

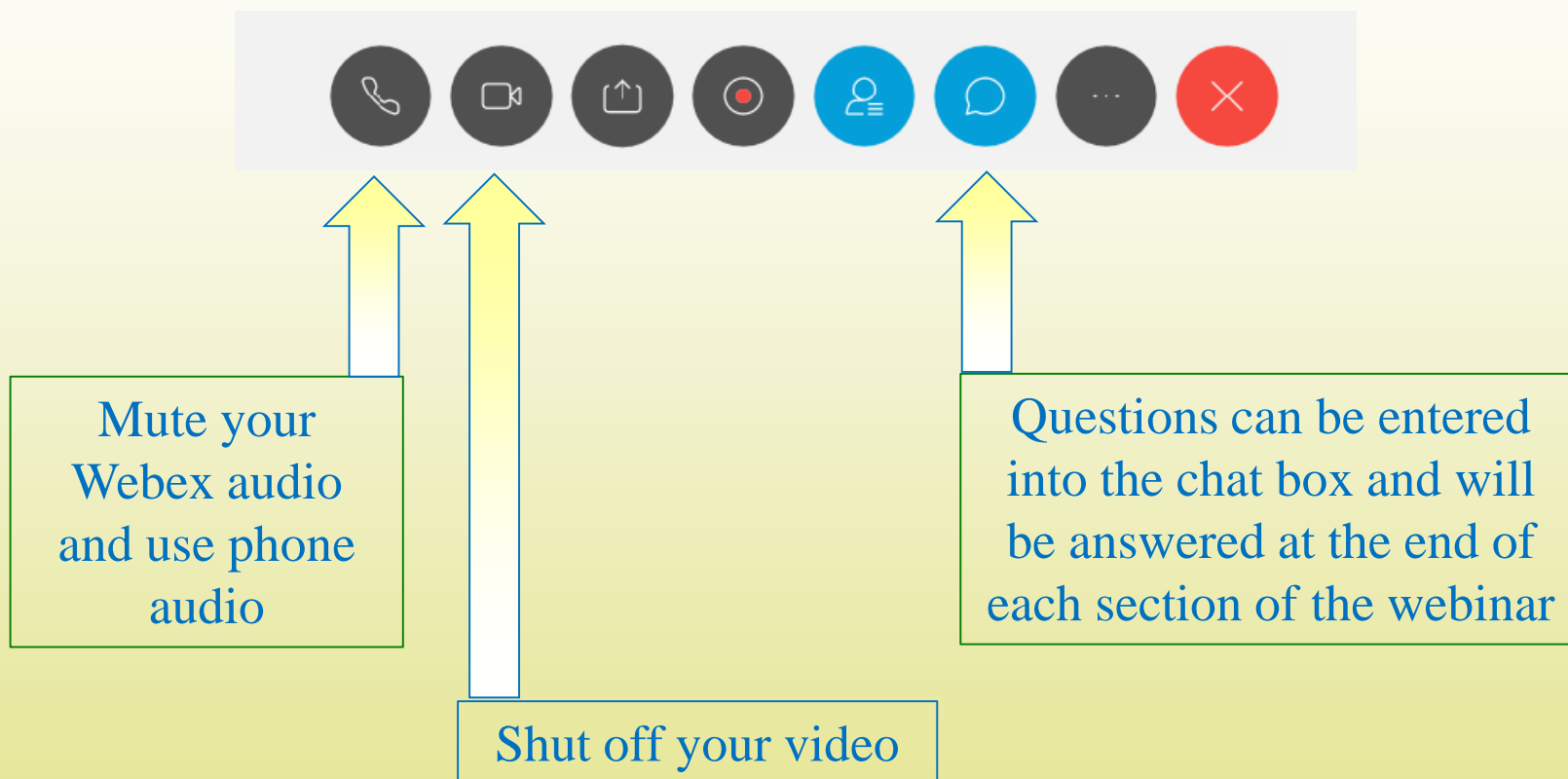


2020 New Cooperative Agreement Webinar Forms for Award

Webinar Logistics

- Call into webinar for better audio. **DO NOT** use WebEx audio.
 - ✓ Dial-in Number: 636-651-3142
 - ✓ Access Code: 6146884
 - ✓ Security Code: 1234
- Mute your phone line & shut off video. This will save bandwidth for a clearer presentation.

Webinar Logistics



Webinar Sessions

May 28, 2020

9:00 am	Forms for Award
1:00 pm	Assessment Workplan & Program Information
2:00 pm	Cleanup Workplan & Program Information

June 3, 2020

9:00 am	Forms for Award
1:00 pm	Assessment Workplan & Program Information
2:00 pm	Cleanup Workplan & Program Information

Forms for Award



Before

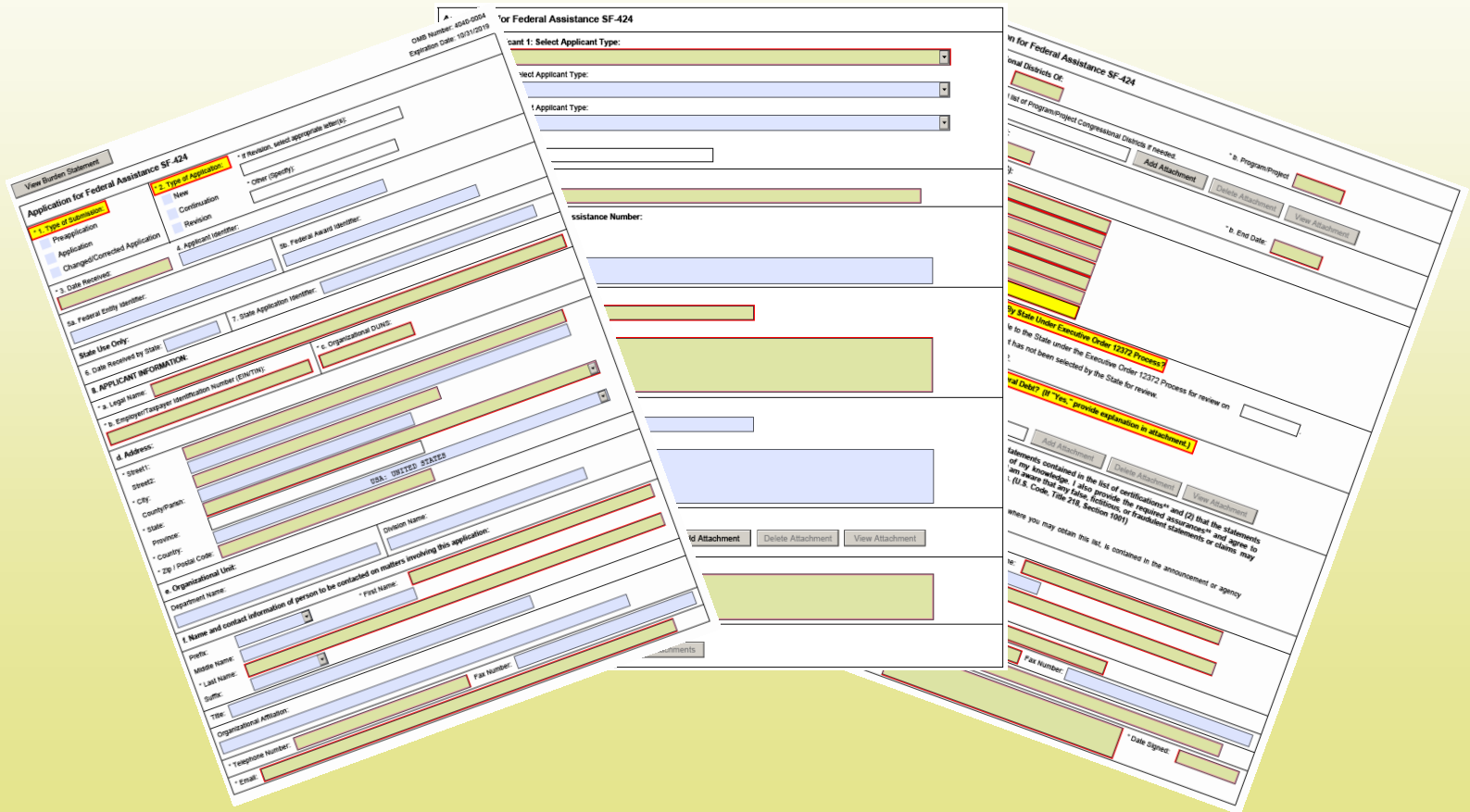


After

Standard Federal Forms

- Please make sure you have all of the following forms:
 - ✓ **SF424_2_1-V2.1.pdf:** Application for Federal Assistance
 - ✓ **SF424A-V1.0.pdf:** Budget Information – Non-Construction
 - ✓ **EPA_Form_6600_06.pdf:** Certification Regarding Lobbying
 - ✓ **SFLLL_1_2_P-V1.2.pdf:** Disclosure of Lobbying Activities
 - ✓ **EPA4700_4_2_1-V2.1.pdf:** Pre-award Compliance Certification
 - ✓ **EPA_KeyContacts-V1.1.pdf:** Key Contacts Form
- Please make sure you have your **Submitted Proposal(s)** (For reference).
- To help follow along, you can mark up a printed copy as we go through the forms and enter the information later.

SF424_2_1-V2.1.pdf



Application for Federal Assistance SF-424

OMB Number: 4302-0054
Expiration Date: 12/31/2019

1. Type of Submission

☐ New Application
☐ Continuation
☐ Revision
☐ Other (Specify):

2. Select Applicant Type:

Select Applicant Type:
Applicant Type:
Assistance Number:

3. Date Received:

4. Address:

Street:
City:
State:
Country:
Zip / Postal Code:

5. Date Received by State:

6. APPLICANT INFORMATION:

a. Legal Name:
b. Employer/Corporate Identification Number (EIN/TIN):
c. Organizational DUNS:

7. State Application Identifier:

8. Organizational Unit:

Department Name:
First Name:
Last Name:
Title:
Telephone Number:
Fax Number:
Email:

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

First Name:
Last Name:
Title:
Telephone Number:
Fax Number:
Email:

10. List of Program/Project Congressional Districts if needed:

Program/Project:
End Date:

11. State Under Executive Order 12372 Process:

Is the State under the Executive Order 12372 Process for review on
If has not been selected by the State for review:

12. Attachments:

Attachments:
Add Attachment: Delete Attachment: View Attachment:

13. Certifications and Assurances:

I certify that the information provided in this application is true and correct to the best of my knowledge. I also provide the required assurances and agree to comply with the terms and conditions of the award.

14. Signature:



Signature:
Date:

SF 424 - Page 1

Application for Federal Assistance SF-424			
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	
		* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>	
* 3. Date Received: <input type="text"/>		4. Applicant Identifier: <input type="text"/>	
5a. Federal Entity Identifier: <input type="text"/>		5b. Federal Award Identifier: <input type="text" value="BF"/>	
State Use Only:			
6. Date Received by State: <input type="text"/>		7. State Application Identifier: <input type="text"/>	
8. APPLICANT INFORMATION:			
* a. Legal Name: <input type="text" value="Grant Recipient, Maine"/>			
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="123456789"/>			
* c. Organizational DUNS: <input type="text" value="012345678"/>			

The rest of the
Grant Number
will be assigned
by EPA

SF 424 - Page 1 (continued)

d. Address:	
 Legal address as listed in sam.gov	
* Street1:	1 Main Street
Street2:	
* City:	Anywhere
County/Parish:	Northland
* State:	ME: Maine (select from list)
Province:	
* Country:	USA: UNITED STATES
* Zip / Postal Code:	01234-1234  Must enter all 9 digits
e. Organizational Unit:	
Department Name:	Division Name:
Planning	

SF 424 - Page 1 (continued)

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

Prefix:

* First Name:

Nomar

Middle Name:

* Last Name:

Brownfields

Suffix:

Title:

Planner

Organizational Affiliation:

* Telephone Number:

207-123-4567

Fax Number:

* Email:

Brownfields.Nomar@yourorganization.com

SF 424 - Page 2

Application for Federal Assistance SF-424

* 9. Type of Applicant 1: Select Applicant Type:

Select from list

A: State Government

M: Nonprofit with 501C3 IRS Status

C: City or Township Government

E: Regional Organization

I: Indian/Native American Tribal Government (Federally Recognized)

* Other (specify):

* 10. Name of Federal Agency:

US Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66-818

CFDA Title:

Brownfields

SF 424 - Page 2 (continued)

ASSESSMENT GRANTS

* 12. Funding Opportunity Number:

EPA-OLEM-OBLR-19-05

* Title:

Proposal Guidelines for Brownfields Assessment Grants

13. Competition Identification Number:

Title:

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

Add Attachment

Delete Attachment

View Attachment

* 15. Descriptive Title of Applicant's Project:

Grant Recipient's Brownfields Assessment Program

SF 424 - Page 2 (continued)

CLEANUP GRANTS

* 12. Funding Opportunity Number:

EPA-OLEM-OBLR-19-07

* Title:

Proposal Guidelines for Brownfields Cleanup Grants

13. Competition Identification Number:

Title:

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

Add Attachment

Delete Attachment

View Attachment

* 15. Descriptive Title of Applicant's Project:

Grant Recipient's Brownfields Cleanup Program

SF 424 - Page 2 (continued)

RLF GRANTS

* 12. Funding Opportunity Number:

EPA-OLEM-OBLR-19-06

* Title:

Proposal Guidelines for Brownfields RLF Grants

13. Competition Identification Number:

Title:

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

Add Attachment

Delete Attachment

View Attachment

* 15. Descriptive Title of Applicant's Project:

Grant Recipient's Brownfields RLF Program

SF 424 - Page 3

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

1, 2 & 3

* b. Program/Project

1, 2 & 3

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

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

10/01/2020

07/01/2020 if requesting
pre-award costs

* b. End Date:

09/30/2023

3 Year
Period

18. Estimated Funding (\$):

* a. Federal

\$ 200,000

* b. Applicant

* c. State

* d. Local

* e. Other

* f. Program Income

* g. TOTAL

\$ 200,000

Assessment Grants
\$200,000

Total is calculated automatically

SF 424 - Page 3

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

1, 2 & 3

* b. Program/Project

1, 2 & 3

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

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

10/01/2020

07/01/2020 if requesting
pre-award costs

* b. End Date:

09/30/2023

3 Year
Period

18. Estimated Funding (\$):

* a. Federal

\$ 250,000

* b. Applicant

* c. State

* d. Local

* e. Other

* f. Program Income

* g. TOTAL

\$ 250,000

Assessment Grants
\$250,000

Total is calculated automatically

SF 424 - Page 3

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

1, 2 & 3

* b. Program/Project

1, 2 & 3

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

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

10/01/2020

07/01/2020 if requesting
pre-award costs

* b. End Date:

09/30/2023

3 Year
Period

18. Estimated Funding (\$):

* a. Federal

\$ 300,000

* b. Applicant

* c. State

* d. Local

* e. Other

* f. Program Income

* g. TOTAL

\$ 300,000

Assessment Grants
\$300,000

Total is calculated automatically

SF 424 - Page 3

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

1, 2 & 3

* b. Program/Project

1, 2 & 3

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

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

10/01/2020

07/01/2020 if requesting
pre-award costs

* b. End Date:

09/30/2023

3 Year
Period

18. Estimated Funding (\$):

* a. Federal

\$ 350,000

* b. Applicant

* c. State

* d. Local

* e. Other

* f. Program Income

* g. TOTAL

\$ 350,000

Assessment Grants
\$350,000

Total is calculated automatically

SF 424 - Page 3

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

1, 2 & 3

* b. Program/Project

1, 2 & 3

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

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

10/01/2020

07/01/2020 if requesting
pre-award costs

* b. End Date:

09/30/2023

3 Year
Period

18. Estimated Funding (\$):

* a. Federal

\$ 500,000

* b. Applicant

\$ 100,000

* c. State

* d. Local

* e. Other

* f. Program Income

* g. TOTAL

\$ 600,000

Cleanup Grant
\$500,000
With 20% Cost Share

Total is calculated automatically

SF 424 - Page 3

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

1, 2 & 3

* b. Program/Project

1, 2 & 3

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

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

10/01/2020

07/01/2020 if requesting
pre-award costs

* b. End Date:

09/30/2025

5 Year
Period

18. Estimated Funding (\$):

* a. Federal

\$ 800,000

* b. Applicant

\$ 160,000

* c. State

* d. Local

* e. Other

* f. Program Income

* g. TOTAL

\$ 960,000

RLF Grant
\$800,000
with 20% Cost Share

Total is calculated automatically

SF 424 - Page 3 (continued)

CT, MA, ME & VT Recipients

* 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.

SF 424 - Page 3 (continued)

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

☐ Yes ☒ No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

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: **Will**

Middle Name: **C.**

* Last Name: **Results**

Suffix:

* Title: **Director**

* Telephone Number: **207-123-4567**

Fax Number:

* Email: **Results.will.c@yourorganization.com**

* Signature of Authorized Representative:

Will C. Results

* Date Signed:

06/12/2020



SF 424



SF424A-V1.0.pdf

View Burden Statement

(a) Grant Program Function or Activity

(b) Catalog of Federal Domestic Assistance Number

(c) Estimated Unobligated Funds

(d) Federal

(e) Non-Federal

(f) New or Revised Budget

(g) Total

SECTION A - BUDGET SUMMARY

SECTION C - NON-FEDERAL RESOURCES

(b) Applicant

(c) State

(d) Other Sources

(e) TOTALS

SECTION B - BUDGET CATEGORIES

(2) GRANT PROGRAM FUNCTION OR ACTIVITY

(3)

(4)

(5) Total

Standard Form 424A (Rev. 7-97)
Prescribed by OMB (Circular A-102) Page 1

Standard Form 424A (Rev. 7-97)
Prescribed by OMB (Circular A-102) Page 2

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Standard Form 424A (Rev. 7-97)
Prescribed by OMB (Circular A-102) Page 1A

SF 424A - Page 1

ASSESSMENT GRANTS

SECTION A - BUDGET SUMMARY						
Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. Assessment Grant		\$	\$	\$	\$	\$
2.						
3.						
4.						
5. Totals		\$	\$	\$	\$	\$

SF 424A - Page 1

CLEANUP GRANTS

SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. Cleanup Grant		\$	\$	\$	\$	\$
2. 20% Cost Share						
3.						
4.						
5. Totals		\$	\$	\$	\$	\$

SF 424A - Page 1

RLF GRANTS

SECTION A - BUDGET SUMMARY						
Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. RLF Grant		\$	\$	\$	\$	\$
2. 20% Cost Share						
3.						
4.						
5. Totals		\$	\$	\$	\$	\$

SF 424A - Page 1A

ASSESSMENT GRANTS

SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1)	(2)	(3)	(4)	
	Assessment Grant				Totals Automatically Calculated
a. Personnel	\$ 25,000				\$ 25,000
b. Fringe Benefits	15,000				15,000
c. Travel	2,500				2,500
d. Equipment					
e. Supplies	2,500				2,500
f. Contractual	250,000				250,000
g. Construction					
h. Other					
<div style="background-color: blue; color: white; padding: 10px; display: inline-block;"> Enter your Indirect Costs here </div>	295,000				\$ 295,000
	5,000				\$ 5,000
	\$ 300,000				\$ 300,000
7. Program Income					

SF 424A - Page 1A

CLEANUP GRANTS

SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1)	(2)	(3)	(4)	
	Cleanup Grant	20% Cost Share			Totals Automatically Calculated
a. Personnel	\$ 25,000	\$	\$	\$	\$ 25,000
b. Fringe Benefits	15,000				15,000
c. Travel	2,500				2,500
d. Equipment					
e. Supplies	2,500				2,500
f. Contractual	450,000	100,000			550,000
g. Construction					
h. Other					
<div style="background-color: blue; color: white; padding: 10px; display: inline-block;"> Enter your Indirect Costs here </div> -6h)	495,000	100,000			\$ 595,000
	5,000				\$ 5,000
	\$ 500,000	\$ 100,000	\$	\$	\$ 600,000
7. Program Income	\$	\$	\$	\$	\$

SF 424A - Page 1A

RLF GRANTS

SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1)	(2)	(3)	(4)	
a. Personnel	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
b. Fringe Benefits	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
c. Travel	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
d. Equipment	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
e. Supplies	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
f. Contractual	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
g. Construction	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
h. Other	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
i. Total Direct Charges (sum of 6a-6h)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
j. Indirect Charges	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
k. TOTALS (sum of 6i and 6j)	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
7. Program Income	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

SF 424A - Page 3

SECTION C - NON-FEDERAL RESOURCES				
(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS
8. <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
9. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
11. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
12. TOTAL (sum of lines 8-11)	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

SECTION D - FORECASTED CASH NEEDS					
	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	\$ 75,000	\$ 10,000	\$ 20,000	\$ 25,000	\$ 20,000
14. Non-Federal	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
15. TOTAL (sum of lines 13 and 14)	\$ 75,000	\$ 10,000	\$ 20,000	\$ 25,000	\$ 20,000



Totals are calculated automatically



SF 424A - Page 3 (continued)

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. <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
17. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
18. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
19. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
20. TOTAL (sum of lines 16 - 19)	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

SECTION F - OTHER BUDGET INFORMATION	
21. Direct Charges: <input type="text"/>	22. Indirect Charges: <input type="text"/>
23. Remarks: <input type="text"/>	


SF 424A



EPA FORM 6600-06

Certification Regarding Lobbying

EPA_Form_6600_06.pdf

	United States ENVIRONMENTAL PROTECTION AGENCY Washington, DC 20460	OMB Control No. 2030-002 Approval expires 04/30/202
<hr/>		
EPA Project Control Number		
CERTIFICATION REGARDING LOBBYING		
CERTIFICATION FOR CONTRACTS, GRANTS, LOANS AND COOPERATIVE AGREEMENTS		
The undersigned certifies, to the best of his or her knowledge and belief, that:		
<p>(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.</p> <p>(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.</p> <p>(3) The undersigned shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including sub-contracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.</p>		
<p>This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31 U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.</p>		
<hr/> Typed Name & Title of Authorized Representative		
<hr/> Signature and Date of Authorized Representative		
<small>The public reporting and recordkeeping burden for this collection of information is estimated to average 15 minutes per response. Send comments on the Agency's need for this information, the accuracy of the provided burden estimates, and any suggested methods for minimizing respondent burden, including through the use of automated collection techniques to the Director, Collection Strategies Division, U.S. Environmental Protection Agency (2022), 1200 Pennsylvania Ave., NW, Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed form to this address.</small>		
<small>EPA Form 6600-06 (Rev. 06/2014) Previous editions are obsolete.</small>		

EPA FORM 6600-06



United States
ENVIRONMENTAL PROTECTION AGENCY
Washington, DC 20460

OMB Control No. 2030-002
Approval expires 04/30/202

Will be assigned
by EPA

EPA Project Control Number

CERTIFICATION REGARDING LOBBYING

CERTIFICATION FOR CONTRACTS, GRANTS, LOANS AND COOPERATIVE AGREEMENTS

The undersigned certifies, to the best of his or her knowledge and belief, that:

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
- (3) The undersigned shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including sub-contracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31 U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Will C. Results, Director

Typed Name & Title of Authorized Representative

Will C. Results 06/12/2020

Signature and Date of Authorized Representative



You can add a signature block to sign electronically

The public reporting and recordkeeping burden for this collection of information is estimated to average 15 minutes per response. Send comments on the Agency's need for this information, the accuracy of the provided burden estimates, and any suggested methods for minimizing respondent burden, including through the use of automated collection techniques to the Director, Collection Strategies Division, U.S. Environmental Protection Agency (2822T), 1200 Pennsylvania Ave., NW, Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed form to this address.

EPA Form 6600-06 (Rev. 06/2014) Previous editions are obsolete.

EPA FORM 6600-06



SF-LLL

Disclosure of Lobbying Activities

SFLLL_1_2_P-V1.2.pdf

DISCLOSURE OF LOBBYING ACTIVITIES		
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352		Approved by OMB 4040-0013
Review Public Burden Disclosure Statement		
1. * Type of Federal Action: <input type="checkbox"/> a. contract <input checked="" type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	2. * Status of Federal Action: <input type="checkbox"/> a. bid/offer/application <input checked="" type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	3. * Report Type: <input checked="" type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change
4. Name and Address of Reporting Entity: <input checked="" type="checkbox"/> Prime <input type="checkbox"/> Subawardee * Name: _____ * Street 1: _____ Street 2: _____ * City: _____ State: _____ Zip: _____ Congressional District, if known: _____		
5. If Reporting Entity in No.4 is Subawardee, Enter Name and Address of Prime:		
6. * Federal Department/Agency: _____		7. * Federal Program Name/Description: _____ CFDA Number, if applicable: _____
8. Federal Action Number, if known: _____		9. Award Amount, if known: \$ _____
10. a. Name and Address of Lobbying Registrant: Prefix: _____ * First Name: _____ Middle Name: _____ * Last Name: _____ Suffix: _____ * Street 1: _____ Street 2: _____ * City: _____ State: _____ Zip: _____		
b. Individual Performing Services (including address if different from No. 10a) Prefix: _____ * First Name: _____ Middle Name: _____ * Last Name: _____ Suffix: _____ * Street 1: _____ Street 2: _____ * City: _____ State: _____ Zip: _____		
11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when the transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.		
* Signature: _____ * Name: _____ Prefix: _____ * First Name: _____ Middle Name: _____ * Last Name: _____ Suffix: _____ Title: _____ Telephone No.: _____ Date: _____		
Federal Use Only: _____		

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C.1352

OMB Number: 4040-0013
Expiration Date: 02/28/2022

Review Public Burden Disclosure Statement

<p>1. * Type of Federal Action:</p> <p><input type="checkbox"/> a. contract</p> <p><input type="checkbox"/> b. grant</p> <p><input checked="" type="checkbox"/> c. cooperative agreement</p> <p><input type="checkbox"/> d. loan</p> <p><input type="checkbox"/> e. loan guarantee</p> <p><input type="checkbox"/> f. loan insurance</p>	<p>2.</p> <p>This is automatically checked as b. grant Make sure you check cooperative agreement</p> <p>This is correct</p>	<p>3. * Report Type:</p> <p><input checked="" type="checkbox"/> a. initial filing</p> <p><input type="checkbox"/> b. material change</p> <p>This is correct</p>
<p>4. Name and Address of Reporting</p> <p><input checked="" type="checkbox"/> Private</p> <p>* Name Grantee Organization ← Legal address as listed in sam.gov</p> <p>* Street 1 1 Main Street Street 2</p> <p>* City Anywhere State ME: Maine (select from list) Zip 01234</p> <p>Congressional District, if known: 1, 2 & 3</p> <p>5. If Reporting Entity in No.4 is Subawardee, Enter Name and Address of Prime:</p>		

SF-LLL (continued)

6. * Federal Department/Agency: <div style="border: 2px solid red; padding: 2px;">US Environmental Protection Agency</div>	7. * Federal Program Name/Description: <div style="border: 1px solid black; padding: 2px;">Brownfields</div> <div style="border: 1px solid black; padding: 2px;">CFDA Number, if applicable: 66-818</div>
8. Federal Action Number, if known: <div style="border: 1px solid black; padding: 2px;"> <div style="background-color: #008000; color: white; padding: 2px;">Will be assigned by EPA</div> </div>	9. Award Amount, if known: \$ <div style="border: 1px solid black; padding: 2px; color: red;">300,000</div> (your award amount)
10. a. Name and Address of Lobbying Registrant: <div style="display: flex; justify-content: space-between;"> <div>Prefix <input type="text"/></div> <div>* First Name <div style="border: 2px solid red; padding: 2px;"></div></div> <div>Middle Name <input type="text"/></div> </div> <div style="display: flex; justify-content: space-between;"> <div>* Last Name <div style="border: 2px solid red; padding: 2px;"></div></div> <div>Suffix <input type="text"/></div> </div> <div style="display: flex; justify-content: space-between;"> <div>* Street 1 <input type="text"/></div> <div>Street 2 <input type="text"/></div> </div> <div style="display: flex; justify-content: space-between;"> <div>* City <input type="text"/></div> <div>State <input type="text"/></div> <div>Zip <input type="text"/></div> </div> <p style="color: yellow; font-weight: bold; font-size: 1.2em; text-align: center;">Block 10 to be filled in only if you lobby</p> b. Individual Performing Services (including address if different from No. 10a) <div style="display: flex; justify-content: space-between;"> <div>Prefix <input type="text"/></div> <div>* First Name <div style="border: 2px solid red; padding: 2px;"></div></div> <div>Middle Name <input type="text"/></div> </div> <div style="display: flex; justify-content: space-between;"> <div>* Last Name <div style="border: 2px solid red; padding: 2px;"></div></div> <div>Suffix <input type="text"/></div> </div> <div style="display: flex; justify-content: space-between;"> <div>* Street 1 <input type="text"/></div> <div>Street 2 <input type="text"/></div> </div> <div style="display: flex; justify-content: space-between;"> <div>* City <input type="text"/></div> <div>State <input type="text"/></div> <div>Zip <input type="text"/></div> </div>	

SF-LLL (continued)

You can add a signature block to sign electronically

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when the transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

* Signature:

Will C. Results

* Name:

Prefix

* First Name

Will

Middle Name

C.

* Last Name

Results

Suffix

Title:

Director

Telephone No.:

207-123-4567

Date:

06/12/2020

Federal Use Only:

Authorized for Local Reproduction
Standard Form - LLL (Rev. 7-97)

SF-LLL



EPA FORM 4700-4

Preaward Compliance Review Report

EPA4700_4_2_1-V2.1.pdf

OMB Number: 2030-0020
Expiration Date: 04/30/2021

Preaward Compliance Review Report for All Applicants and Recipients Requesting EPA Financial Assistance

(Note: Read instructions before completing form.)

View Bureau Statement

I. A. Applicant/Recipient (Name, Address, City, State, Zip Code)

Name: _____
Address: _____
City: _____
State: _____
Zip Code: _____

B. DUNS No. _____

II. Is the applicant currently receiving EPA Assistance? ☐ Yes ☐ No

III. List all civil rights lawsuits and administrative complaints pending against the applicant/recipient that allege discrimination based on race, color, national origin, sex, age, or disability. (Do not include employment complaints not covered by 40 C.F.R. Parts 5 and 7.)

IV. List all civil rights lawsuits and administrative complaints decided against the applicant/recipient within the last year that allege discrimination based on race, color, national origin, sex, age, or disability and enclose a copy of all decisions. Please describe all corrective actions taken. (Do not include employment complaints not covered by 40 C.F.R. Parts 5 and 7.)

V. List all civil rights compliance reviews of the applicant/recipient conducted by any agency within the last two years and enclose a copy of the review and any decisions, orders, or agreements based on the review. Please describe any corrective actions taken. (40 C.F.R. § 7.300(b)(7))

VI. Is the applicant requesting EPA assistance for new construction? If no, proceed to VII; if yes, answer (a) and/or (b) below.

☐ Yes ☐ No

a. If the grant is for new construction, will all new facilities or alterations to existing facilities be designed and constructed to be readily accessible to and usable by persons with disabilities? If yes, proceed to VIb; if no, proceed to VIIb.

☐ Yes ☐ No

b. If the grant is for new construction and the new facilities or alterations to existing facilities will not be readily accessible to and usable by persons with disabilities, explain how a regulatory exemption (40 C.F.R. 7.70) applies.

VII. Does the applicant/recipient provide initial and continuing notice that it does not discriminate on the basis of race, color, national origin, sex, age, or disability in its program or activities? (40 C.F.R. 5.140 and 7.50)

a. Do the methods of notice accommodate those with impaired vision or hearing? ☐ Yes ☐ No

b. Is the notice posted in a prominent place in the applicant's offices or facilities or, for education programs and activities, in appropriate periodicals and other written communications? ☐ Yes ☐ No

c. Does the notice identify a designated civil rights coordinator? ☐ Yes ☐ No

VIII. Does the applicant/recipient maintain demographic data on the race, color, national origin, sex, age, or handicap of the population it serves? (40 C.F.R. Part 7, S.O. 13166)

☐ Yes ☐ No

IX. Does the applicant/recipient have a policy/procedure for providing access to services for persons with limited English proficiency? (40 C.F.R. Part 7, S.O. 13166)

☐ Yes ☐ No

X. If the applicant is an education program or activity, or has 15 or more employees, has it designated an employee to coordinate its compliance with 40 C.F.R. Parts 5 and 7? Provide the name, title, position, mailing address, e-mail address, fax number, and telephone number of the designated coordinator.

XI. If the applicant is an education program or activity, or has 15 or more employees, has it adopted grievance procedures that assure the prompt and fair resolution of complaints that allege a violation of 40 C.F.R. Parts 5 and 7? Provide a legal citation or Internet Address for, or a copy of, the procedures.

For the Applicant/Recipient

I, _____, declare that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any false or misleading statement may be punishable by fine or imprisonment or both under applicable law. I assure that I will fully comply with all applicable civil rights statutes and EPA regulations.

B. Title of Authorized Official _____

For the U.S. Environmental Protection Agency

I, _____, certify that the applicant/recipient has submitted all preaward information required by 40 C.F.R. Parts 5 and 7, that based on the information submitted, this application satisfies the preaward requirements of 40 C.F.R. Part 7, and that the applicant has given assurance that it will fully comply with all applicable civil rights statutes and EPA regulations.

C. Date _____

EPA Form 4700-4

View Burden Statement

OMB Number: 2030-0020
Expiration Date: 04/30/2021

Preaward Compliance Review Report for All Applicants and Recipients Requesting EPA Financial Assistance

Note: Read Instructions before completing form.

I. A. Applicant/Recipient (Name, Address, City, State, Zip Code)

Name: **City of Anywhere**

Address: **1 Main Street**

City: **Anywhere**

State: **VT: Vermont (select from list)**

Zip Code: **01234**

Legal name as
listed in sam.gov

B. DUNS No. **012345678**

II. Is the applicant currently receiving EPA Assistance? ☐ Yes ☐ No **Check Yes or No**

III. List all civil rights lawsuits and administrative complaints pending against the applicant/recipient that allege discrimination based on race, color, national origin, sex, age, or disability. (Do not include employment complaints not covered by 40 C.F.R. Parts 5 and 7.)

N/A or See Attached

IV. List all civil rights lawsuits and administrative complaints decided against the applicant/recipient within the last year that allege discrimination based on race, color, national origin, sex, age, or disability and enclose a copy of all decisions. Please describe all corrective actions taken. (Do not include employment complaints not covered by 40 C.F.R. Parts 5 and 7.)

N/A or See Attached

EPA Form 4700-4 (continued)

- V. List all civil rights compliance reviews of the applicant/recipient conducted by any agency within the last two years and enclose a copy of the review and any decisions, orders, or agreements based on the review. Please describe any corrective action taken. (40 C.F.R. § 7.80(c)(3))

N/A or See Attached

- VI. Is the applicant requesting EPA assistance for new construction? If no, proceed to VII; if yes, answer (a) and/or (b) below.

☐ Yes ☒ No

- a. If the grant is for new construction, will all new facilities or alterations to existing facilities be designed and constructed to be readily accessible to and usable by persons with disabilities? If yes, proceed to VII; if no, proceed to VI(b).

☐ Yes ☐ No

- b. If the grant is for new construction and the new facilities or alterations to existing facilities will not be readily accessible to and usable by persons with disabilities, explain how a regulatory exception (40 C.F.R. 7.70) applies.

Check Yes
or No

- VII. Does the applicant/recipient provide initial and continuing notice that it does not discriminate on the basis of race, color, national origin, sex, age, or disability in its program or activities? (40 C.F.R. 5.140 and 7.95)

☐ Yes ☐ No

- a. Do the methods of notice accommodate those with impaired vision or hearing?

☐ Yes ☐ No

- b. Is the notice posted in a prominent place in the applicant's offices or facilities or, for education programs and activities, in appropriate periodicals and other written communications?

☐ Yes ☐ No

- c. Does the notice identify a designated civil rights coordinator?

☐ Yes ☐ No

- VIII. Does the applicant/recipient maintain demographic data on the race, color, national origin, sex, age, or handicap of the population it serves? (40 C.F.R. 7.85(a))

☐ Yes ☐ No

- IX. Does the applicant/recipient have a policy/procedure for providing access to services for persons with limited English proficiency? (40 C.F.R. Part 7, E.O. 13166)

☐ Yes ☐ No

EPA Form 4700-4 (continued)

- X. If the applicant is an education program or activity, or has 15 or more employees, has it designated an employee to coordinate its compliance with 40 C.F.R. Parts 5 and 7? Provide the name, title, position, mailing address, e-mail address, fax number, and telephone number of the designated coordinator.

N/A or Provide contact information

- XI. If the applicant is an education program or activity, or has 15 or more employees, has it adopted grievance procedures that assure the prompt and fair resolution of complaints that allege a violation of 40 C.F.R. Parts 5 and 7? Provide a legal citation or Internet Address for, or a copy of, the procedures.

N/A or Provide legal citation (see attached or website address)

For the Applicant/Recipient

I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law. I assure that I will fully comply with all applicable civil rights statutes and EPA regulations.

A. Signature of Authorized Official

Will C. Results

B. Title of Authorized Official

Director

C. Date

06/12/2020



You can add a signature block to sign electronically

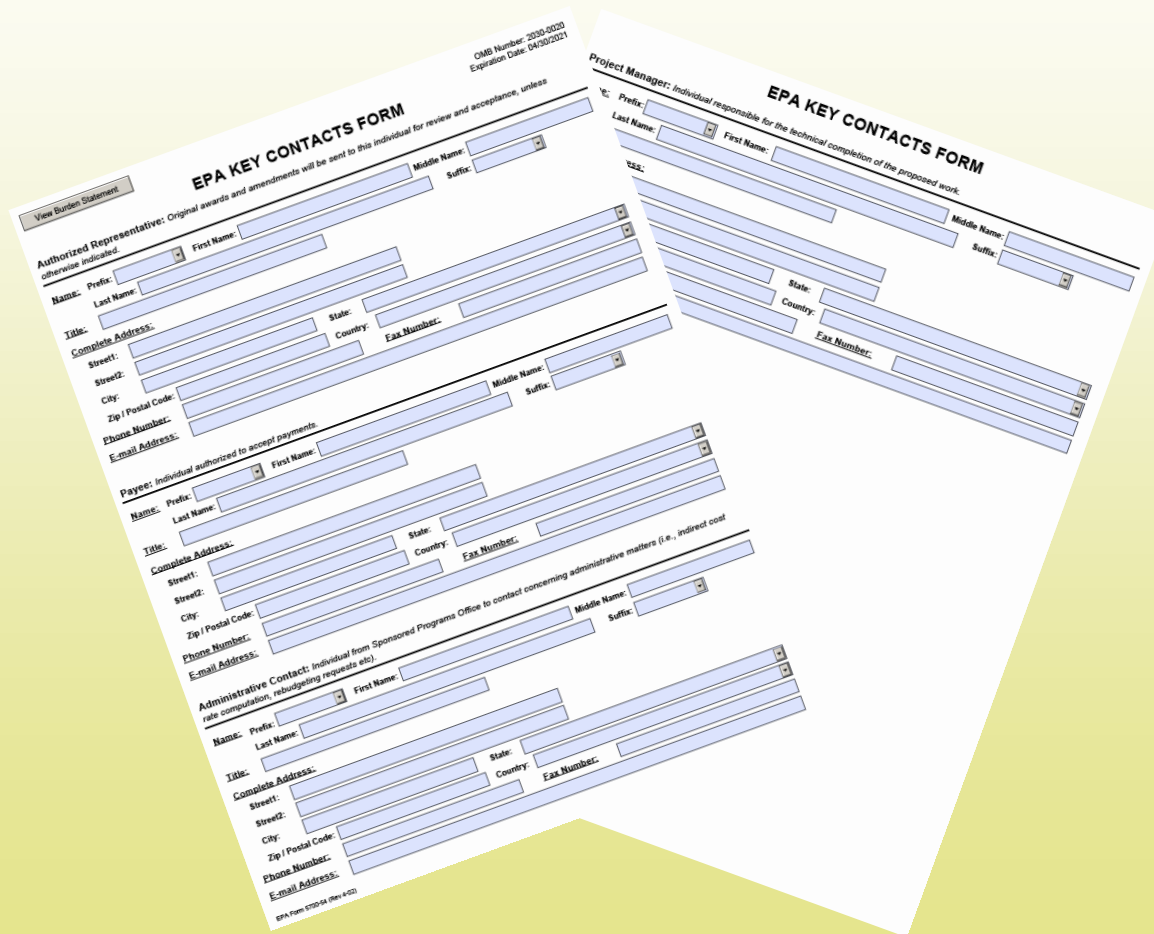
EPA Form 4700-4



EPA FORM 5700-54

KEY CONTACTS FORM

EPA_KeyContacts-V1.1.pdf



EPA KEY CONTACTS FORM

OMB Number: 2038-0020
Expiration Date: 04/30/2021

[View Burden Statement](#)

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

Name: Prefix: [] First Name: [] Last Name: [] Middle Name: [] Suffix: []

Title: []

Complete Address: [] State: [] Country: [] Fax Number: []

Street1: []

Street2: []

City: []

Zip / Postal Code: []

Phone Number: []

E-mail Address: []

Payee: Individual authorized to accept payments

Name: Prefix: [] First Name: [] Last Name: [] Middle Name: [] Suffix: []

Title: []

Complete Address: [] State: [] Country: [] Fax Number: []

Street1: []

Street2: []

City: []

Zip / Postal Code: []

Phone Number: []

E-mail Address: []

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

Name: Prefix: [] First Name: [] Last Name: [] Middle Name: [] Suffix: []

Title: []

Complete Address: [] State: [] Country: [] Fax Number: []

Street1: []

Street2: []

City: []

Zip / Postal Code: []

Phone Number: []

E-mail Address: []

EPA KEY CONTACTS FORM

Project Manager: Individual responsible for the technical completion of the proposed work.

Name: Prefix: [] First Name: [] Last Name: [] Middle Name: [] Suffix: []

Title: []

Complete Address: [] State: [] Country: [] Fax Number: []

Street1: []

Street2: []

City: []

Zip / Postal Code: []

Phone Number: []

E-mail Address: []

Key Contacts Form - Page 1

[View Burden Statement](#) OMB Number: 2030-0020
Expiration Date: 04/30/2021

EPA KEY CONTACTS FORM

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

Name: Prefix: First Name: Middle Name:
 Last Name: Suffix:
 Title:
 Complete Address:
 Street1:
 Street2:
 City: State:
 Zip / Postal Code: Country:
 Phone Number: Fax Number:
 E-mail Address:

Payee: *Individual authorized to accept payments.*

Name: Prefix: First Name: Middle Name:
 Last Name: Suffix:
 Title:
 Complete Address:
 Street1:
 Street2:
 City: State:
 Zip / Postal Code: Country:
 Phone Number: Fax Number:
 E-mail Address:

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

Name: Prefix: First Name: Middle Name:
 Last Name: Suffix:
 Title:
 Complete Address:
 Street1:
 Street2:
 City: State:
 Zip / Postal Code: Country:
 Phone Number: Fax Number:
 E-mail Address:

EPA Form 5700-54 (Rev 4-02)



Authorized Representative:
 Person signing all grant documents



Payee:
 Person that processes payments – Financial Contact



Administrative Contact:
 You or your administrative person

Key Contacts Form - Page 2

EPA KEY CONTACTS FORM

Project Manager: *Individual responsible for the technical completion of the proposed work.*

Name:	Prefix: <input type="text"/>	First Name: <input type="text"/>	Middle Name: <input type="text"/>
	Last Name: <input type="text"/>		Suffix: <input type="text"/>
Title:	<input type="text"/>		
Complete Address:			
Street1:	<input type="text"/>		
Street2:	<input type="text"/>		
City:	<input type="text"/>	State:	<input type="text"/>
Zip / Postal Code:	<input type="text"/>	Country:	<input type="text"/>
Phone Number:	<input type="text"/>		Fax Number: <input type="text"/>
E-mail Address:	<input type="text"/>		



Project Manager:
You



Key Contacts Form



Last Things

- Make sure DUNS #, CFDA, EIN are up to date and consistent with SAM.gov.
- Make sure your System for Award Management (SAM) is up to date - www.sam.gov.
- Ensure all budget totals (from the 424A, Work Plan, and Budget Detail Attachment 1) **are the same amount**.
- Cleanup Grant Recipients: No 100% pass through and no cost share in Other.



Last Things

- Send the draft of your form package to your Project Officer for review. Please do ASAP in order to adjust any items and get your package in by the deadline.
- **June 12** is the deadline for final draft of form package to your Project Officer.
- Get ready to have your QEP on board by **December 2020**.
- Your QEP is a contractor, an LSP, an LEP but is not a “consultant”.
- The only Brownsfield is in Cleveland.
- Contact your Project Officer with any questions.

Make Sure You Have It All

- ✓ **SF-424:** Application for Federal Assistance
- ✓ **SF-424A:** Budget Information – Page 1 & 2
- ✓ **EPA Form 6600-06:** Certification Regarding Lobbying
- ✓ **SF-LLL:** Disclosure of Lobbying Activities
- ✓ **EPA-4700-4:** Pre-Award Compliance Review Report
- ✓ **EPA Form 5700-54:** Key Contacts Form
- ✓ **Project Narrative Statement** (Work Plan)
- ✓ **Budget Detail** (Attachment 1 to the Work Plan)
- ✓ **Non-Profit Tax Status** (If Applicable)



Forms & Workplan Templates

- Reminder - All Forms & Workplan templates are available on our website: <https://www.epa.gov/brownfields/2020-brownfields-new-grantee-training-new-england>



E-Mail it all to:

Your Assigned Project Officer

lastname.firstname@epa.gov

Subject Line:

Brownfields Application – Name of Organization



You Are Done!



Questions???

