EPA Brownfields Cleanup Grant Requirements

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Brownfield Redevelopment Solutions, Inc.
New Jersey Institute of Technology
Technical Assistance for Brownfields

July 22, 2009
10:00 AM to 2:00 PM
DEM Headquarters, Providence, RI
TOPICS

- EPA Programmatic Requirements
- EPA Reporting Requirements
- Eligible Activities
- Hiring a Consultant
- Developing a Scope of Work
- Navigating the Procurement Requirements
EPA PROGRAMMATIC REQUIREMENTS

- Community Relations Plan (CPR)
- Analysis of Brownfield Cleanup Alternatives (ABCA)
- Community Involvement and Public Participation Requirements
- Remedial Action Workplan Requirements
- Sampling Analysis Management Plan
EPA PROGRAMMATIC REQUIREMENTS

- Quality Assurance Project Plan
- Historic Properties (Section 106 requirements)
- Threatened or Endangered Species
- Cleanup Activities
- Remedial Action Closure Report and Draft Environmental Land Use Restrictions
EPA REPORTING REQUIREMENTS

- Financial Status Reports (Form 269a)
- Federal Cash Transaction Reports (Form 272)
- MBE/WBE reports (5700-52a)
- Quarterly Reports
- ACRES reporting (Property Profile Forms)
EPA REPORTING REQUIREMENTS

- Drawdown requests (Form 190)

- Reimbursement Request Backup Documentation
  - Cost share
  - Timesheets
  - Invoices
# FINANCIAL STATUS REPORT

(Short Form)

1. Federal Agency and Organizational Element to Which Report is Submitted
2. Federal Grant or Other Identifying Number Assigned By Federal Agency

3. Recipient Organization (Name and complete address, including zip code)

4. Employer Identification Number
5. Recipient Account Number or Identifying Number

6. Funding/Grant Period (See Instructions)
   a. From: (Month, Day, Year)
   b. To: (Month, Day, Year)

7. Date
   a. Yes
   b. No
   c. Cash
   d. Acre

8. Period Covered by this Report
   a. From: (Month, Day, Year)
   b. To: (Month, Day, Year)

9. Transactions:
   a. Total outlays
   b. Recipient share of outlays
   c. Federal share of outlays
   d. Total unliquidated obligations
   e. Recipient share of unliquidated obligations
   f. Federal share of unliquidated obligations
   g. Total Federal share (Sum of lines e and f)
   h. Total Federal funds authorized for this funding period
   i. Unobligated balance of Federal funds (Line n minus line g)

10. Indirect Expense
    a. Type of Rate (Place “X” in appropriate box)
    b. Percentage
    c. Base
    d. Total Amount
    e. Federal Share

11. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.

12. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.

   a. Typed or Printed Name and Title
   b. Telephone (Area code, number and extension)
   c. Signature of Authorized Certifying Official
   d. Date Report Submitted

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Note: Standard Form 255A (Rev. 7-97) Prescribed by OMB Circulars A-102 and A-110
# Federal Cash Transactions Report

(See instructions on the back. If report is for more than one grant or assistance agreement, attach complete Standard Form 2724.)

### 2. Recipient Organization

<table>
<thead>
<tr>
<th>Name:</th>
<th>4. Federal grant or other identification number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number and street:</td>
<td>5. Recipient's account number or identifying number</td>
</tr>
<tr>
<td>City, State and ZIP Code:</td>
<td>6. Letter of credit number</td>
</tr>
</tbody>
</table>

Give total number for this period

### 3. Federal Employer Identification No.

<table>
<thead>
<tr>
<th>10. Period covered by this report:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prior (month, day, year)</td>
</tr>
<tr>
<td>10 (month, day, year)</td>
</tr>
</tbody>
</table>

### 11. Status of Federal Cash

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td>Cash on hand beginning of period</td>
<td>$</td>
</tr>
<tr>
<td>b</td>
<td>Letter of credit withdrawal</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Treasury check payments</td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Total receipts (Sum of lines b and c)</td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>Total cash available (Sum of lines a and d)</td>
<td></td>
</tr>
<tr>
<td>f</td>
<td>Gross disbursements</td>
<td></td>
</tr>
<tr>
<td>g</td>
<td>Federal share of program income</td>
<td></td>
</tr>
<tr>
<td>h</td>
<td>Net disbursements (Line 1 minus line g)</td>
<td></td>
</tr>
<tr>
<td>i</td>
<td>Adjustments of prior periods</td>
<td></td>
</tr>
<tr>
<td>j</td>
<td>Cash on hand end of period</td>
<td>$</td>
</tr>
</tbody>
</table>

### 12. The amount shown on line 11 above represents cash requirements for the period

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td>Interest Income</td>
<td>$</td>
</tr>
<tr>
<td>b</td>
<td>Advances to subgrantees or subcontractors</td>
<td>$</td>
</tr>
</tbody>
</table>

### 13. Other Information

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
</table>

### 14. Remarks

(Attach additional sheets of plain paper if more space is required)

### 15. Certification

I certify to the best of my knowledge and belief that this report is true in all respects, and that all disbursements have been made for the purpose and conditions of the grant or agreement.

<table>
<thead>
<tr>
<th>Authorized</th>
<th>Signature</th>
<th>Date Report Submitted</th>
<th>Type or Printed Name and Title</th>
<th>Telephone (Area Code, Number, Extension)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

**This space for agency use**
**U.S. ENVIRONMENTAL PROTECTION AGENCY**
**MBE/WBE UTILIZATION UNDER FEDERAL GRANTS, COOPERATIVE AGREEMENTS, AND INTERAGENCY AGREEMENTS**

**PART 1.** (Reports are required even if no procurements are made during the reporting period.)

<table>
<thead>
<tr>
<th>1A. FEDERAL FISCAL YEAR</th>
<th>18. REPORTING PERIOD (Check all appropriate boxes):</th>
</tr>
</thead>
<tbody>
<tr>
<td>20__</td>
<td>9 ⁵ᵗʰ (Oct-Dec) 9 ⁶ᵗʰ (Jan-Mar) 9 ⁷ᵗʰ (Apr-Jun) 9 ⁸ᵗʰ (Jul-Sep) Annual</td>
</tr>
</tbody>
</table>

19. Check if this is the last report for project (Project completed).

1C. REVISION OF A PRIOR REPORT Y or N
   Year: ________ Quarter: ________

BRIEFLY DESCRIBE THE REVISIONS YOU ARE MAKING:

2A. EPA/State Financial Assistance Office Address
   (ATTN: DBE Coordinator)

2B. EPA/DBE Coordinator
   Name: ________
   E-mail: ________
   Telephone: ________

2C. Recipient Reporting Contact
   Name: ________
   E-mail: ________
   Telephone: ________

3A. Recipient Name and Address

3B. Federal Financial Assistance Program Title or CFDA Number:

4A. Financial Assistance Agreement ID Number
   (SF6 State Recipients, refer to instructions for completion of blocks 4A, 5A and 5C.)

4B. Total Assistance Agreement Amount
   (SF6 State Recipients, refer to instructions for completion of blocks 4A, 5A and 5C.)

   EPA Share: ________
   Recipient Share: ________

5. Total Procurement and MBE/WBE Accomplishments This Reporting Period
   (Only include amount not reported in any prior reporting period)

   Were sub-awards issued under this assistance agreement? Yes ___ No ___
   Were contracts issued under this assistance agreement? Yes ___ No ___

   Total Procurement Amount $_______

   Actual MBE/WBE Procurement Accomplished
   (Include total dollar values awarded to recipient, sub-recipients and SRF loan recipients.)

<table>
<thead>
<tr>
<th>Construction</th>
<th>Container</th>
<th>Equipment</th>
<th>Supplies</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>MBE: ________</td>
<td>________</td>
<td>________</td>
<td>________</td>
<td>________</td>
</tr>
<tr>
<td>WBE: ________</td>
<td>________</td>
<td>________</td>
<td>________</td>
<td>________</td>
</tr>
</tbody>
</table>

6. COMMENTS: (If no MBE/WBE procurements were accomplished during the reporting period, please explain what steps you are taking to achieve the MBE/WBE Program requirements specified in the terms and conditions of the Assistance Agreement.)

7. NAME OF RECIPIENT'S AUTHORIZED REPRESENTATIVE
   TITLE

8. SIGNATURE OF RECIPIENT'S AUTHORIZED REPRESENTATIVE
   DATE

MBE/WBE PROCUREMENTS MADE DURING REPORTING PERIOD
EPA Financial Assistance Agreement Number: 

<table>
<thead>
<tr>
<th>1. Procurement Made By</th>
<th>2. Business Enterprise</th>
<th>3. $ Value of Procurement</th>
<th>4. Date of Award MM/DD/YY</th>
<th>5. Type of Product or Services (Enter Code)</th>
<th>8. Name/Address/Phone Number of MBE/WBE Contractor or Vendor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recipient</td>
<td>Sub-Recipient</td>
<td>Prime</td>
<td>Minority</td>
<td>Women</td>
<td>Prime</td>
</tr>
<tr>
<td>Sub-Recipient</td>
<td>Loan Recipient</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Type of product or service codes:

1 = Construction
2 = Supplies
3 = Services
4 = Equipment

Note: Refer to Terms and conditions of your Assistance Agreement to determine the frequency of reporting. Recipients are required to submit MBE/WBE reports to EPA beginning with the Federal fiscal year quarter the recipients receive the award, continuing until the project is completed.

EPA FORM 5700-52A - (Approval Expires 10/31/09)
Quarterly Reports
Due 30 Days from the Close of Federal Fiscal Quarter

Jan 1 – March 31  due April 30
April 1–June 30   due July 31
July 1 – Sept 30  due Oct 31
Oct 1 – Dec 31    due Jan 30

Quarterly Reports should contain grant identifier information on the cover page, and the following information in the text:

1. Project Progress
   1. Status of Activities During Reporting Period
   2. Modifications to the Workplan
   3. Site-Specific Products
   4. Other Deliverables / Work Products
2. PROJECT FUNDS EXPENDED

Table 1: Summary of Costs Incurred for Project

<table>
<thead>
<tr>
<th>Object Class</th>
<th>Current Approved Budget</th>
<th>Costs Incurred This Quarter</th>
<th>Total Costs Incurred to Date</th>
<th>Total Remaining Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personnel</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fringe Benefits</td>
<td></td>
<td></td>
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<tr>
<td>Travel</td>
<td></td>
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<tr>
<td>Equipment</td>
<td></td>
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</tr>
<tr>
<td>Supplies</td>
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<tr>
<td>Contractual</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
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<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

3. BUDGET AND OVERALL PROJECT STATUS

4. SCHEDULE

5. MINIMUM REPORTING REQUIREMENTS

<table>
<thead>
<tr>
<th></th>
<th>List the Property associated with this grant</th>
<th>Has this Property been put into ACRES? (Y / N )</th>
<th>Has work been done on this property THIS quarter? (Y / N )</th>
<th>Has this property been updated in ACRES this quarter? (Y / N / N/A)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>SAMPLE- Contaminate Station</td>
<td>Y</td>
<td>N</td>
<td>N/A</td>
</tr>
<tr>
<td>2</td>
<td></td>
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</tr>
</tbody>
</table>
ACRES
(Assessment, Cleanup and Redevelopment Exchange System)

- EPA is encouraging ACRES in lieu of Property Profile forms
- Grantees enter data directly into ACRES
- [https://cdx.epa.gov](https://cdx.epa.gov)
- Data should be entered when grant is received, and every time a deliverable is completed
## PART I GRANT RECIPENT INFORMATION

1. Grant Recipient Name (State/Title for Section 128(e) Grants; requestor/contractor for TEFAs):

2. Grant Number (contact number for TEFAs):

3. Type of Brownfields Grant (check only one box):
   - Assessment
   - Revolving Loan Fund
   - Cleanup
   - Section 128(e) – State and Tribal Response Program
   - TEF (EPA Regions Only)

4. For Assessment, Cleanup, and Revolving Loan Fund grants, what type of funding is being used at the property?
   - Hazardous Substance
   - Petroleum
   - Both

5. Indicate if this form is the Initial or Updated Form:
   - Initial Form
   - Updated Form

6. Date:

## PART II PROPERTY INFORMATION

### Property Background Information

7. Property Name:

8a. Street Address:

8b. City:

8c. Suite:

8d. Zip Code:

9. Size (in acres):

10. Parcel Number(s):

11a. Ownership Type:
   - Government (federal, state, local)
   - Private

### Ownership & Superfund Liability (Mandatory for Cleanup and RLF Grants)

12a. During the life of the grant, did ownership change?
   - Yes
   - No

12b. If “Yes,” did Superfund federal landowner liability protections factor into the ownership change?
   - Yes
   - No
   - Unknown

### Property Geographic Information (EPA Brownfields Program, or its contractors, will provide complete information if grant recipients are unable)

13a. Latitude (use 0.000xxx format):

13b. Longitude (use 0.000xxx format):

13c. Horizontal Collection Method:

13d. Source Map Scale Number (only if a map was used):

13e. Reference Point (e.g., Center of Facility or Station):

13f. Horizontal Reference Datum (Choose one):
   - NAD27-North American Datum of 1927
   - NAD83-North American Datum of 1983
   - WGS84-World Geodetic System of 1984

### Property History Information (as available)

14. Property Description / History / Past Ownership:

15. Predominant Past Use(s) (check at least one):
   - Commercial
   - Residential
   - Industrial
   - GreenSpace
   - Unknown

EPA Form 6250-33 (5-2009)
# U.S. EPA PAYMENT REQUEST

<table>
<thead>
<tr>
<th>Recipient Name:</th>
<th>Contact Person:</th>
</tr>
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<tbody>
<tr>
<td>Fax #:</td>
<td>Phone #: Email address:</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>EFT #</th>
<th>Request #</th>
<th>Cash on Hand: $</th>
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<tr>
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<table>
<thead>
<tr>
<th>Assistance Agreement</th>
<th>Account No/Activity Code (Superfund Site Specific)</th>
<th>$ Amount</th>
<th>Mark (X) if Credit</th>
<th>For EPA Internal Use Only</th>
</tr>
</thead>
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</table>

**TOTAL AMOUNT REQUESTED $**

I certify that to the best of my knowledge and belief the data above are correct and that all outlays were made in accordance with the grant conditions or other agreement and that payment is due and has not been previously requested.

**APPROVALS:**

Recipient Approving Official's Signature  
Date Approved

EPA Certifying Officer Approval  
Date Approved  
EPA APPROVED AMOUNT  
For EPA Use Only

EPA 190-F-04-001
Reimbursement Request Backup Documentation

- Cost share
- Timesheets
- Invoices
Eligible Activities

- Review approved budget and workplan to determine eligible activities

- Budget modification is necessary to change distribution of budget elements or add/delete budget categories

- Salary is eligible for approved activities

- Administrative activities not eligible / programmatic activities are eligible
Implementing the Project: How to hire a Consultant

- **Grant Management Consultant**
  - Would handle all reporting requirements

- **Environmental Engineer**
  - Would handle RAW preparation, Remedial Oversight, Sampling, Reporting
  - Generic QAPP on file with EPA?
  - Covered under Master Price Agreement?

- **Remediation Contractor**
  - Would handle dirt-moving type operations
  - Must have appropriate OSHA certifications
  - Subject to Davis Bacon wage rates
  - Most likely a large purchase procurement
Implementing the Project: How to develop a scope of work

- Based on the approved RAW
- Determined by cleanup objective
- May be developed by engineering consultant
- Look to DEM and EPA for assistance
Implementing the Project: Navigating procurement requirements

- 40 CFR 31.36(d)(2)

- Large purchase (over $100,000)
  - Open competitive bid
  - Evaluate technical qualifications, then review prices (submitted separately)

- Small purchases (under $100,000)
  - Need minimum of three price quotes
  - Can’t preclude someone from submitting a quote
  - Can develop a pre-qualified list
  - Can use vendors from RI Master Price Agreement
USEFUL LINKS

www.epa.gov/region1/brownfields/funding/postaward.htm
For information on all submittals

www.ecfr.gpoaccess.gov
For federal procurement regulations (search 40 CFR 31.36(d)(2))

http://www.epa.gov/brownfields/pubs/rptforms.htm
For info on Property Profile Forms and ACRES

https://cdx.epa.gov
For access to ACRES
FOR MORE INFORMATION

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