-54 (Rev. 4/20)

EPA KEY CONTACTS FORM

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

Name: Prefix: [] First Name: [] Middle Name: [] Suffix: []
Last Name: []

Title: []

Complete Address: State: [] Country: [] Fax Number: []
Street: []
Street2: []
City: []
Zip / Postal Code: []
Phone Number: []
E-mail Address: []

Key Contacts Form - Page 1

View Burden Statement OMB 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

EPA KEY CONTACTS FORM

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

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:



Project Manager:
You



Key Contacts Form



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 - www.sam.gov.
- Ensure all budget totals (from the 424A, Work Plan, and Budget Detail Attachment 1) **are the same amount**.
- Cleanup Grant Recipients: No 100% pass through and no cost share in Other.



Last Things

- Send the draft of your form package to your Project Officer for review. Please do **ASAP** in order to adjust any items and get your package in by the deadline.
- **June 12** is the deadline for final draft of form package to your Project Officer.
- Get ready to have your QEP on board by **December 2020**.
- Your QEP is a contractor, an LSP, an LEP but is not a “consultant”.
- The only Brownsfield is in Cleveland.
- Contact your Project Officer with any questions.

Make Sure You Have It All

- ✓ **SF-424:** Application for Federal Assistance
- ✓ **SF-424A:** Budget Information – Page 1 & 2
- ✓ **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** (Work Plan)
- ✓ **Budget Detail** (Attachment 1 to the Work Plan)
- ✓ **Non-Profit Tax Status** (If Applicable)



Forms & Workplan Templates

- Reminder - All Forms & Workplan templates are available on our website: <https://www.epa.gov/brownfields/2020-brownfields-new-grantee-training-new-england>



E-Mail it all to:

Your Assigned Project Officer

lastname.firstname@epa.gov

Subject Line:

Brownfields Application – Name of Organization



You Are Done!



Questions???

