



**New Jersey Department of Environmental Protection**  
 Site Remediation Program

**HAZARDOUS DISCHARGE SITE REMEDIATION FUND**  
**- PART I**

Non-LSRP (Existing Cases)     LSRP     Subsurface Evaluator

Date Stamp  
 (For Department use only)

**SECTION A. REQUESTED FUNDING TYPE AND AMOUNT**

PLEASE CHECK HERE IF INITIAL APPLICATION HAS BEEN SUBMITTED

**Public Entity**

- Brownfield Development Area Grant ..... \$ \_\_\_\_\_
- PA/SI/RI Grant ..... \$ \_\_\_\_\_
- 75% Matching RA Grant (Recreation/Conservation) ..... \$ \_\_\_\_\_
- 75% Matching RA Grant (Renewable Energy) ..... \$ \_\_\_\_\_
- 50% Matching RA Grant (Affordable Housing) ..... \$ \_\_\_\_\_
- 25% Matching RA Grant (Unlimited/Limited Restricted Use) ..... \$ \_\_\_\_\_
- 25% Matching RA Grant (Use of Innovative Technology) ..... \$ \_\_\_\_\_
- Loan ..... \$ \_\_\_\_\_

**Private Entity**

- Innocent Party Grant ..... \$ \_\_\_\_\_
- 25% Matching RA Grant (Unlimited/Limited Restricted Use) ..... \$ \_\_\_\_\_
- 25% Matching RA Grant (Use of Innovative Technology) ..... \$ \_\_\_\_\_
- Loan ..... \$ \_\_\_\_\_

**Non-Profit**

- PA/SI/RI Grant ..... \$ \_\_\_\_\_

**SECTION B. APPLICANT INFORMATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

Individual: Social Security Number: \_\_\_\_\_

Businesses: Tax ID Number: \_\_\_\_\_ SIC: \_\_\_\_\_ NIAC: \_\_\_\_\_

**SECTION C. CONTACT INFORMATION**

Check here if contact information is the same as Section B above (proceed to Section D)

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Affiliation: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

**SECTION D. SITE OWNERSHIP INFORMATION**

Check here if site ownership information is the same as Section B above (proceed to Section E)

Name of Site Owner: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**SECTION E. SITE INFORMATION** (location where remediation will be conducted)

Name of Site (as identified on NJDEP’s Known Contaminated Site List): \_\_\_\_\_

PI (Program Interest) Number: \_\_\_\_\_ Acreage: \_\_\_\_\_

Other Site Names (A.K.A.): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Block: \_\_\_\_\_ Lot: \_\_\_\_\_

**SECTION F. NJDEP OVERSIGHT DOCUMENT**

Is the Applicant (or any other party) currently performing a remediation at the site under an existing DEP oversight document (i.e., Memorandum of Agreement or Administrative Consent Order), the Industrial Site Recovery Act (ISRA) or the Underground Storage Tank (UST) program? .....  Yes  No

If “Yes,” provide Case Manager Name: \_\_\_\_\_ Case No: \_\_\_\_\_

**SECTION G. CONSULTANT INFORMATION**

Is the contracted consultant a Licensed Site Remediation Profession (LSRP)? .....  Yes  No

If “Yes,” please provide LSRP Name: \_\_\_\_\_ License No: \_\_\_\_\_

**SECTION H. VIOLATIONS, PENALTIES & FEES**

Any applicant that is not in compliance with all applicable DEP regulation must submit a written description and explanation for noncompliance including a list of **all** violations and outstanding fees and penalties to be provided below. Applicant’s must specify whether the violations, fees or penalties are currently being contested in a manner prescribed by law and whether the violations, fees and penalties resulted from a lack of financial resources to perform required remediation.

**SECTION I. OTHER FUNDING SOURCES**

Indicate all other sources of financial assistance sought for the remediation of the site.

Check here if no other funding sought

Insurance Coverage

NJRA Brownfield Redevelopment Initiative

UST Fund

Green Acres

75% Brownfield Reimbursement

NJ Environmental Infrastructure Trust

Other – Explain: \_\_\_\_\_

**SECTION J. SCOPE OF WORK (SOW)**

Attach SOW to application.

Name of Company Preparing SOW: \_\_\_\_\_

Preparer: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**SECTION K: COST ESTIMATE**

Attach Cost Estimate (prepared in the format outlined in Part VI) to application.

**SECTION L. DEMONSTRATION OF NEED FOR LOAN APPLICANTS**

Loan applicants must demonstrate that they cannot obtain commercial funding by submitting **two** denial letters from a lending institution. Provide letters with application.

**SECTION M. FINANCIAL INFORMATION** (Private Entities, Except for Innocent Party Applicants)

Homeowners must submit Federal tax returns for the last three years. Businesses and private matching grant applicants must attach business, as well as personal, financial statements for the last three years. Provide financial information with application.

**SECTION N. NON-LSRP SITE REMEDIATION PROFESSIONAL STATEMENT**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

*I believe that the information contained herein, and including all attached documents, is true, accurate and complete.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name/Title: \_\_\_\_\_ **No Changes Since Last Submittal**

Company Name: \_\_\_\_\_

Completed forms should be sent to:

Bureau of Case Assignment & Initial Notice  
Site Remediation Program  
NJ Department of Environmental Protection  
401-05H  
PO Box 420  
Trenton, NJ 08625-0420

**SECTION N. LICENSED SITE REMEDIATION PROFESSIONAL INFORMATION AND STATEMENT**

LSRP ID Number: \_\_\_\_\_  
First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Email Address: \_\_\_\_\_

This statement shall be signed by the LSRP who is submitting this notification in accordance with SRRRA Section 16 d. and Section 30 b.2.

*I certify that I am a Licensed Site Remediation Professional authorized pursuant to N.J.S.A. 58:10C to conduct business in New Jersey. As the Licensed Site Remediation Professional of record for this remediation, I:*

**[SELECT ONE OR BOTH OF THE FOLLOWING AS APPLICABLE]:**

- directly oversaw and supervised all of the referenced remediation, and\or*
- personally reviewed and accepted all of the referenced remediation presented herein.*

*I believe that the information contained herein, and including all attached documents, is true, accurate and complete.*

*It is my independent professional judgment and opinion that the remediation conducted at this site, as reflected in this submission to the Department, conforms to, and is consistent with, the remediation requirements in N.J.S.A. 58:10C-14.*

*My conduct and decisions in this matter were made upon the exercise of reasonable care and diligence, and by applying the knowledge and skill ordinarily exercised by licensed site remediation professionals practicing in good standing, in accordance with N.J.S.A. 58:10C-16, in the State of New Jersey at the time I performed these professional services.*

*I am aware pursuant to N.J.S.A. 58:10C-17 that for purposely, knowingly or recklessly submitting false statement, representation or certification in any document or information submitted to the board or Department, etc., that there are significant civil, administrative and criminal penalties, including license revocation or suspension, fines and being punished by imprisonment for conviction of a crime of the third degree.*

LSRP Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
LSRP Name/Title: \_\_\_\_\_ **No Changes Since Last Submittal**   
Company Name: \_\_\_\_\_

Completed forms should be sent to:

Bureau of Case Assignment & Initial Notice  
Site Remediation Program  
NJ Department of Environmental Protection  
401-05H  
PO Box 420  
Trenton, NJ 08625-0420

**SECTION N. SUBSURFACE EVALUATOR UST REPORT CERTIFICATION FORM**

Facility Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_  
Facility Street Address: \_\_\_\_\_  
Municipality: \_\_\_\_\_ (Township, Borough or City)  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Block # _____	Lot # _____	Block # _____	Lot # _____
Block # _____	Lot # _____	Block # _____	Lot # _____
Block # _____	Lot # _____	Block # _____	Lot # _____
Block # _____	Lot # _____	Block # _____	Lot # _____
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Block # _____	Lot # _____	Block # _____	Lot # _____
Block # _____	Lot # _____	Block # _____	Lot # _____
Block # _____	Lot # _____	Block # _____	Lot # _____

Owner's (or Responsible Party's) Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
Municipality: \_\_\_\_\_ (Township, Borough or City)  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Assigned Case Manager: \_\_\_\_\_ UST Registration Number: \_\_\_\_\_  
Incident Report Number: \_\_\_\_\_ TMS Number: \_\_\_\_\_

**Certification by the Subsurface Evaluator:**  
*I certify under penalty of law that the work was performed under my oversight and I have reviewed the report and all attached documents, and the submitted information is true, accurate and complete in accordance with the requirements of N.J.A.C. 7:14B and N.J.A.C. 7:26E. I am aware that there are significant civil and criminal penalties for submitting false, inaccurate or incomplete information including fines and/or imprisonment.*

Name: \_\_\_\_\_ UST Cert. No.: \_\_\_\_\_  
Firm: \_\_\_\_\_ Firm's UST Cert. Number: \_\_\_\_\_  
Firm Address: \_\_\_\_\_  
City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**No Changes Since Last Submittal**

Completed forms should be sent to:  
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PO Box 420  
Trenton, NJ 08625-0420



**New Jersey Department of Environmental Protection  
Site Remediation Program**

**HDSRF APPLICATION – GENERAL CERTIFICATION – PART II**

THIS CERTIFICATION IS REQUIRED TO BE COMPLETED BY ALL APPLICANTS

This certification shall be signed as follows:

for a corporation, by a principal executive officer, at least the level of vice president;

for a partnership, by a general partner;

for a sole proprietorship, by the proprietor;

for other than above (i.e. homeowner/individual), the person with legal responsibility for the site.

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete. I am aware that there are significant civil penalties for knowingly submitting false, inaccurate or incomplete information and that I am committing a crime of the fourth degree if I make a written false statement which I do not believe to be true. I am aware that if I knowingly direct or authorize the violation of any statute, I am personally liable for the penalties.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name/Title

\_\_\_\_\_  
Company

**Sworn to and Subscribed Before Me**

On this date of

\_\_\_\_\_  
Notary



New Jersey Department of Environmental Protection  
Site Remediation Program

**HDSRF APPLICATION – INNOCENT PARTY GRANT CERTIFICATION – PART III**

THIS CERTIFICATION IS REQUIRED FOR ALL APPLICANTS APPLYING FOR AN INNOCENT PARTY GRANT

This certification shall be signed as follows:

- for a corporation, by a principal executive officer, at least the level of vice president;
- for a partnership, by a general partner;
- for a sole proprietorship, by the proprietor;
- for other than above (i.e. homeowner/individual), the person with legal responsibility for the site.

I hereby certify that

- A) The requestor acquired the property prior to December 31, 1983;
- B) I own and will continue to own the property until NJEDA approves the grant;
- C) The hazardous substance or hazardous waste that was discharged at the property was not used by the requestor or by any person with permission to use the site from the requestor; and
- D) The requestor, or any person with permission to use the site from the requestor, did not discharge any hazardous substance or hazardous waste at an area where a discharge is discovered.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name/Title

\_\_\_\_\_  
Company

**Sworn to and Subscribed Before Me**

On this date of

\_\_\_\_\_

\_\_\_\_\_  
Notary



**New Jersey Department of Environmental Protection  
Site Remediation Program**

**HDSRF APPLICATION – 25% MATCHING RA GRANT CERTIFICATION – PART IV**

THIS CERTIFICATION IS REQUIRED FOR ALL PRIVATE ENTITY APPLICANTS APPLYING FOR A 25% MATCHING RA GRANT

This certification shall be signed as follows:

- For a corporation, by a principal executive officer, at least the level of vice president;
- for a partnership, by a general partner;
- for a sole proprietorship, by the proprietor;
- for other than above (i.e. homeowner/individual), the person with legal responsibility for the site.

I hereby certify that

- A) The requestor has a net worth of not more than \$2,000,000 at the time the relevant costs are incurred; and
- B) The requestor will implement a remedial action using an innovative technology or a limited restricted or unrestricted use remedial action.

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Signature

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Name/Title

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Company

**Sworn to and Subscribed Before Me**

On this date of

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Notary



New Jersey Department of Environmental Protection
Site Remediation Program

HDSRF APPLICATION – MUNICIPAL QUESTIONNAIRE – PART V

THIS INFORMATION IS REQUIRED FOR ALL PUBLIC ENTITIES APPLICANTS

In order to expedite the processing of grant or loan application for public entities at the NJEDA, complete this Preliminary Questionnaire and return it to the NJDEP as part of the HDSRF application. NJDEP will forward this information to the NJEDA once your application has been approved. If you have any questions about available financial assistance, call the NJEDA at (609) 341-2723.

1. Applicant: \_\_\_\_\_
Project Name: \_\_\_\_\_

2. Indicate the estimated project start date. (Note that projects may not start until after receiving NJDEP approval.)
Start Date: \_\_\_\_\_

3. List the current owner of the project site: \_\_\_\_\_

4. If you are not the owner, do you hold a tax sales certificate for the property? ..... [ ] Yes [ ] No
When was the tax sale certificate obtained? Date: \_\_\_\_\_

PROVIDE A COPY OF PROPERTY OWNERSHIP, SUCH AS TAX SALE CERTIFICATE, FORECLOSURE PAPERS, ETC. WITH THIS APPLICATION.

If the municipality does not currently own the property or hold a tax sale certificate, has the municipality passed a resolution indicating an intent to acquire the property? ..... [ ] Yes [ ] No
When was the resolution passed? Date: \_\_\_\_\_

5. Describe any pending or threatened litigation related to the project site.

6. Describe any other pending issues that could delay grant/loan closing.

7. If the financial assistance for which you are applying will not cover the full cost of your project, such as the removal of underground storage tanks, identify other funding sources:
[ ] Issuance of Bonds \$ \_\_\_\_\_
[ ] Capital Budget Expenditure \$ \_\_\_\_\_
[ ] Other, please describe \_\_\_\_\_

**LOAN APPLICANTS, ANSWER QUESTIONS 8 THROUGH 11:**

8. Indicate the length of term, up to ten years, you desire for this loan. (Note that this term must be coterminous with all additional project financing.) \_\_\_\_\_ Years

9. Indicate if your municipality will need Local Finance Board Approval to participate in this program (i.e. are you within your legal debt limit?).....  Yes  No  
If "Yes," please state reason below.

10. If you currently hold a tax sale certificate or have acquired the site through foreclosure, do you intend to sell the remediated property and return it to your tax rolls within the next two years?.....  Yes  No

11. If you answered yes to question 10, indicate whether you would like a moratorium on principal and interest payments up to a maximum of two years. ....  Yes  No  
If "Yes," I request a payment moratorium of \_\_\_\_\_ years

12. Provide additional comments in the space below.

Certification: By their signature below, the undersigned, a duly authorized representative of the above unit of local government, hereby certifies on behalf of the local government that the information contained herein is true, complete and correct in all respects as of the date hereof.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (print): \_\_\_\_\_

Title: \_\_\_\_\_



**New Jersey Department of Environmental Protection  
Site Remediation Program**

**HDSRF APPLICATION – COST ESTIMATE FORMAT – PART VI**

Please use spreadsheet file.



**New Jersey Department of Environmental Protection  
Site Remediation Program**

**HDSRF APPLICATION CHECKLIST – PART VII**

This following checklist has been provided to assist you in preparing a HDSRF application for each specific grant and/or loan offered by the program. Please review the checklist for the applicable grant and/or loan to verify all required documentation has been included as part of the application package.

**PUBLIC ENTITIES**

**Brownfield Development Area (BDA) Grant**

- HDSRF Application form (Part I)
- HDSRF General Certification (Part II)
- Municipal Questionnaire (Part V)
- Detailed remediation Scope of Work and itemized cost estimate (Part VI)
- Comprehensive redevelopment plan or resolution (indicating a realistic opportunity exists to develop within three years following completion of the remediation)
- Resolution indicating the public entity is authorized to apply to HDSRF for the remediation of a discharge or suspected discharge
- One original and one copy of the HDSRF application packet

**PA/SI/RI Grant**

- HDSRF Application form (Part I)
- HDSRF General Certification (Part II)
- Municipal Questionnaire (Part V)
- Detailed remediation Scope of Work and itemized cost estimate (Part VI)
- Proof of ownership interest (tax sale certificate, deed, or resolution to acquire property by voluntary conveyance)
- Resolution indicating the public entity is authorized to apply to HDSRF for the remediation of a discharge or suspected discharge
- Comprehensive redevelopment plan or resolution (indicating a realistic opportunity exists to develop within three years following completion of the remediation)
- One original and one copy of the HDSRF application packet

**75% Matching RA Grant (Recreation/Conservation)**

- HDSRF Application form (Part I)
- HDSRF General Certification (Part II)
- Municipal Questionnaire (Part V)
- Detailed remediation Scope of Work and itemized cost estimate (Part VI)
- Resolution indicating the public entity is authorized to apply to HDSRF for the remediation of a discharge or suspected discharge
- Documentation indicating the property is to be preserved for recreation/conservation by conveyance of a development easement, conservation easement, or other restriction/easement permanently restricting development
- Comprehensive plan for the development or redevelopment of the subject property
- One original and one copy of the HDSRF application packet

**75% Matching RA Grant (Renewable Energy)**

- HDSRF Application form (Part I)
- HDSRF General Certification (Part II)
- Municipal Questionnaire (Part V)
- Detailed remediation Scope of Work and itemized cost estimate (Part VI)
- Resolution indicating the public entity is authorized to apply to HDSRF for the remediation of a discharge or suspected discharge

**75% Matching RA Grant (Renewable Energy) (continued)**

- Documentation indicating the property is to be redeveloped for a project that will generate renewable energy.
- Comprehensive plan for the development or redevelopment of the subject property
- One original and one copy of the HDSRF application packet

**50% Matching RA Grants (Affordable Housing)**

- HDSRF Application form (Part I)
- HDSRF General Certification (Part II)
- Municipal Questionnaire (Part V)
- Detailed remediation Scope of Work and itemized cost estimate (Part VI)
- Resolution indicating the public entity is authorized to apply to HDSRF for the remediation of a discharge or suspected discharge
- Copy of the deed for the property indicating the the inclusion of the appropriate restrictions for Affordable Housing
- Comprehensive plan for the development or redevelopment of the subject property
- One original and one copy of the HDSRF application packet

**25% RA Matching Grants (Unrestricted/Limited Restricted Use)**

- HDSRF Application form (Part I)
- HDSRF General Certification (Part II)
- Municipal Questionnaire (Part V)
- Detailed remediation Scope of Work and itemized cost estimate (Part VI)
- Copy of the RAWP proposing remedy or DEP approval letter for the proposed remedial action
- Proof of ownership of the subject property (copy of the Deed)
- Resolution indicating the public entity is authorized to apply to HDSRF for the remediation of a discharge or suspected discharge
- Comprehensive redevelopment plan or resolution (indicating a realistic opportunity exists to develop within three years following completion of the remediation)
- One original and one copy of the HDSRF application packet

**25% Matching RA Grants (Innovative Technology)**

- HDSRF Application form (Part I)
- HDSRF General Certification (Part II)
- Municipal Questionnaire (Part V)
- Detailed remediation Scope of Work and itemized cost estimate (Part VI)
- Copy of the Department approval letter for the proposed innovative technology as a remedial action
- Proof of ownership of the subject property (copy of the Deed)
- Resolution indicating the public entity is authorized to apply to HDSRF for the remediation of a discharge or suspected discharge
- Comprehensive redevelopment plan or resolution (indicating a realistic opportunity exists to develop within three years following completion of the remediation)
- One original and one copy of the HDSRF application packet

**Loans**

- HDSRF Application form (Part I)
- HDSRF General Certification (Part II)
- Municipal Questionnaire (Part V)
- Detailed remediation Scope of Work and itemized cost estimate (Part VI)
- Copy of the Department approval letter for the proposed remedial action
- Comprehensive redevelopment plan or resolution (indicating a realistic opportunity exists to develop within three years following completion of the remediation)
- One original and one copy of the HDSRF application packet

## PRIVATE ENTITIES

### Innocent Party Grants

- HDSRF Application form (Part I)
- HDSRF General Certification (Part II)
- HDSRF Innocent Party Grant Certification (Part III)
- Proof of ownership of the subject property (copy of the Deed)
- Detailed remediation Scope of Work and itemized cost estimate (Part VI)
- Copy of the DEP approval letter for the site investigation and/or remedial investigation
- One original and one copy of the HDSRF application packet

### 25% Matching RA Grants (Unrestricted/Limited Restricted Use)

- HDSRF Application form (Part I)
- HDSRF General Certification (Part II)
- HDSRF 25% Matching RA Grant Certification (Part IV)
- Proof of ownership of the subject property (copy of the Deed)
- Business and personal financial statements for the last three years
- Detailed remediation Scope of Work and itemized cost estimate for the remedial action (Part VI)
- Copy of the RAWP proposing remedy or DEP approval letter for the proposed remedial action
- One original and one copy of the HDSRF application packet

### 25% Matching RA Grants (Innovative Technology)

- HDSRF Application form (Part I)
- HDSRF General Certification (Part II)
- HDSRF Matching Grant Certification (Part IV)
- Proof of ownership of the subject property (copy of the Deed)
- Business and personal financial statements for the last three years
- Detailed remediation Scope of Work and itemized cost estimate for the remedial action Part VI)
- Copy of the RAWP proposing innovative technology or DEP approval letter for the proposed innovative technology as a remedial action
- One original and one copy of the HDSRF application packet

### Loans

- HDSRF Application form (Part I)
- HDSRF General Certification (Part II)
- Proof of ownership of the subject property (copy of the Deed)
- Two denial letters from lending institutions
- Three previous years of federal tax returns
- Detailed remediation Scope of Work and itemized cost estimate for the proposed work Part VI)
- Copy of the most current Department correspondence for the project (include any correspondence indicating approvals/requirements for future or completed work)
- One original and one copy of the HDSRF application packet

## NON-PROFIT ORGANIZATIONS

### PA/SI/RI Grant

- HDSRF application form (Part I)
- HDSRF General Certification (Part II)
- Proof of ownership interest of the subject property (Deed or resolution to acquire property by voluntary conveyance)
- Documentation indicating status as a 501(c)3 non-profit organization
- Detailed remediation Scope of Work and itemized cost estimate for the proposed work (Part VI)
- Resolution indicating the non-profit organization is authorized to apply to HDSRF for the remediation of a discharge or suspected discharge
- Comprehensive redevelopment plan or resolution (indicating a realistic opportunity exists to develop within three years following completion of the remediation)
- One original and one copy of the HDSRF application packet