

ORPHAN SITE CLEANUP ACCOUNT APPLICATION

Financial assistance program for brownfield sites
contaminated by petroleum leaking underground storage tanks

State Water Resources Control Board
Division of Financial Assistance
November 2005

***ORPHAN SITE CLEANUP ACCOUNT
APPLICATION
PACKAGE***

TABLE OF CONTENTS

General Information	Page No.
Application	1 - 8
Instructions	9 - 16
Application Checklist	17
Appendix A - Applicant Data Record	
Appendix B - Responsible Party Worksheet	
Appendix C- Small Business Worksheet	
Appendix D - California Cities with a Population of 50,000 or more	
Appendix E – Power of Attorney Form	

ORPHAN SITE CLEANUP ACCOUNT

General Information

The Orphan Site Cleanup Account (OSCA) application and instructions are contained on the following pages.

When you file your application to the OSCA Program, staff's first action is to determine whether the application meets specific requirements governed by law. The information you provide establishes the working basis from which the OSCA Program determines your eligibility and your priority relative to others seeking financial assistance for reimbursement for response costs under a Grant Agreement with the State Water Resources Control Board (State Water Board).

You can help the review process by making certain your application contains accurate and complete information. By doing so, you will be taking the first step toward ensuring that the OSCA Program can approve your application and begin the reimbursement process in an expedited manner. Common mistakes that delay application approval and slow the review process include:

- ✓ Failure to include documents needed to make an appropriate decision of eligibility (refer to Application Checklist discussed below).
- ✓ The submission of inconsistent information.
- ✓ Failure to meet general application requirements. e.g. Sections of application incomplete, no original signature(s) on signature page.

An application checklist is located at the end of the application and instructions. The checklist informs applicants of supporting documents necessary to determine applicant eligibility. Any item identified on the checklist under Section One, **REQUIRED**, must be submitted with the application. Any item identified on the checklist under Section Two, **IF APPLICABLE**, will only be required if applicable. **Complete all sections of the application.** Any section of the application that does not apply to the applicant should be identified with a "N/A," does not apply.

Sections cited in the application package are found in the OSCA Regulations, Title 23, Division 3, Chapter 18, Article 7, of the California Code of Regulations. You can review the regulations online at <http://www.waterboards.ca.gov/cwphome/ustcf/osca>.

APPLICATION AND INSTRUCTIONS

State of California
 State Water Resources Control Board
 Division of Financial Assistance
 Orphan Site Cleanup Account
 P.O. Box 944212
 Sacramento, CA 94244-2120

FOR STATE USE ONLY

Application No.

Date Received

Region

Priority Points:

**PETROLEUM UNDERGROUND STORAGE TANK (UST)
 ORPHAN SITE CLEANUP ACCOUNT APPLICATION**

APPLICANT IDENTIFICATION

Section 2814.28(a)

Applicant Name: _____ E-Mail Address: _____

Mailing Address: _____

City: _____

Contact Person: _____ Telephone Number: _____ Fax Number: _____

Applicant Status: Individual Partnership Corporation Local Agency Other

Tax Identification Number: _____

Applicant is a: (Check all that apply)

Property Owner Developer Redevelopment Agency Non Profit Organization

Other _____

CO-APPLICANT IDENTIFICATION

Section 2814.28(b)

Co-Applicant Name: _____ E-Mail Address: _____

Mailing Address: _____

City: _____

Contact Person: _____ Telephone Number: _____ Fax Number: _____

Applicant Status: Individual Partnership Corporation Local Agency Other

Tax Identification Number: _____

Applicant is a: (Check all that apply)

Property Owner Developer Redevelopment Agency Non Profit Organization

Other _____

ESTIMATE OF RESPONSE COSTS

Section 2814.28(l)2

Eligible response costs incurred to date for completed work: \$ _____

Estimated eligible response costs to complete assessment work: \$ _____

Estimated eligible response costs to complete cleanup work: \$ _____

Estimated total response costs: \$ _____

CONTAMINATED SITE DESCRIPTION**Section 2814.28(c),(d),(e),(f)(j)1,3**

Site Name: _____

Site Address: _____

Site City: _____

County: _____

List all known petroleum USTs

	Historic Use	Capacity (gallons)	Substance Stored	Date UST Removed
UST 1	_____	_____	_____	_____
UST 2	_____	_____	_____	_____
UST 3	_____	_____	_____	_____
UST 4	_____	_____	_____	_____

List all known and other possible sources of contamination including but not limited to : Above Ground Tanks, Sumps, Pits, Chemicals, Surface spills, off-site contamination and USTs storing substances other than petroleum.

Source

Substance

_____	_____
_____	_____
_____	_____

LEAD REGULATORY AGENCY**Section 2814.28(g),(h)**

1. Local UST Permitting Agency: _____

2. Regional Water Quality Control Board: _____

3. Lead Regulatory Agency: _____ Case No.: _____

Staff Contact: _____ Phone No.: _____

4. Date unauthorized release from petroleum UST was confirmed by regulatory agency: _____

5. Date regulatory agency first directed a responsible party to initiate response actions: _____

6. Has the unauthorized release impacted groundwater? Yes No Unknown
(If unknown, respond to next question)7. Is the unauthorized release likely to impact groundwater? Yes No Unknown

8. Has the lead regulatory agency approved a corrective action plan for the subject site?

 Yes No Unknown

Provide a summary of response actions to date from discovery of unauthorized release to present

1. The principal source of contamination is from petroleum a UST(s). Yes No

2. The site is located in a city identified in Appendix D. Yes No

If the answer is no, applicant must demonstrate that the site is located within an urban area. Refer to instructions.

3. The site was previously a site of an economic activity that is no longer in operation. Yes No

Identify the last known economic activity: _____

Date that economic activity ceased at the site: _____

4. The site has been vacant or has had no occupant engaged in year-round activity for the past twelve months.
 Yes No

If the above answer is no, provide a detailed description of the use of the site for the last twelve months:

Economic activity performed at site _____
Revenues generated _____
Percentage of site used _____
How often used _____
Other _____

5. The site is or will be the site of a contiguous expansion of an operating industrial or commercial facility owned or operated by one of the following: small business, nonprofit corporation or a small business incubator that is undertaking the expansion with the assistance of a grant authorized by Section 15339.3 of the Government Code or a loan guarantee provided pursuant to Section 14090 of the Corporations Code. Yes No Not applicable

6. The site:

a. Is listed, or proposed for listing, on the National Priorities List pursuant to the federal act (42 U.S.C. Sec 9605 (a)(8)(B).) Yes No

b. Has been owned or operated by a department, agency or instrumentality of the Federal Government.
 Yes No

c. Is a contiguous expansion or improvement of an operating industrial or commercial facility
 Yes No

If the answer above is yes, answer the following question.

d. Meets the requirements of an "Eligible Site" as defined in Section 2814.20(f)
 Yes No

SITE HISTORY

Section 2814.28(k) 1-3

1. If the applicant is a property owner, provide the date the site was acquired: _____
Month/Day/Year

2. Identify person(s) from whom the property was acquired: Name: _____
Address: _____

3. To the best of applicant's knowledge, provide the following history of the property owner, UST owner and operator.
Identify if any applicant has any affiliation with any entity identified below:

Time Period	Property Owner	UST Owner	UST Operator
From: _____	_____ Name	_____ Name	_____ Name
To: _____	_____ Address	_____ Address	_____ Address
Affiliation	Yes _____ No _____	Yes _____ No _____	Yes _____ No _____

From: _____	_____ Name	_____ Name	_____ Name
To: _____	_____ Address	_____ Address	_____ Address
Affiliation	Yes _____ No _____	Yes _____ No _____	Yes _____ No _____

From: _____	_____ Name	_____ Name	_____ Name
To: _____	_____ Address	_____ Address	_____ Address
Affiliation	Yes _____ No _____	Yes _____ No _____	Yes _____ No _____

From: _____	_____ Name	_____ Name	_____ Name
To: _____	_____ Address	_____ Address	_____ Address
Affiliation	Yes _____ No _____	Yes _____ No _____	Yes _____ No _____

ELIGIBLE APPLICANT

Sections 2814.23 (a-d), 2814.28(k) 3-5

1. Did applicant(s) cause, contribute to or exacerbate the unauthorized release from the UST(s)?
 Yes No
2. Is/are applicant(s) an affiliate of any person who caused or contributed to the unauthorized release from the UST(s)? Yes No
3. If applicant is/was the owner of the leaking UST(s) that caused the unauthorized release, and applicant did not remove close or permit the UST(s) within one year of UST ownership, provide reason why:
 Applicable Not Applicable

4. Applicant(s) would not qualify to the UST Cleanup Fund Program. Provide reason applicant(s) would not qualify for the UST Cleanup Fund. _____
 Identify UST Cleanup Fund Claim No(s). (if applicable). UST Cleanup Fund Claim Number (s) _____
5. If applicant is the property owner of the subject site, identify and submit property ownership document.

6. If applicant is not the property owner of the subject site, explain applicant's authority to access and perform response actions at the site that is subject of this application.

RESPONSIBLE PARTY

Applicant(s) must demonstrate that there is no "financially responsible party" Section 2814.24(a) 1-4, (b) 2814.28(l)1-3

Select and check one box below:

- 1. Responsible party(ies) cannot be located.
- 2. Responsible party(ies) located and Responsible Party Worksheet(s) completed. Refer to Instructions and Appendix B.
- 3. Responsible party(ies) located and applicant made the following efforts to obtain the information as specified in Section 2814.24.

Responsible Party Name	Mailing Address	Applicant Action Taken	Responsible Party Action Taken
------------------------	-----------------	------------------------	--------------------------------

1. _____
2. _____
3. _____

4. List all known Responsible Parties (identified by the regulator agency) Use additional paper if necessary.

Name	Mailing Address
1. _____	_____
2. _____	_____
3. _____	_____

NON-RECOVERY FROM OTHER SOURCES DISCLOSURE CERTIFICATION

INSURANCE

Section 2814.26

A. Have you ever had an insurance policy covering or relating to this site? NO YES

If **YES**, list the company name and address, the policy number, and the claim representative's name and telephone number for each policy:

Company Name _____ Address _____

Representative Name _____ Telephone Number _____ Policy Number _____

Company Name _____ Address _____

Representative Name _____ Telephone Number _____ Policy Number _____

B. Have you filed, or do you intend to file, a claim with the insurance carrier(s)? NO YES

If **YES**, attach an explanation of the status of the claim and copies of your latest correspondence with the insurance company.

LITIGATION

Have you sought or do you intend to seek money from any other party including a potentially responsible for the unauthorized release? NO YES

If **YES**, identify the party(ies) below and its address, telephone number, and representative, if any.

NAME ADDRESS TELEPHONE REPRESENTATIVE

B. Has legal action commenced? NO YES

If **YES**, provide the case number and county in which the action has been filed.

Attach a copy of the complaint and any amendments to the complaint. Case No. _____ County _____

OTHER SOURCE OF COMPENSATION

A. Have you or anyone acting on your behalf received, or do you or anyone acting on your behalf expect to receive compensation from any source (including but not limited to insurance claims, legal judgments, and contributions from other potentially responsible parties, or any other source regardless how the funds were characterized) that are related to the unauthorized release that is the subject of your application? NO YES

If **YES**, attach copies of all such documents, and list each source of funds and the amount below:

DATE SOURCE IN PAYMENT OF AMOUNT

B. Have you or anyone acting on your behalf received compensation related to the unauthorized release but not directly for the cleanup of the unauthorized release that is the subject of the application? NO YES

If **YES**, submit documentation (such as a settlement agreement or pleading, judgments or any other such document) that identifies the purpose(s) for which the compensation was received.

C. Are you obligated to repay any part of the funds or compensation received? NO YES

If **YES**, attach documentation indicating what is to be repaid.

NOTE: With your signature(s) on the last page of this Application, authorization is hereby granted to the Orphan Site Cleanup Account to contact and obtain any information deemed necessary from the above-named parties for the purpose of eligibility determination regarding this application.

PRIORITY SCORE**Section 2814.27(a) (b) 1-3 (c) Section 2814.28(m) 1-3**

The priority of applications will be based on the date the application is received. If sufficient funding is not available, the OSCA Program will calculate a priority score to rank the application based on the items listed below:

1. Yes No The unauthorized release of petroleum is located within 1,000 feet of a drinking water well or a surface water body used as a source of drinking water.
2. Yes No The site is located in a census tract with median household income of less than 80% of the statewide median household income based on 2000 census data collected by the United States Census Bureau. Applicable census tract number: _____
3. Yes No The proposed project has the potential to result in development of affordable housing or infill development.

Applicant must submit supporting documentation for “yes” responses to the above questions. Refer to Application Instructions.

APPLICANT CERTIFICATION**Section (§) references below**

Applicant(s) Hereby Certify That:

1. Applicant(s) is (are) entitled to submit an application to the Orphan Site Cleanup Account Program. (§ 2814.23,2814.28(o))
2. The site of the subject application meets the definition of an “Eligible Site”. (§ 2814.20, 2814.28(o))
3. A financially responsible party has not been identified to pay for response actions to remediate the subject site. (§ 2814.24, 2814.28(l))
4. All response costs claimed were incurred by or on behalf of the applicant and for work performed after January 1, 2005. (§ 2814.28(n)(p))
5. Applicant meets all applicable eligibility requirements set forth in Title 23, Division 3, Chapter 18, Article 7 of the California Code of Regulations.
6. Applicant (s) understand(s) that all records pertaining to the application will be retained for a period of at least three years from the date of the final payment from the Orphan Site Cleanup Account. All such records will be made available to the State Water Board or any designated representative thereof upon request.
7. Applicants (s) understand that all reimbursements made pursuant to the application are subject to audit by the State Water Board or any representative thereof. Applicant (s) will reimburse the State for any costs disallowed pursuant to such an audit.

APPLICANT VERIFICATION AND SIGNATURE**Section 2814.34**

As the undersigned applicant(s) to the Orphan Site Cleanup Account, I (we) hereby declare under penalty of perjury that all facts and statements set forth as part this application are true and correct to the best of my (our) knowledge and belief.

Executed at _____

On this _____ Day of _____ 20 _____

Applicant Signature:

Applicant Printed Name:

Title:

Co-Applicant Signature:

Co-Applicant Printed Name:

Title:

Applicant Identification

Complete the entire Applicant Identification section as follows:

List the applicant's name, mailing address, e-mail address, a contact person who can answer any questions regarding the application or the site, a telephone number for contact person during normal business hours, and a fax number, if available.

Check the appropriate box to indicate the status of the applicant. If filing as an individual, sole proprietor or Trust (where no tax returns are filed for the Trust) reflect a social security number. If filing as a corporation, partnership, estate or trust, reflect its Federal Employer Identification Number (FEIN). If "other" is selected identify the status type.

Check the appropriate box to further identify the applicant. Check all boxes that apply. If "other" is selected identify the status type.

NOTE: All grant payments from the OSCA Program are considered to be revenue and will be reported to the IRS and the Franchise Tax Board under the applicant's tax identification number. Public agencies are exempt. All applicants with the exception of public agencies will need to complete and submit a Applicant Data Record (Refer to Appendix A) *If this claim is being filed jointly, the name in this section will be considered the primary applicant and revenue income will be reported on the primary applicant's tax identification number.*

Co-Applicant Identification

Complete the Co-Applicant section only if this application is being filed jointly. Add additional application page(s) if there is more than one Co-Applicant.

Co-Applicants are subject to the same eligibility requirements as primary applicants. All applicants must sign joint applications. Grant reimbursement checks will be issued in the names of both the primary applicant and the co-applicant.

List the Co-Applicant(s) name, mailing address, e-mail address, a contact person who can answer any questions regarding the application or the site, a telephone number for contact person during normal business hours, and a fax number, if available.

Check the appropriate box to indicate the status of the co-applicant. If filing as an individual, sole proprietor or Trust (where no tax returns are filed for the Trust) reflect a social security number. If filing as a corporation, partnership, estate or trust, reflect its FEIN. If "other" is selected identify the status type.

Check the appropriate box to further identify the co-applicant. Check all boxes that apply. If "other" is selected identify the status type.

Estimate of Response Costs

The Estimate of Response Costs section provides the OSCA Program with an *estimation* of response costs for the subject site. Refer to OSCA Regulations for eligible response costs.

Eligible response costs incurred to date for completed work:

Provide the amount of eligible response costs incurred from January 1, 2005 to the present for work completed on this site to investigate, remediate, correct or clean up an unauthorized release. Include the cost of petroleum underground storage tank (UST) removal.

Estimated eligible response costs to complete assessment work:

Provide the estimated amount of eligible response costs *to complete site assessment* work including preparation of a corrective action plan for future cleanup work or recommendation for site closure.

Estimated eligible response costs to complete cleanup work:

Provide the estimated amount of eligible response costs *to implement a cleanup plan*.

Estimated total response costs:

Enter the totals of the estimated costs listed above.

Contaminated Site Description – Provide a site map and technical reports

The Contaminated Site Description section is used to identify the site where the unauthorized release from a petroleum UST that is the subject of the application occurred. Additional site information is requested to verify that the principal source of contamination is from a petroleum UST(s). Applicant will be required to submit: 1) a site map identifying all petroleum UST locations and the locations of all other sources of known or potential contamination and 2) copies of all technical reports and workplans on file at the regulatory agency associated with the subject unauthorized release at the site including UST removal reports and 3) regulatory documentation of the confirmation of the unauthorized release of petroleum from a UST that is subject of the application and 4) a regulatory directive requiring investigation of the unauthorized release from a petroleum UST.

Complete the entire section as follows:

List the name of the site, or a description such as "vacant lot". List the site address, city, and county.

List each petroleum UST identifying its historic use, capacity in gallons, and the substance stored. If the UST has been removed, provide the removal date and a copy of the regulatory UST removal observation report.

List all known and other possible sources and substances of contamination. Review any pertinent site records such as local regulatory agency or Regional Water Quality Control Board (Regional Water Board) files that would provide information regarding other possible sources or substances of contamination.

Lead Regulatory Agency

The Lead Regulatory Agency section identifies the regulatory agency that will oversee response actions at the site. A regulatory agency has authority for overseeing the cleanup of contaminated soil and groundwater from leaking USTs. Regional Water Boards and county, city or fire agencies that have oversight authority are regulatory agencies.

1. Identify the name of the local UST permitting agency.
2. Identify the Regional Water Board with jurisdiction over the site.
3. Identify the Lead Regulatory Agency providing oversight of cleanup, the case number assigned to the site, the regulatory agency contact person and a telephone number to contact them.
4. List the date on which the regulatory agency confirmed the release. Applicant will need to provide written confirmation by the regulatory agency that an unauthorized release has occurred from a petroleum UST at the site.
5. List the date the regulatory agency first issued a directive to a responsible party to investigate the unauthorized release.
6. Check the appropriate box as to whether the unauthorized release has impacted groundwater. If unknown, respond to the next question.
7. Check the appropriate box as to whether the unauthorized release is likely to impact groundwater. If unknown, check with your local regulatory agency for the potential of the unauthorized release to impact groundwater (e.g. groundwater depth at site is less than 20 feet).
8. Identify whether the regulatory agency has approved a corrective action plan in accordance with California Code of Regulations, Chapter 16, Article 11 for the subject site.

History of Response Actions

The History of Response Actions section is to summarize in chronological order, all activities that have taken place on the site relating to the unauthorized release, from the discovery of the release to the present. Include a description of any response actions underway or completed. Use additional pages as necessary and attach to your application.

Eligible Site

The Eligible Site section is to determine whether the site meets the statutory criteria of an eligible site. Complete the entire section by checking the appropriate box and answering all questions.

1. Only sites where the principal source of contamination is from a petroleum UST are eligible. If the principal substance of contamination is something other than petroleum or the source is not principally from a UST the application is ineligible. Check the appropriate box.
2. The site must be located in an urban area. See Appendix D for a listing of California cities that have a population of 50,000 or more and check the appropriate box. Program staff will verify whether sites located in cities of 50,000 or more meet the urban area qualification. If the site city is not identified in Appendix D, applicant must demonstrate that the site is within a city urban area. An “Urban area” means the central portion of a city or a group of contiguous cities with a population of 50,000 or more, together with adjacent densely populated areas having a population density of at least 1,000 persons per square mile. If applicable, attach an explanation that demonstrates the site is located in an urban area.

NOTE: The OSCA Program is using 2000 United States Census Bureau data. If applicant’s site city is not listed on Appendix D and the city currently has a population of 50,000 or more, provide official city information that verifies the population count. Sites located in unincorporated areas are not eligible.

3. The site had to be the previous site of economic activity. Identify last known economic activity at the site and to the best of your knowledge the date the activity ceased.
4. The site has been vacant or has had no occupant engaged in year-round activities for a period of not less than the 12 months previous to the date of applying for a grant. If the answer is yes, move on to question number 5. If the answer is no, and the site has been used for any economic activity within in the twelve-month period, describe the use of the site including: the economic activity at the site, the revenues generated, how much of the site was used and how often the site was used. For example: Farmers market, \$1000 collected from merchants, 50% of site used and used on Saturdays from 8:00 am to 2:00 pm. Provide any other information that describes the use of the site in the last twelve-month period and attach additional pages if necessary.
5. State if the site is or will be the site of a contiguous expansion of an operating industrial or commercial facility owned or operated by one of the following: small business, nonprofit corporation or a small business incubator that is undertaking the expansion with the assistance of a grant authorized by Section 15339.3 of the Government Code or a loan guarantee provided pursuant to Section 14090 of the Corporations Code. Check the appropriate box. If the answer is yes, and applicant is a small business, nonprofit corporation or a small business incubator, complete Appendix C and submit supporting documents as required.
6. Answer each question by checking the appropriate box. The site is not eligible if:
 - a) Listed on the National Priorities List pursuant to the federal act (42 U.C. Section 9605(a)(8)(B).
 - b) Owned or operated by a department, agency or instrumentality of the Federal Government.

The site is not eligible if (c) is yes and (d) is no.

- c) The site will be the site of a contiguous expansion or improvement of an operating industrial or commercial facility. If the answer to this question is yes answer the following question.
- d) the site meets all the requirements of an “eligible site” as defined in Section 2815(f) of the OSCA regulations.

Site History

The Site History section is to be completed to the best of the applicant's knowledge identifying past and current property owners, UST owners and operators and affiliations.

1. If the applicant is the property owner, enter the date the property was acquired.
2. List the name and address of the person/persons from whom applicant acquired the property.

Applicants are required to provide a history of property owners, UST owners and UST operators and any affiliation applicant may have had with these entities. List the history in chronological date order starting with the most current information. Include the following information for each time frame: the date the site was acquired, the date the site was sold, the name of the property owner, the name of the UST, owner and the name of the UST operator.

.

Eligible Applicant

The Eligible Applicant section is to determine whether the applicant(s) meets the requirements identified in the OSCA Regulations. Complete the entire section by answering all questions by checking the appropriate box and providing a brief statement as necessary when asked.

1. The applicant must state whether they have caused, contributed or exacerbated the unauthorized release from the subject UST(s). Applicants who operated the subject UST(s) are not eligible to participate in the OSCA Program. Applicants who own or owned the UST(s) must demonstrate that the UST(s) were removed, closed or permitted within one year of becoming the UST owner, or with respect to hidden UST(s), the applicant must have removed, close or permitted the UST(s) within one year from when the UST(s) should have been discovered.
2. The applicant must state whether it is affiliated with any person who caused or contributed to the unauthorized release from the UST(s). Refer to Section 2814.20 for affiliate definition.
3. The applicant must state whether it is/was the owner of the leaking UST(s) that caused the unauthorized release. If the applicant did not remove, close or permit the UST(s) within one year of UST ownership provide the reason why.
4. The applicant must provide the reason(s) it would not qualify to the UST Cleanup Fund. If the applicant has previously filed a claim under the UST Cleanup Fund, identify the UST Cleanup Fund claim number. Some of the reasons an applicant would not qualify to the UST Cleanup Fund include:
 - a. Never owned or operated the USTs
 - b. Permitting Issues
5. If the applicant is the owner of the subject property, identify property ownership document (and submit property ownership document with application).
6. If the applicant does not own the property, explain the applicant's authority to access property to conduct response actions at the site. Provide supporting documentation (e.g. access agreements, judgments).

Responsible Party

The Responsible Party Section is to determine whether a viable financially responsible party exists to cleanup the subject site. NOTE: No financial test is required for an applicant that is or will be identified as a responsible party. Applicant must select and check one of the options provided. An explanation of each selection is provided below:

1. Responsible party(ies) cannot be located - Select this option if there is a record by a public agency of an attempt to notice the identified responsible party(s) of their responsibilities and mail is returned with no forwarding address, or if other efforts by the public agency to locate a responsible party have failed.
2. Responsible party(ies) located – Select this option if a Responsible Party(ies) has been located and the Responsible Party Worksheet (Worksheet) has been completed by the responsible party(s). (see Appendix B for Worksheet).
3. Responsible party(ies) located and applicant made the following efforts to obtain the information as specified in Section 2814.24. Select this option if a responsible party does not respond to your action taken or if a located responsible party refuses to cooperate and complete Worksheet. List the name and address of responsible parties applicant contacted or attempted to contact. Document the efforts made to obtain the information from the responsible parties including: certified letters, phone contacts and provide the contacted responsible party response.
4. List all known responsible parties identified by the regulatory agency. At minimum, provide name and mailing address if available.

Non-Recovery From Other Sources Disclosure Certification

The Non-Recovery From Other Sources Disclosure Certification (Certification) is to ensure that applicants do not receive double payment for response costs. OSCA regulations prohibit double payment or “double recovery”.

Complete **all three sections** on the Certification form by answering **all the questions**.

Applicant must identify money or other forms of compensation for costs related to the subject application. Report compensation that applicant has received or expects to receive from any source, including but not limited to insurance claims, legal judgments, and contributions from other potential responsible parties.

Although only consideration for response costs could constitute double recovery because those are the only costs that the OSCA reimburses, applicant must identify any payment related to or made in consideration for the unauthorized release that is the subject of your application, no matter how the payment or consideration is characterized. For the purposes of the OSCA Program, a reduction in the applicant’s cost to acquire an eligible site shall not be considered compensation from another source.

Fill out the Certification carefully and completely, attaching additional sheets as necessary. Failure to fully and accurately disclose information or to provide supporting documentation could delay the processing of your application.

Priority Score

The Priority Score Section is to determine the applicant’s priority score for placement ranking on the OSCA Priority List if demand for OSCA funds exceeds the available funds. Priority points are calculated by evaluating applicant’s eligibility for points in the three areas discussed below. Answer the three Priority Point questions by checking the appropriate box.

NOTE: All questions answered as “Yes” must be accompanied by supporting documentation to verify that applicant qualifies for the priority points.

1. **Water Quality - 40 points** - The unauthorized release of petroleum is located within 1,000 feet of a drinking water well or a surface water body used as a source of drinking water.

Public drinking water wells - OSCA Program staff will verify whether a site is located within 1,000 feet of a public drinking water well.

Private drinking water wells - Applicant can verify whether the site is located within 1,000 feet of a private drinking water well by submitting verification documentation from a water purveyor that the site is located within 1,000 feet of a private drinking water well.

drinking water source – Applicant can verify whether a site is located within 1,000 feet of a surface water body used as a drinking water source by submitting official verification documents. (e.g. county, city or community documents or maps, water purveyor document)

2. **Environmental Justice - 30 points** - The site is located in a census tract with median household income (MHI) of less than 80% of the of the statewide MHI based on the most recent census data colleted by the United States Census Bureau. The statewide MHI based upon the 2000 census, is \$47,493. If the eligible site is located in a census tract with a MHI income of \$37,994 or less, the applicant will qualify and receive these priority points. To determine the MHI for the applicable census tract, go to www.census.gov or call the Census Bureau at the following numbers: Northern California (800) 233-3308 and Southern California 800-992-3530. Provide your census track number in the application.
3. **Smart Growth - 30 points** - The potential for the proposed project to result in development of affordable inner city housing or promote infill development. Applicant may submit county, city or local community plans, proposals or letters of intent/consideration to demonstrate this.

Applicant Certification

The Applicant Certification Section is to be read carefully by the applicant and all joint applicants. The applicant and all joint applicants must fully understand all statements and declarations contained in this section. If the applicant, or any joint applicants, know that any statement or declaration in this section is untrue, the applicant may be disqualified from the OSCA Program.

Applicant Verification and Signature

Applicant, including any joint applicants, must sign and date the application. All signatures must be wet ink. If a signatory is signing on behalf of a corporation, partnership, trust, estate, public entity or other entity type, identify the signatory’s title as it relates to the applicant/joint applicant. Applicants who file as an individual need not identify a title. Use additional copies of the signature page if necessary.

ORPHAN SITE CLEANUP ACCOUNT APPLICATION CHECKLIST

The OSCA application checklist is to assist the applicant by ensuring that all required documentation is submitted with the application.

SECTION ONE “REQUIRED” - All applicants must submit the items identified under Section One.

- 1. **Site Map**
Submit a site map drawn to scale that includes a north arrow and distances relative to the nearest public roads and which identifies locations of all USTs and other known or potential sources of contamination.
- 2. **Technical Reports/Workplans**
Submit all copies of technical reports and workplans associated with the UST removal, detection, investigation and remediation efforts associated with the unauthorized release that is subject of this application. If applicable, submit quarterly ground water monitoring reports for the last 12 months and provide summary data for quarterly ground water monitoring reports prior to the last twelve months.
- 3. **Unauthorized Release of Petroleum from a UST**
Submit regulatory documentation of the confirmation of the unauthorized release of petroleum from a UST that is subject of this application and a regulatory directive requiring a responsible party to initiate response actions.

SECTION TWO “IF APPLICABLE” – Applicants must submit the items identified below if applicable.

- 4. **Applicant Data Record**
All applicants with the exception of public agencies must complete and submit an Applicant Data Record, Standard State Form 204. (Refer to Appendix A)
- 5. **Property Ownership**
If applicant is a property owner, submit evidence of property ownership. NOTE: Applicant(s) must become an equitable or legal property owner to receive payment pursuant to a cleanup grant, unless the applicant is a public agency. Documentation of equity ownership includes a purchase agreement for the site.
- 6. **Site Access (If applicant is not a fee title owner to the property)**
Submit documentation that identifies an applicant’s authority to access and perform response actions at the subject site, e.g. access agreements, judgments.
- 7. **Responsible Party Worksheet**
The Responsible Party Worksheet must be submitted if a responsible party can be located and the responsible party completes the Worksheet. (Refer to Appendix B)
- 8. **Priority Ranking**
If applicant qualifies for priority points, submit the information identified in the application instructions.
- 9. **Small Business, Nonprofit Corporation or Small Business Incubator**
If qualifying as a small business, non profit corporation or small business incubator for a contiguous expansion, complete and submit a Small Business Worksheet or submit required verification documents. (Refer to Appendix C)
- 10. **On Behalf of Agreement**
Submit any financial agreements whereby another party is advancing funds or paying for response costs on behalf of the applicant for costs associated with the subject unauthorized release that is subject of this application.
- 11. **Power of Attorney Form**
Complete and submit Power of Attorney Form if applicant chooses to appoint an agent to sign, submit, or receive documents necessary to file an OSCA application. (Refer to Appendix E)
- 12. **Urban Area Explanation**
Provide an explanation that demonstrates the subject site is located in an urban area as identified in the application instructions.

APPENDIX SECTION

A. APPLICANT DATA RECORD

B. RESPONSIBLE PARTY WORKSHEET

C. SMALL BUSINESS WORKSHEET

D. CALIFORNIA CITIES WITH A POPULATION
OF 50,000 OR MORE (Based on 2000 census
data from the United States Census Bureau)

E. POWER OF ATTORNEY

APPLICANT DATA RECORD**(Required in lieu of IRS W-9 when receiving payment from the State of California)**

STD. 204 (REV 7-94)

NOTE: Governmental entities, federal, state, and local (including school districts) are not required to submit this form.

SECTION 1 must be completed by the requesting state agency before forwarding to the claimant

1 PLEASE RETURN TO:	DEPARTMENT /OFFICE SWRCB - SPECIAL PROGRAMS UNIT STREET ADDRESS P.O. BOX 944212 DEPARTMENT /OFFICE SACRAMENTO, CA 94244-2120	PURPOSE: Information contained in this form will be used by state agencies to prepare Information Returns (Form 1099) and for withholding on payments to nonresident claimants. Prompt return of this fully completed form will prevent delays when processing payments. <i>(See Privacy Statement on page 2)</i>
2 APPLICANT'S NAME	APPLICATION NO. (For State Use Only)	
CONTACT		
MAILING ADDRESS (Number and Street or P.O. Box Number)		
(City, State and Zip Code)		
3 CLAIMANT ENTITY TYPE	CHECK ONE BOX ONLY <input type="checkbox"/> MEDICAL CORPORATION (including dentistry, podiatry, psychotherapy, optometry, chiropractic, etc.) <input type="checkbox"/> EXEMPT CORPORATION (Non-profit) <input type="checkbox"/> ALL OTHER CORPORATIONS <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> ESTATE OR TRUST <input type="checkbox"/> INDIVIDUAL/SOLE PROPRIETOR	NOTE: State and local governmental entities, including school districts are not required to submit this form.
4 CLAIMANT'S TAXPAYER I.D. NUMBER	SOCIAL SECURITY NUMBER REQUIRED FOR INDIVIDUAL/SOLE PROPRIETOR BY AUTHORITY OF THE REVENUE AND TAXATION CODE SECTION 18646 (See page 2) FEDERAL EMPLOYER'S IDENTIFICATION NUMBER (FEIN) SOCIAL SECURITY NUMBER _____ - _____ - _____ _____ - _____ - _____ IF CLAIMANT ENTITY TYPE IS A CORPORATION, PARTNERSHIP, ESTATE OR TRUST, ENTER FEIN. IF CLAIMANT ENTITY TYPE IS INDIVIDUAL/SOLE PROPRIETOR, ENTER SSN.	NOTE: Payment will not be processed without an accompanying taxpayer I.D. number.
5 CLAIMANT RESIDENCY STATUS	CHECK APPROPRIATE BOX(ES) <input type="checkbox"/> CALIFORNIA RESIDENT - Qualified to do business in CA or a permanent place of business in CA <input type="checkbox"/> NONRESIDENT (See page 2). Payments for services by nonresidents may be subject to state withholding. <input type="checkbox"/> WAIVER OF STATE WITHHOLDING FROM FRANCHISE TAX BOARD ATTACHED <input type="checkbox"/> SERVICES PERFORMED OUTSIDE OF CALIFORNIA	NOTE: a.) An estate is a resident if decedent was a California resident at time of death. b.) A trust is a resident if at least one trustee is a California resident. (See page 2)
6 CERTIFYING SIGNATURE	<i>I hereby certify under penalty of perjury that the information provided on this document is true and correct. If my residency status should change, I will promptly inform you.</i>	
APPLICANT NAME (Type or Print)		TITLE
APPLICANT SIGNATURE		DATE

APPLICANT DATA RECORD

STD. 204 (REV 7-94)

ARE YOU A RESIDENT OR A NONRESIDENT?

Each corporation, individual/sole proprietor, partnership, estate or trust receiving payment from the State of California must indicate their residency status along with their taxpayer identification number.

A corporation will be considered a "resident" if it has a permanent place of business in California. The corporation has a permanent place of business in California if it is organized and existing under the laws of this state or, if a foreign corporation has qualified to transact intrastate business. A corporation that has not qualified to transact business (e.g., a corporation engaged exclusively in interstate commerce) will be considered as having a permanent place of business in this state only if it maintains a permanent office in this state that is permanently staffed by its employees.

For individuals/sole proprietors, the term "resident" includes every individual who is in California for other than a temporary or transitory purpose and any individual domiciled in California who is absent for a temporary or transitory purpose. Generally, an individual who comes to California for a purpose which will extend over a long or indefinite period will be considered a resident. However, an individual who comes to perform a particular contract of short duration will be considered a nonresident.

For withholding purposes, a partnership is considered a resident partnership if it has a permanent place of business in California. An estate is considered a California estate if the decedent was a California resident at the time of death and a trust is considered a California trust if at least one trustee is a California resident. More information on residency status can be obtained by calling the Franchise Tax Board at the numbers listed below:

From within the United States, call 1-800-852-5711

From outside the United States, call 1-916-854-6500

For hearing impaired with TDD, call ... 1-800-822-6268

ARE YOU SUBJECT TO NONRESIDENT WITHHOLDING?

Payments made to nonresident claimants, including corporations, individuals, partnerships, estates and trusts, are subject to withholding. Nonresident claimants performing services in California or receiving rent, lease or royalty payments from property (real or personal) located in California will have 7% of their total payments withheld for state income taxes. However, no withholding is required if total payments to the claimant are \$1500 or less for the calendar year.

A nonresident claimant may request that income taxes be withheld at a lower rate or waived by sending a completed form FTB588 to the address listed below. A waiver will generally be granted when a claimant has a history of filing California returns and making timely estimated payments. If the claimant activity is carried on outside of California or partially outside of California, a waiver or reduced withholding rate may be granted. For more information, contact:

Franchise Tax Board
Withhold at Source Unit
Attention: State Agency Withholding Coordinator
P.O. Box 651
Sacramento, CA 95812-0651
(916) 369-4900 FAX (916) 369-4831

If a reduced rate of withholding or waiver has been authorized by the Franchise Tax Board, attach a copy to this form.

PRIVACY STATEMENT

Section 7(b) of the Privacy Act of 1974 (Public Law 93-5791) requires that any federal, state, or local governmental agency which requests an individual to disclose his social security account number shall inform that individual whether that disclosure is mandatory or voluntary, by which statutory or other authority such number is solicited, and what uses will be made of it.

The State of California requires that all parties entering into business transactions that may lead to payments(s) from the State must provide their Taxpayer Identification Number (TIN) as required by the State Revenue and Taxation Code, Section 18646 to facilitate tax compliance enforcement activities and to facilitate the preparation of Form 1099 and other information returns as required by the Internal Revenue Code, Section 6109. The TIN for individual and sole proprietorships is the Social Security Number (SSN).

It is mandatory to furnish the information requested. Federal law requires that payments for which the requested information is not provided be subject to a 31% withholding and state law imposes noncompliance penalties of up to \$20,000.

You have the right to access records containing your personal information, such as your SSN. To exercise that right, please contact the business services unit or the accounts payable unit of the state agency(ies) with which you transact business.

Please call the Department of Finance, Fiscal Systems and Consulting Unit at (916) 324-0385 if you have any questions regarding this Privacy Statement. Questions related to residency or withholding should be referred to the telephone numbers listed above. All other questions should be referred to the requesting agency listed in Section 1.

**ORPHAN SITE CLEANUP ACCOUNT
RESPONSIBLE PARTY WORKSHEET**

Responsible Party Name: _____

Applicant Name: _____

Application Site Address: _____

Responsible Party: Complete the following sections to the best of your ability. Attach any necessary supporting documentation.

SECTION I - INCOME/ASSETS

1. Submit the most recent income data, including financial statements if applicable; and
2. Provide an asset listing in the following format:

Asset	Description	Fair Market Value	Debt Owed on Asset
Real Estate (List kind of property and location)			
Vehicles (provide year and make)			
Checking Account (provide name of financial institution)			
Savings Account (provide name of financial institution)			
IRA/Pensions/Profit Sharing (Identify by name)			
Stocks/Bonds/Certificates of Deposit			
Other assets valued over \$500			

SECTION 2 - INSURANCE FUNDS

Identify any insurance claims filed and funds received by or on behalf of you (responsible party) that are associated with the unauthorized release of petroleum from the UST at the eligible site. Check all that apply

- No insurance claims filed or money received
- Yes, insurance claims filed
- Yes, insurance monies received

Name of Insurance Company

Amount of Insurance Monies Received

1. _____

2. _____

SECTION 3 - FINANCIAL ASSISTANCE

Identify any other financial assistance that you (responsible party) have received or applied for to address the unauthorized release of petroleum from the UST at the eligible site.

Financial Assistance Source	Amount of Assistance Received or Sought
1. _____	\$ _____
2. _____	\$ _____

I declare that all the information provided above on the Responsible Party Worksheet is true and correct to the best of my knowledge.

Responsible Party Contact: _____ Phone Number: _____

Responsible Party Signature: _____ Date: _____

State Water Resources Control Board
Orphan Site Cleanup Account
Small Business Worksheet
Request for determination to qualify as Small Business

Applicant Name:
Site Address:

Description of Business: _____

To qualify as a small business, a business must be independently owned and operated, and not dominant in its field of operation. In addition, the business, together with all affiliates, must employ 100 or fewer employees and have average annual gross receipts of ten million dollars (\$10,000,000) or less over the previous three years. However, if the business is a manufacturer, there is no revenue test, but the business, together with all affiliates, must employ 100 or fewer employees.

Please check the appropriate box below and provide the required information.

Check this box if you are submitting a small business certification from the Office of Small Business Certification to document the applicant's small business classification. Attach Certification.

Check this box if applicant is a manufacturing business that is independently owned and operated, is not dominant in its field of operation, and, together with all affiliates, employs 100 or fewer employees.

Total number of employees: _____

Submit documentation supporting the number of employees (i.e., Department of Employment Development (DE6) payroll reports for the last four quarters).

Check this box if applicant is not a manufacturer, is independently owned, is not dominant in its field of operation, together with all affiliates employs 100 or fewer employees, and, together with all affiliates, has had average annual gross receipts of ten million dollars (\$10,000,000) or less over the previous three years.

Total number of employees: _____

Submit documentation supporting the number of employees (i.e., Department of Employment Development (DE6) payroll reports for the last four quarters).

List the previous three years and their respective annual gross receipts.

Year: _____ \$ _____
Year: _____ \$ _____
Year: _____ \$ _____

Average annual gross receipts over the previous three years: \$ _____

Submit signed and dated copies of your complete federal tax returns as shown on the attached chart.

I (we) hereby declare under penalty of perjury that all facts and statements set forth above are true and correct to the best of my (our) knowledge and belief. This form is part of my (our) application to the California Orphan Site Cleanup Account, and I (we) understand that any misrepresentation made on this form may result in disqualification of the application. Federal tax returns documenting the annual gross receipts, including all affiliates, will be retained for the life of the application and for at least three years after the last reimbursement issued pursuant to this application.

Executed at _____, on this _____ day of _____, 20_____

Applicant Signature: _____ Printed Name: _____

Co-Applicant Signature: _____ Printed Name: _____

**REQUIRED FINANCIAL DOCUMENT SUBMISSION REQUIREMENTS
FOR SMALL BUSINESS DESIGNATION, NONPROFIT CORPORATION,
SMALL BUSINESS INCUBATOR**

The following Federal Tax Returns (FTRs) or other financial documents are required to determine Gross Annual Receipts for Small business designation. Complete FTRs are to be submitted including all supporting schedules and forms.

NOTE: Submit three years of FTRs beginning with the year of application submittal and back.

INDIVIDUAL	Valid Office of Small Business (OSMB) small business certification	OR	FTR 1040s for years of record. <i>Provide the following for affiliates identified on Schedule E:</i> Partnership: limited partner, submit K1 general partner, submit K1 and FTR 1065 S Corporation: If non passive income or loss is identified on Schedule E, submit FTR 1120S. *Estates/Trusts: All applicants must submit their K1. If an applicant is both a trustee and a beneficiary, submit K1 and FTR 1041.
*ESTATE/TRUST	Valid OSMB small business certification	OR	FTR 1041s for years of record <i>Provide the following for affiliates identified on Schedule E:</i> Partnership: limited partner, submit K1 general partner, submit K1 and FTR 1065. S Corporation: If non passive income or loss is identified on Schedule E, submit FTR 1120S *Estates/Trusts: All applicants must submit their K1. If a applicant is both a trustee and a beneficiary, submit K1 and FTR 1041.
PARTNERSHIP	Valid OSMB small business certification	OR	Submit FTR 1065s for years of record
CORPORATION	Valid OSMB small business certification	OR	Submit FTR 1120s, 1120A or 1120S (as applies) for years of record. OR Submit audited financial statements for years of record
LIMITED LIABILITY COMPANY	Valid OSMB small business certification	OR	Filing as sole proprietorship: submit FTR 1040s for years of record and Schedule E affiliate information as identified under "Individual" above. Filing as a partnership: submit FTR 1065s for years of record. Filing as a corporation: submit FTR 1120, 1120A or 1120S as applies for years of record.
NONPROFIT CORPORATION	Annual fiscal report filed with the Registry of Charitable Trusts	OR	Submit state or FTR 990s for the latest fiscal year.
LOCAL ENTITY	Report of Financial Transactions submitted to the State Controller for the latest fiscal year ending prior to the date of application		

SMALL BUSINESS INCUBATOR: Submit evidence that applicant is a small business incubator.

*NOTE: If a Trust or Estate has not filed a FTR, refer back to the appropriate entity filing income for the trust or estate and provide the appropriate FTRs.

CALIFORNIA CITIES WITH A POPULATION OF 50,000 OR MORE

(Based on 2000 census data from the
United States Census Bureau)

Alameda	Folsom	Mountain View	San Marcos
Alhambra	Fontana		San Mateo
Anaheim	Fountain Valley	Napa	San Rafael
Antioch	Fremont	National City	Santa Ana
Apple Valley	Fresno	Newport Beach	Santa Barbara
Arcadia	Fullerton	Norwalk	Santa Clara
	Garden Grove		Santa Clarita
Bakersfield	Gardena	Oakland	Santa Cruz
Baldwin Park	Glendale	Oceanside	Santa Maria
Bellflower	Glendora	Ontario	Santa Monica
Berkeley		Orange	Santa Rosa
Buena Park	Hawthorne	Oxnard	Santee
Burbank	Hayward	Palmdale	Simi Valley
	Hemet	Palo Alto	South Gate
Camarillo	Hesperia	Paramount	South San Francisco
Carlsbad	Huntington Beach	Pasadena	Stockton
Carson	Huntington Park	Petaluma	Sunnyvale
Cerritos		Pico Rivera	
Chico	Indio	Pittsburg	Temecula
Chino	Inglewood	Pleasanton	Thousand Oaks
Chino Hills	Irvine	Pomona	Torrance
Chula Vista			Tracy
Citrus Heights	La Habra	Rancho Cucamonga	Turlock
Clovis	La Mesa	Redding	Tustin
Compton	Laguna Niguel	Redlands	
Concord	Lake Forest	Redondo Beach	Union City
Corona	Lakewood	Redwood City	Upland
Costa Mesa	Lancaster	Rialto	
Cupertino	Livermore	Richmond	Vacaville
	Lodi	Riverside	Vallejo
Daly City	Long Beach	Rosemead	Victorville
Davis	Los Angeles	Roseville	Visalia
Diamond Bar	Lynwood		Vista
Downey		Sacramento	
	Manteca	Salinas	Walnut Creek
El Cajon	Merced	San Bernardino	West Covina
El Monte	Milpitas	San Buenaventura	Westminster
Elk Grove	Mission Viejo	San Clemente	Whittier
Encinitas	Modesto	San Diego	Woodland
Escondido	Montebello	San Francisco	
	Monterey Park	San Jose	Yorba Linda
Fairfield	Moreno Valley	San Leandro	

POWER OF ATTORNEY
FOR AN APPLICATION TO
THE ORPHAN SITE CLEANUP ACCOUNT

I, _____
[Applicant's name and address. If applicant is a corporation, include the name, address, and title of officer who is acting.]

appoint _____,
[Name and address of the person appointed, or of each person appointed if you wish to appoint more than one.]

as my agent (attorney-in-fact) to act for me in any lawful way by signing, submitting, or receiving all documents necessary to file my application to the Orphan Site Cleanup Account for reimbursement of costs related to the petroleum underground storage tank release at

[Site address]

This power of attorney is effective immediately and will continue until it is revoked, unless I direct otherwise on the line below.

If I have designated more than one agent, the agents are to act _____.
(If you appointed more than one agent and you want each agent to be able to act alone without the other agent joining, write the word "separately" in the blank space above. If you do not insert any word in the blank space, or if you insert the word "jointly", then all of your agents must act or sign together.)

This power of attorney is governed by the Power of Attorney Law, California Probate Code section 4000 et seq.

I agree that any third party who receives a copy of this document may act under it. Revocation of the power of attorney is not effective as to a third party until the third party has actual knowledge of the revocation. I agree to indemnify the third party for any claims that arise against the third party because of reliance on this power of attorney.

Signed this _____ day of _____, 20_____.

[Applicant's signature]

[Applicant's social security number or tax identification number]

State of _____ County of _____

The applicant must attach a certificate of acknowledgement of notary public in compliance with Section 1189 of the Civil Code or other applicable law.

By accepting or acting under the appointment, the agent assumes the fiduciary and other legal responsibilities of an agent.

[Signature of attorney-in-fact] [Phone number]