

## State of Wisconsin \ DEPARTMENT OF NATURAL RESOURCES

Jim Doyle, Governor Scott Hassett, Secretary 101 S. Webster St. Box 7921 Madison, Wisconsin 53707-7921 Telephone 608-266-2621 FAX 608-267-3579 TTY 608-267-6897

NOV 2 7 2006

Ms. Sharon Green, Chief Assistance Section U.S. EPA Region 5 77 W. Jackson Blvd. Chicago, IL 60604



Subject: Superfund Cooperative Agreement No. V995102-01

Dear Ms. Green:

We are sending you this letter to transmit our acceptance of amendment C to our Superfund Better Brite Cooperative Agreement, subject to the clarification of programmatic condition #1 given in the next paragraph. This amendment extends the budget and project periods to June 30, 2010.

Programmatic Condition #1 addresses submitting performance reports. The clarification is that WDNR does not submit a separate performance report for this individual Cooperative Agreement. Rather, per the Environmental Performance Partnership Agreement (EnPPA) in place between WDNR and EPA Region 5, WDNR submits performance information for the Superfund Better Brite Cooperative Agreement and other specified Superfund Cooperative Agreements once every six months per the format in the current EnPPA.

Enclosed please find the signed original and two copies of the Cooperative Agreement Amendment. If you have any questions, please contact Dick Kalnicky at (608) 267-7554.

Sincerely,

A Hanething

Scott Hassett Secretary

Enclosure

cc: Dick Kalnicky - RR/3 Mark Giesfeldt/Mark Gordon - RR/3 Keld Lauridsen - NER Glynis Landers - EPA Region 5 Dorothy Lamar - FN/1

11/27/06 Keld : feld : The Better Brite grant was estended 4 years - to 6/30/10. We didn't need any more funds we have plenty whe grant to fundus through 6/30/10.

Quality Natural Resources Management Through Excellent Customer Service



| V - 99510201 - C Page 1   |                                       |                      |   |  |   |                                  | 01 - C Page 1       |   |  |  |  |
|---|---------------------------------------|----------------------|---|--|---|----------------------------------|---------------------|---|--|--|--|
|   |                                       |                      |   | ASSISTANCE ID NO.  |   |                                  |                     |   |  |  |  |
| UNITED STATES   | U.S. I                                | ENVIRO               | ONMENTAL  | PRG  | DOC   | CID AM                           | END#                | DATE OF AWARD   |  |  |  |
| 2 🔼 G   | DDUI                                  | ECTIO                | N AGENCY  | V -  | 9951  | 0201 -                           | C                   | OCT 1 0 2006  |  |  |  |
| WHON MANAL PROTECTION   | FRUI                                  | LCHU                 | N AGENCI  | TYPE OF ACTION No Cost Amendment   |   |                                  | MAILING DATE 0 2006 |   |  |  |  |
| THAL PROTECTION   | Assistance Amendment                  |                      |   | PAYMEN<br>ASAP   | T METHOD:   | 2                                |                     | ACH#<br>5547460   |  |  |  |
| RECIPIENT TYPE:<br>State  | 5.<br>5.                              |                      |   | Send Payment Request to:<br>Comptroller Branch, MF-10J   |   |                                  |                     |   |  |  |  |
| RECIPIENT:  | RECIPIENT:                            |                      |   |  |   | PAYEE:                           |                     |   |  |  |  |
| Wisconsin Department of Natural Resources<br>P.O. Box 7921<br>Madison, WI 53707<br>EIN: 39-6006436  |                                       |                      |   |  | Wisconsin Department of Natural Resources<br>P.O. Box 7921<br>Madison, WI 53707 |                                  |                     |   |  |  |  |
| PROJECT MANAGER   |                                       |                      | EPA PROJECT OFFICE  | R  |   | EPA GRANT                        |                     | LIST  |  |  |  |
| Dick Kalnicky         Glynis Landers           P.O. Box 7921         77 West Jackson Blvd.           Madison, WI 53707         Chicago, IL 60604-3507           E-Mail:         E-Mail: Landers.Glynis@           Phone: 608-267-7554         Phone: 312-886-1816   |                                       |                      | Marco Santos<br>Assistance Section, MC-10J<br><b>E-Mail:</b> santos.marco@epa.gov |  |   |                                  |                     |   |  |  |  |
| This action approves a b  | BETTER BRITE SUPERFU                  | 0. This ext          | tension will a<br>und site.   | llow the Wisco   | nsin Dep  | partment of Natural Resources to |                     |   |  |  |  |
| EPA Contact Information   | ; Time Extensi                        | on (Amendm           | nent);  |  |   |                                  |                     |   |  |  |  |
| BUDGET PERIOD<br>10/01/1990 - 06/30/201   | 0                                     | PROJECT<br>10/01/199 | <b>PERIOD</b><br>0 - 06/30/2010   | TOTAL BUDGET PERIOD COST         TOTAL PROJECT PERIOD COST           \$3,109,729.00         \$3,109,729.00 |   |                                  |                     |   |  |  |  |
|   |                                       |                      | NOTICE C  | OF AWA   | ARD   |                                  |                     |   |  |  |  |
| Based on your application dated 06/01/2006, including all modifications and amendments, the United States acting by and through the US Environmental Protection Agency (EPA), hereby awards \$. EPA agrees to cost-share <u>94.00</u> % of all approved budget period costs incurred, up to and not exceeding total federal funding of \$2,910,819. Such award may be terminated by EPA without further cause if the recipient fails to provide timely affirmation of the award by signing under the Affirmation of Award section and returning all pages of this agreement to the Grants Management Office listed below within 21 days after receipt, or any extension of time, as may be granted by EPA. This agreement is subject to applicable EPA statutory provisions. The applicable regulatory provisions are 40 CFR Chapter 1, Subchapter B, and all terms and conditions of this agreement and any attachments. |                                       |                      |   |  |   |                                  |                     | up to and not exceeding total<br>nely affirmation of the award by<br>ted below within 21 days after |  |  |  |
| ISSUING OFFI  | CE (GRANTS I                          | MANAGEME             | ENT OFFICE)   |  |   | AWARD APP                        | ROVAL               | OFFICE  |  |  |  |
| ORGANIZATION / ADD  | · · · · · · · · · · · · · · · · · · · |                      |   | ORGANIZATION / ADDRESS   |   |                                  |                     |   |  |  |  |
| U.S. EPA Region 5<br>Mail Code MCG10J<br>77 West Jackson Blvd.<br>Chicago, IL 60604-3507  |                                       |                      |   |  | U.S. EPA, Region 5<br>Superfund Divison   |                                  |                     |   |  |  |  |
| A   | ~                                     | TED STATE            | S OF AMERICA BY THE   |  | ONMENTAL  | PROTECTIO                        | N AGEN              | CY  |  |  |  |
| Manureldfawaf   | DOFFICIAL                             | _ bu                 |   | , Assistance   |   |                                  |                     | PATE -0 6   |  |  |  |
|   |                                       |                      | AFFIRMATION OF  | F AWAF   | RD  | 2                                |                     |   |  |  |  |
| Λ.  |                                       | BY AND O             | N BEHALF OF THE DESI  | GNATED R   | ECIPIENT C  | RGANIZATIO                       | N ·                 | 1   |  |  |  |
| SIGNATURE H   | Harsett                               | n.                   | TYPED NAME AND<br>Scott Hassett, Secret   |  |   |                                  | * s.                | DATE  |  |  |  |
|   |                                       |                      |   |  | 4   |                                  |                     |   |  |  |  |

## **EPA Funding Information**

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| FUNDS                         | FORMER AWARD | THIS ACTION | AMENDED TOTAL |
|-------------------------------|--------------|-------------|---------------|
| EPA Amount This Action        | \$ 2,910,819 | \$          | \$ 2,910,819  |
| EPA In-Kind Amount            | \$ 0         | \$          | \$ 0          |
| Unexpended Prior Year Balance | \$ 0         | \$          | \$ 0          |
| Other Federal Funds           | \$ 0         | \$          | \$ 0          |
| Recipient Contribution        | \$ 198,910   | \$          | \$ 198,910    |
| State Contribution            | \$ 0         | · \$        | \$ 0          |
| Local Contribution            | \$ 0         | \$          | \$ 0          |
| Other Contribution            | \$ 0         | . \$        | \$ 0          |
| Allowable Project Cost        | \$ 3,109,729 | \$0         | \$ 3,109,729  |

| Assistance Program (CFDA)  | Statutory Authority | Regulatory Authority       |
|--|---------------------|----------------------------|
| 66.802 - Superfund State Site Specific<br>Cooperative Agreements | CERCLA: Sec. 104    | 40 CFR PTS 31 & 35 SUBPT O |
|  |                     |                            |

|           | Fiscal |    |                 |                        |     |                 |              |                      |                              |
|-----------|--------|----|-----------------|------------------------|-----|-----------------|--------------|----------------------|------------------------------|
| Site Name | DCN    | FY | Approp.<br>Code | Budget<br>Organization | PRC | Object<br>Class | Site/Project | Cost<br>Organization | Obligation /<br>Deobligation |
|           | •      |    |                 |                        | •   |                 |              |                      |                              |
|           |        |    |                 |                        |     | -<br>-          |              |                      |                              |

| Budget Summary Page                                   | V - 9951020                                    |
|---|--|
| Table A - Object Class Category<br>(Non-construction) | Total Approved Allowable<br>Budget Period Cost |
| 1. Personnel  | \$239,913                                      |
| 2. Fringe Benefits                                    | \$85,687                                       |
| 3. Travel   | \$23,824                                       |
| 4. Equipment  | \$0  |
| 5. Supplies   | \$9,883  |
| 6. Contractual  | \$2,658,383                                    |
| 7. Construction                                       | \$0  |
| 8. Other  | \$11,417                                       |
| 9. Total Direct Charges                               | \$3,029,107                                    |
| 10. Indirect Costs: % Base                            | \$80,622                                       |
| 11. Total (Share: Recipient 6.00 % Federal 94.00 %.)  | \$3,109,729                                    |
| 12. Total Approved Assistance Amount                  | \$2,910,819                                    |
| 13. Program Income                                    | \$0  |
| 14. Total EPA Amount Awarded This Action              | \$0  |
| 15. Total EPA Amount Awarded To Date                  | \$2,910,819                                    |
|   |  |

1

| Table B - Program Element Classification<br>(Non-construction) | Total Approved Allowable<br>Budget Period Cost |
|--|--|
| 1. PERSONNEL   | \$50,576                                       |
| 2. FRINGE BENEFITS   | \$19,962                                       |
| 3. TRAVEL  | \$2,000  |
| 4. SUPPLIES  | \$3,035  |
| 5. CONTRACTUAL   | \$100,000                                      |
| 6. OTHER   | \$3,540  |
| 7. INDIRECT CHARGES  | \$16,365                                       |
| 8.   |  |
| 9.   |  |
| 10.  |  |
| 11. Total (Share: Recip <u>10.00</u> % Fed <u>90.00</u> %)     | \$195,478                                      |
| 12. Total Approved Assistance Amount                           | \$175,930                                      |

### Administrative Conditions

All Administrative Conditions Remain the Same

### **Programmatic Conditions**

#### THE FOLLOWING TERM & CONDITION HAS BEEN ADDED:

#### 1. ENVIRONMENTAL RESULTS - RECIPIENT PERFORMANCE REPORTING

# Recipients subject to 40 C.F.R. Part 31 (other than recipients of State or Tribal Program grants under 40 C.F.R. Parts 35 Subparts A or B)

Performance Reports:

In accordance with 40 C.F.R. §31.40, the recipient agrees to submit performance reports that include brief information on each of the following areas: 1) a comparison of actual accomplishments to the outputs/outcomes established in the assistance agreement workplan for the period; 2) the reasons for slippage if established outputs/outcomes were not met; and 3) additional pertinent information, including, when appropriate, analysis and information of cost overruns or high unit costs.

In accordance with 40 C.F.R. § 31.40 (d), the recipient agrees to inform EPA as soon as problems, delays or adverse conditions become known which will materially impair the ability to meet the outputs/outcomes specified in the assistance agreement work plan.



### State of Wisconsin \ DEPARTMENT OF NATURAL RESOURCES

Jim Doyle, Governor Scott Hassett, Secretary 101 S. Webster St. Box 7921 Madison, Wisconsin 53707-7921 Telephone 608-266-2621 FAX 608-267-3579 TTY 608-267-6897



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APR 2 0 2006

Mr. Thomas Skinner Regional Administrator U. S. EPA Region 5 77 West Jackson Blvd. Chicago, IL 60604

Attn: Acquisition and Assistance Branch (MC-10J)

Subject: Better Brite Long Term Remedial Action (LTRA) Cooperative Agreement

Dear Mr. Skinner:

We are sending you this letter to request funding to enable WDNR to continue to conduct state lead LTRA activities at the Superfund Better Brite site in De Pere, Wisconsin. We are requesting \$169,636 to conduct WDNR Superfund LTRA activities for the Better Brite site during July 1, 2006 through June 30, 2011. We have enclosed a completed Application for Federal Assistance and additional information to support this request.

If there are any questions, please contact Dick Kalnicky at (608) 267-7554.

Sincerely,

Scott Hassett

Secretary

Enclosure

Cc: Dorothy Lamar - FN/1 Dick Kalnicky - RR/3 Glynis Landers - U.S. EPA Region 5 Mark Giesfeldt /Mark Gordon - RR/3 Keld Lauridsen - NER

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| APPLICATION FOR   |                       |                                       |                         | ·                                  | *                            | Version 7/03  |  |
|---|-----------------------|---------------------------------------|-------------------------|------------------------------------|------------------------------|---|--|
| FEDERAL ASSISTANCE  | 2.                    | DATE SUBMITT                          | ED                      |                                    | Applicant Identifier         |   |  |
| 1. TYPE OF SUBMISSION:<br>Application Preapplic   | ation 3.              | DATE RECEIVE                          | D BY STA                | TE                                 | State Application Identifier |   |  |
|   | ruction 4.            | DATE RECEIVE                          | D BY FED                | ERAL AGENCY                        | Federal I                    | dentifier   |  |
|   | Construction          |                                       |                         |                                    |                              |   |  |
| 5. APPLICANT INFORMATION:   |                       |                                       |                         |                                    |                              |   |  |
| Legal Name<br>Wisconsin Department of Natural Resource  | s                     |                                       |                         | tional Unit:                       |                              |   |  |
| Organizational DUNS<br>809-611-247  |                       | ,                                     |                         | ent<br>n Department of l           | Natural Re                   | esources  |  |
| Address<br>101 S. Webster Street  |                       |                                       | - Division<br>Bureau fo | r Remediation an                   | d Redeve                     | lopment   |  |
| P.O. Box 7921   |                       |                                       | Name an                 |                                    | ber of pe                    | rson to be contacted on matters                                     |  |
| City<br>Madison   |                       |                                       | Prefix                  | First Na                           | ame                          |   |  |
| County<br>Dane  |                       |                                       | Middle N                | Richar                             | a                            |   |  |
| State ZI  |                       |                                       | A.                      | anic                               |                              |   |  |
|   | 703-7921              |                                       | Last Nan                |                                    |                              | Suffix  |  |
| Country<br>U.S.A.   | × 9.                  |                                       | Kalnick<br>Email        | /                                  |                              |   |  |
| 6. EMPLOYER IDENTIFICATION (EIN):   |                       |                                       |                         |                                    |                              |   |  |
| 39-60064  | 3 6                   |                                       |                         | umber (give area<br>(608) 267-7554 | •                            | Fax Number (give area code)<br>(608) 267-7646                       |  |
| 8. TYPE OF APPLICATION:   |                       |                                       |                         | · /                                |                              | <pre>&lt; of form for Application Types)</pre>                      |  |
| If Revision, enter appropriate letter(s) in<br>(See back of form for description of letter        |                       | Revision                              | A<br>Other (sp          | ]<br>ecify):                       |                              |   |  |
| Other (specify):  |                       |                                       |                         |                                    |                              |   |  |
|   | · · ·                 |                                       |                         | OF FEDERAL A                       | GENCY:                       |   |  |
| 10. CATALOG OF FEDERAL DOMESTI  | C ASSISTANCE          | NUMBER:                               |                         | A Region 5                         | OF APPL                      | ICANT'S PROJECT:  |  |
| TITLE: (Name of Program)  | 6 6 -                 | 8 0 2                                 |                         |                                    |                              |   |  |
| Hazardous Substance Response Trust F  | Fund                  | •                                     | Superfun                | d Better Brite Lor                 | ng Term F                    | Remedial Action   |  |
| 12. AREAS AFFECTED BY PROJECT   | (Cities, Countie      | es, States, etc.):                    | 14. CON                 | GRESSIONAL DIS                     | STRICTS                      | OF  |  |
| State of Wisconsin  |                       | · · · · · · · · · · · · · · · · · · · | a. Applica              | ant                                |                              | b. Project  |  |
| 13. PROPOSED PROJECT:   |                       |                                       | Second                  | a                                  |                              | Statewide   |  |
| Start Date En<br>07/01/2006   | nding Date<br>06/30/2 | 2011                                  |                         | PLICATION SUB.<br>2372 PROCESS?    |                              | REVIEW BY STATE EXECUTIVE   |  |
| 15. ESTIMATED FUNDING   |                       |                                       | a. YES.                 |                                    |                              |   |  |
| a. Federal  |                       | \$169,636.00                          | 1                       | PROCESS                            |                              | E STATE EXECUTIVE ORDER 12372<br>VIEW ON:                           |  |
| b. Applicant  |                       | \$18,849.00                           | 1                       | DATE                               | 03/0                         | 02/2006   |  |
| c. State  |                       | .00                                   | b. NO.                  |                                    |                              | COVERED BY E.O. 12372   |  |
| d. Local  | 5                     | .00                                   |                         |                                    |                              | NOT BEEN SELECTED BY STATE  |  |
| e. Other  |                       | .00                                   |                         | FOR REVI                           | EW                           |   |  |
| f. Program Income   | -                     | .00                                   | 17. IS TH               | E APPLICANT DE                     | LINQUE                       | NT ON ANY FEDERAL DEBT?   |  |
| g. Total  |                       | \$188,485.00                          |                         | YES If "Yes," At                   | ttach an e                   | xplanation. 🔽 NO  |  |
| 18. TO THE BEST OF MY KNOWLEDGI<br>DOCUMENT HAS BEEN DULY AUTHO<br>ATTACHED ASSURANCES IF THE ASS | RIZED BY THE G        | <b>OVERNING BOD</b>                   | S APPLICA<br>Y OF THE   | ATION/PREAPPL<br>APPLICANT AN      | ICATION<br>D THE AP          | ARE TRUE AND CORRECT, THE<br>PLICANT WILL COMPLY WITH THE           |  |
| a. Authorized Representative  |                       |                                       |                         |                                    |                              |   |  |
| Prefix First Name<br>Scott  |                       |                                       |                         | Middle Name                        |                              |   |  |
| Last Name<br>Hassett  |                       |                                       |                         | Suffix                             |                              |   |  |
| b. Title<br>Secretary   |                       |                                       |                         |                                    |                              | c. Telephone Number<br>) (\$08) 266-2121                            |  |
| d. Signature of Authorized Representation   | PERS                  |                                       |                         |                                    |                              | e/Date Bitmed   |  |
| Previous Edition Usable<br>Authorized for Local Reproduction                                      |                       |                                       |                         |                                    |                              | Standard Form 424 (Rev. 9-2003)<br>Prescribed by OMB Circular A-102 |  |

#### **INSTRUCTIONS FOR THE SF-424**

Public reporting burden for this collection of information is estimated to average 45 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0043), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

This is a standard form used by applicants as a required face sheet for pre-applications and applications submitted for Federal assistance. It will be used by Federal agencies to obtain applicant certification that States which have established a review and comment procedure in response to Executive Order 12372 and have selected the program to be included in their process, have been given an opportunity to review the applicant's submission.

| Item: | Entry:  | Item: | Entry:  |
|-------|---|-------|---|
| 1.    | Select Type of Submission.  | 11.   | Enter a brief descriptive title of the project. If more than one<br>program is involved, you should append an explanation on a<br>separate sheet. If appropriate (e.g., construction or real property<br>projects), attach a map showing project location. For<br>preapplications, use a separate sheet to provide a summary<br>description of this project.  |
| 2.    | Date application submitted to Federal agency (or State if applicable) and applicant's control number (if applicable).   | 12.   | List only the largest political entities affected (e.g., State, counties, cities).  |
| 3.    | State use only (if applicable).   | 13.   | Enter the proposed start date and end date of the project.  |
| 4.    | Enter Date Received by Federal Agency Federal identifier number: If this application is a continuation or revision to an existing award, enter the present Federal Identifier number. If for a new project, leave blank.  | 14.   | List the applicant's Congressional District and any District(s) affected by the program or project  |
| 5.    | Enter legal name of applicant, name of primary organizational unit<br>(including division, if applicable), which will undertake the<br>assistance activity, enter the organization's DUNS number (received<br>from Dun and Bradstreet), enter the complete address of<br>the applicant (including country), and name, telephone number, email<br>and fax of the person to contact on matters related to this application.   | 15.   | Amount requested or to be contributed during the first<br>funding/budget period by each contributor. Value of in kind<br>contributions should be included on appropriate lines as<br>applicable. If the action will result in a dollar change to an<br>existing award, indicate only the amount of the change. For<br>decreases, enclose the amounts in parentheses. If both basic<br>and supplemental amounts are included, show breakdown on an<br>attached sheet. For multiple program funding, use totals<br>and show breakdown using same categories as item 15. |
| 6.    | Enter Employer Identification Number (EIN) as assigned by the Internal Revenue Service.   | 16.   | Applicants should contact the State Single Point of Contact<br>(SPOC) for Federal Executive Order 12372 to determine<br>whether the application is subject to the State intergovernmental<br>review process.  |
| 7.    | Select the appropriate letter in the space provided.         A. State       I. State Controlled         B. County       Institution of Higher Learning         C. Municipal       J. Private University         D. Township       K. Indian Tribe         E. Interstate       L. Individual         F. Intermunicipal       M. Profit Organization         G. Special District       N. Other (Specify)         H. Independent School       O. Not for Profit         District       Organization | 17.   | This question applies to the applicant organization, not the<br>person who signs as the authorized representative. Categories<br>of debt include delinquent audit disallowances, loans and taxes.   |
| 8.    | <ul> <li>Select the type from the following list:</li> <li>"New" means a new assistance award.</li> <li>"Continuation" means an extension for an additional funding/budget period for a project with a projected completion date.</li> <li>Revision" means any change in the Federal Government's financial obligation or contingent liability from an existing obligation. If a</li> </ul>   | 18.   | To be signed by the authorized representative of the applicant. A<br>copy of the governing body's authorization for you to sign<br>this application as official representative must be on file in the<br>applicant's office. (Certain Federal agencies may require that<br>this authorization be submitted as part of the application.)   |
| 9.    | revision enter the appropriate letter:<br>A. Increase Award<br>C. Increase Duration<br>Name of Federal agency from which assistance is being requested with   |       |   |
|       | this application.   |       |   |
|       | Use the Catalog of Federal Domestic Assistance number and title of the program under which assistance is requested.   |       |   |

OMB Approval No. 0348-0044

4

## **BUDGET INFORMATION -- Non-Construction Programs**

|  |   | SECT   | ION A BUDGET SUM  | IMARY               |              |          |
|--|---|--|---|---------------------|--------------|----------|
| Grant Program Catalog of Federal<br>Function Domestic Assistance |   | Estimated Uno                                  | bligated Funds  |                     |              |          |
| or Activity Number<br>(a) (b)                                    | Federal<br>(c)                                | Non-Federal<br>(d)                             | Federal<br>(e)  | Non-Federal<br>(f)  | Total<br>(g) |          |
| 1. Better Brite LTRA   | 66.802  |  |   | \$169,636           | \$18,849     | \$188,48 |
| 2.   |   |  |   |                     |              |          |
| 3.   |   |  |   |                     |              |          |
| 4.   |   |  |   |                     |              |          |
| 5. TOTALS  |   |  |   | \$169,636           | \$18,849     | \$188,48 |
|  | ta en esta esta esta esta esta esta esta esta | SECTIO   | ON B BUDGET CATE  | GORIES              |              |          |
| 6. Object Class Categor  | ioo   |  | GRANT PROGRAM, F  | UNCTION OR ACTIVITY |              | Total    |
|  |   | (1) Better Brite LTRA                          | (2)   | (3)                 | (4)          | (5)      |
| a. Personnel   |   | \$20,400                                       |   |                     |              | \$20,40  |
| b. Fringe Benefi   | its   | \$9,098  |   | 6                   |              | \$9,09   |
| c. Travel  |   | \$1,400  |   |                     |              | \$1,40   |
| d. Equipment   |   | \$0  |   |                     |              |          |
| e. Supplies  | ц.  | \$1,224  |   |                     |              | \$1,22   |
| f. Contractual   |   | \$150,000                                      |   |                     |              | \$150,00 |
| g. Construction  |   | \$0  |   |                     |              |          |
| h. Other   |   | \$1,428  |   |                     | -            | \$1,42   |
| i. Total Direct C  | harges (sum of 6a-6h)                         | \$183,550                                      |   |                     |              | \$183,55 |
| j. Indirect Charg  | jes   | \$4,935  | н нь на<br>1993 г. т. |                     |              | \$4,93   |
| k. TOTALS (sur   | m of 6i and 6j)                               | \$188,485                                      |   |                     |              | \$188,48 |
|  | 这个和新社 经通知情况                                   | (本) (在) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1 |   |                     |              |          |
| 7. Program Income  |   |  |   |                     |              |          |

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Standard Form 424A (7-97) Prescribed by OMB Circular A-102

|                                    | SECTION C                             | NON-FEDERAL RES  | SOURCES                   |                                       | -           |
|------------------------------------|---------------------------------------|------------------|---------------------------|---------------------------------------|-------------|
| (a) Grant Progra                   | m                                     | (b) Applicant    | (c) State                 | (d) Other Sources                     | (e) TOTALS  |
| 8. Superfund Better Brite LTRA     |                                       | \$18,849         | \$0                       | \$0                                   | \$18,849    |
| 9.                                 |                                       |                  |                           |                                       |             |
| 10.                                |                                       |                  |                           |                                       |             |
| 11.                                |                                       |                  |                           |                                       |             |
| 12. TOTALS (sum of lines 8 - 11)   |                                       | \$18,849         |                           |                                       | \$18,849    |
|                                    | SECTION D                             | FORECASTED CAS   | H NEEDS                   |                                       |             |
|                                    | Total for 1st Year                    | 1st Quarter      | 2nd Quarter               | 3rd Quarter                           | 4th Quarter |
| 13. Federal                        | \$33,927                              | \$8,481          | \$8,481                   | \$8,481                               | \$8,484     |
| 14. Non-Federal                    | \$3,770                               | \$942            | \$942                     | \$942                                 | \$944       |
| 15. TOTAL (sum of lines 13 and 14) | \$37,697                              | \$9,423          | \$9,423                   | \$9,423                               | \$9,428     |
| SECTION E                          | BUDGET ESTIMATES OF F                 | EDERAL FUNDS NEE | DED FOR BALANCE O         | F THE PROJECT                         |             |
|                                    |                                       |                  | FUTURE FUNDING F          | PERIODS (Years)                       |             |
| (a) Grant Progra                   | im                                    | (b) First        | (c) Second                | (d) Third                             | (e) Fourth  |
| 16. Superfund Better Brite LTRA    |                                       | \$33,927         | \$33,927                  | \$33,927                              | \$33,928    |
| 17.                                |                                       | -                |                           |                                       |             |
| 18.                                |                                       |                  |                           |                                       |             |
| 19.                                |                                       |                  |                           |                                       |             |
| 20. TOTALS (sum of lines 16-19)    | · · · · · · · · · · · · · · · · · · · | \$33,927         | \$33,927                  | \$33,927                              | \$33,928    |
|                                    | SECTION F                             | OTHER BUDGET INF |                           | · · · · · · · · · · · · · · · · · · · |             |
| 21. Direct Charges:                |                                       | 22. Indirect Ch  | arges: (Salary + Fringe E | enefits) x 16.73 %                    |             |
| See attached budget detail.        |                                       |                  | 0                         | 10.75                                 |             |
| 23. Remarks:                       |                                       |                  |                           |                                       |             |
|                                    |                                       |                  |                           |                                       |             |
|                                    |                                       |                  |                           |                                       |             |

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503.

#### PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

#### General Instructions

This form is designed so that application can be made for funds from one or more grant programs. In preparing the budget, adhere to any existing Federal grantor agency guidelines which prescribe how and whether budgeted amounts should be separately shown for different functions or activities within the program. For some programs, grantor agencies may require budgets to be separately shown by function or activity. For other programs, grantor agencies may require a breakdown by function Sections A,B,C, and D should include budget or activity. estimates for the whole project except when applying for assistance which requires Federal authorization in annual or other funding period increments. In the latter case, Sections A,B,C, and D should provide the budget for the first budget period (usually a year) and Section E should present the need for Federal assistance in the subsequent budget periods. All applications should contain a breakdown by the object class categories shown in Lines a-k of Section B.

Section A. Budget Summary Lines 1-4, Columns (a) and (b) For applications pertaining to a single Federal grant program (Federal Domestic Assistance Catalog number) and not requiring a functional or activity breakdown, enter on Line 1 under Column (a) the catalog program title and the catalog number in Column (b).

For applications pertaining to a single program requiring budget amounts by multiple functions or activities, enter the name of each activity or function on each line in Column (a), and enter the catalog number in Column (b). For applications pertaining to multiple programs where none of the programs require a breakdown by function or activity, enter the catalog program title on each line in Column (a) and the respective catalog number on each line in Column (b).

For applications pertaining to multiple programs where one or more programs require a breakdown by function or activity, prepare a separate sheet for each program requiring the breakdown. Additional sheets should be used when one form does not provide adequate space for all breakdown of data required. However, when more than one sheet is used, the first page should provide the summary totals by programs.

#### Lines 1-4, Columns (c) through (g)

For new applications, leave Columns (c) and (d) blank. For each line entry in Columns (a) and (b), enter in Columns (e), (f), and (g) the appropriate amounts of funds needed to support the project for the first funding period (usually a year).

For continuing grant program applications, submit these forms before the end of each funding period as required by the grantor agency. Enter in Columns (c) and (d) the estimated amounts of funds which will remain unobligated at the end of the grant funding period only if the Federal grantor agency instructions provide for this. Otherwise, leave these columns blank. Enter in Columns (e) and (f) the amounts of funds needed for the upcoming period. The amount(s) in Column (g) should be the sum of amounts in Columns (e) and (f).

For supplemental grants and changes to existing grants, do not use Columns (c) and (d). Enter in Column (e) the amount of the increase or decrease of Federal funds and enter in Column (f) the amount of the increase or decrease of non-Federal funds. In Column (g) enter the new total budgeted amount (Federal and non-Federal) which includes the total previous authorized budgeted amounts plus or minus, as appropriate, the amounts shown in Columns (e) and (f). The amount(s) in Column (g) should not equal the sum of amounts in Columns (e) and (f).

Line 5 -- Show the totals for all columns used.

#### Section B. Budget Categories

In the column headings (1) through (4), enter the titles of the same programs, functions, and activities shown on Lines 1-4, Column (a), Section A. When additional sheets are prepared for Section A, provide similar column headings on each sheet. For each program, function or activity, fill in the total requirements for funds (both Federal and non-Federal) by object class categories.

Lines 6a-i - Show the totals of Lines 6a to 6h in each column.

Line 6j - Show the amount of indirect cost.

Line 6k - Enter the total of amounts on Lines 6i and 6j. For all applications for new grants and continuation grants the total amount in Column (5), Line 6k, should be the same as the total amount shown in Section A, Column (g), Line 5. For supplemental grants and changes to grants, the total amount of the increase or decrease as shown in Columns (1)-(4), Line 6k should be the same as the sum of the amounts in Section A, Columns (e) and (f) on Line 5.

#### **INSTRUCTIONS FOR THE SF-424A** (continued)

Line 7 - Enter the estimated amount of income, if any, expected to be generated from this project. Do not add or subtract this amount from the total project amount. Show under the program narrative statement the nature and source of income. The estimated amount of program income may be considered by the federal grantor agency in determining the total amount of the grant.

#### Section C. Non-Federal-Resources

**Lines 8-11** - Enter amounts of non-Federal resources that will be used on the grant. If in-kind contributions are included, provide a brief explanation on a separate sheet.

**Column (a)** - Enter the program titles identical to Column (a), Section A. A breakdown by function or activity is not necessary.

**Column (b)** - Enter the contribution to be made by the applicant.

**Column (c)** - Enter the amount of the State's cash and in-kind contribution if the applicant is not a State or State agency. Applicants which are a State or State agencies should leave this column blank.

**Column (d)** - Enter the amount of cash and in-kind contributions to be made from all other sources.

Column (e) - Enter totals of Columns (b), (c), and (d).

**Line 12** - Enter the total for each of Columns (b)-(e). The amount in Column (e) should be equal to the amount on Line 5, Column (f), Section A.

#### Section D. Forecasted Cash Needs

**Line 13** - Enter the amount of cash needed by quarter from the grantor agency during the first year.

Line 14 - Enter the amount of cash from all other sources needed by quarter during the first year.

Line 15 - Enter the totals of amounts on Lines 13 and 14.

# Section E. Budget Estimates of Federal Funds Needed for Balance of the Project

Lines 16 - 19 - Enter in Column (a) the same grant program titles shown in Column (a), Section A. A breakdown by function or activity is not necessary. For new applications and continuation grant applications, enter in the proper columns amounts of Federal funds which will be needed to complete the program or project over the succeeding funding periods (usually in years). This section need not be completed for revisions (amendments, changes, or supplements) to funds for the current year of existing grants.

If more than four lines are needed to list the program titles, submit additional schedules as necessary.

Line 20 - Enter the total for each of the Columns (b)-(e). When additional schedules are prepared for this Section, annotate accordingly and show the overall totals on this line.

#### Section F. Other Budget Information

Line 21. Use this space to explain amounts for individual direct object-class cost categories that may appear to be out of the ordinary or to explain the details as required by the Federal grantor agency.

**Line 22** - Enter the type of indirect rate (provisional, predetermined, final or fixed) that will be in effect during the funding period, the estimated amount of the base to which the rate is applied, and the total indirect expense.

Provide any other explanations or comments deemed necessary.

#### ASSURANCES -- NON-CONSTRUCTION PROGRAMS

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503.

#### PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

**NOTE:** Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurance. If such is the case, you will be notified.

As the duly authorized representative of the applicant I certify that the applicant:

- 1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.
- 2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
- 3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
- 4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
- 5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
- 6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§ 1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. § 794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as

amended (42 U.S.C. §§ 6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g)  $\S$  523 and 527 of the Public Health Service Act of 1912 (42 U.S.C.  $\S$ 290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.

- 7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
- 8. Will comply, with the provisions of the Hatch Act (5 U.S.C. §§ 1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.

- 9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. 874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally assisted construction subagreements.
- 10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
- 11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution environmental quality of control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clear Air) Implementation Plans under Section 176(c) of the Clear Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended, (P.L. 93-205).

- 12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
- Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
- 14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
- 15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
- 16. Will comply with the Lead-Based Paint Poisoning. Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.
- 17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
- 18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.

| SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL | TITLE |           |
|---|-------|-----------|
| Scon Arnet                                  |       |           |
| APPLICANT'S ORGANIZATION                    |       |           |
| Wisconsin Department of Natural Resourc     | es    | 7/11/2006 |

SF 424B (4-88) Back

## Better Brite Budget Detail--Costs for July 2006 to June 2011

| A. Personnel                 |                              |                  |         |                  |   |
|------------------------------|------------------------------|------------------|---------|------------------|---|
| Hydrogeol                    | ogist Senior                 | 650 hrs @ \$24/h | r       | \$15,600         |   |
| NR Admin                     | Policy Coordinator           | 150 hrs @ \$32/h | r       | \$4,800          |   |
| Totals                       |                              | 800 hours        |         | \$20,400         |   |
| B. Fringe Benefits at        | 44.6% of personnel           |                  |         | \$9,098          |   |
| C. Travel                    |                              |                  |         |                  |   |
|                              | //Chicago1 staff, 1 trip     |                  |         | \$800            |   |
|                              | //Madison1 staff, 5 trips    |                  |         | \$600            |   |
|                              |                              |                  | Total   | \$1,400          |   |
|                              |                              |                  | ·<br>·  |                  |   |
| D. Supplies @ 6% of p        | personnel                    |                  |         | \$1,224          |   |
| E. Contractual               |                              |                  |         |                  |   |
|                              | ent of wastes at the DePere  | WWTP             |         | \$80,000         |   |
|                              | ce annual monitoring         |                  |         | \$40,000         |   |
|                              | nonitoring wells             |                  |         | \$10,000         |   |
|                              | kup/hauling                  |                  |         | \$20,000         |   |
|                              |                              |                  | Total   | \$150,000        |   |
|                              |                              |                  |         |                  | : |
|                              |                              |                  |         |                  |   |
| F. Other - phone, mai        | il, per PC charge etc. @ 7%  | of personnel     | 1       | ⊂\$ <b>1,428</b> |   |
| G. Indirect @ 16 73%         | of (personnel + fringe benel | fits)            | • • • • | 6 \$4,935        |   |
|                              |                              |                  |         | ά φ 1,000        |   |
| <b>Total Estimated Costs</b> |                              |                  |         | \$188,485        |   |
|                              |                              |                  | 25      |                  |   |
| Federal Sh                   | 00.00%                       |                  |         | ¢460.600         |   |
| State Shar                   |                              |                  | · · ·   | \$169,636        |   |
| State Shar                   | 10.00%                       |                  |         | \$18,849         |   |

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#### Superfund Cooperative Agreement for Better Brite State Lead Long Term Remedial Action Activities

#### Introduction

The Wisconsin Department of Natural Resources (WDNR) is submitting this application request to continue to carry out its state lead functions at the Better Brite Superfund site located in De Pere, Wisconsin. This request would provide funds to WDNR to carry out staff oversight and contractual activities for the 5 year period July 2006 through June 2011. During this time, the Better Brite site will continue to be in the Long Term Remedial Action (LTRA) phase. The current Better Brite Cooperative Agreement's (CA's) budget period ends June 30, 2006. WDNR is requesting \$169,636, which is 90% of the total estimated budget of \$188,485. See attached budget detail.

On February 8, 2000, the Better Brite site achieved construction completion, with some construction touch up, regarding, reseeding, etc., later in 2000. Also in 2000, WDNR contracted for the installation of monitoring wells, and has since monitored groundwater to determine whether the remedial actions are resulting in improvements to groundwater quality. Monitoring has occurred on a semi-annual or annual basis.

Because LTRA activities will continue at Better Brite for the foreseeable future, the monitoring and other state lead activities will need to continue through at least 2011. These efforts will include both contractual and staff. The following is a description of these efforts and the costs associated with each.

#### Contracts

Groundwater monitoring at an annual or twice a year frequency will need to continue for the next five years to determine if the remedy is still operating properly. WDNR will contract with a firm to conduct the monitoring and report monitoring results to WDNR. The estimated annual cost of the monitoring is \$8,000; the five-year total is estimated to be \$40,000.

The City of De Pere municipal wastewater treatment plant must continue to provide pretreatment of waste from the site as a part of the remedy. The City will provide WDNR with sampling results for various stages of the pretreatment process. Pretreatment by the City will continue throughout the next five years. The estimated annual pretreatment cost is \$16,000; the five-year total is \$80,000.

Two other contractual efforts are necessary for the site. The first is pick-up and hauling of sludge, estimated to be \$4,000 per year, for a five-year total of \$20,000. The second is the need to abandon two off-site monitoring wells and activities to maintain existing monitoring wells. This cost is estimated to be \$2,000 per year, for a five year total of \$10,000.

The total estimated contractual costs for the five-year period as described above are \$150,000. See attached budget detail.

#### WDNR Staff

WDNR staff oversight for the Better Brite State Lead site will need to continue throughout the five-year period July 2006 through June 2011. It is estimated that WDNR staff will need to spend on the average 160 hours per year, for a five-year total of 800 hours, on Better Brite oversight functions. The total estimated five-year cost of WDNR oversight is \$38,485. See attached budget detail.

WDNR staff will carry out the following specific activities for the Better Brite site.

- 1. Review of groundwater monitoring results. Detailed review by WDNR is necessary to determine if the monitoring schedule requires modification and if the implemented remedy is still operating properly.
- 2. Review of sampling results at pretreatment plant. The City of De Pere collects samples at various stages in the pretreatment process. Data will be evaluated by WDNR to determine treatment efficiency.
- 3. Contract management. Contracts will be negotiated or amended as necessary with the environmental consultant for monitoring services, with the City of De Pere for pretreatment services, and with contractors hired for sludge pick-up and abandoning and maintaining existing monitoring wells. Following negotiation and approval, WDNR staff monitor work progress, process payments, negotiate change orders, etc.
- 4. Grants management. WDNR will prepare grant applications and amendments as necessary, and will monitor grant expenditures and grant earning on a periodic basis. WDNR will also report progress on the Better Brite site to EPA on a semi-annual basis as a part of WDNR's Environmental Performance Partnership Agreement with EPA.
- 5. Five year review. A Five-Year Report for the Better Brite site is scheduled for late 2009. The WDNR Project Manager will take the lead in preparing the Five-Year Review report per Superfund specifications and will obtain the necessary EPA review and approvals. Should the review indicate the need for follow up actions, the WDNR Project Manager will take the lead in assuring that the actions are taken.
- 6. Public information and outreach. WDNR staff will respond to requests for information and to concerns from the general public. WDNR will also report any significant project developments to the media and update fact sheets or other information as needed.

#### ROCK COUNTY, WISCONSIN



Planning, Economic & Community Development Department 51 South Main Street Janesville, Wisconsin 53545 Phone: 608/757-5587 Fax: 608-757-5586 Website: www.rockcounty.org

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APR 1 1 2006

REMEDIATION & REDEVELOPMENT

April 6, 2006

Richard Kalnicky Department of Natural Resources 101 S Webster Street Madison, WI .53707-7921

Dear Mr. Kalnicky,

Re: RCPDA RFPC#R06016 - Local Review Coordinator Comments - Notice of Intent to Apply For Federal Assistance For:

#### EPA Superfund Better Brite Site

The Rock County Planning & Development Agency as the designated local review coordinator for Rock County, has reviewed the proposed project above, and finds it consistent with area plans, programs and policies. This letter satisfies the review compliance requirements established by Presidential Order 12372 (Intergovernmental Review of Federal Programs) and Wisconsin Executive Order 29 (Wisconsin Federal Grants and Development Review System).

This letter along with any enclosed letters, is to accompany your application when it is submitted to the funding agency.

This agency encourages favorable federal action on this grant application, which will serve the needs of the area residents. If you have any questions concerning this matter, please contact the office.

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Sincerely,

den Schrauf

Steve Schraufnagel **//** Acting Director of Planning & Development

SS/es

cc: Section Chief - Federal-State Relations Office

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RFPC06016