
EPA Brownfields Cleanup Grant Requirements

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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)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted	2. Federal Grant or Other Identifying Number Assigned By Federal Agency	OMB Approval No. 0348-0038	Page of pages
3. Recipient Organization (Name and complete address, including ZIP code)			
4. Employer Identification Number	5. Recipient Account Number or Identifying Number	6. Final Report <input type="checkbox"/> Yes <input type="checkbox"/> No	7. Basis <input type="checkbox"/> Cash <input type="checkbox"/> Accrual
8. Funding/Grant Period (See instructions) From: (Month, Day, Year) To: (Month, Day, Year)		9. Period Covered by this Report From: (Month, Day, Year) To: (Month, Day, Year)	
10. Transactions:	I Previously Reported	II This Period	III Cumulative
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 c and f)			
h. Total Federal funds authorized for this funding period			
i. Unobligated balance of Federal funds(Line h minus line g)			
11. Indirect Expense	a. Type of Rate/Place "X" in appropriate box <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed		
	b. Rate	c. Base	d. Total Amount
			e. Federal Share
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.			
13. 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.			
Typed or Printed Name and Title			Telephone (Area code, number and extension)
Signature of Authorized Certifying Official			Date Report Submitted

FEDERAL CASH TRANSACTIONS REPORT		OMB APPROVAL NO. 0348-0003	
<p><i>(See Instructions on the back. If report is for more than one grant or assistance agreement, attach completed Standard Form 272A.)</i></p>		1. Federal sponsoring agency and organizational element to which this report is submitted	
2. RECIPIENT ORGANIZATION Name: Number and Street: City, State and ZIP Code:		4. Federal grant or other identification number	5. Recipient's account number or identifying number
		6. Letter of credit number	7. Last payment voucher number
		<i>Give total number for this period</i>	
		8. Payment Vouchers credited to your account	9. Treasury checks received (whether or not deposited)
3. FEDERAL EMPLOYER IDENTIFICATION NO.		10. PERIOD COVERED BY THIS REPORT	
		FROM (month, day, year)	TO (month, day, year)
11. STATUS OF FEDERAL CASH <i>(See specific instructions on the back)</i>	a. Cash on hand beginning of reporting period	\$	
	b. Letter of credit withdrawals		
	c. Treasury check payments		
	d. Total receipts (Sum of lines b and c)		
	e. Total cash available (Sum of lines a and d)		
	f. Gross disbursements		
	g. Federal share of program income		
	h. Net disbursements (Line f minus line g)		
	i. Adjustments of prior periods		
	j. Cash on hand end of period	\$	
12. THE AMOUNT SHOWN ON LINE 11J, ABOVE, REPRESENTS CASH REQUIREMENTS FOR THE ENSUING <i>Days</i>	13. OTHER INFORMATION		
	a. Interest income	\$	
	b. Advances to subgrantees or subcontractors	\$	
14. REMARKS <i>(Attach additional sheets of plain paper, if more space is required)</i>			
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.	AUTHORIZED	SIGNATURE	DATE REPORT SUBMITTED
	CERTIFYING OFFICIAL	TYPED OR PRINTED NAME AND TITLE	TELEPHONE (Area Code, Number, Extension)

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.)

1A. FEDERAL FISCAL YEAR 200 _____		1B. REPORTING PERIOD (Check ALL appropriate boxes) 9 1 st (Oct-Dec) 9 2 nd (Jan-Mar) 9 3 rd (Apr-Jun) 9 4 th (Jul-Sep) 9 Annual 9 Check if this is the last report for the project (Project completed).			
1C. REVISION OF A PRIOR REPORT? Y or N Year: _____ Quarter: _____		BRIEFLY DESCRIBE THE REVISIONS YOU ARE MAKING:			
2A. EPA FINANCIAL ASSISTANCE OFFICE ADDRESS (ATTN: DBE Coordinator)		3A. RECIPIENT NAME AND ADDRESS			
2B. EPA DBE COORDINATOR Name: E-mail:	2C. PHONE: Fax:	3B. RECIPIENT REPORTING CONTACT: Name: E-mail:	3C. PHONE: Fax:		
4A. FINANCIAL ASSISTANCE AGREEMENT ID NUMBER (SRF State Recipients, refer to Instructions for Completion of blocks 4A, 5A and 5C.)		4B. FEDERAL FINANCIAL ASSISTANCE PROGRAM TITLE or CFDA NUMBER:			
5A. TOTAL ASSISTANCE AGREEMENT AMOUNT (SRF State Recipients, refer to Instructions for Completion of blocks 4A, 5A and 5C.) EPA Share: \$ _____ Recipient Share: \$ _____		5B. If NO procurement and NO accomplishments were made this reporting period, check and skip to Block No. 7. (Procurements are all expenditures through contract, order, purchase, lease or barter of supplies, equipment, construction, or services needed to complete Federal assistance programs. Accomplishments, in this context, are procurements made with MBEs and/or WBEs. 9			
5C. 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 \$ _____ (Include total dollar values awarded by recipient, sub-recipients and SRF loan recipients.) Actual MBE/WBE Procurement Accomplished: (Include total dollar values awarded by recipient, sub-recipients, SRF loan recipients and Prime Contractors.)					
	<u>Construction</u>	<u>Equipment</u>	<u>Services</u>	<u>Supplies</u>	<u>Total</u>
\$MBE:	_____	_____	_____	_____	_____
\$WBE:	_____	_____	_____	_____	_____
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: _____

1. Procurement Made By			2. Business Enterprise		3. \$ Value of Procurement	4. Date of Award MM/DD/YY	5. Type of Product or Services* (Enter Code)	6. Name/Address/Phone Number of MBE/WBE Contractor or Vendor
Recipient	Sub-Recipient and/or SRF Loan Recipient	Prime	Minority	Women				

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.

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

Object Class	Current Approved Budget	Costs Incurred This Quarter	Total Costs Incurred to Date	Total Remaining Funds
Personnel				
Fringe Benefits				
Travel				
Equipment				
Supplies				
Contractual				
Other				
Total				

- 3. BUDGET AND OVERALL PROJECT STATUS
- 4. SCHEDULE
- 5. MINIMUM REPORTING REQUIREMENTS

	List the Property associated with this grant	Has this Property been put into ACRES? (Y / N)	Has work been done on this property THIS quarter? (Y / N)	Has this property been updated in ACRES this quarter? (Y / N / N/A)
1	SAMPLE- Contaminate Station	Y	N	N/A
2				



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>
- Data should be entered when grant is received, and every time a deliverable is completed



United States
ENVIRONMENTAL PROTECTION AGENCY
 Washington, DC 20460

Form Approved.
 OMB No. 2050-0192
 Expires 07-31-2009

PROPERTY PROFILE FORM—Brownfields

Public reporting burden for this collection of information is estimated to average 1.25 hours per response, including the time for reviewing instructions, searching data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate, or any other aspect of this collection of information, including suggestions for reducing this burden, to the Environmental Protection Agency, Office of Environmental Information, Code 2822T, Washington, DC 20460 and to the Paperwork Reduction Project, Office of Management and Budget, Washington, DC 20503. DO NOT RETURN your form to either of these addresses. Send your completed form to the address provided by the issuing office.

PART I GRANT RECIPIENT INFORMATION

1. Grant Recipient Name (State/Tribe for Section 128(a) Grants; requestor/contractor for TBAs): _____
2. Grant Number (contract number for TBAs): _____
3. Type of Brownfields Grant (check only one box):
- Assessment Section 128(a) – State and Tribal Response Program
- Revolving Loan Fund TBA (EPA Regions Only)
- Cleanup
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. State: _____ 8d. Zip Code: _____ 9. Size (in acres): _____
10. Parcel Number(s): _____ 11b. Current Owner: _____
- 11a. Ownership Entity:
- Government (Tribal, 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 latitude/longitude information if grant recipients are unable)

- 13a. Latitude (use 00.000000 format): _____ 13b. Longitude (use -000.000000 format): _____ 13c. Horizontal Collection Method: _____
- 13d. Source Map Scale Number (only if a map/photo was used): _____ 13e. Reference Point (e.g., Center of Facility or Station): _____
- 13f. Horizontal Reference Datum (Choose one):
- NAD27-North American Datum of 1927 WGS84-World Geodetic System of 1984
- NAD83-North American Datum of 1983

Property History Information (as available)

14. Property Description / History / Past Ownership: _____
15. Predominant Past Use(s) (check all that apply):
- | Type | Acreage | Type | Acreage |
|--------------------------------------|---------|-------------------------------------|---------|
| <input type="checkbox"/> Greenspace | _____ | <input type="checkbox"/> Commercial | _____ |
| <input type="checkbox"/> Residential | _____ | <input type="checkbox"/> Industrial | _____ |

U.S. EPA PAYMENT REQUEST

Recipient Name: Fax #:	Contact Person: Phone #: Email address:
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EFT #	Request #	Cash on Hand: \$		
Assistance Agreement	Account No/Activity Code (Superfund Site Specific)	\$ Amount	Mark (X) if Credit	For EPA Internal Use Only
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

EPA Certifying Officer Approval

Date Approved

Date Approved

\$ _____

EPA APPROVED AMOUNT
 For EPA Use Only

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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