STATE AND LOCAL NONCONSTRUCTION PROGRAMS

OMB Approval No 80-R0180

FEDERAL ASSISTANCE

SECTION I—APPLICANT/RECIPIENT DATA

1. TYPE OF ACTION (Mark appropriate box)
- ☐ PREAPPLICATION
- ☒ APPLICATION
- ☐ NOTIFICATION OF INTENT (Opt.)
- ☐ REPORT OF FEDERAL ACTION

2. APPLICANT'S APPLICATION — a. NUMBER: ; b. DATE (Year month day) 19 ; Leave Blank

3. STATE APPLICATION IDENTIFIER — a. NUMBER: ; b. DATE ASSIGNED (Year month day) 19

4. LEGAL APPLICANT/RECIPIENT
- a. Applicant Name: Michigan Department of Natural Resources
- b. Organization Unit: Office of Budget & Federal Aid
- c. Street/P.O. Box: P. O. Box 30028
- d. City: Lansing
- e. County: Ingham
- f. State: Michigan
- g. ZIP Code: 48909
- h. Contact Person (Name & telephone No.): Bill Herceg (technical) 517-373-8401; Tim Trasky (fiscal) 517-373-1750

5. FEDERAL EMPLOYER IDENTIFICATION NO. 38-6000134

6. PROGRAM (From Federal Catalog)
- a. NUMBER: 66.802
- b. TITLE: Hazard Substance Response Trust Fund (Superfund)

7. TITLE AND DESCRIPTION OF APPLICANT'S PROJECT

North Bronson Industrial Area Remedial Investigation and Feasibility Study

8. TYPE OF APPLICANT/RECIPIENT
A— State; B— Interstate; C— Substate District; D— County; E— City; F— School District; G— Special Purpose District; H— Community Action Agency; I— Higher Educational Institution; J— Indian Tribe; K— Other (Specify):
Enter appropriate letter: A

9. TYPE OF ASSISTANCE
A— Basic Grant; B— Supplemental Grant; C— Loan; D— Insurance; E— Other
Enter appropriate letter(s): A

10. AREA OF PROJECT IMPACT (Names of cities, counties, States, etc.)
Bronson, Michigan
Branch County

11. ESTIMATED NUMBER OF PERSONS BENEFITING: 5,000

12. TYPE OF APPLICATION
A— New; B— Renewal; C— Revision; D— Continuation; E— Augmentation
Enter appropriate letter: A

13. PROPOSED FUNDING

a. FEDERAL	$ 750,000 .00
b. APPLICANT	.00
c. STATE	.00
d. LOCAL	.00
e. OTHER	.00
f. TOTAL	$ 750,000 .00

14. CONGRESSIONAL DISTRICTS OF:
- a. APPLICANT: 6th
- b. PROJECT: 4th

15. TYPE OF CHANGE (For 12 c or 12 e)
A— Increase Dollars; B— Decrease Dollars; C— Increase Duration; D— Decrease Duration; E— Cancellation; F— Other (Specify):
Enter appropriate letter(s):

16. PROJECT START DATE (Year month day) 19

17. PROJECT DURATION: 24 Months

18. ESTIMATED DATE TO BE SUBMITTED TO FEDERAL AGENCY ▶ (Year month day) 19 87 5 15

19. EXISTING FEDERAL IDENTIFICATION NUMBER

20. FEDERAL AGENCY TO RECEIVE REQUEST (Name, City, State, ZIP code)
U.S. EPA, Region V, Chicago, Illinois 60604

21. REMARKS ADDED ☐ Yes ☒ No

SECTION II—CERTIFICATION

22. THE APPLICANT CERTIFIES THAT ▶
a. To the best of my knowledge and belief, data in this preapplication/application 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 approved.
b. If required by OMB Circular A-95 this application was submitted, pursuant to instructions therein, to appropriate clearinghouses and all responses are attached:

	No response	Response attached
(1)	☐	☐
(2)	☐	☐
(3)	☐	☐

23. CERTIFYING REPRESENTATIVE
- a. TYPED NAME AND TITLE: Delbert Rector, Deputy Director
- b. SIGNATURE: Delbert Rector
- c. DATE SIGNED (Year month day) 19 87 6 4

SECTION III—FEDERAL AGENCY ACTION

24. AGENCY NAME

25. APPLICATION RECEIVED (Year month day) 19

26. ORGANIZATIONAL UNIT

27. ADMINISTRATIVE OFFICE

28. FEDERAL APPLICATION IDENTIFICATION

29. ADDRESS

30. FEDERAL GRANT IDENTIFICATION

31. ACTION TAKEN
- ☐ a. AWARDED
- ☐ b. REJECTED
- ☐ c. RETURNED FOR AMENDMENT
- ☐ d. DEFERRED
- ☐ e. WITHDRAWN

32. FUNDING

a. FEDERAL	$ .00
b. APPLICANT	.00
c. STATE	.00
d. LOCAL	.00
e. OTHER	.00
f. TOTAL	$ .00

33. ACTION DATE ▶ (Year month day) 19

34. STARTING DATE (Year month day) 19

35. CONTACT FOR ADDITIONAL INFORMATION (Name and telephone number)

36. ENDING DATE (Year month day) 19

37. REMARKS ADDED ☐ Yes ☐ No

38. FEDERAL AGENCY A-95 ACTION
a. In taking above action, any comments received from clearinghouses were considered. If agency response is due under provisions of Part 1, OMB Circular A-95, it has been or is being made.
b. FEDERAL AGENCY A-95 OFFICIAL (Name and telephone no.)

424-102

STANDARD FORM 424 PAGE 1 (Rev 4-77)
Prescribed by OMB Circular A-102

EPA Region 5 Records Ctr.
274126

GENERAL INSTRUCTIONS

This is a multi-purpose standard form. First, it will be used by applicants as a required facesheet for pre-applications and applications submitted in accordance with OMB Circular A-102. Second, it will be used by Federal agencies to report to clearinghouses on major actions taken on applications reviewed by clearinghouses in accordance with OMB Circular A-95. Third, it will be used by Federal agencies to notify States of grants-in-aid awarded in accordance with Treasury Circular 1082. Fourth, it may be used, on an optional basis, as a notification of intent from applicants to clearinghouses, as an early initial notice that Federal assistance is to be applied for (clearinghouse procedures will govern).

APPLICANT PROCEDURES FOR SECTION I

Applicant will complete all items in Section I. If an item is not applicable, write "NA". If additional space is needed, insert an asterisk "*" and use the remarks section on the back of the form. An explanation follows for each item:

Item

1. Mark appropriate box. Pre-application and application guidance is in OMB Circular A-102 and Federal agency program instructions. Notification of intent guidance is in Circular A-95 and procedures from clearinghouse. Applicant will not use "Report of Federal Action" box.

2a. Applicant's own control number, if desired.

2b. Date Section I is prepared.

3a. Number assigned by State clearinghouse, or if delegated by State, by areawide clearinghouse. All requests to Federal agencies *must* contain this identifier if the program is covered by Circular A-95 and required by applicable State/areawide clearinghouse procedures. If in doubt, consult your clearinghouse.

3b. Date applicant notified of clearinghouse identifier.

4a-4h. Legal name of applicant/recipient, name of primary organizational unit which will undertake the assistance activity, complete address of applicant, and name and telephone number of person who can provide further information about this request.

5. Employer identification number of applicant as assigned by Internal Revenue Service.

6a. Use Catalog of Federal Domestic Assistance number assigned to program under which assistance is requested. If more than one program (e.g., joint-funding) write "multiple" and explain in remarks. If unknown, cite Public Law or U.S. Code.

6b. Program title from Federal Catalog. Abbreviate if necessary.

7. Brief title and appropriate description of project. For notification of intent, continue in remarks section if necessary to convey proper description.

8. Mostly self-explanatory. "City" includes town, township or other municipality.

9. Check the type(s) of assistance requested. The definitions of the terms are:

   A. Basic Grant. An original request for Federal funds. This would not include any contribution provided under a supplemental grant.

   B. Supplemental Grant. A request to increase a basic grant in certain cases where the eligible applicant cannot supply the required matching share of the basic Federal program (e.g., grants awarded by the Appalachian Regional Commission to provide the applicant a matching share).

   C. Loan. Self explanatory.

   D. Insurance. Self explanatory.

   E. Other. Explain on remarks page.

Item

10. Governmental unit where significant and meaningful impact could be observed. List only largest unit or units affected, such as State, county, or city. If entire unit affected, list it rather than subunits.

11. Estimated number of persons directly benefiting from project.

12. Use appropriate code letter. Definitions are:

   A. New. A submittal for the first time for a new project.

   B. Renewal. An extension for an additional funding/budget period for a project having no projected completion date, but for which Federal support must be renewed each year.

   C. Revision. A modification to project nature or scope which may result in funding change (increase or decrease).

   D. Continuation. An extension for an additional funding/budget period for a project the agency initially agreed to fund for a definite number of years.

   E. Augmentation. A requirement for additional funds for a project previously awarded funds in the same funding/budget period. Project nature and scope unchanged.

13. Amount requested or to be contributed during the first funding/budget period by each contributor. Value of in-kind contributions will be included. If the action is a change in dollar amount of an existing grant (a revision or augmentation), indicate only the amount of the change. For decreases enclose the amount in parentheses. If both basic and supplemental amounts are included, break out in remarks. For multiple program funding, use totals and show program breakouts in remarks. Item definitions: 13a, amount requested from Federal Government; 13b, amount applicant will contribute; 13c, amount from State, if applicant is not a State; 13d, amount from local government, if applicant is not a local government; 13e, amount from any other sources, explain in remarks.

14a. Self explanatory.

14b. The district(s) where most of actual work will be accomplished. If city-wide or State-wide, covering several districts, write "city-wide" or "State-wide."

15. Complete only for revisions (item 12c), or augmentations (item 12e).

16. Approximate date project expected to begin (usually associated with estimated date of availability of funding).

17. Estimated number of months to complete project after Federal funds are available.

18. Estimated date pre-application/application will be submitted to Federal agency if this project requires clearinghouse review. If review not required, this date would usually be same as date in item 2b.

STANDARD FORM 424 PAGE 3 (Rev. 4-77)

Item

19. Existing Federal identification number if this is not a new request and directly relates to a previous Federal action. Otherwise write "NA".

Item

20. Indicate Federal agency to which this request is addressed. Street address not required, but do use ZIP

21. Check appropriate box as to whether Section IV of form contains remarks and/or additional remarks are attached.

APPLICANT PROCEDURES FOR SECTION II

Applicants will always complete items 23a, 23b, and 23c. If clearinghouse review is required, item 22b must be fully completed. An explanation follows for each item:

Item

22b. List clearinghouses to which submitted and show in appropriate blocks the status of their responses. For more than three clearinghouses, continue in remarks section. All written comments submitted by or through clearinghouses must be attached.

23a. Name and title of authorized representative of legal applicant.

Item

23b. Self explanatory.

23c. Self explanatory.

Note: Applicant completes only Sections I and II. Section III is completed by Federal agencies.

FEDERAL AGENCY PROCEDURES FOR SECTION III

If applicant-supplied information in Sections I and II needs no updating or adjustment to fit the final Federal action, the Federal agency will complete Section III only. An explanation for each item follows:

Item

24. Executive department or independent agency having program administration responsibility.

25. Self explanatory.

26. Primary organizational unit below department level having direct program management responsibility.

27. Office directly monitoring the program.

28. Use to identify non-award actions where Federal grant identifier in item 30 is not applicable or will not suffice.

29. Complete address of administering office shown in item 26.

30. Use to identify award actions where different from Federal application identifier in item 28.

31. Self explanatory. Use remarks section to amplify where appropriate.

32. Amount to be contributed during the first funding/budget period by each contributor. Value of in-kind contributions will be included. If the action is a change in dollar amount of an existing grant (a revision or augmentation), indicate only the amount of change. For decreases, enclose the amount in parentheses. If both basic and supplemental amounts are included, break out in remarks. For multiple program funding, use totals and show program breakouts in remarks. Item definitions: 32a, amount awarded by Federal Government; 32b, amount applicant will contribute; 32c, amount from State, if applicant is not a State; 32d, amount from local government if applicant is not a local government; 32e, amount from any other sources, explain in remarks.

33. Date action was taken on this request.

34. Date funds will become available.

Item

35. Name and telephone no. of agency person who can provide more information regarding this assistance.

36. Date after which funds will no longer be available.

37. Check appropriate box as to whether Section IV of form contains Federal remarks and/or attachment of additional remarks.

38. For use with A-95 action notices only. Name and telephone of person who can assure that appropriate A-95 action has been taken—if same as person shown in item 35, write "same". If not applicable, write "NA".

Federal Agency Procedures—special considerations

A. *Treasury Circular 1082 compliance.* Federal agency will assure proper completion of Sections I and III. If Section I is being completed by Federal agency, all applicable items must be filled in. Addresses of State Information Reception Agencies (SCIRA's) are provided by Treasury Department to each agency. This form replaces SF 240, which will no longer be used.

B. *OMB Circular A-95 compliance.* Federal agency will assure proper completion of Sections I, II, and III. This form is required for notifying all reviewing clearinghouses of major actions on all programs reviewed under A-95. Addresses of State and areawide clearinghouses are provided by OMB to each agency. Substantive differences between applicant's request and/or clearinghouse recommendations, and the project as finally awarded will be explained in A-95 notifications to clearinghouses.

C. *Special note.* In most, but not all States, the A-95 State clearinghouse and the (TC 1082) SCIRA are the same office. In such cases, the A-95 award notice to the State clearinghouse will fulfill the TC 1082 award notice requirement to the State SCIRA. Duplicate notification should be avoided.

Form Approved
OMB No. 158-R0110

PART II

PROJECT APPROVAL INFORMATION

Item 1.
Does this assistance request State, local, regional, or other priority rating?

____ Yes X No

Name of Governing Body ____
Priority Rating ____

Item 2.
Does this assistance request require State, or local advisory, educational or health clearances?

____ Yes X No

Name of Agency or Board ____

(Attach Documentation)

Item 3.
Does this assistance request require clearinghouse review in accordance with OMB Circular A-95?

X Yes ____ No

(Attach Comments)

Item 4.
Does this assistance request require State, local, regional or other planning approval?

____ Yes X No

Name of Approving Agency ____
Date ____

Item 5.
Is the proposed project covered by an approved comprehensive plan?

____ Yes X No

Check one: State ☐ Local ☐ Regional ☐
Location of Plan ____

Item 6.
Will the assistance requested serve a Federal installation?

____ Yes X No

Name of Federal Installation ____
Federal Population benefiting from Project ____

Item 7.
Will the assistance requested be on Federal land or installation?

____ Yes X No

Name of Federal Installation ____
Location of Federal Land ____
Percent of Project ____

Item 8.
Will the assistance requested have an impact or effect on the environment?

X Yes ____ No

See instructions for additional information to be provided.

Item 9.
Has the project for which assistance is requested caused, since January 1, 1971, or will it cause, the displacement of any individual, family, business, or farm?

____ Yes X No

Number of:
Individuals ____
Families ____
Businesses ____
Farms ____

Item 10.
Is there other related assistance on this project previous, pending, or anticipated?

____ Yes X No

See instructions for additional information to be provided.

Item 11.
Is project in a Designated Flood Hazard Area?

____ Yes X No

INSTRUCTIONS

PART II

Negative answers will not require an explanation unless the Federal agency requests more information at a later date. Provide supplementary data for all "Yes" answers in the space provided in accordance with the following instructions:

Item 1—Provide the name of the governing body establishing the priority system and the priority rating assigned to this project.

Item 2—Provide the name of the agency or board which issued the clearance and attach the documentation of status or approval.

Item 3—Attach the clearinghouse comments for the application in accordance with the instructions contained in Office of Management and Budget Circular No. A-95. If comments were submitted previously with a preapplication, do not submit them again but any additional comments received from the clearinghouse should be submitted with this application.

Item 4—Furnish the name of the approving agency and the approval date.

Item 5—Show whether the approved comprehensive plan is State, local or regional, or if none of these, explain the scope of the plan. Give the location where the approved plan is available for examination and state whether this project is in conformance with the plan.

Item 6—Show the population residing or working on the Federal installation who will benefit from this project.

Item 7—Show the percentage of the project work that will be conducted on federally-owned or leased land. Give the name of the Federal installation and its location.

Item 8—Describe briefly the possible beneficial and harmful impact on the environment of the proposed project. If an adverse environmental impact is anticipated, explain what action will be taken to minimize the impact. Federal agencies will provide separate instructions if additional data are needed.

Item 9—State the number of individuals, families, businesses, or farms this project will displace. Federal agencies will provide separate instructions if additional data are needed.

Item 10—Show the Federal Domestic Assistance Catalog number, the program name, the type of assistance, the status and the amount of each project where there is related previous, pending or anticipated assistance. Use additional sheets, if needed.

Item 11—Flood Insurance—Check "Yes" if project or any nonexpendable property is to be located in a special flood hazard area designated by the Department of Housing and Urban Development. If the answer is "Yes" the grantee must purchase the required flood insurance if required pursuant to Item 7 of the General Instructions to this application.

Form Approved
OMB No. 158-R0110

PART III–BUDGET INFORMATION

SECTION A–BUDGET SUMMARY

GRANT PROGRAM, FUNCTION OR ACTIVITY (a)	FEDERAL CATALOG NO. (b)	ESTIMATED UNOBLIGATED FUNDS		NEW OR REVISED BUDGET		
		FEDERAL (c)	NON-FEDERAL (d)	FEDERAL (e)	NON-FEDERAL (f)	TOTAL (g)
1. CERCLA RI/FS	66.802	$ 750,000	$	$	$	$ 750,000
2.						
3.						
4.						
5. TOTALS		$	$	$	$	$

SECTION B–SCHEDULE A BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				TOTAL (5)
	(1) RI/FS	(2)	(3)	(4)	
a. Personnel	$ 85,631	$	$	$	$ 85,631
b. Fringe Benefits	26,717				26,717
c. Travel	16,475				16,475
d. Equipment	-0-				-0-
e. Supplies	5,000				5,000
f. Contractual	570,673				570,673
g. Construction	-0-				-0-
h. Other	25,000				25,000
i. Total Direct Charges	729,496				729,496
j. Indirect Charges	20,504				20,504
k. TOTALS	$ 750,000	$	$	$	$ 750,000
7. Program Income	$	$	$	$	$

Form Approved
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SECTION B – SCHEDULE B – BUDGET CATEGORIES

6. Program Elements	FUNDING			(4) MAN-YEARS
	(1) FEDERAL	(2) NON-FEDERAL	(3) TOTAL	
a. CERCLA RI/FS	$ 750,000	$	$ 750,000	2.0
b.				
c.				
d.				
e.				
f.				
g.				
h.				
i. Total Program Elements	$ 750,000	$	$ 750,000	
j. STATE TOTAL	$	$	$	

Form Approved
OMB No. 158-R0110

SECTION C–NON-FEDERAL RESOURCES

(a) GRANT PROGRAM	(b) APPLICANT	(c) STATE	(d) OTHER SOURCES	(e) TOTALS
8.	$	$	$	$
9.				
10.				
11.				
12. TOTALS	$	$	$	$

SECTION D–FORECASTED CASH NEEDS

	TOTAL FOR 1st YEAR	1st QUARTER	2nd QUARTER	3rd QUARTER	4th QUARTER
13. Federal	$ 570,000	$ 130,000	$ 280,000	$ 60,000	$ 100,000
14. Non-Federal					
15. TOTALS	$ 570,000	$ 130,000	$ 280,000	$ 60,000	$ 100,000

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

(a) GRANT PROGRAM	FUTURE FUNDING PERIODS (YEARS)			
	(b) FIRST	(c) SECOND	(d) THIRD	(e) FOURTH
16.	$ 180,000	$	$	$
17.				
18.				
19.				
20. TOTALS	$ 180,000	$	$	$

SECTION F–OTHER BUDGET INFORMATION
(Attach Additional Sheets If Necessary)

21. Direct Charges:

22. Indirect Charges:

SEE ATTACHED BUDGET DETAIL

23. Remarks:

PART IV–PROGRAM NARRATIVE *(Attach per instruction)*

INSTRUCTIONS

PART III

General Instructions

This form is designed so that application can be made for funds from one or more grant programs. In preparing the budget, adhere to any existing Federal grantor agency guidelines which prescribe how and whether budgeted amounts should be separately shown for different functions or activities within the program. For some programs, grantor agencies may require budgets to be separately shown by function or activity. For other programs, grantor agencies may not require a breakdown by function or activity. Sections A, B, C, and D should include budget estimates for the whole project except when applying for assistance which requires Federal authorization in annual or other funding period increments. In the latter case, Sections A, B, C, and D should provide the budget for the first budget period *(usually a year)* and Section E should present the need for Federal assistance in the subsequent budget periods. All applications should contain a breakdown by the object class categories shown in Lines a-k of Section B.

Section A. Budget Summary
Lines 1-4, Columns (a) and (b).

For applications pertaining to a *single* Federal grant program *(Federal Domestic Assistance Catalog number)* and *not requiring* a functional or activity breakdown, enter on Line 1 under Column (a) the catalog program title and the catalog number in Column (b).

For applications pertaining to a *single* program *requiring* budget amounts by multiple functions or activities, enter the name of each activity or function on each line in Column (a), and enter the catalog number in Column (b). For applications pertaining to *multiple* programs where *none* of the programs *require* a breakdown by function or activity, enter the catalog program title on each line in Column (a) and the respective catalog number on each line in Column (b).

For applications pertaining to *multiple* programs where one or more programs *require* a breakdown by function or activity, prepare a separate sheet for each program requiring the breakdown. Additional sheets should be used when one form does not provide adequate space for all breakdown of data required. However, when more than one sheet is used, the first page should provide the summary totals by programs.

Lines 1-4, Columns (c) through (g).

For new applications, leave Columns (c) and (d) blank. For each line entry in Columns (a) and (b), enter in Columns (e), (f), and (g) the appropriate amounts of funds needed to support the project for the first funding period (usually a year).

For continuing grant program applications, submit these forms before the end of each funding period as required by the grantor agency. Enter in Columns (c) and (d) the estimated amounts of funds which will remain unobligated at the end of the grant funding period only if the Federal grantor agency instructions provide for this. Otherwise, leave these columns blank. Enter in Columns (e) and (f) the amounts of funds needed for the upcoming period. The amount(s) in Column (g) should be the sum of amounts in Columns (e) and (f).

For supplemental grants and changes to existing grants, do not use Columns (c) and (d). Enter in Column (e) the amount of the increase or decrease of Federal funds and enter in Column (f) the amount of the increase or decrease of non-Federal funds. In Column (g) enter the new to budgeted amount (Federal and non-Federal) which inclu the total previous authorized budgeted amounts plus or minus, as appropriate, the amounts shown in Columns (e) and (f). The amount(s) in Column (g) should *not* equal the sum of amounts in Columns (e) and (f).

Line 5—Show the totals for all columns used.

Section B. Schedule A—Budget Categories

In the column headings (1) through (4), enter the titles of the same programs, functions, and activities shown on Lines 1-4 Column (a), Section A. When additional sheets were prepared for Section A, provide similar column headings on each sheet. For each program, function or activity, fill in the total requirements for funds (both Federal and non-Federal) by object class categories.

Lines 6a-h—Show the estimated amount for each direct cost budget *(object class)* category for each column with progr function or activity heading.

Line 6i—Show the totals of Lines 6a to 6h in each column.

Line 6j—Show the amount of indirect cost. Refer to Office of Management and Budget Circular No. A-87.

Line 6k—Enter the total of amounts of Lines 6i and 6j. For all applications for new grants and continuation grants the total amount in Column (5), Line 6k, should be the same as the total amount shown in Section A, Column (g), Line 5. For supplemental grants and changes to grants, the total amount of the increase or decrease as shown in Columns (1)-(4), Line 6k should be the same as the sum of the amounts in Section A, Columns (e) and (f) on Line 5. When additional sheets were prepared, the last two sentences apply only to the first page with summary totals.

Line 7—Enter the estimated amount of income, if any, expected to be generated from this project. Do not add or subtract this amount from the total project amount. Show under the program narrative statement the nature and sourc of income. The estimated amount of program income ma be considered by the Federal grantor agency in determining the total amount of the grant.

INSTRUCTIONS

PART III
(Continued)

Section B. Schedule B—Budget Categories

Lines 6a-h—For each program element fill in the total requirements for funds *(Federal, non-Federal, and total)* and manyears.

Line i—Show the totals of Lines 6a through h in each column.

Line j—Show the State totals. Total *(Program Elements)* and State total might not be equal due to expenses which are not classified under specific program elements.

Section C. Source of Non-Federal Resources

Lines 8-11—Enter amounts of non-Federal resources that will be used on the grant. If in-kind contributions are included, provide a brief explanation on a separate sheet. (See Attachment F, FMC 74-7.)

Column (a)—Enter the program titles identical to Column (a), Section A. A breakdown by function or activity is not necessary.

Column (b)—Enter the amount of cash and in-kind contributions to be made by the applicant as shown in Section A. (See also Attachment F, FMC 74-7.)

Column (c)—Enter the State contribution if the applicant is *not* a State or State agency. Applicants which are a State or State agencies should leave this column blank.

Column (d)—Enter the amount of cash and in-kind contributions to be made from all other sources.

Column (e)—Enter totals of Columns (b), (c), and (d).

Line 12—Enter the total for each of Columns (b)-(e). The amount in Column (e) should be equal to the amount on Line 5, Column (f), Section A.

Section D. Forecasted Cash Needs

Line 13—Enter the amount of cash needed by quarter from the grantor agency during the first year.

Line 14—Enter the amount of cash from all other sources needed by quarter during the first year.

Line 15—Enter the totals of amounts on Lines 13 and 14.

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

Lines 16-19—Enter in Column (a) the same grant program titles shown in Column (a), Section A. A breakdown by function or activity is not necessary. For new applications and continuing grant applications, enter in the proper columns amounts of Federal funds which will be needed to complete the program or project over the succeeding funding periods *(usually in years)*. This Section need not be completed for amendments, changes or supplements to funds for the current year of existing grants.

If more than four lines are needed to list the program titles submit additional schedules as necessary.

Line 20—Enter the total for each of the Columns (b)-(e). When additional schedules are prepared for this Section, annotate accordingly and show the overall totals on this line.

Section F. Other Budget Information

Line 21—Use this space to explain amounts for individual direct object cost categories that may appear to be out of the ordinary or to explain the details as required by the Federal grantor agency.

Line 22—Enter the type of indirect rate *(provisional, predetermined, final or fixed)* that will be in effect during the funding period, the estimated amount of the base to which the rate is applied, and the total indirect expense.

Line 23—Provide any other explanations required herein or any other comments deemed necessary.

PART V
ASSURANCES

The Applicant hereby agrees and certifies that he will comply with the regulations, policies, guidelines, and requirements including OMB Circular No. A-95, A-102 and FMC 74-4, as they relate to the application, acceptance and use of Federal funds for this Federally assisted project. Also the Applicant agrees and certifies with respect to the grant that:

1. It possesses legal authority to apply for the grant; that a resolution, motion or similar action has been duly adopted or passed as an official act of the applicant's governing body, authorizing the filing of the application, including all understandings and assurances contained therein, and directing and authorizing the person identified as the official representative of the applicant to act in connection with the application and to provide such additional information as may be required.

2. It will comply with Title VI of the Civil Rights Act of 1964 (P.L. 88-352) and in accordance with Title VI of that Act, no person in the United States shall, on the ground of race, color, or nation origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance and will immediately take any measures necessary to effectuate this agreement.

3. It will comply with Title VI of the Civil Rights Act of 1964 (42 USC 2000d) prohibiting employment discrimination where (1) the primary source of a grant is to provide employment or (2) discriminatory employment practices will result in unequal treatment of persons who are or should be benefiting from the grant-aided activity.

4. It will comply with requirements of the provisions of the Uniform Relocation Assistance and Real Property Acquisitions Act of 1970 (P.L. 91-646) which provides for fair and equitable treatment of persons displaced as a result of Federal and federally assisted programs.

5. It will comply with the provisions of the Hatch Act which limit the political activity of employees.

6. It will comply with the minimum wage and maximum hours provisions of the Federal Fair Labor Standards Act, as they apply to employees of institutions of higher education, hospitals, other non-profit organizations, and to employees of State and local governments who are not employed in integral operations in areas of traditional governmental functions.

7. It will establish safeguards to prohibit employees from using their positions for a purpose that is or gives the appearance of being motivated by a desire for private gain for themselves or others, particularly those with whom they have family, business, or other ties.

8. It will give the grantor agency and the Comptroller General through any authorized representative the access to and the right to examine all records, books, papers, or documents related to the grant.

9. It will comply with all requirements imposed by the Federal grantor agency concerning special requirements of law, program requirements, and other administrative requirements.

10. It will insure that the facilities under its ownership, lease or supervision which shall be utilized in the accomplishment of the project are not listed on the Environmental Protection Agency's (EPA) list of Violating Facilities and that it will notify the Federal grantor agency of the receipt of any communication from the Director of the EPA Office of Federal Activities indicating that a facility to be used in the project is under consideration for listing by the EPA.

11. It will comply with the flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973, Public Law 93-234, 87 Stat. 975, approved December 31, 1976. Section 102(a) requires, on and after March 2, 1975, the purchase of flood insurance in communities where such insurance is available as a condition for the receipt of any Federal financial assistance for construction or acquisition purposes for use in any area that has been identified by the Secretary of the Department of Housing and Urban Development as an area having special flood hazards.

12. It will comply with all applicable requirements of Section 13 of the Clean Water Act Amendments of 1972 (P.L. 92-500), if the grant is awarded under any grant authority of that Act, which provides that no person in the United States shall, on the ground of sex be excluded from participation in, be denied the benefits of, or be otherwise subject to discrimination under any program or activity under the said Clean Water Act Amendments for which the applicant receives financial assistance and will take all necessary measures to effectuate this agreement.

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BUDGET DETAIL
NORTH BRONSON INDUSTRIAL AREA PROJECT
BRANCH COUNTY, MICHIGAN

REMEDIAL INVESTIGATION/FEASIBILITY STUDY
CAA INFORMATION

Personnel $ 85,631

Approximate FTE (2 years)	Class & Level	Salary/Year	Cost (2 years)
0.375	Geologist VI	$33,492	$ 25,119
0.04	Laboratory Scientist VII	36,498	2,920
0.375	Environmental Quality Analyst VI	33,492	25,119
0.03	Environmental Engineer VI	35,767	2,146
0.02	Water Quality Technician IV	26,852	1,074
0.125	Secretary IV	23,782	5,946
0.02	Student Aide IV	18,658	746
0.10	Aquatic Biologist VI	33,492	6,698
0.01	Environmental Quality Manager IX	43,200	864
	Overtime @ $25/hour x 600 hours		15,000

****

Fringes $ 26,717

Based on a rate of 31.2% of salaries and wages. Comprised of 10.69% for insurance and 20.51% for retirement and FICA.

****

Travel $ 16,475

105 trips to North Bronson site and vicinity @ $58/trip (.29/mile)	6,090
220 lunches @ $5.50	1,210
55 dinners @ $11.75	646
55 breakfasts @ $4.50	248
18 overnight trips for 2 people @ $60 each	1,080
3 roundtrip air trips to Chicago for 3 people @ $400 each	3,600
3 roundtrip air trips to Madison, Wisconsin, for 3 people @ $400 each	3,600

****

Equipment -0-

****

Supplies $ 5,000

tyveks, saranacs, respirator cartridges, duct tape, oxygen, one engineering/map cabinet, trailer supplies (mops, brooms, wastebaskets, etc.)

****

BUDGET DETAIL
NORTH BRONSON INDUSTRIAL AREA PROJECT
BRANCH COUNTY, MICHIGAN

REMEDIAL INVESTIGATION/FEASIBILITY STUDY
CAA INFORMATION
(page 2)

Contractual	$570,673

See Attachment A for detail.

****

Other (includes community relations costs)	$ 25,000

telephone, electricity, heat, MDNR analysis, mailings/postage, ads in papers for public meetings, dumpster, coolers, porta-john, photo develop./reprod., hall rentals, photocopying costs (In accordance with OMB Circular A-87, $900 is budgeted for audit cost based upon the rate of .12% of total costs as negotiated with the U.S. Department of the Interior.)

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Indirect Costs	$ 20,504

For budget purposes, the Fiscal Year 1986-87 rate of 18.25% of salaries and fringes is used.

****

TOTAL COSTS $750,000

NORTH BRONSON INDUSTRIAL AREA

ATTACHMENT A

RI/FS
(Contractual)

Tasks	Total
Quality Assurance Project Plan	15,000
Sampling Plan	4,000
Health and Safety Plan	4,000
Data Management Plan	4,000
Site Investigation	
Aerial Survey/Facility Survey	17,000
Sediments/Surface Water	7,000
Existing Well Sampling	20,000
Geophysical Survey	10,000
Groundwater Sampling	50,000
Waste Characterization	33,173
Well Drilling	127,000
Technical Memo	22,000
Treatability Study	35,000
Community Relations Support	2,000
RI Report	40,000
RI Project Management	50,000
Feasibility Study	
Proposed Response	7,000
Risk Assessment	23,000
Preliminary Remedial Technologies	6,000
Develop Alternatives	16,000
Initial Screen of Alternatives	7,000
Analyze Alternatives	12,000
Alternative Array	5,000
Evaluate Cost-Effective Alternative	6,500
Draft FS Report	21,000
Final FS Report	7,000
FS Project Management	20,000
TOTAL RI/FS CONTRACTUAL	$570,673
MDNR COSTS RI/FS	$179,327
TOTAL PROJECT COST	$750,000

NORTH BRONSON INDUSTRIAL AREA

Task	Total	Warzyn
Quality Assurance Project Plan	15,000	
Sampling & Plan	[illegible]	✓
[illegible] Safety Plan	[illegible]	
Data [illegible] Plan	[illegible]	
[illegible] Investigation	[illegible]	✓
Well Survey/[illegible]	[illegible]	✓ (10)
Air/Surface Water	[illegible]	✓ (30)
[illegible] Well Installation	[illegible]	✓ (81)
[illegible] Sampling	[illegible]	✓ (36)
[illegible] Preservation	[illegible]	✓
[illegible]	[illegible]	✓ (43)
[illegible]	[illegible]	— (159)
[illegible] Treatability Studies	[illegible]	✓
[illegible] Long Support	[illegible]	✓
[illegible]	[illegible]	✓ (100)
[illegible] Management	[illegible]	
[illegible]	[illegible]	
[illegible]	[illegible]	
[illegible]	[illegible]	
[illegible]	[illegible]	
[illegible]	[illegible]	
[illegible]	[illegible]	
[illegible]	[illegible]	
[illegible]	[illegible]	
[illegible]	[illegible]	
[illegible]	[illegible]	
RS Project [illegible]	[illegible]	

geophys = $10,000 (left out accidently)

alt. array $5,000

~ same