



# Dry Cleaner Environmental Response Fund Program REIMBURSEMENT APPLICATION INSTRUCTIONS & CHECKLIST

These instructions supplement the application forms necessary for obtaining reimbursement from the Dry Cleaner Environmental Response Fund (DERF) Program. The application process requires you to submit very detailed information about the eligible costs you incurred during your cleanup. Submitting a "complete" application ensures that your application will be processed as quickly as possible. The checklist below and the subsequent instructions will help you prepare a complete and successful reimbursement application.

## Application Checklist

**1. Talk with your DNR Remediation & Redevelopment regional project manager.**

Feel free to ask questions if you don't know how to proceed or need clarification on such topics as program requirements, application procedures, eligible costs, or unusual circumstances.

**2. Prepare your application.**

Complete the following (available at <http://dnr.wi.gov/org/aw/rr/financial/dryclean.html>):

- Dry Cleaner Environmental Response Program Reimbursement Application, Form 4400-211
- SI Bid Summary, Form 4400-233 OR Bid Proposals Summary, Form 4400-212 (for interim and remedial action costs)
- Reimbursement Cost Summary, Form 4400-213
- Reimbursement Cost Detail Worksheet, Form 4400-214
- Verification of Taxpayer ID Number, Substitute W-9 Form

**Include the following:**

- A Site Map       A Legal Description
- A copy of each accepted proposal (contract) for consulting and contract services, including documentation of any changes to the original contract and records of contract negotiations
- Detailed invoices & copies of original subcontractor invoices
- Canceled checks (copies of both sides) documenting payment of the invoices

**Important:**

Remember to code the detailed costs in your accepted service contract(s) and invoices to the eight standard cost categories described in the instructions on page six of this publication.

**Caution:**

Be aware that there is a **penalty for claiming ineligible costs** on your reimbursement application. If you apply for reimbursement of an ineligible cost, the department will deduct 50% of the amount of that cost from your eligible reimbursement claim as well as reduce your claim by the ineligible amount. If a consultant fills out the claim and submits ineligible costs for reimbursement, the consultant will be required to pay the DNR a 50% penalty charge of the ineligible costs claimed and the claim will be reduced by the ineligible amount. Contact your DNR regional project manager prior to submitting your application if you are uncertain about the eligibility of any costs that you have incurred during your clean up. For a list of eligible and ineligible costs see NR 169.13 which can be found at <http://www.legis.state.wi.us/rsb/code/nr/nr169.pdf>.

**3. Forward your completed application and materials to your DNR region project manager.**

Costs from Oct. 14, 1997 to present must be submitted within 120 days of completing the response action.



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## Dry Cleaner Environmental Response Fund Program Application (Form 4400-211) Instructions

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To prevent a delay in processing your application, complete the entire application form and assemble any attachments required. Detailed instructions for the form's completion follow.

### Applicant Information

1. Enter your name, business name, mailing address, and a telephone number where you can be reached during the workday. Enter a fax number and e-mail address if you have them.
2. Check the box that best describes what type of applicant you are.

**"Operator" means:**

a) a person who holds the dry cleaner license for a dry cleaning facility; or b) a subsidiary or parent corporation of the person specified in "a" above; or c) a person who operated a dry cleaning facility that ceased operating before October 14, 1997.

**"Owner" means:**

A person who owns, or has possession or control of, and who receives or received direct or indirect consideration from the operation of a) a licensed dry cleaning facility or b) a facility that has ceased operation but that, if it ceased operation on or after October 14, 1997 was licensed before it ceased operation, or c) a subsidiary or parent corporation of the person specified in a) or b) above.

**"Property owner of a licensed facility" means:**

A person who owns the property on which is located a) a licensed dry cleaning facility or b) a facility that has ceased operation but was licensed before it ceased operation under the current property owner.

### Application Type

Check the boxes that describe what type of application you are submitting. For definitions of immediate, site investigation and remedial response actions, please see the publications entitled *DERF Program Basics* (publication #RR-749), found on the DNR web site: <http://dnr.wi.gov/org/aw/rr/financial/dryclean.html>. The box marked "partial request - number \_" is to indicate the number of requests in that particular category to date.

### Response Action Time Period

Enter the start date and end date for the response actions that you are requesting reimbursement for in this application. This means the period of time covered by all invoices you are submitting for reimbursement in this application. Remember to include all costs during the time period. **Important:** Costs incurred prior to the end date on the application will not be eligible for reimbursement in future applications.

### Agent Information

An owner or operator may enter into a written agreement with another person under which that other person acts as an agent in conducting all response action activities. If applicable, enter the agent's contact information.

### Assignment Of Payment

An applicant may assign a reimbursement payment to a person who loans money to the applicant for the purpose of conducting cleanup activities. If applicable, enter the name, mailing address, and telephone number of the party to whom you would like the reimbursement to be paid. **Important:** the assignee must complete a Verification of Taxpayer Identification Number, Substitute W-9 form to receive a payment. Submit the form with your application.

**Multiple Responsible Persons**

Enter the names and contact information for any other owners or operators eligible for reimbursement from the program for discharges at this facility. If there are no other eligible persons to notify, check the box for that purpose.

**Dry Cleaner Site Information**

Enter the information requested about the dry cleaner site.

**Discharge Information**

Enter the information requested about the solvent discharge at the dry cleaner site.

**Consultants**

Enter the names of any consultants/contractors that you accepted service proposals from. You must complete a *Site Investigation Bid Summary*, Form 4400-233, for site investigations initiated after April 19, 2004. For all other actions, you must complete *Bid Proposals Summary*, Form 4400-212, for each bidding process that you initiated after February 1, 2000. Also, submit a copy of each signed contract, including copies of any records of contract negotiations and signed amendments. The program has specific requirements for hiring a consultant that apply to all hiring processes for interim, site investigation, and remedial actions conducted beginning February 1, 2000. Refer to ch. NR 169.21, Wis Adm. Code, and the following publications for more information about consulting and contract services requirements: *Selecting an Environmental Consultant* (publication #RR-502) and *QBS for Consultant Selection* (publication #RR752), found on the DNR web site at [www.dnr.state.wi.us/org/aw/rr](http://www.dnr.state.wi.us/org/aw/rr).

**Insurance Information**

Check the appropriate box that describes your insurance status and, depending on the box selected, enclose additional information if requested. At the time of your application for reimbursement, you are required to provide information about insurance policies that were in effect at the time of the discharge. Clean up costs covered by insurance are not eligible for reimbursement.

**Other Sources Of Reimbursement**

If you have applied for or are intending to apply to another program for a tax credit for work that is also eligible for this program or for a reimbursement of costs associated with this discharge, provide the name of the program and your date of application.

**Application Certification**

Sign and date the application. No person may knowingly make or cause to be made a false or misleading statement in any document submitted to the department in connection with this program. The department shall deny an application if it is fraudulent or if the applicant falsified records related to this application.

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## Other Forms and Attachments

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### **Site Investigation (SI) Bid Summary, Form 4400-233**

This form is required to document the consultant selection process for site investigations that were initiated after April 19, 2004. It summarizes the minimum of 3 and maximum of 6 proposals that were received as part of the program's bidding requirements, and provides a consistent format for submitting costs in the categories of drilling, analytical, consulting, and miscellaneous costs. Detailed instructions accompany this form when it is downloaded from the web site. Update this form for all scope changes during SI.

### **Bid Proposals Summary, Form 4400-212**

Summarize the bid proposals you received during the consultant selection process for interim response actions and remedial response action costs being submitted for reimbursement. Use this form for documenting site investigation bids initiated before April 19, 2004. Detailed instructions for filling out this form appear on the reverse side of the form itself. (**Note:** You are not required to submit this form if you conducted your consultant selection process prior to February 1, 2000.)

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### **Reimbursement Cost Detail Worksheet (Form 4400-214) and Summary (4400-213)**

Summarize the eligible costs from the paid invoices associated with your cleanup costs on these forms. Detailed instructions for filling out both forms appear on the reverse side of the forms. The forms should be submitted with copies of your paid invoices and both sides of the canceled checks documenting the payment of the invoices. Also include copies of original invoices from all subcontractors. See the instructions on page 4 on coding invoices and canceled checks to the standard cost categories.

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### **Taxpayer Identification Number Verification, Substitute W-9 form**

The DNR must have your federal taxpayer identification number on file in order to issue a reimbursement payment to you. Complete this form to indicate your taxpayer identification number to us. Remember, if you do assign your payment to a person who loans money to you for the purpose of conducting cleanup activities, that person must complete this form. Note: Reimbursement payments may be considered reportable income. Contact your personal tax specialist for additional information.

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### **A Site Map** (Submit only with the initial application related to a specific discharge.)

Submit a map indicating the facility's legal property boundaries including town, range, section and quarter-quarter section with your application.

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**A Legal Description** (Submit only with the initial application related to a specific discharge.) Submit a legal description of the land parcel where the facility is located which corresponds to the most recent accurate parcel description filed with the register of deeds in the county where the land parcel is located.

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### **Accepted Service Contracts**

Submit a copy of each bid proposal you accepted for consulting and contract services, including records of any contract negotiations. Code the bid proposals to the standard cost categories described on page six to link them to your invoices and cost detail worksheet and summary forms.

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## ☐ Interim Payment Requests

If this is an interim payment request (that is, this is not the final request for payment of an immediate action, interim action, site investigation, or remedial action), please attach the following, as applicable:

- ☐ Progress Report. A progress report must accompany all interim payment requests. This should summarize work completed to date or work completed since the last progress report was submitted. A complete cost accounting to date, including money spent and money remaining on the original contract, per task, must be summarized. We recommend that you use the original bid sheets to make this accounting.
- ☐ Change Orders (if applicable). All change orders to the service contract must include a complete accounting of the work done to date and the money spent to date. The cost accounting must include specific changes proposed to tasks in the original scope of work. A complete accounting to date, including money spent, money remaining on the original contract, and the change in cost per task must be summarized. We recommend that you use the original bid sheets to make this accounting. New columns can be added showing percentage of work complete to date, money spent, money remaining and proposed changes. Total costs for the change order as well as the new contract cost must be clearly indicated. Approval by the DNR project manager - if the cost increases by more than \$3,000 or 5 percent of the contract - and the owner/operator or agent must accompany the reimbursement request. **NOTE:** The \$3,000 or 5% of contract latitude for cost overrun without prior DNR approval applies to the total cost to conduct a complete site investigation or remedial action. If these costs are incurred without DNR approval during an early phase of the project, then all subsequent cost increases, regardless of amount, must be pre-approved by the DNR PM.
- ☐ Interim Site Investigation (SI) reimbursement request (if applicable). An interim SI reimbursement may be requested ONE TIME per fiscal year (July 1 - June 30). **The payment request must be for a minimum \$15,000 and must be accompanied by a progress report and change order.** Up to 3 interim SI reimbursements can be requested before completion of the SI. The final SI reimbursement request can be made any time and there is no minimum dollar amount for the final reimbursement request.

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## ☐ Detailed Invoices

- ☐ Invoice Summary. List each invoice with its corresponding specific task in each bid category on the original bid sheet. A copy of the original bid sheet can be used for this. If an invoice includes multiple tasks, then the invoice summary should separate the costs according to each task. For example, on the SI bid sheet, invoiced consulting hours should be itemized and identified for each task submitted in the bid. Total invoiced costs can not exceed approved bid costs (with the exception of \$3,000 or 5% of the total SI or RA costs).
- ☐ Submit all of the invoices for each eligible cost that you are submitting for reimbursement. Invoices should contain a detailed explanation of the work performed. They should identify the nature of the services or materials provided, the amount charged for the services or materials, the identity of the provider, and the dates on which the services or materials were provided. If an invoice from your contractor does not provide a detailed explanation, you must attach an explanation to the invoice. If an invoice identifies subcontractor costs, include a copy of the subcontractor's invoice.
- ☐ Code each line item on every invoice to the standard cost categories described under the coding instructions below. You may allocate costs from one invoice or invoice item into two or more cost categories by indicating the percentage (or dollar amount) attributable to each cost category that applies. **Costs not eligible for reimbursement should be crossed out on the invoice and not coded.**
- ☐ Attach proof of payment (copies of both sides of canceled checks) to each invoice you are submitting.

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**Important:** Include all the invoices that you have paid prior to the date you are submitting your application. Costs incurred prior to the date of your application will not be reimbursed if submitted in the future. This includes costs incurred by any other eligible responsible person.

**☐ Coding Your Expenditure Documentation to the Standard Cost Categories**

Code your accepted service contracts and invoices to the following cost categories by noting the letter code representing the category next to the contract line item costs and invoice line items:

Cost Category **A** - Soil Investigation Costs

Cost Category **E** - Air/Vapor Investigation Costs

Cost Category **B** - Soil Remediation Costs

Cost Category **F** - Air/Vapor Remediation Costs

Cost Category **C** - Groundwater Investigation

Costs Category **G** - Laboratory and Other Analysis

Cost Category **D** - Groundwater Remediation Costs

Cost Category **H** - Miscellaneous Costs

This will link your documentation to the cost detail worksheet and summary forms that you complete and enable the department to efficiently audit your reimbursement application.

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**☐ Multiple Contaminants**

If your site cleanup costs include products other than dry cleaner chemicals attach an explanation of how the costs are separated with your application. Site cleanup costs associated with products other than dry cleaner chemicals are not reimbursable through this fund. **Note:** With the exception of past costs, the determination of how non-dry cleaner chemical costs are segregated should be made with the DNR project manager when the workplan is developed for the site.

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**☐ Subsequent Applications for Remedial Action Costs**

For remedial action reimbursements, an owner or operator may submit up to two applications per year, not including the final application. An owner or operator may submit an application for immediate actions, interim actions or site investigation reimbursement all within the same fiscal year (July 1 through June 30).

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***Disclaimer:** This document may contain some information about certain state statutes and rules but does not necessarily include all of the details found in the statutes/rules. Readers should consult the actual language of the statutes/rules to answer specific questions. [There is a link to the code and statute on the dry cleaner web page listed on page one of this publication.](#)*

***Equal Opportunity Statement***

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***Accessibility Statement***

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