

ARKANSAS PETROLEUM STORAGE TANK TRUST FUND

REIMBURSEMENT APPLICATION



STEPS FOR REIMBURSEMENT

- (1) For the purposes of this document, it will be assumed that a release has been reported and confirmed from an underground or aboveground storage tank, a determination of eligibility has been requested, eligibility has been confirmed by the RST Division, and either an interim payment is being requested or a remediation project has been successfully completed and final payment is being requested.
- (2) The responsible party (RP) will contact the ADEQ to request an application form for reimbursement. The application form is available on ADEQ's website (www.adeq.state.ar.us) or the tank owner may request the form be mailed.
- (3) The RP or his designated representative (consultant) will complete the form, attaching any required supporting documentation. After the certification form has been signed by the RP and notarized, the application is sent to the Regulated Storage Tanks (RST) Division.
- (4) A review of the expenses claimed on the form will be made by RST Division staff:
 - (A) A review of the reimbursement claim will be made to determine if all the required supporting documentation has been included.
 - (B) The expenses will be checked against the approved work plans to ensure that the expenses being requested are for work that has been both approved and completed.

If necessary, additional information needed to support or document the claim will be requested.

- (5) RST Division technical staff will prepare a memo, to include:
 - (A) The circumstances of the release.
 - (B) The basic elements of the remediation plan.
 - (C) The activities for which reimbursement is being requested in conjunction with an approved work plan.
 - (D) The results of the corrective action for the period covered by the application.

The Trust Fund staff will prepare a memo that includes the recommendations of the staff regarding payment. If certain items in the application will not be reimbursed, the reasons for denial will be given.

- (6) A copy of the completed reimbursement application form and staff memos will be mailed to the Advisory Committee members before the next meeting. Any immediate questions about the project or staff work can be answered by telephone calls from the individual members of the Committee to the staff.

- (7) At the subsequent meeting of the Advisory Committee, after a brief summary of the activities covered in the application are presented and any questions from the Committee are addressed, a vote by the quorum will be taken on the acceptance of the application and staff recommendations. If needed, more information may be requested from the RP, either verbally or in written form. The Advisory Committee has requested that the RP or his representative be present at the meeting when the application is being presented, if at all possible.
- (8) Acceptance or rejection of the staff recommendations will be a part of the minutes of the Advisory Committee meeting. The Chairman of the Advisory Committee will complete a resolution which declares the recommendations of the Committee to the Director. The resolution will be signed by each voting Committee member, as well as the signature of the Chairman.

The Director will review the recommendations of both the staff and the Advisory Committee and either approve or deny payment of the claim.

INSTRUCTIONS
FOR
TRUST FUND REIMBURSEMENT APPLICATION

The application form (TF-1) is designed in an Excel workbook with each page created as a sheet of the workbook. Sheets are labeled and tabbed at the bottom of the workbook. The workbook contains formulas and cells that are protected. If additional pages are required or if a problem with completing the application occurs, contact the Trust Fund staff for assistance.

Heading information entered on page 4 will populate the heading for the other 10 pages in the application form. Cost information entered in pages 4 thru 15 will automatically be summarized on page 3, the Cost Summary sheet.

Each reimbursement application will be copied, and each page will become part of our electronic filing system. In order to facilitate this process, all documents submitted must be standard letter size (8.5" X 11"), legible and suitable for photo copying.

Only costs that have been billed to the responsible party and paid by the responsible party should be entered into the reimbursement application form.

The amounts entered into the reimbursement application form must be actual costs with no markup. Markup on allowable costs will be calculated on the Cost Summary sheet after all costs have been entered into the application. Refer to the Guidelines for Reimbursement if you have any questions about what costs are eligible for reimbursement.

Page 1 The cover page for the application includes the facility ID number, responsible party contact information, release site name and location information, type of tank, type of product released, date of release and release number (LUST/LAST). All items must be completed.

Page 2 A certification of the accuracy of the claim and that all costs requested have been paid in full, signed by the responsible party (RP) and notarized.

Page 3 An affidavit from the consultant as proof of payment. The affidavit must be signed by the person who performed the corrective action, affirming that the amounts which the applicant (responsible party) represents as being paid to that consultant have been paid in full. The affidavit signature must be notarized. If this affidavit is not used, one of the other proofs of payment as listed in Reg.12.308(C)(5) must be submitted with the reimbursement application.

Page 4 - 6 Direct Labor Cost Detail:
Direct labor cost is the actual salary or wage (W-2 wage) on an hourly basis.

Page 4 - Principal/Managerial
Page 5 - Professional/Technical
Page 6 - Support

On each page include the date the work was performed, the employee's name, the work plan task, number of hours charged (rounded to the quarter hour), and actual hourly rate. Amounts will calculate automatically.

Page 7 - 10 Fixed Rate Costs Detail

Page 7 - Equipment Rental expense: enter date expense was incurred, consultant's invoice #, vendor's name with description of equipment and work plan task, units, rate if applicable and amount.

Page 8 - Meal expense: (meals are reimbursed on a per diem basis only if associated with an overnight stay) enter date meal expense was incurred, consultant's invoice #; traveler's name and work plan task; number of nights; and current state government daily rate. Amount will calculate.

Page 9 - Mileage expense: enter date mileage was incurred; consultant's invoice #; reason for travel and work plan task; number of miles traveled (miles charged should be actual miles driven, not rounded or estimated); and current flat rate for mileage. Amount will calculate.

Page 10 - Other Fixed Rate expense: enter date expense was incurred; consultant's invoice #; description of expense and work plan task; and actual cost.

Page 11 - 15 Other Direct Costs Detail

Page 11 - Lodging expense: enter date incurred; consultant's invoice #; traveler's name, number of nights and work plan task; and actual cost.

Page 12 - Laboratory expense: enter date incurred; consultant's invoice #; description and work plan task; and actual cost. Only costs from laboratories certified by ADEQ's Technical Services Division will be eligible for reimbursement.

Page 13 - Subcontract expense: enter date incurred, consultant's invoice #; description and work plan task; and amount.

Page 14 - Supplies expense: enter date incurred; consultant's invoice #; description including quantity and work plan task; and actual cost.

Page 15 - Other Direct expense: enter date incurred, consultant's invoice #; description and work plan task; and amount.

Extra Pages Extra Direct Labor Page, Extra Fixed Rate Page, Extra Direct Rate Page – Copies of these pages may be made as needed and submitted with the application as documentation. These pages are not part of the application and are furnished to use if the information in these categories will not fit on the single page included in the application. Enter the detail information on these pages and transfer the totals to the appropriate application pages.

Cost Summary - A one-page cost summary of the application.

Sections 1 – 3 are automatically populated by data entered into pages 3-14.

Line 4 – You must enter the reimbursement application number (RA#(s) for which the application preparation cost is being claimed. Requests equal to or less than \$50,000 are allowed a \$500.00 reimbursement preparation charge; requests over \$50,000 are allowed a \$1,000 preparation charge. Preparation costs can only be claimed if they have been billed to the RP and paid by the RP.

Line 6 - “Markup on Other Direct Costs.” The markup amount is the difference in Total Actual costs (Line 5) and Total Claim Amount (Line 7). This amount is automatically calculated.

Line 7 – “Total Claim” the amount must be entered manually and must not be more than the amount of the invoices submitted in the application. Lines A thru D must be entered manually.

Required Supporting Documentation

ADPC&EC Regulation No. 12 requires that evidence of payment of the costs claimed must accompany the application. See Reg.12.308(C)(5) for acceptable forms of evidence of payment.

Supporting documentation, with unit cost and quantities, must be provided for each of the cost categories. Supporting documentation required to support the recap costs include, but are not limited to:

- detailed consultant invoices requesting payment
- detailed subcontract invoices
- receipts from hotel/motel for overnight stays
- receipts for supplies that were expended on the site
- items taken from the consultant’s inventory must be documented including quantities and unit costs
- receipts from vendors for rental equipment
- receipts from freight and shipping companies
- manifests from landfills
- copies of bills from utility and phone companies

Each application must have a summary of activities. The summary of activities must contain a specific time period and a narrative describing the activities accomplished during the time covered in the reimbursement request. The summary should also include any problems encountered, prognosis, and a projected completion date for a specific phase or project.

A copy of IRS form W-9, which includes the RP’s federal tax identification number, must be included with the initial request for reimbursement. The W-9 information must be entered in the state accounting system before reimbursement can be made.

Before mailing:

Before the packet is submitted, it should be checked for completeness. All blanks must be completed. Where supporting documentation is required by the instructions, it must be legible, and it must be attached. Failure to do so could result in the return of the packet to the sender, and processing of the reimbursement will be delayed.

After the packet is completed and the necessary documentation is included, it should be sent to:

Regulated Storage Tanks Division
Attention: Trust Fund Manager
Arkansas Department of Environmental Quality
5301 Northshore Drive
North Little Rock, AR 72118-5317

RELATED PARTY - FINANCIAL DISCLOSURE ATTACHMENT

THIS FORM MUST BE COMPLETED IN THE FOLLOWING CIRCUMSTANCES:

1. By the Responsible Party if there is ownership or voting control of 5% or more in a vendor of costs included on TF-1.
2. By the consultant if there is ownership or voting control of 5% or more in a vendor of costs included on TF-1.

STATEMENT OF FINANCIAL DISCLOSURE
FOR
THE ARKANSAS PETROLEUM STORAGE TANK TRUST FUND
PROVIDE ALL INFORMATION OR INDICATE "NOT APPLICABLE." ATTACH ADDITIONAL PAGES IF NEEDED.

SECTION 1 - NAME AND ADDRESS

(LAST NAME)

(FIRST NAME)

(MIDDLE NAME OR INITIAL)

(STREET ADDRESS)

(P.O. BOX)

(CITY, STATE)

(ZIP CODE)

(PHONE NUMBER)

(SPOUSE'S NAME)

LIST ALL NAMES UNDER WHICH YOU AND/OR YOUR SPOUSE DO BUSINESS:

SECTION 2 - BUSINESS OR HOLDINGS

LIST THE NAME OF EVERY BUSINESS IN WHICH YOU, YOUR SPOUSE, OR ANY OTHER PERSON, FOR THE USE OR BENEFIT OF YOU OR YOUR SPOUSE, HAVE AN INVESTMENT OR HOLDING THAT HAS RECEIVED FUNDS FROM ARKANSAS' PETROLEUM STORAGE TANK TRUST FUND.

a) Check appropriate box: ☐ more than \$1,000 ☐ more than \$12,500

(Name of corporation, firm or enterprise)

(Address)

(Name under which investment held)

b) Check appropriate box: ☐ more than \$1,000 ☐ more than \$12,500

(Name of corporation, firm or enterprise)

(Address)

(Name under which investment held)

SECTION 3 - OFFICE OR DIRECTORSHIP

LIST EVERY OFFICE OR DIRECTORSHIP HELD BY YOU OR YOUR SPOUSE IN ANY BUSINESS, CORPORATION, FIRM OR ENTERPRISE SUBJECT TO RECEIVING FUNDS FROM ARKANSAS PETROLEUM STORAGE TANK TRUST FUND.

a) _____
(Name of corporation, firm or enterprise)

(Address)

(Office or directorship held)

(Name of office holder)

b) _____
(Name of corporation, firm or enterprise)

(Address)

(Office or directorship held)

(Name of office holder)

SECTION 4 - SIGNATURE

I CERTIFY UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

(SIGNATURE)

STATE OF ARKANSAS

COUNTY OF

SUBSCRIBED AND SWORN TO BEFORE ME, A NOTARY PUBLIC, ON THE _____ DAY OF _____, _____

NOTARY PUBLIC

ADDRESS

MY COMMISSION EXPIRES:

(DATE)

CITY, STATE, ZIP