



New Jersey Department of Environmental Protection
Site Remediation and Waste Management Program
**HAZARDOUS DISCHARGE SITE REMEDIATION FUND (HDSRF)
CHILD CARE FACILITY GRANT APPLICATION FORM**

Date Stamp
(For Department use only)

SECTION A. SITE LOCATION INFORMATION

Site Name: _____

List All AKAs: _____

Street Address: _____

Municipality: _____ (Township, Borough or City)

County: _____ Zip Code: _____

Program Interest (PI) Number(s): _____

Municipal Block(s) and Lot(s):

Block # _____ Lot(s) # _____ Block # _____ Lot(s) # _____

Block # _____ Lot(s) # _____ Block # _____ Lot(s) # _____

1. Grant Amount Requested: \$ _____

2. Vendor ID number: _____

A vendor number is required in order to process the grant application. A vendor ID number can be obtained by registering your Tax ID number online with NJSTART at: <https://www.njstart.gov>.

3. Attach the invoice from the environmental consultant or Licensed Site Remediation Professional that completed the Preliminary Assessment (PA) report. The invoice submitted should clearly reflect the amount billed for the completion of the PA, as a separate line item.

SECTION B. CHILD CARE BUSINESS OWNER / OPERATOR INFORMATION

First Name: _____ Last Name: _____

Business Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Telephone Number: _____ Ext.: _____ Fax: _____

SECTION C. PROPERTY OWNER INFORMATION

Same as Section B information (skip to next section)

First Name: _____ Last Name: _____

Business Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Telephone Number: _____ Ext.: _____ Fax: _____

SECTION D. CONTACT INFORMATION

Same as Section B information (skip to next section) Same as Section C information (skip to next section)

First Name: _____ Last Name: _____

Business Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Telephone Number: _____ Ext.: _____ Fax: _____

SECTION E. CHILD CARE BUSINESS OWNER / OPERATOR CERTIFICATION

This certification shall be signed by the owner / operator of the Child Care Facility that is requesting the grant.

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, including all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, to the best of my knowledge, 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 also aware that if I knowingly direct or authorize the violation of any statute, I am personally liable for the penalties.

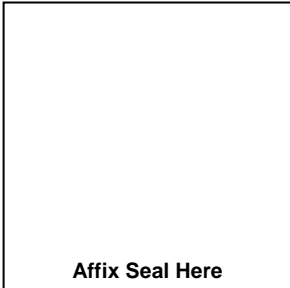
Signature: _____ Date: _____

Name/Title: _____

Sworn and subscribed to me this _____
day of _____, _____
Month Year

Name of Notary Public (please print)

Signature of Notary Public



Note: Please be advised, all application deficiencies must be addressed expeditiously. If your application remains incomplete 60 days from the submittal date, the NJDEP will withdraw your application. If your application is withdrawn, you must reapply by resubmitting the grant application.

One original and one copy of the Child Care Facility Grant Application Form and all attached documents should be sent to:

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