



**Rhode Island Department of Environmental Management**  
**Office of Land Revitalization & Sustainable Materials Management**  
**Brownfields Site Preparation and Remediation Funding Application**

**INSTRUCTIONS:** Complete form as thoroughly as possible. Attach additional sheets and backup documentation, as necessary. Applications will be prioritized based on point score assigned during RIDEM review.

Please submit electronically only by **August 3, 2023**. Hard copies will not be accepted. Completed applications should be submitted via email **DEM.BrownfieldBG@dem.ri.gov**.

**Please do not attach reports the Department already has on file.**

**I. GENERAL INFORMATION**

**Applicant Organization Name:**

Head of Applicant Organization:

Contact Person (If Different from Above):

Contact Title:

Phone:

Email:

Address:

City:

State:

ZIP:

Organization Type:

Corporation

Partnership

Proprietorship

Non-Profit

Trust

Municipality

Tribe

Other \_\_\_\_\_

**Site/Project Name:**

Site/Project Address:

Assessor's Plat and Lot:

City:

State:

ZIP:

**Current Site Ownership:**

Name:

Address:

City:

State:

ZIP:

Contact Person:

Phone:

Email:

## II. SITE DETAILS:

### Land/Building:

Acreage:

Site Zoning:

Enterprise Zone:

Condition of Property (buildings\*, physical appearance, any other pertinent information):

### \*If buildings present:

Purchase/Building Price: \$

Building Description:

### Site Use:

Current and Prior Site Uses (Type of Manufacturing, Etc.)	Approximate Dates

### Available utilities:

- Sewer       Public Water       Storm Sewer       Electricity  
 Natural Gas       Telephone       Other \_\_\_\_\_

## III. CONTAMINATION

### Type of Contamination Known:

- Petroleum (Weathered or virgin)  
 Hazardous Substances  
 Hazardous Building Materials (asbestos, lead-based paint, PCB containing materials, etc.)

**To the extent known or anticipated, describe the environmental contamination, cause and/or sources, and impacts to the site (e.g., soil, groundwater, surface water, building materials, soil gas).**

**Briefly describe conclusions of prior site assessment activities. If Site Remediation Site, include Case Number (e.g. 93-001, 2000-084) and/or File Number (e.g. SR-28-0002).**

#### **IV. PROJECT INFORMATION:**

**Type of site work**

Assessment & Investigation                       Remediation

**Please provide a brief list of the site activities that this grant application is seeking funding for.**

**Describe in detail the intended redevelopment project.**

**Describe any experience in managing similar projects as well as the applicant's capacity to develop and manage this project moving forward. Please also include relevant information on the applicant's proposed project team.**

**Describe the timeframe for the proposed project, including start dates and anticipated duration.**

**Describe the number of buildings proposed on site (if any), amount of new construction, amount of demolition proposed, and if the project involves the rehabilitation/reuse of existing buildings.**

**Describe anticipated building or Site occupants, terms of leases, and any other relevant information.**

## V. BENEFIT TO THE COMMUNITY

**Is the project Site located in a community with Environmental Justice concerns?**

Yes       No

**Please describe the impact this project may have on the surrounding community.** Be sure to include direct community benefits (open space, jobs, affordable housing, etc.).

**Please include elements of the remediation, redevelopment, and/or final site use that incorporate mitigation and/or adaptation strategies.** Such as green remediation BMPs, elements of the site design intended to increase the resiliency of the remedy or other site features to extreme weather events and sea level rise, and/or techniques employed that will aid in the surrounding community's mitigation and adaptation need with respect to local climate vulnerabilities such as the urban heat island effect, flooding, etc.

**How many jobs will this redevelopment produce?** Include separate counts of temporary and permanent employment (i.e. during and after project completion).

**If known or applicable, please identify any local officials or neighborhood organizations that have been contacted regarding the proposed redevelopment and any known support or opposition.**

**Please describe any local government financial support or infrastructure improvements for the project.**

**Please describe any other economic or community benefits and/or physical revitalization that the project will promote or encourage.**

## VI. GRANT REQUEST

Please provide an estimated payment schedule that includes the anticipated amount of each reimbursement payment with the associated tasks and deliverables listed for each reimbursement request. Please make clear what the grant funds would be used for. Please note: There may be only one (1) reimbursement for grant amounts less than \$100,000 and not more than three (3) reimbursement requests for grant amounts greater than \$100,000.

Site Work	Approx. Reimbursement Request	Match	Approx. Completion Date
	<b>Total:</b>	<b>Total:</b>	

### Required Attachments:

- To be considered for a Brownfields Grant, you must include with this application a copy of the complete the W-9 Form, at the end of this application, on behalf of the entity applying for the grant.
- Attach a Letter of Good Standing from the Secretary of State’s Office for the applicant.

**TOTAL PROJECT COSTS:**

Land Acquisition .....	Acres	<input type="text"/>	.....	Cost	<input type="text"/>
Site Assessment Costs (if applicable) .....				Cost	<input type="text"/>
Estimated Remediation Costs .....				Cost	<input type="text"/>
Construction of New Building(s) .....	Sq. Feet	<input type="text"/>	.....	Cost	<input type="text"/>
Rehabilitation of Existing Building(s) .....	Sq. Feet	<input type="text"/>	.....	Cost	<input type="text"/>
Property Improvements .....	Sq. Feet	<input type="text"/>	.....	Cost	<input type="text"/>
Other Costs, including fees, permits, etc. ....				Cost	<input type="text"/>
				<b>Total Project Costs</b>	<input type="text"/>

**PROJECT FUNDING SOURCES:**

Source of Matching Funds

**RI Brownfield Redevelopment Bond Funding Requested..... Amount**

Other Funding:

Bank Financing/Equity .....	Amount	<input type="text"/>
Grants Received (if several, please list below).....	Amount	<input type="text"/>
Other Public Sources.....	Amount	<input type="text"/>

Total Project Financing Secured  
or Percent Funded

**List additional Grants and amount of each Grant received for this project:**



## CERTIFICATIONS:

By signing below, the Applicant certifies the following:

- Applicant for funding must be the current entity that legally controls the brownfield site;
- Applicant is not currently contributing to, or exacerbating, the existing contamination; and
- Applicant is not subject to any continuing enforcement action by the State of Rhode Island or the United States Government.

The undersigned hereby represents and certifies to the best of his/her knowledge and belief that the information contained in the foregoing Statement and exhibits, or attachments hereto is true and complete and accurately describes the proposed project and agrees to promptly inform RIDEM of any changes in the proposed project which may occur.

Applicant / Representative \_\_\_\_\_ Title \_\_\_\_\_

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

## DEM Resources

- To find information regarding the Site Remediation SR File number, to determine if a site is located in a community with Environmental Concerns, or is currently also a site in any other DEM program, please check the Environmental Resource Map (GIS) at <https://ridemgis.maps.arcgis.com/apps/webappviewer/index.html?id=87e104c8adb449eb9f905e5f18020de5>.
- To schedule a file review, please see the instructions outlined at <https://dem.ri.gov/environmental-protection-bureau/customer-and-technical-assistance/file-review> or contact the RIDEM Office of Customer and Technical Assistance as listed below:

RI DEM Office of Customer and Technical Assistance (OCTA)  
Phone: (401) 222-4700 ext. 2777307  
[Dem.filereview@dem.ri.gov](mailto:Dem.filereview@dem.ri.gov)

## HOW TO SUBMIT AN APPLICATION

All proposals due by close of business on **August 3, 2023**.

Submit the completed and signed applications, along with attachments, via email to:

**[DEM.BrownfieldBG@dem.ri.gov](mailto:DEM.BrownfieldBG@dem.ri.gov)**

If you have any questions about this application, RIDEM Office of Land Revitalization & Sustainable Materials Management (LRSMM) staff are available to assist you, please contact one of the following: Ashley Blauvelt, 401.222.2797 ext. 2777026 / Gary Jablonski, 401.222.2797 ext. 2777148 / Matthew DeStefano, ext. 2777141.

**STATE OF RHODE ISLAND**  
**FORM W-9 PAYER'S REQUEST FOR TAXPAYER**  
**IDENTIFICATION NUMBER AND CERTIFICATION**



THE IRS REQUIRES THAT YOU FURNISH YOUR TAXPAYER IDENTIFICATION NUMBER TO US. FAILURE TO PROVIDE THIS INFORMATION CAN RESULT IN A \$50 PENALTY BY THE IRS. IF YOU ARE AN INDIVIDUAL, PLEASE PROVIDE US WITH YOUR SOCIAL SECURITY NUMBER (SSN) IN THE SPACE INDICATED BELOW. IF YOU ARE A COMPANY OR A CORPORATION, PLEASE PROVIDE US WITH YOUR EMPLOYER IDENTIFICATION NUMBER (EIN) WHERE INDICATED.

Taxpayer Identification Number (T.I.N.)

Enter your taxpayer identification number in the appropriate box. For most individuals, this is your social security number.

Social Security No. (SSN)

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Employer ID No. (EIN)

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NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE AND ZIP CODE \_\_\_\_\_

PAYMENT REMITTANCE ADDRESS, IF DIFFERENT FROM THE ADDRESS ABOVE

ADDRESS \_\_\_\_\_

CITY, STATE AND ZIP CODE \_\_\_\_\_

**CERTIFICATION:** Under penalties of perjury, I certify that:

- (1) The number shown on this form is my correct Taxpayer Identification Number (or I am waiting for a number to be issued to me), and
- (2) I am not subject to backup withholding because either: (A) I am exempt from backup withholding, or (B) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (C) the IRS has notified me that I am no longer subject to backup withholding.
- (3) I am a U.S. citizen or other U.S. person (as defined by the IRS).

Certification Instructions -- You must cross out item (2) above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item (2) does not apply.

***Please sign here and provide title, date and telephone number:***

SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_ TEL NO \_\_\_\_\_

*Original Signature Required (Digital Signature Not Acceptable)*

**BUSINESS DESIGNATION:**

- Please Check One:* Individual  Corporation  Trust/Estate  Government/Nonprofit Corporation   
 Partnership  Medical Services Corporation  Legal Services Corporation   
 LLC Tax Classification: Single Member (Individual)  Partnership  Corporation

**TIPS:**  
NAME: Be sure to enter your full and correct legal name as shown on your income tax return for the SSN or EIN provided.

- ADDRESS, CITY, STATE AND ZIP CODE:** If you operate a business at more than one location, adhere to the following:
- 1) Same EIN with more than one location -- attach a list of location addresses with remittance address for each location and indicate to which location the year-end tax information return should be mailed.
  - 2) Different EIN for each different location -- submit a completed W-9 form for each EIN and location. (One year-end tax information return will be reported for each EIN and remittance address.)

<p>For State Use Only:</p> <p>IRS _____ RIS OS _____ FED _____ Other _____</p>
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