



State of New Jersey

DEPARTMENT OF ENVIRONMENTAL PROTECTION

JON S. CORZINE
Governor

LISA P. JACKSON
Commissioner

Enforcement & Assignment Element
Child Care/Educational Facility Unit
PO Box 028
401 East State St, 5th Fl
Trenton, NJ 08625-0028

Hazardous Discharge Site Remediation Fund (HDSRF) - Child Care Facility Grant Application

The New Jersey Department of Environmental Protection (NJDEP) and the New Jersey Economic Development Authority (NJEDA) are pleased to provide you with an HDSRF Child Care Facility Grant application. HDSRF Child Care Facility Grants are available to an existing or prospective owner or operator of a child care facility that is licensed or who has applied for a license with the Department of Children and Families (DCF) pursuant to P.L.1983, c.492 (C.30:5B-1 et seq). A grant reimbursement up to a maximum amount of \$1500 is available to those child care facility that submit a complete Preliminary Assessment (PA) in order to obtain a no further action letter (NFA). Upon NJDEP approval of all required documents and the issuing of an NFA letter, the Department will award funding based on the cost to produce the PA. Please note that Site Investigation (SI)/Remedial Investigation (RI) costs and NJDEP fees are not eligible for this grant. Please submit an invoice from the environmental consultant that completed the PA report to assist the Department in determining the amount of the award. If a PA was completed by a child care owner/operator yourself, please submit an itemized list of costs on a spreadsheet with supporting paid invoices.

All forms below must be completed and submitted to the address above:

- HDSRF Application Form - Part 1 (2 pages)
- Notarized Certification Form- Part 2 (1 page)
- NJ W-9 Questionnaire : Go to <http://www.state.nj.us/treasury/omb/forms/pdf/W9.pdf>

ONE original and ONE copy of all Child Care Facility Grant Application forms must be mailed to the address above. If a PA has not yet been submitted for NJDEP review, it is requested that all Child Care Facility Grant Application forms be sent together with the PA. Please visit the NJDEP web site at www.nj.gov/dep/dccrequest/faqs.htm for frequently asked questions regarding the Child Care Facility Grant Application process or call the Office of Community Relations at (609) 984-2038.

The NJDEP and NJEDA look forward to working with you.

Sincerely,

Ronald T. Corcory, Assistant Director
Enforcement & Assignment Element

NJ DEPARTMENT OF ENVIRONMENTAL PROTECTION

Hazardous Discharge Site Remediation Fund
Child Care Facility Grant Application for
Completion of a Preliminary Assessment (PA)
Date PA Completed _____

PART 1

GRANT FORM
CCF-001 1/08

1. CHILD CARE OWNER/OPERATOR (please print or type – must match submitted NJ W-9 Questionnaire)

Name (as shown on your NJ W-9 questionnaire) _____

Business Name (if different from above) _____

Address _____

City/Town _____ State _____ Zip Code _____

Phone _____ Fax _____

Email Address _____

2. CONTACT INFORMATION

___ Check here if contact information is the same as above (proceed to #3)

Contact Person _____ Title _____

Affiliation _____

Address _____

City/Town _____ State _____ Zip Code _____

Phone _____ Fax _____

Email Address _____

3. SITE OWNERSHIP INFORMATION

___ Check here if same as #1 above (proceed to #4)

Name _____

Address _____

City/Town _____ State _____ Zip Code _____

Phone _____ Fax _____

Email Address _____

4. SITE INFORMATION (location where Preliminary Assessment was conducted)

Name _____ Complex (i.e. Strip Mall) Name _____

Address _____

City/Town _____ State _____ Zip Code _____

Municipality _____ County _____

Tax Block and Lot Number(s) _____

State Plane Coordinates: X-Coordinate _____ Y-Coordinate _____

Renewal or Proposed _____ Renewal Date _____ Dept of Children & Families License # _____

5. Is this application for a previously submitted Preliminary Assessment Report?

YES _____ NO _____ If yes, provide PI # _____ Date Submitted _____

6. Is this site on the New Jersey Known Contaminated Site List (KCSL)?

YES _____ NO _____ If yes, provide CSL ID # _____

7. GENERAL CERTIFICATION

A signed and notarized certification 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

8. STATE OF NEW JERSEY W-9 QUESTIONNAIRE

A signed Questionnaire must be submitted to the NJDEP as part of the application package.

Go to link to print questionnaire <http://www.state.nj.us/treasury/omb/forms/pdf/W9.pdf>

W-9 Questionnaire attached? _____ YES _____ NO

9. COPIES

In order to process your application, you must submit ONE original and ONE copy of the application.

Original and copy attached? _____ YES _____ NO

10. GRANT AMOUNT REQUESTED

Amount Requested \$ _____

Note: Maximum of \$1500. Please submit an invoice from the environmental consultant that completed the PA report. If a PA was completed by child care owner/operator yourself please submit an itemized list of costs on a spreadsheet with supporting paid invoices.

THIS CERTIFICATION IS REQUIRED FOR ALL APPLICANTS APPLYING TO THE FUND

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
HDSRF FUND GENERAL CERTIFICATION

This certification shall be signed by the owner/operator of the child care facility (contractors and/or consultants cannot sign) 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 (Please print)

Company (Please print)

Sworn to and Subscribed Before Me

On this date of

Notary Signature (application must be notarized)