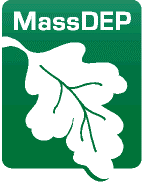
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**Massachusetts Department of Environmental Protection**

**Bureau of Waste Site Cleanup**

**Technical Assistance Grant (TAG) 2026-2027 Program**

**Application**

**COMMBUYS # BD-25-1045-BWSC0-BWSC1-116604**

|  |  |  |
| --- | --- | --- |
| **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.  ***\* If any of the above factors apply to applicant group or any member of the applicant group, then the applicant is not eligible for funding through the TAG Program.*** | | |
| **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.Describe the disposal site’s location, the contaminants present in environmental media (e.g., soil, sediments, groundwater, surface water, indoor air), the extent of contamination, and known or potential exposure concerns for impacts to human health, safety, public welfare, and the environment.    2. Describe what types of assessment or cleanup activities are currently being conducted at the disposal site (e.g., Phase investigations, Immediate Response Actions, Release Abatement Measures). Provide a disposal site map from project files (8.5” x 11”, included as an Attachment). | | |
| **B. Connection to Waste Site Cleanup Goals:**  1. Describe the impacts of the disposal site on health, safety, public welfare of the affected individuals and/or the community, and the environment.    2. Explain how the proposed project will evaluate response actions and address concerns related to the disposal site. Identify the key technical reports and cleanup activities that the proposed project will prioritize and the specific methods or activities that will be used to evaluate technical reports and data. | | |
| **C. Public Awareness**  1. Discuss proposed project activities and strategies intended to increase public awareness and understanding of response actions at the disposal site.    2. Explain how the proposed project will enhance and encourage community engagement in public participation. Identify specific activities and events designed to foster interactive discussions about the issues and the impacts of the disposal site. Describe how these efforts will empower the community to contribute to and influence cleanup decisions. | | |
| **D. Outreach Capability**  1. Provide specific examples of other projects or experiences that demonstrate the Applicant’s ability to communicate with and address community concerns. Describe the Applicant’s experience engaging affected individuals and encouraging public participation.    2. Identify the communities and individuals who are affected by the disposal site and describe how they will benefit from the proposed project. | | |
| **E. Implementation Potential**   1. Describe the Applicant’s capacity to successfully implement the proposed project. Provide specific examples of past projects or initiatives that align with the objectives of the proposed project, particularly those involving similar activities and expertise.      1. Describe procedures that Applicant will implement to ensure accountability of grant-funded experts and the effective management of grant-funded activities. Provide specific examples of past projects or initiatives that demonstrate the Applicant's financial management and accounting practices for ensuring proper oversight and compliance of grant funds. | | |
| **F. Environmental Justice Communities**   1. If applicable, provide evidence that the 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 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. | | |
| **G. Economic Target Area**   1. If applicable, provide evidence that the disposal site is located in an Economic Target Area. Applicants should consult with municipal government contacts to verify the disposal site’s location within an Economic Target Area.      1. If the disposal site is located in an Economic Target Area or within a municipality included on the Economic Development Area list, describe how the proposed project will support local economic development efforts (e.g., growth, revitalization initiatives). | | |
| **V. Measures of Success** | | |
| Identify specific “Measures of Success” that will be used to assess the effectiveness of the proposed project in achieving its goals and objectives. These measures should be clear, quantifiable, and qualitative indicators of progress and impact, and may include:   * Performance Standards: Key benchmarks or criteria that define success * Activities and Milestones: Specific events planned to accomplish the primary objective of the proposed project * Quantitative Metrics: Actual data describing relevant metrics such as the number of outreach events planned and the number or percentage of affected individuals who participated * Qualitative Metrics: Indicators beyond numerical data to demonstrate success, such as overall perceived impact on the community | | |
| **VI. Project Budget and Timeline** | | |
| 1. Grant amount requested: $ 2. Provide a detailed schedule of your project through June 30, 2027 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. Applicants should identify any matching funds or in-kind services that will be provided and describe the Proposed Project activities that will be supported by these funds. Please note that administrative costs and supplies may not exceed 20% of the grant request. | | |
| **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:** | | |

**Estimated 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)**  Office supplies and equipment  Copying  Presentation materials    Meeting room fees  Travel    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.*