



**BROWNFIELD REVITALIZATION FUND – STATE PROGRAM**

# **APPLICATION INSTRUCTIONS**

## INTRODUCTION

This document provides details on the information being requested as part of the application to the Brownfield Revitalization Fund – State Program.

It is important for anyone filling in the online grant form carefully review this document to gather all required data and information prior to starting a form.

Once an online application form is started it cannot be saved. Once a form is submitted the primary contact email entered in the online form will receive receipt confirmation and a digital copy of the completed pre-application.

No changes can be made to an application form once it has been submitted. Information to provide more detail to the question being asked can be found in italics following the question.

If any required questions were missed, you will be required to provide an answer before you can move on to the next page.

If, after reading all application information, you have any questions please email those questions to [accd.brownfieldsteam@vermont.gov](mailto:accd.brownfieldsteam@vermont.gov).

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### **IT System Requirements**

The application is an online web form and will require an updated internet browser. The form was designed to be compatible with any web browser.

## A. APPLICANT DETAILS

The first section of this form will allow the Agency to learn about the applicant organization. The primary contact email address included in this section will be used for all communications from the agency to the applicant.

Applicant Organization Legal Name (for award issuance):

*i.e. Who will be receiving this award on behalf of the project site. Ex. City of Montpelier, John Smith LLC, Jane Smiths Coffee*

Organization Doing Business As: (DBA)

Applicant mailing street:

Applicant Mailing State:

Applicant Mailing Zip:

Applicant Designation/structure:

- *Municipality*
- *Non-Profit*
- *For-Profit*

Primary Contact Name:

*Name of person within the organization who will be the main contact within the organization*

Primary Contact Role/Title:

Primary Contact phone number:

Primary Contact e-mail address:

The applicant is (select all that apply):

- *the owner*
- *the prospective purchaser site controller*

Applicant is re-developing the property for:

- *Own Use*
- *Third-Party Usage*

Name, address, phone number, email of property owner, if the applicant is not owner:

## B. PROPERTY DETAILS

The second section of this application will inform the Agency where the Brownfield site, that this application pertains to, is located. The applicant will also provide information on the Corrective Action Plan in this section.

Property Street address:

Property City:

Property County:

Property state:

Property zip:

“Nickname” of Project:

*Other known names for site/project*

SPAN:

*Only provide if known. Only provide if known. The SPAN stands for School Property Account Number, a unique 11 – digit identification number assigned by a municipality to each property. The SPAN is found on the property tax bill for each parcel of land in Vermont.*

Size of property:

*Provide acres in numerical format. Ex. 1.5, 8*

Are you enrolled in the Brownfields Reuse and Environmental Liability Limitation Act (BRELLA) program:

- Yes
- No

Date enrolled in BRELLA:

*Date on correspondence from DEC affirming enrollment.*

Please provide the Sites Management Section (SMS) Site Number for the property:

*Look up SMS: <https://anrweb.vt.gov/DEC/ERT/Default.aspx>*

Has a Corrective Action Plan (CAP) been submitted to DEC for approval?

- Yes
- No

Has a Corrective Action Plan (CAP) been approved by to DEC:

- Yes
- No
- Pending

***Note: Funding can only be provided to projects with an approved CAP.***

Property located within a town of less than 10,000 residents:

- Yes
- No

Property located in a Designated Downtown, Village Center, or Neighborhood Development Area?

- Yes
- No

Property located in an Opportunity Zone:

- Yes
- No

## C. PROJECT DETAILS

The third section of this application allows the applicant to provide more project specific information.

Project Type:

*[check all that apply]*

- *Infrastructure*
- *Commercial*
- *Housing*
- *Community space*
- *Outdoor recreation*

This project aligns with the following:

*[check all that apply]*

- *State*
- *Regional*
- *Municipal plan*
- *CEDS plan*
- *master plan*
- *OTHER*

Provide a description of how the project aligns with selected plans/goals:

Provide a description detailing the redevelopment plan and outcomes of cleanup:

If this project has regional, community and/or municipal support, please describe those supports:

Describe how the requested funding will help to advance the planned redevelopment:

What Environmental Professional/Company are you anticipating using for CAP implementation:

Is the site available for a site visit and on-site project presentation to the State and/or regional partners:

- Yes
- No

Anticipated start date of cleanup project:

*Month, Day, Year*

Anticipated completion date of cleanup project:

*Month, Day, Year*

## D. BUDGET DETAILS

Section four requires applicants to provide detailed information on the project's expected budget as well as estimates on how money will be spent to achieve project completion.

Estimated total cleanup cost:

Amount requested of this fund; not to exceed 90% of total cleanup costs:

What is the source of match funding to meet 10% match requirement:

Does this funding fill a gap that allows the project to move forward:

If project isn't funded at the requested amount does the cleanup and redevelopment remain viable:

Have you applied for funding from any another brownfield cleanup source:

If yes, which brownfield funding source(s):

*[check all that apply]*

- ANR – DEC
- RPC
- EPA

**Note:** Grant awards will be disbursed as a reimbursement of paid invoices. (See FAQ for further details)

## E. ANTICIPATED RESULTS

Section five of this application will dive further into the economic, and fiscal impacts of this project for the State of Vermont. It will also help inform the Agency about how this grant could impact those factors in potential project outcomes if awarded vs. if not awarded.

Projected information about either increased or retained employment is required in this section. Only direct, Vermont based jobs, should be included in the following questions.

Provide a statement of need, describe how this project will address that need. Include data to demonstrate the need and cite the source of the data:

*Describe in 1,000 words or less*

Describe the measurable proposed impacts of the project, at least 3 performance measures are required from the categories below that will be tracked and reported on. Wherever possible, include baselines and goals for each performance measure.

### HOUSING

Housing units current: #

Housing units created: #

### JOBS

Jobs current: #

Jobs created: #

### ACRES

Contaminated current: #

Remediated: #

### SITE VALUE

Site value current: #

Site value increase: #

### INFRASTRUCTURE

Reused/existing infrastructure: Text

Created/improved infrastructure: Text

OTHER:

Describe any additional measurable proposed impacts to the property and/or surrounding area as a result of the cleanup. Include baselines and goals for each impact: Text

## F. EQUITY IMPACTS

Section six of the application requires information on the anticipated equity impacts.

How will this project help build a just, equitable, and sustainable COVID-19 recovery and how will the project address the disproportionate impacts of inequities:

*[Choose all that apply]*

- *Targets disadvantaged populations*
- *Targets households or communities suffering multi-generational poverty*
- *Impacts efficiency gains and/or replaces the use of fossil fuels or emission of other greenhouse gases*
- *Benefits the health of members of the public*
- *Other social impacts not mentioned above*

Please describe the population that will be served by the project including number and demographic characteristics of those served:

*Describe the population that will benefit from this Brownfields clean-up, in 1,000 words or less.*

## G. ADDITIONAL CONSIDERATIONS

Describe any other benefits that should be considered in reviewing this application that might assist the State in its selection:

*Describe in 1,000 words or less*

Once you have submitted your application you will receive a confirmation e-mail. In this e-mail there will be a link provided, [accd.brownfieldsteam@vermont.gov](mailto:accd.brownfieldsteam@vermont.gov), to submit additional documents.rownfieldsteavermont.gov

-IRS Form W-9: <https://www.irs.gov/pub/irs-pdf/fw9.pdf>

-Certificate of Insurance (COI) provided by your insurance broker

-Any supporting documents or letter(s) of support documenting your project's alignment with state and regional plans.

-In addition, if you are a For-Profit Applicant please complete the anonymous Demographic Survey here: <https://www.surveymonkey.com/r/SH2LL9J>

## APPLICANT REPRESENTATIONS AND SIGNATURE

An authorized signatory of Applicant must attest to the following by selecting yes next to the statement

1. All information contained in this application, including attachments, is true and complete to the best of the applicant's knowledge and belief. [Yes]
  2. The applicant's redevelopment plan for the property is as represented in this application. [Yes]
  3. The applicant (including its principals, owners, directors, affiliates, and subsidiaries) has not directly or indirectly caused or contributed to any releases of hazardous materials at the property for which funding assistance is requested through this application. [Yes]
  4. The applicant has the authority to request payment from ACCD for costs incurred to implement the Corrective Action Plan. [Yes]
  5. The applicant will report on incurred expenses and/or losses, in a form and at a frequency prescribed by the State of Vermont and will cooperate with the State of Vermont in creating and retaining appropriate documentation to demonstrate that the proposed uses meet the requirements as set forth in the Grant Agreement. [Yes]
  6. The applicant must repay the award or portion of the award to the ACCD if: any funds received were issued in error; are based on incorrect representations made to the ACCD; or any costs forming the basis of an award under this program are covered by other grant funds or forgiven loans received by Applicant. I agree that the final determination of whether there has been a duplication of benefits and the amount to be repaid, if any, will be made by ACCD. [Yes]
  7. The applicant shall maintain and make available to the State of Vermont, upon request, all documents and financial records sufficient to establish compliance with any Grant Agreement. General ledger and subsidiary ledgers used to account for (a) the receipt of grant funds and (b) the disbursements from such payments to meet eligible expenses related to the implementation of the Corrective Action Plan;
    - b) Payroll, time records, human resource records to support costs incurred for payroll expenses related to the implementation of the Corrective Action Plan;
    - c) Receipts of purchases made related to the implementation of the Corrective Action Plan;
    - d) Contracts and subcontracts entered into using grant funds and all documents related to such contracts;
    - e) Grant agreements and grant subaward agreements entered into using grant funds and all documents related to such awards;
    - f) All documentation of reports, audits, and other monitoring of contractors, including subcontractors, and grant recipient and subrecipients;
    - g) All documentation supporting the performance outcomes of contracts, subcontracts, grant awards, and grant recipient subawards;
    - h) All internal and external email/electronic communications related to use of grant funds; and
    - i) All investigative files and inquiry reports involving grant funds.
- [Yes]
8. To the best of my knowledge, neither Applicant nor Applicant's principals (officers, directors, owners, or partners) are presently debarred, suspended, proposed for debarment, declared ineligible or excluded from participation in State or Federal programs, or programs supported in whole or in part by State or Federal funds. [Yes]
  9. The applicant will submit reports as required by the State of Vermont. [Yes]



10. ACCD may share the information on Applicant's applications, and the related awards with other Vermont state agencies, and other Vermont agencies can share information with ACCD for the purpose of verifying Applicant's eligibility for this or another award. [Yes]

11. The applicant is not in bankruptcy. [Yes]

I attest, under penalty of perjury, that all information provided on this form is true and accurate. I understand that the State of Vermont will rely on these certifications as material representations in making this award. Further, I understand that intentional misrepresentation of information is fraud and may subject me or my organization to disqualification from receiving further benefits, administrative penalties, and criminal prosecution. [Yes]

By typing my name into this box, I hereby agree that this action constitutes my electronic signature.

Attested by (An authorized representative of the applicant)

[Type Name]

Date Attested [Date]