

SECTION 128(A) ASBESTOS CLEANUP PROGRAM APPLICATION FORM

THIS PROGRAM IS ONLY AVAILABLE TO LOCAL GOVERNMENTS, NON-PROFIT ORGANIZATIONS, OR OTHER PUBLIC BODIES WITH AN INTEREST IN REDEVELOPMENT. PRIVATE LAND OR BUSINESS OWNERS ARE NOT ELIGIBLE TO APPLY. THE APPLICANT MUST OWN THE PROPERTY OF CONCERN WHEN SUBMITTING THE APPLICATION. ALL BLANKS MUST BE FILLED IN. IF AN ITEM DOES NOT APPLY OR IS UNKNOWN, WRITE "NA" OR "UNKNOWN" IN THE APPROPRAITE FIELD. INCOMPLETE FORMS OR FORMS MISSING THE REQUIRED DOCUMENTATION WILL BE DENIED AND RETURNED TO THE APPLICANT.

ALL RECIPIENTS OF FERERALLY FUNDED SUBAWARDS MUST OBTAIN A UNIQUE ENTITY IDENTIFIER (UEI). A UEI MAY BE OBTAINED FREE OF CHARGE AT THE SYSTEM FOR AWARD MANAGEMENT (SAM) <http://www.sam.gov>. **THE APPLICANT'S NAME AND UEI ON THE APPLICATION MUST MATCH THE REGISTERED NAME AND UEI IN SAM OR THE APPLICATION WILL BE REJECTED.**

APPLICANT INFORMATION			
APPLICANT NAME:		UEI:	
ADDRESS:		COUNTY:	
CITY:	STATE:	ZIP CODE:	
CONTACT PERSON:	PHONE:	E-MAIL:	
PROPERTY OWNERSHIP			
PROOF OF PROPERTY OWNERSHIP BY THE APPLICANT IS REQUIRED PRIOR TO APPROVAL OF THE APPLICATION. PLEASE INDICATE ANY DOCUMENTATION SUBMITTED WITH THIS APPLICATION IN ACCORDANCE WITH THIS REQUIREMENT.			
<input type="checkbox"/> CERTIFICATE OF TITLE <input type="checkbox"/> COUNTY ASSESSOR RECORD <input type="checkbox"/> OTHER (SPECIFY):			
DID APPLICANT OBTAIN THE PROPERTY THROUGH:			
<input type="checkbox"/> PURCHASE <input type="checkbox"/> FORECLOSURE <input type="checkbox"/> GIFT/DONATION <input type="checkbox"/> OTHER (SPECIFY):			
DATE PROPERTY OBTAINED:		NAME FROM WHOM PROEPRTY WAS ACQUIRED:	
NATURE OF RELATIONSHIP WITH SELLER:			
NATURE OF OWNERSHIP			
<input type="checkbox"/> FEE SIMPLE <input type="checkbox"/> OTHER (SPECIFY)			
NATIONAL HISTORIC REGISTER			
WRITTEN DOCUMENTATION FROM THE NEBRASKA STATE HISTORIC PRESERVATION OFFICE (SHPO) AFFIRMING THAT THE PROPERTY OF CONCERN IS NOT ON OR ELIGIBLE TO BE ON THE NATIONAL REGISTER OF HISTORIC PLACES OR THAT ASBESTOS CLEANUP MAY PROCEED AT THE PROPERTY OF CONCERN IF THE PROEPRTY OF CONCERN IS DETERMINED TO BE OF HISTORICAL SIGNIFICANCE MUST BE INCLUDED WITH THE APPLICATION. ANY APPLICATION SUBMITTED WITHOUR WRITTEN DOCUMENTATION FROM SHPO WILL BE REJECTED. https://history.nebraska.gov/historic-preservation/			
<input type="checkbox"/> I HAVE INCLUDED THE NECESSARY SHPO DOCUMENTATION WITH THIS APPLICATION.			
CERTIFICATION STATEMENT			
As applicant or an authorized individual representing the applicant (the undersigned), I certify that the foregoing information on this application and accompanying documents, estimates, and other descriptive information are true and accurate to the best of my knowledge and belief.			
<input type="checkbox"/> This form has been completed and reviewed by the person(s) noted and signatures applied below.			
<input type="checkbox"/> In completing and signing this form, the following is understood:			
<ul style="list-style-type: none"> ✓ I agree to provide all applicable information to properly identify the property of concern. ✓ I will provide truthful and timely responses to inquiries made by NDEE about the property of concern. ✓ I have received written documentation from the Nebraska State Historic Preservation Office (SHPO) that the property of concern is not on or eligible to be on the National Register of Historic places, or I have received written permission from SHPO to proceed with asbestos cleanup if the property is determined to be of historical significance. ✓ I will provide to NDEE proof of ownership of the property. ✓ The Section 128(a) Asbestos Cleanup Grant is a matching cost-share grant. NDEE will reimburse 50% of the total cost of asbestos removal and disposal up to \$20,000. ✓ The property must meet the definition of a brownfield (i.e., the property is vacant and/or blighted, and the presence of asbestos containing materials is hindering redevelopment and productive reuse of the property). ✓ I will provide to NDEE any asbestos survey reports completed for the property of concern if not completed by NDEE. ✓ Approval of this application requires the applicant to enter into an Intergovernmental Agreement (IGA) with NDEE that outlines the applicant's responsibilities in the program. Any work conducted prior to the execution of the IGA is not eligible for reimbursement in the program. 			
Name of Authorized Applicant			Title
Signature			Date

PROPERTY/FACILITY INFORMATION										
PROPERTY/FACILITY NAME:										
ADDRESS:						PID(S):				
CITY:		STATE:		NE	ZIP CODE:		COUNTY:			
LEGAL DESCRIPTION:										
PROPERTY/FACILITY MAILING ADDRESS (if different than location)										
ADDRESS:										
CITY:			STATE:		ZIP CODE:					
PROPERTY/FACILITY CONTACT INFORMATION (if different than applicant)										
NAME:				E-MAIL:			PHONE:			
ADDITIONAL PROPERTY INFORMATION										
LATITUDE (in decimal degrees):							LONGITUDE (in decimal degrees):			
PROPERTY ZONING							TOTAL ACREAGE OF PROPERTY			
ATTACH SITE MAP (AERIAL IMAGE, SITE MAP, LEGAL PLAT MAP, ETC.) IF AVAILABLE										
PAST PROPERTY USE (TYPE OF MANFACUTING, OPERATION, ETC.)							APPROXIMATE DATES			
BUILDING BEING CLEANED UP			SQUARE FOOTAGE		CONDITON (usable, poor, gutted, etc.)			YEAR BUILT		
<p>HAVE PRIOR ENVIRONMENTAL SITE ASSESSMENT ACTIVITES BEEN COMPLETED AT THE PROPERTY OF CONCERN? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN</p> <p>IF YES IS SELECTED, DESCRIBE CONCLUSIONS OF PRIOR SITE ASSESSMENT ACTIVITIES BELOW OR ATTACH THE CONCLUSION SECTION OF EACH REPORT. IF REPORTS ARE UNAVAILABLE, IDENTIFY THE CONSULTANT, CLIENT, AND THE APPROXIMATE DATE OF STUDY:</p>										
<p>IS THERE ANY REASON TO BELIEVE THE PROPERTY IS CONTAMINATED WITH:</p> <p><input type="checkbox"/> HAZARDOUS SUBSTANCE, POLLUTANT, OR CONTAMINANT <input type="checkbox"/> PETROLEUM PRODUCTS <input type="checkbox"/> CONTROLLED SUBSTANCES <input type="checkbox"/> MINE-SCARRED LAND</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN</p> <p><i>(Common examples of hazardous substances include solvents/degreasers, pesticides, metals (lead, mercury, arsenic, etc.), PCBs, grain fumigants, and paint/paint wastes. Common examples of controlled substances include methamphetamines, & other illegal drugs)</i></p> <p>DESCRIBE LIST OF SUSPECTED CONTAMINANTS/ENVIRONMENTAL CONCERNS:</p>										

DID APPLICANT:

- (1) GENERATE OR DISPOSE OF ANY OF THE CONTAMINANTS? YES (describe below) NO UNKNOWN
(2) OWN THE PROPERTY WHEN THE CONTAMINATION OCCURRED? YES (describe below) NO UNKNOWN

IS APPLICANT AWARE OF ANY FEDERAL, STATE, OR LOCAL AGENCY INQUIRY OR ORDER REGARDING ANY PARTY'S RESPONSIBILITY FOR CONTAMINATION OR HAZARDOUS WASTE AT THE PROPERTY OF CONCERN?

YES (describe below) NO

BRIEFLY DESCRIBE INVOLVEMENT/ROLE OF AGENCY IN ENFORCEMENT AND/OR OVERSIGHT OF THE INQUIRY OR ORDER: N/A

PROPERTY ELIGIBILITY QUESTIONS

1. DESCRIBE DIFFICULTIES RELATED TO PERCEIVED CONTAMINATION THAT HAVE HINDERED REUSE OF THE PROPERTY.

2. DESCRIBE THE CURRENT USE AND FUTURE REDEVELOPMENT/REUSE OF THE PROPERTY.

3. DESCRIBE ANY FINANCIAL INCENTIVES PLANNED TO SPUR DEVELOPMENT AND/OR CLEANUP AND THE PROPOSED FUNDING SOURCES (*e.g., tax increment financing, other tax incentives, local funding, grants, donations, etc.*)

3. DESCRIBE HOW THE SITE REDEVELOPMENT OR REUSE WILL PROMOTE THE GENERAL WELFARE OF THE COMMUNITY, SUCH AS JOB CREATION, INCREASE IN TAX BASE, GREENSPACE, ETC. (*Ability to quantify the projected outcomes will enhance your application. Please consider using the Redevelopment/Reuse Outcomes Worksheet to develop your answer.*)

4. IF APPLICABLE, DESCRIBE THE LEVEL OF COMMUNITY INVOLVEMENT REGARDING THE PROPOSED REDEVELOPMENT/REUSE PLAN.

SUBMIT COMPLETED FORMS TO: ndee.vcpbrownfields@nebraska.gov

FOR MORE INFORMATION, PLEASE CONTACT THE BROWNFIELDS COORDINATOR AT (402) 471-6411

Nebraska Department of Environment and Energy

Monitoring and Remediation Division

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Lincoln, NE 68521

<http://dee.ne.gov>