



**Department of Ecology**  
**WASTE 2 RESOURCES PROGRAM**

# Application for Remedial Action Grant

**PART I - GENERAL INFORMATION**

**1. APPLICANT INFORMATION**

Name \_\_\_\_\_ Address \_\_\_\_\_  
(Street or PO Box No.)

Dept/Div \_\_\_\_\_  
(Town/City, State and ZIP+4)

Tax ID Number \_\_\_\_\_

Applicant Type *(Check appropriate box)*

City     County     Port (or Special Purpose District)     Other (Specify)

**2. PROJECT INFORMATION**

**SITE NAME** \_\_\_\_\_ **SITE RANK** \_\_\_\_\_ **FACILITY SITE ID** \_\_\_\_\_ **WRIA** \_\_\_\_\_

**3. PROJECT COST**

**4. PROJECT PERIOD**

A. Total Project Costs                      \$ \_\_\_\_\_ From \_\_\_\_\_ **(Date of earliest costs incurred)**

B. Total Grant Eligible Costs              \$ \_\_\_\_\_ To \_\_\_\_\_ **(Projected completion date)**

C. Total Grant or Loan Requested  
(State Share)                                      \$ \_\_\_\_\_ State Match Percent Requested  
(Typical is 50%) \_\_\_\_\_

**5. AGREEMENT REQUESTED**

Independent Remedial Action Grant- VCP # \_\_\_\_\_  Oversight Remedial Action Grant

Safe Drinking Water Action Grant               Areawide Groundwater Contamination Grant               Derelict Vessel Grant

Standard or Extraordinary Financial Hardship Loan

Integrated Planning Grant                       Other \_\_\_\_\_

**5A. For Oversight Remedial Action Grants: Project objectives will include:**

New substantial economic development               Habitat restoration                       Public recreation

**6. INVESTMENT IN ENVIRONMENT (Environmental benefits resulting from the proposed project)**

Regulatory compliance with MTCA or CERCLA               Restore or Protect Designated Beneficial Uses

Eliminate a Public Health Emergency

Other \_\_\_\_\_ **\* Note: See Appendix 5 of RA Grant Guidelines for assistance.**

**7. PROJECT LOCATION**

**Does the project address contamination that does or could affect the Puget Sound?**     Yes or  No

County \_\_\_\_\_ LAT/LONG \_\_\_\_\_

Street Address \_\_\_\_\_ Legislative District(s) \_\_\_\_\_

\_\_\_\_\_ Congressional District (s) \_\_\_\_\_

*If you need this publication in another format, please call the Waste 2 Resources Program at (360) 407-6900. Persons with hearing loss can call 711 for Washington Relay Service. Persons with a speech disability can call 877-833-6341.*

**8. CLEANUP AGREEMENT ASSOCIATED WITH THE PROJECT AND ITS ESTIMATED COMPLETION DATE**

- Consent Decree, Ecology/EPA       Agreed Order, Ecology       Administrative Order, EPA  
 Prospective Purchaser Agreement       Enforcement Order, Ecology/EPA       Other

**Please Note: If your agreement is final, provide the Official Document Number and include a signed copy of the document with your application. Official Document No. \_\_\_\_\_**

**9. APPLICANT PROJECT MANAGER** (For technical questions about the site or project. Ecology Site Manager's primary contact. **This is a local government contact.**)

Name \_\_\_\_\_  
Title \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Telephone (Include Area Code) \_\_\_\_\_  
Email Address \_\_\_\_\_

**10. ADMINISTRATION CONTACT** (For questions about payment requests. Ecology Grant Manager's primary contact. **This is a local government contact.**)

Name \_\_\_\_\_  
Title \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Telephone (Include Area Code) \_\_\_\_\_  
Email Address \_\_\_\_\_

**11. Authorized signatory for grant – Who is authorized by your organization to sign grant agreements?**

**Signatory Name:** \_\_\_\_\_  
**Signatory Title:** \_\_\_\_\_

Please Note: Some recipients require a special signatory page for their agreements that allows signature approval by multiple members of a city or county council, or port district. **I require a special signature page**

**12. OTHER REQUIRED INFORMATION.** The following information is needed prior to drafting your grant agreement. For Oversight grants, it is not necessary to submit all of this at the time of application. (Attach separately or email to the grant manager.)

- **10 Year Grant Forecast** (oversight grants)- Forecast template: <http://www.ecy.wa.gov/biblio/ecy070352.html>
- **Spending Plan** (oversight, integrated planning)- Spending plan template: <http://www.ecy.wa.gov/biblio/ecy070108.html>
- **Copy of cleanup agreement, e.g. agreed order, consent decree, AOC** (oversight grants)
- **Copy of the No Further Action letter** (independent remedial action grants)
- **Copy of final cleanup report** (independent remedial action grants)
- **Copies of all invoices** (independent remedial action grants)
- **Copy of any special signatory pages** required for your agreement (all agreements/recipient dependent)

**PART II – PROJECT AND BUDGET INFORMATION**

**SECTION A – Narrative Statement**

Attach detailed site information on separate page. This should include:

- Short history/background of the site (site location, past and current site uses, ownership, contaminants of concern)
- Historic or current cleanup agreements relevant to the site (state or federal, consent decrees, agreed orders)
- Site’s current status
- Overview / summary of the remedial activities performed in the past and those planned for the future.
- Outcomes expected, including planned land use
- Any existing agreements with consultants that will be grant funded
- Any existing scope of work approved by Ecology

**SECTION B – Proposed Scope Of Work**

***Please Note: Provide specific details for each activity you want considered for grant funding.***

***~The grant manager approves costs during the payment process~***

<p align="center"><b>TASK NAME AND ACTIVITIES DESCRIPTION</b></p> <p><i>Your Grant Manager may request more detail Attach additional pages and add tasks as needed</i></p>	<p align="center"><b>TOTAL PROJECT COST</b></p>	<p align="center"><b>AMOUNT REQUESTED FROM ECOLOGY</b></p>	<p align="center"><b>AMOUNT/ SOURCE OF OTHER FUNDING</b></p>	<p align="center"><b>ESTIMATED START DATE</b></p>	<p align="center"><b>ESTIMATED COMPLETION DATE</b></p>
<p><b>1. Grant and Project Administration</b> (Recipient staff costs required to manage the grant and project.)</p>					
<p><b>2. Assessment &amp; Investigations</b> (Costs incurred planning and implementing site investigations, including Remedial Investigations (RI).)</p>					
<p><b>3. Feasibility Study (FS)</b> (Costs required to plan and implement the FS and analysis of cleanup alternatives.)</p>					
<p><b>4. Cleanup Actions</b> (Costs required to plan and implement the cleanup actions for the site; this includes the Cleanup Action Plan (CAP).)</p>					
<p><b>5. Source Control</b> (Costs required to investigate and control the causes of contamination at the site.)</p>					
<p><b>6. Monitoring</b> (Costs of planning and installing systems, and up to one year of long-term monitoring.)</p>					
<p><b>7. Independent Remedial Actions</b> Actions performed subject to the department’s review under the VCP or incorporated as part of the order or decree.</p>					
<p><b>8. Integrated Planning Grant Activities</b> (Includes planning and public outreach)</p>					
<p><b>9. Past Costs</b> Costs incurred prior to the signature date on the order/decre. Work that will be approved by Ecology to be incorporated into the order/decre.</p>					
<p><b>10. Other (describe)</b></p>					
<p align="center"><b>TOTALS</b></p>					

**SECTION C – BUDGET FUNDING SOURCE**

**CONTRIBUTIONS, MATCH, AND OTHER GRANTS**

Amount and source of any other grants that fund the same activities	\$ _____	Source of funds _____
	\$ _____	Source of funds _____
Amount of any contribution from another potentially liable party (PLP)	\$ _____	Source of funds _____
	\$ _____	Source of funds _____
Amount of anticipated future contributions from other PLPs	\$ _____	Source of funds _____

**Financial / Legal Contact regarding PLP Contributions and Insurance Company Settlements**

Name \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

<b>MATCHING FUNDS BY SOURCE</b>	<b>Amount</b>	<b>Description</b>
Cash	_____	_____
General Obligation Bonds	_____	_____
Insurance Settlements	_____	_____
Local Improvement District (LID)	_____	_____
Revenue Bonds	_____	_____
Non-Ecology Grants (Identify)	_____	_____
Other (Describe)	_____	_____
<b>TOTAL MATCHING FUNDS</b>	_____	_____

**PART III – CERTIFICATION AND AGREEMENT**

The undersigned representative certifies that the information submitted herewith is true and correct to the best of his/her knowledge and belief, and is authorized to sign and submit this application on behalf of their organization. (Consultants cannot sign or apply on behalf of a local government.)

The applicant agrees that if a grant is awarded on the basis of this application or any revision or amendment thereof, it will comply with all applicable statutory provisions and with the applicable terms, conditions, and procedures of the Department of Ecology grant regulation Ch. 173-322 WAC, and of the grant agreement.

The applicant certifies that they understand that the Remedial Action Grant Program Guidelines, Ecology Publication No. 07-07-032, <http://www.ecy.wa.gov/biblio/0707032.html>, are applicable to any agreement resulting from this application.

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Typed Name and Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone No. (include area code)