



Massachusetts Department of Environmental Protection  
Bureau of Waste Site Cleanup

# Technical Assistance Grant Submittal – FY 2010

## A. General Information

**Important:**  
When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



To back space use shift with the tab key.

Applicant Group		
Address		
City/Town	State	Zip Code
Contact Name /Title	Vendor Code #/ Federal Employee Identification # (if applicable)	
Telephone Number (xxx-xxx-xxxx)	E-mail Address	
Site Name	Site Name	
Site Address	Site Address	

Release Tracking Number (RTN) and Tier Classification assigned to site(s):

## B. Applicant Group Specifics

If your group has by-laws, please submit them with your application.

- Identify which category(ies) best describe your group:
  - A group of individuals who have been or may be affected by oil and/or hazardous materials from the site(s) mentioned above
  - An agency or board of a municipality that has been or may be affected by oil and/or hazardous material from the site(s) above
  - A district or other political body that owns or operates a water supply system that has been or may be affected by oil and/or hazardous material from the identified site(s)
- Identify which of the following applies to any member of your group:
  - Any members of your group are liable or potentially liable responsible parties (PRPs) as identified by MGLc. 21E§5
  - Any members of your group have financial involvement with a PRP for the site(s) listed above (an employee or stockholder)
  - Any members of your group will be acting as an other person (OP) taking a response action at a disposal site
  - None applicable
- How has your group gone beyond its membership to engage the impacted community in developing the grant proposal? Briefly discuss all that apply:
  - Advertise in community newspaper
  - Cable TV notices
  - Municipal board meetings
  - Community flyer/bulletin board postings
  - Electronic postings (e.g. community or group's web site)
  - Other, please describe:

**Grant Application Deadline:**

Hand delivered or traditional mail 5:00 pm 5/1/2009.

E-Submission 5/1/2009



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### C. Proposed Project

1. Choose one of the following project options then proceed:

- Basic Project: We propose to hire a Licensed Site Professional (LSP) to *review and summarize* technical site cleanup information already developed and to be developed for the site; we will provide opportunities for public participation and develop educational materials that will encourage community involvement and increase public participation in issues regarding the cleanup actions at the site.
- Custom Project: We propose a unique project that complies with the goals and objectives of the Technical Assistance Grant Program – to provide technical advice and assistance, a better understanding of the site cleanup activity, and an opportunity to participate in the site cleanup process, to those most impacted by the contamination. The following is a brief overview of the specific goals and objectives of our project and also the necessary qualifications for the technical expert we plan to hire to assist us in completing this project:

2. To your knowledge has the site previously received a Technical Assistance Grant?

- Yes  
 No  
 Unknown

If yes, briefly explain the relationship between the past project and the current proposal.



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The **site map** should be sent via traditional mail or scanned if possible, and sent along with the application.

### D. Information About the Site

1. Site Contamination: Identify the site contaminants and whether they pose current impacts to the community regarding health and safety (e.g., non-secured site, contaminants readily accessible on-site, drinking water contamination), or if there is concern for future impacts:
  - Health  current  future
  - Safety  current  future

Briefly describe your answers:

*Drinking Water*

*Soil*

*Air*

*Site Security*

*Other*

2. Site Activity: Identify the key technical reports and cleanup phase activities that the project will focus on. **Provide a site map** (8 ½" x 11") from the project file.

3. Briefly discuss your understanding of the hazardous waste site *problem(s)*. Next state any *challenges or obstacles* you are attempting to overcome (e.g., language barriers, poor communications, misinformation).



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## E. Outreach Activities

1. Identify the various ideas planned to **increase publicity** of site activity and to **increase community awareness** of the site cleanup process:

2. Identify the various actions planned to **mobilize the community** and to **increase involvement** in the site cleanup process:



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3. Describe the educational materials to be produced and how these will be used to **increase community awareness** of site contamination issues and **increase community involvement** in the site cleanup process.

### F. Budget and Timeline

1. Grant amount requested: \$
2. *Complete* the attached timeline (p. 7) estimating the progress of your project over a 12-month grant period. Identify when specific activities and workproducts will be completed and when meetings and other events will be scheduled.
3. *Complete* the attached budget (p. 8) for your project. Identify all items and services necessary to complete the project, including outreach materials, consultant costs, equipment and administrative needs. Any matching funds or in-kind services that you will provide should be stated also identify any activities to be supported by such funds. Administrative costs and supplies may not exceed 20% of the grant request.

### G. Measures of Success

All grantees are responsible for providing a self-evaluation report to MassDEP upon completion of their contract. Briefly explain how the success of your project will be measured. Identify specific work products, activities or events that can be used to measure your success.



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**Submission Information**

Applications and attachments are **due on May 1, 2009.**

To **e-submit** your application please follow these steps:  
1. **Name** your application document after your group  
2. **Save** your document as a Word file  
3. **Send** an email to: [patti.mullan@state.ma.us](mailto:patti.mullan@state.ma.us) with your application as an attachment

**Hard copy applications and attachments should be mailed to:**

**Patti Mullan  
DEP/BWSC  
One Winter St.  
Boston, MA  
02108**

## Certification

- Should our group be recommended for a grant we will proceed in a timely manner (within 60 days) to complete the contract process to commence our project. If there is an impediment to this schedule I realize that grant funding may be jeopardized.
- "I have read and understand the provisions for reporting to the Department. Should our group receive a grant we will provide timely documentation and requests for reimbursement. We shall also provide a self-evaluation report to the Department at the completion of the project."
- "I am the official with authority to apply for and accept state grants, and I certify that the information provided here is accurate to the best of my knowledge; and that I will adhere to the commitments and schedule presented here to the best of my ability."

Print Name

Title

Date (mm/dd/yyyy)

*Attachment checklist:*

- Timeline*
- Budget*
- Site Map*
- By-laws (if applicable)*
- Federal Employer Identification Number (FEIN) assignment certificate (if applicable)*

Site Name:  
Site #

### Schedule/Timeline

Month	Technical Activity	Outreach Activity	Administrative Activity
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

**Directions:** Use the table provided to list the activities projected for each month of your project. This table should map out the project from start-up and hiring your technical experts, through completion and submittal of your project evaluation report.

Site Name:

RTN #:

## Budget

Activity	Budgeted	*Spent
<b>Technical Costs</b> <input type="checkbox"/> Technical report review & comment <input type="checkbox"/> Written technical material produced <input type="checkbox"/> Meeting presentations <input type="checkbox"/> Other (explain)		
<b>Outreach Costs</b> <input type="checkbox"/> Meeting logistics e.g., planning, advertising <input type="checkbox"/> Information gathering e.g., canvassing, surveys <input type="checkbox"/> Information development e.g., web design, info repository set-up <input type="checkbox"/> Other (explain)		
<b>Administrative Costs (20% of budget maximum)</b> <input type="checkbox"/> Supplies <input type="checkbox"/> Copying <input type="checkbox"/> Presentation materials <input type="checkbox"/> Postage <input type="checkbox"/> Meeting room fees <input type="checkbox"/> Conference fees/travel <input type="checkbox"/> Equipment <input type="checkbox"/> Other (explain)		
<b>Totals</b>		

\*Spent column will be filled in at the completion of the project and included with the Measures of Success report.

**Note:** The activities associated with each category are a sample and may or may not represent actual costs associated with your project. Please add details as necessary to reflect your true project activities. Also, if you will provide *in-kind services* to supplement the project, please explain below: