

## Blank Application Documents

Following are the blank copies of each document you will need to fill out to complete your TAG application. While these are standard federal grant forms, EPA has developed instruction specifically for TAG applicants to use in completing these forms. Whenever questions on these forms call for standard answers by TAG applicants, EPA has supplied the correct response to simplify the application process.

Documents you will find in this section include:

1. A multi-page "Project Narrative Statement," which includes the "budget" and "scope of work"/"work plan" specified in the new TAG rules plus information about your group and how you will manage a TAG.
2. Standard Form (SF) 424, "Application for Federal Assistance" (1 page)
3. SF 424A, "Budget Information - Non-Construction Programs" (2 pages)
4. SF 424B, "Assurances - Non-Construction Programs" (2 pages)
5. EPA Form 5700-49, "Certification Regarding Debarment, Suspension, and Other Responsibilities Matters" (1 page)
6. EPA Form 4700-4, "Preaward Compliance Review Report for Applicants Requesting Federal Financial Assistance" (1 page)
7. "Certification Regarding Lobbying" (1 page)

# Project Narrative Statement

## Section 1. GROUP QUALIFICATIONS

### A. Group Eligibility

1. The first four items in this section concern your group's relationship, if any, with those who have been identified as potentially responsible parties (PRPs) at the site. If you do not have a complete list of PRPs for your site, contact the Remedial Project Manager (RPM) or Community Involvement Coordinator (CIC) for the site. *Provide a detailed explanation for any "Yes" answers.*

Yes No

Are any members of your group potentially responsible parties (PRPs)?

Was your group established by or does it represent a PRP?

Does anyone in your group have financial involvement in a PRP (other than as an employee or contractor?)

Is your group presently sustained by a PRP?

2.   Was your group established, or is it sustained by, an "ineligible entity" [defined in 40 CFR 35.4105]? (check all that apply):

\_\_\_\_\_ A PRP?

\_\_\_\_\_ A national organization?

\_\_\_\_\_ An academic institution?

\_\_\_\_\_ A political subdivision?

3. How many members are in your group? \_\_\_\_\_

Is your group incorporated (or planning to incorporate) as a non-profit organization for the specific purpose of representing affected individuals at the site?

**OR**

Was your group originally incorporated for another purpose?

If your group was originally incorporated for another purpose, does it include all the individuals and groups who joined in applying for the TAG?

4. Explain how your group was formed and the history of your group's involvement at the site. If your group developed out of a coalition of other groups, also include the names of these groups and why the groups joined together? (Attach an additional sheet if needed.)

**Section 1. Group Qualifications (continued)**

***B. Responsibility Requirements***

***1. Administrative and Management Capabilities***

In the space below, please describe the organizational structure of your group and the roles and responsibilities of members, particularly members who will be responsible for financial management of the grant and directing the activities of the contractor.

***2. Resources for Project Completion***

What resources are available to your group to help complete the TAG project? (Include any plans that your group has for in-kind contributions or for fund-raising and obtaining cash.)

**Section 1. GROUP QUALIFICATIONS (continued)**

***B. Responsibility Requirements (continued)***

***3. Performance Record***

Please describe your group's past performance in satisfactorily completing projects and contracts. (If your group has no past experience, EPA will evaluate the description, budget, and schedule you provide in Section 2 of this application.)

***4. Accounting and Auditing Procedures***

What procedures does your group plan to use for recordkeeping and financial accountability related to the grant? Please identify the member of your group who will maintain your financial records.

**Section 1. GROUP QUALIFICATIONS (continued)**

***B. Responsibility Requirements (continued)***

***5. Incorporation***

Is your group incorporated specifically for the purpose of addressing problems at this site?  
(Answer “yes” or “no”)

If not, what steps is your group taking to incorporate for grant-related purposes?

***6. Certifications***

**Attach copies** of the completed “Certification Regarding Debarment, Suspension, and Other Responsibility Matters” (EPA Form 5700-49), “Preaward Compliance Review Report for Applicants Requesting Federal Financial Assistance,” and “Certification Regarding Lobbying” to this Project Narrative Statement.

**Section 1. GROUP QUALIFICATIONS (continued)**

***C. Group Issues and Objectives***

1. **How many members of your group are affected by the site?** \_\_\_\_\_
  
2. **Health, Economic, and Environmental Effects**  
Describe the ways in which group members and those they represent are affected by contamination at the site, including actual or potential health threats posed to and economic and environmental effects felt by them.
  
3. ***Consolidation/Representation***  
Describe the number and diversity of affected community organizations and individuals represented by your group, highlighting the ways in which your group represents individuals affected by the site.

## **Project Narrative Statement**

### **Section 2. INFORMATION SHARING**

- A. How does your group intend to share information collected with grant funds with the larger community?**

## **Project Narrative Statement**

### **Section 3. TECHNICAL ADVISOR WORK PLAN**

- A. Provide a succinct explanation of the tasks you wish your technical advisor to perform at each stage of the cleanup process; how much of the technical advisor's time will be necessary to complete the specified tasks at each phase of the cleanup process; and the products you expect the technical advisor to provide.**

**APPLICATION FOR FEDERAL ASSISTANCE**

Version 7/03

		<b>2. DATE SUBMITTED</b>	Applicant Identifier
<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier
<b>5. APPLICANT INFORMATION</b>			
Legal Name:		<b>Organizational Unit:</b>	
		Department:	
Organizational DUNS:		Division:	
<b>Address:</b>		<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b>	
Street:		Prefix:	First Name:
City:		Middle Name	
County:		Last Name	
State:	Zip Code	Suffix:	
Country:		Email:	
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> □□-□□□□□□□□		Phone Number (give area code)	Fax Number (give area code)
<b>8. TYPE OF APPLICATION:</b> <input type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) <input type="checkbox"/> <input type="checkbox"/> Other (specify)		<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) Other (specify)	
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> TITLE (Name of Program): Superfund Technical Assistance Grant 66-806		<b>9. NAME OF FEDERAL AGENCY:</b> U.S. Environmental Protection Agency	
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b>		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b>	
<b>13. PROPOSED PROJECT</b> Start Date:    Ending Date:		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant    b. Project	
<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>	
a. Federal	\$ .00	a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON	
b. Applicant	\$ .00	DATE:	
c. State	\$ .00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
d. Local	\$ .00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
e. Other	\$ .00	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>	
f. Program Income	\$ .00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input type="checkbox"/> No	
g. TOTAL	\$ .00		
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>			
<b>a. Authorized Representative</b>			
Prefix		First Name	Middle Name
Last Name		Suffix	
<b>b. Title</b>		c. Telephone Number (give area code)	
<b>d. Signature of Authorized Representative</b>		e. Date Signed	

**BUDGET INFORMATION - Non-Construction Programs**

SECTION A - BUDGET SUMMARY						
Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		Total (g)
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	
1.		\$	\$	\$	\$	\$
2.						
3.						
4.						
5. Totals		\$	\$	\$	\$	\$

SECTION B - BUDGET CATEGORIES						
Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY					
	(1)	(2)	(3)	(4)	Total (5)	
a. Personnel	\$	\$	\$	\$	\$	
b. Fringe Benefits						
c. Travel						
d. Equipment						
e. Supplies						
f. Contractual						
g. Construction						
h. Other						
i. Total Direct Charges (sum of 6a-6h)						
j. Indirect Charges						
k. TOTALS (sum of 6i and 6j)	\$	\$	\$	\$	\$	

7. Program Income	\$	\$	\$	\$	\$	
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SECTION C - NON-FEDERAL RESOURCES				
(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS
8.	\$	\$	\$	\$
9.				
10.				
11.				
12. TOTAL (sum of lines 8-11)	\$	\$	\$	\$

SECTION D - FORECASTED CASH NEEDS					
	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
	13. Federal	\$	\$	\$	\$
14. Non-Federal					
15. TOTAL (sum of lines 13 and 14)	\$	\$	\$	\$	\$

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.	\$	\$	\$	\$
17.				
18.				
19.				
20. TOTAL (sum of lines 16-19)	\$	\$	\$	\$

SECTION F - OTHER BUDGET INFORMATION	
21. Direct Charges:	
22. Indirect Charges:	
23. Remarks:	