RCD 12/[illegible]/06 AW

REQUEST FOR ADVANCE OR REIMBURSEMENT

(See instructions on back)

OMB APPROVAL NO. 0348[redacted]0[redacted]

PAGE 1 OF 2 PAGES

1. TYPE OF PAYMENT REQUESTED
   a. "X" one or both boxes: [ ] ADVANCE [X] REIMBURSEMENT
   b. "X" the applicable box: [ ] FINAL [ ] PARTIAL

2. BASIS OF REQUEST: [X] CASH [ ] ACCRUAL

3. FEDERAL SPONSORING AGENCY AND ORGANIZATION ELEMENT TO WHICH THIS REPORT IS SUBMITTED: EPA Region

4. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER ASSIGNED BY FEDERAL AGENCY: 1991770-01

5. PARTIAL PAYMENT REQUEST NUMBER FOR THIS REQUEST: Request # 7

6. EMPLOYER IDENTIFICATION NUMBER: 04-3262020

7. RECIPIENT'S ACCOUNT NUMBER OR IDENTIFYING NUMBER: NA

8. PERIOD COVERED BY THIS REQUEST
   FROM (month, day, year): 4·25·05
   TO (month, day, year): 12-30·06

9. RECIPIENT ORGANIZATION
   Name: Housatonic River Initiative
   Number and Street: (b) (6) [redacted]
   City, State and ZIP Code:

10. PAYEE (Where check is to be sent is different from item 9)
   Name: NA
   Number and Street:
   City, State and ZIP Code:

11. COMPUTATION OF AMOUNT OF REIMBURSEMENTS/ADVANCES REQUESTED

PROGRAMS/FUNCTIONS/ACTIVITIES ▶	(a) Technical Assistance	(b) NA	(c) NA	TOTAL
a. Total program outlays to date (As of date)	$ ~~139,210.10~~	$ 148,999.69	$	$
b. *Less:* Cumulative program income	~~[illegible]~~			
c. Net program outlays (*Line a minus line b*)	~~139,210.10~~	148,999.69		
d. Estimated net cash outlays for advance period				
e. Total (*Sum of lines c & d*)	~~139,210.10~~	148,999.69		
f. Non-Federal share of amount on line e	~~38153.50~~	39203.75		
g. Federal share of amount on line e	~~113,928.75~~	109,795.94		
h. Federal payments previously requested	89,638.17			
i. Federal share now requested (*Line g minus line h*)	~~24,290.58~~	20,157.77		
j. Advances required by month, when requested by Federal grantor agency for use in making prescheduled advances — 1st month	NA			
2nd month	NA			
3rd month	NA			

12. ALTERNATE COMPUTATION FOR ADVANCES ONLY

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

AUTHORIZED FOR LOCAL REPRODUCTION

(Continued on Reverse)

STANDARD FORM 270 (Rev. 2-92)
Prescribed by Office of Management and Budget
Cir. No. A-102 and A-110

SEMS DocID 621164

13.	CERTIFICATION	
I certify that to the best of my knowledge and belief the data on the reverse are correct and that all outlays were made in accordance with the grant conditions or other agreement and that payment is due and has not been previously requested.	SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL Timothy Gray	DATE REQUEST SUBMITTED 12-15-06
	TYPED OR PRINTED NAME AND TITLE TIMOTHY GRAY, DIRECTOR	TELEPHONE (AREA CODE, NUMBER, EXTENSION) (b) (6) [redacted]

This space for agency use

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

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

INSTRUCTIONS

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

Item	*Entry*
2	Indicate whether request is prepared on cash or accrued expenditure basis. All requests for advances shall be prepared on a cash basis.
4	Enter the Federal grant number, or other identifying number assigned by the Federal sponsoring agency. If the advance or reimbursement is for more than one grant or other agreement, insert N/A; then, show the aggregate amounts. On a separate sheet, list each grant or agreement number and the Federal share of outlays made against the grant or agreement.
6	Enter the employer identification number assigned by the U.S. Internal Revenue Service, or the FICE (institution) code if requested by the Federal agency.
7	This space is reserved for an account number or other identifying number that may be assigned by the recipient.
8	Enter the month, day, and year for the beginning and ending of the period covered in this request. If the request is for an advance or for both an advance and reimbursement, show the period that the advance will cover. If the request is for reimbursement, show the period for which the reimbursement is requested.
Note:	The Federal sponsoring agencies have the option of requiring recipients to complete items 11 or 12, but not both. Item 12 should be used when only a minimum amount of information is needed to make an advance and outlay information contained in item 11 can be obtained in a timely manner from other reports.
11	The purpose of the vertical columns (a), (b), and (c), is to provide space for separate cost breakdowns when a project has been planned and budgeted by program, function, or activity. If additional columns are needed, use as many additional forms as needed and indicate page number in space provided in upper right; however, the summary totals of all programs, functions, or activities should be shown in the "total" column on the first page.
11a	Enter in "as of date," the month, day, and year of the ending of the accounting period to which this amount applies. Enter program outlays to date (net of refunds, rebates, and discounts), in the appropriate columns. For requests prepared on a cash basis, outlays are the sum of actual cash disbursements for goods and services, the amount of indirect expenses charged, the value of in-kind contributions applied, and the amount of cash advances and payments made to subcontractors and subrecipients. For requests prepared on an accrued expenditure basis, outlays are the sum of the actual cash disbursements, the amount of indirect expenses incurred, and the net increase (or decrease) in the amounts owed by the recipient for goods and other property received and for services performed by employees, contracts, subgrantees and other payees.
11b	Enter the cumulative cash income received to date, if requests are prepared on a cash basis. For requests prepared on an accrued expenditure basis, enter the cumulative income earned to date. Under either basis, enter only the amount applicable to program income that was required to be used for the project or program by the terms of the grant or other agreement.
11d	Only when making requests for advance payments, enter the total estimated amount of cash outlays that will be made during the period covered by the advance.
13	Complete the certification before submitting this request.

FINANCIAL STATUS REPORT
(Short Form)
(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted	2. Federal Grant or Other Identifying Number Assigned By Federal Agency	OMB Approval No.	Page	of
EPA Region 1		0348-0038	1	1 pages

3. Recipient Organization (Name and complete address, including ZIP code)
Housatonic River Initiative
Box 321, Lenoxdale, MA., 01238

4. Employer Identification Number	5. Recipient Account Number or Identifying Number	6. Final Report	7. Basis
(b) (6) [redacted]	NA	☐ Yes ☑ No	☒ Cash ☐ Accrual

8. Funding/Grant Period (See instructions) From: (Month, Day, Year)	To: (Month, Day, Year)	9. Period Covered by this Report From: (Month, Day, Year)	To: (Month, Day, Year)
7-1-98		7-1-98	12-15-06

10. Transactions:		I Previously Reported	II This Period	III Cumulative
a. Total outlays			148,999.69	~~139,210.10~~
b. Recipient share of outlays			39,203.75	~~39,1630~~
c. Federal share of outlays			109,795.94	~~113,928.75~~
d. Total unliquidated obligations	40,204.06			~~34,956~~
e. Recipient share of unliquidated obligations				0
f. Federal share of unliquidated obligations	40,204.06			~~34,956~~
g. Total Federal share (Sum of lines c and f)	109,795.94			~~113,928.75~~
h. Total Federal funds authorized for this funding period				150,000
i. Unobligated balance of Federal funds (Line h minus line g)	40,204.06			~~34,956~~

11. Indirect Expense	a. Type of Rate (Place "X" in appropriate box) NA ☐ Provisional ☐ Predetermined ☐ Final ☐ Fixed			
	b. Rate	c. Base	d. Total Amount	e. Federal Share

12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.

13. Certification: **I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.**

Typed or Printed Name and Title	Telephone (Area code, number and extension)
Timothy Gray	(b) (6) [redacted]
Signature of Authorized Certifying Official	**Date Report Submitted**
Timothy Gray	12-15-06

Summary
Monthly Recording of Group's Matching Contribution

Month April 2005

Year 2005

Member	In-kind	Cash Expenditure	Total
Jane Winn	12.5 x 25	312.50	312.50
DAVE Gibbs	6.5 x 25	162.50	475
JUDY Helcimer	12.5 x 25	312.50	787.50
Benno FRIEDMAN	6.5 x 25	162.50	950.00
Tim Gray	20 x 35	700.00	1650.00
TOTAL			

add all to left

TOTAL MATCHING SHARE FOR THE MONTH	$ 1650.00 ✓
RECIPIENT MATCHING SHARE THROUGH THE PRIOR MONTH	$ [illegible]
TOTAL RECIPIENT MATCHING SHARE TO DATE	$ ~~26,931~~

$25,281.25

$ 26,931.25

Summary
Monthly Recording of Group's Matching Contribution

Month May

Year 2005

Member	In-kind	Cash Expenditure	Total
Judy Hakimer	6	150	150
Dave Gibbs	3	75	225
Judy Helcimer	6	150	375
Benno Friedman	3	75	450
Timothy Gray	5	175	625
TOTAL			

TOTAL MATCHING SHARE FOR THE MONTH	$ 625
RECIPIENT MATCHING SHARE THROUGH THE PRIOR MONTH	$ 26,931.25
TOTAL RECIPIENT MATCHING SHARE TO DATE	$ ~~27,556~~ $27,556.25

Summary
Monthly Recording of Group's Matching Contribution

Month ~~[illegible]~~ July

Year 2005

Member	In-kind	Cash Expenditure	Total
Jane Winn	3	75.00	75.00
Judy Herkimer	3	75.00	150.00
Tim Gray	6	210.00	360.00
TOTAL			

TOTAL MATCHING SHARE FOR THE MONTH	$ 360.00 ✓
RECIPIENT MATCHING SHARE THROUGH THE PRIOR MONTH	$ 27,556.25
TOTAL RECIPIENT MATCHING SHARE TO DATE	$ ~~27,916~~ 27,916.25

Summary
Monthly Recording of Group's Matching Contribution

Month August

Year 2005

Member	In-kind	Cash Expenditure	Total
Benno Friedman	1	25	25
Judy Heckmiel	1	25	50
Jane Winn	1	25	75
Dave Gibbs	4	100	175
Timothy Gray	18	630	805
TOTAL			

TOTAL MATCHING SHARE FOR THE MONTH	$ 805
RECIPIENT MATCHING SHARE THROUGH THE PRIOR MONTH	$ 27916.25
TOTAL RECIPIENT MATCHING SHARE TO DATE	$ 28721.25

Summary

Monthly Recording of Group's Matching Contribution

Month Sept

Year 05

Member	In-kind	Cash Expenditure	Total
Benno Friedman	3	75.00	75
Judy Herkimer	11	275.00	350
Jane Winn	7	175.00	525
Dave Ebbr	11	275.00	800
Tim Gray	30	1050.00	1850
TOTAL			

TOTAL MATCHING SHARE FOR THE MONTH	$ 1850 ✓
RECIPIENT MATCHING SHARE THROUGH THE PRIOR MONTH	$ 28721.25
TOTAL RECIPIENT MATCHING SHARE TO DATE	$ ~~29521.00~~ 30,571.25

Summary
Monthly Recording of Group's Matching Contribution

Month October

Year 2005

Member	In-kind	Cash Expenditure	Total
Jane Winn	17	425.00	425.00
Dave Gibbs	12	300.00	725.00
david martindale	4	100.00	825.00
John Walepa	4	100.00	925.00
Bamo Friedman	6	150.00	1075.00
Judy Harimeer	6	150.00	1225.00
Tim Gray	16	560.00	1785
TOTAL			

TOTAL MATCHING SHARE FOR THE MONTH	$ 1785
RECIPIENT MATCHING SHARE THROUGH THE PRIOR MONTH	$ ~~29527~~ 30,571.25
TOTAL RECIPIENT MATCHING SHARE TO DATE	$ ~~31,306~~ 32,356.25

Summary
Monthly Recording of Group's Matching Contribution

Month NOV

Year 2005

Member	In-kind	Cash Expenditure	Total
Tim Gray	17	595	595
Jane Winn	9	225	820
Dave Gabbs	7	125	995
David Martindale	5	125	1120
John Walepa	5	125	1245
Judy Heckimer	2	50	1295
Bernd Friedman	2	50	1345
TOTAL			

TOTAL MATCHING SHARE FOR THE MONTH	$ 1345 ✓
RECIPIENT MATCHING SHARE THROUGH THE PRIOR MONTH	$ ~~31,906~~ 32,356.25
TOTAL RECIPIENT MATCHING SHARE TO DATE	$ ~~32,251~~ 33,701.25

Summary
Monthly Recording of Group's Matching Contribution

Month Dec

Year 2005

Member	In-kind	Cash Expenditure	Total
Dave Gibbs	9.5	237.50	237.50
David Martindale	9.5	237.50	475
Jane Winn	10.5	262.50	737.50
Benno Friedman	8.5	212.50	950.00
Mickey Friedman	4	100.00	1050.00
J. Halepa	3	75	1125.00
Judy Heiserman	8.5	212.50	1337.50
Tim Coray	5.5	192.50	1530.00
TOTAL			

TOTAL MATCHING SHARE FOR THE MONTH	$ 1530.00 ✓
RECIPIENT MATCHING SHARE THROUGH THE PRIOR MONTH	$ ~~32,651~~ 33,701.25
TOTAL RECIPIENT MATCHING SHARE TO DATE	$ ~~34,181~~ 35,231.25

Summary
Monthly Recording of Group's Matching Contribution

Month Jan 06

Year 2006

Member	In-kind	Cash Expenditure	Total
Tim Gray	11	385.00	300.00
Jane Winn	12	300.00	685.00
John Nalepa	6	150	835.00
Judy Heuciner	3	75	910.00
Benno Friedman	3	75	985.00
Dave Gibbs	9	225	1210.00
David Martindale	3	75	1285.00
TOTAL			

TOTAL MATCHING SHARE FOR THE MONTH	$ 1285.00 ✓
RECIPIENT MATCHING SHARE THROUGH THE PRIOR MONTH	$ ~~34,161.00~~ 35,231.25
TOTAL RECIPIENT MATCHING SHARE TO DATE	$ ~~35,446.00~~

36,516.25

Summary
Monthly Recording of Group's Matching Contribution

Month February

Year 2006

Member	In-kind	Cash Expenditure	Total
Timothy Gray	23	805.00	805
Judy Herkimer	6	150	955
Jane Winn	10	250	1205
Dade Gibbs	9	225	1430.00
John Nalepa	8	200	1630.00
David Westendorf	4	100	1730
TOTAL			

TOTAL MATCHING SHARE FOR THE MONTH	$ 1730 ✓
RECIPIENT MATCHING SHARE THROUGH THE PRIOR MONTH	$ ~~35,406.00~~ 36,516.25
TOTAL RECIPIENT MATCHING SHARE TO DATE	$ ~~37,136.00~~ 38,246.25

Summary
Monthly Recording of Group's Matching Contribution

Month MARCH

Year 2006

Member	In-kind	Cash Expenditure	Total
Benno Friedman	2	50.00	50
Jane Winn	4	100.00	150
Dave Gibbs	7	175.00	325.00
Judy Herkimer	2	50.00	375.00
David Martindale	7	175.00	550
John Nalepa	3	75	625
Timothy Gray	9.5	332.50	957.50
TOTAL			

TOTAL MATCHING SHARE FOR THE MONTH	$ 957.50 ✓
RECIPIENT MATCHING SHARE THROUGH THE PRIOR MONTH	$ ~~37,196.~~ 38,246.25
TOTAL RECIPIENT MATCHING SHARE TO DATE	$ ~~38,153.50~~ 39,203.75

Request for Advance or Reimbursement (SF270) Review Checklist

Note: For tracking purposes, the SF270 must go through the Grants Office (MGM) first. The Grants Office will then forward it for review and approval.

Recipient: Housatonic River Initiative **Grant No.:** 1-99177001-4
Site Name: GE/Pittsfield

	YES	NO	N/A
1. Is this a Final or Partial Request? _____ If Final, has the Recipient been notified of closeout requirements?			X
2. Does the recipient name and address agree with the award document (Block 9)?		emailed Tim on 1/29 X	
3. Did the recipient enter the correct Grant No. (Block 4)?	X		
4. Is the recipient's EIN correct (Block 6)?	X		
5. Is the period covered by this request acceptable (Block 8)?	X		
6. Is the Request No. correct (Block 5)?	X		
7. Is the recipient organization (Block 9) and payee (Block 10) the same?	X		
8. Is Block 11, Lines (a) through (i) mathematically correct?	X		
9. a. What is the required Match % according to the award document (Non-Federal award amount divided by Total Award Amount)? 20% b. What is the match reflected on the SF270, Line (f) divided by Line (e)? 25.1% c. Has the match been met? d. Has documentation been submitted to support the Match?	X X		
10. Is the previous amount requested, Line (h) correct?	X		
11. Is the total of Line (h), Federal payments previously requested plus Line (i), Federal share now requested less than the award amount?	X		
12. Is there sufficient documentation to support the Amount Now Requested, Line (i)?	X		
13. a. Does the hourly rate charged by the Contractor(s) agree with the rate identified in the contract? b. Is the total of contract invoices less than the nte contract amount? c. Is the billed period within the period of performance shown on the contract? d. Is the work performed consistent with the contract?	X		
14. Is the SF270 signed and dated by an Authorized Certifying Official?	X		

If approved, write Ok to Pay $_____, sign and date. Xerox a copy for the payment file and route the original to the Finance Office (MCO).

Rev. 5/05

Housatonic River Initiative
Tag Grant 1991770-01-0

Reimbursement Request #7

Environmental Stewardship Concepts HHRA Final Payment –Dr Peter DeFur	#(b)		4273.87
Upstate Fresh Water Institute – Fate and Transport Modeling Review Adjusted as per contract to original contract 94.05 $2257.20	#(b)		2374.70
USPS	(b)		150.00
Kemble Inn Lodging for Dr Effler Modeling Peer Review	#(b)		137.13
Lakeville Journal Eco / Human Health Risk Forums	(b)		65.96
Berkshire Eagle Eco / Human Health Risk Forums	(b)		200.48
Shoppers Guide Eco / Human Health Risk Forums	(b)		49.33
Staples Printing EPA Summaries HHRA and ERA	(b)		136.50
Environmental Stewardship Concepts HHRA Revise Dr. DeFur	(b)		1008.90
Environmental Stewardship Concepts NPDES Permit Review	(b)		95.00
Upstate Freshwater Institute Model Validation – Dr Effler	(b)		2633.40
HRI TAG Hours 253.5 x $35			8872.50
Crown Plaza, Berk Common Corp	(b)	•	300.00 → Not reimbursed
Berkshire Trade and Commerce PCB Alt Tech Forum	(b)	•	71.00 → Not reimbursed

Expenses DR Wilde Biogenesis PCB Alt Tech Forum	(b)	296.11 ✓	✓ → Not reimbursed
Crown Plaza Room, Expenses PCB Alt Tech Forum	(b)	161.50 ✓	✓ - Not reimbursed
Berkshire Record PCB Alt Tech Forum	(b)	70.00 ✓	✓ - Not reimbursed
Shoppers Guide PCB Alt Tech Forum	(b) (6)	75.60 ✓	✓ - Not reimbursed
Berkshire Eagle PCB Alt Tech Forum	(b)	525.20 ✓	✓ - Not reimbursed.
Upstate Freshwater Institute Model Calibration Rpt	(b)	~~2633.40~~	in here twice
USPS	(b)	160.00 ✓	✓

94,290.58

4,273•87+
2,374•70+
150•+
137•13+
65•96+
200•48+
49•33+
136•50+
1,008•90+
95•+
2,633•40+
8,872•50+
300•+
71•+
296•11+
161•50+
70•+
75•60+
525•20+
2,633•40+
160•+
=
24,290•58*

HHRA

Environmental Stewardship Concepts

April 29, 2005

Tim Gray
Housatonic River Initiative
P.O. Box 321
Lenoxdale, MA 01242

Invoice

Tim:

This letter is my invoice for the month of April 2005, covering the period April 1, 2005 through April 29, 2005. During this period I completed my review on the HHRA and submitted comments on April 5, 2005. From April 19 – 21, 2005 I traveled to Great Barrington, Massachusetts and Kent, Connecticut to deliver a presentation at Community forums on the 19th and 20th. I presented summaries of the risk assessment process and an overview of PCB toxicity. In addition, I corresponded with HRI, HEAL, and EPA and supervised work completed by my research and office assistants who helped conduct research, review, and prepare comments and prepare documents and materials for the document reviews and travel to and presentations on the 19th and 20th.

Time period: 1 Apr 05 – 29 Apr 05
Personnel:

PI, Peter deFur 28 hr at $100/hr	$ 2,800.00 ✓
Research assistant 14.04 hr at $22.5/hr	$ 315.90 ✓
Office Asst 1.75 hr at $18/hr	$ 31.50 ✓
Direct expenses	$ 1126.47 ✓
TOTAL	$4,273.87

I look forward to working with you and the HRI citizens on this clean-up effort. Please make check payable to Peter L. deFur, ssn (b) (6) [redacted]; Federal EIN (b) (6) [redacted]
I certify that the expenses and fees charged in this invoice were incurred in the course of work on the HRI cleanup project.

Yours truly,

Peter L. deFur

Paid BRF (b) (6) [redacted] 9.22.05

Peter L. deFur, Ph.D.
1108 Westbriar Drive, Suite F
Richmond VA 23238
Ph/Fax 804-741-2922

pldefur@igc.org

Hours/Expense HRI March 05
Peter deFur

Date	Hours	Expense	Activity
4/1/2005	6		HHRA Comments
4/3/2005	2		HHRA Comments
4/4/2005	0.5		HHRA Comments
4/5/2005	2		Finalize and submit HHRA Comments
4/8/2005	0.5		prepare for travel (4/19-4/20)
4/11/2005	0.5		review
4/12/2005	1		Document status, prepare for trip, powerpoint
4/19/2005	8		preparation, travel, forum
		$490.30	Airfare ✓
		$3.75	food ✓
		$2.49	food ✓
		$23.67	food ✓
		$2.05	food ✓
		$94.69	Hotel ✓
4/20/2005	5.5		preparation and forum
		$29.17	Food ✓
		$23.01	Food ✓
		$140.00	Hotel ✓
4/21/2005	2		Follow up
		$159.03	Rental Car ✓
		$13.76	Food ✓
		$30.00	Parking ✓
		$2.00	Food ✓
		$24.86	Gasoline ✓
		$25.00	Flight Charge ✓
		$50.00	Airfare Charge ✓
		$12.69	Phone charges ✓
Subtotal:		$1,126.47 ✓	
		$315.90	research assistant 14.04 hrs @ $22.5/hr
		$31.50	Office Assistant 1.75 hrs @ $18/hr
Totals:	✓28	$1,473.87	

COMFORT INN & SUITES
249 STOCKBRIDGE ROAD
GREAT BARRINGTON, MA 01230 USA
(413) 644-3200
gm.ma125@choicehotels.com

Account: 109147
Date: 04/20/05
Page: 1 of 1
Room: 225 SCR
Arrival Date: 04/19/05 16:18
Departure Date: 04/20/05 11:03
Frequent Traveler ID: GP-PXD2922
You were checked out by: LDM
You were checked in by: GJA

DEFUR, PETER

1108 WESTBRIAR DR., STE. F.
RICHMOND, VA 23238

Post Date	Description	Comment	Amount
04/19/05	PHONE LONG DISTANCE	7572212150 16:17 0002	2.24
04/19/05	ROOM CHARGE	#225 DEFUR, PETER	75.05
04/19/05	STATE TAX	STATE TAX	4.28
04/19/05	OCCUPANCY TAX	OCCUPANCY TAX	3.00
04/20/05	PHONE LONG DISTANCE	8047526005 09:17 0008	4.28
04/20/05	PHONE LONG DISTANCE	8047526005 09:55 0002	2.24
04/20/05	PHONE LONG DISTANCE	8047412922 10:31 0006	3.60
04/20/05	VISA PAYMENT	VISA PAYMENT Acct: (b) (6)	-94.69 ✓

Balance Due: 0.00

If payment by credit card, I agree to pay the above total charge amount according to the card issuer agreement.

x _____

COMFORT INN & SUITES
249 STOCKBRIDGE ROAD
GREAT BARRINGTON, MA 01230 USA
(413) 644-3200
gm.ma125@choicehotels.com

Room: 225
Arrival Date: 04/19/05
Departure Date: 04/20/05
Account: 109147
Frequent Traveler ID: GP-PXD2922

Merchant Number: (b) (6)
Approval Number: (b)
Card Type: VI
Date: 4/20/2005
Card Number: (b) (6)
Total: 94.69

If payment by credit card, I agree to pay the above total charge amount according to the card issuer agreement.

PETER DEFUR
1108 WESTBRIAR DR., STE. F.
RICHMOND, VA 23238

x _____

TGI FRIDAY'S
#0812
PHILADELPHIA, PA

Date: Apr21'05 01:59PM
Card Type: VISA
Acct #: X(b) (6) [redacted]
Exp Date: XX/XX
Auth Code: (b) (6) [redacted]
Check: 383
Table: 80/1
Server: 17 BILLY D.
PETER L DEFUR

Subtotal: 11.76

TIP $ 2

TOTAL $ 13.76

Ckl 7

** GUEST COPY **

AVIS. We try harder®

(b) (6) [redacted] CORD
CAR GROUP

DEFUR,PETER
WIZ = 86G42N AWD = K024300
CV - (b) (6) [redacted]
FTN US/2229562 IZ

OUT BDL 19APR05/0945 MI	=	8726	
IN BDL 21APR05/1100 MI	=	9056	
330 MI@ .00	=		
1 HR@ 27.00	=	27.00	
2 DY@ 68.99	=	137.98	
DISCOUNT 22.6	=	37.33	
# 3% SURCHARGE	=	4.26	
ONE WAY FEE/MISC	=		
**11.11% FEE	=	14.29	
FTP SR$.50DY$2MX	=	1.00	
TAXABLE SUBTOT	=	147.20	
TAX 6.000%	=	8.83	
*$1.00/DY SURCHG	=	3.00	
TOTAL CHARGES	=	159.03	

**CONCESSION RECOVERY FEE
* CT STATE TOURISM FUND
# CT RENTAL VEHICLE SURCHARGE
FF MLS/PNTS EARNED 256

* Please check your car for personal effects. *

Thank you for renting from Avis.
We value your business. Have a safe trip.

[redacted]

[redacted]
NO VALID FOR TRAVEL
037 0613297145 D

[redacted]
0 037 0613296903 3

[redacted]
THIS IS YOUR RECEIPT*******
01 STNDBY FEE 25.00
NA
NA
NA
NA
0370415013397[1]

US AIRWAYS
HERE ATB2
INSERT

---

*MISCELLANEOUS SALES RECEIPT 4
PURCHASER RECEIPT
21APR05 07000324
US AIRWAYS US
BDL BUH / HARTFORD SPRINGFLD
[redacted]
*THIS IS YOUR RECEIPT*******
01 FIRSTUP 50.00
50.00
NA
NA
NA
NA
[redacted]
0370414963466[1]
0 037 0613297145 0

US AIRWAYS
**ALL MISCELLANEOUS*
** CHARGES ARE *
[redacted]
NO VALID FOR TRAVEL
037 0613297145 D

STAPLE HERE ATB2
INSERT
Do not expose to excessive heat or direct sunlight

ORIGINAL RECEIPT
Plaza Package Store
155 STATE ROAD
GREAT BARRINGTION, MA 01230
(413) 528-1790

12 oz SARANAC PALE ALE
1 6pk sku 06348 ESC 6.49
1 CONTAINER DEPOSITS 0.30
4 oz BAZZINI NATURAL PISTACHIOS
1 sku 14921 HRI 2.19

3 ITEMS TOTAL 8.98

ID # 138 TOTAL 8.98

CASH 20.00
CASH CHANGE -11.02

ACCOUNT BALANCE: 0.00
04/19/2005 10:29:35 PM ref: 2234132

THANKS FOR SHOPPING PLAZA PACKAGE STORE
FAX (413) 528-8116

PAISANS RESTAURANT
KENT GREEN STREET
KENT, CT. 06757

TERMINAL I.D.: 00754200008000003871402

MERCHANT #: 8000038714

VISA PCARD
(b) (6) [redacted]
SALE
BATCH: 000061 INV: 000005
DATE: APR 20, 05 TIME: 17:36

AUTH: (b) (6) [redacted]

BASE $24.17
TIP 5

TOTAL

PETER L DEFUR

I AGREE TO PAY ABOVE TOTAL AMOUNT
ACCORDING TO CARD ISSUER AGREEMENT
(MERCHANT AGREEMENT IF CREDIT VOUCHER)

CUSTOMER COPY

FIFE 'N' DRUM
[illegible]
KENT, CT 06757

TERMINAL I.D.: [illegible]
MERCHANT #: [illegible]

VISA
(b) (6) [redacted]
SALE
BATCH: [illegible] INV: [illegible]
DATE: [illegible] TIME: [illegible]
AUTH: [illegible]

FOOD/BEV $19.[illegible]
TIP 3.5
TOTAL $23.[illegible]

PETER L DEFUR
Peter L. de Fur

I AGREE TO PAY ABOVE TOTAL AMOUNT
ACCORDING TO CARD ISSUER AGREEMENT
(MERCHANT AGREEMENT IF CREDIT VOUCHER)

AIRPORT SHELL
80 TURNPIKE RD
WINDSOR LOCKS, CT

SHELL
80 ELLA T GRASSO TUR
WINDSOR LOCKS CT
RT# 20694860287

04/21/05 10:55:00
DEFUR/PETER L
VISA ACCT#
(b) (6) [redacted]

RCPT# 5-6463
INV# 2289817
AUTH# 00060116

PUMP# 4
REGULAR 11.006G
SELF
PRICE/Gal $2.259

FUEL TOTAL $24.86

TOTAL $24.86

CAR WASH CODE GOOD
FOR 7 DAYS
OPEN 7AM-7PM

BAIRD'S GENERAL STORE LLC
25 KENT RD, PO BOX 18
CORNWALL BRIDGE, CT 06754
(860) 672-6578

455892 9:36 AM 04/21/05

1		GROCERY	
	1 @	1.00	1.00
51		SMALL COFFEE	
	1 @	.94	.94

SUB-TOTAL : 1.94
SALES TAX : .06

TOTAL > 2.00

PAY TYPE : CASH
RECEIVED : 2.00
CHANGE : .00

THANK YOU FOR YOUR BUSINESS

RICHMOND
INTL. AIRPORT
RECEIPT 3PS1

TERMINAL
ENTRY TIME
04/19/05 05:49
EXIT TIME:
04/21/05 16:22
PARK-DUR.: HRS:MIN
2:10:33
AMOUNT:
$ 30.00

KIND OF PAYMENT:

HRI

WOODBRIDGES
3 HADLEY STREET
SOUTH HADLEY, MA. 01075
413-536-7341

ID: 0005560000000024080101
04/19/05 12:57:31

VISA
(b) (6) [redacted]

Appr Code: (b) (6) [redacted] Inv#: 000001
Amount: $ 19.67
Tip: 4
Total:

Tip Table provided for your convenience:
15% = 2.95
20% = 3.93
25% = 4.91
Customer Copy
THANK YOU!

Jazz & Java
Terminal C
Philadelphia International Airport
Philadelphia, PA

CASH #3292 04/19/05-A 7:52am
Guests 1 Register 3 Table REG3#1-A
Order #92

1..16 Oz Coffee	1.64
1..Croisant	1.87
Items	3.51
Tax	.24
TOTAL	3.75
Cash	10.00
(Change due)	6.25

See Our Daily Specials

CA ONE SERVICES INC.
CHMOND INTERNATIONAL AIRPORT
NEWSCAFE

4 GAIL

753 APR19'05 6:04AM

Bagels	1.95
Subtotal	1.95
Total Tax	0.10
Total Paid.....	2.05
CASH (PRT)	2.05

****
PROVIDING CARE AND COMFORT
TO PEOPLE AWAY FROM HOME
****

ur order number is: 753

9600
PASSENGER TICKET AND BAGGAGE CHECK
SUBJECT TO CONDITIONS OF CONTRACT

2301284784 3
PASSENGER RECEIPT 1 OF 1

ISSUED BY: US AIRWAYS
DATE OF ISSUE: 07APR05 ISSUING OFFICE CODE: 24639860 ISI: SITI ISO: US
** ELECTRONIC TICKET ** ISS. AGENT ID: OBZ OBZ PLACE OF ISSUE: /ORBITZ LINK
NAME OF PASSENGER (NOT TRANSFERABLE): DEFUR/PETER FARE BASIS TOUR CODE FCI 2
X/O FROM **NOT VALID FOR** CARR FLIGHT CLASS DATE TIME STATUS NOT VALID BEFORE NOT VALID AFTER
X/O TO **TRANSPORTATION* REVALIDATION **RETAIN THIS RECEIPT*** **THROUGHOUT YOUR JOURNEY*
STNDBY/CHG FEE/NO RFND/CXL BY FLT DT/AFT DPT CHG BY FLT DT
PNR CODE PNR CODE KDTETE/US
ORIGINAL ISSUE ISSUED IN EXCHANGE FOR CONJ. TKT. NO.
RIC US X/PHL Q9.30 US BDL201.86HRA7ZN US X/PIT Q9.30 US RIC 197.67HRA7ZN 418.13 END Z
PRICPHLBDLPIT XT10.00AY18.00XFRIC4.5PHL4.5BDL4.5PIT4.5

FARE	418.13
US	31.37
ZP	12.80
XT	28.00
USD	490.30

EQUIV. FARE PAID XXXXXXXXXXXXXXX3439*043511 0707
PCS CK.WT. UNCK.WT. SEQ. NO. ALLOW PCS. CK.WT. UNCK.WT.
STOCK CONTROL NUMBER TX
COUPON AIRLINE FORM SERIAL NO. CK
037 2301284784 2
*****DUPLICATE*****

NAME OF PASSENGER: DEFUR/PETER
X/O FROM RICHMOND
X/O TO US 110 H 19APR HRA7ZN
PHILADELPHIA
US 1081 H 19APR HRA7ZN
HARTFORD SPRNGFLD
REVALIDATION US 3559 H 21APR HRA7ZN
PITTSBURGH SEAT SMOKE
US 3679 H 21APR HRA7ZN
RICHMOND
PCS CK.WT. UNCK.WT. SEQ. NO. PCS. CK.WT. UNCK.WT.
NOT VALID FOR TRAVEL
BAGGAGE ID NR. 037 2301284784 2
COUPON AIRLINE FORM SERIAL NO. CK

Housatonic River Initiative

Housatonic RIVERKEEPER®

P.O. Box 321

Lenoxdale,Massachusetts, 01238

(b) (6) [redacted] (b) (6) [redacted]

Fax 617-918-0428

To Bob Shawacic, EPA, Project Officer

Date 2-5-07

Pages 2

From: Tim Gray

Notes: Hotel Rat.

WATERKEEPER ALLIANCE MEMBER

We look forward to your visit.

Elissa G T Potts Manager

EGTPotts

Jnn #4
Defeur Peter
File N Drug Inn
Fax 804 741 2922
TOTAL $140.00

Upstate Freshwater Institute

INVOICE

A 501(c)(3) Organization

PO Box 506
Syracuse, New York 13214
Phone 315-431-4962 Fax 315-431-4969

INVOICE # 2
DATE: May 25, 2005

Bill To:
Mr. T. Gray
Housatonic River Initiative
P.O. Box 321
Lenoxdae, Ma. 01242

Ship To:
Elizabeth Miller
Upstate Freshwater Institute
PO Box 506
Syracuse, NY 13214
315-431-4962

CONTRACT #	P.O. NUMBER				TERMS
0183					Due on receipt

EMPLOYEE	SERVICES RENDERED	HOURS	RATE	AMOUNT
S.W. Effler	Preparation and oral testimony on "Modeling Calibration Report" before USEPA Peer Review Committee	24	~~110.80~~ 94.05	~~$ 2,659.20~~ 2257.20
	TRAVEL EXPENSES			
	Tolls		9.70	$ 9.70
	Mileage	385	.28	$ 107.80
	Paid HRI # (b) (6) [redacted] 9.22.05			
			SUBTOTAL	~~$ 2,776.70~~
			TOTAL DUE	~~$ 2,776.70~~ 2374.20

Make all checks payable to **Upstate Freshwater Institute**
If you have any questions concerning this invoice, contact Elizabeth Miller at 315-431-4962 ext 100

THANK YOU FOR YOUR BUSINESS!

ADJUSTED
94.05 x 24 = 2257.20

UNITED STATES POSTAL SERVICE

FEE RENEWAL NOTICE

July 5, 2005

HOUSATONIC RIVER INITIATIVE
PO BOX 321
LENOXDALE, MA 01242-0321

Dear TIM GREY:

Your privilege to mail at presorted rate(s) and/or to distribute Business Reply Mail will expire on the dates shown below. If you plan to continue using your existing privilege(s), the fee(s) noted below must be paid prior to the indicated due date(s).

FEE TYPE	PERMIT TYPE	PERMIT #	EX DATE	FEE COST
Standard Mail	PI	174	08/26/2005	$150.00

If you have paid the fee(s) shown above, please disregard this notice. It is recommended that fees be paid in advance to facilitate the acceptance of your mailings. Fee payments may be paid up to 60 days in advance of their expiration date. Please return this notice with your payment to the address below:

PITTSFIELD
212 FENN ST
PITTSFIELD, MA, 01201-9998

Please make your check out to the POSTMASTER or to the U.S. POSTAL SERVICE. Also, note on your check your permit number and type of service you are requesting. Thank you for your business. We look forward to continuing to serve your postal needs.

Paid HRF 7-30-05

(b) (6) [redacted]

Sincerely,

POSTMASTER, BUSINESS MAIL UNIT
413-442-6961
212 FENN ST
PITTSFIELD, MA, 01201-9998

Reimburse T. Gray

137.13 Kemble Inn Dr Effler - Hotel room - modeling Peer Review

65.96 Lakeville Journal - Ad for PCB risk forums

PLATINUM VISA ACCOUNT
(b) (6) [redacted]

APR 26 - MAY 25, 2005
Page 1 of 2

Payments, Credits and Adjustments

1	02 MAY	PAYMENT RECEIVED - THANK YOU	$224.14-
2	02 MAY	PAYMENT RECEIVED - THANK YOU	100.00-

Transactions

3	02 MAY	KEMBLE INN LENOX MA → HRI	$137.13
4	04 MAY	THE LAKEVILLE JOURNAL LAKEVILLE CT	65.96
5	17 MAY	REG OF MOTOR VEHICLE (b) (6) [redacted]	41.00
6	24 MAY	WAL-MART #2174 WESTFIELD MA GH	143.64

Capital One is proud to support The Heart of America® Foundation, helping children learn to read, succeed, and make a difference in the world. In 2003, we gathered nearly $1 million worth of books for children in need. To learn more about how you can help a child make reading a lifelong passion, visit www.heartofamerica.org.

Remember to use your Capital One account to take advantage of the Credit Limit Increase you recently received. For additional information, please refer to the letter we sent to you in late April.

Paid HRI (b) (6) [redacted]

To credit on

APRIL 28, 2005 PAGE 1 OF 1

THE LAKEVILLE JOURNAL COMPANY, LLC
P.O. BOX 1688
LAKEVILLE, CT 06039

Ph (860) 435-9873

ACCT # (b) (6) [redacted]

HOUSATONIC RIVER INITIATI
ATTN: TIMOTHY GRAY
PO BOX 321
LENOXDALE MA 01242

STATEMENT (INVOICE)

TERMS 3% 15, NET 30

Current .	$68.00
30 Day. .	$0.00
60 Day. .	$0.00
90 Day. .	$0.00
120 Day .	$0.00
TOTAL . .	$68.00

WE HONOR VISA, MC, AMEX

DATE	SIZE	DESCRIPTION	ZONES	AMOUNT	BALANCE
		PREVIOUS BALANCE			$0.00
04/14	2x4	I BROADSHEET	A	$68.00	$68.00
		Sales tax included above:	0		

$ 65.96

DISCOUNT APPLIED 2.04

PAID BY CREDIT CARD 65.96

Thank You

Thanks!

NEW BALANCE ~~$68.00~~ 0

YOU MAY DEDUCT $2.04 IF PAID BY THE 15TH. (YOU PAY $65.96 .)

ZONES A=Lakeville Journal/B=Millerton News/C=Winsted Journal/D=Compass
INTEREST CHARGED @ 1.5%/MONTH ON OUTSTANDING BALANCES.
QUESTIONS? Call Sandra Lang or e-mail to: accounting@lakevillejournal.com

Ad for PcB Risk Forums
Dr. DeFur

Paid H RI

(b) (6) [redacted]

The Berkshire Eagle
P.O. Box 1171, Pittsfield, MA 01202-1171
(413) 447-7311 FAX: (413) 499-3419

ED - EAGLE DAILY
ES - EAGLE SUNDAY
ET - [illegible]E TMC
BD - B[illegible]NER
BT - BANNER TMC
MJ - MANCHESTER JOURNA
RD - REFORMER
TD - TRANSCRIPT

PAGE NO.	BILLING DATE
1	04/30/05

BILLED ACCOUNT NO.	NAME OF ADVERTISER / CLIENT
E1671	

EXPIRATION DATE	CONTRACT INFORMATION

(b) (6) [redacted]

NET 30 DAYS

DATE	PUB	SEC/PAGE	DESCRIPTION	SIZE	COLUMN TIMES	TOTAL SPACE	RATE	AMOUNT	PROMPT PAYMENT DISCOU
							BAL. FORWARD:		
								59.00	
			BALANCE FORWARD					59.00CR	
04/27			PAYMENT THANK YOU	3X 3.5		10.50IN		200.48	
04/16	ED	A					TOTAL DUE	200.48	

Ad Risk For Conference

Paid HRI

(b) (6) [redacted]

AGING OF BALANCE DUE			
CURRENT	OVER 30 DAYS	OVER 60 DAYS	OVER 90 DAYS
$200.48	$0.00	$0.00	$0.00

PAY THIS AMOUNT $ 200.

SOUTHERN BERKSHIRE
SHOPPER'S GUIDE INC.

141 WEST AVENUE, GREAT BARRINGTON, MA 01230
Phone (413) 528-0095 • Fax (413) 528-4805

Transaction Period: 4/1/2005 - 4/30/2005

(b) (6) [redacted]

Account Number: (b) [redacted]
Billing Date: 4/30/2005
Due Date: 5/25/2005
Amount Due: $48.60

Please indicate reference number(s) to ensure proper credit:_____

Amount Paid:_____

Please return top portion with payment

Page: 1

Statement

Date	Reference	Description	Rate	Column Inch	Quantity	Charge	Payment
4/14/2005	199452 Shop	DISPLAY AD, ENTERTAINMENT PCB's in the Housatonic Discount Included: *$5.40*	6.000	9.00		$48.60	

Ad for Risk Symposium

Paid HRF # (b) (6) [redacted]

New Deadlines: Ads for proofs Fri. at Noon: all others Mon. at 10am
REMITTANCE ADDRESS: 141 WEST AVENUE, GT. BARRINGTON, MA 01230
Payment due date 5/25/2005 - please mail your payment early

SUMMARY

GOLDEN HILL NURSERY
Account No: (b) [redacted]
YTD Inches: 9
No of Tears: 0

Past Due Info		
	0	$48.60
	30	$0.00
	60	$0.00
	90	$0.00
	120	$0.00
	150+	$0.00

Previous Balance: $0.00
Total Payments: $0.00
Total Charges: $48.60

Amount Due: ~~$48.60~~ 49.33

SOUTHERN BERKSHIRE SHOPPER'S GUIDE INC.
141 West Avenue, Great Barrington, MA 01230
Phone (413) 528-0095 • Fax (413) 528-4805

WE ACCEPT VISA & MASTERCARD

TERMS: a finance charge of 1½% per month (18% per annum) will be charged on all past due accounts. To avoid the finance charge, payment must be received by the 25th of the month

PLATINUM VISA ACCOUNT

(b) (6) [redacted]

MAR 26 - APR 25, 2005

Payments, Credits and Adjustments

Transactions

1	~~26 MAR~~	~~FTD*DURYEA'S FLOWER SH FREEPORT NY~~	$255.56
2	~~28 MAR~~	~~DIPLOMAT MOTOR INN ROCKVILLE CEN NY~~	104.60
3	12 APR	STAPLES #296 PITTSFIELD MA	136.50
4	~~15 APR~~	~~K V VAN BOURGONDIENS 888-437-7501 NY~~	61.52

HRI

HRI

HRI

Monthly Bills and Related Expenses

5	~~25 MAR~~	~~NEWSDAY 631-8492470 NY~~	~~$195.10~~

** Important Notice** Effective no later than your June 2005 billing period, you will no longer have the option to be able to avoid a monthly payment by paying more than your minimum payment.

Staples printing

Eco + HH Summaries

Paid

(b) (6) [redacted]

HRI

8-3-05

Finance Charges

Please see reverse side for important information

	Balance rate applied to	*Periodic rate*	*Corresponding APR*	FINANCE CHARGE
PURCHASES	(b) [redacted]	.02712%	9.90%	(b) [redacted]
CASH		.02712%	9.90%	

ANNUAL PERCENTAGE RATE applied this period 9.90%

August 8, 2005

Tim Gray
Housatonic River Initiative
P.O. Box 321
Lenoxdale, MA 01242

Tim:

This letter is my invoice for the month of March 2005, covering the period March 1, 2005 through March 31, 2005. During this period I reviewed and prepared comments on the revised HHRA (2/11/2005), which are due April 5, 2005. In addition, I corresponded with HRI, HEAL, and EPA and supervised work completed by my research assistant who helped conduct research, review, and prepare comments.

Time period: 1 Mar 05 – 31 Mar 05
Personnel:

PI, Peter deFur 9 hr at $100/hr	$ 900.00
Research assistant 6.84 hr at $22.5/hr	$ 108.90
Office Asst 0 hr at $18/hr	$ 0.00
Direct expenses	$ 0.00
TOTAL	$1,008.90

All of the work for which this invoice applied was on the Ecological Risks on the Housatonic River.

I look forward to working with you and the HRI citizens on this clean-up effort. Please make check payable to Peter L. deFur, ssn (b) (6) [redacted]; Federal EIN (b) (6) [redacted]
I certify that the expenses and fees charged in this invoice were incurred in the course of work on the HRI cleanup project.

Yours truly,

Peter L. deFur, Ph.D.

HRI
8.3.05
CK # (b) (6) [redacted]

Hours/Expense HRI March 05
Peter deFur

Date	Hours	Expense	Activity
3/3/2005	0.5		submit stormwater comments
3/8/2005	1		HHRA Review
3/9/2005	2.5		review HHRA
3/25/2005	1		reviewing reports
3/29/2005	0.5		reviewing reports
3/31/2005	4		HHRA Comments
		$153.90	Research assistant 6.84 hrs @ $22.5/hr
Totals:	9.5	$153.90	

August 8, 2005

Tim Gray
Housatonic River Initiative
P.O. Box 321
Lenoxdale, MA 01242

Tim:

This letter is my invoice for the month of March 2005, covering the period March 1, 2005 through March 31, 2005. Work completed during this invoice period includes finalization and submission of my comments on the Stormwater NPDES report, including work by both myself and my research assistant, Kyle Newman.

Time period: 1 Mar 05 – 31 Mar 05
Personnel:

PI, Peter deFur 0.5 hr at $100/hr	$ 50.00
Research assistant 6.84 hr at $22.5/hr	$ 45.00
Office Asst 0 hr at $18/hr	$ 0.00
Direct expenses	$ 0.00
TOTAL	$95.00

All of the work for which this invoice applied was on the Ecological Risks on the Housatonic River.

I look forward to working with you and the HRI citizens on this clean-up effort. Please make check payable to Peter L. deFur, ssn (b) (6) [redacted]; Federal EIN (b) (6) [redacted]
I certify that the expenses and fees charged in this invoice were incurred in the course of work on the HRI cleanup project.

Yours truly,

(b) (6) [redacted]

HRI

P.3.05

Peter L. deFur, Ph.D.

Duplicate - Not included in payment

Upstate Freshwater Institute

INVOICE

A 501(c)(3) Organization

PO Box 506
Syracuse, New York 13214
Phone 315-431-4962 Fax 315-431-4969

INVOICE # 3
DATE: April 9, 2006

Bill To:
Mr. T. Gray
Housatonic River Initiative
P.O. Box 321
Lenoxdae, Ma. 01242

Ship To:
Elizabeth Miller
Upstate Freshwater Institute
PO Box 506
Syracuse, NY 13214
315-431-4962

CONTRACT #	P.O. NUMBER				TERMS
0183					Due on receipt

EMPLOYEE	SERVICES RENDERED	HOURS	RATE	AMOUNT
S.W. Effler	Review of "Model Validation Report"	28	$94.05	$ 2,633.40
			SUBTOTAL	$ 2,633.40
			TOTAL DUE	$ 2,633.40

Paid (b) (6) [redacted] HRI # 9-22-06

Make all checks payable to **Upstate Freshwater Institute**
If you have any questions concerning this invoice, contact Elizabeth Miller at 315-431-4962 ext 100

THANK YOU FOR YOUR BUSINESS!

12/10/2006
EPA TAG Grant 1991770-01-0

Housatonic River Initiative
Box 321
Lenoxdale,MA 01242
413-446-2520

Invoice period 4/25/05 -12 /15/2006

Grant Administration
Reviewing site reports
Community forums
Modeling reports/ peer review
IMPG report
site meetings\
repository reviews

253.5 hrs @ $35/hr $8872.50

April 25-30:	Final completion reports / RAO - 12 Fill properties 1 West Branch II Supplemental Sampling/ Removal action Plan 2 Review Tag Materials 1 Citizen Coordination Meeting 3.5 Monthly Reports 2 Administration 2	**11.5**
May	Phase II Remedial Action Plan Dalton Ave. Site 1 Final MCB Phase II Commercial Street 2 Morewood Lake Report / site visits 5 FC Report and RAO -5 fill properties 1	**9**
June	Canoe Trip – rest of river area 6 Soil Investigation Report Brattle Park 2 Site visit 2 FC reports/ RAO Fill properties 1 Monthly Reports 2 Administration 2	**15**
August	Meeting with CCC facilitator 2 Phase Two remedial Action Plan – Dalton Avenue Site 2 Dalton Ave Site Visit 2	**6**
September	CCC Meeting 3 Supplemental Phase II Investigation – East Street Area 1, 2 Newell Street Reports / site visit 8 Newell Street- excavation planning Work Plans – Fill property-1 RAO/FC Reports 1 Newell Street Meeting- City Hall 2 Monthly Reports 2 Administration 2	**21**
October	Draft CCC mid course review 1 Newell Street interim meeting 2 Rest of River Timeline 1 Newell Street review 1 Interim media Protection Goals Report 5 Allendale School Public meeting 3 Allendale School Monitoring results 3 Allendale working group 3	**19**

Nov	Additional Investigative report: Dorothy Amos Park / West Branch 1 IPEG report Technical Meeting –CCC members 3 Planning for PCBs and Public Health Meeting 3 Test Trenches for Newell Street 1 Simons Rock Repository Documents 3 Geophysical Surveys- Newell Street 1 Allendale School Working group 2 Monthly Reports 2 Administration 2	**18**
December	Updates meeting on Newell Street 2 Allendale School Air Sampling Report 2 Allendale Working Group 2 DPH Public Meeting 3 Commercial Street: Third Phase II Investigation 1 RAOs/ Final Completion Reports Fill properties 1 Approval of Commercial Street Investigation 1 Fish Abnormalities Doc Review 2 Commercial Street Current/ Past remediation Report 1 Supplemental Soil Investigation Commercial Street 1 Meeting on PCBs and Public Health 6	**22**
January 06	CCC Meeting- Allendale School, Newell Street Site, IMPEG report 3 Commercial Street: Additional Sampling .5 Commercial Street Groundwater Investigation 1 Housatonic West Branch Supplemental Sampling Report 1 RAOs/ FC Reports Fill Properties 7 1	**6.5**
Feb	Review Hill 78 historical documents 5 CCC meeting- Model Validation 2.5 RAO/ FC Reports- 1 Monthly Reports 3 Administration 2	**13.5**

March	CCC Meeting- Bench Scale pilot of Silver Lake 2 Newell Street update meeting 2 RAOs/ FC Reports -1	**5**
April	CCC meeting- Capping/ Dredging of Contaminated Sediments 3 RAO/ FC reports- 12, 2 West Branch Second Sampling and Removal Action 2 Monthly Reports 1 Administration 1	**9**
May	CCC meeting- West Branch Study Results BBL, residential properties 2 NRD Modification to consent decree 1 Prepare for upcoming peer review- Fate and Transport Modeling 3 Two community forums- Risk assessment / PCBs Rest of River 12 Report Data for Backfill and Topsoil .5 Notice of Responsibility .5 RAO/ FC Reports fill properties 1	**20**
June	Peer Review Model Validation 6 Modifications to consent Decree 1 RAO / FC Reports-8, 2 Monthly Reports 2 Administration 2	**13**
July	Remedial Action Work Plan- Brattle St. and Grand Ave. 1 Proposal to Test Indoor Air 2 parcels Commercial Street 1 Commercial Street – Gas sampling 1 RAO/ FC Reports -7, 1 Planning for Alt tech Conference 3	**7**
Aug	Phase 4 Remedy for Dalton Ave Site 1 GW Quality Interim Oxbow A<C<J<K Report-GWMA 1 Phase II Soil Investigation Approval- commercial Street 1 RAO/ FC Reports-6 1 Planning for Alt tech Conference 2	**6**

Sept	CCC meeting 2 Housatonic West Branch – Second Sampling Report 1 Planning for Alt tech Conference 4 RAO/ FC Reports-1, 1 Monthly Reports 2 Administration 2	**12**
Oct	CCC Tour of GE completed projects 2 Planning for Alt tech Conference 3 **Spring 06 GW Monitoring reports 2**	**7**
Nov	Symposium on Alternative technologies 8 Final Planning for Alt tech Conference 3 Housatonic ½ mile report Removal Action 2 Restoration Plan- Flood plain properties 1 GW Monitoring reports 2 Filled oxbow reports 2 Monthly Reports 1 Administration 3	**22**
Dec	Final Modeling Reports Volumes 1&2 3 Responsiveness Summary to the Peer Review- Model Validation 1 OPCA Sampling Results 2 Administration 5	11
		253.5

11•5+
9•+
15•+
6•+
21•+
19•+
7•+
11•+
22•+
6•5+
13•5+
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20•+
13•+
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12•+
7•+
22•+
11•+
=
253•5*

Revised

CROWNE PLAZA

PITTSFIELD - BERKSHIRES

One West Street Pittsfield, MA USA 01201

Phone: 413-553-2180 - Fax: 413-553-2255

BEO#: 1,344

Banquet Check

DB#: DDHRI

Group Name: Housatonic River Initiative

Post As: Housatonic River Initiative

Catering Mgr: Peter Arms

Site Contact: Mr. Tim Gray

ROOM RENTAL		PRICE	SUBTOTAL	TOTAL
Bousquet & Greylock	LBUF			
Bousquet & Greylock	MTG	300.00	300.00	
	TOTAL		**300.00**	
	Service Charge %	0.00	0.00	
	Room rental tax %	0.00	0.00	
				300.00

Pai[redacted] (b) (6) HRI 11.10.06

Room for PCB Tech Forum

Berkshire Trade & Commerce
137 North Street
Pittsfield, MA 01201

Invoice

Invoice #: (b) (6) [redacted]
Date: 10/16/06
Ship Via:
Page: 1

Bill To:

HRI
PO Box 321
Lenoxdale, MA 01242

Ship To:

HRI
PO Box 321
Lenoxdale, MA 01242

Description	Amount	Tx
1x4 ad in November 2006 BT&C	(b) (6) [redacted]	

Paid
HRE
11-7-06
Teen Forum

	Freight:	$0.00
	Sales Tax:	$0.00
	Total Amount:	$71.00
	Amt Applied:	$0.00
Your Order #:		
Shipping Date:	Balance Due:	$71.00
Terms: Net 30		

Expense Report

BioGenesis Enterprises, Inc.
7420 Alban Station Blvd. Suite B208
Springfield, VA 22150-2320
Tel (703) 913-9700
Fax (703) 913-9704

Employee Name: Charles L. Wilde
Date: November 29, 2006

DAILY EXPENSES FOR WEEK OF: November 12, 2006

ITEM	SUN	MON	TUE	WED	THU	FRI	SAT	TOTAL
Breakfast								0.00
Lunch								0.00
Dinner								0.00
Lodging								0.00
Telephone								0.00
Car rental, taxi, bus						59.01		59.01
Parking or towing								0.00
Tips								0.00
Airfare						237.10		237.10
Amtrak								0.00
								0.00
Daily Total	$0.00	$0.00	$0.00	$0.00	$0.00	$296.11	$0.00	
							TOTAL	$296.11

ENTERTAINMENT

DATE	WHO	PLACE	BUSINESS	AMOUNT
			TOTAL	$0.00

OTHER EXPENSES

DATE	DESCRIPTION	AMOUNT
	TOTAL	$0.00

TOTALS

TOTAL FROM ABOVE	$296.11
MINUS ADVANCE	
TOTAL DUE EMPLOYEE	$296.11

Please make check payable to Bio Genesis Enterprises, Inc.

Charles L. Wilde
Employee Signature

TG.
Approved By

Paid HRC

(b) (6) [redacted]

PCB Tech Symposium

US AIRWAYS

E-TICKET

[redacted]

US AIRWAYS

[redacted]

38	240P	131	NO

[redacted]

1 037 2302773039 4

US AIRWAYS

E-TICKET K04 /ALB

NAME OF PASSENGER

WILDE/CHARLES

XXO FROM ALBANY INTL

XXO TO WASHINGTON REAGAN

US AIRWAYS

CARRIER/FLIGHT

US 1189K 17NOV 515P

REVALIDATION

GATE B8 BOARDING TIME 445P SEAT 13A SMOKE NO

ADDITIONAL SEAT INFORMATION

ZONE 5

BAGGAGE ID NO.

2 037 2302773039 0

COUPON AIRLINE FORM SERIAL NO.

ExPO Transactions for JASON C WILDE

Card (b) (6) [redacted]

10/11/06 ORBITZ LLC MANKATO MN

US AIRWAYS 237.10

From: WASHINGTON NAT'L D

To: ALBANY NY / WASHINGTON NAT'L D

Carrier: US / US

Class: KR / KR

Ticket Number: (b) (6) [redacted]

Passenger Name: WILDE/CHARLES

Date of Departure: 11/16

Document Type: PASSENGER TICKET

Activity for JASON C WILDE

New Charges 237.10

Payments/Credits 0.00

Continued on next page

Budget

TRANSACTION RECORD

RENTAL NUMBER	CAR NUMBER	CAR GROUP
781564313	6531501	C

WILDE, CHARLES
BCD = (b) (6) [redacted]
CV - [redacted]

OUT ALB 16NOV06/1947 MI = 12035
IN ALB 17NOV06/1557 MI = 12138

103 MI@ .00	=	
20 HR@ 15.68	=	
DY@ 47.00	=	
MINIMUM CHARGE	=	47.00
*11.11% FEE	=	5.22
TAXABLE SUBTOT	=	52.22
TAX 13.000%	=	6.79
TOTAL CHARGES	=	59.01

*CONCESSION RECOVERY FEE

* Please check your car for personal effects. *

* Please check your car for personal effects. *

Thank you for renting from Budget.
We value your business. Have a safe trip.

[redacted]

CROWNE PLAZA

PITTSFIELD - BERKSHIRES

Chuck Wild **Housatonic Event Nov 17** **Guest Speaker** **Crowne-Plaza, MA 01201**	A/R Number Group Code Folio/Invoice No. 193 / Reference #

Room No.	**0406**	Page No.	1 of 1
Arrival	11-16-06	Cashier No.	105
Departure	11-17-06	User ID	JDIAZ

www.berkshirecrowne.com

Date		Description	Charges	Credits
11-16-06	Restaurant Charge	#406 : CHECK (b) (6) [redacted]	10.00	
11-16-06	Restaurant Charge	#406 : CHECK (b) (6) [redacted]	-10.00	
11-16-06	Restaurant Charge	#406 : CHECK (b) (6) [redacted]	35.93	
11-16-06	*Accommodation	(b) (6) [redacted]	109.00	
11-16-06	State Occupancy Tax		5.45	
11-16-06	City Occupancy Tax		5.12	
11-16-06	Parking		6.00	
11-17-06	Visa	(b) (6) [redacted]		161.50
		Total	**161.50**	**161.50**
		Balance	**0.00**	

Paid HRA 11.17.06

Guest Signature: _____

I have received the goods and / or services in the amount shown heron. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company, or association fails to pay for any part or the full amount of these charges. If a credit card charge, I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.

Crowne Plaza Pittsfield
One West Street
Pittsfield, MA 01201
Telephone: (413) 413-499-2000 Fax: (413) 442-0449

Berkshire Record
21 Elm Street
Great Barrington, MA 01230
(413) 528-5380

INVOICE | DATE 11/30/06 | R 597

PAYMENT TERMS: Net 30 days
Payment due by 12/31/06

Housatonic River Initiative
Tim Grey
(b) (6) [redacted]

Advertiser code: HRVI

Your sales representative is:
Lesley D'Angelo

Issue	Page	Invoice #	Description	Amou
11/10/06		R 59740	Display Ad - 2 Col. x 5" Presents	$ 70.

TOTAL THIS MONTH ----) $ 70.

BALANCE DUE ----------) $ 70.

Prev. Bal.	+	New Charges	-	Pmts. & Credits	=	Balance Due
0.00	+	70.00	-	0.00	=	70.00

Please write invoice # or Advertiser code on Check
Any questions Call (413)528-5380 ext 29

Current	30 Days	60 Days	90 Days	120+ Days
70.00	0.00	0.00	0.00	0.00

A charge of 1.5% per month (18% annual rate, $0.00 minimum) will be applied to all balances outstanding for 30 days or more.

Paid
(b) (6) [redacted] 10.06

SOUTHERN BERKSHIRE
SHOPPER'S GUIDE INC.
141 WEST AVENUE, GREAT BARRINGTON, MA 01230
Phone (413) 528-0095 • Fax (413) 528-4805

Transaction Period: 11/01/2006 - 11/30/2006

GOLDEN HILL NURSERY

(b) (6) [redacted]

Account Number: (b) [redacted]
Billing Date: 11/30/2006
Due Date: 12/26/2006
Amount Due: **$75.60**

Please indicate reference number(s) to ensure proper credit: _____

Amount Paid: _____

Please return top portion with payment

Statement

Date	Reference	Description	Rate	Column Inch	Quantity	Charge	Credit
11/02/2006	247132	DISPLAY AD, ENTERTAINMENT	7.000	12.00		$75.60	
	Shop	Housatonic River Initiative					
		Discount Included: *$8.40*					

Paid HRT (b) (6) [redacted] 1006

Payments received after 11/25/06 will appear on next month's statement
HAPPY HOLIDAYS TO ALL!

SUMMARY

GOLDEN HILL NURSERY
Account No: (b) [redacted]
YTD Inches: 16
No of Tears: 0

Past Due Info	
0	$75.60
30	$0.00
60	$0.00
90	$0.00
120	$0.00
150+	$0.00

Previous Balance:	$0.00
Total Credits:	$0.00
Total Charges:	$75.60
Amount Due:	**$75.60**

SOUTHERN BERKSHIRE
SHOPPER'S GUIDE INC.
141 West Avenue, Great Barrington, MA 01230
Phone (413) 528-0095 • Fax (413) 528-4805

The Berkshire Eagle

75 South Church Street
Pittsfield, MA 01201
(413) 447-7311 FAX: (413) 499-3419
A Division of New England Newspapers Inc.

BILLING PERIOD	ADVERTISER/CLIENT NAME	
11/01/2006 - 11/30/2006	GOLDEN HILL NURSERY	
TOTAL AMOUNT DUE	UNAPPLIED AMOUNT	TERMS OF PAYMENT
$525.20	$0.00	Net + 30

CURRENT NET AMOUNT DUE	30 DAYS	60 DAYS	OVER 90 DAYS
$525.20	$0.00	$0.00	$0.00

SALES REP	DISTRIBUTION	Page
1 Beth Belanger	Mail	Page 1 of 1

BILLED ACCOUNT NAME AND ADDRESS

GOLDEN HILL NURSERY
(b) (6) [redacted]

PAGE #	BILLING DATE
1	11/30/2006

BILLED ACCT NUMBER: 111230
ADVERTISER NUMBER: 111230
ADVERTISER NAME: GOLDEN HILL NURSERY

REMITTANCE ADDRESS

The Berkshire Eagle
P.O. Box 1171
Pittsfield, MA 01202-1171

If you have questions concerning your statement please contact your sales rep or call our business office at 413 447-7311

PLEASE DETACH AND RETURN UPPER PORTION WITH YOUR REMITTANCE

DATE	NEWSPAPER REFERENCE	DESCRIPTION-OTHER COMMENTS/CHARGES	SAU SIZE, BILLED UNITS	TIMES RUN, RATE	AMOUNT
11/08	(b) (6) [redacted]	Local- HRI Website BE, Berkshire Eagle dail	2.00 x 5.00 40.00	4 13.1300	525.20
			Amount to Pay:		$525.20

Part 12-10-06
(b) (6) [redacted]

STATEMENT OF ACCOUNT AGING OF PAST DUE AMOUNTS

CURRENT NET AMOUNT DUE	30 DAYS	60 DAYS	OVER 90 DAYS	* UNAPPLIED AMOUNT	TOTAL AMOUNT DUE
$525.20	$0.00	$0.00	$0.00	$0.00	$525.20

sai™

The Berkshire Eagle

* UNAPPLIED AMOUNTS ARE INCLUDED IN TOTAL AMOUNT DUE

INVOICE #	BILLING PERIOD	ADVERTISER INFORMATION: BILLED ACCOUNT NUMBER	ADVERTISER/CLIENT NUMBER	ADVERTISER/CLIENT NAME
(b) (6) [redacted]	11/01/2006 - 11/30/2006	(b) (6) [redacted]	(b) (6) [redacted]	GOLDEN HILL NURSERY

Upstate Freshwater Institute

A 501(c)(3) Organization

INVOICE

PO Box 506
Syracuse, New York 13214
Phone 315-431-4962 Fax 315-431-4969

INVOICE # 3
DATE: April 9, 2006

Bill To:
Mr. T. Gray
Housatonic River Initiative
P.O. Box 321
Lenoxdae, Ma. 01242

Ship To:
Elizabeth Miller
Upstate Freshwater Institute
PO Box 506
Syracuse, NY 13214
315-431-4962

CONTRACT #	P.O. NUMBER				TERMS
0183					Due on receipt

EMPLOYEE	SERVICES RENDERED	HOURS	RATE	AMOUNT
S.W. Effler	Review of "Model Validation Report"	28	$94.05	$ 2,633.40
			SUBTOTAL	**$ 2,633.40**
			TOTAL DUE	**$ 2,633.40**

Paid HRI (b) (6) [redacted] 9.22.05

Make all checks payable to **Upstate Freshwater Institute**
If you have any questions concerning this invoice, contact Elizabeth Miller at 315-431-4962 ext 100

THANK YOU FOR YOUR BUSINESS!

UNITED STATES POSTAL SERVICE

FEE RENEWAL NOTICE

July 7, 2006

HOUSATONIC RIVER INITIATIVE
PO BOX 321
LENOX DALE, MA 01242-0321

Dear TIM GREY:

Your privilege to mail at presorted rate(s) and/or to distribute Business Reply Mail will expire on the dates shown below. If you plan to continue using your existing privilege(s), the fee(s) noted below must be paid prior to the indicated due date(s).

FEE TYPE	PERMIT TYPE	PERMIT #	EX DATE	FEE COST
Standard Mail	PI	174	08/26/2006	$160.00

If you have paid the fee(s) shown above, please disregard this notice. It is recommended that fees be paid in advance to facilitate the acceptance of your mailings. Fee payments may be paid up to 60 days in advance of their expiration date. Please return this notice with your payment to the address below:

PITTSFIELD
212 FENN ST
PITTSFIELD, MA, 01201-9998

Please make your check out to the POSTMASTER or to the U.S. POSTAL SERVICE. Also, note on your check your permit number and type of service you are requesting. Thank you for your business. We look forward to continuing to serve your postal needs.

(b) (6) [redacted]

Paid
Check #
8-15-06

Sincerely,

POSTMASTER, BUSINESS MAIL UNIT
413-442-6961
212 FENN ST
PITTSFIELD, MA, 01201-9998

Dean Tagliaferro/R1/USEPA/US
01/30/2007 08:20 AM

To Robert Shewack/R1/USEPA/US@EPA
cc
bcc
Subject Re: Question on HRI invoice

Item 1 is related to the Site. EPA released risk assessments in April 2005. Also, EPA commonly has meetings in both Great Barrington and Kent CT.

With regard to item 2, it is definitely related to the Site. HRI did request that EPA cosponsor the Forum. EPA declined for various reasons. (EPA and EPA contractors did attend the Forum.) HRI's forum is relevant in that GE's next two required submittals under the Consent Decree (the corrective measures study proposal and the corrective measures study) may address treatment technologies for PCBs.
(b) (5) [redacted]

If you have any further questions, let me know.
Robert Shewack/R1/USEPA/US

Robert Shewack/R1/USEPA/US
01/29/2007 04:05 PM

To Dean Tagliaferro/R1/USEPA/US@EPA
cc
Subject Question on HRI invoice

Dean--

Hope everything is going well. I am processing the first invoice I received from HRI in regards to their TAG grant and there were two episodes of travel/ conferences that I wanted to ensure were specifically related to the GE site/ TAG.

1.) Dr. Peter deFur is requesting reimbursement for travel in April 2005 for traveling to Great Barrington, MA and Kent, Connecticut to deliver a presentation at community forums in regards to the risk assessment process and an overview of PCB toxicity.

2.) There are a number of invoices for advertisements and for guest speakers, etc. at a PCB Alternative Tech Forum that was recently held. I wanted to get your perspective on this one specifically as Tim Gray mentioned that this forum dealing with aletrnative ways to eliminate PCB's was not sponsored/ partnered by EPA. I was wondering if the scope of this forum would have been above and beyond the work being held at the site and formal documents being issued by the EPA.

Thanks for your help,

Robert Shewack
Project Officer
US EPA Region I
Office of Site Remediation and Restoration
One Congress Street
Mailcode HBS
Boston, MA 02114-2023
Phone: (617) 918-1428
Fax: (617) 918-0428
Email: shewack.robert@epa.gov

Wait to hear from Dean

Robert Shewack/R1/USEPA/US
01/29/2007 04:05 PM

To Dean Tagliaferro/R1/USEPA/US@EPA
cc
bcc
Subject Question on HRI invoice

Dean--

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Thanks for your help,

Robert Shewack
Project Officer
US EPA Region I
Office of Site Remediation and Restoration
One Congress Street
Mailcode HBS
Boston, MA 02114-2023
Phone: (617) 918-1428
Fax: (617) 918-0428
Email: shewack.robert@epa.gov

Do Not Reply
<do_not_reply@epamail.epa.gov>
02/09/2007 07:55 AM

To Robert Shewack/R1/USEPA/US@EPA
cc
bcc
Subject GPAS PAYMENTS

EPA United States Environmental Protection Agency

Las Vegas Finance Center

EPA Grant Payment Allocation System

The below information is provided to you as a service from LVFC. This email contains a list of grant payments processed on 02/08/07.
If you have any questions or comments on this information you may send an email to lvfmc-ocfo@epa.gov. Please reference the grant number and dollar amount with your inquiry.

Grantee	Grant No.	Payment Amount
HOUSATONIC RIVER INITIATIVE	199177001	20157.77

LV Finance Center Email: LV Finance Center

Please do not reply to this email. Thank you.

→ Make sure it hits. RCD 12/[illegible]/06 AW

REQUEST FOR ADVANCE OR REIMBURSEMENT

(See instructions on back)

OMB APPROVAL NO. 0348[illegible]0[illegible]

PAGE 1 OF 2 PAGES

1. TYPE OF PAYMENT REQUESTED
   a. "X" one or both boxes: ☐ ADVANCE ☒ REIMBURSEMENT
   b. "X" the applicable box: ☐ FINAL ☐ PARTIAL

2. BASIS OF REQUEST: ☒ CASH ☐ ACCRUAL

3. FEDERAL SPONSORING AGENCY AND ORGANIZATION ELEMENT TO WHICH THIS REPORT IS SUBMITTED: EPA Region

4. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER ASSIGNED BY FEDERAL AGENCY: 1991770-01

5. PARTIAL PAYMENT REQUEST NUMBER FOR THIS REQUEST: Request # 7

6. EMPLOYER IDENTIFICATION NUMBER: (b) (6) [redacted]

7. RECIPIENT'S ACCOUNT NUMBER OR IDENTIFYING NUMBER: NA

8. PERIOD COVERED BY THIS REQUEST
   FROM (month, day, year): 4·25·05
   TO (month, day, year): 12-30-06

9. RECIPIENT ORGANIZATION
   Name: Housatonic River Initiative
   (b) (6) [redacted]
   and ZIP Code:

10. PAYEE (Where check is to be sent is different than item 9)
   Name: NA
   Number and Street:
   City, State and ZIP Code:

11. COMPUTATION OF AMOUNT OF REIMBURSEMENTS/ADVANCES REQUESTED

PROGRAMS/FUNCTIONS/ACTIVITIES ▶	(a) Technical Assistance	(b) NA	(c) NA	TOTAL
a. Total program outlays to date (As of date)	$ ~~139,210.10~~	$ 148,999.69	$	$
b. *Less:* Cumulative program income	~~[illegible]~~			
c. Net program outlays (*Line a minus line b*)	~~139,210.10~~	148,999.69		
d. Estimated net cash outlays for advance period				
e. Total (*Sum of lines c & d*)	~~139,210.10~~	148,999.69		
f. Non-Federal share of amount on line e	~~38153.50~~	39203.75		
g. Federal share of amount on line e	~~113,928.75~~	109,795.94		
h. Federal payments previously requested	89,638.17			
i. Federal share now requested (*Line g minus line h*)	~~24,290.58~~	20,157.77		
j. Advances required by month, when requested by Federal grantor agency for use in making prescheduled advances — 1st month	NA			
2nd month	NA			
3rd month	NA			

OK to pay
Robert D Shewood Jr
$20,157.77
02/07/07

12. ALTERNATE COMPUTATION FOR ADVANCES ONLY

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

AUTHORIZED FOR LOCAL REPRODUCTION

(Continued on Reverse)

STANDARD FORM 270 (Rev. 2-92)
Prescribed by Office of Management and Budget
Cir. No. A-102 and A-110

13. **CERTIFICATION**

I certify that to the best of my knowledge and belief the data on the reverse are correct and that all outlays were made in accordance with the grant conditions or other agreement and that payment is due and has not been previously requested.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	DATE REQUEST SUBMITTED
Timothy Gray	12-15-06
TYPED OR PRINTED NAME AND TITLE	**TELEPHONE (AREA CODE, NUMBER, EXTENSION)**
TIMOTHY GRAY, DIRECTOR	(b) (6) [redacted]

This space for agency use

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

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

INSTRUCTIONS

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

Item	*Entry*
2	Indicate whether request is prepared on cash or accrued expenditure basis. All requests for advances shall be prepared on a cash basis.
4	Enter the Federal grant number, or other identifying number assigned by the Federal sponsoring agency. If the advance or reimbursement is for more than one grant or other agreement, insert N/A; then, show the aggregate amounts. On a separate sheet, list each grant or agreement number and the Federal share of outlays made against the grant or agreement.
6	Enter the employer identification number assigned by the U.S. Internal Revenue Service, or the FICE (institution) code if requested by the Federal agency.
7	This space is reserved for an account number or other identifying number that may be assigned by the recipient.
8	Enter the month, day, and year for the beginning and ending of the period covered in this request. If the request is for an advance or for both an advance and reimbursement, show the period that the advance will cover. If the request is for reimbursement, show the period for which the reimbursement is requested.
Note:	The Federal sponsoring agencies have the option of requiring recipients to complete items 11 or 12, but not both. Item 12 should be used when only a minimum amount of information is needed to make an advance and outlay information contained in item 11 can be obtained in a timely manner from other reports.
11	The purpose of the vertical columns (a), (b), and (c), is to provide space for separate cost breakdowns when a project has been planned and budgeted by program, function, or activity. If additional columns are needed, use as many additional forms as needed and indicate page number in space provided in upper right; however, the summary totals of all programs, functions, or activities should be shown in the "total" column on the first page.
11a	Enter in "as of date," the month, day, and year of the ending of the accounting period to which this amount applies. Enter program outlays to date (net of refunds, rebates, and discounts), in the appropriate columns. For requests prepared on a cash basis, outlays are the sum of actual cash disbursements for goods and services, the amount of indirect expenses charged, the value of in-kind contributions applied, and the amount of cash advances and payments made to subcontractors and subrecipients. For requests prepared on an accrued expenditure basis, outlays are the sum of the actual cash disbursements, the amount of indirect expenses incurred, and the net increase (or decrease) in the amounts owed by the recipient for goods and other property received and for services performed by employees, contracts, subgrantees and other payees.
11b	Enter the cumulative cash income received to date, if requests are prepared on a cash basis. For requests prepared on an accrued expenditure basis, enter the cumulative income earned to date. Under either basis, enter only the amount applicable to program income that was required to be used for the project or program by the terms of the grant or other agreement.
11d	Only when making requests for advance payments, enter the total estimated amount of cash outlays that will be made during the period covered by the advance.
13	Complete the certification before submitting this request.

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
NEW ENGLAND
ONE CONGRESS STREET SUITE 1100
BOSTON, MASSACHUSETTS 02114-2023

Office of Site Remediation and Restoration

FACSIMILE TRANSMISSION

The information contained in this facsimile message, and any and all accompanying documents constitutes confidential information. This information is the property of the United States Environmental Protection Agency. If you are not the intended recipient of this information, any disclosure, copying, distribution, or the taking of any action in reliance on this information is strictly prohibited. If you receive this message in error, please notify me immediately to make arrangements for its return. Thank you.

Date: 2/7/2007 Page 1 of 3 (including cover page)

Attention: Colleen Garis

Company: US EPA LVFC

Fax: 702-798-2423 **Phone:** 702-798-2406

From: Bob Shewack - phone #: 617-918-1428

Message: Dear Colleen-
Please let me know if you need any additional information for this request for reimbursement.

Thanks,
Bob Shewack

********** -IND. XMT JOURNAL- ********** DATE FEB-07-2007 ***** TIME 11:07 ********

DATE/TIME = FEB-07-2007 11:06

JOURNAL No. = 60

COMM. RESULT = OK

PAGE(S) = 003

DURATION = 00:00:44

FILE No. = 013

MODE = MEMORY TRANSMISSION

DESTINATION = 917027982423

RECEIVED ID =

RESOLUTION = STD

-USE EPA -

********** - - ***** - 617 918 1291- *********

— Wait for bill for hotel for Peter deFur then process

Tim Gray
(b) (6) [redacted]
01/30/2007 05:35 PM

To Robert Shewack/R1/USEPA/US@EPA
cc
bcc
Subject Re: Reimbursement Request #7 for HRI

Hi Bob,

1) The address you have is our mailing address , HRI, Box 321, Lenoxdale, Ma 01242

the (b) (6) [redacted] is where my physical office is.

WAIT 2) I have asked Dr DeFur for the reciept for the hotel room as I didn't notice this when he billed us.

DONE ~~3) Sorry about the mistake with the same two invoices. I didn't catch it.~~

DONE ~~4) I will call you on the Alt tech Forum~~

Tim

Shewack.Robert@epamail.epa.gov wrote:

Dear Tim-

I reviewed your Reimbursement Request #7 for HRI yesterday and had some questions and comments.

1.) On the Request for Advance or Reimbursement (Form SF-270) the recipient organization that is listed in block #9 (HRI) has a different address ((b) (6) [redacted]) and I need to change this address to be the same as the one that is listed on the grant award document (PO Box 321; Lenoxdale, MA 01242.) If the address for HRI has change, please let me know.

2.) I need to change the match amount that is listed on SF-270 (block 11f) and on the Financial Status Report (SF 269A) (block 10b) to $39,203.75. The previous match amount was $25,281.25. On the September 2005 matching contribution, there was an error in the math and the total recipient matching share to date should have been $30,571.25. On the October 2005 matching contribution sheet, there was an additional discrepancy of $50. In result, the final amount of matching contribution should be $39,203.75.

3.) Can you please fax me a copy of the hotel invoice for the night of 4/20/2005 for Peter de Fur. There wasn't one located in the reimbursement request but was itemized on the invoice. My fax # is 617-918-0428.

4.) Two duplicate invoices were included in the reimbursement request. The Invoice #3 dated April 9, 2006 from Upstate Freshwater Institute for Dr. Effler's time totaling $2,633.40 was incorporated twice and as such we can only reimburse for one of these invoices.

5.) In regards to the PCB Alt Tech Forum, I discussed this with both Dean Tagliaferro and with Art Wing and we concurred that the Forum is related to the site, but the expenses would not be allocable to the TAG grant. In 40 CFR Part 35.4075 "Are There Things My Group Can't Spend TAG Money for?" - it mentions that TAG recipients cannot use TAG funds for training purposes for either themselves or for technical advisors with the exception of a one-time health and safety training for your technical advisor to gain site access to your local Superfund site (40 CFR Part 35.4070.) Additionally, under 40 CFR Part 35.4075 it states that "EPA believes that the primary purpose of the technical assistance grant is to assist citizens' groups in obtaining technical assistance and not to fund ancillary activities of the grant recipient such as travel and training, which, by reducing available funds, would detract from or limit the recipient's ability to obtain technical advice regarding remedial actions."

In result, the TAG should not be used for:

a.) Reimbursement for room rental for the PCB Alt Tech Forum (Invoice #954) - $300

b.) Reimbursement for advertisement of PCB Alt Tech in Berkshire Trade and Commerce (Invoice #955) $71.00

c.) Expenses for Dr. Wilde of Biogenesis for PCB Alt Tech Forum (Invoice #959) - $296.11

d.) Crown Plaza Room Expenses for PCB Alt Tech Forum (Invoice #957) - $161.50

e.) Berkshire Record adevertisement for PCB Alt Tech Forum (Invoice #960) - $70.00

f.) Shopper's Guide advertisement for PCB Alt Tech Forum (Invoice #962) - $75.60

g.) Berkshire Eagle Advertisement for PCB Alt Tech Forum (Invoice #963) - $525.20

Total Expenses: $1,499.41

With the duplicate invoice for Dr. Effler ($2,633.40), this will reduce the Federal reimbursement by a total of $4,132.81 for a total Federal reimbursement of $20,157.77. In result, the SF270 changes as follows:

a..) Block 11a: $148,999.69

b.) Block 11c: $148,999.69

c.) Block 11e: $148,999.69

d.) Block 11f: $39,203.75

e.) Block 11g: $109,795.94

f.) Block 11i: $20,157.77

In regards to the Financial Status Report (SF 269A), the blocks should read as follows:

a.) Block 10a: $148,999.69

b.) Block 10b: $39,203.75

c.) Block 10c: $109,795.94
d.) Block 10d: $40,204.06
e.) Block 10f: $40,204.06
f.) Block 10g: $109,795.94
g.) Block 10i: $40,204.06

Please feel free to pen and ink your versions and please let me know if you have any questions or concerns about my comments. In addition, I will do my best to review your amendment to Peter de Fur's contract today and provide comments.

Sincerely,
Robert Shewack
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US EPA Region I
Office of Site Remediation and Restoration
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