

**APPLICATION PACKAGE
for
REIMBURSEMENT TO LOCAL GOVERNMENTS**

- * Line-By-Line Instructions for Completing Application
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- * Application Checklist
- * LGR Application Form (EPA Form 9310-1) (Duplicate as Needed)

**LINE-BY-LINE INSTRUCTIONS
FOR EPA FORM 9310-1,
APPLICATION FOR REIMBURSEMENT TO LOCAL GOVERNMENTS**

Please type or print all sections of the application. If you need more space, please attach additional pages and clearly identify the corresponding line number.

1. Local Government Identification

This section requests basic information about your local government.

Line 1a: Identify the name of your local government (e.g., town, city, county, Indian Tribe).

Line 1b: Indicate the name and daytime telephone number (including area code) of the contact person for this request.

Line 1c: Indicate the official mailing address of your local government. *(EPA will use this address for all correspondence related to this reimbursement.)*

Line 1d: Identify the date that the application for reimbursement is being filed. *(Note: If you are submitting an application more than one year after completing the response, you must attach an explanation.)*

2. Release Description

This section requests basic information about the release incident.

Line 2a: Indicate the date and approximate time the release occurred or was discovered.

Line 2b: Identify the location where the release occurred. *(If a street address is not applicable, please reference major landmarks, surface or drinking water sources, cross streets, or prominent geographic features, as appropriate.)*

Line 2c: Briefly describe the source or cause of the release. *(For example, overturned truck, building or tire fire, abandoned waste, clandestine drug lab.)*

Line 2d: Identify the hazardous substance(s) released and the estimated quantity. *(Be sure to indicate chemical names, when known, and units of measure.)*

Line 2e: Briefly describe the specific threat(s) to human health and the environment represented by the incident. *(For example: health threat posed by leaking cylinders of hydrogen fluoride, a highly corrosive and fatal hazardous substance when inhaled.)*

Line 2f: Attach any additional materials (e.g., police or fire department reports, or sampling

results) pertinent to the release. *(This information is not required; however, please attach if readily available.)*

3. Response Description

This section requests basic information about your local government's response to the release incident.

Line 3a: Indicate the date and approximate time when the response was initiated.

Line 3b: If known, please indicate with a check mark whether EPA, the National Response Center, or another agency was notified of the incident. Otherwise, leave this section blank.

Line 3c: If EPA was notified, indicate which Regional Office was contacted. Otherwise, leave this section blank.

Line 3d: Indicate the date and approximate time when the agency identified in Line 3b was contacted.

Line 3e: Indicate the date of response completion. *(An applicant may consider a response complete when all field work has been completed and the local government has received all reports and invoices.)*

Line 3f: Indicate the jurisdiction (e.g., town, city, county, or Indian Tribe) in which the emergency response occurred.

Line 3g: Indicate with a check mark whether your government is a participant in the Title III Emergency Response Plan.

Line 3h: Identify **ALL** agencies involved with the response and their jurisdictions. *(Include any responders from neighboring communities.)*

Line 3i: Briefly summarize all response actions related to the emergency response.

Line 3j: Briefly summarize the temporary emergency response measures that your local government would like to have reimbursed.

4. Cost Information

This section requests specific information about the costs incurred during the incident.

Line 4a: Indicate the total amount of local funds spent for the overall response. *(Include all labor, special services, overtime, supplies, and equipment costs incurred by all local responders.)*

Line 4b: Indicate the total amount of funds that your local government is requesting EPA to reimburse.

Line 4c: On Table 1 of the application, provide a detailed breakdown of costs that your local government is requesting EPA to reimburse. In the first column, describe the temporary emergency measures. *(These entries should mirror those identified on Line 3j.)* In the second column, identify the agency that incurred the cost. Use the cost element codes provided in Attachment 1 to complete the third column. In the fourth column, indicate the total dollar amount requested. Please note that supporting documentation (e.g., invoices, sales receipts, rental agreements) must be attached to support each cost provided in Table 1.

Line 4d: On Table 2 of the application, provide a brief summary of your efforts to recover costs from potentially responsible parties, your state, and your local government insurance. In the first column, provide the name and title of the source contacted. In the second column, identify the date(s) those sources were contacted. Provide a brief summary of the response in the third column. In column four, indicate (Yes or No) if you have attached details related to the cost recovery.

Line 4e: Provide any additional financial data that will help EPA in determining your local government's financial burden resulting from the incident. *(This information is not required; however, please attach if readily available.)*

5. Certifications and Authorization

This section requires an authorized signature to certify the information provided on the application.

Your local government's highest ranking official (e.g., mayor, county executive) is required to sign the application. By signing the form, this official certifies that: all costs are accurate and were incurred specifically for this response; this reimbursement request does not supplant local funds normally provided for response; cost recovery was pursued; and if funds received from EPA are later recovered, the reimbursement will be returned to the Agency. *(The highest ranking official of the local government may delegate the authority to sign the application. If a delegate is used, you must enclose a letter of delegation.)*

FILING INSTRUCTIONS

When should I submit my application?

A request for reimbursement must be received by EPA within one year of the date of completion of the response. If you submit your application late, you must include an explanation for the delay. Late applications will be considered on a case-by-case basis.

Where should I send my application?

Completed applications and supporting documentation should be sent to:

US EPA
LGR Program Attn. Lisa Boynton
1200 Pennsylvania Ave.
M.C. 5104 - A
Washington, DC 20460

What can I do if my application needs to be amended?

If you file your reimbursement application and later become aware of any changes you must make to the incident or response description or costs incurred, you can send amended information to the address listed above.

What records must I keep?

If you receive a reimbursement from the Superfund, you must keep all records of costs, response activities, and release notifications shown on your application, as well as any worksheets used to figure these costs and the original costs documentation, for a period of three years from the date the reimbursement was made. After three years from the date of reimbursement, if EPA has not begun a cost recovery action against a PRP, you may dispose of your records. You must notify EPA of your intent to dispose of the records 60 days before you do so.

What should I do if my address changes?

If the address provided on Line 1b of the application form changes after you file, please notify the EPA Reimbursement Officer as soon as possible of your address change. This will enable EPA to reach you if additional information or clarification is needed to evaluate your application and will ensure timely receipt of a reimbursement if your application is approved.

Who can I contact if I need more information or help in completing my application?

You can call the LGR Helpline at 800-431-9209.

Have questions about the program or the application process? Call the LGR HelpLine at 800-431-9209.

APPLICATION CHECKLIST

Before you send this application:

- ☐ Make sure that your application form is correct and complete.
- ☐ Include receipts, invoices, or other documents to support **ALL** costs being requested for reimbursement.
- ☐ Attach all necessary supporting documentation or additional information you want considered.
- ☐ Coordinate your application with all other responding agencies and local governments involved in the incident. *Remember, EPA will award only one reimbursement request per incident.*
- ☐ Provide an explanation if your request is being filed more than one year after the response was completed.
- ☐ Make sure that the highest ranking local government official (or a delegate) signs and dates the application.
- ☐ Attach documentation (e.g., a letter of delegation) if the highest ranking local government official delegates the authority to sign the application.
- ☐ Make a copy of the completed application (including any attachments) for your files.

EPA Form 9310-1, Application for Reimbursement to Local Governments

Please type or print all information

		United States Environmental Protection Agency Washington, D.C. 20460 Application for Reimbursement to Local Governments for Emergency Response to Hazardous Substance Releases Under CERCLA Sec. 123		Form Approved OMB No. 2050-0077 Approval expires
1. Local Government Identification				
a. Name of Local Government		b. Contact Name and Telephone Number		
c. Official Address		d. Date of Application		
2. Release Description				
a. Date and Time of Occurrence or Discovery		b. Location		
c. Source or Cause of Release				
d. Hazardous Substances Released and Quantity (Petroleum, crude oil, or any unspecified fractions thereof are <u>excluded</u>)				
e. Threats to Human Health and Environment				
f. Attach any additional material pertinent to the release				
3. Response Description				
a. Date and Time of HazMat Response Initiation		b. Was anyone notified of the response? ☐ EPA ☐ NRC ☐ Other		
c. EPA Region		d. Date and Time Contact Made		e. Date of Response Completion (Local government has received all data, reports, and charges for response)
f. Jurisdiction in Which Response Occurred		g. Is your local government a participant in the Title III Emergency Response Plan? (Check one) ☐ Yes ☐ No		
h. Responding Agencies and Jurisdictions				

i. Summary of Response Actions	
j. Temporary Measures for Which Reimbursement is Sought	
4. Cost Information	
a. Total Response Cost \$	b. Total Reimbursement Requested \$
c. Complete and attach Table 1, "Detailed Cost Breakdown"	
d. Complete and attach Table 2, "Cost Recovery Summary"	
e. Attach other pertinent financial information	
5. Certification and Authorization (To be completed by highest ranking official of applying local government)	
I hereby certify that: 1) All costs are accurate and were incurred specifically for the response for which reimbursement is being requested; 2) Reimbursement for costs incurred for response activities does not supplant local funds normally provided for response; 3) Cost recovery was pursued as presented in the attached Table 2; and 4) Reimbursement funds for which costs are later recovered will be returned to EPA. I further certify that I am authorized to request this reimbursement and to receive funds from the Federal Government.	
Printed or Typed Name of Highest Ranking Local Government Official or Authorized Representative	Signature of Highest Ranking Local Government Official or Authorized Representative
Title	Date
Burden Statement: The Agency requires applicants for reimbursement to submit an application package that demonstrates consistency with program eligibility criteria and certifies compliance with the reimbursement requirements. This information collection is necessary to ensure proper use of the Superfund and appropriate distribution of reimbursement awards among applicants. EPA will receive and closely evaluate reimbursement requests in accordance with 40 CFR 310 to ensure that the most deserving cases receive awards. The public reporting and recordkeeping burden for this collection of information is estimated to average 9 hours per response annually. Burden means the total time, effort, or financial resources expended by persons to generate, maintain, retain, or disclose or provide information to or for a Federal agency. This includes the time needed to review instructions; develop, acquire, install, and utilize technology and systems for the purposes of collecting, validating, and verifying information, processing and maintaining information, and disclosing and providing information; adjust the existing ways to comply with any previously applicable instructions and requirements; train personnel to be able to respond to a collection of information; search data sources; complete and review the collection of information; and transmit or otherwise disclose the information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments on the Agency's need for this information, the accuracy of the provided burden estimates, and any suggested methods for minimizing respondent burden, including through the use of automated collection techniques to the Director, OPPE Regulatory Information Division, U.S. Environmental Protection Agency (2137), 401 M St., S.W., Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed form to this address.	

ATTACHMENT 1 TO FORM 9310-1 COST ELEMENT CODES AND COMMENTS
[Cost Element Codes for use in Table 1]

Code	Cost category	Cost element	Comments
PC	Personnel Compensation.	PC1: Overtime—for services in excess of the local agency's standard work day or work week. PC2: Experts and consultants—for services rendered on a per diem or fee basis or for services of an intermittent, advisory nature.	Compensation of overtime costs incurred specifically for a response will be considered only if overtime is not otherwise provided for in the applicant's operating budget.
TR	Transportation	TR1: Passenger vehicle rental—for transportation of persons during evacuation. TR2: Nonpassenger vehicle rental—for transportation of equipment or supplies.	Passenger and nonpassenger vehicle rental costs will be considered for private vehicles not owned or operated by the applicant or other unit of local government.
RC	Utilities	RC1: Utilities—for power, water, electricity and other services exclusive of transportation and communications.	Utility costs will be considered for private utilities not owned or operated by the applicant or other unit of local government.
OS	Other Contractual Services.	OS1: Contracts for technical or scientific analysis—for tasks requiring specialized hazardous substance response expertise. OS2: Decontamination services—for specialized cleaning or decontamination procedures and supplies to restore clothing, equipment or other serviceable gear to normal functioning.	May include such items as specialized laboratory analyses and sampling.
SM	Supplies and Materials.	SM1: Commodities—for protective gear and clothing, cleanup tools and supplies and similar materials purchased specifically for, and expended during, the response.	May include such items as chemical foam to suppress a fire; food purchased specifically for an evacuation; air purifying canisters for breathing apparatus; disposable, protective suits and gloves; and sampling supplies.
EQ	Equipment	EQ1: Replacement—for durable equipment declared a total loss as a result of contamination during the response. EQ2: Rent—for use of equipment owned by others.	Equipment replacement costs will be considered if applicant can demonstrate total loss and proper disposal of contaminated equipment. Equipment rental costs will be considered for privately owned equipment not owned or operated by the applicant or other unit of local government.

Table 1
Detailed Cost Breakdown

Temporary Emergency Measure	Cost Incurred By	Cost Element (See Attachment 1)	Amount

Table 2
Cost Recovery Summary

**Note: This “Cost Recovery Summary” must accompany each request for reimbursement.
You Must Fill Out Each Section Of This Form.**

Name and Title of Source Contacted	Date(s) Contacted	Brief Summary of Response	Details Attached
Attempts to Recover Costs from Potentially Responsible Parties (including PRP insurance) -----			
Attempts to Recover Costs from State Funding Sources -----			
Attempts to Recover Costs from Local Government Insurance -----			