

## Dry Cleaner Environmental Response Program Interim and Remedial Action Bid Proposals Summary

Form 4400-212 (R 4/04)

**Notice:** This form is authorized under s. 292.65, Wis. Stats., and ch. NR 169, Wis. Adm. Code. The following information about the selection of consultants for interim actions, site investigations, and remedial action activities is required under ch. NR 169, Wis. Adm. Code. There are no penalties for failing to complete this form, but persons who do not complete and submit this form will not be eligible for reimbursement under this program. Personal information is not intended to be used for any other purpose other than that for which it is originally being collected. Information will be made available to requesters under Wisconsin's Open Records laws (s. 19.32-19.39, Wis. Stats.) and requirements.

**Instructions:** Complete this form and attach a copy of the accepted signed bid. See reverse side for detailed instructions. *Copy this form as necessary.*

Applicant Information	
Applicant Name <b>James C. Small</b>	Business Name <b>Ehrlich Family Limited Partnership*</b>
Dry Cleaning Facility Name <b>Express Dry Cleaning, Inc.</b>	Location <b>3941 N. Main Street, Racine, WI 53408</b>

Consultant Information		
Consultant Name	Bid Proposal Amount	Consultant Selected (select one)
Northern Environmental/Bonestroo	\$158,292	<input type="checkbox"/>
GZA GeoEnvironmental Services, Inc.	\$116,658	<input type="checkbox"/>
ERM	\$187,902	<input type="checkbox"/>
RSV	\$122,275 **	<input checked="" type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

If this summary is being provided as part of a reimbursement application, did your actual costs exceed the proposal costs by more than \$3,000 or 5% of the original estimate (whichever is larger).

Yes  No

If yes, send a copy of the accepted amendment, signed by the DNR project manager.

**Certification**

I certify that the information contained above is true and correct to the best of my knowledge.

Applicant Signature <i>James Charles Small</i>	Date Signed <b>5-4-2010</b>
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Department Use Only		
Project Manager Signature	Date	Telephone Number
Consultant Selection <input type="checkbox"/> Accepted <input type="checkbox"/> Rejected	Reason For Rejection/Notes	

\*P.O. Box 081007, Racine, WI 53408-1007

\*\* Plus additional costs included in RSV's Addendum (\$6,733)

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**Instructions**

You are required to submit this form with a copy of the signed accepted bid. The accepted bid must be signed by both the applicant and the Project Manager.

You are required to provide the bid proposals summary information on this form for interim and remedial actions.

- a. Fill in applicant name, applicant business name, dry cleaning facility name and location.
- b. Submit this form with the Dry Cleaner Environmental Response Program Application, Form 4400-211 to your DNR region Remediation and Redevelopment project manager.
- c. **Attach a copy of the accepted proposal for services**, including copies of any records of contract negotiations. Remember to code the detailed costs on the accepted bid proposal to the program's standard cost categories. Also submit a copy of all signed amendments.

See the application instructions for information on coding bid proposals for reimbursement..

**Definition of Form Sections**

**Applicant Information:** Enter your name and check the appropriate box indicating why you are submitting this form.

**Applicant Additional Information:** If you are submitting this form to obtain DNR approval to select a consultant other than the lowest bidder, enter your mailing address and telephone number. Enter your fax number and e-mail address if you have them.

**Consultant Information:** Check the appropriate box to indicate the type of response action services you solicited bid proposals for. For each consultant that you received a bid proposal from (the program requires a minimum of three), list their name, the total amount of their bid proposal, and then in the "Consultant Selected" column check one box to indicate the consultant that you selected or would like to select. If you are submitting this form with a reimbursement application, check the box to indicate whether your actual costs exceeded the original proposal costs by more than \$3,000.

**Certification:** Sign and date the application, certifying that the information you are submitting is true and correct.

**FOR ADDITIONAL INFORMATION:** see ch. NR 169.23, Wis. Adm. Code, Consulting and Contract Services, and publications RR #631, The Dry Cleaner Environmental Response Program and RR #635, Hiring a Consultant - What You Should Know. Contact your DNR regional Remediation and Redevelopment project manager, if you have any questions.