View Burden Statement

OMB Number: 4040-0004
Expiration Date: 11/30/2025

Application for Federal Assistance SF-424

*** 1. Type of Submission:**
- [ ] Preapplication
- [X] Application
- [ ] Changed/Corrected Application

*** 2. Type of Application:**
- [X] New
- [ ] Continuation
- [ ] Revision

* If Revision, select appropriate letter(s):

* Other (Specify):

* 3. Date Received: *Enter submission date*

4. Applicant Identifier: *Leave blank*

5a. Federal Entity Identifier: *Leave blank*

5b. Federal Award Identifier: *BF*

State Use Only:

6. Date Received by State: *Leave blank*

7. State Application Identifier: *Leave blank*

8. APPLICANT INFORMATION:

* a. Legal Name: *Enter the organization's legal name as listed in www.sam.gov*

* b. Employer/Taxpayer Identification Number (EIN/TIN): *Enter the organization's EIN/TIN*

* c. UEI: *Enter the correct Unique Entity Identifier for the organization/department*

d. Address:

* Street1: *Enter the organization's address as listed in www.sam.gov*

Street2:

* City: *Enter the organization's city as listed in www.sam.gov*

County/Parish:

* State: *Enter the organization's state as listed in www.sam.gov*

Province:

* Country: USA: UNITED STATES

* Zip / Postal Code: *Enter the organization's 9 digit zip code as listed in www.sam.gov*

e. Organizational Unit:

Department Name: *Enter information as appropriate*

Division Name: *Enter information as appropriate*

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

Prefix:

* First Name: *Enter contact's first name*

Middle Name:

* Last Name: *Enter contact's last name*

Suffix:

Title: *Enter information as appropriate*

Organizational Affiliation:

* Telephone Number: *Enter contact's telephone number*

Fax Number:

* Email: *Enter contact's email address*

Application for Federal Assistance SF-424

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

Select from list

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

US Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.818

CFDA Title:

Brownfields Multipurpose, Assessment, Revolving Loan Fund, and Cleanup Grants

*** 12. Funding Opportunity Number:**

"EPA-I-OLEM-OBLR-25-04" for Community-wide Assessment Grants
"EPA-I-OLEM-OBLR-25-05" for Assessment Coalition Grants
"EPA-I-OLEM-OBLR-25-06" for Community-wide Assessment Grants for States/Tribes
"EPA-I-OLEM-OBLR-25-03 for Multipurpose Grants
"EPA-I-OLEM-OBLR-25-07" for Cleanup Grants

* Title:

"Application Guidelines for Multipurpose Grants" or
"Application Guidelines for Assessment Grants" or
"Application Guidelines for Cleanup Grants"

13. Competition Identification Number:

Leave blank

Title:

Leave blank

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

Leave blank

Add Attachment | Delete Attachment | View Attachment

*** 15. Descriptive Title of Applicant's Project:**

Include the organization's name and type of funding requested. For example "City of Somewhere's Assessment Grant Program"

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant: *Enter information as appropriate*

* b. Program/Project: *Enter information as appropriate; may be the same as 16.a.*

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: *10/01/2026*

* b. End Date:

"9/30/2031" for Multipurpose Grants
"9/30/2030" for Community-wide Assessment Grants
"9/30/2030" for Assessment Coalition Grants
"9/30/2031" for Assessment Grants for States/Tribes
"9/30/2030" for Cleanup Grants

18. Estimated Funding ($):

* a. Federal	*Amount requested from EPA*
* b. Applicant	*Leave blank or enter $0*
* c. State	*Leave blank or enter $0*
* d. Local	*Leave blank or enter $0*
* e. Other	*Leave blank or enter $0*
* f. Program Income	
* g. TOTAL	

Do not include an amount over $0

*** 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.

All applicants should select 19.c. at time of application submission. If selected for funding, the answer to 19. must be revised to either a. or b., whichever is applicable.

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

☐ Yes ☐ No *Select the appropriate response*

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 18, 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: *ENSURE THE **AUTHORIZED ORGANIZATION REPRESENTATIVE'S (AOR)** INFORMATION IS INCLUDED*

Prefix:	
* First Name:	*Enter AOR's first name*
Middle Name:	
* Last Name:	*Enter AOR's last name*
Suffix:	
* Title:	*Enter AOR's title*
* Telephone Number:	*Enter AOR's telephone number*
Fax Number:	
* Email:	*Enter AOR's email address*
* Signature of Authorized Representative:	
* Date Signed:	

List Grant Type and Cost Share, if applicable. DO NOT separate requests for hazardous substance and petroleum funding.

BUDGET INFORMATION - Non-Construction Programs

OMB Number: 4040-0006
Expiration Date: 02/28/2025

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. Brownfields Assessment/ RLF/Cleanup Grants	66.818	$ Leave blank	$ Leave blank	$ Enter amount Enter amount of funding being requested from EPA	$ Enter $0	$
2.						
3.						
4.						
5. Totals		$	$	$	$	$

SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY (1)	(2)	(3)		Total (5)
Enter amounts from the budget table in the narrative	Enter the amount of programmatic funding being requested.	Enter the amount of Administrative Costs that will be charged to the grant. Cannot exceed 5% of the amount of funding requested.			
a. Personnel	$	$	$		
b. Fringe Benefits					
c. Travel					
d. Equipment					
e. Supplies					
f. Contractual					
g. Construction					
h. Other e.g., RLF loan/subgrant pool					
i. Total Direct Charges (sum of 6a-6h)					
j. Indirect Charges					
k. TOTALS (sum of 6i and 6j)	$	$	$	$	$
7. Program Income	$	$	$	$	$

For guidance on developing budgets, review:

- Interim General Budget Development Guidance for Applicants and Recipients of EPA Financial Assistance
- RAIN-2019-G2-R1 Interim General Budget Development Guidance for Applicants and Recipients of EPA Financial Assistance

CLEANUP and MULTIPURPOSE Grant Applicants:
Include amount of "Construction" costs for the " . . . erection, alteration, or repair (including dredging, excavating, and painting) of buildings, structures, or other improvements to real property, and activities in response to a release or a threat of a release of a hazardous substance into the environment, or hazardous substance into a water supply."

Include QEP oversight costs in "Contractual"

Costs must be placed on the Construction budget line when at least of the 50% of the estimated amount of the contract(s) will be for the remediation of contamination at the brownfield site. If the costs are unknown at the time of application submission, place the costs on the Other budget line. Construction costs do not typically apply to assessment activities. See the FY26 FAQs for more information.

SECTION C - NON-FEDERAL RESOURCES

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

ENTER $0 FOR ALL OF SECTION C

SECTION D - FORECASTED CASH NEEDS

	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal		$	$	$	$
14. Non-Federal					
15. TOTAL (sum of lines 13 and 14)		$	$	$	$

Enter the amount of federal EPA funds that will be spent in in each quarter of the first year

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)	$	$	$	$

ENTER $0 FOR ALL OF SECTION E

SECTION F - OTHER BUDGET INFORMATION

21. Direct Charges: **Totals will auto-calculate**

22. Indirect Charges:

23. Remarks:

Additional guidance on how to complete this form is available at www.epa.gov/grants/tips-completing-epa-form-4700-4.

OMB Control No. 2030-0020
Approval expires 06/30/2024

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

Note: Read Instructions before completing form.

This collection of information is approved by OMB under the Paperwork Reduction Act, 44 U.S.C. 3501 et seq. (OMB Control No. 2030-0020). Responses to this collection of information are required to obtain an assistance agreement (40 CFR Part 30, 40 CFR Part 31, and 40 CFR Part 33 for awards made prior to December 26, 2014, and 2 CFR 200, 2 CFR 1500, and 40 CFR Part 33 for awards made after December 26, 2014). An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The public reporting and recordkeeping burden for this collection of information is estimated to be 0.5 hours 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 to the Regulatory Support Division Director, U.S. Environmental Protection Agency (2821T), 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.

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

Name: *Enter the organization's legal name as listed in sam.gov*

Address: *Enter corresponding address*

City: *Enter corresponding city*

State: *Enter corresponding state* Zip Code: *Enter corresponding zip code*

B. Unique Entity Identifier (UEI): *Enter UEI*

C. Applicant/Recipient Point of Contact

Name: *Enter POC's name* Phone: *Enter POC's phone #* Email: *Enter POC's email address*

Title: *Enter POC's title*

II. Is the applicant currently receiving EPA Assistance? ☐ Yes ☐ No *Select 'yes' if the organization has an active/open agreement from EPA*

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

State "Not applicable" or provide requested information

IV. List all civil rights lawsuits and administrative complaints decided against the applicant/recipient within the last year that alleged discrimination under federal law 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, unless covered by 40 C.F.R. Parts 5 and 7.)

State "Not applicable" or provide requested information

V. List all civil rights compliance reviews of the applicant/recipient conducted under federal nondiscrimination laws by any federal 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))

State "Not applicable" or provide requested information

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 *Select 'No' and proceed to VII.*

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.

Select the appropriate responses

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 on the applicant's/recipient's website, in the 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

VII. **Does the applicant/recipient maintain demographic data on the race, color, national origin, sex, age, or disability status of the population it serves? (40 C.F.R. 7.85(a))** ☐ Yes ☐ No

VIII. **Does the applicant/recipient have a policy/procedure for providing meaningful access to services for persons with limited English proficiency? (Title VI, 40 C.F.R. Part 7, *Lau v Nichols* 414 U.S. 563 (1974))** ☐ 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.**

State "Not applicable" or provide requested 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 applicant's/ recipient's website address for, or a copy of, the procedures.**

State "Not applicable" or provide requested information

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.

Enter the Authorized Organization Representative's signature and title, and the date

A. Signature of Authorized Official	B. Title of Authorized Official	C. Date

For the U.S. Environmental Protection Agency

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

A. Signature of Authorized EPA Official	B. Title of Authorized Official	C. Date

Instructions for EPA FORM 4700-4 (Rev. 04/2021)

General. Recipients of Federal financial assistance from the U.S. Environmental Protection Agency must comply with the following statutes and regulations.
Title VI of the Civil Rights Acts of 1964 provides that no person in the United States shall, on the grounds of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance. The Act goes on to explain that the statute shall not be construed to authorize action with respect to any employment practice of any employer, employment agency, or labor organization (except where the primary objective of the Federal financial assistance is to provide employment). Section 13 of the 1972 Amendments to the Federal Water Pollution Control Act provides that no person in the United States shall on the ground of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under the Federal Water Pollution Control Act, as amended. Employment discrimination on the basis of sex is prohibited in all such programs or activities. Section 504 of the Rehabilitation Act of 1973 provides that no otherwise qualified individual with a disability in the United States shall solely by reason of disability be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance. Employment discrimination on the basis of disability is prohibited in all such programs or activities. The Age Discrimination Act of 1975 provides that no person on the basis of age shall be excluded from participation under any program or activity receiving Federal financial assistance. Employment discrimination is not covered. Age discrimination in employment is prohibited by the Age Discrimination in Employment Act administered by the Equal Employment Opportunity Commission. Title IX of the Education Amendments of 1972 provides that no person in the United States on the basis of sex shall be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any education program or activity receiving Federal financial assistance. Employment discrimination on the basis of sex is prohibited in all such education programs or activities. Note: an education program or activity is not limited to only those conducted by a formal institution. 40 C.F.R. Part 5 implements Title IX of the Education Amendments of 1972. 40 C.F.R. Part 7 implements Title VI of the Civil Rights Act of 1964, Section 13 of the 1972 Amendments to the Federal Water Pollution Control Act, and Section 504 of The Rehabilitation Act of 1973.

Items “Applicant” means any entity that files an application or unsolicited proposal or otherwise requests EPA assistance. 40 C.F.R. §§ 5.105, 7.25. “Recipient” means any State or its political subdivision, any instrumentality of a State or its political subdivision, any public or private agency, institution, organizations, or other entity, or any person to which Federal financial assistance is extended directly or through another recipient, including any successor, assignee, or transferee of a recipient, but excluding the ultimate beneficiary of the assistance. 40 C.F.R. §§ 5.105, 7.25. “Civil rights lawsuits and administrative complaints” means any lawsuit or administrative complaint alleging discrimination on the basis of race, color, national origin, sex, age, or disability pending or decided against the applicant and/or entity which actually benefits from the grant, but excluding employment complaints not covered by 40 C.F.R. Parts 5 and 7. For example, if a city is the named applicant but the grant will actually benefit the Department of Sewage, civil rights lawsuits involving both the city and the Department of Sewage should be listed. “Civil rights compliance review” means: any federal agency-initiated investigation of a particular aspect of the applicant's and/or recipient's programs or activities to determine compliance with the federal non-discrimination laws. Submit this form with the original and required copies of applications, requests for extensions, requests for increase of funds, etc. Updates of information are all that are required after the initial application submission. If any item is not relevant to the project for which assistance is requested, write “NA” for “Not Applicable.” In the event applicant is uncertain about how to answer any questions, EPA program officials should be contacted for clarification.

OMB Control No. 2030-0020
Approval expires 06/30/2024

EPA KEY CONTACTS FORM

This collection of information is approved by OMB under the Paperwork Reduction Act, 44 U.S.C. 3501 et seq. (OMB Control No. 2030-0020). Responses to this collection of information are required to obtain an assistance agreement (40 CFR Part 30, 40 CFR Part 31, and 40 CFR Part 33 for awards made prior to December 26, 2014, and 2 CFR 200, 2 CFR 1500, and 40 CFR Part 33 for awards made after December 26, 2014). An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The public reporting and recordkeeping burden for this collection of information is estimated to be 0.5 hours 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 to the Regulatory Support Division Director, U.S. Environmental Protection Agency (2821T), 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.

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:

Provide information for the Authorized Organization Representative who is submitting the forms through Grants.gov

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:

Provide information for the Financial Contact who process payments

EPA KEY CONTACTS FORM

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:

Provide information for the Administrative Contact or the day-to-day project contact (e.g., Brownfields Program Manager)

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

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:

Provide information for the Brownfields Project Manager

Project Narrative File(s)

If possible, combine:

- the Application Information Sheet
- the Narrative and
- associated attachments (including responses to the threshold criteria)
- Negotiated/Proposed Indirect Cost Rate Agreement (if being provided)

into a single file. Attach the single file to the Project Narrative Attachment Form. This will ensure that EPA receives your entire submission and the submission is in the order that you intended.

*** Mandatory Project Narrative File Filename:**

Add Mandatory Project Narrative File | Delete Mandatory Project Narrative File | View Mandatory Project Narrative File

To add more Project Narrative File attachments, please use the attachment buttons below.

Add Optional Project Narrative File | Delete Optional Project Narrative File | View Optional Project Narrative File