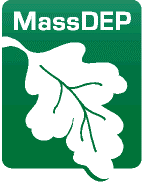
****

**Massachusetts Department of Environmental Protection**

**Bureau of Waste Site Cleanup**

**Technical Assistance Grant (TAG) Program**

**Application SFY2022**

**COMMBUYS # BD-21-1045-BWSC0-BWSC1-62489**

|  |  |  |
| --- | --- | --- |
| **I. Applicant Information** | | |
| Name of Entity/Group: | | |
| Contact Name: | | Title: |
| Address: | | |
| City/Town: | | Zip Code: |
| Telephone (primary): | | Telephone (other): |
| Email: | | |
| Copy of By-Laws attached? (if available) Yes No | | |
| **II. Disposal Site Information** | | |
| Disposal Site Name (if available): | | |
| Disposal Site Street Address: | |  |
| City/Town: | | Zip Code: |
| Release Tracking Number(s) (RTN): | | |
| To your knowledge, has a Technical Assistance Grant been previously awarded for this disposal site?  Yes  No  If yes, briefly describe the relationship between the past project and current proposal. | | |
| Is the Applicant currently a Grantee for other grant funding program(s), or have other sources of funding, for the disposal site?  Yes  No | | |
| **III. Eligibility** | | |
| **A. Applicant Description (please check one):**  Group of individuals, such as community groups and neighborhood associations, who may be affected by oil and/or hazardous material from eligible disposal site.  City, town or agency thereof which may be affected by oil and/or hazardous material from eligible disposal site.  District or other body politic that owns or operates a public water supply system which may be affected by oil and/or hazardous material from any eligible disposal site. | | |
| **B. Identify if any of the following applies to your group or any member of your group (please check all that apply):**  Group does not exist as a legal entity with legal authority to receive, disburse, and be responsible for funds at the time the grant is awarded.  A member of your group is liable or a potentially responsible party for the disposal site(s), as described by M.G.L. c. 21E, §5.  A member of your group has financial involvement with a potentially responsible party for the disposal site(s).  A member of your group is identified as an Other Person taking response actions at the disposal site(s), as described by M.G.L. c. 21E, §4.  A member of your group unreasonably restricts meaningful participation and involvement of affected individuals. | | |
| **C. Disposal Site (please check all that apply):**  Classified as Tier I\* or Tier II pursuant to the Massachusetts Contingency Plan at 310 CMR 40.0500. If the disposal site is tier classified, please check one: Tier I  Tier II  *(\*Please note that disposal sites classified as Tier ID by default are not Eligible Disposal Sites.)*  A Massachusetts disposal site listed on the US Environmental Protection Agency’s Superfund National Priorities List (NPL).  A Massachusetts disposal site deemed by the Massachusetts Department of Environmental Protection (MassDEP) to be “Adequately Regulated” pursuant to the Massachusetts Contingency Plan at 310 CMR 40.0110 et. seq., and for which response actions have not been completed.  *Please be aware that Technical Assistance Grants are not available for any disposal site for which MassDEP has received: (a) a valid Permanent Solution; or (b) a Waiver Completion Statement. See TAG Grant Opportunity description of “Ineligible Disposal Sites” for further details.* | | |
| **IV. Proposed Project** | | |
| **A. Disposal Site Information:**  1.Provide a brief narrative that identifies specific goals and objectives of the Proposed Project. Describe the disposal site’s location, the contaminants present in environmental media (e.g., soil, groundwater, indoor air), the extent of contamination, and known or potential exposure concerns for impacts to human health, safety, public welfare, and the environment. Explain what types of response actions (e.g., assessment or cleanup activities and related evaluations) are ongoing at the disposal site, and how the Proposed Project will use expert advice and technical assistance to evaluate response actions, encourage public participation by promoting access to and use of information; and/or help to address issues of concern related to the disposal site.    2. Identify the key technical reports and cleanup activities the Applicant’s Proposed Project will focus on (if applicable). Provide a disposal site map from project files (8.5” x 11”, may be included as an Attachment). | | |
| **B. Public Awareness**  1. Describe how the Proposed Project will foster increased public awareness and understanding of disposal site response actions and issues.    2. Discuss proposed project activities and strategies to create greater opportunities for affected communities to engage in public participation. | | |
| **C. Outreach Capability**   1. Describe how the Applicant has demonstrated its ability to communicate with and involve individuals affected by the disposal site.      1. Provide specific examples of other projects or experiences that required outreach and efforts to identify and include affected individuals and create interest in a similar project which inform the Applicant’s proposal. | | |
| **D. Implementation Potential**   1. Provide a description of the Applicant’s history and experience that demonstrates the Applicant's capacity to successfully implement the Proposed Project (i.e., discuss the Applicant’s experience with conducting activities similar to those actions outlined in the Proposed Project).      1. Provide a description of the Applicant's procedures for providing supervision and ensuring accountability of grant-funded experts and for the management of grant-funded activities. Describe the Applicant's procedures for financial management and accounting of grant funds. | | |
| **E. Economic Target Area**   1. If applicable, provide evidence that the Eligible Disposal Site is located in an Economic Target Area. Please refer <https://www.massdevelopment.com/assets/pdfs/EACC_EDA_062019.pdf> to determine if your municipality is listed on the Economically Distressed Area (EDA) list. If your municipality is listed, you are advised to check with municipal government regarding the locations of any ETAs to determine whether the Eligible Disposal Site is located within an ETA.      1. If the Eligible Disposal Site is located in an ETA or within a municipality listed on the EDA list, describe how the Proposed Project will benefit economic development efforts. | | |
| **F. Environmental Justice Communities**   1. If applicable, provide evidence that the Eligible Disposal Site is located in an Environmental Justice Community. Please refer to <https://www.mass.gov/info-details/environmental-justice-populations-in-massachusetts> to determine whether the Eligible Disposal Site is located in an Environmental Justice Community.      1. Describe how Environmental Justice Communities would participate in and benefit from the Proposed Project. Explain how the Proposed Project would promote collaboration and inclusive information sharing among affected communities, including maximizing knowledge of disposal sites in Environmental Justice Communities. | | |
| **V. Project Budget and Timeline** | | |
| 1. Grant amount requested: $ 2. Provide a detailed schedule of your project through June 30, 2022 by completing the attached form, “Projected Project Schedule”. Identify when specific activities and work products will be completed and when meetings and other events will be scheduled. 3. Provide a detailed budget for your project by completing the attached form, “Proposed Project Budget.” Identify items and services necessary to complete the project, including outreach materials, consultant costs, equipment and administrative needs. Provide credible cost estimates for employing qualified experts and securing necessary information and data relevant to disposal site assessment and cleanup under the Massachusetts Contingency Plan. Any matching funds or in-kind services that you will provide, and the activities supported by these funds should also be stated. Please note that administrative costs and supplies may not exceed 20% of the grant request. | | |
| **VI. Measures of Success** | | |
| All Grantees are responsible for providing a self-evaluation report to MassDEP upon completion of their contract. Identify “Measures of Success” for the Proposed Project that will be used to evaluate the extent to which the project has achieved its goals and objectives. Such measures may include a list of performance standards that will be used in the evaluation process, specific work products, and activities or events to be accomplished. | | |
| **VII. Supporting Documentation** | | |
| Please include the following with your application:  Projected Project Schedule  Proposed Project Budget  Site Map  By-Laws (if applicable)  Federal Employer Identification Number (FEIN) assignment certificate (if applicable)  Letters describing matching funding (if applicable) | | |
| **VIII. Signatures** | | |
| **Indicate agreement to all the following statements by checking each below:**  Should our group be recommended for a grant, we will proceed in a timely manner (within 60 days) to complete the contracting process in order to begin our project in accordance with the proposed schedule. By submitting this application, the group/entity acknowledges that a delay to this schedule may jeopardize the award of some or all of the grant funding.    The group/entity and its authorized signatory have read and understand the provisions for reporting to MassDEP. Should our group receive a grant, we will provide timely documentation supporting the requests for reimbursement. We shall also provide a self-evaluation report to MassDEP at the completion of the project.    The individual signing on behalf of the group/entity is the official with authority to apply for and accept state grants. By executing this TAG application, the signatory certifies that the above information is true to the best of his/her knowledge, and that, if awarded a TAG, the group/entity will adhere to the project commitments and schedule presented herein to the best of the group/entity’s ability. | | |
| **Applicant Signature:** | **Position:** | |
| **Date:** | | |

**Projected Project Schedule**

**Release Tracking Number(s) (RTN):**

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

**Proposed Project Budget**

**Release Tracking Number(s) (RTN):**

*Note: The activities associated with each category are a sample and may not represent actual costs associated with your project. Please include any details necessary to reflect your actual project activities.*

|  |  |  |
| --- | --- | --- |
| **Activity** | **Budgeted** | **Spent\*** |
| **Technical Costs:**  Technical report review and comment  Written technical material produced  Meeting presentations  Other (explain) |  |  |
| **Outreach Costs:**  Meeting logistics (e.g., planning, advertising)  Information gathering (e.g., canvassing, surveys)  Information development (e.g., web design, information repository set up)  Other (explain) |  |  |
| **Administrative Costs (20% maximum of total budget)**  Supplies  Copying  Presentation materials  Postage  Meeting room fees  Conference fees/travel  Equipment  Other (explain) |  |  |
| **Total:** |  |  |
| **Please describe any matching funds or in-kind services that will be used to supplement your project (if applicable):** |  |  |

***\**** *Spent column should not be completed in the Application. It will be filled in upon completion of the project and included with the Measures of Success report.*