



ENVIRONMENTAL STEWARDSHIP DEPARTMENT/
NEW BEDFORD CONSERVATION COMMISSION

CITY OF NEW BEDFORD
SCOTT W. LANG, MAYOR

*Original application:
a resubmittal was
required due to
the deletion of
Task 1. DDD
7-7-06*

June 12, 2006

Mr. David Dickerson
US EPA
1 Congress St.
Suite 1100 (HBO)
Boston, MA 02114-2023

RE: Application for Federal Assistance – Demolition of former Aerovox Facility, 740
Belleville Ave., New Bedford, MA

Dear Mr. Dickerson:

Enclosed is one original Application for Federal Assistance package, including all required forms for the project referenced above. Please contact me if you have any questions.

Sincerely,

Scott Alfonse
Director

enc

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED June 2, 2006	Applicant Identifier
<input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE	State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION	
Legal Name: City of New Bedford	Organizational Unit: Department: Environmental Stewardship Dept.
Organizational DUNS: 075719187	Division:
Address: Street: 133 William St.	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Scott
City: New Bedford	Middle Name
County: US	Last Name Alfonse
State: MA Zip Code 02740	Suffix:
Country:	Email: scotta@ci.new-bedford.ma.us

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 04-6001402	Phone Number (give area code) (508)979-1487	Fax Number (give area code) (508)961-3045
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8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>	7. TYPE OF APPLICANT: (See back of form for Application Types) C - Municipality Other (specify)
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10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): 66-802	9. NAME OF FEDERAL AGENCY: Environmental Protection Agency
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11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Demolition of Former Aerovox Facility, New Bedford, MA
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12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): New Bedford (Bristol Co.), MA

13. PROPOSED PROJECT Start Date: July 1, 2006 Ending Date: Dec. 31, 2007	14. CONGRESSIONAL DISTRICTS OF: a. Applicant Fourth b. Project Fourth
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15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 8,600,000 ⁰⁰	a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:
b. Applicant \$ 0 ⁰⁰	b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
c. State \$ 0 ⁰⁰	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local \$ 0 ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
e. Other \$ 0 ⁰⁰	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
f. Program Income \$ 0 ⁰⁰	
g. TOTAL \$ 8,600,000 ⁰⁰	

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative	
Prefix: Mr. First Name: Scott	Middle Name
Last Name: Lang	Suffix
b. Title: Mayor	c. Telephone Number (give area code): (508) 979-1410
d. Signature of Authorized Representative	e. Date Signed: 6/9/06

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Standard Form 424 (Rev.9-2003)
Prescribed by OMB Circular A-102

BUDGET INFORMATION - Non-Construction Programs

OMB Approval No. 0348-0044

SECTION A - BUDGET SUMMARY						
Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. Aerovox Demo.		\$	\$	\$ 8,600,000.00	\$	\$ 8,600,000.00
2.						0.00
3.						0.00
4.						0.00
5. Totals		\$ 0.00	\$ 0.00	\$ 8,600,000.00	\$ 0.00	\$ 8,600,000.00
SECTION B - BUDGET CATEGORIES						
6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)	
	(1)	(2)	(3)	(4)		
a. Personnel	\$	\$	\$	\$	\$ 0.00	
b. Fringe Benefits					0.00	
c. Travel					0.00	
d. Equipment					0.00	
e. Supplies					0.00	
f. Contractual		8,600,000.00			8,600,000.00	
g. Construction					0.00	
h. Other					0.00	
i. Total Direct Charges (sum of 6a-6h)		8,600,000.00	0.00	0.00	0.00	8,600,000.00
j. Indirect Charges						0.00
k. TOTALS (sum of 6i and 6j)	\$	8,600,000.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 8,600,000.00
7. Program Income	\$		\$	\$	\$	0.00

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SECTION C - NON-FEDERAL RESOURCES					
(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS	
8.	\$	\$	\$	\$ 0.00	
9.				0.00	
10.				0.00	
11.				0.00	
12. TOTAL (sum of lines 8-11)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	
SECTION D - FORECASTED CASH NEEDS					
	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	\$ 6,600,000.00	\$ 600,000.00	\$ 2,000,000.00	\$ 2,000,000.00	\$ 2,000,000.00
14. Non-Federal	0.00				
15. TOTAL (sum of lines 13 and 14)	\$ 6,600,000.00	\$ 600,000.00	\$ 2,000,000.00	\$ 2,000,000.00	\$ 2,000,000.00
SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT					
(a) Grant Program	FUTURE FUNDING PERIODS (Years)				
	(b) First	(c) Second	(d) Third	(e) Fourth	
16.	\$ 2,000,000.00	\$	\$	\$	
17.					
18.					
19.					
20. TOTAL (sum of lines 16-19)	\$ 2,000,000.00	\$ 0.00	\$ 0.00	\$ 0.00	
SECTION F - OTHER BUDGET INFORMATION					
21. Direct Charges:			22. Indirect Charges:		
23. Remarks:					

From: <Catri.Cynthia@epamail.epa.gov>
To: <glg@nutter.com>
Date: Thu, Oct 26, 2006 2:01 PM
Subject: Aerovox

Gary,

Attached you'll find the first cooperative agreement application and a revised application. The revised application dropped out the original task 1 in the work plan which was for oversight work. You already have the final work plan. As to the performance specs referred to in the work plan, they are in draft form. I will forward you a copy of the final set; they will be done by the time the RFP is going out but could be sooner.

Ann is now back so I'll follow up on what happened to the indirect costs and get back to you.

(See attached file: coopapp #1.pdf)(See attached file: coopapp#1rev.pdf)