

Brownfields Handbook



Woody Island Tribal Council

Updated November 2012

Getting Started

Here, you will find the basic tools to managing the State & Tribal Response Program:

- ✓ The Alaska State & Tribal Response Program; Brownfields Handbook
- ✓ The Work Plan & Yearly Binders
- ✓ Reviewing the Tribal, U.S. Territories and Insular Areas Administrative and
- ✓ Financial Guidance Manual for Assistance Agreements

The Alaska State & Tribal Response Program; Brownfields Handbook

The Brownfields Handbook is provided to all State & Tribal Response Programs through the Alaska Department of Environmental Conservation, ADEC. The book contains introductory information on the history and purpose of the program.

The handbook will be the first place to start, as it does give information on the background of the program. Get to know the program well. The handbook will tell you the purpose of the grant. What you do with the grant is subject to what the work plan lays out for the year. See the section titled "Work Plan & Yearly Binders".

Other Tribal information is provided in the handbook as well as reference and networking opportunities. The ADEC is very helpful when it comes to questions that may arise during the life of the grant. You may email any of the staff listed on <http://dec.alaska.gov/spar/csp/brownfields.htm>

The Work Plan & Yearly Binders

The work plan is your outline for the year. This is where all your hard work and research go into. The work plan will be your best friend throughout the year. The work plan will contain vital information on travel, projects, and what supplies you will need for the coming year.

The first task once the work plan is approved is to create a task outline with important dates to ensure work gets done in time. This is a very important and vital step. If there are any questions on what the work plan means, always feel free to call your project manager. My project

manager throughout the year was very helpful and patient when it came to parts of the grant I did not understand.

Once you have your task outline done and in place, the next thing to start on would be your yearly binder. Look of the previous ones from the year to get a basic understanding of what will be contained into a binder. They usually have the *initial work plan, the amendments, the approved workplan, the correspondence, drawdown, deliverables, reports, and purchases & receipts.*

- **Initial application:** The initial application is the application that outlines what you plan for the next year. The due dates are usually at the end of January. This is the final 'rough draft' of the year. Amounts for the budget, are calculated from the previous grant. Now, this can be a final for a year and you will not need to make amendments, but this is the initial workplan that determines your eligibility for funding.
- **Amendments:** The amendments are the changes you make to the work plan. This is the work that you and your project officer put in to fine tune the work plan to meet the needs of your community. It is important to ensure when making changes are exact and correct as they can be.
- **Approved Work Plan:** This is the work plan that you will be working from. This work plan has been approved by the EPA and this is the awarded about of funding that you are able to work with.
- **Correspondence:** This section of the work plan binders is the place where all information is kept such as, emails, letters, and notes. Now notes can also be placed into deliverables. This is any conversation you have in writing that can be saved.
- **Drawdowns:** This is the place where drawdowns are kept. They are financial documents that are provided from the finance department. They sum up all expenditures that were spent during the time period. This is important for the grant documentation on what was spent and how it was spent.

- **Deliverables:** The deliverables are documents that are to be submitted to your project officer during each quarterly report. This is usually any document that can support the project you have worked on. This is usually receipts, letters, flyers, photos, notes, and presentations. It is always safe to send everything if you are not sure if it would qualify as a deliverable. Better to have too much, then to not have a vital piece of information!
- **Reports:** These usually consist of quarterly reports and summaries on the projects you have been working on. It will be important to have mailing confirmations on what was sent and when.
- **Purchases & Receipts:** Any receipts or purchases that you obtain through the life of the grant will be placed in this tab. This section contains anything that you buy with grant money should be placed in here. If you go out and purchase anything for the office, please make sure to make a copy for your records.
- Any other information is placed in the back or in the folder pockets. It is important to keep anything that may be brownfields related for the next person or if you have questions later down the road. This will be your 'library' where you will have all the information you need for the life of the grant. If you think you'll need information, and then save it! Once again, it will be better to have too much than to miss that vital piece of information!
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Tribal, U.S. Territories and Insular Areas Administrative and Financial Guidance Manual for Assistance Agreements

This is a manual provided by National Partnership PETE for Environmental Technology Education. It is a great manual for all the paperwork you will encounter while managing the Brownfields grant.

It would be important to review the first module to better understand the general purpose of grants and how the application processes of grants are done. This is very helpful and important.

It would be very important to review the whole manual as it was created for EPA grantees to easily move into the positions. There are many training

Getting Started

opportunities offered by PETE and this can be checked at <http://www.petetribal.org/>

With these first initial steps, you have enough to get you started. This is the foundation to the program and it is very important to not skim or skip over these few things. Knowing your work plan and how to work efficiently with it, is all you really need, and of course guidance with your project officer is very important.

Quarterly Reports

There are four quarterly reports due each fiscal year to your EPA Project Officer. Each report summarizing activities and tasks accomplished towards the completion/fulfillment of the grant goals, objectives and requirements. Include things that have not been accomplished and reasons why, and anything additional that has been done such as webinars and meetings attended.

Along with every quarterly report sent in you must also send in any deliverables with it. Deliverables are described on page 3.

Make sure if you are using the previous quarterly reports as a template to be sure to change dates and names where appropriate. You must email a copy of the quarterly report along with the deliverables to your project manager. Then a hard copy must be made by burning a CD and that must be sent via certified mail to your project officer.

Quarter 1 Report is for:

October, November and December **Due by:** January 31

Quarter 2 Report is for:

January, February and March **Due by:** April 30

Quarter 3 Report is for:

April, May and June **Due by:** July 31

Quarter 4 Report is for:

July, August and September **Due by:** October 31

Closing out a Grant

At the end of each Fiscal Year you must close out the grant from the prior year. It must be complete and turned into your Project Manager no later than 90 days after the close of the grant which means it is due by December 31.

Include:

- Closeout Narrative- This is a summary of the year.
- Final financial report- reconciles the years spending.
- MBE/WBE Form

Strictly to Tangirnaq Native Village STRP Grant Information

- For this position, you'll have to get very familiar with the K:Drive. This is where all the important information is that you'll need. Be sure to keep all information organized in the Brownfields folder so that anyone can find information if you are not in for the day, or there is staff turnover.
-
- Copies of all forms are saved on the computer and typically saved for about 5 year. I would always keep the first year grant information or back up all the files to an external hard drive. You should always have an archive somewhere.
-
- With general forms, the most important is travel request and check requests. These can be found on the K:drive under general forms. If you have trouble locating anything does not be afraid to ask the Tribal Admin or Admin Assistant.
-
- When purchasing anything with the grant money that is equipment or hardware like a printer, projector, or camera, be sure to asset tag it and log it into the sheet created in the general brownfields folder. It will be important too, to take a picture of broken equipment and write a summary of why it is being disposed and how it's getting disposed properly, etc., recycled at Threshold.
-
- When purchasing anything, I will always make copies and file them in my files. I give the originals to finance and place the copies in the files.

Important Information

**all forms can be found in the Brownfields Program folder*

Grant Application Forms:

<http://yosemite.epa.gov/r10/omp.nsf/grants/administration>

List of required Forms: (See attached checklist as well)

<http://www.epa.gov/ogd/AppKit/application.htm>

Tangirnaq Native Village aka Woody Island Tribal Project Officer:

Susan Morales
Brownfield Coordinator
U.S. EPA - Region 10
1200 Sixth Ave., Suite 900 (ECL-112)
Seattle, Washington 98101-3140
ph. (206)553-7299 fax. (206)553-0124
morales.susan@epa.gov
<http://yosemite.epa.gov/R10/CLEANUP.NSF/sites/bf>

Commonly used Acronyms:

- IGAP- Indian General Assistance program
- KIEW- Kodiak Island Environmental Workgroup
- WITC- Woody Island Tribal Council
- FUDS- Federal used defense sites
- ITEP- Institute tribal environmental conservation
- ADEC- Alaska department of environmental conservation
- CERCLA- comprehensive environmental response compensation and liability act
- NPL- National priorities list
- STRP- state and tribal response program (our program is called this as well as Brownfields)
- ANTHC- Alaska native tribal Health consortium
- FAA- federal aviation administration
- EPA- environmental protection agency
- AFE- Alaska forum on the environment

The Next Following Pages Are Examples of Documents Needed For
Grant Administration

Checklist For Applications Required Items To Be Submitted

(For distribution and file maintenance, please include: An Original Application and 2 Copies)

SF-424 APPLICATION FOR FEDERAL ASSISTANCE, with original signature, includes:

SF-424 A, Budget by categories and indirect cost rate
SF-424 B, Assurances for non-construction programs

ASSURANCES NON-CONSTRUCTION PROGRAMS CERTIFICATION

CERTIFICATION REGARDING LOBBYING and SF LLL (Applicable if EPA funds are over \$100,000)

EPA FORM 4700-4 PRE-AWARD COMPLIANCE REVIEW REPORT

NARRATIVE STATEMENT (Work Plan)

QUALITY ASSURANCE NARRATIVE STATEMENT, if applicable

DETAILED ITEMIZED BUDGET

COPY OF NEGOTIATED INDIRECT COST RATE AGREEMENT

KEY CONTACTS FORM

BIOGRAPHICAL SKETCH

COMPLETE APPLICATION RECEIPT LETTER (If you want to receive notification of receipt)

ADDITIONAL INFORMATION TO BE SUBMITTED IF APPLICABLE

(1) If you are submitting your application under the Federal Demonstration Project, please indicate it in block 11 of the Standard Form (SF) 424.

(2) If your project requires an Environmental Impact Statement or Environmental Assessment, or both, please indicate it on a separate sheet of paper.

(3) If your project involves human testing studies, please indicate it on a separate sheet of paper.

(4) If your project involves animal testing studies, please indicate it on a separate sheet of paper.



Region 10 Grants Detailed Budget Worksheet

Print Form

Budget Year
FY2012

Name of Grant Recipient:

Date Submitted/Revised:

PERSONNEL - List all staff positions for the project by title. Give hourly salary rate, number of hours allotted to the project, and total cost for the project period. *The total for this category will be entered on Standard Form 424A, Section B, Line 6.a.*

| Position/Title | Hourly Rate | No. of Hours | Work Years | Subtotal |
|----------------|-------------|--------------|------------|----------|
| | | | 0 | |
| | | | 0 | |
| | | | 0 | |
| | | | 0 | |
| | | | 0 | |
| | | | 0 | |

*** Total Work Years** 0

* Total Work Years is a measurement of staff time spent on a project activity or activities, compared to one full-time work year of 2080 hours. Total work years are calculated by adding the annual hours for each staff position together then dividing this total by 2080 hours. Total work years should then be divided among work plan components (as Estimated Component Work Years) to add up to this amount.

PERSONNEL TOTAL: _____

FRINGE BENEFITS - Identify the percentage used for your calculation and what benefits are included. *This amount will be entered on Standard Form 424A, Section B, Line 6.b.*

1. Please provide the benefits that are included in your fringe rate. For example, Retirement, Health Care, Annual and Sick Leave, Life Insurance, etc.

FRINGE TOTAL: _____

2. Please provide fringe rate percentage in decimal format. For example, .25, .40, etc.

NOTE: To convert a percentage to a decimal, move the decimal point two spaces to the left. For example, 17.5% would convert to .175

3. If applicable, provide any additional lump sum benefits.

TRAVEL - Indicate the budgeted travel's purpose, the destination of each trip, the duration of the trip and the number of travelers. Specify the mileage, per diem, and other costs for each type of travel, such as lodging, common carrier transportation, etc. **For Tribes, please explain/justify travel expenses for Tribal Council members. This amount will be entered on Standard Form 424A, Section B, Line 6.c.**

Trip A - Purpose, Location, Attendees, Component # and/or Travel Justification

ATCEM, Anchorage, AK, Coordinator, Brownfields training and basic environmental work shops.

| Expense | Cost (or rate/mile) | # of Days (or # of miles) | # of Travelers | # of Trips | Amount |
|--|------------------------|------------------------------|----------------|------------|--------|
| Round Trip Airfare | | | | | |
| Lodging | | | | | |
| Per Diem (Meals & Incidental Expenses) | | | | | |
| Rental Car per Day | | | | | |
| Mileage Cost | | | | | |
| Subtotal for Trip A | | | | | |

Trip B - Purpose, Location, Attendees, Component # and/or Travel Justification

IGAP, Anchorage, AK, Coordinator, Financial training and turnover work shops.

| Expense | Cost (or rate/mile) | # of Days (or # of miles) | # of Travelers | # of Trips | Amount |
|--|------------------------|------------------------------|----------------|------------|--------|
| Round Trip Airfare | | | | | |
| Lodging | | | | | |
| Per Diem (Meals & Incidental Expenses) | | | | | |
| Rental Car per Day | | | | | |
| Mileage Cost | | | | | |
| Subtotal for Trip B | | | | | |

Trip C - Purpose, Location, Attendees, Component # and/or Travel Justification

AFE, Anchorage, AK, Coordinator, Environmental workshops/presentations

| Expense | Cost (or rate/mile) | # of Days (or # of miles) | # of Travelers | # of Trips | Amount |
|--|------------------------|------------------------------|----------------|------------|--------|
| Round Trip Airfare | | | | | |
| Lodging | | | | | |
| Per Diem (Meals & Incidental Expenses) | | | | | |
| Rental Car per Day | | | | | |
| Mileage Cost | | | | | |
| Subtotal for Trip C | | | | | |

Trip D - Purpose, Location, Attendees, Component # and/or Travel Justification

Alaska STRP, Anchorage, AK, Coordinator, Brownfields meetings/workshops

| Expense | Cost (or rate/mile) | # of Days (or # of miles) | # of Travelers | # of Trips | Amount |
|--|------------------------|------------------------------|----------------|------------|--------|
| Round Trip Airfare | | | | | |
| Lodging | | | | | |
| Per Diem (Meals & Incidental Expenses) | | | | | |
| Rental Car per Day | | | | | |
| Mileage Cost | | | | | |
| Subtotal for Trip D | | | | | |

TRAVEL - CONTINUED: Indicate the budgeted travel's purpose, the destination of each trip, the duration of the trip and the number of travelers. Specify the mileage, per diem, and other costs for each type of travel, such as lodging, common carrier transportation, etc. **For Tribes, please explain/justify travel expenses for Tribal Council members. This amount will be entered on Standard Form 424A, Section B, Line 6.c.**

Trip E - Purpose, Location, Attendees, Component # and/or Travel Justification

Tribal Land Forum, Coos Bay, OR, Coordinator, Environmental presentations and Brownfields workshops

| Expense | Cost (or rate/mile) | # of Days (or # of miles) | # of Travelers | # of Trips | Amount |
|--|---------------------|---------------------------|----------------|------------|--------|
| Round Trip Airfare | | | | | |
| Lodging | | | | | |
| Per Diem (Meals & Incidental Expenses) | | | | | |
| Rental Car per Day | | | | | |
| Mileage Cost | | | | | |
| Subtotal for Trip E | | | | | |

Trip F - Purpose, Location, Attendees, Component # and/or Travel Justification

40hr HAZWOPER, Anchorage, AK, Coordinator, Basic hazmat training.

| Expense | Cost (or rate/mile) | # of Days (or # of miles) | # of Travelers | # of Trips | Amount |
|--|---------------------|---------------------------|----------------|------------|--------|
| Round Trip Airfare | | | | | |
| Lodging | | | | | |
| Per Diem (Meals & Incidental Expenses) | | | | | |
| Rental Car per Day | | | | | |
| Mileage Cost | | | | | |
| Subtotal for Trip F | | | | | |

Trip G - Purpose, Location, Attendees, Component # and/or Travel Justification

Village visits, Ouznie/Larson Bay/Afognak/Old Harbor/Port Lions/ Karluk/Akhiok, Coordinator, Visits will be chosen by Tribal council and assessed for possible BF sites and public outreach

| Expense | Cost (or rate/mile) | # of Days (or # of miles) | # of Travelers | # of Trips | Amount |
|--|---------------------|---------------------------|----------------|------------|--------|
| Round Trip Airfare | | | | | |
| Lodging | | | | | |
| Per Diem (Meals & Incidental Expenses) | | | | | |
| Rental Car per Day | | | | | |
| Mileage Cost | | | | | |
| Subtotal for Trip G | | | | | |

Trip H - Purpose, Location, Attendees, Component # and/or Travel Justification

| Expense | Cost (or rate/mile) | # of Days (or # of miles) | # of Travelers | # of Trips | Amount |
|--|---------------------|---------------------------|----------------|------------|--------|
| Round Trip Airfare | | | | | |
| Lodging | | | | | |
| Per Diem (Meals & Incidental Expenses) | | | | | |
| Rental Car per Day | | | | | |
| Mileage Cost | | | | | |
| Subtotal for Trip H | | | | | |

TRAVEL TOTAL: _____

EQUIPMENT - Identify each item to be purchased which has an estimated acquisition cost (including shipping) of \$5,000 or more per unit and a useful life of more than one year. Items with a unit cost of less than \$5,000 are deemed to be supplies, pursuant to 40 CFR 31.3. Please provide a detailed justification and identify the appropriate work plan component and/or commitment number, and explain how you arrived at your estimates. If applicable, indicate why it is more cost effective to purchase rather than lease. *This amount will be entered on Standard Form 424A, Section B, Line 6.d.*

| Item Description | Component # | Cost Per Item | How Many? | Amount |
|--|-------------|---------------|-----------|--------|
| | | | | |
| | | | | |
| | | | | |
| Equipment Justification/Cost Estimates (e.g., vendor quotes, catalog searches, etc.): | | | | |

EQUIPMENT TOTAL: _____

SUPPLIES - "Supplies" means all tangible personal property, other than "equipment". The detailed budget should identify categories of supplies to be procured (e.g., laboratory supplies or office supplies), and their cost. If requesting items previously purchased, explain why they are being purchased again. Explain how you arrived at your estimates. *This amount will be entered on Standard Form 424A, Section B, Line 6.e.*

| Item Description | Component # | Cost Per Item or Month | How Many Items or Months? | Amount |
|---|--|------------------------|---------------------------|--------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Explanation of cost estimates and previous purchases (e.g., based on previous year's expenses, vendor quotes, catalog searches, etc.): | Supplies will be for printer supplies, plotter supplies, binders, labels, etc. needed for library and grant admin. Computer will be bought to replace older computer. Older computer will be used for public access to BF website and data collected. This will be updated and maintained through out the year. Computer software will be arcGIS software used for mapping. Camera will be used for site documentation as well as any other documentation needed. Projector will be used for public outreach. Seat will be added to skiff for seating and storage of life jackets. | | | |

SUPPLIES TOTAL: _____

CONTRACTUAL - Identify each proposed contract and specify its purpose and estimated cost. Provide information on how the estimates were arrived at. *This amount will be entered on Standard Form 424A, Section B, Line 6.f.*

NOTE: IGAP applicants should review 40 CFR 31.36 concerning procurement and the need to provide justification for sole source agreements and documentation concerning cost-price analysis for contracts and other agreements.

If your project requires the hiring of **consultants (individuals with specialized skills who are paid at an hourly or daily rate)**, the maximum allowable consultant rate cannot exceed the maximum daily rate for a Level IV of the Executive Schedule, adjusted annually. You may find the annual salary for Level IV of the Executive Schedule on the following Internet site: <http://www.opm.gov/oca>. Select "Salary and Wages", and select "Executive Schedule". The annual salary is divided by 2087 hours to determine the maximum hourly rate, which is then multiplied by 8 to determine the maximum daily rate.

| Contracts | | | |
|-----------------------------|-----------------------------|-----------|--------|
| Item Description | Purpose/Basis for Estimates | Component | Amount |
| | | | |
| | | | |
| Contractual Subtotal | | | |

| |
|--------------------|
| Consultants |
|--------------------|

| Consultant A - Purpose, Location, and Component and/or Commitment # | Expense | Cost (or rate/mile) | # of Hours, Days, or Miles | # of People | # of Trips | Amount |
|---|---|---------------------|----------------------------|-------------|------------|--------|
| | Hourly or Daily Wage | | | | | |
| | Travel (RT Airfare or Mileage Cost) | | | | | |
| | Lodging | | | | | |
| | Per Diem (Meals & Incidental Expenses) | | | | | |
| Subtotal for Consultant A | | | | | | |

| Consultant B - Purpose, Location, and Component and/or Commitment # | Expense | Cost (or rate/mile) | # of Hours, Days, or Miles | # of People | # of Trips | Amount |
|---|---|---------------------|----------------------------|-------------|------------|--------|
| | Hourly or Daily Wage | | | | | |
| | Travel (RT Airfare or Mileage Cost) | | | | | |
| | Lodging | | | | | |
| | Per Diem (Meals & Incidental Expenses) | | | | | |
| Subtotal for Consultant B | | | | | | |

| |
|---------------------------------|
| CONTRACTUAL TOTAL: _____ |
|---------------------------------|

OTHER - Include items here which do not fit in the other specific budget categories. Give a brief description of the expense and how you arrived at the estimate. *Grantees who own their building are not entitled to reimbursement for rent; however, they may directly charge for utilities and maintenance costs using a cost allocation plan. If an expense is being shared with other programs, please provide the cost share formula. *This amount will be entered on Standard Form 424A, Section B, Line 6.h.*

| Item Description | How Did You Arrive at Cost? | Cost Per Item or Month | How Many Items or Months? | Amount |
|--|-----------------------------------|------------------------|---------------------------|--------|
| Building Lease/Rent * | Based on previous year's expenses | | | |
| Explanation of Cost Sharing Formula | | | | |
| | Based on vendor quotes | | | |
| Explanation of Cost Sharing Formula or Cost Allocation | | | | |
| | Based on previous year's expenses | | | |
| Explanation of Cost Sharing Formula or Cost Allocation | | | | |
| | Based on vendor quotes | | | |
| Explanation of Cost Sharing Formula or Cost Allocation | | | | |
| | Based on previous year's expenses | | | |
| Explanation of Cost Sharing Formula or Cost Allocation | | | | |
| | Based on vendor quotes | | | |
| Explanation of Cost Sharing Formula or Cost Allocation | | | | |
| | Based on previous year's expenses | | | |
| Explanation of Cost Sharing Formula or Cost Allocation | | | | |
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| Explanation of Cost Sharing Formula or Cost Allocation | | | | |
| | | | | |
| Explanation of Cost Sharing Formula or Cost Allocation | | | | |
| | | | | |
| Explanation of Cost Sharing Formula or Cost Allocation | | | | |
| | | | | |
| Explanation of Cost Sharing Formula or Cost Allocation | | | | |

OTHER TOTAL: _____

INDIRECT COSTS - If indirect charges are budgeted, indicate the approved rate and base. The base amount is usually total direct costs, less capital expenditures and pass-through funds. Pass-through funds are normally defined as major subcontracts, payments to participants, stipends to eligible recipients, and subgrants, all of which normally require minimal administrative effort. However, please refer to your negotiated agreement for specific guidance. If you are choosing to charge less than the approved rate, you may type in the applicable amount in the Indirect Total box. *This amount will be entered on Standard Form 424A, Section B, Line 6.j.*

NOTE: If you plan to propose indirect costs as part of your grant project budget, you **must** have on file with the Region 10 Grants Administration Unit: (a) A current approved Indirect Cost Rate Agreement; or (b) Documentation that a current indirect cost rate proposal has been submitted to the Department of Interior's National Business Center. This documentation must indicate the requested rate. You may use either the approved or proposed rate in your proposed budget. Please provide a copy with your application. If you can provide neither, the indirect costs in your proposal will be disallowed.

Approved or
Proposed Indirect
Cost Rate (Enter as
a decimal):

Base Amount:

INDIRECT TOTAL:

NOTE: To convert a percentage to a decimal, move the decimal point two spaces to the left. For example, 17.5% would convert to .175

TOTAL BUDGET:

- 1. RETURN TO PAGE 1 AND SAVE THE FORM BY CLICKING "FILE," THEN "SAVE AS".**
- 2. CLICK THE "PRINT" BUTTON AND PRINT TWO COPIES (1 FOR YOUR RECORDS AND 1 to INCLUDE WITH YOUR WORK PLAN).**
- 3. IN SOME CASES YOU MAY BE ASKED TO PROVIDE THIS FORM VIA E-MAIL, INSTEAD.**

Application for Federal Assistance SF-424

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| | | |
|--|--|--|
| *1. Type of Submission <input type="checkbox"/> Preapplication <input type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application | *2. Type of Application <input type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision | *If Revision, select appropriate letter(s): * Other (Specify) |
|--|--|--|

| | |
|---------------------------|-----------------------------------|
| *3. Date Received: | 4. Application 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:**
Street 2:
***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:**

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9. Type of Applicant 1: Select Applicant Type: I. Indian/Native American Tribal Government (Federally Recognize

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

*Other (specify):

*10. Name of Federal Agency:

United States Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

State and Tribal Response Programs

*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

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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 | *d. Local | |
| *b. Applicant | *e. Other | |
| *c. State | *f. Program Income | |
| *d. Local | *g. TOTAL | \$0.00 |

***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.)

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

Version 02

***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.

INSTRUCTIONS FOR THE SF-424

Public reporting burden for this collection of information is estimated to average 60 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 (0348-0043), 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.

This is a standard form (including the continuation sheet) required for use as a cover sheet for submission of preapplications and applications and related information under discretionary programs. Some of the items are required and some are optional at the discretion of the applicant or the Federal agency (agency). Required items are identified with an asterisk on the form and are specified in the instructions below. In addition to the instructions provided below, applicants must consult agency instructions to determine specific requirements.

| Item | Entry: | Item | Entry: |
|------|--|------|--|
| 1. | Type of Submission: (Required): Select one type of submission in accordance with agency instructions. <ul style="list-style-type: none"> • Preapplication • Application • Changed/Corrected Application – If requested by the agency, check if this submission is to change or correct a previously submitted application. Unless requested by the agency, applicants may not use this to submit changes after the closing date. | 10. | Name Of Federal Agency: (Required) Enter the name of the Federal agency from which assistance is being requested with this application. |
| | | 11. | Catalog Of Federal Domestic Assistance Number/Title: Enter the Catalog of Federal Domestic Assistance number and title of the program under which assistance is requested, as found in the program announcement, if applicable. |
| 2. | Type of Application: (Required) Select one type of application in accordance with agency instructions. <ul style="list-style-type: none"> • New – An application that is being submitted to an agency for the first time. • Continuation - An extension for an additional funding/budget period for a project with a projected completion date. This can include renewals. • Revision - Any change in the Federal Government's financial obligation or contingent liability from an existing obligation. If a revision, enter the appropriate letter(s). More than one may be selected. If "Other" is selected, please specify in text box provided. A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration E. Other (specify) | 12. | Funding Opportunity Number/Title: (Required) Enter the Funding Opportunity Number and title of the opportunity under which assistance is requested, as found in the program announcement. |
| | | 13. | Competition Identification Number/Title: Enter the Competition Identification Number and title of the competition under which assistance is requested, if applicable. |
| | | 14. | Areas Affected By Project: List the areas or entities using the categories (e.g., cities, counties, states, etc.) specified in agency instructions. Use the continuation sheet to enter additional areas, if needed. |
| 3. | Date Received: Leave this field blank. This date will be assigned by the Federal agency. | 15. | Descriptive Title of Applicant's Project: (Required) Enter a brief descriptive title of the project. If appropriate, attach a map showing project location (e.g., construction or real property projects). For preapplications, attach a summary description of the project. |
| 4. | Applicant Identifier: Enter the entity identifier assigned by the Federal agency, if any, or applicant's control number, if applicable. | | |
| 5a. | Federal Entity Identifier: Enter the number assigned to your organization by the Federal Agency, if any. | 16. | Congressional Districts Of: (Required) 16a. Enter the applicant's Congressional District, and 16b. Enter all District(s) affected by the program or project. Enter in the format: 2 characters State Abbreviation – 3 characters District Number, e.g., CA-005 for California 5 th district, CA-012 for California 12 th district, NC-103 for North Carolina's 103 rd district. <ul style="list-style-type: none"> • If all congressional districts in a state are affected, enter "all" for the district number, e.g., MD-all for all congressional districts in Maryland. • If nationwide, i.e. all districts within all states are affected, enter US-all. • If the program/project is outside the US, enter 00-000. |
| 5b. | Federal Award Identifier: For new applications leave blank. For a continuation or revision to an existing award, enter the previously assigned Federal award identifier number. If a changed/corrected application, enter the Federal Identifier in accordance with agency instructions. | | |
| 6. | Date Received by State: Leave this field blank. This date will be assigned by the State, if applicable. | | |
| 7. | State Application Identifier: Leave this field blank. This identifier will be assigned by the State, if applicable. | | |
| 8. | Applicant Information: Enter the following in accordance with agency instructions: | | |
| | a. Legal Name: (Required): Enter the legal name of applicant that will undertake the assistance activity. This is the name that the organization has registered with the Central Contractor Registry. Information on registering with CCR may be obtained by visiting the Grants.gov website. | 17. | Proposed Project Start and End Dates: (Required) Enter the proposed start date and end date of the project. |
| | b. Employer/Taxpayer Number (EIN/TIN): (Required): Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service. If your organization is not in the US, enter 44-4444444. | 18. | Estimated Funding: (Required) Enter the amount requested or to be contributed during the first funding/budget period by each contributor. Value of in-kind contributions should be included on appropriate lines, as applicable. If the action will result in a dollar change to an existing award, indicate only the amount of the change. For decreases, enclose the amounts in parentheses. |
| | c. Organizational DUNS: (Required) Enter the organization's DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained by visiting the Grants.gov website. | | |
| | d. Address: Enter the complete address as follows: Street address (Line 1 required), City (Required), County, State (Required, if country is US), Province, Country (Required), Zip/Postal Code (Required, if country is US). | 19. | Is Application Subject to Review by State Under Executive Order 12372 Process? Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the |
| | e. Organizational Unit: Enter the name of the primary organizational unit (and department or division, if applicable) that will undertake the | | |

| | | | | |
|---|--|---|---|---|
| | <p>assistance activity, if applicable.</p> <p>f. Name and contact information of person to be contacted on matters involving this application: Enter the name (First and last name required), organizational affiliation (if affiliated with an organization other than the applicant organization), telephone number (Required), fax number, and email address (Required) of the person to contact on matters related to this application.</p> | <p>State intergovernmental review process. Select the appropriate box. If "a." is selected, enter the date the application was submitted to the State</p> | | |
| | | <p>20. Is the Applicant Delinquent on any Federal Debt? (Required) Select the appropriate box. This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans and taxes.</p> <p>If yes, include an explanation on the continuation sheet.</p> | | |
| <p>9.</p> | <p>Type of Applicant: (Required) Select up to three applicant type(s) in accordance with agency instructions.</p> <table border="0"> <tr> <td data-bbox="181 464 511 930"> <ul style="list-style-type: none"> A. State Government B. County Government C. City or Township Government D. Special District Government E. Regional Organization F. U.S. Territory or Possession G. Independent School District H. Public/State Controlled Institution of Higher Education I. Indian/Native American Tribal Government (Federally Recognized) J. Indian/Native American Tribal Government (Other than Federally Recognized) K. Indian/Native American Tribally Designated Organization L. Public/Indian Housing Authority </td> <td data-bbox="522 464 846 982"> <ul style="list-style-type: none"> M. Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education) N. Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education) O. Private Institution of Higher Education P. Individual Q. For-Profit Organization (Other than Small Business) R. Small Business S. Hispanic-serving Institution T. Historically Black Colleges and Universities (HBCUs) U. Tribally Controlled Colleges and Universities (TCCUs) V. Alaska Native and Native Hawaiian Serving Institutions W. Non-domestic (non-US) Entity X. Other (specify) </td> </tr> </table> | <ul style="list-style-type: none"> A. State Government B. County Government C. City or Township Government D. Special District Government E. Regional Organization F. U.S. Territory or Possession G. Independent School District H. Public/State Controlled Institution of Higher Education I. Indian/Native American Tribal Government (Federally Recognized) J. Indian/Native American Tribal Government (Other than Federally Recognized) K. Indian/Native American Tribally Designated Organization L. Public/Indian Housing Authority | <ul style="list-style-type: none"> M. Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education) N. Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education) O. Private Institution of Higher Education P. Individual Q. For-Profit Organization (Other than Small Business) R. Small Business S. Hispanic-serving Institution T. Historically Black Colleges and Universities (HBCUs) U. Tribally Controlled Colleges and Universities (TCCUs) V. Alaska Native and Native Hawaiian Serving Institutions W. Non-domestic (non-US) Entity X. Other (specify) | <p>21. Authorized Representative: (Required) To be signed and dated by the authorized representative of the applicant organization. Enter the name (First and last name required) title (Required), telephone number (Required), fax number, and email address (Required) of the person authorized to sign for the applicant.</p> <p>A copy of the governing body's authorization for you to sign this application as the official representative must be on file in the applicant's office. (Certain Federal agencies may require that this authorization be submitted as part of the application.)</p> |
| <ul style="list-style-type: none"> A. State Government B. County Government C. City or Township Government D. Special District Government E. Regional Organization F. U.S. Territory or Possession G. Independent School District H. Public/State Controlled Institution of Higher Education I. Indian/Native American Tribal Government (Federally Recognized) J. Indian/Native American Tribal Government (Other than Federally Recognized) K. Indian/Native American Tribally Designated Organization L. Public/Indian Housing Authority | <ul style="list-style-type: none"> M. Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education) N. Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education) O. Private Institution of Higher Education P. Individual Q. For-Profit Organization (Other than Small Business) R. Small Business S. Hispanic-serving Institution T. Historically Black Colleges and Universities (HBCUs) U. Tribally Controlled Colleges and Universities (TCCUs) V. Alaska Native and Native Hawaiian Serving Institutions W. Non-domestic (non-US) Entity X. Other (specify) | | | |

BUDGET INFORMATION - Non-Construction Programs

OMB Approval No. 0348-0044

| 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. | | \$ | \$ | \$ | \$ | \$ 0.00 | |
| 2. | | | | | | 0.00 | |
| 3. | | | | | | 0.00 | |
| 4. | | | | | | 0.00 | |
| 5. Totals | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | |
| SECTION B - BUDGET CATEGORIES | | | | | | | |
| 6. Object Class Categories | | GRANT PROGRAM, FUNCTION OR ACTIVITY | | | | | Total (5) |
| | | (1) | (2) | (3) | (4) | | |
| a. Personnel | | \$ | \$ | \$ | \$ | \$ 0.00 | |
| b. Fringe Benefits | | | | | | 0.00 | |
| c. Travel | | | | | | 0.00 | |
| d. Equipment | | | | | | 0.00 | |
| e. Supplies | | | | | | 0.00 | |
| f. Contractual | | | | | | 0.00 | |
| g. Construction | | | | | | 0.00 | |
| h. Other | | | | | | 0.00 | |
| i. Total Direct Charges (sum of 6a-6h) | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| j. Indirect Charges | | | | | | 0.00 | |
| k. TOTALS (sum of 6i and 6j) | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | |
| 7. Program Income | | \$ | \$ | \$ | \$ | \$ 0.00 | |

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SECTION C - NON-FEDERAL RESOURCES

| (a) Grant Program | (b) Applicant | (c) State | (d) Other Sources | (e) TOTALS |
|-------------------------------|---------------|-----------|-------------------|------------|
| 8. | \$ | \$ | \$ | \$ 0.00 |
| 9. | | | | 0.00 |
| 10. | | | | 0.00 |
| 11. | | | | 0.00 |
| 12. TOTAL (sum of lines 8-11) | \$ | 0.00 \$ | 0.00 \$ | 0.00 \$ |

SECTION D - FORECASTED CASH NEEDS

| | SECTION D - FORECASTED CASH NEEDS | | | | |
|------------------------------------|-----------------------------------|-------------|-------------|-------------|-------------|
| | Total for 1st Year | 1st Quarter | 2nd Quarter | 3rd Quarter | 4th Quarter |
| 13. Federal | \$ 0.00 | \$ | \$ | \$ | \$ |
| 14. Non-Federal | 0.00 | | | | |
| 15. TOTAL (sum of lines 13 and 14) | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 |

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) | \$ | 0.00 \$ | 0.00 \$ | 0.00 \$ | 0.00 \$ |

SECTION F - OTHER BUDGET INFORMATION

| | |
|---------------------|-----------------------|
| 21. Direct Charges: | 22. Indirect Charges: |
| 23. Remarks: | |

INSTRUCTIONS FOR THE SF-424A

Public reporting burden for this collection of information is estimated to average 180 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 (0348-0044), Washington, DC 20503.

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General Instructions

This form is designed so that application can be made for funds from one or more grant programs. In preparing the budget, adhere to any existing Federal grantor agency guidelines which prescribe how and whether budgeted amounts should be separately shown for different functions or activities within the program. For some programs, grantor agencies may require budgets to be separately shown by function or activity. For other programs, grantor agencies may require a breakdown by function or activity. Sections A, B, C, and D should include budget estimates for the whole project except when applying for assistance which requires Federal authorization in annual or other funding period increments. In the latter case, Sections A, B, C, and D should provide the budget for the first budget period (usually a year) and Section E should present the need for Federal assistance in the subsequent budget periods. All applications should contain a breakdown by the object class categories shown in Lines a-k of Section B.

Section A. Budget Summary Lines 1-4 Columns (a) and (b)

For applications pertaining to a *single* Federal grant program (Federal Domestic Assistance Catalog number) and *not requiring* a functional or activity breakdown, enter on Line 1 under Column (a) the Catalog program title and the Catalog number in Column (b).

For applications pertaining to a *single* program *requiring* budget amounts by multiple functions or activities, enter the name of each activity or function on each line in Column (a), and enter the Catalog number in Column (b). For applications pertaining to multiple programs where none of the programs require a breakdown by function or activity, enter the Catalog program title on each line in *Column* (a) and the respective Catalog number on each line in Column (b).

For applications pertaining to *multiple* programs where one or more programs *require* a breakdown by function or activity, prepare a separate sheet for each program requiring the breakdown. Additional sheets should be used when one form does not provide adequate space for all breakdown of data required. However, when more than one sheet is used, the first page should provide the summary totals by programs.

Lines 1-4, Columns (c) through (g)

For new applications, leave Column (c) and (d) blank. For each line entry in Columns (a) and (b), enter in Columns (e), (f), and (g) the appropriate amounts of funds needed to support the project for the first funding period (usually a year).

For continuing grant program applications, submit these forms before the end of each funding period as required by the grantor agency. Enter in Columns (c) and (d) the estimated amounts of funds which will remain unobligated at the end of the grant funding period only if the Federal grantor agency instructions provide for this. Otherwise, leave these columns blank. Enter in columns (e) and (f) the amounts of funds needed for the upcoming period. The amount(s) in Column (g) should be the sum of amounts in Columns (e) and (f).

For supplemental grants and changes to existing grants, do not use Columns (c) and (d). Enter in Column (e) the amount of the increase or decrease of Federal funds and enter in Column (f) the amount of the increase or decrease of non-Federal funds. In Column (g) enter the new total budgeted amount (Federal and non-Federal) which includes the total previous authorized budgeted amounts plus or minus, as appropriate, the amounts shown in Columns (e) and (f). The amount(s) in Column (g) should not equal the sum of amounts in Columns (e) and (f).

Line 5 - Show the totals for all columns used.

Section B Budget Categories

In the column headings (1) through (4), enter the titles of the same programs, functions, and activities shown on Lines 1-4, Column (a), Section A. When additional sheets are prepared for Section A, provide similar column headings on each sheet. For each program, function or activity, fill in the total requirements for funds (both Federal and non-Federal) by object class categories.

Line 6a-i - Show the totals of Lines 6a to 6h in each column.

Line 6j - Show the amount of indirect cost.

Line 6k - Enter the total of amounts on Lines 6i and 6j. For all applications for new grants and continuation grants the total amount in column (5), Line 6k, should be the same as the total amount shown in Section A, Column (g), Line 5. For supplemental grants and changes to grants, the total amount of the increase or decrease as shown in Columns (1)-(4), Line 6k should be the same as the sum of the amounts in Section A, Columns (e) and (f) on Line 5.

Line 7 - Enter the estimated amount of income, if any, expected to be generated from this project. Do not add or subtract this amount from the total project amount, Show under the program

INSTRUCTIONS FOR THE SF-424A (continued)

narrative statement the nature and source of income. The estimated amount of program income may be considered by the Federal grantor agency in determining the total amount of the grant.

Section C. Non-Federal Resources

Lines 8-11 Enter amounts of non-Federal resources that will be used on the grant. If in-kind contributions are included, provide a brief explanation on a separate sheet.

Column (a) - Enter the program titles identical to Column (a), Section A. A breakdown by function or activity is not necessary.

Column (b) - Enter the contribution to be made by the applicant.

Column (c) - Enter the amount of the State's cash and in-kind contribution if the applicant is not a State or State agency. Applicants which are a State or State agencies should leave this column blank.

Column (d) - Enter the amount of cash and in-kind contributions to be made from all other sources.

Column (e) - Enter totals of Columns (b), (c), and (d).

Line 12 - Enter the total for each of Columns (b)-(e). The amount in Column (e) should be equal to the amount on Line 5, Column (f), Section A.

Section D. Forecasted Cash Needs

Line 13 - Enter the amount of cash needed by quarter from the grantor agency during the first year.

Line 14 - Enter the amount of cash from all other sources needed by quarter during the first year.

Line 15 - Enter the totals of amounts on Lines 13 and 14.

Section E. Budget Estimates of Federal Funds Needed for Balance of the Project

Lines 16-19 - Enter in Column (a) the same grant program titles shown in Column (a), Section A. A breakdown by function or activity is not necessary. For new applications and continuation grant applications, enter in the proper columns amounts of Federal funds which will be needed to complete the program or project over the succeeding funding periods (usually in years). This section need not be completed for revisions (amendments, changes, or supplements) to funds for the current year of existing grants.

If more than four lines are needed to list the program titles, submit additional schedules as necessary.

Line 20 - Enter the total for each of the Columns (b)-(e). When additional schedules are prepared for this Section, annotate accordingly and show the overall totals on this line.

Section F. Other Budget Information

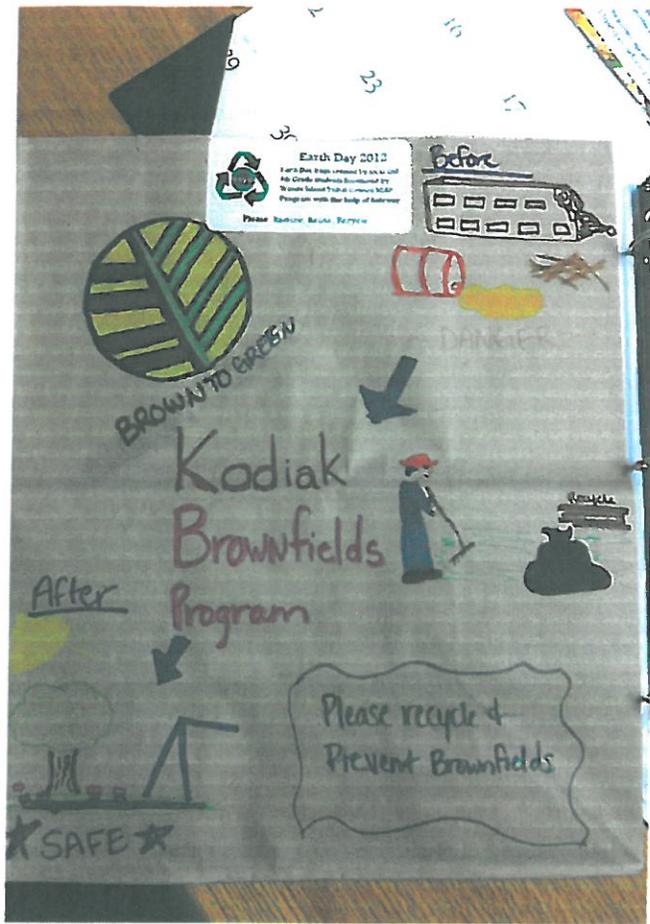
Line 21 - Use this space to explain amounts for individual direct object class cost categories that may appear to be out of the ordinary or to explain the details as required by the Federal grantor agency.

Line 22 - Enter the type of indirect rate (provisional, predetermined, final or fixed) that will be in effect during the funding period, the estimated amount of the base to which the rate is applied, and the total indirect expense.

Line 23 - Provide any other explanations or comments deemed necessary.

Insert a copy of your Work plan here.

| Before | During | After |
|---|--|---|
| <p>1. The site is identified as a brownfield site.</p> <p>2. The site is assessed for contamination.</p> <p>3. The site is cleaned up.</p> <p>4. The site is ready for reuse.</p> | <p>1. The site is cleaned up.</p> <p>2. The site is ready for reuse.</p> <p>3. The site is ready for reuse.</p> <p>4. The site is ready for reuse.</p> | <p>1. The site is ready for reuse.</p> <p>2. The site is ready for reuse.</p> <p>3. The site is ready for reuse.</p> <p>4. The site is ready for reuse.</p> |



Examples of Deliverables:

- ① BF art bag created for school presentations
- ② Screen shot of webinar 'Print screen' > paste in 'paint' > crop & save as .jpeg.
- ③ Broken shelf with written narrative on plan to replace & dispose.



①

②

③