## Application for Federal Assistance [Standard Form 424]

Following are instructions for filling out each numbered item in Standard Form (SF) 424.
This form is used to provide general information about your TAG group. It certifies that you have determined your state's intergovernmental review requirements and requires the signature of an authorized representative of your group.

- 1. Type of Submission -- Check "application."
- 2. Type of Application -- Check "new."
- Date Received -- Leave blank.
- 4. Application Identifier -- Leave blank.
- 5a. Federal Entity Identifier -- Enter xxxx
- 5b. **Federal Award Identifier** -- If this is a new application, leave blank. If this is a continuation or revision to an existing TAG award, enter the previously assigned Federal award identifier number. If this is a changed/corrected application, enter the Federal Identifier in accordance with agency instructions.
- 6. Date Received by State -- Leave blank.
- State Application Identifier -- Leave blank.
- 8. Applicant Information -
  - a. Legal Name -- Enter your group's name.
  - b. **EIN/TIN** -- Enter your group's Employer Identification Number (EIN)/Taxpayer Identification Number (TIN). If you do not have an EIN or TIN, call the U.S. Internal Revenue Service number in the "Government Listings" of your local telephone directory. Ask for IRS Form SS-4 ("Application for Employer Identification Number"). Fill it out and follow directions in the "How to Apply" section on the Form to submit it by mail, by telephone, or by fax.
  - c. **Organizational DUNS** -- Enter your group's Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number. If you do not have a DUNS number, call the toll-free request line at 1-866-705-5711 to obtain one immediately at no cost. You also may request at no cost a DUNS number on the Internet at

http://www.dnb.com. Processing of online requests takes about 30 days.

- d. Address -- Enter your group's full address in the blanks as indicated.
- e. **Organizational Unit** -- Leave both boxes blank.
- f. **Name and Contact Information** -- Type in the name, title, telephone number, fax number, and *email address of your organization's authorized representative. Leave the box under "Organizational Affilitation" blank.*

OMB Number: 4040-0004 Expiration Date: 01/31/2009

Application for Federal Assis	stance SF-424	Ve	rsion 02
* 1. Type of Submission:	* 2. Type of Application:	* If Revision, select appropriate letter(s):	
Preapplication	New	<u> </u>	
Application	Continuation	* Other (Specify)	
Changed/Corrected Application	Revision		
* 3. Date Received:	4. Applicant Identifier:		
Completed by Grants.gov upon submission.			
5a. Federal Entity Identifier:		* 5b. Federal Award Identifier:	
XXXXXXX			
State Use Only:			
6. Date Received by State:	7. State Application	n Identifier:	
8. APPLICANT INFORMATION:			
* a. Legal Name: Woodtown La	andfill Coalition		
* b. Employer/Taxpayer Identification N	lumber (EIN/TIN):	* c. Organizational DUNS:	
XX-XXXXXXX		XX-XXX-XXXX	
d. Address:			
* Street1: Main Stree	et		
Street2:			
* City: Woodtown	1		
County: Litchfield			
* State: CT			
Province:			
* Country: USA		USA: UNITED STATES	
* Zip / Postal Code: 06898			
e. Organizational Unit:			
Department Name:		Division Name:	
f. Name and contact information of	person to be contacted on	matters involving this application:	
Prefix: Ms	* First Nam	ne: Pat	
Middle Name:			
* Last Name: Jones			
Suffix:			
Title: Executive Director	7		
Organizational Affiliation:			
* Telephone Number: 203-555	5-1234	Fax Number: 203-555-1234	
* Email: jones.pat@coalitio	on.org	-	

# **Application for Federal Assistance [SF424] (continued)**

- 9. **Type of Applicant** -- Select "M" from the drop-down menu if your group is a non-profit corporation with tax-exempt status. Select "N" from the drop-down menu if your group does not have tax-exempt status from the IRS. **NOTE: Tax-exempt status is different from being incorporated by your state as a non-profit organization.**
- 10. Name of Federal Agency -- Enter "U.S. Environmental Protection Agency."
- 11. Catalog of Federal Domestic Assistance Number -- Enter 66.806.
  - CDFA Title -- Enter "Superfund Technical Assistance Grants (TAGs) for Community Groups at National Priorities List (NPL) Sites."
- 12. **Funding Opportunity Number** -- Enter the number of the Federal Opportunity under which your group is requesting a TAG. This number will be supplied by your EPA Regional TAG Coordinator.
  - **Title** -- Enter the title of the Federal Opportunity provided by your EPA Regional TAG Coordinator.
- 13. Competition Identification Number -- Leave blank.
- 14. **Areas Affected by Project** -- List municipalities, towns, counties, and states encompassing, adjacent to, and affected by the site.
- 15. Descriptive Title of Project -- Enter "Technical Assistance for [name of your site]."

OMB Number: 4040-0004

)9

I: Nonprofit without 501C3 IRS Status (other than Institution of Higher Education)	
LLC Environmental Protection Agency	
U.S. Environmental Protection Agency	
66.806	
uperfund Technical Assistance Grants (TAGs)	
xxxxxxxx	٦
xxxxxxxxxx	
	_
	7
Smithtown, Woodtown, Litchfield, CT	
Technical Assistance at the Woodtown Landfill Site	
135/11104/7 135/34/100 at the Woodtown Editable Offe	

# **Application for Federal Assistance [SF424] (continued)**

#### 16. Congressional Districts --

- a. Enter the Congressional District (two-letter state abbreviation, dash, three-digit district number) in which your group's office (mailing address) is located.
- b. Enter all the Congressional Districts (two-letter state abbreviation, dash, three-digit district number) that are affected by the site.

If you do not know the district numbers, ask the local library or visit http://nationalatlas.gov/printable/congress.html#list.

#### 17. Proposed Project

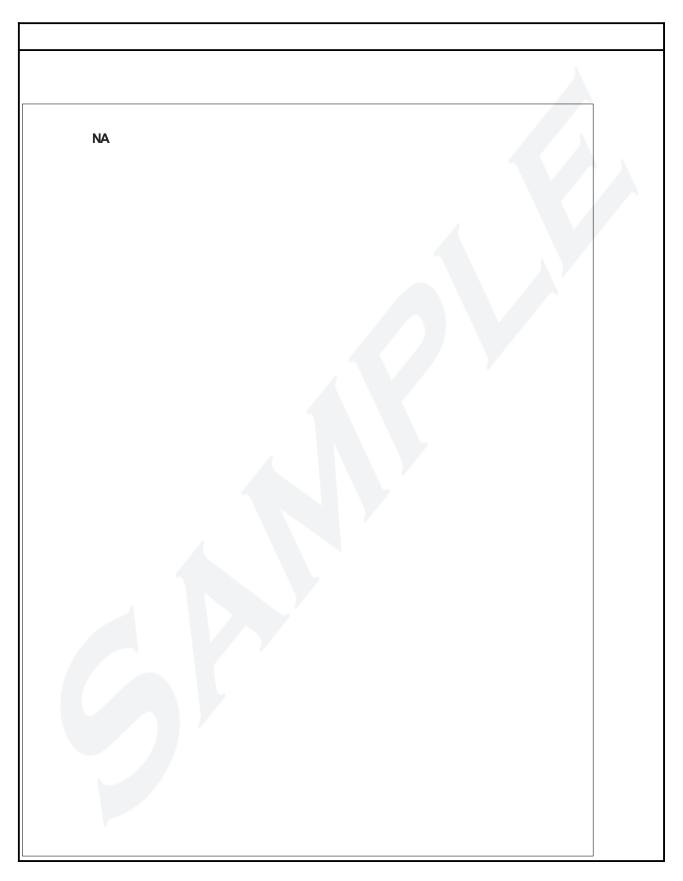
- a. **Start Date** -- Ask your EPA Regional Office when funding is likely to be approved if you recevie an award. Type in this date or the date you wish to begin receiving funds, whichever is later.
- b. **End Date** -- Enter the date on which your proposed project will be completed (for example, if you are requesting funding for a three year project, enter the date that will be three years after your start date.
- 18. **Estimated Funding** -- Type in the amount of money your are asking EPA to provide (block "a"), the amount of "matching" funds you will provide (block "b"), and the total (block "g"). Copy these numbers from your Budget Narrative Attachment Form. The amount in block "a" must not be more than \$50,000 and not more than 80% of the total in block "g".
- 19. **Review by State** -- Check with your EPA Regional Office to determine if your application must be reviewed by the state. If "yes," check "a" and provide the date the application was provided to the state for review. If "no," check "b."
- 20. **Delinquent on Federal Debt** -- Check "yes" or "no" as appropriate. If "yes," provide an explanation in the blank provided (see Sample on page 35).
- 21. **Certification** -- Check "I agree" and enter the name, title, telephone number, fax number (if any), and email of your organization's authorized representative. If you are submitting your application in hard copy, have your authorized representative sign and date the form. If you are submitting your application via the Grants.gov Web site, leave the signature and date block blank; these will be filled in automatically when you fill out the final form online.

OMB Number: 4040-0004 Expiration Date: 01/31/2009

Application for F	ederal Assistan	ce SF-424			Version 02
16. Congressional Di	stricts Of:				\
* a. Applicant C	T-006		* b. Prog	gram/Project CT-006	
Attach an additional lis	st of Program/Project	Congressional Districts if r	eeded.		
		Add Attachment Dele	ete Attachment View Atta	achment	$\lambda$
17. Proposed Project	:				
* a. Start Date: 1/	1/07		*	b. End Date: 12/31/09	
18. Estimated Fundin	ng (\$):				
* a. Federal	\$50,000				
* b. Applicant	\$12,500				
* c. State					
* d. Local					
* e. Other					
* f. Program Income					
* g. TOTAL	\$62,500				
a. This application v b. Program is subje c. Program is not co  * 20. Is the Applicant Yes  X	was made available to ct to E.O. 12372 but overed by E.O. 1237.  Delinquent On Any No	Federal Debt? (If "Yes",	utive Order 12372 Processine State for review.  provide explanation.)	s for review on 11/30/06.	
herein are true, com comply with any resi	plete and accurate ulting terms if I acc	to the best of my knowle	edge. I also provide the that any false, fictitious	required assurances** and agree t s, or fraudulent statements or clain	0
** The list of certifications.	ons and assurances,	or an internet site where yo	ou may obtain this list, is c	ontained in the announcement or age	ncy
Authorized Represer	ntative:				
Prefix: Ms.		* First Name	Pat		
Middle Name:					
* Last Name: Jone	es				
Suffix:					
* Title: Exec	cutive Director				
* Telephone Number:	203-555-123	4	Fax Number:	203-555-1234	
* Email: jone	s.pat@coalitior	n.org			
* Signature of Authoriz	ed Representative:		* Date Sign	ed:	

# **Application for Federal Assistance [SF424] (continued)**

**Delinquent on Federal Debt** -- If you checked "yes" to question 20, provide an explanation in the blank provided.



# Standard Form 424A-Budget Information

#### Section A—Budget Summary

- 1.a. Grant Program, Function, or Activity -- Type in the name of the Superfund site.
- 1.b. Catalog of Federal Domestic Assistance Number -- Type in 66.806.
- NOTE: Leave all other blocks in Row 1 blank. Also leave blocks "a" and "b" in Rows 2-5 as they apprear.
- **2.c-5.g** -- Type in "See Detailed Budget in Budget Narrative Attachment Form" across columns as shown on the Sample.

#### Section B—Budget Categories

**6.a-7.k** -- Type in "See Detailed Budget in Budget Narrative Attachment Form" across columns as shown on the Sample.

BUDGET INFO RMATI ON - Non-Construction Programs

Classification of Federal Length and Decision of Federal Length Sassisteries (Activity Professions Program Length Sassisteries (Activity Professions Length Sassisteries (Activity Professions Length Sassisteries (Activity Professions Length Sassisteries (Activity Professions Length Sassisteries (Activity Professions) (A				SECI	SECTION A - BUDGET SUMI	SUMMARY			
Number   Federal   Non-Federal   Federal   Non-Federal	$\overline{}$	atalog of Federal mestic Assistance		Estimated Ur	nobligated Funds		New or Revised Budg	jet	
66.806   S		Number (b)		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)		Total (g)
See detailed budget in B dget Narrative Attachment Form   See detailed budget in B dget Narrative Attachment Form   See detailed budget in Budget Narrative Attachment Form   See   Se	Technical Assis-  1. tance Grant at	908.99	\$		₩	ક્ક	↔	\$	000
90ries   S	2. Site			S	ee detailed budget in B	udget Narrative Attachm	ent Form		000
Secritor B - BUDGET CATEGORIES	3.								000
Secritor B - BUDGET CATEGORIES   SCANT PROGRAM, FUNCTION OR ACTIVITY	4.								000
Section B - Budget CATEGO RIES   GRANT PROGRAM , FUNCTION OR ACTIVITY			€	000				_	000
gories         (1)         (2)         (3)         (4)           (1)         See detailed budget in Budget Narrative Attachment Form         (2)         (4)           Repeated Service Serv				SECTI		30 RIES			
(1)   See detailed budget in Budget Narrative Attachment Form				)	GRANT PROGRAM , FU	NCTION OR ACTIVITY			Total
See detailed budget in Budget Narrative Attachment Form			(1)		(2)	(3)	(4)		(5)
riges (sum of 6a-6h) 000 000 000 000 000 s  s  of 6i and 6j) \$ 000 \$ 000 \$  Sharped for Local Reproduction				Se	e detailed budget in Bu	dget Narrative Attachme	nt Form		000
rges (sum of 6a-6h) 000 000 000 8 00									000
rrges (sum of 6a-6h)									000
arges (sum of 6a-6h) 600 600 600 600 8 600									000
arges (sum of 6a-6h)									000
arges (sum of 6a-6h) 000 000 000 000 000 s of 6i and 6j) \$ 000 \$ 000 \$ \$ 000 \$ \$ \$ \$ \$ \$ \$ \$ \$	f. Contractual								000
arges (sum of 6a-6h)       000       000       000       000       \$         s       000       \$       000       \$         of 6i and 6j)       \$       000       \$         figure       \$       \$       \$         Authorized for Local Reproduction       \$       \$	g. Construction								000
srges (sum of 6a-6h)       000       000       000       \$       000       \$         of 6i and 6j)       \$       000       \$       000       \$             of 6i and 6j)       \$       \$       000       \$             of 6i and 6j)       \$       \$       \$             Authorized for Local Reproduction	h. Other								000
s         000         \$         000         \$           of 6i and 6j)         \$         000         \$    Authorized for Local Reproduction	i. Total Direct Charges (su	um of 6a-6h)		000	000	000	000		000
of 6i and 6j)         \$         000         \$         000         \$    Authorized for Local Reproduction	j. Indirect Charges								000
\$ \$ \$ \$ Authorized for Local Reproduction	k. TOTALS (sum of 6i and	d 6j)	₩	000					000
\$   \$   \$   \$   \$   \$   \$   \$   \$   \$									
Authorized for Local Reproduction	7. Program Income		↔		\$	\$		\$	000
	Previous Edition Usable			Ā	uthorized for Local Reprodu	ıction	Star Prescr	idard Forr ibed by O	n 424A (Rev. 7-97) MB Circular A-102

## Standard Form 424A-Budget Information (continued)

#### Section C-Non-Federal Resources

- **8.a. Grant Program --** Type in the name of the Superfund site.
- **8.b.-8e.** and **9-12** -- Type in "See Detailed Budget in Budget Narrative Attachment Form (page XX)" across columns as shown on the Sample.

#### Section D—Forecasted Cash Needs

- 13. Federal -- In the column labeled "Total for 1st Year", type in the total amount of money your are asking EPA to provide for your project, as shown in the Sample on the next page. (Get this amount from the Budget Narrative Attachment Form that you have already filled out.) Then, type in the portion of the estimated total that you expect to need for each stated time period. The sum of the four quarterly amounts should be equal to the total amount shown. (Don't spend a lot of time on this section—a rough estimate is fine.)
- **14. Non-Federal --** In the column labeled "Total for 1st Year", type in the **total** amount of "matching" funds you will provide for your project, as shown in the Sample on the next page. (Get this amount from the Budget Narrative Attachment Form that you have already filled out.) Then, type in the portion of the estimated total that you expect to need for each stated time period. The sum of the four quarterly amounts should be equal to the total amount shown.

#### 15. Totals

Type in the total amount for each column of Rows 13 and 14, as shown in the Sample on the next page.

#### Section E—Budget Estimates of Federal Funds Needed for Balance of the Project

16.-20. -- Leave blank, as shown on the Sample on the next page.

#### Section F—Other Budget Information

- 21. and 22. -- Type "NA" in each block.
- 23. Remarks -- Leave this block blank.

#### Standard Form 424B-Assurances

This form contains the regulations, policies, guidelines, and requirements which your group must obey if you receive a TAG. Read it carefully. If you are submitting your application in hard copy, have your project manager or other authorized representative (the person who is signing your SF 424 "Application for Federal Assistance") sign this form at the bottom (as shown in the sample below and on the next page) and include it with the rest of your application package. If you are submitting your application via the Grants.gov Web site, your authorized representative's signature will be added automatically when you prepare the final form.

OMB Approval No. 0348-0040

#### ASSURANCES - NON-CONSTRUCTION PROGRAMS

Public reporting burden for this collection of information is estimated to average 15 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 (0348-0040), Washington, DC 20503.

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

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 ap plicant:

- 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 cost) to ensure proper planning, management and completion of the project described in this application.
- 2. Will g ive 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 directions.
- 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.
- 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.
- 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 19 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) T itle IX of the EducationAmendments 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 of 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), as amended, 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 VII 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) any 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 provide 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.
- Will comply, as applicable, with 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.

Previous Edition Usable

- 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 (40 U.S.C. 327-333), regarding labor standards for federally-assisted construction subagreement.
- 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. 91-190) 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 flood plains 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 (Clean Air) Implementation Plans under Section 176(c) of the Clean 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 will 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 Archaeological 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 Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
- 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
Pat Jones	Executive Director
APPLICANT ORGANIZATION	DATE SUBMITTED
Woodtown Landfill Coalition	December 28, 2006

### EPA 4700-4, Preaward Compliance Review Report

Following are instructions for filling out EPA Form 4700-4, Preaward Compliance Review Report for All Applicants Requesting Federal Financial Assistance. COMPLETE ALL SECTIONS of the form, have your authorized representative SIGN IT, and SUBMIT the form with your group's TAG application. If you are submitting your application via the Grants.gov Web site, your authorized representative's signature will be added automatically when you prepare the final form.

Recipients of federal financial assistance from the U.S. Environmental Protection Agency must comply with Title VI of the Civil Rights Acts of 1964, Section 13 of the 1972 Amendments to the Federal Water Pollution Control Act, Section 504 of The Rehabilitation Act of 1973, The Age Discrimination Act of 1975, and Title IX of the Education Amendments of 1972. Information on this form is required to enable the U.S. Environmental Protection Agency to determine whether applicants and prospective recipients are developing projects, programs and activities on a nondiscriminatory basis as required by these statutes.

If any item is not relevant to the project for which assistance is requested, write "NA" for "Not Applicable."

- IA. Enter your organization's name and full mailing address.
- IB. Enter NA for "Not Applicable."
- IC. Obtain the EPA Project Number by contacting the Remedial Project Manager (RPM) for the site or your Regional TAG Coordinator and enter it.
- Enter a one- or two-sentence description of your proposed project.
- III. "Civil rights lawsuits" means any lawsuit or complaint alleging discrimination on the basis of race, color, national origin, sex, age, or handicap pending against the applicant and/or entity that benefits from the grant.

- IV. "Civil rights compliance review" means any review assessing the applicant's compliance with laws prohibiting discrimination on the basis of race, color, national origin, sex, age, or handicap. The review should be listed if any part of it covered the entity.
- V. Check the "No" box.
- VI. Enter NA for "Not Applicable."
- VII. "Population Characteristics" information is required so that reviewers may determine if a disparity in the proposed provision of services will exist in the event the application is approved. Enter the population affected by your site, broken out by categories as specified.

VIII.Enter NA for "Not Applicable."

- IX. Enter NA for "Not Applicable."
- X. Have your organization's authorized representative sign the form. Type in his or her title and the date on which the form was signed.



# Washington, DC 20460 Preaward Compliance Review Report for All Applicants Requesting Federal Financial Assistance

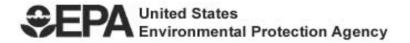
FORM Approved OMB No. 2030-0020 Expires 12-31-05

Note: Read instructio	ns before completing form.		
I. A. Applicant (Name, City, State)	B. Recipient (Name, City, State)		C. EPA Project No.
II. Brief description of proposed projec	et program or activity		
ii. Biter description of proposed project	t, program of activity.		
	nplaints pending against applicant and/or	recipient? If	X Yes No
yes, list those complaints and the dispos	sition of each complaint.		X Yes No
	eviews of the applicant and/or recipient b		
	rears prior to this application for activitie se compliance reviews and status of each		X Yes No
lecente Er it assistance. It yes, not une	se compranie re ne ne ma ana status or cue.		
V. Is any other Federal financial assists	ance being applied for or is any other Fed	leral financial	
	of this project, program or activity? If y		X Yes No
Federal Agency(s), describe the associa	ted work and the dollar amount of assista	ance.	
VI. If entire community under the appl served under the proposed plan, give re-	icant's jurisdiction is not served under that	e existing facilitie	s/services, or will not be
NA	asons why.		
1			
VII. Populati	on Characteristics		Number of People
1. A. Population of Entire Service A			
<ul><li>B. Minority Population of Entire S</li><li>A. Population Currently Being Se</li></ul>			
B. Minority Population Currently	Being Served		
3. A. Population to be Served by Pro			
<ul><li>B. Minority Population to be Serv</li><li>4. A. Population to Remain Without</li></ul>			
B. Minority Population to Remain	Without Service		
	is to existing facilities financed by these accessible to and usable by handicapped		Yes No
explain how a regulatory exception (40		persons: If no,	
NA			
	ts, programs or activities (or of future pla		vices will be provided to all
	tion. If there is no schedule, explain why	/.	
NA			
	nade on this form and all attachments the		
acknowledge that any knowingly false applicable law.	or misleading statement may be punishab	ole by fine or impr	isonment or both under
A. Signature of Authorized Official	B. Title of Authorized Official	C. Date	
Pat Jones			
	For the U.S. Environmental Protection	n Agency	
Approved Disapproved	Authorized EPA Official	Date	

# **Certification Regarding Lobbying**

If you are submitting your application in hard copy, your authorized representatives MUST SIGN AND SUBMIT this certification with your group's TAG application. If you are submitting your application via the Grants.gov Web site, your authorized representative's signature will be added automatically when he/she completes the final application.

Contact the Remedial Project Manager (RPM) or Regional TAG Coordinator for the site to obtain the EPA Project Number.



CTDxxxxxxx	
EPA Project Contro	ol Number

### **CERTIFICATION REGARDING LOBBYING**

# CERTIFICATION FOR CONTRACTS, GRANTS, LOANS, AND COOPERATIVE AGREEMENTS

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 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 sub-awards at all tiers (including sub-contracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients 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.

	Pat Jones, Exe	ecutive Director	
Typed Name & Title of A	uthorized Representa	tive	
	Pat Jones	December 28, 2006	
Signature of Authorized B	Penresentative	Date	

# EPA 5700-54, Key Contacts Form

This form provides the government with the name, title, address, and telephone number of the individuals responsible for key parts of your grant.

Enter the requested information for your group's authorized representative, the individual in your group who will be verifying the receipt of payments, and the person in your group whom EPA should contact with any questions about administrative and budgetary matters related to your grant. **NOTE: You may not list the same person for all three positions.** 

Enter "NA" in the space for contact information for a Principal Investigator.



Name:

### **KEY CONTACTS FORM**

Pat Jones

**Authorized Representative:** Original awards and amendments will be sent to this individual for review and acceptance, unless otherwise indicated.

Title:	Executive Director
Complete Address:	Woodtown Landfill Coalition
•	Main Street, Litchfield, CT 06898
Phone Number:	203-xxx-xxxx
Payee: Individual authorize	d to accent navements
1 ayec. maividudi dumorize	и ю иссері раўтенія.
Name:	Mary Jones
Title:	
Mail Address:	Woodtown Landfill Coalition
	Main Street, Litchfield, CT 06898
Phone Number:	203-xxx-xxxx
<b>Administrative Contact</b>	: Individual from Sponsored Program Office to contact concerning
	ndirect cost rate computation, rebudgeting requests etc.)
()	
Name:	Fred Smith
Title:	
Mailing Address:	Woodtown Landfill Coalition
	Main Street, Litchfield, CT 06898
Phone Number:	203-xxx-xxxx
FAX Number:	
E-Mail Address:	
E-Mail Address:	
	Individual responsible for the technical completion of the proposed work
Principal Investigator:	
Principal Investigator:  Name:	Individual responsible for the technical completion of the proposed work.  NA
Principal Investigator:  Name: Title:	
Principal Investigator:  Name:	
Principal Investigator:  Name: Title: Mailing Address:	
Principal Investigator:  Name: Title: Mailing Address: Phone Number:	
Principal Investigator:  Name: Title: Mailing Address:  Phone Number: FAX Number:	
Principal Investigator:  Name: Title: Mailing Address: Phone Number:	
Principal Investigator:  Name: Title: Mailing Address:  Phone Number: FAX Number:	Individual responsible for the technical completion of the proposed work.  NA
Principal Investigator:  Name: Title: Mailing Address:  Phone Number: FAX Number: E-Mail Address:	
Principal Investigator:  Name: Title: Mailing Address:  Phone Number: FAX Number: E-Mail Address:	
Principal Investigator:  Name: Title: Mailing Address:  Phone Number: FAX Number: E-Mail Address:	
Principal Investigator:  Name: Title: Mailing Address:  Phone Number: FAX Number: E-Mail Address:	
Principal Investigator:  Name: Title: Mailing Address:  Phone Number: FAX Number: E-Mail Address:	

# Prepare and Submit the Final TAG Application (Step 7)

# **Submitting in Hard-Copy Format (by Mail):**

If you plan to submit your completed application in hard-copy format (via mail) to your EPA Regional Office, download a blank copy of each of the forms you will need using the hyperlinks to the forms listed on page 4. Fill out each of the forms using the information from the draft copy you already prepared.

Make sure all required forms that require a signature have been signed by the authorized representative for your group.

Send your completed application package, including all sections of the Project Narrative Attachment Statement and attachments, the Budget Narrative Attachment Form, and all the required forms to the Agency Contact provided by your Regional TAG Coordinator.

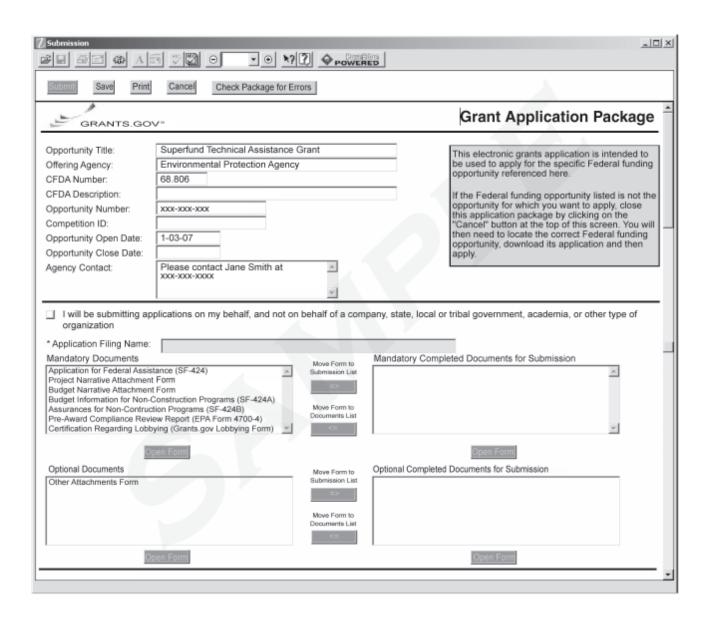
# Submitting Electronically through the Grants.gov Web Site:

If you plan to submit your application electronically, you must access, fill out, and submit final versions of the required forms through the Grants.gov Web site.

1) Go to www.grants.gov. Click on "Apply for Grants" on the left side of the page. Then click on "Apply Step 1: Download a Grant Application Package and Instructions." Click on "PureEdge Viewer." You must download this viewer software in order to access the application package. Once the "PureEdge Viewer" has been installed, you can retrieve the application package by entering the Catalogue of Federal Domestic Assistance (CFDA) number (CFDA 66.806) or the appropriate Funding Opportunity Number (for example, EPA-XXX-06-xx), provided by your EPA Regional TAG Coordinator, in the space provided and clicking on "Download Package."

You will then see a page like the one shown on the next page. The top half of the page contains all the indentifying information about the TAG for which you are applying. The lower half of the page contains the information needed for your application.

In the box beside "Application Filing Name:" enter organization's name (abbreviate where possible), the fiscal year (e.g., FY07), and the grant category (e.g., Environment). The filing name should not exceed 40 characters.



# **Prepare and Submit the Final TAG Application (Step 7)**

### **Submitting your TAG application (continued)**

You will see the following forms and documents required for your application listed in the "Mandatory Documents" box.

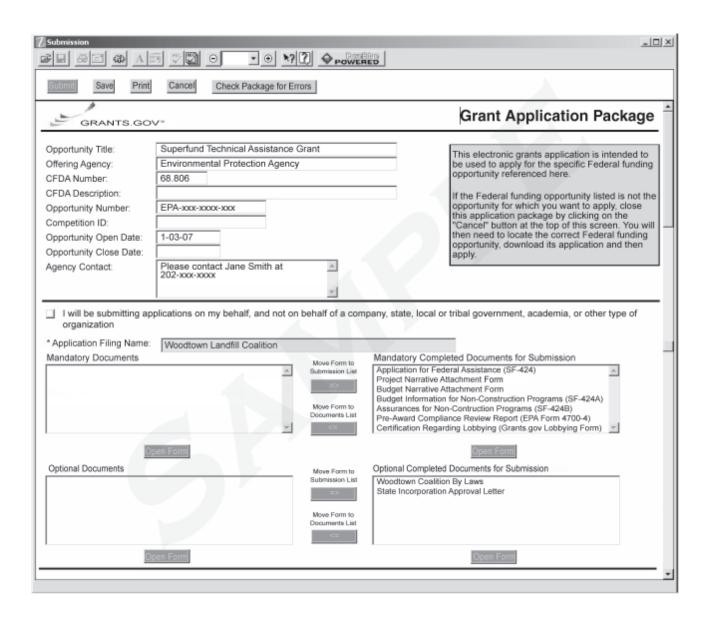
- 1. **Standard Form (SF) 424, Application for Federal Assistance** See instructions and sample on pages 28-35. (Please note that the organizational DUNS number must be included on the SF-424. Organizations may obtain a DUNS number at no cost. See page 3 for more information.)
- 2. Project Narrative Attachment Statement See instricutions and sample on pages 8-25.
- 3. Budget Narrative Attachment Form See instructions and sample on pages 26-27.
- 4. **SF-424A**, **Budget Information for Non-Construction Programs** See instructions and sample on pages 36-39.
- 5. **SF-424B, Assurances for Non-Construction Programs -** See instructions and sample on pages 40-41.
- 6. **EPA Form 4700-4, Pre-Award Compliance Review Report -** See instructions and sample on pages 42-43
- 7. Certification Regarding Lobbying See instructions and sample on pages 44-45.
- 8. EPA Form 5700-54, Key Contacts Form See instructions and sample on pages 46-47.

For documents 1 and 4-8, click on the appropriate form and then click "Open Form" below the box.

- 1. The fields that must be completed will be highlighted in yellow. Use the information from your draft to fill in these fields.
- 2. Optional fields and completed fields will be displayed in white.
- 3. If you enter an invalid response or incomplete information in a field, you will receive an error message
- 4. When you have finished filling out each form, click "Save."
- 5. When you return to the electronic Grant Application Package page, click on the form you just completed, and then click on the box that says, "Move Form to Submission List."
- 6. This action will move the document over to the box that says, "Mandatory Completed Documents for Submission."

# For documents 2, the Project Narrative Attachment Statement, and document 3, the Budget Narrative Attachment Form, you will need to attach electronic files.

- 1. Using the draft copy you already have prepared, prepare your final Project Narrative Attachment Statement, combining all four sections of the document into one file, and save it on your computer as an MS Word or WordPerfect file. (U.S. EPA prefers to receive documents in MS Word, but documents prepared in WordPerfect will also be accepted.)
- 2. When you are ready to attach your Project Narrative Attachment Statement to the application package, click on "Project Narrative Attachment Statement," and open the form.
- 3. Enter "TAG at (your site name)" in the space beside "Mandatory Project Narrative File Filename;" the filename should be no more than 40 characters long, so abbreviate if necessary.
- 4. Click "Add Mandatory Project Narrative File," and then attach the final Project Narrative Attachment Statement (previously saved to your computer) using the browse window that appears.
- 5. You may then click "View Mandatory Project Narrative File" to view it.
- 6. You will need to attach, in turn, an electonic copy of your organization's bylaws and a copy of the letter from the state approving the group for incorporation (See pages XX and XX). To do so, click "Add Optional Project Narrative File" and then attach each of these documents (previously saved to your computer) using the browse window that appears.
- 7. When you have finished, click "Close Form."
- 8. When you return to the "Grant Application Package" page, select the "Project Narrative Attachment Statement" and click "Move Form to Submission List."
- 9. This will move the file over to the box that says, "Mandatory Completed Documents for Submission." 10. Follow the same general procedures for finalizing and attaching your Budget Narrative Attachment Form file and moving it into the "Mandatory Completed Documents for Submission" box.



# Prepare and Submit the Final TAG Application (Step 7)

### Submitting your TAG application (continued)

Once you have finished filling out all of the forms, all the completed forms should appear in either the "Mandatory Completed Documents for Submission." When you have finished attaching a copy of the letter from the state approving your group for incorporation and a copy of your group's bylaws, these two documents should appear in the "Optional Completed Documents for Submission" box.

Now click the "Save" button that appears at the top of the Web page. (NOTE: You must submit a complete application; you may not complete and submit only parts of it.) Please use the following format when saving your file: "(your organization name) - FYXX - (grant category) - 1st Submission" (for example, the files for the Woodtown Landfill Coalition would be named "Woodtown Landfill Coalition - FY07 - Environment - 1st Submission").

It is wise to save the document a second time, using a different name, such as "(your organization name) - FYXX - (grant category) - Back-up Submission" (for example, "Woodtown Landfill Coalition - FY07 - Environment - Back-up Submission"). This will make it easier to submit an amended package later if necessary. If it becomes necessary to submit an amended package at a later date, you can use your Back-up Submission file and rename it "(your organization name) - FYXX - Environment - 2nd Submission" when you submit the amended application.

Once your application package has been completed and saved, close all other software programs on your computer before attempting to submit the application.

Your AOR then may submit the application package by clicking the "Submit" button that appears at the top of the page. (REMEMBER: Your AOR must have completed the Grants.gov registration process before he or she can submit an application.) The AOR will then be asked to verify the agency and funding opportunity number for which the application package is being submitted. If problems are encountered during the submission process, the AOR should reboot his/her computer before trying to submit the application package again. (It may be necessary to turn off the computer (not just restart it) before attempting to submit the package again.) If the AOR continues to experience submission problems, he/she may contact Grants.gov for assistance by phone at 1-800-518-4726 or email at support@grants.gov.

Within 24 to 48 hours after Grants.gov has received your submission, Grants.gov will send you two email messages. The first will confirm receipt of your application by the Grants.gov system, and the second will indicate that the application has either been successfully validated by the system prior to transmission to the grantor agency or has been rejected due to errors. You also can check the status of your application anytime after submission, by logging into Grants.gov using the black "Applicants" link at the top of any page, and clicking on the "Check Application Status" link.

When your application is successfully validated and retrieved by EPA from the Grants.gov system, EPA will send you an email. How quickly you receive EPA's email will depend on when the Agency retrieves your application from the Grants.gov system for processing; it may take several days or weeks from the date of submission. Note that Grants.gov does not participate in making any award decisions. If you have not received a confirmation of receipt from EPA within 30 days of the application deadline, please contact the Agency Contact provided by your Regional TAG Coordinator or listed in the grant application package on the Grants.gov Web site. Failure to do so may result in your application not being reviewed.