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Section 1: Introduction and Purpose

1.0 INTRODUCTION

The Department of Defense and State Memorandum of Agreement/Cooperative Agreement (DSMOA/CA) Program was established pursuant to section 211 (B) of the Superfund Amendments and Reauthorization Act (SARA), enacted October 17, 1986. The goal of the program is to expedite environmental restoration at Department of Defense (DoD) installations through partnerships with States. These partnerships are to be fostered through improved communication, coordination, and cooperation between States and DoD Components in order to protect human health and the environment through environmental restoration at DoD installations in an expeditious and efficient manner in compliance with applicable State and Federal laws and regulations.

The DSMOA is the overarching agreement between DoD and the State that provides the framework for the partnership at specified DoD installations. After signing a DSMOA with DoD, a State may obtain a Cooperative Agreement (CA). Under the CA, the State may be reimbursed by DoD Components, through Headquarters, U.S. Army Corps of Engineers (HQUSACE), for eligible services in support of environmental cleanup at listed installations.

This document is the product of a collaborative effort among States and DoD Components to design a process that includes:

- Preparing a CA application,
- Approving the CA application,
- Reporting the States' services under the CA,
- Reviewing changes to installations' cleanup plans, and
- Reviewing changes in States' funding requirements during the CA period.

This document follows regulations for Cooperative Agreements as promulgated in 32 CFR 33, or OMB Circulars A-102, A-87, A-133. Efforts have been made to minimize administrative burdens, increase flexibility, and optimize existing resources.

NOTES:

The term "installation(s)", as used in this document, refers to active DoD installations, closing DoD bases, sites under the Defense Logistics Agency, sites under the Defense Energy Support Center, and sites defined in the Formerly Used Defense Sites (FUDS) Program.

The term "State(s)", as used in this document, refers to any State, Commonwealth, the District of Columbia, and United States Territories.

The term "Components", as used in this document, refers to the following DoD Components, agencies, or program: Department of the Army, Department of the Navy, Department of the Air Force, Defense Logistics Agency, Defense Energy Support Center, Defense Special Weapons Agency, and FUDS Program.

Section 1: Introduction and Purpose

1.1 PURPOSE

The purpose of this document is to establish uniform procedures, while allowing flexibility, under the DSMOA program, and present them as a guide for use by stakeholders within States and DoD Components. The procedures described in this guide are intended to encourage consistency, create efficiencies, and simplify the process of working together under the DSMOA program.

Although the purpose of the DSMOA program remains constant, the processes it encompasses are dynamic. Consequently, this guide is a living document subject to refinement as needed. A stakeholders committee, consisting of representatives from States and the DoD Components, will convene, as necessary, to review and revise the details of the process. Revised versions of this guide will be prepared accordingly.

The main body of this document consists of seven sections and appendices A through K. The content of the sections and appendices is summarized below.

Section 1	Presents an overview and statement of purpose
Section 2	Provides a detailed step-by-step explanation of the CA process
Sections 3-7	Provide detailed instructions on payments, reports, and reviews
Appendices	Present samples and provides guidance to complete the CA process

An electronic copy of this guide and associated forms is available on the World Wide Web through the following location:

<http://www.denix.osd.mil/DSMOA>

Section 2: The Cooperative Agreement Process

2.0 INTRODUCTION

This section identifies uniform procedures for developing an application for a CA under the DSMOA Program. The procedures described in this section are intended to encourage consistency, create efficiencies, and simplify the process of developing a CA from the installation level up to the head office of the DoD Components. Through these procedures, the CA will reflect actual cleanup and program activities at installations, create a common vision of cleanup, and coordinate State and federal budget cycles. (**Appendix A** provides an overview of the DoD budget process).

This Guide will:

- Define the relationships necessary to build the CA from the installation level up to Components' Headquarters
- Define eligibility requirements
- Define costs for the CA
- List and explain the steps in preparing the CA
- Identify the responsibilities of all parties in the preparation of the CA
- Identify and refer to examples of CA forms

2.1 RELATIONSHIPS

The primary goal of the States and DoD Components at all DoD installations is to expeditiously respond to and remediate environmental contamination in a manner that is protective of human health and the environment. This goal is predicated upon maintaining mutual trust through an open, team approach between State and DoD installation representatives. Day-to-day field-level tasks through overall program missions must be developed and mutually understood. This approach begins with the sharing of information between the State and DoD upon identification of environmental restoration issues at DoD installations.

A State's CA is developed through continual, mutual planning between State and DoD project managers from initiation of the installation cleanup through site close out. Although site work plans and a State's CA will be developed by those individuals most knowledgeable of the installation, it is understood that estimates of current and future work load and funding are likely to change frequently.

2.2 ELIGIBILITY

Under the DSMOA Program, a State must apply for a CA in order to obtain reimbursement for its services in support of the federal cleanup at DoD installations. **Appendix B** provides a list of forms that comprise the application package. Copies of the forms may be downloaded from the Internet locations provided in **Appendix C**. A State must have signed a DSMOA in order to be eligible to apply for a CA under the DSMOA Program.

The DSMOA is negotiated with HQUSACE, DoD's agent for managing the program, and signed by the Deputy Under Secretary of Defense, Environmental Security. Further information regarding DSMOA's may be obtained from HQUSACE.

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Eligible Installations

States can obtain reimbursement through the CA for support of environmental restoration only at installations listed on the Attachment A to their DSMOA. HQUSACE will add installations to the Attachment A at the written request of the State or the DoD Components, following mutual concurrence. Installations on the Attachment A must be undergoing or planning to undergo environmental restoration funded through the Defense Environmental Restoration Program (DERP), or the Base Realignment and Closure (BRAC) Program. Installations conducting environmental activities other than restoration which are funded through sources other than restoration dollars are not eligible under the DSMOA/CA framework.

Normally, installations will not be deleted from the Attachment A. Where States and Components have determined that cleanup has been completed, a notation to that effect will appear on the Attachment A. Accordingly, the Attachment A will be a record of installations where eligibility has been and is valid.

Eligible State Services

Services conducted by the State that are eligible for reimbursement under the CA are listed, by category, in the State's DSMOA. Policy statements may be issued periodically by HQUSACE on behalf of DoD to clarify the eligibility of activities.

2.3 DETERMINING STATE'S COSTS

The State's cost to provide services in support of the federal environmental restoration program is made up of the following:

- Direct salary costs
- Other direct costs
- Direct program support costs
- Agency indirect costs

In the CA application, each of these costs must be shown for each DoD Component and funding program, specifying DERP or BRAC round.

Direct Salary Costs -- Costs of hours worked and other benefits required by law to be paid to, or on behalf of, employees working on behalf of a DoD installation.

Examples include the costs of hours expended by engineers, geologists, hydrogeologists, environmental scientists, toxicologists, and public information officers.

Other Direct Costs -- Costs incurred as a direct result of the work of agency staff on behalf of an installation.

Examples include the costs of travel, printing and publishing of documents, purchase or rental of equipment, laboratory services, contractor services, and any other direct costs related to a specific installation.

Direct Program Support Costs -- Non-site-specific direct program costs necessary to support the State's ability to implement an environmental restoration program.

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Examples include the costs of general program management and supervision; participation in conferences, seminars, or work groups related to site cleanup; policy development; clerical support; computer support and database management; and development of CAs.

Agency Indirect Costs -- Additional overhead costs calculated using the indirect rate approved by the federal cognizant agency for that State. For most states, this federal agency is the U. S. Environmental Protection Agency.

2.4 SIX-STEP PROCESS FOR PREPARING THE COOPERATIVE AGREEMENT

The six steps described below, and presented in a time-table format on pages 2-6 and 2-7, are listed in the order in which they usually would occur. A CA normally will cover a two-year period, from July 1 of YEAR 1 through June 30 of YEAR 2.

Step one should begin approximately one year before the beginning of YEAR 1 of the new CA. If a State is late in submitting its application, or unable to adjust its fiscal accounting procedures to accommodate the schedule, HQUSACE may, at its discretion, make the CA effective from July 1, or make necessary adjustments to the CA period.

The intent of the six-step process below is to build a coherent CA for a specified two-year period based on the direct technical efforts mutually agreed upon by responsible managers representing the installation and the State.

Step 1

The designated representative of the State, e.g., the State's project manager (SPM), notifies the installation's environmental restoration project manager (IPM) that the State is starting to prepare its next CA application. SPM and IPM are terms used for the purposes of this document only. They are further defined in the Glossary, **Appendix D**.

Step 2

For each installation, the SPM and IPM, together, create a joint CA execution plan covering YEAR 1 and YEAR 2 of the CA. This joint CA execution plan is to be based on the installation's schedule of planned activities, coordinated with guidance from a higher Components command, to accomplish environmental restoration under DERP or BRAC during that period. This joint CA execution plan usually will refer to the entire installation. In unusual circumstances, the SPM and IPM may decide to develop separate plans for specific site(s) on an installation.

The recommended format for the joint CA execution plan, entitled "Two-Year Joint CA Execution Plan", is identified in **Appendix E**. Alternative formats, such as schedules, charts, or narratives, are acceptable, but the basic information shown in Appendix E should be included. **Appendix E** contains annotations under each heading in the plan to indicate the type of information and level of detail that is expected in a plan.

Because of the ongoing partnering and assistance to the installation in preparing cleanup milestones and schedules, the SPM should have an understanding of the budget requirements

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for the installation's cleanup activities during the CA period. If the relationship between the SPM and IPM has not yet matured to that extent, the IPM should provide general budget information, if not specific numbers, to the SPM to assist the SPM in understanding the magnitude of planned projects and the recurring review of changes in costs.

The SPM and the IPM then, together, identify and agree upon the work to be accomplished by the installation and the State during YEAR 1 and YEAR 2 of the next CA. Limits on State resources may become apparent at this time, and their impacts discussed. The SPM and IPM verify their discussions and agreement by jointly signing the form shown in **Appendix F**, or an alternative form that is similarly signed. Note that because of the large number of FUDS located in some States, the SPM and IPM may elect to consolidate plans for groups of FUDS on one form.

The resulting joint CA execution plan for YEAR 1 and YEAR 2 becomes the basis for the new CA.

Coincident with the planning for YEAR 1 and YEAR 2, the SPM and IPM will discuss and agree on anticipated plans for YEAR 3 through YEAR 6. A generalized summary of activities anticipated for this period will also be agreed upon, and a form, entitled "Out-Years Description of Work", like that in **Appendix F**, will be signed by both the SPM and IPM. Although plans for YEAR 3 through YEAR 6 may not be well defined, and conditions may change, it is still extremely important that the installation share with the State the prevailing thoughts for these out-years. Using the best information available at the time, these out-year plans will show trends for the future DSMOA Program useful in overall DoD planning.

The signatures of the SPM and IPM on the "Two-Year Joint CA Execution Plan" and on the "Out-Years Description of Work" validate a mutual understanding of the best estimate of the work anticipated in the future. All stakeholders understand that, as a result of the dynamic nature of environmental restoration, federal budgets, and State resource capacities, these estimates of work probably will change, especially for the out-years. The SPM and IPM will maintain communications, and notify each other when significant changes are anticipated.

Step 3

The SPM submits the work plans from Step 2 to the State CA administrator. The State CA administrator calculates the State's costs for accomplishing support of environmental restoration at each installation under the terms of the DSMOA. The calculation of costs is in accordance with Section 2.3 of this guide.

Step 4

The State CA administrator provides a summary of the State's estimated costs for each installation for YEAR 1, and YEAR 2, plus, in less detail, for YEAR 3, YEAR 4, YEAR 5, and YEAR 6 to the appropriate DoD Component's representative(s) selected from the list in **Appendix G**. The summary of costs for each installation should be accompanied by copies of the signed plans for each installation from Step 2. The DoD Components representatives will review the State's costs in relation to the joint CA execution plans.

The State also may submit supporting documentation showing how State costs were derived. In any case, the DoD Component's representative has the option to request installation-specific

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clarifications or additional information, as needed to understand the costs submitted. This additional information is known as “Back-up Data”. Formats for State presentation of Back-up Data should include, for each installation, lines for total costs by FTE’s or Hours, and all administrative costs. **Appendix H** provides a sample of a Back-up Data Worksheet.

Any differences of opinion on costs should be resolved during Step 4. Following a successful review, the DoD Components representative will concur with the State’s costs. States and DoD Components will notify HQUSACE, immediately, if concurrence cannot be attained.

Step 5

The State prepares its CA application by filling out the forms listed in **Appendix B**, and then submits them as a package to HQUSACE for processing.

These forms include tables of costs for each DoD Components broken out by funding program (DERP or BRAC) in detail for YEAR 1 and YEAR 2 on DSMOA Form A, and in general for YEAR 3, YEAR 4, YEAR 5, and YEAR 6 on DSMOA Form A. A summary of costs for each Components for YEAR 1 and YEAR 2 separately, and YEARS 3-6 together is to be shown on DSMOA Form B. Data from these tables also will be used to predict future funding needs for and determine the direction of the DSMOA Program. These future funding needs will become part of the federal budget, as explained in Appendix A.

HQUSACE obtains final concurrence for the CA from the DoD Components.

Step 6

The DoD Components provide funding for YEAR 1 of the CA to HQUSACE. Funding should be provided in February, prior to the beginning of YEAR 1. Upon receipt of funding, HQUSACE prepares a letter approving the CA application from each State, and obligating funds for reimbursement of State DSMOA-eligible activities. This letter formally completes the CA between the State and DoD.

The CA consists, then, of two parts: the CA application and the CA approval letter. Any amendments to the CA can be made by way of revisions to the approval letter.

Section 2: The Cooperative Agreement Process

The Six-Step Cooperative Agreement Process (Page 1 of 2)

Step	Timing	Objective	Responsibility	Products or Outcomes	Reference
1	June - July	To initiate the development of the CA package To notify the Components that the state is starting its two-year CA application process	State Designated Representative (e.g. SPM) Contact the installation representative (e.g. IPM) designated by each Component	Scheduled meeting	Not applicable
2	June - August	To develop (for each installation) a joint CA execution plan for YEAR 1, YEAR 2 and out-years description of work for YEARS 3-6 that identify installation activities and State services in response to those activities.	IPM and SPM together (1) Create a joint CA execution plan for YEAR 1 and YEAR 2 based on the installation's schedule of planned environmental restoration activities. (2) The joint plan identifies milestones for the installation and corresponding actions by the State. (3) Create a narrative out years description of work for YEARS 3-6 combined (4) IPM and SPM sign plans and out years descriptions signifying that they have been jointly prepared.	(1) Two-Year Joint CA Execution Plan (signed jointly) (2) Out-Years Description of Work for YEAR 3 through YEAR 6 combined (signed jointly) (3) Copies retained by SPM and IPM	(1) Appendix E (2) Appendix F
3	September - October	To develop the CA budget	State Grant Administrator (1) Calculate the costs of providing direct technical and program support on the basis of the agreements reached in Step 2, with the results of the calculations recorded on the backup worksheet Note: States are to develop and maintain backup data for all summary costs, in accordance with OMB Circular A-87, "Cost Principles for State and Local Governments" (2) Prepare the draft cost summary for State services for YEAR 1, YEAR 2, YEAR 3, YEAR 4, YEAR 5, YEAR 6	(1) Estimated cost of State services for YEAR 1 and YEAR 2, with backup worksheet (2) Estimated cost of State services for YEAR 3, YEAR 4, YEAR 5, YEAR 6	Appendix H

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The Six-Step Cooperative Agreement Process (Page 2 of 2)

Step	Timing	Objective	Responsibility	Products or Outcomes	Reference
4	October – November	<p>To promote understandings of the CA budget on the part of both the State and the Component</p> <p>NOTE: The process can be formal or informal with the purpose of sharing information, providing clarification, and forming an agreement .</p>	<p>SPM Provide detailed cost information by installation for YEAR 1 and YEAR 2, and general estimates for YEAR 3, YEAR 4, YEAR 5, and YEAR 6.</p> <p>IPM and/or Higher DoD Component Commands Review costs for reasonableness.</p> <p>HQUSACE Assist the State and Component should a disagreement occur.</p>	Discussion and agreement on the reasonableness of the State costs for YEAR 1 and YEAR 2, and YEARS 3-6	Appendix G and Appendix H
5	January	To prepare the CA application and submit it to HQUSACE	<p>State Grant Administrator Assemble the CA application package and submit it to HQUSACE for processing</p>	CA application	Appendix B
6	February - April	To notify the state of approval of the CA application and provide funding for YEAR 1	<p>DoD Components Provide final approval of funding levels Forward funds to HQUSACE by February 1</p> <p>HQUSACE (1) Prepare a letter approving the CA, and obligating funds (2) Forward the signed letter to the representative of the state no earlier than April 1</p>	Letter approving the CA and the funding for the period July 1 through June 30 of YEAR 1	Appendix G

Section 3: Payments to States

3.0 OVERVIEW

States receive compensation for their services under DSMOA by means of the Request for Advance or Reimbursement, Standard Form 270 (SF 270) submitted to HQUSACE. Most States receive reimbursements, although a few receive advances by special arrangement with HQUSACE where State law or circumstances require it.

States that receive advances must submit Financial Status Reports (SF 269 or SF 269A) in addition to the SF 270.

3.1 REQUESTS FOR ADVANCE OR REIMBURSEMENT (SF 270)

States will submit Requests for Advance or Reimbursement (SF 270) to HQUSACE in order to obtain payment for costs incurred, within 30 days of the end of each quarter. States seeking reimbursement (not an advance) will attach a cost breakdown chart, as shown in **Appendix I**, to the SF 270. HQUSACE normally will provide payment within 30 days. Those States whose accounting departments cannot accommodate this schedule, or States that require more frequent reimbursements, will make special arrangements with HQUSACE for a different schedule.

The cost breakdown chart also will serve as the cost-reporting portion of the performance report, described in Section 4 of this guide. This information is to be provided, as stated above, within 30 days of the end of the quarter, except where special arrangements have been made for a different schedule. Information on costs is required quarterly in order for the DoD Components to account for expenditure of DoD funds, and properly manage their budgets.

The State should submit the original signed SF 270 with the cost-breakdown chart through regular mail to HQUSACE. However, the State is encouraged to submit the SF 270 with the cost-breakdown chart electronically, when possible.

3.2 FINANCIAL STATUS REPORTS (SF 269 OR SF 269A)

States that can accept payments on a reimbursable basis are NOT required to submit Financial Status Reports (FSRs). States that must request advance payments, however, must submit FSRs as well as the SF 270. The short form for the FSR (SF 269A) may be used.

3.3 PROCEDURES

Detailed procedures for submitting Requests for Advance or Reimbursement forms and Financial Status Report forms are provided in **Appendix J**.

Section 4: Performance Reports

4.0 OVERVIEW

States must submit performance reports (excluding financial information which is submitted quarterly with the SF 270 per Section 3.0) on a quarterly or semi-annually basis to HQUSACE. The report will provide information on the State's services in support of environmental restoration at each installation. States should submit these reports electronically, if possible, and the signed originals by mail. HQUSACE will forward copies to Headquarters for the DoD Components. Another copy will be posted on the Internet. Instructions for posting this copy will be furnished by HQUSACE and posted on the Internet.

These reports are due to HQUSACE 30 days after the reporting period. Quarterly reports would be due by October 30, January 30, April 30, and July 30 of each CA YEAR. Semi-annual reports would be due by January 30 and July 30 of each CA YEAR. Although DoD Components prefer quarterly reports, it is between the State and the DoD Component to agree upon a reporting frequency. Each report describes activities for the preceding three months (for quarterlies) or six months (for semi-annuals) for each installation. When submitting their CA applications, States will inform HQUSACE whether they will be submitting reports quarterly or semi-annually.

4.1 REPORT CONTENT

The reports will contain information on the State's activities at each installation where reimbursement is sought. The report may begin with an introductory "Highlights" section, as described below:

Highlights

This is an optional feature. This is a space limited to about a half page that is devoted to an activity or situation that the State would like to bring to the attention of the broad DoD audience. This section offers the State an opportunity to share information that would be of value to all the DoD Components, but which, otherwise, might be found only under one DoD Component's installation narrative. This information would be valuable to the cleanup community or environmental restoration program at-large.

The remainder of the report will consist of descriptions of the State's activities at each installation where reimbursement is sought. This section of the report will provide the following for each installation:

State Accomplishments

This is a narrative description of the State's activities in support of cleanup at each installation, organized according to the paragraphs below. Efforts should be made to limit this section to a half page or less.

- A. Progress:** Give one or two sentences on overall progress. Note whether the State is on schedule, behind, or ahead of schedule, as compared to the original joint CA Execution Plan for the CA in Step 2 of the six-step process.
- B. Challenges:** Describe what obstacles developed that kept the State from fully implementing the objectives of the work plan, or that the State had to overcome in order

Section 4: Performance Reports

to meet the objectives. Provide recommendations to overcome these obstacles, if possible. If there were none, indicate none.

- C. Success Stories:** Describe any successes the State would like to document here. If none, indicate none.

Joint CA Execution Plan Progress

States may choose between the following two options for the format of this section of the description of State activities for the installation.

Option A:

The State will use the most current Two-Year Joint CA Execution Plan for the current CA period, adding a column on the right titled "Status of Work". For each task line or milestone on the work plan, the State will indicate whether it has been completed, is in-progress, or pending. A sample is provided in **Appendix K**.

Option B:

Instead of annotating the Two-Year Joint CA Execution Plan, the State may use excerpts from reports already prepared for internal reporting purposes, if the internal report provides the same information as Option A, albeit in a different format. A sample is provided in **Appendix K**.

For example, a performance report for State ZA, for example, would be organized as follows:

Highlights: A new method for removing TCE from groundwater, devised by the State of ZA, was successfully used at Camp Swampee (Army BRAC 4) and Oceanbay Naval Base (Navy DERP). The Air Force is interested in seeing a demonstration. The DoD Components may urge other States to adopt this methodology at an upcoming technology transfer meeting.

Camp Lovely, Army DERP

1. State's Accomplishments
 - A.
 - B.
 - C.
2. Two-Year Joint CA Execution Plan Progress

Smith Air Force Base, Air Force BRAC 4

1. State's Accomplishments
 - A.
 - B.
 - C.
2. Two-Year Joint CA Execution Plan Progress

Section 5: Annual Funding Reviews

5.0 INTRODUCTION

In order for HQUSACE to secure adequate funds for States to accomplish their Two-Year Joint CA Execution Plan, the States are to conduct annual funding reviews to verify their original CA cost estimates. The reviews should be accomplished by the State Grant Administrator, assisted by SPM consultation with the IPM, to learn of any changes in the plan or schedules at the installation. If the reviews reveal expected funding shortages, HQUSACE will request additional funds from the DoD Components. If the reviews reveal expected surpluses, HQUSACE will apply these funds as carry-over from YEAR 1 to YEAR 2 for that State, or to other States, or return them to the DoD Components, as appropriate.

5.1 REVIEW OF FUNDING

States will review their funding requirements annually, between February 1 and April 15 of YEAR 1 and YEAR 2. To begin the review, the SPM will contact the IPM to learn of any anticipated work plan changes. Two-Year Joint CA Execution Plans can be updated at this time, if necessary. The State Grant Administrator will determine if the obligated funds, as shown in the current CA funding letter from HQUSACE, are sufficient for it to complete its Two-Year Joint CA Execution Plan in the current YEAR, or whether adjustments are required (increases or decreases in funding levels). The State Grant Administrator will look to the following year, and make a similar assessment. Therefore, the annual review during YEAR 1 will look at the cost estimates for YEAR 1 and YEAR 2. The State Grant Administrator will provide all funding adjustments to the appropriate DoD Component representatives in **Appendix G** and to HQUSACE. The annual review during YEAR 2 will only involve YEAR 2 and not involve the following year, because the next CA will be starting in July, at the end of YEAR 2. It can, however, serve as an opportunity to start the next CA cycle.

5.2 REPORTING SCHEDULE

States will report any estimated funding adjustments to HQUSACE preferably by April 15, but no later than May 1. The State will provide a brief reason for the adjustment, and indication of coordination with the IPM. Or, the State will report to HQUSACE that no adjustment is necessary. HQUSACE will prepare budgets for adjusted YEAR 1 and YEAR 2 funding requirements and submit them to the DoD Components by May 15. States may be asked for further information regarding their adjustments. The DoD Components will provide funds needed for the remainder of YEAR 1, and for all of YEAR 2 by May 30. HQUSACE will issue funding letters by July 1 to adjust YEAR 1 funding, and provide YEAR 2 funding to the States. This action completes the annual funding review.

A State, at any time during the CA period, may alert HQUSACE to any funding adjustment needed.

Section 6: Process for Close Out of the Cooperative Agreement

6.0 OVERVIEW

To closeout the CA, it is necessary for States receiving reimbursements to submit a final SF 270 to HQUSACE. States receiving advance payments, must submit a final SF 270 and a final SF 269 or 269A. The final forms are due to HQUSACE no later than 90 days from last day of the CA period. If this timeframe cannot be accommodated, please contact HQUSACE for an extension. Clearly indicate on each form that this is a final request by marking the appropriate box. At the time of the final request, ensure that it includes all allowable expenditures before closing the account. When HQUSACE closes the State's CA financial account, HQUSACE cannot accept any future requests for payments against the closed CA.

Section 7: Notification of Issues and Concerns

7.0 OVERVIEW

Any State or DoD representative may, at any time, notify HQUSACE of any issues or concerns pertaining to any aspects of the CA. State DSMOA points of contact (POC) and DoD Component POCs are encouraged to notify HQUSACE as soon as a problem is detected.

HQUSACE will assist in resolving any issues or concerns brought to its attention. HQUSACE also can assist in the dispute resolution process under the DSMOA.

Appendix A

Department of Defense Budget Process

Introduction

As federal agencies implement the cleanup phase of the environmental restoration program at more sites, the scope of the federal government's financial obligation will increase. The ability of each agency to obtain sufficient funds to ensure execution of projected environmental cleanup activities in a given year will be an important factor in determining the overall success of the Department of Defense's (DoD) cleanup program. The funding constraints of the federal budget, in combination with other factors, require that priorities be set and cleanup activities assigned sequence. The availability of funds plays a crucial and ever increasing role in determining how cleanup priorities are established. Because of the federal budget process, it is crucial that states and other stakeholders in the Defense Environmental Restoration Program take full advantage of their best opportunity to influence future budgets at a particular installation or for a particular activity by becoming involved early in the DoD budget process.

Scope

The DoD budget process is divided into three interrelated phases: (1) planning, (2) programming, and (3) budgeting. The process commonly is known as the planning, programming, and budgeting system (PBSS).

- (1) **Planning Phase** (October - March): In the planning phase of the PPBS, projections are made that cover not only the budget year, but also the five-year period beyond the year for which the budget is being produced. This phase of the budget process begins in the first quarter of the federal fiscal year and ends in February or March with the issuance of defense planning guidance (DPG) by the Secretary of Defense. The DPG specifies the goals of the DoD programs and initiatives, projects future requirements of each of the programs and initiatives, and assigns planning priorities for the rest of the PPBS cycle.
- (2) **Programming Phase** (April - June): During the programming phase, decisions are made about what projects can be afforded with resources limited. In this phase, each DoD Component must develop what is known as a program objective memorandum (POM), based on information developed and submitted by the installations. The POM provides a six-year funding plan to accomplish overall program goals and milestones established in the planning phase. Requests by the Comptroller for the Office of the Secretary of Defense (OSD) for the POMs are issued to the various military components in late March and April. Each military component has a line item in its budget for the Department of Defense and State Memorandum of Agreement (DSMOA) Program. The components request from the DSMOA office an estimate of how much money will be needed for the appropriate program year for which the POM is being prepared and for the outyears. The DSMOA office then prepares a budget based on information received from the states and on information known about future events. The budgets are due to the appropriate DoD Component two weeks from the date of the request. The DoD Components send their POMs to OSD in late May. OSD then reviews each POM, and the Components are asked to meet and defend their programs. OSD then has 10 days to review and ensure that each POM meets the established goals and fulfills all legal requirements and established cleanup schedules. The POMs then are consolidated to form an overall six-year plan, referred to as the Future Years Defense Plan (FYDP). The FYDP is the basic DoD programming tool and establishes the targets upon which are based programming and budgeting decisions for each fiscal year in the cycle.

- (3) **Budgeting Phase** (July - December). The DoD Comptroller is responsible for this phase of the budget process. During this phase, the budgets are reviewed, and a final validation is made of the program issues and goals. By late fall, a validated budget is forwarded to the Office of Management and Budget (OMB). OMB examiners and management analysts review the requests to identify issues to be discussed between OMB officials and DoD. The review usually is completed by late December. At that time, the final stage of development of detailed budget data and the final preparation of the President's budget begins. Upon completion of the budget, the President transmits the budget to Congress in early February.

Summary

The budget process from start to finish is extensive. The involvement of the States and the stakeholders in the Defense Environmental Restoration Program must begin early in the planning and programming phases. After the requirements have been submitted up the chain of command, there is limited opportunity to change them. When all the interested parties work together in the early phases, budget planning will be beneficial to all parties involved.

Appendix B

Cooperative Agreement Application Package

The Cooperative Agreement (CA) is submitted to HQUSACE upon completion of Step 5 of the CA process. The application consists of:

- Transmittal Letter – be sure to include a statement in the letter that the data within the application is the result of following the six-step CA process
- SF424, Application for Federal Assistance (with original signatures)
- SF424A, Budget Information
- SF424B, Assurances
- DSMOA Form A, Budget Information by Component (2 pages for each Component)
- DSMOA Form B, Summary of Budget Information and Component and Source
- Certifications Regarding Lobbying; Debarment, Suspension, and Other Responsibility Matters; and Drug-Free Workplace Requirements

An electronic copy of these forms is available on the World Wide Web on the CA Guide web site under "Downloads." The CA Guide web site is available through the following location:

<http://www.denix.osd.mil/DSMOA>

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED	Applicant Identifier
1. TYPE OF SUBMISSION Application Pre Application <input type="checkbox"/> Construction <input type="checkbox"/> Construction <input type="checkbox"/> Non Construction <input type="checkbox"/> Non Construction		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
APPLICANT INFORMATION			
Legal Name		Organizational Unit	
Address (give city, county, state, and zip code)		Name and telephone number of the person to be contacted on matters involving this application (give area code)	
6. EMPLOYER IDENTIFICATION NUMBER (EIN)		7. TYPE OF APPLICANT: (enter appropriate letter in box) []	
8. TYPE OF APPLICATION <input type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) [] [] A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify)		A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify)	
10. CATALOGUE OF FEDERAL DOMESTIC ASSISTANCE NUMBER TITLE: 12.113 State Memorandum of Agreement Program for the Reimbursement of Technical Services		9. NAME OF FEDERAL AGENCY:	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc)		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT	
13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICTS OF:	
Start Date	Ending Date	a. Applicant	b. Project
15. Estimated Funding		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: _____ b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
a. Federal			
b. Applicant			
c. State			
d. Local			
e. Other			
f. Program Income			
g. TOTAL		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Typed Name of Authorized Representative		b. Title	c. Telephone Number
Signature of Authorized Representative		Date Signed	

BUDGET INFORMATION - Non Construction Programs

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.		\$	\$	\$	\$	\$
2.						
3.						
4.						
5.		\$	\$	\$	\$	\$
SECTION B - BUDGET CATEGORIES						
		GRANT PROGRAM, FUNCTION OR ACTIVITY				TOTAL (5)
6. Object Class Categories		(1) Federal	(2)	(3)	(4)	
a. Personnel		\$	\$	\$	\$	\$
b. Fringe Benefits						
c. Travel						
d. Equipment						
e. Supplies						
f. Contractual						
g. Construction						
h. Other						
i. Total Direct Charges (sum of 6a-6h)						
j. Indirect Charges						
k. Totals (sum of 6i and 6j)		\$	\$	\$	\$	\$
7. Program Income		\$	\$	\$	\$	\$

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SECTION C - NON-FEDERAL RESOURCES

(a) Grant Program	(b) applicant	(c) State	(d) Other Sources	(e) TOTALS
8.		\$	\$	\$
9.				
10.				
11.				
12. TOTALS (sum of lines 8 and 11)				

SECTION D - FORECASTED CASH NEEDS

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

SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT

(a) Grant Program	(b) First	(c) Second	(d) Third	(e) Fourth
16.	\$	\$	\$	\$
17.				
18.				
19.				
20. TOTALS (sum of lines 16 - 19)				

SECTION F - OTHER BUDGET INFORMATION
(Attach additional Sheets if Necessary)

21. Direct Charges:	22. Indirect Charges:
23. Remarks	

ASSURANCES - NON-CONSTRUCTION PROGRAMS

Note: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant I certify that the applicant:

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the nineteen statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L.88-352) which prohibits discrimination on the basis of race, color, or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§ 1681-1683 and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. § 794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§ 6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616) relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. 290 dd-3 and 290 ee-3,) as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42, U.S.C. § 3601 et seq.) as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) and other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provides for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply with the provisions of the Hatch Act (5 U.S.C. §§ 1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§ 276a to 276a-7), the Copeland Act (40 U.S.C. § 276c and 18 U.S.C. §§ 874), and the Contract Work Hours and Safety Standards Act (U.S.C. §§ 327-333), regarding labor standards for federally assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-910) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in

accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§ 1451 et seq.); (f) conformity of Federal actions to State (Clear Air) Implementation Plans under Section 176(c) of the Clear Air Act of 1955, as amended (42 U.S.C. § 7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended, (P.L. 93-205).

- 12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§ 1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
- 13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. 470), EO 11593 (identification and protection of historic properties), and the Archeological and Historic Preservation Act of 1974 (16 U.S.C. 469a-1 et seq).

- 14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
- 15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended 7 U.S.C. 2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
- 16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§ 4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.
- 17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984.
- 18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.

Signature of Authorized Certifying Official:	Title:
Applicant Organization:	Date Submitted

BUDGET INFORMATION BY COMPONENT

Component _____

Year 1	Funding Source					Total Component
Budget Categories	DERP	BRAC 1	BRAC 2	BRAC 3	BRAC 4	
Staff Hours						
a. Personnel						
b. Administrative Charges						
c. Fringe Benefits						
d. Travel						
e. Equipment						
f. Supplies						
g. Contractual						
h. Other						
i. Total Direct Charges (sum a.-h.)						
j. Indirect Charges (Rate _____ *Base)						
k. TOTALS (sum i. and j.)						

Year 2	Funding Source					Total Service
Budget Categories	DERP	BRAC 1	BRAC 2	BRAC 3	BRAC 4	
Staff Hours						
a. Personnel						
b. Administrative Charges						
c. Fringe Benefits						
d. Travel						
e. Equipment						
f. Supplies						
g. Contractual						
h. Other						
i. Total Direct Charges (sum a.-h.)						
j. Indirect Charges (Rate _____ *Base)						
k. TOTALS (sum i. and j.)						

BUDGET INFORMATION BY COMPONENT

Component _____

Year 3 through 6	Funding Source					Total Component
	DERP	BRAC 1	BRAC 2	BRAC 3	BRAC 4	
Year 3						
Year 4						
Year 5						
Year 6						
TOTALS (sum Year 3 thru 6)						

SUMMARY OF BUDGET INFORMATION BY COMPONENT

Years 1 and 2 only	Funding Source					Total Component
Component	DERP	BRAC 1	BRAC 2	BRAC 3	BRAC 4	
Army						
Navy						
Air Force						
Corps of Engineers, FUDS						
Defense Logistics Agency						
Defense Energy Support Center						
Defense Special Weapons Agency						
TOTAL, All Components						

Years 3 thru 6	Funding Source					Total Component
Component	DERP	BRAC 1	BRAC 2	BRAC 3	BRAC 4	
Army						
Navy						
Air Force						
Corps of Engineers, FUDS						
Defense Logistics Agency						
Defense Energy Support Center						
Defense Special Weapons Agency						
TOTAL, All Components						

**CERTIFICATIONS REGARDING LOBBYING; DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS; AND
DRUG-FREE WORKPLACE REQUIREMENTS**

Applicants should refer to the regulations cited below to determine the certification to which they are required to attest. Applicants should also review the instructions for certification included in the regulations before completing this form. Signature of this form provides for compliance with certification requirements under 34 CFR Part 82, "New Restrictions on Lobbying," and 34 CFR Part 85, "Government-wide Debarment and Suspension (Nonprocurement) and Government-wide Requirements for Drug-Free Workplace (Grants)." The certifications shall be treated as a material representation of fact upon which reliance will be placed when the Department of Energy determines to award the covered transaction, grant, or cooperative agreement.

1. LOBBYING

The undersigned certifies, to the best of his or her knowledge and belief, that:

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
- (3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

2. DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS

- (1) The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:
 - (a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
 - (b) Have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal,

State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

- (c) Are not presently indicted for or otherwise criminally or civilly charged by a government entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and
- (d) Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.

- (2) Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.
-

3. DRUG-FREE WORKPLACE

This certification is required by the Drug-Free Workplace Act of 1988 (Pub. L. 100-690, Title V, Subtitle D) and is implemented through additions to the Debarment and Suspension regulations, published in the Federal Register on January 31, 1989, and May 25, 1990.

*ALTERNATE I
(GRANTEES OTHER THAN INDIVIDUALS)*

- (1) The grantee certifies that it will or will continue to provide a drug-free workplace by:
 - (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
 - (b) Establishing an ongoing drug-free awareness program to inform employees about:
 - (1) The dangers of drug abuse in the workplace;
 - (2) The grantee's policy of maintaining a drug-free workplace;
 - (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
 - (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

(c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);

(d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will:

- (1) Abide by the terms of the statement; and
- (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace not later than five calendar days after such conviction;

(e) Notifying the agency, in writing, within ten calendar days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

(f) Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted:

- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
- (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

(g) Making a good-faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

(2) The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:

Place of Performance:
(Street address, city, county, state, zip code)

Check if there are workplaces on file that are not identified here.

ALTERNATE II (GRANTEES WHO ARE INDIVIDUALS)

(1) The grantee certifies that, as a condition of the grant, he or she will not engage in the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance in conducting any activity with the grant.

(2) If convicted of a criminal drug offense resulting from a violation occurring during the conduct of any grant activity, he or she will report the conviction, in writing, within 10 calendar days of the conviction, to every grant officer or other designee, unless the Federal agency designates a central point for the receipt of such notices. When notice is made to such a central point, it shall include the identification number(s) of each affected grant.

As the duly authorized representative of the applicant, I hereby certify that the applicant will comply with the above certifications.

NAME OF APPLICANT	PR/AWARD AND/OR PROJECT NAME
PRINTED NAME AND TITLE OF AUTHORIZED REPRESENTATIVE	
SIGNATURE	DATE

Appendix C
Internet Resources

Internet Resources

This appendix provides information about Internet resources that provide information about or relevant to the DSMOA Program.

For general information about the DSMOA Program, visit:

<http://www.environmental.usace.army.mil/hq/programs/dsmoa/dsmoa.html>

To download copies of the CA Guide, complete electronic forms as they are made available, and participate in on-line training for the CA process, visit:

<http://www.denix.osd.mil/DSMOA>

To obtain copies of the Office of Management and Budget (OMB) circulars that apply to the DSMOA Program (Circulars A-102, A-87, and A-133), visit:

<http://www.whitehouse.gov/OMB/circulars/index.html>

To view the Code of Federal Regulations, e.g. 32 CFR Part 33, visit:

<http://www.access.gpo.gov/nara/cfr/cfr-table-search.html>

Appendix D

Glossary of Key Terms and List of Acronyms

Glossary of Key Terms (As Used In This Document)

Cooperative Agreement (CA) - is an agreement between a state and the Department of Defense that defines the funding available for reimbursement of a State's services under the DSMOA for the specified CA period, and any policies affecting that funding or its use. The CA is comprised of two parts: (1) the application from the State submitted to HQUSACE, and (2) the approval of the State's application, modified where necessary, from HQUSACE.

Department of Defense and State Memorandum of Agreement (DSMOA) - is an agreement between a State and the Department of Defense that establishes a partnership for environmental restoration fostering communication and cooperation. It provides for reimbursement to the State by DoD for costs of providing specified types of assistance for environmental restoration at specified DoD facilities.

Installation(s) - refers to active DoD installations, closing DoD bases, sites under the Defense Logistics Agency, Defense Energy Support Center, and Defense Special Weapons Agency, and sites defined in the Formerly Used Defense Sites (FUDS) program. Only restoration-funded sites are eligible

Installation Environmental Restoration Project Manager (IPM) - is the individual at the lowest field level for a DoD Component who is responsible for the day-to-day environmental restoration at the DoD facility, or who has been designated by the Component as the point of contact for coordinating environmental restoration schedules.

Component(s) - refers to the following DoD components, agencies, or program: Department of the Army, Department of the Navy, Department of the Air Force, Defense Logistics Agency, Defense Energy Support Center, Defense Special Weapons Agency and Formerly Used Defense Sites (FUDS) program

State(s) - refers to any State, Commonwealth, the District of Columbia, and United States Territories.

State Project Manager (SPM) - is the individual from the State at the installation level, who is responsible for the performance of the State's services described in the DSMOA.

List of Acronyms

AEC	Army Environmental Center
ARAR	Applicable or Relevant and Appropriate Requirements
ASTSWMO	Association of State and Territorial Solid Waste Management Officials
BCA	Base Closure Account
BCP	BRAC (Base Realignment and Closure) Cleanup Plan
BCT	BRAC Cleanup Team
BRAC	Base Realignment and Closure
CA	Cooperative Agreement
CAS	Cost Accounting Standards
CERCLA	Comprehensive Environmental Response, Compensation, and Liability Act of 1980
CERFA	Community Environmental Response Facilitation Act
CFR	Code of Federal Regulations
CMI	Corrective Measures Implementation
COG	Council of Governments
DASD(E)	Deputy Assistant Secretary of Defense (Environment)
DENIX	Defense Environmental Network and Information eXchange
DERA	Defense Environmental Restoration Account
DERP	Defense Environmental Restoration Program
DESC	Defense Energy Support Center
DLA	Defense Logistics Agency
DLASF	Defense Logistics Agency's Stock Fund
DoD	Department of Defense
DPG	Defense Planning Guidance

DSMOA	Department of Defense and State Memorandum of Agreement
DSMOA/CA	DSMOA/Cooperative Agreement
DUSD(ES)	Deputy Under Secretary of Defense (Environmental Security)
DSWA	Defense Special Weapons Agency
DTRA	Defense Threat Reduction Agency
EC	Environmental Coordinator
ECOS	Environmental Council of States
EO	Executive Order
EPA	Environmental Protection Agency
ER	Environmental Restoration
ERD	Environmental Restoration Defense
FOSL	Finding of Suitability to Lease
FOST	Finding of Suitability to Transfer
FOSET	Finding of Suitability for Early Transfer
FS	Feasibility Study
FUDS	Formerly Used Defense Sites
FY	Fiscal Year
FYDP	Future Years Defense Plan
GAAP	Generally Accepted Accounting Principles
HHS	Department of Health and Human Services
HQUSACE	Headquarters, U.S. Army Corps of Engineers
IPM	Installation Environmental Restoration Project Manager
IPR	In-Process Review
IRP	Installation Restoration Program
LTM	Long-Term Monitoring

LTO	Long-Term Operation
LSDSMOA	List Server of DSMOA
MACOM	Major Command (Army)
MAJCOM	Major Command (Air Force)
MSA	Multi-Site Agreement
NCP	National Contingency Plan
NDAI	No DoD Action Indicated
NOFA	No Further Action
NPL	National Priorities List
NPR	National Performance Review
OMB	Office of Management and Budget
OPM	Office of Personnel Management
OSD	Office of the Secretary of Defense
PA	Preliminary Assessment
P. L.	Public Law
POC	Point of Contact
POM	Program Objective Memorandum
PPBS	Planning, Programming, and Budgeting System
PR	Preliminary Review
PRP	Potentially Responsible Party
QA/QC	Quality Assurance/Quality Control
RA	Remedial Action
RAB	Restoration Advisory Board
RAC	Remedial Action Construction Plans/Reports Draft Finals
RAO	Remedial Action Operational Plans/Reports Draft Finals

RAWP	Remedial Action Work Plan
RCRA	Resource Conservation and Recovery Act
RFA	RCRA State Facility Assessment
RFI	RCRA Facility Investigation
RD	Remedial Design
RI	Remedial Investigation
ROD	Record of Decision
RPM	Remedial Project Manager
SARA	Superfund Amendments and Reauthorization Act of 1986
SF	Standard Form
SI	Site Investigation
SPM	State Project Manager
S/TAC	State/Territorial Agency Coordinator
SWMU	Solid Waste Management Unit
TRC	Technical Review Committee
URL	Represents Home Page addresses
USACERL	U.S. Army Construction Engineering Research Laboratory
UST	Underground Storage Tank

Appendix E

**Two-Year Joint Cooperative Agreement Execution Plan, Annotated Worksheet,
Alternative Sample, and List of Installation Activities**

TWO-YEAR JOINT CA EXECUTION PLAN*

Service _____
 Name of Installation _____
 Project, or Operable Unit _____
 State _____

Funding Source
 DERP _____
 BRAC 1 _____
 BRAC 2 _____
 BRAC 3 _____
 BRAC 4 _____

CA Period 1 JUL 00 – 30 JUN 02

YEAR 1 – FROM 1 JUL 00 TO 30 JUN 01
WORK DESCRIPTION:
DELIVERABLES:
MEETINGS: (optional)
ADDITIONAL STATE ACTIVITIES:

YEAR 2 – FROM 1 JUL 01 TO 30 JUN 02
WORK DESCRIPTION:
DELIVERABLES:
MEETINGS: (optional)
ADDITIONAL STATE ACTIVITIES: Information to be supplied by the state.

State Project Manager _____
 E-mail/Phone No. _____ Date: _____

DoD Project Manager _____
 E-mail/Phone No. _____ Date: _____

* For all pen and ink changes, the IPM and SPM should date/initial or rewrite. Also, use during Annual Funding Review

ANNOTATED WORKSHEET: TWO-YEAR JOINT CA EXECUTION PLAN*

Service _____
 Name of Installation _____
 Project, or Operable Unit _____
 State _____

Funding Source
 DERP _____
 BRAC 1 _____
 BRAC 2 _____
 BRAC 3 _____
 BRAC 4 _____

CA Period 1 JUL 00 – 30 JUN 02

YEAR 1 – FROM 1 JUL 00 TO 30 JUN 01
WORK DESCRIPTION: Phase with Milestone, Regulatory Driver (CERCLA, RCRA, UST) Site Identification, Limited Description
DELIVERABLES: (Work products and reports—see sample list of deliverables– add as appendix to the CA Guide)
MEETINGS: (optional) Description, Quantity, Fixed or Optional
ADDITIONAL STATE ACTIVITIES: Information to be supplied by the state. Example: FOSETs and research. Facilitate integration of other agreements (e.g., MSA).

YEAR 2 – FROM 1 JUL 01 TO 30 JUN 02
WORK DESCRIPTION: Phase with Milestones, Regulatory Driver (CERCLA, RCRA, UST) Site Identification, Limited Description
DELIVERABLES: (Work products and reports. See attached list of deliverables– add as appendix to the CA Guide)
MEETINGS: (optional) Description, Quantity, Fixed or Optional
ADDITIONAL STATE ACTIVITIES: Information to be supplied by the state. Example: FOSETs and research. Facilitate integration of other agreements (e.g., MSA).

State Project Manager _____
 E-mail/Phone No. _____ Date: _____

DoD Project Manager _____
 E-mail/Phone No. _____ Date: _____

* For all pen and ink changes, the IPM and SPM should date/initial or rewrite. Also, use during Annual Funding Review

ALTERNATIVE SAMPLE: TWO-YEAR JOINT CA EXECUTION PLAN

Service _____
 Name of Installation _____
 Project, or Operable Unit _____
 State _____

Funding Source
 DERP _____
 BRAC 1 _____
 BRAC 2 _____
 BRAC 3 _____
 BRAC 4 _____

CA Period 1 JUL 00 – 30 JUN 02

YEAR 1	July 1, 2000 to June 30, 2001	
<u>Milestones</u>	<u>Tasks</u>	<u>State DSMOA Services</u>
RI/FS	Final Remedial Investigation Report and Feasibility Study	<ul style="list-style-type: none"> • Conduct technical reviews • Attend comment resolution meetings • Coordinate with other state agencies, ecology programs, and EPA
Remedy Selection	Proposed Plan (2-3 Drafts)	<ul style="list-style-type: none"> • Screen alternatives • Review and approve plan • Identify ARARS • Coordinate with other state agencies, ecology programs, and EPA
	Community Relations	<ul style="list-style-type: none"> • Attend RAB meetings as scheduled

YEAR 2	July 1, 2001 to June 30, 2002	
<u>Milestones</u>	<u>Tasks</u>	<u>State DSMOA Services</u>
Remedy Selection	Record of Decision	<ul style="list-style-type: none"> • Review and approve plan
Remedy Design	Scope Design Remedial Design (2-3 Drafts)	<ul style="list-style-type: none"> • Negotiate schedule for RD/RA • Conduct technical reviews • Attend comment resolution meetings • Coordinate with other state agencies, ecology programs, and EPA
	Community Relations	<ul style="list-style-type: none"> • Attend RAB meetings as scheduled

State Project Manager _____
 E-mail/Phone No. _____ Date: _____

DoD Project Manager _____
 E-mail/Phone No. _____ Date: _____

* For all pen and ink changes, the IPM and SPM should date/initial or rewrite. Also, use during Annual Funding Review

SAMPLE LIST OF INSTALLATION ACTIVITIES

The following are a sample of the kinds of activities or reports accomplished by an installation for which the State provides services as defined in the DSMOA.

Preliminary Assessment
ARAR Identification
Site Inspection Draft Final Work Plan
Site Inspection Draft Final Report
Engineering Evaluation Cost Analysis Draft Final
Presumptive Remedy Engineering Evaluation Cost Analysis Draft Final
Action Memorandums Draft Final
Interim Remedial or Removal Action Draft Final Design
Interim Operations Draft Final Report
Contingency and Emergency Response Plans Draft Final
Quality Assurance Project Plans Draft Final
Site Safety and Health Plans Draft Final
RCRA Facility Assessment (RFA) (ERA funded only)
Remedial Investigation Work Plan Draft Final
Remedial Investigation Draft Final Report
Community Relations Plans Draft Final
Administrative Record
RCRA Facility Investigation (RFI) (DERP funded only)
Relative Risk Evaluations Draft Final
Risk Assessments Draft Final
Focused Feasibility Study Draft Final
Feasibility Study Draft Final
Proposed Plan (for NPL bases) Draft Final
Record of Decision (ROD) Draft Final
Decision Document for Further Action Draft Final
Remedial Design (Draft Final)
Treatability or Pilot Study Designs/Specifications/Operations
Remedial Action Construction Plans/Reports (RAC) Draft Finals
Remedial Action Operational Plans/Reports (RAO) Draft Finals
Technical Memorandum Draft Final
Long-Term Monitoring (LTM) Reports
No Further Action Decision Document Draft Final (Excludes FUDS NOFA or NDAI)
Peer Review Reports

Meetings and Teleconferences

Kickoff meetings (to review/approve plans, specs, etc.)
Regulatory Review meeting for the Feasibility Study
Regulatory Review Meeting for the Remedial Design
Regulatory Review Meeting for RA
Community involvement/Restoration Advisory Board Meetings
Technical Review Committee Meetings (TRC)
Negotiations of Agreements (DERP or BRAC restoration)
DSMOA/CA Meetings
Site Visits
Partnering Meetings

Other

RCRA Permits with Corrective Action Requirements (DERP funded activities only)

Appendix F

Out-Years Description of Work

Out-Years Description of Work for YEARS 3 - 6
Name of Installation

Overview: A summary of the environmental restoration activities expected to occur at the installation during YEAR 3 through YEAR 6.

Goals: A summary of the goals to be achieved through the expected environmental restoration program at the installation.

Public Health and The Environment: Expected results of the environmental restoration over the period of YEAR 3 – YEAR 6.

Summary Status of Cleanup Activity: The expected status of cleanup by the end of the YEAR 3-6 period. Will cleanup be 100% completed? Will property be transferred?

State Project Manager _____ Date _____
DOD Project Manager _____ Date _____

Date of Plan or Update _____

SAMPLE
Out-Years Description of Work for YEARS 3 – 6
Tahuya AFB

Overview: AFB Tahuya's restoration program is conducting cleanups at six sites. Based on the installation's schedule for YEAR 1 and YEAR 2, at the beginning of YEAR 3, the installation will have Sites 1 and 2 in long-term operation (LTO), Sites 7a and 8a in the site investigation (SI) phase, Site 7b in the remedial design phase, and Site 8b in the remedial action phase (RA). Long-term monitoring (LTM) and public involvement/community outreach through the installation's Restoration Advisory Board (RAB) will be ongoing elements of the environmental restoration program.

Goals: The program's goals for the are:

- To protect human health and the environment through LTO at Sites 1 and 2.
- To protect human health through LTM at residential wells W-1 and W-2.
- To reach construction completion for Sites 7 and 8, and move them from RD/RA into LTO.
- To complete a treatability study at Site XYZ, and move the Site from SI to LTM.
- To remove the contaminant source at Site ABC, and issue a Determination of No Further Action.
- To ensure the effectiveness of the selected remedies through evaluation of LTM.
- To provide opportunities for public involvement, commensurate with the declining level of activity in the restoration program, through the RAB.

Public Health and The Environment: At the end of YEAR 6, cleanup actions are expected to have virtually eliminated the adjacent residents' risk of exposure to contaminated groundwater migrating off the installation. Installation residents' and workers' risks of unacceptable exposures to contaminants will be reduced significantly.

Summary Status of Cleanup Activity: The majority of cleanup work at the installation is expected to be completed late in the YEAR 5 or YEAR 6.

State Project Manager _____ Date _____
DOD Project Manager _____ Date _____

Date of Plan or Update _____

Note: This plan is provided as an example. States and Services will complete the Cleanup Plan to a mutually agreeable level of detail.

Appendix G

Contact List for CA Documents and Other Communications

**Department of Defense (DoD) Component Contacts
During Step 2 and Step 4 of the
Cooperative Agreement (CA) Six-Step Process**

	Step 2: Develop a joint six-year cleanup plan	Step 4: Promote understanding of the CA budget
Army (DERP and BRAC)	Installation Restoration Project Manager	US Army Environmental Center ATTN:SFIM-AEC-ERP Aberdeen Proving Ground, MD 21010-5401 (see footnote 1) 410-436-1523 HQDA ATTN: DAIM-BO (BRAC Office) 600 Army Pentagon Washington, DC 20310-0600
Navy (DERP and BRAC)	For DC, VA, NC, WV, PR: Atlantic Division, NAVFACENGCOM ATTN: ENV-DSMOA POC 1510 Gilbert Street Norfolk, VA 23511-6287 (757) 322-4805 FAX	For DC, VA, NC, WV, PR: Atlantic Division, NAVFACENGCOM ATTN: ENV-DSMOA POC 1510 Gilbert Street Norfolk, VA 23511-6287 (757) 322-4805 FAX
	For NJ, NY, PA, CT, ME, MA, RI: Northern Division ATTN: ENV-DSMOA POC 10 Industrial Highway Lester, PA 19113-2090 (610) 595-7018 FAX	For NJ, NY, PA, CT, ME, MA, RI: Northern Division ATTN: ENV-DSMOA POC 10 Industrial Highway Lester, PA 19113-2090 (610) 595-7018 FAX
	For AL, FL, IL, IN, LA, MS, MN, KY, SC, TN, TX: Southern Division NAVFACENGCOM ATTN: ENV-DSMOA POC 2155 Eagle Drive North Charleston, SC 29414-9010 (803) 820-7465 FAX	For AL, FL, IL, IN, LA, MS, MN, KY, SC, TN, TX: Southern Division NAVFACENGCOM ATTN: ENV-DSMOA POC 2155 Eagle Drive North Charleston, SC 29414-9010 (803) 820-7465 FAX
	For AK, AZ, CA, GU, HI, NV, WA, Marianas: Southwest Division NAVFACENGCOM ATTN: ENV-DSMOA POC 1220 Pacific Highway San Diego, CA 92132-5190 (619) 524-6349 FAX	For AK, AZ, CA, GU, HI, NV, WA, Marianas: Southwest Division NAVFACENGCOM ATTN: ENV-DSMOA POC 1220 Pacific Highway San Diego, CA 92132-5190 (619) 524-6349 FAX
	For MD, VA: Chesapeake Division, Engineering Field Activity, NAVFACENGCOM ATTN: ENV-DSMOA POC 901 M Street, SE, BLDG 212 Washington Navy Yard Washington, DC 20374-2121 (202) 433-7018 FAX	For MD, VA: Chesapeake Division, Engineering Field Activity, NAVFACENGCOM ATTN: ENV-DSMOA POC 901 M Street, SE, BLDG 212 Washington Navy Yard Washington, DC 20374-2121 (202) 433-7018 FAX

Air Force DERP

**Step 2:
Develop a joint six-year
cleanup plan**

For Air Force-wide contact the Installation Restoration Project Manager

For Air National Guard:

Ms. Lucy Parkerson
ANG DSMOA Program Manager
ANG/CEVR
3500 Fetchet Avenue
Andrews AFB, Maryland 20762-5157
(301) 836-8847 or DSN 278-8847
FAX: (301) 858-8151
lucy.parkerson@af.pentagon.mil

**Step 4:
Promote understanding
of the CA budget**

For Air Force-wide contact the Installation Restoration Project Manager

For Air National Guard:

Ms. Lucy Parkerson
ANG DSMOA Program Manager
ANG/CEVR
3500 Fetchet Avenue
Andrews AFB, Maryland 20762-5157
(301) 836-8847 or DSN 278-8847
FAX: (301) 858-8151
lucy.parkerson@af.pentagon.mil

**Air Force BRAC
Air Force Base Conversion Agency
(AFBCA)**

Contact the BRAC Environmental Coordinator (BEC) at the specific base

Contact the BRAC Environmental Coordinator (BEC) at the specific base

Formerly Used Defense Site (FUDS)

For CA (North), NV (North), UT
Sacramento District
FUDS Program Manager
916-557-7803

For AZ, CA, NM, NV, UT
South Pacific Division
FUDS Program Manager
415-977-8246

For AZ, CA (South), NV (South)
Los Angeles District
FUDS Program Manager
213-452-3979

For NM:
Albuquerque District
FUDS Program Manager
505-342-3207

For HI
Honolulu District
FUDS Program Manager
808-438-6931

For HI, AK, GU, AS, CN
Pacific Ocean Division
FUDS Program Manager
808-438-0342

For AK
Alaska District
FUDS Program Manager
907-753-5782

For GU, AS, CN
Pacific Ocean Division
FUDS Program Manager
808-438-0342

For ID, MT, OR, WA
Seattle District
FUDS Program Manager
206-764-3448

For ID, MT, OR, WA
Northwestern Division
FUDS Program Manager
503-808-3748

For CO, LA, MN, ND, NE, SD, WI, WY
Omaha District
FUDS Program Manager
402-221-7716

For CO, LA, MN, ND, NE, SD, WI, WY
Northwestern Division
FUDS Program Manager
402-697-2523

Formerly Used Defense Site (FUDS)
(continued)

**Step 2:
Develop a joint six-year
cleanup plan**

For KS, MO
Kansas City District
FUDS Program Manager
816-983-3359

For OK, TX
Tulsa District
FUDS Program Manager
918-669-4324

For TX, LA
Fort Worth District
FUDS Program Manager
817-978-2724

For AR
Little Rock District
FUDS Program Manager
501-324-7134

For FL, PR, VI
Jacksonville District
FUDS Program Manager
904-232-3085

For SC
Charleston District
FUDS Program Manager
843-727-4489

For AL, MS, TN
Mobile District
FUDS Program Manager
334-690-2604

For GA
Savannah District
FUDS Program Manager
912-652-5945

For NC
Wilmington District
FUDS Program Manager
910-251-4671

For MD, DE, DC, PA
Baltimore District
FUDS Program Manager
410-962-4937

For NY, NJ
New York District
FUDS Program Manager
732-435-0079

Formerly Used Defense Site (FUDS)
(continued)

For VA
Norfolk District
FUDS Program Manager
757-441-7647

**Step 4:
Promote understanding
of the CA budget**

For KS, MO
Northwestern Division
FUDS Program Manager
402-697-2523

For OK, TX, LA, AR
Southwestern Division
FUDS Program Manager
214-767-2406

For FL, PR, VI, SC, AL, MS, TN, GA, NC
South Atlantic Division
FUDS Program Manager
404-562-5212

**For MD, DE, DC, PA, NY, NJ, VA, RI, VT,
CT, ME, NH, MA**
North Atlantic Division
FUDS Program Manager
718-491-8767

**Step 2:
Develop a joint six-year
cleanup plan**

**Step 4:
Promote understanding
of the CA budget**

For RI, VT, CT, ME, NH, MA
New England District
FUDS Program Manager
978-318-8670

For WV
Huntington District
FUDS Program Manager
304-529-5388

For WV, KY, IN, MI, OH, IL
Great Lakes and Ohio River Division
FUDS Program Manager
513-684-6248

For KY, IN, MI, OH, IL
Louisville District
FUDS Program Manager
502-625-7010

Defense Logistics Agency (DLA)

Installation Program / Project Manager

Dr. Ramesh Desai
HQ Defense Logistics Agency
ATTN: CAAE
8725 John J. Kingman Road
Ft. Belvoir, VA 22060-6221
703-767-6242

Defense Energy Support Center (DESC)

Installation Program / Project Manager

Steve Deatherage
Defense Energy Support Center
ATTN: DESC-FQ
8725 John J. Kingman Road
Ft. Belvoir, VA 22060-6221
703-767-8315

(1) ARMY ER,A and BRAC Step 4 Point of Contact -- for the state of California, please send a copy to:

Tony Mei
Chief, Environmental Programs Management Division
U.S. Army Engineering Division, South Pacific
333 Market Street, Room 920
ATTN: CESPDM-R
San Francisco, California 94105-2195

Appendix H

Sample Back-up Data Worksheet

Department of Defense and State Memorandum of Agreement Cooperative Agreement Back-up Worksheet

Budget Information Per Component:

Installation Name	Year 1			Year 2		
	FTE / Hours	Admin Costs	Total \$	FTE / Hours	Admin Costs	Total \$
	0	0	0	0	0	0
	0	0	0	0	0	0
	0	0	0	0	0	0
	0	0	0	0	0	0
	0	0	0	0	0	0
	0	0	0	0	0	0
	0	0	0	0	0	0

Total Cost per DoD Service 0 0

NOTE:
If administrative costs cannot be attributed to individual installations, one line for total admin costs per DoD Service may be added as the last line on the chart.

SAMPLE
Department of Defense and State Memorandum of Agreement
Cooperative Agreement Back-up Worksheet for period: July 1, 2000 - June 30, 2002

SAMPLE: DSMOA/CA BACK-UP WORKSHEET FOR CA PERIOD 1 JUL 00 - 30 JUN 02

Budget Information Per Component: U.S. Army

Installation Name	Year 1			Year 2		
	FTE / Hours	Admin Costs	Total \$	FTE / Hours	Admin Costs	Total \$
Installation A	0.3	10,000	25,000	0.4	11,000	30,000
Installation B	300	7,000	15,000	400	8,000	20,000

Total Cost per DoD Service 40,000 50,000

NOTE:
 If administrative costs cannot be attributed to individual installations, one line for total admin costs per DoD Service may be added as the last line on the chart.

Appendix I
Cost Breakdown Chart

SF 270 COST BREAKDOWN CHART

STATE OF:

PERIOD COVERED:

AGREEMENT NUMBER:

DoD COMPONENT:

INSTALLATION:

INSTALLATION:

INSTALLATION:

CATEGORY:	COSTS	CATEGORY:	COSTS	CATEGORY:	COSTS
Personnel		Personnel		Personnel	
Administrative Charges		Administrative Charges		Administrative Charges	
Benefits		Benefits		Benefits	
Travel		Travel		Travel	
Equipment		Equipment		Equipment	
Supplies		Supplies		Supplies	
Contract		Contract		Contract	
Indirect		Indirect		Indirect	
Other		Other		Other	
TOTAL		TOTAL		TOTAL	

This form is to be completed and attached to SF 270 to support outlays to be reimbursed.

This form is to be completed and attached to SF 269A to support outlays against advances issued.

Appendix J

Financial Instructions for Cooperative Agreements

FINANCIAL INSTRUCTIONS FOR DSMOA COOPERATIVE AGREEMENTS

REIMBURSEMENTS AND ADVANCES

States receive reimbursements for compensation of services under the CA, unless a State cannot receive reimbursements and must obtain advance payments instead. Neither Letter of Credit nor electronic transfer are available as of July 31, 1999. Requests for advance or reimbursement should be submitted quarterly. Where circumstances require it, more frequent or less frequent submissions may be accommodated by special arrangement with HQUSACE. For requests for advance payments, a State may request up to one quarter of the approved amount for YEAR 1.

PROCEDURES FOR REIMBURSEMENT

1. Submit SF 270 (Sample 1 with instructions for each installation and FUDS attached). This request must have cost breakdown sheets attached. Figures should be exact and not rounded off.
2. SF 270 must have an original signature by the certifying officer (Signature card with original signature for this individual must also be on file at the HQUSACE). Cards should contain signatures of individuals authorized to sign SF 270 and should also have signature of individual authorizing certification.

ADVANCE PROCEDURES

1. Submit SF 270 (Samples 2A and 2B with instructions attached). If this is the first request for an advance for the current CA, no supporting documentation is necessary. Before the next advance request is submitted, HQUSACE must have a breakdown of expenditures along with the SF 269A (Financial Status Report) for the previous advance. This information is necessary to show that monies previously advanced have been totally or partially (no less than 80%) spent.
2. SF 270 must have an original signature by the certifying officer (Signature card with original signature for this individual must also be on file at the HQUSACE). Cards should contain signatures of individuals authorized to sign SF 270 and SF 269A and should also have signature of individual authorizing certification.
3. Period covered under a request for advance must be beyond the current month. Example: An advance request submitted on October 1, 1999 for the period July 1, 1999 - September 30, 1999, could not be issued. (A reimbursement request would be necessary for that period.) This request could be processed as an advance for the period of November 1, 1999 through December 31, 1999.

Processing time for either request will take approximately 30 days from the time it is received unless there are problems with the request which could delay payment even longer. All forms (SF 270, Costs Breakdown) will be accepted in a computerized version. The original signed and completed forms should be mailed to the following address:

Headquarters, U.S. Army Corps of Engineers
ATTN: CEMP-RA
20 Massachusetts Avenue, NW
Washington, DC 20314-1000

**DSMOA PROGRAM
SF 270 REQUEST FOR REIMBURSEMENT INSTRUCTIONS**

**PLEASE NOTE:
When Submitting A SF 270 And Requesting A Reimbursement,
Cost Breakdown Sheets Must Be Attached.**

- Item 1 - Indicate reimbursement
- Item 2 - Indicate cash
- Item 3 - Department of Defense
- Item 4 - Federal grant number (State abbreviation, fiscal year of agreement, example: AL-00-1)
- Item 5 - Payment number (numbers should be consecutive)
- Item 6 - Employer identification number assigned by the U.S. Internal Revenue Service
- Item 7 - State account number or identifying number
- Item 8 - Enter the month, day and year for the beginning and ending of the period covered in this request
- Item 9 - Recipient organization
- Item 10 - Address where check is to be mailed (this address should be the place where the check is to be mailed with a designated point of contact and telephone)
- Item 11 - All items should be summed into total column.
- Item 11a - Total program outlays to date. This sum is the amount spent by the state since the beginning of the current agreement.
- Item 11b - This amount always should be zero.
- Item 11c - This amount should be the same as 11a.
- Item 11d - This amount should be zero for reimbursement
- Item 11e - Sum for lines 11c and 11d
- Item 11f - This amount always should be zero
- Item 11g - Total of amount on line 11e
- Item 11h - Total federal payments previously received on this agreement

Item 11i - Amount of money expected to be received on this request. This amount should agree with the cost breakdown sheets and should not be rounded off

Item 11j - Leave blank

Item 12a, b, and c - Leave blank

Item 13 - Signature of certifying official - signature card for this individual must be on file with CEMP-RA before payment can be made.

REQUEST FOR ADVANCE OR REIMBURSEMENT

(See instructions on back)

OMB APPROVAL NO. 0348-0004		PAGE _____ OF _____ PAGES
1. TYPE OF PAYMENT REQUESTED	a. "X" one or both boxes <input type="checkbox"/> ADVANCE <input type="checkbox"/> REIMBURSEMENT b. "X" the applicable box <input type="checkbox"/> FINAL <input type="checkbox"/> PARTIAL	2. BASIS OF REQUEST <input type="checkbox"/> CASH <input type="checkbox"/> ACCRUAL
3. FEDERAL SPONSORING AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH THIS REPORT IS SUBMITTED		4. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER ASSIGNED BY FEDERAL AGENCY
5. PARTIAL PAYMENT REQUEST NUMBER FOR THIS REQUEST		6. EMPLOYER IDENTIFICATION NUMBER
7. RECIPIENT'S ACCOUNT NUMBER OR IDENTIFYING NUMBER		8. PERIOD COVERED BY THIS REQUEST FROM (month, day, year) _____ TO (month, day, year) _____
9. RECIPIENT ORGANIZATION <i>Name:</i> <i>Number and Street:</i> <i>City, State and ZIP Code:</i>		10. PAYEE (Where check is to be sent if different than item 9) <i>Name:</i> <i>Number and Street:</i> <i>City, State and ZIP Code:</i>

11. COMPUTATION OF AMOUNT OF REIMBURSEMENTS/ADVANCES REQUESTED

PROGRAMS/FUNCTIONS/ACTIVITIES ►	(a)	(b)	(c)	TOTAL
a. Total program outlays to date <small>(As of date)</small>	\$	\$	\$	\$
b. Less: Cumulative program income				
c. Net program outlays (Line a minus line b)				
d. Estimated net cash outlays for advance period				
e. Total (Sum of lines c & d)				
f. Non-Federal share of amount on line e				
g. Federal share of amount on line e				
h. Federal payments previously requested				
i. Federal share now requested (Line g minus line h)				
j. Advances required by month, when requested by Federal grantor agency for use in making prescheduled advances	1st month			
	2nd month			
	3rd month			

12. ALTERNATE COMPUTATION FOR ADVANCES ONLY

a. Estimated Federal cash outlays that will be made during period covered by the advance	\$
b. Less: Estimated balance of Federal cash on hand as of beginning of advance period	
c. Amount requested (Line a minus line b)	\$

I certify that to the best of my knowledge and belief the data on the reverse are correct and that all outlays were made in accordance with the grant conditions or other agreement and that payment is due and has not been previously requested.	SIGNATURE OR AUTHORIZED CERTIFYING OFFICIAL	DATE REQUEST SUBMITTED
	TYPED OR PRINTED NAME AND TITLE	TELEPHONE (AREA CODE, NUMBER, EXTENSION)

This space for agency use

Public reporting burden for this collection of information is estimated to average 60 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0004), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

INSTRUCTIONS

Please type or print legibly. Items 1, 3, 5, 9, 10, 11e, 11f, 11g, 11i, 12 and 13 are self-explanatory; specific instructions for other items are as follows:

- | <u>Item</u> | <u>Entry</u> |
|---|--|
| 2 | Indicate whether request is prepared on cash or accrued expenditure basis. All requests for advances shall be prepared on a cash basis. |
| 4 | Enter the Federal grant number, or other identifying number assigned by the Federal sponsoring agency. If the advance or reimbursement is for more than one grant or other agreement, insert N/A; then, show the aggregate amounts. On a separate sheet, list each grant or agreement number and the Federal share of outlays made against the grant or agreement. |
| 6 | Enter the employer identification number assigned by the U.S. Internal Revenue Service, or the FICE (institution) code if requested by the Federal agency. |
| 7 | This space is reserved for an account number or other identifying number that may be assigned by the recipient. |
| 8 | Enter the month, day, and year for the beginning and ending of the period covered in this request. If the request is for an advance or for both an advance and reimbursement, show the period that the advance will cover. If the request is for reimbursement, show the period for which the reimbursement is requested. |
| Note: The Federal sponsoring agencies have the option of requiring recipients to complete items 11 or 12, but not both. Item 12 should be used when only a minimum amount of information is needed to make an advance and outlay information contained in item 11 can be obtained in a timely manner from other reports. | |
| 11 | The purpose of the vertical columns (a), (b), and (c) is to provide space for separate cost breakdowns when a project has been planned and budgeted by program, function, or |

- | <u>Item</u> | <u>Entry</u> |
|-------------|---|
| | activity. If additional columns are needed, use as many additional forms as needed and indicate page number in space provided in upper right; however, the summary totals of all programs, functions, or activities should be shown in the "total" column on the first page. |
| 11a | Enter in "as of date," the month, day, and year of the ending of the accounting period to which this amount applies. Enter program outlays to date (net of refunds, rebates, and discounts), in the appropriate columns. For requests prepared on a cash basis, outlays are the sum of actual cash disbursements for goods and services, the amount of indirect expenses charged, the value of in-kind contributions applied, and the amount of cash advances and payments made to subcontractors and subrecipients. For requests prepared on an accrued expenditure basis, outlays are the sum of the actual cash disbursements, the amount of indirect expenses incurred, and the net increase (or decrease) in the amounts owed by the recipient for goods and other property received and for services performed by employees, contracts, subgrantees and other payees. |
| 11b | Enter the cumulative cash income received to date, if requests are prepared on a cash basis. For requests prepared on an accrued expenditure basis, enter the cumulative income earned to date. Under either basis, enter only the amount applicable to program income that was required to be used for the project or program by the terms of the grant or other agreement. |
| 11d | Only when making requests for advance payments, enter the total estimated amount of cash outlays that will be made during the period covered by the advance. |
| 13 | Complete the certification before submitting this request. |

SF 270 REQUEST FOR DSMOA/CA ADVANCE INSTRUCTIONS

- Item 1 - Indicate advance
- Item 2 - Indicate cash
- Item 3 - Department of Defense
- Item 4 - Federal grant number (State abbreviation, fiscal year of agreement, example: AL-00-1)
- Item 5 - Payment number (numbers should be consecutive)
- Item 6 - Employer identification number assigned by the U.S. Internal Revenue Service
- Item 7 - State account number or identifying number
- Item 8 - Enter the month, day and year for the beginning and ending of the period covered in this request
- Item 9 - Recipient organization
- Item 10 - Address where check is to be mailed (This address should be the place where the check is to be mailed with a designated point of contact and phone number)
- Item 11 - All items should be summed into total column.
- Item 11a - Total program outlays to date. This sum is the amount spent by the state since the beginning of the current agreement.
- Item 11b - This amount always should be zero.
- Item 11c - This amount should be the same as 11a.
- Item 11d - Estimated amount needed for the period of the request
- Item 11e - Sum for lines 11c and 11d
- Item 11f - This amount always should be zero
- Item 11g - Total of amount on line 11e
- Item 11h - Total federal payments previously received on this agreement
- Item 11i - Amount of money expected to be received on this request
- Item 11j - Leave blank
- Item 12a, b, and c - Leave blank

Item 13 - Signature of certifying official - signature card for this individual must be on file with CEMP-RA before payment can be made.

REQUEST FOR ADVANCE OR REIMBURSEMENT

(See instructions on back)

OMB APPROVAL NO. 0348-0004	PAGE _____ OF _____ PAGES
--------------------------------------	---------------------------

1. TYPE OF PAYMENT REQUESTED a. "X" one or both boxes <input type="checkbox"/> ADVANCE <input type="checkbox"/> REIMBURSEMENT b. "X" the applicable box <input type="checkbox"/> FINAL <input type="checkbox"/> PARTIAL	2. BASIS OF REQUEST <input type="checkbox"/> CASH <input type="checkbox"/> ACCRUAL
---	--

3. FEDERAL SPONSORING AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH THIS REPORT IS SUBMITTED

4. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER ASSIGNED BY FEDERAL AGENCY

5. PARTIAL PAYMENT REQUEST NUMBER FOR THIS REQUEST

6. EMPLOYER IDENTIFICATION NUMBER

7. RECIPIENT'S ACCOUNT NUMBER OR IDENTIFYING NUMBER

8. **PERIOD COVERED BY THIS REQUEST**
 FROM (month, day, year) _____ TO (month, day, year) _____

9. RECIPIENT ORGANIZATION

Name: _____

Number and Street: _____

City, State and ZIP Code: _____

10. PAYEE (Where check is to be sent if different than item 9)

Name: _____

Number and Street: _____

City, State and ZIP Code: _____

11. COMPUTATION OF AMOUNT OF REIMBURSEMENTS/ADVANCES REQUESTED

PROGRAMS/FUNCTIONS/ACTIVITIES ►	(a)	(b)	(c)	TOTAL
a. Total program outlays to date <small>(As of date)</small>	\$	\$	\$	\$
b. Less: Cumulative program income				
c. Net program outlays (Line a minus line b)				
d. Estimated net cash outlays for advance period				
e. Total (Sum of lines c & d)				
f. Non-Federal share of amount on line e				
g. Federal share of amount on line e				
h. Federal payments previously requested				
i. Federal share now requested (Line g minus line h)				
j. Advances required by month, when requested by Federal grantor agency for use in making prescheduled advances	1st month			
	2nd month			
	3rd month			

12. ALTERNATE COMPUTATION FOR ADVANCES ONLY

a. Estimated Federal cash outlays that will be made during period covered by the advance	\$
b. Less: Estimated balance of Federal cash on hand as of beginning of advance period	
c. Amount requested (Line a minus line b)	\$

I certify that to the best of my knowledge and belief the data on the reverse are correct and that all outlays were made in accordance with the grant conditions or other agreement and that payment is due and has not been previously requested.	SIGNATURE OR AUTHORIZED CERTIFYING OFFICIAL	DATE REQUEST SUBMITTED
	TYPED OR PRINTED NAME AND TITLE	TELEPHONE (AREA CODE, NUMBER, EXTENSION)

This space for agency use

Public reporting burden for this collection of information is estimated to average 60 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0004), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

INSTRUCTIONS

Please type or print legibly. Items 1, 3, 5, 9, 10, 11e, 11f, 11g, 11i, 12 and 13 are self-explanatory; specific instructions for other items are as follows:

- | <i>Item</i> | <i>Entry</i> |
|---|--|
| 2 | Indicate whether request is prepared on cash or accrued expenditure basis. All requests for advances shall be prepared on a cash basis. |
| 4 | Enter the Federal grant number, or other identifying number assigned by the Federal sponsoring agency. If the advance or reimbursement is for more than one grant or other agreement, insert N/A; then, show the aggregate amounts. On a separate sheet, list each grant or agreement number and the Federal share of outlays made against the grant or agreement. |
| 6 | Enter the employer identification number assigned by the U.S. Internal Revenue Service, or the FICE (institution) code if requested by the Federal agency. |
| 7 | This space is reserved for an account number or other identifying number that may be assigned by the recipient. |
| 8 | Enter the month, day, and year for the beginning and ending of the period covered in this request. If the request is for an advance or for both an advance and reimbursement, show the period that the advance will cover. If the request is for reimbursement, show the period for which the reimbursement is requested. |
| Note: The Federal sponsoring agencies have the option of requiring recipients to complete items 11 or 12, but not both. Item 12 should be used when only a minimum amount of information is needed to make an advance and outlay information contained in item 11 can be obtained in a timely manner from other reports. | |
| 11 | The purpose of the vertical columns (a), (b), and (c) is to provide space for separate cost breakdowns when a project has been planned and budgeted by program, function, or |

- | <i>Item</i> | <i>Entry</i> |
|-------------|---|
| | activity. If additional columns are needed, use as many additional forms as needed and indicate page number in space provided in upper right; however, the summary totals of all programs, functions, or activities should be shown in the "total" column on the first page. |
| 11a | Enter in "as of date," the month, day, and year of the ending of the accounting period to which this amount applies. Enter program outlays to date (net of refunds, rebates, and discounts), in the appropriate columns. For requests prepared on a cash basis, outlays are the sum of actual cash disbursements for goods and services, the amount of indirect expenses charged, the value of in-kind contributions applied, and the amount of cash advances and payments made to subcontractors and subrecipients. For requests prepared on an accrued expenditure basis, outlays are the sum of the actual cash disbursements, the amount of indirect expenses incurred, and the net increase (or decrease) in the amounts owed by the recipient for goods and other property received and for services performed by employees, contracts, subgrantees and other payees. |
| 11b | Enter the cumulative cash income received to date, if requests are prepared on a cash basis. For requests prepared on an accrued expenditure basis, enter the cumulative income earned to date. Under either basis, enter only the amount applicable to program income that was required to be used for the project or program by the terms of the grant or other agreement. |
| 11d | Only when making requests for advance payments, enter the total estimated amount of cash outlays that will be made during the period covered by the advance. |
| 13 | Complete the certification before submitting this request. |

REQUEST FOR ADVANCE OR REIMBURSEMENT

(See instructions on back)

OMB APPROVAL NO. 0348-0004		PAGE _____ OF _____ PAGES
1. TYPE OF PAYMENT REQUESTED	a. "X" one or both boxes <input type="checkbox"/> ADVANCE <input type="checkbox"/> REIMBURSEMENT b. "X" the applicable box <input type="checkbox"/> FINAL <input type="checkbox"/> PARTIAL	2. BASIS OF REQUEST <input type="checkbox"/> CASH <input type="checkbox"/> ACCRUAL
3. FEDERAL SPONSORING AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH THIS REPORT IS SUBMITTED		4. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER ASSIGNED BY FEDERAL AGENCY
5. FEDERAL SPONSORING AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH THIS REPORT IS SUBMITTED		6. PARTIAL PAYMENT REQUEST NUMBER FOR THIS REQUEST
6. EMPLOYER IDENTIFICATION NUMBER	7. RECIPIENT'S ACCOUNT NUMBER OR IDENTIFYING NUMBER	8. PERIOD COVERED BY THIS REQUEST FROM (month, day, year) _____ TO (month, day, year) _____
9. RECIPIENT ORGANIZATION <i>Name:</i> <i>Number and Street:</i> <i>City, State and ZIP Code:</i>		10. PAYEE (Where check is to be sent if different than item 9) <i>Name:</i> <i>Number and Street:</i> <i>City, State and ZIP Code:</i>

11. COMPUTATION OF AMOUNT OF REIMBURSEMENTS/ADVANCES REQUESTED

PROGRAMS/FUNCTIONS/ACTIVITIES ►	(a)	(b)	(c)	TOTAL
a. Total program outlays to date <i>(As of date)</i>	\$	\$	\$	\$
b. <i>Less:</i> Cumulative program income				
c. Net program outlays (<i>Line a minus line b</i>)				
d. Estimated net cash outlays for advance period				
e. Total (<i>Sum of lines c & d</i>)				
f. Non-Federal share of amount on line e				
g. Federal share of amount on line e				
h. Federal payments previously requested				
i. Federal share now requested (<i>Line g minus line h</i>)				
j. Advances required by month, when requested by Federal grantor agency for use in making prescheduled advances	1st month			
	2nd month			
	3rd month			

12. ALTERNATE COMPUTATION FOR ADVANCES ONLY

a. Estimated Federal cash outlays that will be made during period covered by the advance	\$
b. <i>Less:</i> Estimated balance of Federal cash on hand as of beginning of advance period	
c. Amount requested (<i>Line a minus line b</i>)	\$

I certify that to the best of my knowledge and belief the data on the reverse are correct and that all outlays were made in accordance with the grant conditions or other agreement and that payment is due and has not been previously requested.	SIGNATURE OR AUTHORIZED CERTIFYING OFFICIAL	DATE REQUEST SUBMITTED
	TYPED OR PRINTED NAME AND TITLE	TELEPHONE (AREA CODE, NUMBER, EXTENSION)

This space for agency use

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PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

INSTRUCTIONS

Please type or print legibly. Items 1, 3, 5, 9, 10, 11e, 11f, 11g, 11i, 12 and 13 are self-explanatory; specific instructions for other items are as follows:

- | <u>Item</u> | <u>Entry</u> |
|---|--|
| 2 | Indicate whether request is prepared on cash or accrued expenditure basis. All requests for advances shall be prepared on a cash basis. |
| 4 | Enter the Federal grant number, or other identifying number assigned by the Federal sponsoring agency. If the advance or reimbursement is for more than one grant or other agreement, insert N/A; then, show the aggregate amounts. On a separate sheet, list each grant or agreement number and the Federal share of outlays made against the grant or agreement. |
| 6 | Enter the employer identification number assigned by the U.S. Internal Revenue Service, or the FICE (institution) code if requested by the Federal agency. |
| 7 | This space is reserved for an account number or other identifying number that may be assigned by the recipient. |
| 8 | Enter the month, day, and year for the beginning and ending of the period covered in this request. If the request is for an advance or for both an advance and reimbursement, show the period that the advance will cover. If the request is for reimbursement, show the period for which the reimbursement is requested. |
| Note: The Federal sponsoring agencies have the option of requiring recipients to complete items 11 or 12, but not both. Item 12 should be used when only a minimum amount of information is needed to make an advance and outlay information contained in item 11 can be obtained in a timely manner from other reports. | |
| 11 | The purpose of the vertical columns (a), (b), and (c) is to provide space for separate cost breakdowns when a project has been planned and budgeted by program, function, or |

- | <u>Item</u> | <u>Entry</u> |
|-------------|---|
| | activity. If additional columns are needed, use as many additional forms as needed and indicate page number in space provided in upper right; however, the summary totals of all programs, functions, or activities should be shown in the "total" column on the first page. |
| 11a | Enter in "as of date," the month, day, and year of the ending of the accounting period to which this amount applies. Enter program outlays to date (net of refunds, rebates, and discounts), in the appropriate columns. For requests prepared on a cash basis, outlays are the sum of actual cash disbursements for goods and services, the amount of indirect expenses charged, the value of in-kind contributions applied, and the amount of cash advances and payments made to subcontractors and subrecipients. For requests prepared on an accrued expenditure basis, outlays are the sum of the actual cash disbursements, the amount of indirect expenses incurred, and the net increase (or decrease) in the amounts owed by the recipient for goods and other property received and for services performed by employees, contracts, subgrantees and other payees. |
| 11b | Enter the cumulative cash income received to date, if requests are prepared on a cash basis. For requests prepared on an accrued expenditure basis, enter the cumulative income earned to date. Under either basis, enter only the amount applicable to program income that was required to be used for the project or program by the terms of the grant or other agreement. |
| 11d | Only when making requests for advance payments, enter the total estimated amount of cash outlays that will be made during the period covered by the advance. |
| 13 | Complete the certification before submitting this request. |

SF 270 COST BREAKDOWN CHART

STATE OF:

PERIOD COVERED:

AGREEMENT NUMBER:

DoD COMPONENT:

INSTALLATION:

INSTALLATION:

INSTALLATION:

CATEGORY:	COSTS	CATEGORY:	COSTS	CATEGORY:	COSTS
Personnel		Personnel		Personnel	
Administrative Charges		Administrative Charges		Administrative Charges	
Benefits		Benefits		Benefits	
Travel		Travel		Travel	
Equipment		Equipment		Equipment	
Supplies		Supplies		Supplies	
Contract		Contract		Contract	
Indirect		Indirect		Indirect	
Other		Other		Other	
TOTAL		TOTAL		TOTAL	

This form is to be completed and attached to SF 270 to support outlays to be reimbursed.

This form is to be completed and attached to SF 269A to support outlays against advances issued.

**INSTRUCTIONS FOR COMPLETING SF 269A
FINANCIAL STATUS REPORT**

Submit 269A (Sample 3 with instructions). States receiving advance payments should submit the Financial Status Report (SF 269 or SF 269A) quarterly. One copy is required and must contain an original signature. The cost breakdown chart must accompany the Financial Status Report showing current costs for each installation and each FUDS for the quarter for which the advance was issued.

SF 269A FINANCIAL STATUS REPORT INSTRUCTIONS

- Item 1 - Department of Defense
- Item 2 - Federal grant number (state abbreviation, fiscal year of agreement, example - AL 98-1)
- Item 3 - Recipient organization
- Item 4 - Employer identification number assigned by the internal revenue service
- Item 5 - Recipient control number
- Item 6 - Check no, unless this is the final report for agreement
- Item 7 - Indicate cash or accrued expenditure basis
- Item 8 - Month, day, year for beginning and ending dates of the current cooperative agreement
- Item 9 - Month, day, year for period covered by this report
- Item 10a - Total outlays - column I - if this is the first report this column would be zero; column II - amount expended during this reporting period; and column III - sum of column I and II
- Item 10b - Under this agreement this column should be zero
- Item 10c - Same as item 10a
- Item 10d - Under the advance system, any monies not expended by the end of the quarter. Under the reimbursement system this amount would be zero
- Item 10e - Under this agreement this column should be zero
- Item 10f - Same as 10d
- Item 10g - Sum of lines 10c and 10f
- Item 10h - Total funds issued under current agreement
- Item 10i - Balance of funds issued under current agreement line 10h minus 10g
- Item 11b - Indirect cost rate during reporting period
- Item 13 - Signature of certifying official

FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted	2. Federal Grant or Other Identifying Number Assigned By Federal Agency	OMB Approval No. 0348-0038	Page of pages
3. Recipient Organization (Name and complete address, including ZIP code)			
4. Employer Identification Number	5. Recipient Account Number or Identifying Number	6. Final Report <input type="checkbox"/> Yes <input type="checkbox"/> No	7. Basis <input type="checkbox"/> Cash <input type="checkbox"/> Accrual
8. Funding/Grant Period (See instructions) From: (Month, Day, Year)	To: (Month, Day, Year)	9. Period Covered by this Report From: (Month, Day, Year)	To: (Month, Day, Year)
10. Transactions:	I Previously Reported	II This Period	III Cumulative
a. Total outlays			
b. Recipient share of outlays			
c. Federal share of outlays			
d. Total unliquidated obligations			
e. Recipient share of unliquidated obligations			
f. Federal share of unliquidated obligations			
g. Total Federal share(Sum of lines c and f)			
h. Total Federal funds authorized for this funding period			
i. Unobligated balance of Federal funds(Line h minus line g)			
11. Indirect Expense	a. Type of Rate(Place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed		
	b. Rate	c. Base	d. Total Amount
	e. Federal Share		
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.			
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.			
Typed or Printed Name and Title		Telephone (Area code, number and extension)	
Signature of Authorized Certifying Official		Date Report Submitted	

FINANCIAL STATUS REPORT

(Short Form)

Public reporting burden for this collection of information is estimated to average 90 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0038), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

Please type or print legibly. The following general instructions explain how to use the form itself. You may need additional information to complete certain items correctly, or to decide whether a specific item is applicable to this award. Usually, such information will be found in the Federal agency's grant regulations or in the terms and conditions of the award. You may also contact the Federal agency directly.

Item	Entry
1, 2 and 3. Self-explanatory.	
4. Enter the Employer Identification Number (EIN) assigned by the U.S. Internal Revenue Service.	
5. Space reserved for an account number or other identifying number assigned by the recipient.	
6. Check <i>yes</i> only if this is the last report for the period shown in item 8.	
7. Self-explanatory.	
8. Unless you have received other instructions from the awarding agency, enter the beginning and ending dates of the current funding period. If this is a multi-year program, the Federal agency might require cumulative reporting through consecutive funding periods. In that case, enter the beginning and ending dates of the grant period, and in the rest of these instructions, substitute the term "grant period" for "funding period."	<p>the value of in-kind contributions applied, and the net increase or decrease in the amounts owed by the recipient for goods and other property received, for services performed by employees, contractors, subgrantees and other payees, and other amounts becoming owed under programs for which no current services or performances are required, such as annuities, insurance claims, and other benefit payments.</p>
9. Self-explanatory.	<p>10b. Self-explanatory.</p> <p>10c. Self-explanatory.</p>
10. The purpose of columns I, II, and III is to show the effect of this reporting period's transactions on cumulative financial status. The amounts entered in column I will normally be the same as those in column III of the previous report in <i>the same funding period</i> . If this is the first or only report of the funding period, leave columns I and II blank. If you need to adjust amounts entered on previous reports, footnote the column I entry on this report and attach an explanation.	<p>10d. Enter the total amount of unliquidated obligations, including unliquidated obligations to subgrantees and contractors.</p> <p>Unliquidated obligations on a cash basis are obligations incurred, but not yet paid. On an accrual basis, they are obligations incurred, but for which an outlay has not yet been recorded.</p> <p>Do not include any amounts on line 10d that have been included on lines 10a, b, or c.</p> <p>On the final report, line 10d must be zero.</p>
10a. Enter total program outlays less any rebates, refunds, or other credits. For reports prepared on a cash basis, outlays are the sum of actual cash disbursements for direct costs for goods and services, the amount of indirect expense charged, the value of in-kind contributions applied, and the amount of cash advances and payments made to subrecipients. For reports prepared on an accrual basis, outlays are the sum of actual cash disbursements for direct charges for goods and services, the amount of indirect expense incurred,	<p>10e. f, g, h, h and i. Self-explanatory.</p> <p>11a. Self-explanatory.</p> <p>11b. Enter the indirect cost rate in effect during the reporting period.</p> <p>11c. Enter the amount of the base against which the rate was applied.</p> <p>11d. Enter the total amount of indirect costs charged during the report period.</p> <p>11e. Enter the Federal share of the amount in 11d.</p>
	<p>Note: If more than one rate was in effect during the period shown in item 8, attach a schedule showing the bases against which the different rates were applied, the respective rates, the calendar periods they were in effect, amounts of indirect expense charged to the project, and the Federal share of indirect expense charged to the project to date.</p>

INSTRUCTIONS FOR DD FORM 577 (SIGNATURE CARD)

(NOTE: THIS MUST BE ON FILE IN ORDER TO MAKE PAYMENTS)

- Item 1 - Name of individual certifying payment
- Item 2 - Leave blank
- Item 3 - Current date
- Item 4 - Official address
- Item 5 - Signature of individual in Item 1
- Item 6 - Type of document individual authorized to sign (Example: SF 270 And SF 269A)
- Item 7 - Name of individual authorizing person in Item 1 to sign forms
- Item 8 - Leave blank
- Item 9 - Signature of individual in Item 7

1. NAME (type or print)	2. PAY GRADE	3. DATE
4. OFFICIAL ADDRESS		
5. SIGNATURE		
6. TYPE OF DOCUMENT OR PURPOSE FOR WHICH AUTHORIZED		
THE ABOVE IS THE SIGNATURE OF THE AUTHORIZED INDIVIDUAL		
7. NAME OF COMMANDING OFFICER (type or print)		8. PAY GRADE
9. SIGNATURE OF COMMANDING OFFICER		

DD Form 577, MAY 88

*Previous edition may
be used until exhausted*

SIGNATURE CARD

PROCESS FOR CLOSEOUT OF COOPERATIVE AGREEMENT

To closeout the CA, it is necessary for States receiving reimbursements to submit a final SF 270 to HQUSACE. States receiving advance payments, must submit a final SF 270 and a final SF 269 or 269A. The final forms are due to HQUSACE no later than 90 days from last day of the CA period. If this timeframe cannot be accommodated, please contact HQUSACE for an extension. Clearly indicate on each form that this is a final request by marking the appropriate box. At the time of the final request, ensure that it includes all allowable expenditures before closing the account. When HQUSACE closes the State's CA financial account, HQUSACE cannot accept any future requests for payments against the closed CA.

Appendix K

Two-Year Joint Cooperative Agreement Execution Plan Progress Report (Options A and B)

Option A Annotated Worksheet: Joint CA Execution Plan Progress Report

Service _____
 Name of Installation _____
 Project, or Operable Unit _____
 State _____

Funding Source
 DERP _____
 BRAC 1 _____
 BRAC 2 _____
 BRAC 3 _____
 BRAC 4 _____

CA Period: 1 JUL 00 – 30 JUN 02

YEAR 1 – FROM 1 JUL 00 – 30 JUN 01	
ACTIVITY, WORK, AND DELIVERABLE	STATUS OF WORK
List Activity, Work, and Deliverables as they appeared on the original Joint CA Execution schedule here.	Describe the status of each, either on-going, completed, not begun, canceled, or postponed.

YEAR 2 – FROM 1 JUL 01 TO 30 JUN 02	
ACTIVITY, WORK, AND DELIVERABLE	STATUS OF WORK
List Activity, Work, and Deliverables as they appeared on the original Joint CA Execution schedule here.	Describe the status of each, either on-going, completed, not begun, canceled, or postponed.

State Project Manager _____
 E-mail/Phone No. _____ Date: _____

DoD Project Manager _____
 E-mail/Phone No. _____ Date: _____

Option A Sample: Joint CA Execution Plan Progress Report

Service US Army
 Name of Installation Fort Keystone
 Project, or Operable Unit _____
 State Kansas

Funding Source
 DERP X
 BRAC 1 _____
 BRAC 2 _____
 BRAC 3 _____
 BRAC 4 _____

CA Period 1 JUL 00 – 30 JUN 02

YEAR 1 – FROM 1 JUL 00 TO 30 JUN 01	
ACTIVITY, WORK, AND DELIVERABLE	STATUS OF WORK
Conduct PA/SI at OU 8 - Review field testing - Conduct on-site interviews	Completed Completed
Complete Remedy Selection for Southland Training Area - Identify ARARs - Approve ROD	Completed Completed
Complete RI/FS at former Auto Painting Facility - Monitor sampling - Participate in RAB - Review risk assessment	Rescheduled On-going Completed

YEAR 2 – FROM 1 JUL 01 – 30 JUN 02	
ACTIVITY, WORK, AND DELIVERABLE	STATUS OF WORK

State Project Manager _____
 E-mail/Phone No. _____ Date: _____

DoD Project Manager _____
 E-mail/Phone No. _____ Date: _____

Option B Sample: TWO-YEAR JOINT CA EXECUTION PLAN

Service _____
 Name of Installation _____
 Project, or Operable Unit _____
 State _____

Funding Source
 DERP _____
 BRAC 1 _____
 BRAC 2 _____
 BRAC 3 _____
 BRAC 4 _____

CA Period 1 JUL 00 – 30 JUN 02

YEAR 1		July 1, 2000 to June 30, 2001	
<u>Milestones</u>	<u>Tasks</u>	<u>State DSMOA Services</u>	<u>Status</u>
RI/FS	Final Remedial Investigation Report & Feasibility Study	<ul style="list-style-type: none"> • Conduct technical reviews • Attend comment resolution meetings • Coordinate with other state agencies, ecology programs, and EPA 	<ul style="list-style-type: none"> • Completed • On-going • On-going
Remedy Selection	Proposed Plan (2-3 Drafts)	<ul style="list-style-type: none"> • Screen alternatives • Review and approve plan • Identify ARARS • Coordinate with other state agencies, ecology programs, and EPA 	<ul style="list-style-type: none"> • Completed • Completed • Completed • On-going
	Community Relations	<ul style="list-style-type: none"> • Attend RAB meetings as scheduled 	<ul style="list-style-type: none"> • On-going

YEAR 2		July 1, 2001 to June 30, 2002	
<u>Milestones</u>	<u>Tasks</u>	<u>State DSMOA Services</u>	<u>Status</u>
Remedy Selection Remedy Design	Record of Decision Scope Design Remedial Design (2-3 Drafts)	<ul style="list-style-type: none"> • Review and approve plan • Negotiate schedule for RD/RA • Conduct technical reviews • Attend comment resolution meetings • Coordinate with other state agencies, ecology programs, and EPA 	<ul style="list-style-type: none"> • Completed • Completed • On-going • On-going • On-going
	Community Relations	<ul style="list-style-type: none"> • Attend RAB meetings as scheduled 	<ul style="list-style-type: none"> • On-going

State Project Manager _____
 E-mail/Phone No. _____ Date: _____

DoD Project Manager _____
 E-mail/Phone No. _____ Date: _____