



5. How many members of the group live near the contaminated site? \_\_\_\_\_
6. Please describe community group's procedures for record-keeping and financial accounting for managing the TAG.

7. Please attach a financial plan including the following information:
  - Total amount requested (Note: Maximum is \$10,000);
  - Bank name, name listed on the account, and account number, along with the name and contact information for the individual responsible for managing the community group's bank account (if different than the Primary Contact listed above);
  - Budget that describes how the community group will spend the money;
  - Description of the work to be undertaken by the licensed site remediation professional;
  - Outline of how the community group will share information with the rest of the community; and
  - A list of project milestones and a schedule for meeting those milestones.

**SECTION C. ELIGIBILITY**

1. Is the community group affiliated with a National Organization? .....  Yes  No  
 If "Yes," please provide the name of the organization: \_\_\_\_\_
2. Is the community group established or supported by any person responsible for conducting the remediation? .....  Yes  No  
 If "Yes," please describe: \_\_\_\_\_
3. Is any member of the community group associated with any person responsible for conducting the remediation?.....  Yes  No  
 If "Yes," please describe: \_\_\_\_\_
4. Is the community group an academic institution? .....  Yes  No
5. Is the community group a political subdivision (e.g., municipality, county).....  Yes  No
6. Status of Incorporation:
  - Incorporated ..... Date of Incorporation: \_\_\_\_\_  
 Please attach certification or article of incorporation.
  - In the process of becoming incorporated ..... Date of application: \_\_\_\_\_  
 Please attach a copy of application.
  - Not Incorporated
7. Non-Profit 501(c)3 status:
  - Currently has 501(c)3 status  
 Please provide proof of 501(c)3 status.
  - In the process of obtaining 501(c)3 status ..... Date of application: \_\_\_\_\_  
 Please attach a copy of application.
  - Affiliated with a non-profit organization with 501(c)3 status  
 Name of non-profit organization: \_\_\_\_\_  
 Please provide proof of non-profit organization's 501(c)3 status.
8. Is the LSRP associated with any person responsible for conducting the remediation? .....  Yes  No

**SECTION D. LICENSED SITE REMEDIATION PROFESSIONAL INFORMATION**

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 SRRA 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.*

*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: \_\_\_\_\_

**SECTION E. GENERAL CERTIFICATION**

A notarized certification signed by an officer of the community group attesting to the accuracy of the information provided in this application must be submitted as part of the application package (See Part 2).

General Certification attached? .....  Yes  No

**SECTION F. STATE OF NEW JERSEY W-9 QUESTIONNAIRE**

A signed W-9 Questionnaire must be submitted to the Department as part of the application package.

To print questionnaire, please visit: <http://www.state.nj.us/treasury/omb/forms/pdf/W9.pdf>

W-9 Questionnaire attached?.....  Yes  No

Completed forms should be sent to:

Office of Community Relations  
Site Remediation Program  
NJ Department of Environmental Protection  
401-06P  
PO Box 420  
Trenton, NJ 08625-0420

THIS CERTIFICATION IS REQUIRED FOR ALL APPLICANTS APPLYING FOR THE GRANT

New Jersey Department of Environmental Protection

**FUND GENERAL CERTIFICATION**

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 (Please print)

\_\_\_\_\_  
Community Group Name (Please print)

**Sworn to and Subscribed Before Me**

On this date of

\_\_\_\_\_

\_\_\_\_\_  
Notary Signature (application must be notarized)