

ORPHAN SITE CLEANUP FUND

APPLICATION

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

State Water Resources Control Board
Division of Financial Assistance
Revised October 2009

ORPHAN SITE CLEANUP FUND APPLICATION PACKAGE

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ORPHAN SITE CLEANUP FUND

About the Orphan Site Cleanup Fund (OSCF) Application and Instructions

The OSCF application has been designed to help in the determination of your eligibility for reimbursement from the OSCF. The instructions for the application follow the arrangement of the application, section by section, and provide information about items that may not be self explanatory. Applicable statute and regulations are found in Health and Safety Code section 25299.50.2 and California Code of Regulations, title 23, division 3, chapter 18, article 7 (OSCF regulations). The OSCF application requirements are found in OSCF regulations, section 2814.28.

If you need further assistance in completing the application, contact OSCF staff by calling (916) 341-5760 or emailing OSCF@waterboards.ca.gov. Or visit our website at http://www.waterboards.ca.gov/water_issues/programs/ustcf/oscf.shtml.

Before proceeding with your application, read the OSCF's application instructions at the end of the application.

All reimbursements from the OSCF are reported to the Internal Revenue Service (IRS) and the Franchise Tax Board (FTB) under the primary applicant's Tax Identification Number (TIN). If this application is being filed jointly, the first name listed in the "Applicant Identification" section will be the primary applicant and will receive all correspondence.

Submitting Your OSCF Application

After you submit your application to the OSCF, OSCF staff will determine whether your claim meets the specific legal requirements to be eligible for reimbursement from the OSCF.

You can help the review process by making sure your application contains accurate and complete information.

To avoid delays in the processing of your OSCF application:

- ✓ Clearly type or print all information.
- ✓ Sign and date the application where indicated.
- ✓ Make sure that your application form is thoroughly completed.
- ✓ Attach all necessary documentation to support your application eligibility. (See Application Checklist.)
- ✓ Make a copy of the complete application, including any attachments, for your files.

Send the original signed application with one copy of each supporting document to:

State Water Resources Control Board
Division of Financial Assistance
Orphan Site Cleanup Fund Program

via regular mail at: P.O. Box 944212, Sacramento, CA 94244-2120

or

via certified mail at, return receipt requested: 1001 I street, Sacramento, CA 95814

To confirm delivery, the OSCF program suggests applicants mail their applications certified, return receipt requested. Applications may not be submitted by facsimile or through electronic means.

APPLICATION AND INSTRUCTIONS

State of California
State Water Resources Control Board
Division of Financial Assistance
Orphan Site Cleanup Fund
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 FUND APPLICATION**

APPLICANT IDENTIFICATION

Applicant Name:	E-Mail Address:	
Mailing Address:		
City:	Zip Code:	
Contact Person:	Telephone Number:	Fax Number:
Applicant Status: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Local Agency <input type="checkbox"/> Other: _____		
Tax Identification Number:		
Applicant is a: (Check all that apply.)		
<input type="checkbox"/> Property Owner <input type="checkbox"/> Developer <input type="checkbox"/> Redevelopment Agency <input type="checkbox"/> Non Profit Organization		
<input type="checkbox"/> Other: _____		

CO-APPLICANT IDENTIFICATION

Co-Applicant Name:	E-Mail Address:	
Mailing Address:		
City:	Zip Code:	
Contact Person:	Telephone Number:	Fax Number:
Applicant Status: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Local Agency <input type="checkbox"/> Other: _____		
Tax Identification Number:		
Applicant is a: (Check all that apply.)		
<input type="checkbox"/> Property Owner <input type="checkbox"/> Developer <input type="checkbox"/> Redevelopment Agency <input type="checkbox"/> Non Profit Organization		
<input type="checkbox"/> Other: _____		

ESTIMATE OF RESPONSE COSTS

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

Site Name:

Site Address:

City: County:

APN Number:

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: aboveground storage tanks, sumps, pits, chemicals, surface spills, off-site contamination, and USTs storing substances other than petroleum.

Source	Substance
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

LEAD REGULATORY AGENCY

1. Local UST Permitting Agency: _____
2. Regional Water Quality Control Board: _____
3. Lead Regulatory Agency: _____ Case No.: _____
Staff Contact: _____ Phone No.: _____
E-mail address: _____
4. Date unauthorized release from petroleum UST was confirmed by the regulatory agency: _____
5. Date the regulatory agency first directed a responsible party to initiate response actions: _____
6. Has the lead regulatory agency approved a corrective action plan for the subject site?
 Yes No Unknown
7. Has the unauthorized release impacted groundwater? Yes No Unknown
If unknown, answer question number 8.
8. Is the unauthorized release likely to impact groundwater? Yes No Unknown

SITE DEVELOPMENT

1. Has the site received a regulatory agency Site Closure Letter (No Further Action)? Yes No
If yes, submit a copy of the Site Closure Letter and the Case Closure Summary with the application.
2. Are response actions required as part of the site development process? Yes No
3. List the regulatory agencies the applicant will work with to conduct response actions during the site redevelopment process.

Regulatory Agency

Contact Name

Phone Number

Regulatory Agency	Contact Name	Phone Number

HISTORY OF RESPONSE ACTIONS

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

ELIGIBLE SITE

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

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

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

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 12 months.

Yes No

If no, provide a detailed description of the use of the site for the last 12 months:

Economic activity performed at site: _____

Revenues generated: _____

Percentage of site used: _____

How often used: _____

Other: _____

5. The site:

a. Is listed, or proposed for listing, on the National Priorities List pursuant to the federal act.

(See 42 U.S.C. § 9605, subd. (a)(8)(B).)

Yes No

b. Has been owned or operated by a department, agency, or instrumentality of the Federal Government.

Yes No

6. The site is a contiguous expansion or improvement of an operating industrial or commercial facility.

Yes No

If yes, answer question number 7.

7. The site is or will be owned or operated by one of the following: small business, nonprofit corporation, or 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

SITE HISTORY

Note: Co-applicants must also complete the following section. Make additional copies if necessary. If multiple applicants are filing indicate which applicant is completing the following section. Applicant Co-applicant: _____

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 UST 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

Note: Co-applicants must also complete the following section. Make additional copies if necessary. If multiple applicants are filing indicate which applicant is completing the following section. Applicant Co-applicant: _____

1. Did the applicant cause, contribute to, or exacerbate the unauthorized release from the UST(s)?

Yes No

2. Is the applicant 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 properly remove, close, or permit the UST(s) within a reasonable period of time of UST ownership, provide reason why:

Applicable Not Applicable

4. Provide the reason(s) applicant would not qualify for the UST Cleanup Fund.

5. If the applicant is the property owner of the subject site, identify and submit property ownership document.

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

RESPONSIBLE PARTY (In accordance with OSCF regulations, section 2814.24, applicant must demonstrate that there is no “financially responsible party.”)

Responsible Party Name	Mailing Address	Applicant Action Taken	Responsible Party Action Taken
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Check all of the boxes that apply:

- 1. Responsible party(ies) cannot be located.
- 2. Responsible party(ies) located and the Responsible Party Worksheet(s) completed.
(See Application Instructions and complete Appendix B.)
- 3. Responsible party(ies) located and the applicant made reasonable efforts to obtain information to evaluate the financial viability of the responsible party(ies).
- 4. The applicant is the only responsible party named by the regulatory agency.
- 5. Site Closed – Response work required as part of site development process.

State Water Resources Control Board
Orphan Site Cleanup Fund

Note: Co-applicants must also complete the following section. Make additional copies if necessary. If multiple applicants are filing indicate which applicant is completing the following section. Applicant Co-applicant: _____

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
 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
 Attach an explanation of the status of the claim and copies of your latest correspondence with the insurance company.

LITIGATION

A. Have you sought, or do you intend to seek, money or any other form of relief 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 funds from any source (including, but not limited to, insurance claims, legal judgments, and contributions from other potentially responsible parties, or any other source regardless of how the funds were characterized) that are related to or paid in consideration for 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.

D. Do you or anyone acting on your behalf expect to receive funds related to the unauthorized release at any time in the future?
 If YES, explain. NO YES

PRIORITY SCORE

The priority of applications will be based on the date the application is received. Pursuant to OSCF regulations, section 2814.27, subdivision (c), if sufficient funding is not available, the OSCF program will calculate a priority score to rank the application based on the items listed below:

1. Is the unauthorized release of petroleum located within 1,000 feet of a drinking water well or a surface water body used as a source of drinking water?

Yes No

2. Is the site located in a census tract with median household income of less than 80 percent of the statewide median household income based on 2000 census data collected by the United States Census Bureau?

Applicable census tract number: _____

Yes No

3. Does the proposed project have the potential to result in development of affordable housing or infill development?

Yes No

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

AMERICAN RECOVERY AND REINVESTMENT ACT (ARRA)

1. Has the appropriate regulatory agency approved the applicant’s workplan for the proposed response actions? Yes No
If no, move on to question number 3. If yes, answer questions number 2(a) and 2(b).

2. a. Has the applicant prepared a “bid package” (any procurement solicitation document) for the approved response work?
 Yes No

b. Has the applicant contracted with a contractor for the performance of specific regulatory-approved response actions?
 Yes No

If no, answer question number 2(c). If yes, answer question number 2(d).

c. Describe the status of the contractor selection process.

Move on to question number 3.

d. Did the applicant use a competitive process to select a contractor for the proposed response work? Yes No
If no, explain the selection process used and why the applicant did not use a competitive process.

3. Applicants for OSCF grant funding available under the ARRA are required to meet federal requirements for selecting their contractor through a competitive procurement process. (Note: Applicants who previously received a grant from the Orphan Site Cleanup Account may be eligible for the sole source exception.) Given the competitive procurement requirements, select the time frame in which the applicant expects to implement response actions if determined eligible and granted funding.

Less than six months Six months Six months to one year

4. Estimate the type and number of jobs that the cleanup will create.

Title of job classification	Number of jobs
_____	_____
_____	_____
_____	_____

5. Identify the planned redevelopment project for the site. Answer “unknown” if the applicant has not determined the future use of the site and move on to question number 8. If known, answer question number 6.

6. Estimate the type and number of jobs that will be created during the construction of the planned redevelopment project.

Title of job classification	Number of jobs
_____	_____
_____	_____
_____	_____

7. Estimate the type and number of jobs that will be created by the planned redevelopment project.

Title of job classification	Number of jobs
_____	_____
_____	_____
_____	_____

8. Identify the United States congressional district for the site of this application and the representative for the district.

APPLICANT CERTIFICATION

Each Applicant/Co-applicant Hereby Certify That:

1. Applicant is entitled to submit an application to the Orphan Site Cleanup Fund Program.
2. The site of the subject application meets the definition of a "brownfield" as defined by Health and Safety Code section 25395.20, subdivision (2)(A).
3. Petroleum contamination from an underground storage tank is the principal source of contamination at the site.
4. A financially responsible party has not been identified to pay for response actions to remediate the subject site.
5. Applicant understands that all work at the site must be in compliance with applicable corrective action requirements established pursuant to Health and Safety Code chapter 6.7 and implementing regulations and that work cannot be conducted without the approval of the appropriate regulatory agency.
6. Applicant understands that the State Water Resources Control Board (State Water Board), at its option, may require the transfer and assignment to the State of California of any and all rights which the applicant may have to recover response costs from any person responsible for the unauthorized release.
7. Applicant understands that all records pertaining to the application must be retained for a period of at least three years from the date of the final payment from the Orphan Site Cleanup Fund. All such records will be made available to the State Water Board or any designated representative thereof upon request.
8. Applicant understands that all reimbursements made pursuant to the application are subject to audit by the State Water Board or any representative thereof. Applicant will reimburse the State for any costs disallowed pursuant to such an audit.

APPLICANT VERIFICATION AND SIGNATURE

As the undersigned applicant(s) to the Orphan Site Cleanup Fund, 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. (See OSCF regulations, § 2814.34.)

Executed at _____

On this ____ Day of _____ 20____.

Applicant Signature: _____

Applicant Printed Name: _____

Title: _____

Co-Applicant Signature: _____

Co-Applicant Printed Name: _____

Title: _____

APPLICATION INSTRUCTIONS

Application Instructions for Page 1

Applicant Identification

Complete the entire Applicant Identification section as follows:

List the applicant's legal name, mailing address, e-mail address, a contact person who can answer any questions regarding the application or the site, and the contact person's telephone number and fax number.

Check the appropriate box to indicate the status of the applicant. If "other" is selected, identify the status type. Enter the applicant's TIN. Individuals and sole proprietorships, including Limited Liability Companies that are taxed as sole proprietorships, must list their Social Security Number (SSN) as their TIN. The TIN for all other applicants is the applicant's Employer Identification Number (EIN).

Check the appropriate box to further identify the applicant (e.g., a property owner or a developer). Check all boxes that apply. If "other" is selected, identify the status type.

NOTE: All grant payments from the OSCF are considered to be revenue and will be reported to the IRS and the FTB under the applicant's TIN. (Payments to public agencies are exempt from this reporting.) All applicants with the exception of public agencies will need to complete and submit a Payee Data Record. (See Appendix A for Payee Data Record.) *If this application 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 TIN.*

Failure to provide the requested information will result in denial of your application. The TIN provided will be used by the State solely for the purpose of identifying the recipient of an OSCF grant. Any private information provided will only be used for the purposes for which it was provided and will not be shared with another entity, except as prescribed by law.

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(s).

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, and the contact person's telephone number and fax number.

Check the appropriate box to indicate the status of the co-applicant. If "other" is selected, identify the status type. Enter the co-applicant's TIN. Individuals and sole proprietorships, including Limited Liability Companies that are taxed as sole proprietorships, must list their SSN as their TIN. The TIN for all other co-applicants is the co-applicant's EIN.

Check the appropriate box to further identify the co-applicant (e.g., a property owner or a developer). 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 OSCF program with an estimation of response costs for the subject site.

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 total 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 Underground Storage Tank (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 must submit: 1) a site map identifying all petroleum UST locations and the locations of all other sources of known or potential contamination; 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; 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 the Assessor Parcel Number (APN). This is unique number assigned to each tract of land by the Tax Assessor. The APN can be used within an assessor's records to identify the land.

List each petroleum UST and identify 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 the contact person's telephone number and e-mail address.
4. List the date on which the regulatory agency confirmed the unauthorized release. Applicant must 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. Identify whether the regulatory agency has approved a corrective action plan in accordance with California Code of Regulations, title 23, division 3, chapter 16, article 11 for the subject site.
7. Check the appropriate box as to whether the unauthorized release has impacted groundwater. If unknown, answer question number 8.
8. 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).

Site Development

Complete this section if the response actions at the site will be required as part of the site development process and the response actions are necessary to protect human health, safety, and the environment.

1. Identify whether a regulatory agency has issued a Site Closure Letter (No Further Action) for the site. If the site has received a site closure, submit a copy of the regulatory Site Closure Letter and Case Closure Summary.
2. Identify whether the response actions applicant will undertake are part of the site development process.
3. Identify all regulatory agencies applicant will work with to conduct response actions during the site redevelopment process. List the agency, agency contact, and the agency contact's phone number.

History of Response Actions

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

Eligible Site

The Eligible Site section is used to determine whether the site meets the statutory criteria for eligibility. Complete the entire section by checking the appropriate boxes 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 C for a listing of California cities that have a population of 50,000 or more and check the appropriate box. OSCF 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 C, 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 OSCF Program is using 2000 United States Census Bureau data. If applicant’s site city is not listed on Appendix C and the city currently has a population of 50,000 or more, provide official city information that verifies the population count.

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 yes, move on to question number 5. If no, and the site has been used for any economic activity within in the 12-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 percent 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 12-month period and attach additional pages if necessary.
5. 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. (See 42 U.S.C. § 9605, subd. (a)(8)(B).)
 - b. Owned or operated by a department, agency, or instrumentality of the Federal Government.
6. State if the site is a contiguous expansion or improvement of an operating industrial or commercial facility. If yes, answer question number 7.
7. State if the site is or will be owned or operated by one of the following: small business, nonprofit corporation, or 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.

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 UST operators and affiliations to any of these entities.

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

Applicants are required to provide a history of property owners, UST owners, and UST operators and whether the applicant is affiliated with any of these entities.

“Affiliate” or “affiliation” refers to a relationship of direct or indirect control or shared interests between the applicant and another business. Some factors determining the existence of an affiliation include, but are not limited to, ownership, management, financial, and/or business relationships or ties with another business, familial relationships, contractual relationships, and assignments.

(See Cal. Code of Regs., tit. 2, §§ 1896.4 & 1896.12.)

List the history in chronological date order starting with the most current information. Include the following information for each time frame: 1) the date the site was acquired; 2) the date the site was sold; 3) the name of the property owner; 4) the name of the UST owner; and 5) the name of the UST operator.

Eligible Applicant

The Eligible Applicant section is used to determine whether the applicant is eligible for an OSCF grant. (See OSCF regulations, § 2814.23.) Complete the entire section by answering all questions, by checking the appropriate boxes and providing a brief statement as necessary when asked.

1. The applicant must state whether it caused, contributed to, or exacerbated the unauthorized release from the subject UST(s). Applicants who operated the subject UST(s) are not eligible for an OSCF grant. Applicants who own or owned the UST(s) must demonstrate that the UST(s) were properly removed, closed, or permitted within a reasonable period of time of becoming the UST owner. An applicant is eligible for an OSCF grant, if the applicant acquired real property on which a UST is situated and, despite the exercise of reasonable diligence, was unaware of the existence of the UST when the real property was acquired, the applicant properly removed, closed, or permitted the UST within a reasonable period of time from when the applicant should have become aware of the existence of the UST, and the unauthorized release began before the applicant closed or permitted the UST.
2. The applicant must state whether it is affiliated with any person who caused or contributed to the unauthorized release from the UST(s).

“Affiliate” or “affiliation” refers to a relationship of direct or indirect control or shared interests between the applicant and another business. Some factors determining the existence of an affiliation include, but are not limited to, ownership, management, financial, and/or business relationships or ties with another business, familial relationships, contractual relationships, and assignments.

(See Cal. Code of Regs., tit. 2, §§ 1896.4 & 1896.12.)

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 properly remove, close, or permit the UST(s) within a reasonable period of time of UST ownership, provide the reason why.
4. An applicant is not eligible for an OSCF grant if the applicant is eligible for reimbursement from the UST Cleanup Fund. The applicant must provide the reason(s) it would not qualify to the UST Cleanup Fund. Some of the reasons an applicant would not qualify to the UST Cleanup Fund include:
 - a. Never owned or operated the USTs; and
 - b. Failure to meet permit requirements.
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 or judgments).

Responsible Party

The Responsible Party Section is used to determine whether a viable financially responsible party exists to cleanup the subject site. (See OSCF regulations, section 2814.24.)

NOTE: No financial test is required for an applicant that is or will be identified as a responsible party.

List all known responsible parties identified by the regulatory agency. At minimum, provide name and mailing address if available. Applicant must check all of the boxes that apply. 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(ies). (See Appendix B for Worksheet.)
3. Responsible party(ies) located and the applicant made reasonable efforts to obtain information to evaluate the financial viability of the responsible party(ies). 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 a copy of the contacted responsible party response.
4. The applicant is the only responsible party named by the regulatory agency. Select this option if the regulatory agency has not identified any other responsible party than the applicant. Verify this information with the local regulatory agency and or the Regional Water Board.
5. Site Closed – response work required as part of the site development process. Select this option if the site has received a Site Closure Letter, but response work will be required as part of the site development process and is necessary to protect human health, safety, and the environment.

Non-Recovery From Other Sources Disclosure Certification

The Non-Recovery From Other Sources Disclosure Certification (Certification) is used to ensure that applicants do not receive double payment for response costs. An applicant may not receive payment from the OSCF for response actions that have been or will be paid or otherwise compensated from another source.

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 OSCF reimburses, applicant must identify any payment related to or made in consideration for the unauthorized release that is the subject of the application, no matter how the payment or consideration is characterized. For the purposes of the OSCF 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.

NOTE: With your signature(s) on the last page of this Application, authorization is hereby granted to the OSCF program to contact and obtain any information deemed necessary from the listed parties for the purpose of eligibility determination regarding this application.

Priority Score

The priority of applications will be based on the date the application is received. Pursuant to OSCF regulations, section 2814.27, subdivision (c), if sufficient funding is not available, the OSCF program will calculate a priority score to rank the application based on the priority points, which 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 boxes.

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 – OSCF 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 or other verifiable source that the site is located within 1,000 feet of a private drinking water well.

Surface Water Body as a 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 or 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 percent of the of the statewide MHI based on the most recent census data collected 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 proposed project has the potential 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.

American Recovery and Reinvestment Act (ARRA)

Initially, funding for the OSCF Program will be provided primarily with funds from a federal grant from the United States Environmental Protection Agency to the State Water Board under the ARRA. Under the federal grant agreement, the State Water Board will be required to meet specified timeframes for issuing OSCF grants and expending federal grant funds. Grantees issued OSCF grants using ARRA funds will have to comply with both federal and state requirements, including federal procurement requirements in 40 Code of Federal Regulations parts 30 or 31 as applicable and ARRA-specific reporting and transparency requirements regarding job creation. This section is designed to determine the applicant's readiness to begin the grant project, compliance with federal procurement requirements, and obtain an estimate of the type and number of jobs that will be created by the project.

1. Identify whether the appropriate regulatory agency has approved the applicant's workplan for the response work. If no, move on to question number 3. If yes, answer questions number 2(a) and 2(b).
2. Identify whether the applicant has prepared a "bid package" for the approved response work and whether the applicant has contracted with a contractor for the performance of specific regulatory-approved response sections. If the answer to question number 2(b) is no, describe the status of this contractor selection process and move on to question number 3. If the answer to question number 2(b) is yes, identify whether the applicant used a competitive process to select a contractor for the proposed work for the proposed response work. (Note: If the contractor that developed or drafted the specifications, requirements, statements of work, invitations for bids, or requests for proposals ("bid package") competed for the work, then the applicant did not use a competitive process to select a contractor for the proposed work for the proposed response work.) If no, explain the selection process used and why a competitive process was not used.
3. Applicants for OSCF grant funding available under the ARRA are required to meet federal requirements for selecting their contractor through a competitive bid process. (Note: Applicants who previously received a grant from the Orphan Site Cleanup Account may be eligible for the sole source exception.) The applicant must select the timeframe (less than six months, six months, or six months to one year) in which the applicant expects to implement response actions if determined eligible and a grant is awarded after taking the competitive procurement requirements into account.
4. Applicant must estimate the type and number of jobs that the cleanup will create. Use additional pages and attach them to your application as necessary.
5. Identify the planned redevelopment project for the site (e.g., shopping center). Answer "unknown" if the applicant has not determined the future use of the site and move on to question number 8. If known, answer question number 6.
6. Applicant must estimate the type and number of jobs that will be created during the construction of the planned redevelopment project. Use additional pages and attach them to your application as necessary.
7. Applicant must estimate the type and number of jobs that will be created by the planned redevelopment project. Use additional pages and attach them to your application as necessary.
8. Identify the United States congressional district for the site of this application and the representative for the district.

Applicant Certification

The Applicant Certification Section must be read carefully by the applicant and all co-applicants. The applicant and all co-applicants must fully understand all statements and declarations contained in this section. If the applicant, or any co-applicants, knows that any statement or declaration in this section is untrue, the applicant may be disqualified from the OSCF program.

Health and Safety Code section 25395.20, subdivision (2)(A) states that:

“Brownfield” means property that meets all of the following conditions:

- (i) It is located in an urban area.
- (ii) It was previously the site of an economic activity that is no longer in operation at that location.
- (iii) It has been vacant or has had no occupant engaged in year-round economically productive activities for a period of not less than the 12 months previous to the date of application

Applicant Verification and Signature

Pursuant to OSCF regulations, section 2814.34, all applicants, including any co-applicants, must sign and date the application. If you are filing as a married couple, both spouses must sign and date the application. All signatures must be original. **The OSCF program will not accept any reproduced or copied signatures.** Use additional copies of the signature page if necessary.

If you are signing on behalf of a corporation, partnership, trust, estate, public entity, or other entity type, identify your title as it relates to the applicant/co-applicant to show that you have the authority to sign on behalf of the applicant/co-applicant. You may be required to submit documentation proving that you have the authority to sign on behalf of the applicant/co-applicant.

ORPHAN SITE CLEANUP FUND APPLICATION CHECKLIST

The OSCF 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 copies of all 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 ground water monitoring reports for the last 12 months and provide summary data for ground water monitoring reports prior to the last 12 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 the subject of this application and a regulatory directive requiring a responsible party to initiate response actions.
- 4. **Current photo of the site.**
If the current photo does not show past use of the site, also provide a photo of the past use.

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

- 4. **Payee Data Record**
All applicants with the exception of public agencies must complete and submit a Payee Data Record, Standard State Form 204. (See Appendix A.)
- 5. **Property Ownership**
If the 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 of the property.)**
Submit documentation that identifies an applicant’s authority to access and perform response actions at the subject site (e.g., access agreements or 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. (See Appendix B.)
- 8. **Bid Package**
If the applicant prepared a “bid package” (any procurement solicitation document) for the approved response work, provide a copy of the “bid package” and the names and addresses of contractors to whom the applicant mailed the “bid package.” Submit all bids or other documents that the applicant received in response to the “bid package.”
- 9. **Priority Ranking**
If the applicant qualifies for priority points, submit the information identified in the application instructions.
- 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**
All OSCF applicants are encouraged to sign all OSCF documents personally. Applicants may, however, want a designated representative to sign OSCF documents on the applicant’s behalf. The OSCF will only accept documents signed by the applicant’s representative if the applicant has submitted a Power of Attorney (POA), designating a specific representative to sign and submit documents to the OSCF on the applicant’s behalf. Applicants may use the OSCF-specific POA form that has been provided, a commercially available POA form, or have their own legal counsel prepare a POA for them.
- 12. **Urban Area Explanation**
Provide an explanation that demonstrates the subject site is located in an urban area as identified in the application instructions.

SECTION THREE “IF APPLICABLE” – Applicants are requested to submit the items identified below (if available) if the site cleanup requires response actions exclusively due to the site development process.

- 13. **Site Closure Letter/Case Closure Summary**
Submit a copy of the regulatory agency Site Closure Letter (No Further Action) and Case Closure Summary for the site.

- 14. **Regulatory agency approval letters/Permits**
Submit copies of regulatory agency letters or permits that acknowledge/approve of response work to be conducted at the site as part of the development process and that the response work is necessary to protect human health, safety, and the environment.

PAYEE DATA RECORD

STD. 204 (Rev. 6-2003) (REVERSE)

1	<p><u>Requirement to Complete Payee Data Record, STD. 204</u></p> <p>A completed Payee Data Record, STD. 204, is required for payments to all non-governmental entities and will be kept on file at each State agency. Since each State agency with which you do business must have a separate STD. 204 on file, it is possible for a payee to receive this form from various State agencies.</p> <p>Payees who do not wish to complete the STD. 204 may elect to not do business with the State. If the payee does not complete the STD. 204 and the required payee data is not otherwise provided, payment may be reduced for federal backup withholding and nonresident State income tax withholding. Amounts reported on Information Returns (1099) are in accordance with the Internal Revenue Code and the California Revenue and Taxation Code.</p>								
2	<p>Enter the payee's legal business name. Sole proprietorships must also include the owner's full name. An individual must list his/her full name. The mailing address should be the address at which the payee chooses to receive correspondence. Do not enter payment address or lock box information here.</p>								
3	<p>Check the box that corresponds to the payee business type. Check only one box. Corporations must check the box that identifies the type of corporation. The State of California requires that all parties entering into business transactions that may lead to payment(s) from the State provide their Taxpayer Identification Number (TIN). The TIN is required by the California Revenue and Taxation Code Section 18646 to facilitate tax compliance enforcement activities and the preparation of Form 1099 and other information returns as required by the Internal Revenue Code Section 6109(a).</p> <p>The TIN for individuals and sole proprietorships is the Social Security Number (SSN). Only partnerships, estates, trusts, and corporations will enter their Federal Employer Identification Number (FEIN).</p>								
4	<p style="text-align: center;"><u>Are you a California resident or nonresident?</u></p> <p>A corporation will be defined as a "resident" if it has a permanent place of business in California or is qualified through the Secretary of State to do business in California.</p> <p>A partnership is considered a resident partnership if it has a permanent place of business in California. An estate is a resident if the decedent was a California resident at time of death. A trust is a resident if at least one trustee is a California resident.</p> <p>For individuals and 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 that 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.</p> <p>Payments to all nonresidents may be subject to withholding. Nonresident payees 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 payee are \$1,500 or less for the calendar year.</p> <p>For information on Nonresident Withholding, contact the Franchise Tax Board at the numbers listed below:</p> <table data-bbox="292 1375 1477 1449"><tr><td>Withholding Services and Compliance Section:</td><td>1-888-792-4900</td><td>E-mail address:</td><td>wscs.gen@ftb.ca.gov</td></tr><tr><td>For hearing impaired with TDD, call:</td><td>1-800-822-6268</td><td>Website:</td><td>www.ftb.ca.gov</td></tr></table>	Withholding Services and Compliance Section:	1-888-792-4900	E-mail address:	wscs.gen@ftb.ca.gov	For hearing impaired with TDD, call:	1-800-822-6268	Website:	www.ftb.ca.gov
Withholding Services and Compliance Section:	1-888-792-4900	E-mail address:	wscs.gen@ftb.ca.gov						
For hearing impaired with TDD, call:	1-800-822-6268	Website:	www.ftb.ca.gov						
5	<p>Provide the name, title, signature, and telephone number of the individual completing this form. Provide the date the form was completed.</p>								
6	<p>This section must be completed by the State agency requesting the STD. 204.</p>								
	<p><u>Privacy Statement</u></p> <p>Section 7(b) of the Privacy Act of 1974 (Public Law 93-579) requires that any federal, State, or local governmental agency, which requests an individual to disclose their 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.</p> <p>It is mandatory to furnish the information requested. Federal law requires that payment for which the requested information is not provided is subject to federal backup withholding and State law imposes noncompliance penalties of up to \$20,000.</p> <p>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 that business.</p> <p>All questions should be referred to the requesting State agency listed on the bottom front of this form.</p>								

**ORPHAN SITE CLEANUP FUND
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
- Considering or intend to file insurance claims
- 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: _____

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 FORM

The OSCF program encourages applicants to sign all OSCF documents personally. Applicants may, however, want a designated representative to sign OSCF documents on the applicant's behalf. The OSCF program will only accept documents signed by the applicant's representative if the applicant has submitted a Power of Attorney (POA), designating a specific representative to sign and submit documents to the OSCF program on the applicant's behalf.

Applicants may use the OSCF-specific POA form that has been provided, a commercially available POA form, or have their own legal counsel prepare a POA for them. The OSCF program advises claimants to not designate a consultant or contractor performing work on a project site as the claimant's representative due to the potential for a conflict of interest between the applicant and the consultant or contractor.

Applicants are personally responsible for and will be bound by any assertions made to the OSCF program by the applicant's designated representative pursuant to a POA. If the applicant's designated representative makes a false statement or misrepresentation to the OSCF program, the applicant may be disqualified from the OSCF.

**POWER OF ATTORNEY
FOR AN APPLICATION TO
THE ORPHAN SITE CLEANUP FUND**

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

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 Fund for reimbursement of costs related to the petroleum 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
MUST SIGN

X _____
[Applicant's signature] (Notarized)

[Applicant's Social Security Number/ Tax Identification Number]

x _____
[Applicant's signature] (Notarized)

[Applicant's Social Security Number/ Tax Identification Number]

State of _____ County of _____

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

Signed this _____ day of _____, 20_____

ATTORNEY-IN-FACT
MUST SIGN

X _____
[Attorney-in-fact's signature and telephone number]

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