

# STATE CLEANUP PROGRAM PROJECT FORM

HMWMD staff will complete this form for each state cleanup (HB1306) project to be funded by the state Hazardous Substance Response Fund, pursuant to C.R.S.25-16-104.6. In order for an agreement to be executed with the entity requesting funds, the following must be attached to this form:

- A letter (*on the entity's letterhead*) requesting funding from an authorized official of the entity
- Project scope of work and proposed budget (*VCRA application may be referenced*)

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### To be completed by HMWMD Staff

HMWMD Project Manager: \_\_\_\_\_

Entity Legal Name: \_\_\_\_\_  
(*Note: cities have various legal names--City and County of Denver vs. Town of Minturn; check*)

Entity Address: \_\_\_\_\_  
(*No P.O. Boxes without physical address*)

Entity Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Entity Phone Number: \_\_\_\_\_ FAX: \_\_\_\_\_

Entity Email Address: \_\_\_\_\_

Project Location (common name, city/county) \_\_\_\_\_

Project Description (include parties involved) {*summary statement for contract purposes*} \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Amount Requested: \$ \_\_\_\_\_ Amount of Matching Funds: \$ \_\_\_\_\_

Special Provisions: (*such as environmental covenant, property title exchange, clearance certification for asbestos, meth. or lead paint abatement, etc.*) \_\_\_\_\_  
\_\_\_\_\_

### Voluntary Cleanup and Redevelopment Program Application

Pending     Filed     Approved

Targeted Brownfield Assessment Conducted?  Yes     No

Other Cleanup Plan (*e.g., CWA 319*); explain: \_\_\_\_\_

In accordance with C.R.S. 25-16-104.6, expenditures on this site are to:

- Provide state matching funds for Clean Water Act Section 319 projects, where such action would keep the site from being added to the National Priorities List
- Remediate sites that do not have a responsible party that will perform remediation, that have been determined to present a threat to human health or the environment, and where remediation will allow redevelopment of the property for the public good.

**Staff Recommendation**

Matrix Score: \_\_\_\_\_

Amount of funding recommended: \$ \_\_\_\_\_

Rationale (include public benefit):

Funding Source Manager Signature: \_\_\_\_\_

Date: \_\_\_\_\_