



Rhode Island Department of Environmental Management
Office of Land Revitalization & Sustainable Materials Management
Brownfields Site Preparation and Remediation Funding Application

Instructions: Complete form as thoroughly as possible. Attach additional sheets and backup documentation, as necessary. Applications will be prioritized based on point score assigned during RIDEM review.

Please submit electronically only **by September 18, 2020**. Hard copies will not be accepted. Completed applications should be submitted via email to both matthew.destefano@dem.ri.gov and ashley.blauvelt@dem.ri.gov.

Please do not attach reports the Department already has on file.

I. General Information

Applicant Organization Name*:

Head of Applicant Organization:

Contact Person (If Different from Above):

Contact Title:

Phone:

Email:

Address:

City:

State:

ZIP:

Organization Type:

Corporation

Partnership

Proprietorship

Non-Profit

Trust

Municipality

Tribe

Other _____

Site/Project Name:

Site Address:

Assessor's Plat and Lot:

City:

State:

ZIP:

Current Site Ownership:

Name:

Address:

City:

State:

ZIP:

Contact Person:

Phone:

Email:

II. Site Details:

Land/Building:

Acreage:

Site Zoning:

Enterprise Zone:

Condition of Property (buildings*, physical appearance, any other pertinent information):

***If buildings present:**

Purchase/Building Price: \$

Building Description:

Site Use:

Current and Prior Site Uses (Type of Manufacturing, Etc.)	Approximate Dates

Available utilities:

- Sewer
- Public Water
- Storm Sewer
- Electricity
- Natural Gas
- Telephone
- Other _____

III. Contamination

Type of Contamination: Petroleum Only Hazardous Substances Co-mingled

To the extent known or anticipated, describe the environmental contamination, its source, and impacts to the site (e.g. soil, groundwater, surface water, building materials).

Briefly describe conclusions of prior site assessment activities. If Site Remediation Site, include Case Number (e.g. 93-001, 2000-084) and/or File Number (e.g. SR-28-0002).

IV. Project Information:

Please state the grant category from which funding is requested and the total amount requested.

Describe any experience in managing similar projects as well as the applicant's capacity to develop and manage this project moving forward. Please also include relevant information on the applicant's proposed project team.

Describe in detail the intended redevelopment project.

Describe the timeframe for the proposed project, including start dates and anticipated duration.

Describe the number of buildings proposed on site (if any) and whether they will be newly constructed or rehabilitated buildings. Also describe anticipated building occupants, terms of leases, and any other relevant information.

How many jobs will this redevelopment produce? Include separate counts of temporary and permanent employment (i.e. during and after project completion).

If known or applicable, please identify any local officials or neighborhood organizations that have been contacted regarding the proposed redevelopment and any known support or opposition.

Please describe any local government financial support or infrastructure improvements for the project.

Please describe any other economic or community benefits and/or physical revitalization that the project will promote or encourage. Please be sure to indicate if this project is located in an Environmental Justice Area.

Please provide an estimated payment schedule that includes the anticipated amount of each reimbursement payment with the associated tasks and deliverables listed for each reimbursement request. Please make clear what the grant funds would be used for. Please note: There may be only one (1) reimbursement for grant amounts less than \$100,000 and not more than three (3) reimbursement requests for grant amounts greater than \$100,000.

To be considered for a Brownfields Grant, you must complete the W-9 Form, at the end of this application, on behalf of the entity applying for the grant.

TOTAL PROJECT COSTS:

Land Acquisition	Acres	<input type="text"/>	Cost	<input type="text"/>
Site Assessment Costs (if applicable)				Cost	<input type="text"/>
Estimated Remediation Costs				Cost	<input type="text"/>
Construction of New Building(s)	Sq. Feet	<input type="text"/>	Cost	<input type="text"/>
Rehabilitation of Existing Building(s)	Sq. Feet	<input type="text"/>	Cost	<input type="text"/>
Property Improvements	Sq. Feet	<input type="text"/>	Cost	<input type="text"/>
Other Costs, including fees, permits, etc.				Cost	<input type="text"/>
Total Project Costs					<input type="text"/>

PROJECT FUNDING SOURCES:

Source of Matching Funds

RI Brownfield Redevelopment Bond Funding Requested.....	Amount	<input type="text"/>
Brownfield Cleanup RLF Funding Requested.....	Amount	<input type="text"/>
Bank Financing/Equity	Amount	<input type="text"/>
Other Public Sources.....	Amount	<input type="text"/>

List sources:

Total Project Financing

Certifications:

By signing below, the Applicant shall certify the following:

- Applicant for funding must be the current entity that legally controls the brownfield site;
- Applicant is not currently contributing to, or exacerbating, the existing contamination; and
- Applicant is not subject to any continuing enforcement action by the State of Rhode Island or the United States Government.
- Attach a Letter of Good Standing from the Secretary of State's Office for the applicant

The undersigned hereby represents and certifies to the best of his/her knowledge and belief that the information contained in the foregoing Statement and exhibits, or attachments hereto is true and complete and accurately describes the proposed project and agrees to promptly inform RIDEM of any changes in the proposed project which may occur.

Applicant / Representative _____ Title _____

Signature _____ Date _____

Additional Submission Information

- To check if your Brownfield is located in an Environmental Justice Area, click on the "Environmental Resource Map" at <http://www.dem.ri.gov/maps/> . In this GIS map, activate the "Environmental Justice" layer nested under "Boundaries and Regulatory Overlays" to see the Environmental Justice Areas in the State.
- For questions regarding historical or current involvement of RIDEM in enforcement and oversight or funding of assessment/cleanup of candidate site, information may be obtained at the following webpage or by contacting the RIDEM Office of Customer and Technical Assistance listed below:

Environmental Resource Map (GIS) – Expand the "Regulated Facilities" layer in the menu, and select program(s) of interest, such as "RIDEM Site Investigation & Remediation (2016)." <http://ridemgis.maps.arcgis.com/apps/webappviewer/index.html?id=87e104c8adb449eb9f905e5f18020de5>

Enviro Site Search – Enter site name or address and program(s) of interest under the "Program" drop down menu, such as "Site Remediation" under "Waste." <http://eplover.dem.ri.gov/ploverpublic/search.aspx>

RI DEM Office of Customer and Technical Assistance (OCTA)
235 Promenade Street
Providence, RI 02908-5767
Phone: (401) 222-6822
Fax: (401) 222-3810
Dem.filereview@dem.ri.gov

HOW TO SUBMIT AN APPLICATION

All proposals due by close of business **September 18, 2020**.

Submit the completed and signed applications, along with attachments, via email to:

Matt DeStefano at matthew.destafano@dem.ri.gov and Ashley Blauvelt at ashley.blauvelt@dem.ri.gov .

If you have any questions on this application, RIDEM Office of Land Revitalization & Sustainable Materials Management (LRSMM) staff are available to assist you, please contact one of the following: Ashley Blauvelt, ashley.blauvelt@dem.ri.gov / Gary Jablonski, 401.222.2797 ext. 7148 / Matthew DeStefano, ext. 7141.

STATE OF RHODE ISLAND
FORM W-9 PAYER'S REQUEST FOR TAXPAYER
IDENTIFICATION NUMBER AND CERTIFICATION



THE IRS REQUIRES THAT YOU FURNISH YOUR TAXPAYER IDENTIFICATION NUMBER TO US. FAILURE TO PROVIDE THIS INFORMATION CAN RESULT IN A \$50 PENALTY BY THE IRS. IF YOU ARE AN INDIVIDUAL, PLEASE PROVIDE US WITH YOUR SOCIAL SECURITY NUMBER (SSN) IN THE SPACE INDICATED BELOW. IF YOU ARE A COMPANY OR A CORPORATION, PLEASE PROVIDE US WITH YOUR EMPLOYER IDENTIFICATION NUMBER (EIN) WHERE INDICATED.

Taxpayer Identification Number (T.I.N.)

Enter your taxpayer identification number in the appropriate box. For most individuals, this is your social security number.

Social Security No. (SSN)

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Employer ID No. (EIN)

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NAME

ADDRESS

CITY, STATE AND ZIP CODE

PAYMENT REMITTANCE ADDRESS, IF DIFFERENT FROM THE ADDRESS ABOVE

ADDRESS

CITY, STATE AND ZIP CODE

CERTIFICATION: Under penalties of perjury, I certify that:

- (1) The number shown on this form is my correct Taxpayer Identification Number (or I am waiting for a number to be issued to me), and
- (2) I am not subject to backup withholding because either: (A) I am exempt from backup withholding, or (B) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (C) the IRS has notified me that I am no longer subject to backup withholding.
- (3) I am a U.S. citizen or other U.S. person (as defined by the IRS).

Certification Instructions -- You must cross out item (2) above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item (2) does not apply.

Please sign here and provide title, date and telephone number:

SIGNATURE _____ **TITLE** _____ **DATE** _____ **TEL NO** _____

Original Signature Required (Digital Signature Not Acceptable)

BUSINESS DESIGNATION:

- Please Check One:* Individual Corporation Trust/Estate Government/Nonprofit Corporation
Partnership Medical Services Corporation Legal Services Corporation
LLC Tax Classification: Single Member (Individual) Partnership Corporation

TIPS:

NAME: Be sure to enter your full and correct legal name as shown on your income tax return for the SSN or EIN provided.

ADDRESS, CITY, STATE AND ZIP CODE: If you operate a business at more than one location, adhere to the following:

- 1) Same EIN with more than one location -- attach a list of location addresses with remittance address for each location and indicate to which location the year-end tax information return should be mailed.
- 2) Different EIN for each different location -- submit a completed W-9 form for each EIN and location. (One year-end tax information return will be reported for each EIN and remittance address.)

For State Use Only: IRS___ RI SOS___ FED___ Other_____
