

# **ORPHAN SITE CLEANUP FUND APPLICATION**

Financial assistance program for sites contaminated by leaking  
petroleum underground storage tanks

**State Water Resources Control Board**  
**Division of Financial Assistance**  
Revised December 1, 2018

# ORPHAN SITE CLEANUP FUND APPLICATION PACKAGE

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# ORPHAN SITE CLEANUP FUND

## About the Orphan Site Cleanup Fund (OSCF)

The OSCF is a grant program within the State Water Resources Control Board's Division of Financial Assistance. The OSCF provides financial assistance to eligible applicants for the cleanup of sites contaminated by leaking petroleum underground storage tanks (USTs) where there is no financially responsible party, and the applicant is not an eligible claimant to the UST Cleanup Fund.

## Submitting Your OSCF Application

This OSCF application has been designed to help in the determination of your eligibility for an OSCF grant. Helpful application instructions begin on Page 9 of the application packet and follow the application order. If you need assistance completing the application, please contact OSCF staff by calling (800) 813-3863 or emailing [ustcleanupfund@waterboards.ca.gov](mailto:ustcleanupfund@waterboards.ca.gov). Or, you can visit our website at [http://www.waterboards.ca.gov/water\\_issues/programs/ustcf/oscf.shtml](http://www.waterboards.ca.gov/water_issues/programs/ustcf/oscf.shtml).

To assist with the review process, please be sure your OSCF application contains accurate and complete information and follow the instructions below:

- ◆ Clearly type or print all information.
- ◆ Sign and date the application where indicated.
- ◆ Make sure that your application form is thoroughly completed.
- ◆ Attach all necessary documentation to support your application eligibility. (See attached Application Checklist.)
- ◆ Make a copy of the complete application, including any attachments, for your files.

**Failure to submit a complete OSCF application packet may prolong the review process, delaying your eligibility determination.**

Send the original application with a wet signature with supporting documents to:

State Water Resources Control Board  
Division of Financial Assistance  
Orphan Site Cleanup Fund Program  
P.O. Box 944212  
Sacramento, CA 94244-2120

To send your application **via certified mail**, please send your application to the street address at:

State Water Resources Control Board  
Division of Financial Assistance  
Orphan Site Cleanup Fund Program  
1001 I Street, 8<sup>th</sup> Floor  
Sacramento, CA 95814

To confirm delivery, the OSCF program suggests that applicants mail their applications certified, return receipt requested.

# APPLICATION

State of California  
 State Water Resources Control Board  
 Division of Financial Assistance  
 Orphan Site Cleanup Fund  
 P.O. Box 944212  
 Sacramento, CA 94244-2120

<i>FOR STATE USE ONLY</i>	
Application No.:	
Date Received:	
Region:	
Priority Points:	

## PETROLEUM UNDERGROUND STORAGE TANK (UST) ORPHAN SITE CLEANUP FUND APPLICATION

### APPLICANT IDENTIFICATION

Applicant Name:

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Authorized Representative: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
 (If Applicant is a business entity) (If other than the Applicant/Representative)

Applicant E-mail Address: \_\_\_\_\_ Contact E-mail Address: \_\_\_\_\_

Applicant Telephone No.: \_\_\_\_\_ Contact Telephone No.: \_\_\_\_\_

Applicant Status:     Individual     Partnership     Corporation     LLC     Local Agency  
 Other: \_\_\_\_\_

Tax Identification Number (TIN):

Applicant is a: (Check all that apply)

Property Owner     Developer     Redevelopment Agency     Non-Profit Organization  
 Other: \_\_\_\_\_

### CO-APPLICANT IDENTIFICATION

Co-Applicant Name:

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Authorized Representative: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
 (If Co-Applicant is a business entity) (If other than the Co-Applicant/Representative)

Co-Applicant E-mail Address: \_\_\_\_\_ Contact E-mail Address: \_\_\_\_\_

Co-Applicant Telephone No.: \_\_\_\_\_ Contact Telephone No.: \_\_\_\_\_

Co-Applicant Status:     Individual     Partnership     Corporation     LLC     Local Agency  
 Other: \_\_\_\_\_

Tax Identification Number (TIN):

Co-Applicant is a: (Check all that apply)

Property Owner     Developer     Redevelopment Agency     Non-Profit Organization  
 Other: \_\_\_\_\_

**ESTIMATE OF RESPONSE COSTS**

Response costs incurred to date by the applicant for completed work: \$ \_\_\_\_\_

Estimated eligible response costs to complete **Assessment** work: \$ \_\_\_\_\_

Estimated eligible response costs to complete **Cleanup** work: \$ \_\_\_\_\_

Estimated total response costs: \$ \_\_\_\_\_

**CONTAMINATED SITE DESCRIPTION**

Site Name: \_\_\_\_\_

Site Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_

APN Number: \_\_\_\_\_ GeoTracker Global ID Number: \_\_\_\_\_

List all known petroleum USTs:

	Historic Use	Capacity (gallons)	Substance Stored	Date UST Removed
UST 1	_____	_____	_____	_____
UST 2	_____	_____	_____	_____
UST 3	_____	_____	_____	_____
UST 4	_____	_____	_____	_____
UST 5	_____	_____	_____	_____

List all known and other possible sources of contamination including, but not limited to aboveground storage tanks, sumps, pits, chemicals, surface spills, off-site contamination, and USTs storing substances other than petroleum.

Source	Substance
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

## LEAD REGULATORY AGENCY

1. Certified Unified Permit Agency (CUPA): \_\_\_\_\_
2. Local Oversight Program (LOP): \_\_\_\_\_  
Regional Water Quality Control Board: \_\_\_\_\_
3. Lead Regulatory Agency: \_\_\_\_\_ Case No.: \_\_\_\_\_  
Staff Contact: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_
4. Date unauthorized release from Petroleum UST was confirmed by the regulatory agency: \_\_\_\_\_
5. Date the regulatory agency first directed a responsible party to initiate response actions: \_\_\_\_\_
6. Has the lead regulatory agency approved a corrective action plan for the subject site?  
Yes      No      Unknown
7. Has the unauthorized release impacted groundwater? Yes      No      Unknown  
If unknown, answer question number 8.
8. Is the unauthorized release likely to impact groundwater?    Yes      No      Unknown

## SITE DEVELOPMENT

1. Has the site received a regulatory agency Site Closure Letter (No Further Action)?    Yes      No  
If yes, submit a copy of the Site Closure Letter and the Case Closure Summary with the application.
2. Has the site engaged in a local Voluntary Assistance Program (VAP)?      Yes      No
3. Are response actions required as part of the site development process?      Yes      No  
If yes, response action costs must be incurred after site closure.
4. List any other regulatory agency(ies) not already mentioned above that the applicant will work with to conduct response actions during the site development process.  

Regulatory Agency	Contact Name	Phone Number	Email
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
5. Date of construction for site development or scheduled date to begin construction: \_\_\_\_\_

## **HISTORY OF RESPONSE ACTIONS**

Provide a summary of the response actions to date from the discovery of the unauthorized release to the present.



## SITE HISTORY

**Note: Co-applicant(s) must also complete the following section. Make additional copies if necessary. If multiple applicants are filing, indicate which applicant is completing the following section.**

Applicant    Co-Applicant: \_\_\_\_\_

1. If the applicant is a property owner, provide the date the site was acquired: \_\_\_\_\_  
Month/Day/Year

2. Identify person(s) from whom the property was acquired:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

3. To the best of applicant's knowledge, provide the following history of the property owner, UST owner, and UST operator. Identify if any applicant has any affiliation with any entity identified below:

Time Period	Property Owner	UST Owner	UST Operator
From: _____	_____	_____	_____
To: _____	_____	_____	_____
Affiliation:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
From: _____	_____	_____	_____
To: _____	_____	_____	_____
Affiliation:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
From: _____	_____	_____	_____
To: _____	_____	_____	_____
Affiliation:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
From: _____	_____	_____	_____
To: _____	_____	_____	_____
Affiliation:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
From: _____	_____	_____	_____
To: _____	_____	_____	_____
Affiliation:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**ELIGIBLE SITE**

1. The principal source of contamination is from a petroleum UST(s).    Yes    No

**ELIGIBLE APPLICANT**

**Note: Co-applicant(s) must also complete the following section. Make additional copies if necessary. If multiple applicants are filing, indicate which applicant is completing the following section.**

Applicant    Co-applicant: \_\_\_\_\_

1. Did the applicant cause, contribute to, or exacerbate the unauthorized release from the UST(s)?

Yes            No

2. Is the applicant an affiliate of any person who caused or contributed to the unauthorized release from the UST(s)?

Yes            No

3. If applicant is/was the owner of the leaking UST(s) that caused the unauthorized release, and applicant did not properly remove, close, or permit the UST(s) within a reasonable period of time of UST ownership, provide reason why:

Applicable    Not Applicable

\_\_\_\_\_  
\_\_\_\_\_

4. A) Summarize the reason(s) the applicant(s) and/or the site would not qualify for the UST Cleanup Fund Program (Fund). Please attached a copy of any claims or denials for the Fund.

\_\_\_\_\_  
\_\_\_\_\_

B) Identify the Fund Claim Number(s), if applicable: \_\_\_\_\_

5. Is/are the applicant(s) current owners of the site? If the applicant is the property owner of the subject site, identify and submit property ownership document.

Yes            No

6. If the applicant is not the property owner of the subject site, explain the applicant's authority to access and perform response actions at the site that are the subject of this application. Please note: applicant(s) that are not current owners of the site may be eligible for grants for assessment work at the site, provided they have demonstrable legal access to the site, however such applicant(s) are not eligible for grants for cleanup work, unless the applicant is a public agency. See OSCF regulations, section 2814.25(b)(2), and application instructions for more information.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**RESPONSIBLE PARTY/IES** (In accordance with OSCF regulations, section 2814.24, applicant must demonstrate that there is no “financially responsible party.”) This includes both named and potentially responsible parties. Attach additional page(s) if necessary.

I. Known Responsible Party/ies Identified by Regulatory Agencies

Responsible Party Name	Mailing Address	Applicant's Action Taken	Responsible Party's Response
1. _____			
2. _____			

II. Potentially Responsible Party/ies

Responsible Party Name	Mailing Address	Applicant's Action Taken	Responsible Party's Response
1. _____			
2. _____			

Check all boxes that apply (**see application instructions**):

- 1. None of the known or potentially Responsible Party(ies) can be located.
- 2. Known or potentially Responsible Party(ies) located and the Responsible Party Worksheet(s) completed.
- 3. Known or potentially Responsible Party(ies) located and the applicant made reasonable efforts to obtain information to evaluate the financial viability of those party(ies).
- 4. The applicant is the only Responsible Party named by the regulatory agency and there are no other Potentially Responsible Parties.
- 5. Site Closed – Response work required as part of the site development process.

**PRIORITY SCORE**

The priority of applications will be based on the date the application is received. Pursuant to OSCF regulations, section 2814.27, subdivision (c), if sufficient funding is not available, the OSCF program will calculate a priority score to rank the application based on the items listed below:

1. Is the unauthorized release of petroleum located within 1000 feet of a drinking water well or a surface water body used as a source of drinking water?
  - Yes       No
  
2. Is the site located in a census tract with median household income of less than 80 percent of the statewide median household income based on the most recent census data collected by the United States Census Bureau?
 

Applicable census tract number: \_\_\_\_\_

  - Yes       No
  
3. Does the proposed project have the potential to result in development of affordable housing or infill development?
  - Yes       No

**Applicant must submit supporting documentation for “yes” responses to the above questions. (See Application Instructions.)**

## APPLICATION CERTIFICATION

Each Applicant/Co-Applicant Hereby Certify That:

1. Applicant is entitled to submit an application to the Orphan Site Cleanup Fund Program.
2. Petroleum contamination from an underground storage tank is the principal source of contamination at the site.
3. A financially viable known or potentially Responsible Party has not been identified to pay for response actions to remediate the subject site.
4. Applicant understands that all work at the site must be in compliance with applicable corrective action requirements established pursuant to Health and Safety Code chapter 6.7 and implementing regulations and that work cannot be conducted without the approval of the appropriate regulatory agency.
5. Applicant understands that the State Water Resources Control Board (State Water Board), at its option, may require the transfer and assignment to the State of California of any and all rights which the applicant may have to recover response costs from any person responsible for the unauthorized release.
6. Applicant understands that all records pertaining to the application must be retained for a period of at least three years from the date of the final payment from the Orphan Site Cleanup Fund. All such records will be made available to the State Water Board or any designated representative thereof upon request.
7. Applicant understands that all reimbursements made pursuant to the application are subject to audit by the State Water Board or any representative thereof. Applicant will reimburse the State Water Board for any costs disallowed pursuant to such an audit.

## APPLICANT VERIFICATION AND SIGNATURE

**Note: All individuals signing this Certification on behalf of the Applicant/Co-Applicant, represent and warrant that they are authorized to do so on behalf of the respective party pursuant to a valid Power of Attorney or as the entity's authorized signatory.**

As the undersigned applicant(s) to the Orphan Site Cleanup Fund, I (we) hereby declare under penalty of perjury that all facts and statements set forth as part of this application are true and correct to the best of my (our) knowledge and belief. (See Cal. Code of Regs., tit. 23, § 2814.34.)

Executed at \_\_\_\_\_

On this \_\_\_\_ Day of \_\_\_\_\_ 20\_\_\_\_

Applicant Signature: \_\_\_\_\_

Applicant Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Co-Applicant Signature: \_\_\_\_\_

Co-Applicant Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

# APPLICATION INSTRUCTIONS

## Application Instructions for Page 1

### *Applicant Identification*

Complete the entire Applicant Identification section as follows:

List the applicant's legal name and mailing address. If the applicant is a business entity, provide the name, e-mail address, and telephone number of the authorized representative; otherwise, provide the applicant's e-mail address and telephone number. A list of authorized signatories is located on Page 17.

List a contact person, if other than the applicant or authorized representative, who can answer any questions regarding the application or the site, and the contact person's e-mail address and telephone number.

Check the appropriate box to indicate the status of the applicant. If "other" is selected, identify the status type. Enter the applicant's Tax Identification Number (TIN). Individuals and sole proprietorships, including Limited Liability Companies that are taxed as sole proprietorships, must list their Social Security Number (SSN) as their TIN. The TIN for all other applicants is the applicant's Employer Identification Number (EIN).

Check the appropriate box to further identify the applicant (e.g., a property owner or a developer). Check all boxes that apply. If "other" is selected, identify the status type.

NOTE: All grant payments from the OSCF are considered to be revenue and will be reported to the Internal Revenue Service and the Franchise Tax Board under the primary applicant's TIN. **If this application is being filed jointly, the name in this section will be considered the primary applicant and revenue income will be reported on the primary applicant's TIN.**

All applicants must complete and submit a [Payee Data Record form](https://www.waterboards.ca.gov/water_issues/programs/ustcf/docs/oscf/std_204.pdf), which is located online at:  
[https://www.waterboards.ca.gov/water\\_issues/programs/ustcf/docs/oscf/std\\_204.pdf](https://www.waterboards.ca.gov/water_issues/programs/ustcf/docs/oscf/std_204.pdf)

***The TIN provided will be used by the State solely for the purpose of identifying the recipient of an OSCF grant. Any private information provided only will be used for the purposes for which it was provided and will not be shared with another entity, except as prescribed by law.***

### *Co-Applicant Identification*

**Complete the co-applicant section only if this application is being filed jointly.** Add additional application page(s) if there is more than one co-applicant.

Co-applicants are subject to the same eligibility requirements as primary applicants. All applicants must sign joint applications.

List the co-applicant's legal name and mailing address. If the co-applicant is a business entity, provide the name, e-mail address, and telephone number of the authorized representative; otherwise, provide the co-applicant's e-mail address and telephone number. A list of authorized signatories is located on Page 17.

List a contact person, if other than the co-applicant or authorized representative, who can answer any questions regarding the application or the site, and the contact person's e-mail address and telephone number.

Check the appropriate box to indicate the status of the co-applicant. If "other" is selected, identify the status type. Enter the co-applicant's TIN. Individuals and sole proprietorships, including Limited Liability Companies that are taxed as sole proprietorships, must list their SSN as their TIN. The TIN for all other co-applicants is the co-applicant's EIN.

Check the appropriate box to further identify the co-applicant (e.g., a property owner or a developer). Check all boxes that apply. If “other” is selected, identify the status type.

All co-applicants must also complete and submit a [Payee Data Record form](https://www.waterboards.ca.gov/water_issues/programs/ustcf/docs/oscf/std_204.pdf), which is located online at: [https://www.waterboards.ca.gov/water\\_issues/programs/ustcf/docs/oscf/std\\_204.pdf](https://www.waterboards.ca.gov/water_issues/programs/ustcf/docs/oscf/std_204.pdf)

## Application Instructions for Page 2

<i>Estimate of Response Costs</i>
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The Estimate of Response Costs section provides the OSCF program with an estimation of response costs for the subject site.

Response costs incurred to date for completed work:

Provide the amount of eligible response costs incurred by the applicant from January 1, 2005, to the present, for work completed on this site to investigate, remediate, correct, or clean up an unauthorized release. Include the cost of petroleum underground storage tank (UST) removal.

Estimated eligible response costs to complete assessment work:

Provide the estimated amount of eligible response costs to complete site assessment work including preparation of a corrective action plan for future cleanup work or recommendation for site closure.

Estimated eligible response costs to complete cleanup work:

Provide the estimated amount of eligible response costs to implement a cleanup plan.

Estimated total response costs:

Enter the total of the estimated costs listed above.

<i>Contaminated Site Description – Provide a site map and technical reports</i>
---

The Contaminated Site Description section is used to identify the site where the unauthorized release from a petroleum UST that is the subject of the application occurred. Additional site information is requested to verify that the principal source of contamination is from a petroleum UST(s). ***Under California Code of Regulations, title 23, division 3, chapter 30, section 3890 et seq., persons responsible for submitting reports must submit the report electronically through GeoTracker if the report is required for the purpose of subsurface investigation or remediation of an unauthorized release of a hazardous substance pursuant to the regulations.***

Complete the entire section as follows:

List the name of the site, or a description such as “vacant lot.” List the site address, city, and county. List the Assessor Parcel Number (APN). This is unique number assigned to each tract of land by the Tax Assessor. The APN can be used within an assessor's records to identify the land. List the GeoTracker Global ID Number.

List each petroleum UST and identify its historic use, capacity in gallons, and the substance stored. If the UST has been removed, provide the removal date and a copy of the regulatory UST removal observation report.

List all known and other possible sources and substances of contamination. Review any pertinent site records such as the applicable local regulatory agency or Regional Water Quality Control Board (Regional Water Board) files that would provide information regarding other possible sources or substances of contamination.

### Application Instructions for Page 3

#### *Lead Regulatory Agency*

The Lead Regulatory Agency section identifies the regulatory agency that will oversee response actions at the site. A regulatory agency has authority for overseeing the cleanup of contaminated soil and groundwater from leaking USTs. Regional Water Boards and county agencies that have oversight authority are regulatory agencies.

1. Identify the name of the CUPA and LOP agency.
2. Identify the Regional Water Board with jurisdiction over the site.
3. Identify the Lead Regulatory Agency providing oversight of cleanup, the case number assigned to the site, the regulatory agency contact person, and the contact person's telephone number and e-mail address.
4. List the date on which the regulatory agency confirmed the unauthorized release. Applicant must provide written confirmation by the regulatory agency that an unauthorized release has occurred from a petroleum UST at the site.
5. List the date the regulatory agency first issued a directive to a responsible party to investigate the unauthorized release.
6. Identify whether the regulatory agency has approved a corrective action plan in accordance with California Code of Regulations, title 23, division 3, chapter 16, article 11, section 2720 et seq. for the subject site.
7. Check the appropriate box as to whether the unauthorized release has impacted groundwater. If unknown, answer question number 8.
8. Check the appropriate box as to whether the unauthorized release is likely to impact groundwater. If unknown, check with your Lead Regulatory Agency for the potential of the unauthorized release to impact groundwater (e.g., groundwater depth at site is less than 20 feet).

#### *Site Development*

Complete this section if the response actions at the site will be required as part of the site development process and the response actions are necessary to protect human health, safety, and the environment.

1. Identify whether a regulatory agency has issued a Site Closure Letter (No Further Action) for the site.
2. Identify whether the site is engaged in a local Voluntary Assistance Program (VAP).
3. Identify whether the response actions the applicant will undertake is part of the site development process. That is, if response actions are still required after the site has received site closure.
4. Identify all other regulatory agencies that were not listed in the Lead Regulatory Agency section of the application that the applicant will work with to conduct response actions during the site redevelopment process. List the agency, agency contact, and the agency contact's phone number.
5. Construction must be concurrent with site cleanup efforts. Submit construction photos and/or construction scheduled date(s), if any.



## Application Instructions for Page 4

### *History of Response Actions*

The History of Response Actions section is used to summarize in chronological order, all activities that have taken place on the site relating to the unauthorized release, from the discovery of the unauthorized release to the present. Include a description of any response actions underway or completed. Use additional pages as necessary and attach them to your application.

## Application Instructions for Page 5

### *Site History*

The Site History section is to be completed to the best of the applicant's knowledge identifying past and current property owners, UST owners, and UST operators and affiliations to any of these entities.

1. If the applicant is the property owner, enter the date the property was acquired.
2. List the name and address of the person from whom the applicant acquired the property.

Applicants are required to provide a history of property owners, UST owners, and UST operators and whether the applicant is affiliated with any of these entities. (See OSCF Reg. sec. 2814.20)

"Affiliate" means persons who have one or more of the following relationships with each other:

1. Familial relationship.
2. Fiduciary relationship.
3. A relationship of direct or indirect control or shared interests.

Affiliates include any of the following:

1. Parent corporation and subsidiary.
2. Subsidiaries that are owned by the same parent corporation.
3. Business entities involved in a reorganization, as defined in section 181 of the Corporations Code.
4. Corporate officer and corporation.
5. Shareholder that owns a controlling block of voting stock and the corporation.
6. Partner and the partnership.
7. Member and a limited liability company.
8. Franchiser and franchisee.
9. Settlor, trustee, and beneficiary of a trust.
10. Debtor and bankruptcy trustee or debtor-in-possession.
11. Principal and agent.

List the history in chronological date order starting with the most current information. Include the following information for each time frame: 1) the date the site was acquired; 2) the date the site was sold; 3) the name of the property owner; 4) the name of the UST owner; and 5) the name of the UST operator.

## Application Instructions for Page 6

### *Eligible Site*

The Eligible Site section is used to determine whether the site meets the statutory criteria for eligibility. Complete the section by checking the appropriate box.

1. Only sites where the principal source of contamination is from a petroleum UST are eligible. If the principal substance of contamination is something other than petroleum or the source is not principally from a UST, the application is ineligible. Check the appropriate box.

### *Eligible Applicant*

The Eligible Applicant section is used to determine whether the applicant is eligible for an OSCF grant. Complete the entire section by answering all questions, by checking the appropriate boxes and providing a brief statement as necessary when asked.

1. The applicant must state whether it caused, contributed to, or exacerbated the unauthorized release from the subject UST(s). Applicants who operated the subject UST(s) are not eligible for an OSCF grant. Applicants who own or owned the UST(s) must demonstrate that the UST(s) were properly removed, closed, or permitted within a reasonable period of time of becoming the UST owner. An applicant is eligible for an OSCF grant, if the applicant acquired real property on which a UST is situated and, despite the exercise of reasonable diligence, was unaware of the existence of the UST when the real property was acquired, the applicant properly removed, closed, or permitted the UST within a reasonable period of time from when the applicant should have become aware of the existence of the UST, and the unauthorized release began before the applicant closed or permitted the UST.
2. The applicant must state whether it is affiliated with any person who caused or contributed to the unauthorized release from the UST(s). (See OSCF Reg. sec. 2814.20)

"Affiliate" means persons who have one or more of the following relationships with each other:

1. Familial relationship.
2. Fiduciary relationship.
3. A relationship of direct or indirect control or shared interests.

Affiliates include any of the following:

1. Parent corporation and subsidiary.
2. Subsidiaries that are owned by the same parent corporation.
3. Business entities involved in a reorganization, as defined in section 181 of the Corporations Code.
4. Corporate officer and corporation.
5. Shareholder that owns a controlling block of voting stock and the corporation.
6. Partner and the partnership.
7. Member and a limited liability company.
8. Franchiser and franchisee.
9. Settlor, trustee, and beneficiary of a trust.
10. Debtor and bankruptcy trustee or debtor-in-possession.
11. Principal and agent.

3. The applicant must state whether it is/was the owner of the leaking UST(s) that caused the unauthorized release. If the applicant did not properly remove, close, or permit the UST(s) within a reasonable period of time of UST ownership, provide the reason why.

4. An applicant is not eligible for an OSCF grant if the applicant and/or the site is eligible for reimbursement from the UST Cleanup Fund. The applicant must provide the reason(s) the applicant and/or the site would not qualify to the UST Cleanup Fund.
5. If the applicant is the owner of the subject property, identify property ownership document and submit property ownership document with application.
6. If the applicant does not own the property, explain the applicant's authority to access property to conduct response actions at the site. Provide supporting documentation (e.g., access agreements or judgments).

### **Application Instructions for Page 7**

<i>Responsible Party</i>
--------------------------

The Responsible Party Section is used to determine whether a viable financially responsible party exists to clean up the subject site. (See OSCF regulations, section 2814.24.)

NOTE: No financial test is required for an applicant that is or will be identified as a responsible party.

List all known responsible parties identified by the regulatory agency, as well as potentially Responsible Parties. At a minimum, provide name and mailing address if available. If previously named or potentially Responsible Parties have been specifically excluded by the regulatory agency, please provide justification and documentation regarding their exclusion. Applicant must check all of the boxes that apply. An explanation of each selection is provided below:

1. None of the known or potentially Responsible Party(ies) cannot be located – Select this option if there is a record by a public agency of an attempt to notice the identified responsible party(s) of their responsibilities and mail is returned with no forwarding address, or if other efforts by the public agency to locate a responsible party have failed.
2. Known or potentially Responsible Party(ies) located – Select this option if a Responsible Party(ies) has been located and the [Responsible Party Worksheet](#) (Worksheet) has been completed by the Responsible Party(ies). Responsible Party worksheet is located on the website at:  
[https://www.waterboards.ca.gov/water\\_issues/programs/ustcf/docs/oscf/oscf\\_responsible\\_party\\_worksheet.pdf](https://www.waterboards.ca.gov/water_issues/programs/ustcf/docs/oscf/oscf_responsible_party_worksheet.pdf)
3. Known or potentially Responsible Party(ies) located and the applicant made reasonable efforts to obtain information to evaluate the financial viability of the Responsible Party(ies). Select this option if a Responsible Party does not respond to your action taken or if a located Responsible Party refuses to cooperate and complete Worksheet. List the name and address of Responsible Parties applicant contacted or attempted to contact. Document the efforts made to obtain the information from the Responsible Parties including, certified letters, phone contacts, and a copy of the contacted Responsible Party response.
4. The applicant is the only Responsible Party named by the regulatory agency and there are no other potentially Responsible Parties. Select this option if the regulatory agency has not identified any other known or potentially Responsible Party than the applicant. Verify this information with the local regulatory agency and or the Regional Water Board.
5. Site Closed – response work required as part of the site development process. Select this option if the site has received a Site Closure Letter, but response work will be required as part of the site development process and is necessary to protect human health, safety, and the environment.

*Priority Score*

The priority of applications will be based on the date the application is received. Pursuant to OSCF regulations, section 2814.27, subdivision (c), if sufficient funding is not available, the OSCF program will calculate a priority score to rank the application based on the priority points, which are calculated by evaluating applicant's eligibility for points in the three areas discussed below. Answer the three priority point questions by checking the appropriate boxes.

NOTE: All questions answered as "Yes" must be accompanied by supporting documentation to verify that applicant qualifies for the priority points.

1. **Water Quality – 40 points** – The unauthorized release of petroleum is located within 1,000 feet of a drinking water well or a surface water body used as a source of drinking water.

Public drinking water wells – OSCF staff will verify whether a site is located within 1,000 feet of a public drinking water well.

Private drinking water wells – Applicant can verify whether the site is located within 1,000 feet of a private drinking water well by submitting verification documentation from a water purveyor or other verifiable source that the site is located within 1,000 feet of a private drinking water well.

Surface Water Body as a drinking water source – Applicant can verify whether a site is located within 1,000 feet of a surface water body used as a drinking water source by submitting official verification documents (e.g., county, city, or community documents or maps or water purveyor document).

2. **Environmental Justice – 30 points** – The site is located in a census tract with median household income (MHI) of less than 80 percent of the of the statewide MHI based on the most recent census data collected by the United States Census Bureau. To determine the MHI for the applicable census tract, go to [www.census.gov](http://www.census.gov) or call the Census Bureau at the following numbers: Northern California (800) 233-3308 and Southern California (800) 992-3530. Provide your census track number in the application.
3. **Smart Growth – 30 points** – The proposed project has the potential to result in development of affordable inner-city housing or promote infill development. Applicant may submit county, city, or local community plans, proposals, or letters of intent/consideration to demonstrate this.

## Application Instructions for Page 8

### *Applicant Certification*

The Applicant Certification Section must be read carefully by the applicant and all co-applicants. The applicant and all co-applicants must fully understand all statements and declarations contained in this section. If the applicant, or any co-applicants, knows that any statement or declaration in this section is untrue, the applicant may be disqualified from the OSCF program.

### *Applicant Verification and Signature*

**Pursuant to OSCF regulations, section 2814.34, all applicants, including any co-applicants, must sign and date the application.** If you are filing as a married couple, both spouses must sign and date the application. All signatures must be original. **The OSCF program will not accept any reproduced or copied signatures.** Use additional copies of the signature page if necessary.

If you are signing on behalf of a corporation, partnership, trust, estate, public entity, or other entity type, identify your title as it relates to the applicant/co-applicant to show that you have the authority to sign on behalf of the applicant/co-applicant. You may be required to submit documentation proving that you have the authority to sign on behalf of the applicant/co-applicant.

## SIGNATORY REQUIREMENTS TABLE

ENTITY TYPE	AUTHORIZED SIGNATORIES	TYPES OF DOCUMENTATION REQUIRED
Individual	Claimants filing as individuals need not identify a title.	None
Corporation	President, Chief Executive Officer (CEO), Chair of the Board, or Chief Operating Officer (COO).	Statement of Information or other document listing current officers
General Partnership, Limited Partnership, or Limited Liability Partnership	General Partner (Note: If the Assignor is a General Partnership, all General Partners must sign the assignment agreement or provide additional documentation disclaiming an interest in the UST Cleanup Fund claim.)	Partnership Agreement or other document listing the General Partners
Limited Liability Company	Manager managed LLCs: A manager of the limited liability company. Member managed LLCs: A member of the limited liability company. (Note: Some LLCs use other titles, such as corporate officer titles, instead of member or manager.)	Statement of Information or other document listing current managers, members, officers, or other individuals with signatory authority
Trust	Trustee or Co-Trustees of the trust as stated in the Declaration of Trust or Trust Agreement.	Declaration of Trust or Trust Agreement, including all Amendments Successor Trustee Designation, if applicable Grantor's Death Certificate, Wills, and/or other estate documentation, if applicable
Estate	Executor or Administrator of the Estate	Letters Testamentary or Letters of Administration Grantor's Death Certificate, Will, and/or other estate documentation
Municipality or Other Government Entity	Delegated Official	Ordinance, Resolution, or other delegation giving the official signature authority

# APPLICATION CHECKLIST

The OSCF application checklist is to assist the applicant by ensuring that all required documentation is submitted with the application.

**SECTION ONE “REQUIRED”** – All applicants must submit the items identified under Section One.

- 1. Site Map**  
Submit a site map drawn to scale that includes a north arrow and distances relative to the nearest public roads and which identifies locations of all USTs and other known or potential sources of contamination.
- 2. Technical Reports/Workplans**  
Upload to GeoTracker all technical reports and workplans associated with the UST removal, detection, investigation, and remediation efforts associated with the unauthorized release that is subject of this application. If applicable, upload ground water monitoring reports for the last 12 months and provide summary data for ground water monitoring reports prior to the last 12 months.
- 3. Unauthorized Release of Petroleum from a UST**  
Submit regulatory documentation of the confirmation of the unauthorized release of petroleum from a UST that is the subject of this application and a regulatory directive requiring a responsible party to initiate response actions.
- 4. Current photo of the site**  
If the current photo does not show past use of the site, also provide a photo of the past use.
- 5. Non-Recovery From Other Sources Disclosure Certification**  
All applicants must complete and submit a [Non-Recovery From Other Sources Disclosure Certification](#) form.  
  
The form is located online at:  
[https://www.waterboards.ca.gov/water\\_issues/programs/ustcf/docs/oscf/oscf\\_non\\_recovery\\_cert\\_rev.pdf](https://www.waterboards.ca.gov/water_issues/programs/ustcf/docs/oscf/oscf_non_recovery_cert_rev.pdf)
- 6. Payee Data Record form**  
All applicants and co-applicants must complete and submit a [Payee Data Record form](#).  
  
The form is located online at:  
[https://www.waterboards.ca.gov/water\\_issues/programs/ustcf/docs/oscf/std\\_204.pdf](https://www.waterboards.ca.gov/water_issues/programs/ustcf/docs/oscf/std_204.pdf)

**SECTION TWO “IF APPLICABLE”** – Applicants must submit the items identified below if applicable.

- 7. Property Ownership**  
If the applicant is a property owner, submit evidence of property ownership. NOTE: Applicant(s) must become an equitable or legal property owner to receive payment pursuant to a cleanup grant, unless the applicant is a public agency. Documentation of equity ownership includes a purchase agreement, and/or a grant deed, for the site.
- 8. Site Access** (If applicant is not a fee title owner of the property)  
Submit documentation that identifies an applicant’s authority to access and perform response actions at the subject site (e.g., access agreements or judgments).
- 9. Responsible Party Worksheet**  
The [Responsible Party Worksheet](#) must be submitted if a responsible party can be located and the responsible party completes the Worksheet.  
  
The form is located online at:  
[https://www.waterboards.ca.gov/water\\_issues/programs/ustcf/docs/oscf/oscf\\_responsible\\_party\\_worksheet.pdf](https://www.waterboards.ca.gov/water_issues/programs/ustcf/docs/oscf/oscf_responsible_party_worksheet.pdf)

- 10. Priority Ranking**  
If the applicant qualifies for priority points, submit the information identified in the application instructions.
- 11. On Behalf of Agreement**  
Submit any financial agreements whereby another party is advancing funds or paying for response costs on behalf of the applicant for costs associated with the subject unauthorized release that is subject of this application.
- 12. Power of Attorney**  
The OSCF will only accept documents signed by the applicant's representative if the applicant has submitted a [Power of Attorney \(POA\) form](#), designating a specific representative to sign and submit documents to the OSCF on the applicant's behalf. Applicants may use the OSCF-specific POA form that has been provided, a commercially available POA form, or have their own legal counsel prepare a POA for them.

The form is located at:

[https://www.waterboards.ca.gov/water\\_issues/programs/ustcf/docs/oscf/oscf\\_power\\_of\\_attorney.pdf](https://www.waterboards.ca.gov/water_issues/programs/ustcf/docs/oscf/oscf_power_of_attorney.pdf)

**SECTION THREE "IF APPLICABLE"** – Applicants are requested to submit the items identified below (if available) if the site cleanup requires response actions exclusively due to the site development process.

- 13. Site Closure Letter/Case Closure Summary**  
Submit a copy of the regulatory agency Site Closure Letter (No Further Action) and Case Closure Summary for the site.
- 14. Regulatory agency approval letters/Permits**  
Submit copies of regulatory agency letters or permits that acknowledge/approve of response work to be conducted at the site as part of the development process and that the response work.