|  |  |
| --- | --- |
| Minnesota Pollution Control Agency (MPCA), 520 Lafayette Road North, St. Paul, MN 55155-4194 | Drycleaner fund application for reimbursement formDoc Type: Drycleaner Application |

## Instructions:Complete this form to apply for reimbursement from the Drycleaner Environmental Response and Reimbursement Account (Drycleaner Fund). If you have questions regarding the form, the status of the fund, or your application, please contact Jennifer Haas at 651-757-2401 or jennifer.haas@state.mn.us or Sondra Campbell at 651-757-2840 or sondra.campbell@state.mn.us.

**Email an electronic copy** of the completed form and the attachments noted above to: jennifer.haas@state.mn.us.

**Mail** the completed form along with the reimbursement application to:Jennifer Haas, Superfund Section, Minnesota Pollution Control Agency, 520 Lafayette Road North, St. Paul, Minnesota 55155-4194

**Note:** You must attach copies of all invoices, receipts, proof of payment, a site map, a summary of site activities, and a copy of the Response Action Plan approval letter, along with the other documentation detailed in Attachment B.

**Tennessen warning:** It is possible that some of the information that you are being asked to provide on the attachments associated with this form may be classified as private data on individuals (as described in Minn. R. 1205.0200, subp.9, Minn. R. 1205.0400 and Minn. Stat. § 13.02, subd. 12). You are being asked to provide this information to assist the Minnesota Pollution Control Agency (MPCA) in assessing your eligibility for reimbursement from the Drycleaner Fund. You are not legally required to provide the requested information. If you supply the requested information, it will be used to assist the MPCA in processing your application and in assessing your eligibility for reimbursement from the Drycleaner Fund. If you do not supply the requested information, it may be difficult for the MPCA to process your application and to assess your eligibility for reimbursement from the Drycleaner Fund. The not public data that you provide will be available only to those personnel whose work assignments reasonably require access and to those entities/persons authorized by court order or law.

|  |  |
| --- | --- |
| This application is (check one): | [ ]  Initial request [ ]  Subsequent request\* |
| \*If this is a subsequent request, this application is Request No.: |       |  |
| Date of invoices submitted with this application: |       | to |       |  |  |

## Site Identification (where release occurred)

**Site information:**

|  |  |  |  |
| --- | --- | --- | --- |
| MPCA Site name: |       |  |  |
| MPCA Site ID. No.: |       | MPCA Billing ID (AI#): |       |
| Site address: |       | County: |       |
| City: |       | State: |       | Zip: |       |
| Name of shopping center (if applicable): |       | Name of MPCA staff assigned to site: |       |

## Applicant

**Applicant is (check one):**

[ ]  Current or former owner and/or operator of a dry cleaning facility that operated at the property.

|  |  |
| --- | --- |
| Name of dry cleaning facility: |       |
| Date of operation: |       | to |       |

[ ]  Current or former property owner that leased to a dry cleaning facility during the time it operated at the property (a lessor).

|  |  |  |  |
| --- | --- | --- | --- |
| Date of property ownership: |       | to |       |

|  |  |  |  |
| --- | --- | --- | --- |
| Applicant name: |       | Applicant title: |       |
| Business name: |       | Operation name of business (DBA): |       |
| Mailing address: |       | Phone: |       |
| City: |       | State: |    | Zip: |       | Email: |       |
| MN Vendor No.: |       |  |
| *A MN Vendor ID# is required for reimbursement. If you do not have a Vendor ID, one can be set up on the Minnesota Management and Budget website at* [*Registration (state.mn.us)*](https://guest.supplier.systems.state.mn.us/psc/fmssupap/SUPPLIER/ERP/c/NUI_FRAMEWORK.PT_AGSTARTPAGE_NUI.GBL?CONTEXTIDPARAMS=TEMPLATE_ID%3aPTPPNAVCOL&scname=M_REGISTRATION&PanelCollapsible=Y&PTPPB_GROUPLET_ID=M_SUP_USER_REGISTRATION&CRefName=M_NAVCOLL_2&PortalActualURL=https%3a%2f%2fguest.supplier.systems.state.mn.us%2fpsc%2ffmssupap%2fSUPPLIER%2fERP%2fc%2fNUI_FRAMEWORK.PT_AGSTARTPAGE_NUI.GBL%3f%26scname%3dM_REGISTRATION%26PanelCollapsible%3dY%26PTPPB_GROUPLET_ID%3dM_SUP_USER_REGISTRATION%26CRefName%3dM_NAVCOLL_2&PortalRegistryName=SUPPLIER&PortalServletURI=https%3a%2f%2fguest.supplier.systems.state.mn.us%2fpsp%2ffmssupap%2f&PortalURI=https%3a%2f%2fguest.supplier.systems.state.mn.us%2fpsc%2ffmssupap%2f&PortalHostNode=ERP&NoCrumbs=yes&PortalKeyStruct=yes) *and clicking on “Register as a Supplier”.* |

## Grants, reimbursements, insurance, other funding sources

Has anyone else applied for Drycleaner Fund reimbursement related to this site? [ ]  Yes [ ]  No. *If yes, please fill in below.*

|  |  |  |  |
| --- | --- | --- | --- |
| Name of individual or firm: |       | Relationship to applicant: |       |
| Mailing address: |       | Phone: |       |
| City: |       | State: |    | Zip: |       | Email: |       |

|  |
| --- |
| Have you applied for or received a grant or reimbursement from any other program or fund (DEED, Met Council, EPA, local government, other) for environmental investigation or cleanup at this site? [ ]  Yes [ ]  No. *If yes, please answer below questions.* |
| Describe the grant or reimbursement and attach relevant information, including the dollar amount: |
|       |
| Did the applicant have an insurance policy that included pollution coverage at the time of the release? [ ]  Yes [ ]  No. |
| If yes, was a claim filed and what was the result of the claim? |
|       |

## Violations

Have violations of county, state, or federal environmental laws been documented at the site? [ ]  Yes [ ]  No

|  |
| --- |
| If yes, provide a brief description and attach copies of violations. |
|       |

## Contact information (the person that is completing this form)

|  |  |  |  |
| --- | --- | --- | --- |
| Contact name: |       | Business name: |       |
| Address: |       | Phone: |       |
| City: |       | State: |    | Zip: |       | Email: |       |

## Eligibility costs summary table

Use the Cost Detail Worksheets found in Attachment A, then take the total of each category and enter those amounts in the table below.

|  |  |
| --- | --- |
|  | **(Do not write in this space below. It is for MPCA use only.)****Approved Eligible Costs** |
| **Cost category** | **Costs** | **Exclusions and explanations** | **Total costs approved** |
| 1. Environmental consultant services
 |       |  |  |
| 1. Drilling/soil borings/well construction
 |       |  |  |
| 1. Laboratory analyses
 |       |  |  |
| 1. Excavation/disposal/backfill
 |       |  |  |
| 1. Equipment rental/purchasing
 |       |  |  |
| 1. Remediation systems (such as vapor mitigation systems)
 |       |  |  |
| 1. Other costs (i.e., permits, MPCA staff costs, vehicle mileage, private utility locate, surveying)
 |       |  |  |
| **Total amount claimed:** | $0.00 |  |  |

## Certification

**Initial reimbursement request:** I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. I certify that the Commissioner of the Minnesota Pollution Control Agency (MPCA) has approved the response actions taken. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, this application and all of its attachments are, to the best of my knowledge, true, accurate, and complete. I understand that if I receive reimbursement from the Dry Cleaner Account, the Commissioner is subrogated to any insurance coverage that may apply. I further certify that I have the authority to submit this application on behalf of:

|  |  |
| --- | --- |
| Company name: |       |
| Print name: |       | Title: |       |
| Signature: |  | Date (mm/dd/yyyy): |       |

|  |
| --- |
| **Subsequent reimbursement request:** I certify that I have complied with the MPCA Commissioner’s approved response action plan and the response actions were taken as described in the plan: |
| Print name: |       | Title: |       |
| Signature: |  | Date (mm/dd/yyyy): |       |

**Notary**

|  |
| --- |
| Subscribed and sworn to before me this: |
|  | day of |  | , |  |
|  |
| Notary Public |
|  |
| My Commission Expires |

**Attachment A**

**Drycleaner Fund Application**

**Cost Detail Worksheet**

1. **Environmental consulting services**

Enter the total onto **line A of the Eligible Costs Summary Table 1** of the application. If more space is needed, please enter additional information into Table 2 on the next page.

**Table 1**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Firm name** | **Invoice No.** | **Description** | **Unit cost** | **Total units** | **Subtotal** |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
| **Total cost for environmental consultant services (Table 1):** | $0.00 |

1. **Table 2**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Firm name** | **Invoice No.** | **Description** | **Unit cost** | **Total units** | **Subtotal** |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
| **Total cost for environmental consultant services (Table 2):** | $0.00 |

**Total cost for Section A (Table 1 + Table 2)**

|  |  |
| --- | --- |
| **Total cost for environmental consultant services (Table 1):** |       |
| **Total cost for environmental consultant services (Table 2):** |       |
| **TOTAL (Table 1 + Table 2):** | $0.00 |

1. **Drilling/soil borings/monitoring well installation**

Enter the total onto **line B of the Eligible Costs Summary Table** of the application.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Subcontractor name** | **Subcontractor Invoice No.** | **Description** | **Unit cost** | **Total units** | **Subtotal** |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
| **Total cost for drilling/soil borings/monitoring well installation:** | $0.00 |

1. **Laboratory analyses costs**

Enter the total onto **line C of the Eligible Costs Summary Table** of the application.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name of laboratory** | **Laboratory invoice #** | **Corresponding consulting services Invoice No.** | **Description** | **Unit cost** | **Total units** | **Subtotal** |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|  | **Total cost for laboratory analyses:**  | $0.00 |

1. **Excavation/disposal/backfill**

Enter the total onto **line D of the Eligible Costs Summary Table** of the application.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Firm name** | **Invoice No.** | **Description** | **Unit cost** | **Total units** | **Subtotal** |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
| **Total cost for Section D (excavation + disposal + backfill):** | $0.00 |

1. **Equipment rental or purchase**

Enter the total for each category onto **line E of the Eligible Costs Summary Table** of the application.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Firm name** | **Invoice No.** | **Corresponding consulting services Invoice No.** | **Description** | **Unit cost** | **Total units** | **Subtotal** |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|  | **Total cost for equipment rental or purchase:** | $0.00 |

1. **Remediation systems**

Enter the total onto **line F of the Eligible Costs Summary Table** of the application.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Firm name** | **Invoice No.** | **Corresponding consulting services Invoice No.** | **Description** | **Unit cost** | **Total units** | **Subtotal** |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|  | **Total cost for remediation systems:** | $0.00 |

1. **Other costs (i.e., permits, MPCA staff costs, vehicle mileage, private utility locate, surveying)**

Enter the total onto **line G of the Eligible Costs Summary Table** of theapplication.

| **Firm name** | **Invoice No.** | **Corresponding consulting services Invoice No.** | **Description** | **Unit cost** | **Total units** | **Subtotal** |
| --- | --- | --- | --- | --- | --- | --- |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|  | **Total for other costs:**  | $0.00 |

Attachment B

Drycleaner Fund Application Requirements

Drycleaner Fund Applications are added to the reimbursement list when they meet the following criteria:

* The Application must be completed in full;
* The Application must request reimbursement for eligible costs only; and
* The Application must include all required documents, as follows:
	+ A complete Drycleaner Fund application form, including the applicant’s notarized signature.
	+ Site map(s) showing the locations of significant features at the Site, including, but not limited to: structures, sample locations, excavations, and mitigation areas.
	+ A summary of site activities.
	+ A copy of the Response Action Plan approval letter.
	+ Justification of hourly billing rates for environmental consulting staff, including education, years of experience and classification, as defined in Drycleaner Fund Rules: [Minn. R. 7152.0100](https://www.revisor.mn.gov/rules/7152.0100/).
	+ Detailed invoices, including:
* Tasks performed, listed separately;
* Name of consulting staff that performed each task;
* Name and date of associated reports and submittals;
* Proof of payment (with non-public personal information such as an individual’s bank account number redacted).
	+ Eligible costs, as defined in [Minn. R. 7152.0500](https://www.revisor.mn.gov/rules/7152.0500/). Eligible costs include:
* Site investigation, such as collecting and analyzing soil, soil vapor, and groundwater samples;
* Response actions, such as installation of vapor mitigation systems or removal, treatment, or disposal of soil;
* Preparation of reports required by the MPCA. Examples include Phase I, Phase II, Response Action Plan (RAP), and RAP Implementation reports;
* Costs determined to be reasonable by MPCA staff.
	+ Ineligible costs must not be included in your application. Failure to remove ineligible costs will result in rejection or a delay in processing your application. Ineligible costs include:
* Preparation of applications (such as Drycleaner Fund, Brownfield or Superfund applications);
* Preparation of invoices for services provided or performed (including billing or accounting work);
* Costs for site improvements (building demolition, excavation/off-site disposal of soil for development-related reasons like a change to the building footprint);
* Costs associated with a change in property use, if the new property use results in cleanup costs that would not have otherwise been required (for example, converting a drycleaner to a childcare facility);
* Hourly environmental consulting rates that exceed the maximum allowable hourly rates. Hourly rates must be reduced to rates consistent with the Rules;
* Hourly rates for consultant services when the rate charged for the services is higher than the level of consulting services required to perform the task (for example, charging senior-level professional hourly rates for sampling monitoring wells or conducting field work) must be reduced to rates consistent with the task performed;
* Costs for work done solely to facilitate a property transfer or refinance;
* Consultant markup charges (including technology fees);
* Bills that include more hours than were actually or reasonably spent performing the service;
* Mileage billed at rates above IRS rates;
* Trip or vehicle usage charges;
* Investigation or response actions unrelated to the dry cleaning facility (such as construction of a stormwater drainage project, septic tank removal, removal/disposal of asbestos pipe);
* Lab analyses for compounds that are not drycleaner-related (i.e., metals, PAHs, asbestos, DRO);
* Priority turnaround of laboratory analysis (unless requested by the MPCA Commissioner in writing);
* Costs for repair, replacement or upgrade of a facility or equipment (removal of dry cleaning equipment, disposal of dry cleaning chemicals);
* Reports not submitted or required by the MPCA;
* Costs for work that must be redone due to workmanship that fails to meet industry standards;
* Costs reimbursed by insurance;
* Late payment fees;
* Interest costs;
* Attorney fees;
* Costs resulting from illegal actions.