

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 Numbers: _____ Ext.: _____ Fax: _____
Mailing Address: _____
Municipality: _____ State: _____ Zip Code: _____
Email Address: _____

This statement shall be signed by the LSRP who is submitting this notification in accordance with N.J.S.A. 58:10C-14, and N.J.S.A. 58:10B-1.3b(1) and (2).

(1) I certify, as a Licensed Site Remediation Professional authorized pursuant to N.J.S.A. 58:10C-1 et seq. to conduct business in New Jersey, that for the remediation described in this submission, and all attachments included in this submission, I personally: Managed, supervised, or performed the remediation conducted at this site that is described in this submission, and all attachments included in this submission; and/or periodically reviewed and evaluated the work performed by other persons that forms the basis for the information in this submission; and/or completed the work of another site remediation professional, licensed or not, after having: (1) reviewed all available documentation on which I relied; (2) conducted a site visit and observed the then-current conditions and verified the status of as much of the work as was reasonably observable; and (3) concluded, in the exercise of my independent professional judgment, that there was sufficient information upon which to complete any additional phase of remediation and prepare workplans and reports related thereto.

(2) I certify:

- *That I have read this submission and all attachments to this submission;*
- *That in performing the professional services as the licensed site remediation professional for the entire site or each area of concern, I adhered to the professional conduct standards and requirements governing licensed site remediation professionals provided in N.J.S.A. 58:10C-16;*
- *That the remediation conducted at the entire site or each area of concern, that is described in this submission and all attachments to this submission, was conducted pursuant to and in compliance with the remediation requirements in N.J.S.A. 58:10C-14.c;*
- *That the remediation described in this submission, and all attachments to this submission, was conducted pursuant to and in compliance with the regulations of the Site Remediation Professional Licensing Board at N.J.A.C. 7:26I; and*
- *That the information contained in this submission and all attachments to this submission is true, accurate, and complete.*

(3) I certify, when this submission includes a response action outcome, that the entire site or each area of concern has been remediated in compliance with all applicable statutes, rules, and regulations and is protective of public health and safety and the environment.

(4) I certify that no other person is authorized or able to use any password, encryption method, or electronic signature that the Board or the Department have provided to me.

(5) I certify that I understand and acknowledge that:

- *If I knowingly make a false statement, representation, or certification in any document or information I submit to the Department I may be subject to civil and administrative enforcement pursuant to N.J.S.A. 58:10C-17.a.1(a)through (f) by the Board, including but not limited to license suspension, revocation, or denial of renewal; and*
- *If I purposely, knowingly, or recklessly make a false statement, representation, or certification in any application, form, record, document or other information submitted to the Department or required to be maintained pursuant to the Site Remediation Reform Act, I shall be guilty, upon conviction, of a crime of the third degree and shall, notwithstanding the provisions of subsection b. of N.J.S.2C:43-3, be subject to a fine of not less than \$5,000 nor more than \$75,000 per day of violation, or by imprisonment, or both.*

(6) I certify that I have read this certification prior to signing, certifying, and making this submission.

LSRP Signature: _____ Date: _____

LSRP Name: _____

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)