



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. *Please attach 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? _____

4. 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?

5. 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? *(If necessary, please use blank pages at the end of this form 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. *(If necessary, please use blank pages at the end of this form if needed.)*

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.) *(If necessary, please use blank pages at the end of this form if needed.)*

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.) *(If necessary, please use blank pages at the end of this form if needed.)*

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. *(If necessary, please use blank pages at the end of this form if needed.)*

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?

Yes 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, if you are submitting the application in hard copy. (If you are submitting your application via the Grants.gov Web site, finalize these forms online as instructed.)

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. *(If necessary, please use blank pages at the end of this form if needed.)*

Section 1. GROUP QUALIFICATIONS (continued)

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.
(If necessary, please use blank pages at the end of this form if needed.)

Section 2. INFORMATION SHARING

- A.** How does your group intend to share information collected with grant funds with the larger community (public meetings, newsletters, Web site, information library, etc.)? *(Use blank pages at the end of this form if needed.)*

Section 3. TECHNICAL ADVISOR WORK PLAN

A. Technical Advisor Work Plan (Part 1) – Please explain how your group plans to use personnel for management/coordination and technical advice. Use as much space as you need to complete your Technical Advisor Work Plan. *(If necessary, please use blank pages at the end of this form if needed.)*

Section 3. TECHNICAL ADVISOR WORK PLAN (continued)

B. Schedule of Technical Advisor Tasks and Costs (Part 2) – This schedule consists of a list of tasks to be performed by your Technical Advisor and the anticipated cost of each. An example (fillable form) of how to format the schedule is shown on the next page. This is a suggestion only. You may develop a different format, if you wish, as long as all elements are included. *(If necessary, please use blank pages at the end of this form if needed.)*

Section 3. TECHNICAL ADVISOR WORK PLAN, Part 2 
PROPOSED SCHEDULE OF TECHNICAL ADVISOR TASKS AND COSTS

	Review Schedule/Tasks	Review	Prepare Memo/Report	Attend Meeting	# of hours	Cost	Total Cost of Advisor	Total # of Hours
Year __	Remedial Investigation (RI)							
Year __	Feasibility Study (FS)							
Year __	Remedial Design (RD)							
	Remedial Action (RA)							
	Travel						Total Cost of Advisor	
	Administrative Costs						Total Travel Costs	
							Total Administrative Costs	
							Total (federal share)	

Goals: Land Preservation and Restoration (Goal 3)

Objectives: Restore Land (Objective 2.3)

Sub-Objectives: Cleanup and re-use Contaminated Land (3.2.2)

This grant to the _____ will increase the number of citizens aware of EPA's action and the decisions that need to be made at the _____ site. With increased local community awareness and input (through comments on technical documents and through public meetings), the final remedy and future uses of the site can be more reflective of local needs and concerns. In the long term, involving the local community in how the site is cleaned up and redeveloped will help ensure that land is put back into the most productive use possible, thereby furthering EPA's goal of cleaning up and reusing contaminated land (3.2.2 and 3.2). This, in turn, supports EPA's overarching goal of land preservation and restoration (Goal 3).

Outputs (activity, effort or work product produced by your TAG group during the grant period)	Measures and Timeline	Outcomes (Effect or result of Outputs)

**Budget Narrative Attachment Form
for Three-Year Budget Period**

1. Federal Share:

Cost

Total

2. Matching Share:

Total



Total Project

EXTRA PAGES

The following extra pages have been provided in case extra room is necessary for any section of this form. Please clearly label which section you are continuing from.

EXTRA PAGES (continued)

EXTRA PAGES (continued)

EXTRA PAGES (continued)

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:

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name:

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

* c. Organizational DUNS:

d. Address:

* Street1:

Street2:

* City:

County:

* State:

Province:

* Country:

* Zip / Postal Code:

e. Organizational Unit:

Department Name:

Division Name:

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

Prefix:

* First Name:

Middle Name:

* Last Name:

Suffix:

Title:

Organizational Affiliation:

* Telephone Number:

Fax Number:

* Email:

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

*** 12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

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

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

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal

* b. Applicant

* c. State

* d. Local

* e. Other

* f. Program Income

* g. TOTAL

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

a. This application was made available to the State under the Executive Order 12372 Process for review on

b. Program is subject to E.O. 12372 but has not been selected by the State for review.

c. Program is not covered by E.O. 12372.

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

Yes

No

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:

Application for Federal Assistance SF-424

*** Applicant Federal Debt Delinquency Explanation**

The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt. Maximum number of characters that can be entered is 4,000. Try and avoid extra spaces and carriage returns to maximize the availability of space.

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		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1.		\$	\$	\$	\$	\$
2.						
3.						
4.						
5. Totals		\$	\$	\$	\$	\$
SECTION B - BUDGET CATEGORIES						
6. Object Class Categories		GRANT PROGRAM , FUNCTION OR ACTIVITY				Total (5)
		(1)	(2)	(3)	(4)	
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		\$	\$	\$	\$	\$

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					
13. Federal	Total for 1 st Year	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter
	\$	\$	\$	\$	\$
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:	

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:

- | | |
|--|---|
| <ol style="list-style-type: none"> 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 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. 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 | <ol style="list-style-type: none"> 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 VII 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. |
|--|---|

<p>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 subagreement.</p> <p>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.</p> <p>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 flood plains 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).</p>	<p>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.</p> <p>13. Will assist the awarding agency in assuring compliance will 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.).</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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."</p> <p>18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.</p>
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SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	TITLE	
APPLICANT ORGANIZATION		DATE SUBMITTED



Note: Read instructions before completing form.

I. A. Applicant (Name, City, State)	B. Recipient (Name, City, State)	C. EPA Project No.
II. Brief description of proposed project, program or activity.		
III. Are any civil rights lawsuits or complaints pending against applicant and/or recipient? If yes, list those complaints and the disposition of each complaint.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
IV. Have any civil rights compliance reviews of the applicant and/or recipient been conducted by any Federal agency during the two years prior to this application for activities which would receive EPA assistance? If yes, list those compliance reviews and status of each review.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
V. Is any other Federal financial assistance being applied for or is any other Federal financial assistance being applied to any portion of this project, program or activity? If yes, list the other Federal Agency(s), describe the associated work and the dollar amount of assistance.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
VI. If entire community under the applicant's jurisdiction is not served under the existing facilities/services, or will not be served under the proposed plan, give reasons why.		
VII. Population Characteristics		Number of People
1. A. Population of Entire Service Area		
B. Minority Population of Entire Service Area		
2. A. Population Currently Being Served		
B. Minority Population Currently Being Served		
3. A. Population to be Served by Project, Program or Activity		
B. Minority Population to be Served by Project, Program or Activity		
4. A. Population to Remain Without Service		
B. Minority Population to Remain Without Service		
VII. Will all new facilities or alterations to existing facilities financed by these funds be designed and constructed to be readily accessible to and usable by handicapped persons? If no, explain how a regulatory exception (40 CFR 7.70) applies.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
IX. Give the schedule for future projects, programs or activities (or of future plans), by which services will be provided to all beneficiaries within applicant's jurisdiction. If there is no schedule, explain why.		
X. 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.		
A. Signature of Authorized Official	B. Title of Authorized Official	C. Date
For the U.S. Environmental Protection Agency		
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Authorized EPA Official	Date

Instructions for EPA FORM 4700-4 (Rev. 1/90)

General

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

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 title 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 handicapped individual shall solely by reason of handicap be excluded from participation in, be denied the benefit of, or be subjected to discrimination under any program or activity receiving Federal financial assistance. Employment discrimination on the basis of handicap 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 on the basis of sex shall be excluded from participation in, be denied the benefit 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.

The information on this form is required to enable the U.S. Environmental Protection Agency to determine whether applicants and prospective recipients are developing projects, programs and activities on a nondiscriminatory basis as required by the above statutes.

Submit this form with the original and

ITEMS

- IA. "Applicant" means any entity that files an application or unsolicited proposal or otherwise requests EPA assistance.
- IB. "Recipient" means any entity, other than applicant, which will actually receive EPA assistance.
- IC. Self-explanatory.
- II. Self-explanatory.
- III. "Civil rights lawsuits" means any lawsuit or complaint alleging discrimination on the basis of race, color, national origin, sex, age, or handicap pending against the applicant and/or entity, which actually benefits from the grant. 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.
- IV. "Civil rights compliance review" means any review assessing the applicant and/or recipient's compliance with laws prohibiting discrimination on the basis of race, color, national origin, sex, age, or handicap. If any part of the review covered the entity, which will actually benefit from the grant, it should be listed.
- V. Self-explanatory.
- VI. The word "community" refers to the area under the applicant and/or recipient's jurisdiction. The "community" might be a university or laboratory campus, or a community within a large city. If there is significant disparity between minority and nonminority populations to receive service, not otherwise satisfactorily explained, the Regional office may require a map, which indicates the minority and nonminority population served by this project, program or activity.
- VII. This information is required so that reviewers may determine if a disparity in the proposed provision of services will exist in the event the application is approved for funding. Give population of recipient's jurisdiction, broken out by categories as specified.

In the event the applicant cannot provide the requested information because the funds will be distributed over a wide demographic area, which is yet to be determined, an explanation may be provided on a separate sheet. For example, a State applying for a capitalization grant under the State Revolving Fund program may not know which cities and counties will apply for, and receive, SRF loans.
- VIII. Self-explanatory.
- IX. "Jurisdiction" means the geographical area over which applicant has the authority to provide service.

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 certain questions, EPA program officials should be contacted for clarification.

X. Self-explanatory.

"Burden Disclosure Statement"

EPA estimates public reporting burden for the preparation of this form to average 30 minutes per response. This estimate includes the time for reviewing instructions, gathering and maintaining the data needed and completing and reviewing the form. Send comments regarding the burden estimate, including suggestions for reducing this burden, to Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 401 M Street, S.W., Washington, D.C. 20460; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

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.

Typed Name & Title of Authorized Representative

Signature of Authorized Representative

Date



KEY CONTACTS FORM

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

Name: _____
Title: _____
Complete Address: _____
Phone Number: _____

Payee: Individual authorized to accept payments.

Name: _____
Title: _____
Mail Address: _____
Phone Number: _____

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

Name: _____
Title: _____
Mailing Address: _____
Phone Number: _____
FAX Number: _____
E-Mail Address: _____

Principal Investigator: Individual responsible for the technical completion of the proposed work.

Name: _____
Title: _____
Mailing Address: _____
Phone Number: _____
FAX Number: _____
E-Mail Address: _____
Web URL: _____