Chapter V

2009 Performance Partnership Grant

State of Utah
JON M. HUNTSMAN, JR.
Governor

GARY HERBERT
Lieutenant Governor

Department of
Environmental Quality

Richard W. Sprott
Executive Director

OFFICE OF SUPPORT SERVICES
Steven G. Higley
Director

August 27, 2008

Gerard Bulanowski, State Program Manager (8P2-SA)
State Assistance Program

Joyce Brame, Grants Specialist (8TMS-G)
Grants, Audit and Procurement Program Office

U.S. EPA Region VIII
1595 Wynkoop Street
Denver, CO 80202-1129

Dear Mr. Bulanowski and Ms. Holloway:

Enclosed is Utah Department of Environmental Quality's application for the FFY 2009 Performance Partnership Grant. The second year of our two year grant. The application requests $6,724,272 in federal funds and includes $2,836,780 in state match as summarized below. The amounts requested are for the first year of a two-year PPG.

	Federal	State
Pollution Prevention	$ 86,100	$ 86,100
Air Pollution Section 105	2,098,572	1,572,810
Asbestos	134,654	44,885
Lead	171,735	
Drinking Water PWSS	838,400	279,467
Radon	42,368	28,245
Hazardous Waste RCRA	787,943	262,648
Surface Water Section 106	1,817,800	95,591
Underground Injection Control	92,300	30,767
Non Point Source Section 319	654,400	436,267

Included in our budget detail is equipment totaling $224,00. This is for the replacement of monitoring equipment; $200,000 for air monitoring and $24,000 for water monitoring.

168 North 1950 West • Salt Lake City, UT
Mailing Address: P.O. Box 144810 • Salt Lake City, UT 84114-4810
Telephone (801) 536-4440 • Fax (801) 536-4441 • T.D.D. (801) 536-4414
www.deq.utah.gov
Printed on 100% recycled paper

If you have questions or additional information is needed please call me at (801) 536-4460.

Sincerely,

Craig Silotti, CPA
Finance Director

Enclosures

cc: Steven Higley, Office of Support Services
Rennette Anderson, Office of Planning and Public Affairs
Bob Bowen, Division of Air Quality
Kate Johnson, Division of Drinking Water
Roy Baran, Division of Environmental Response and Remediation
Brent Christensen, Division of Radiation Control
Rawn Wallgren, Division of Solid and Hazardous Waste
Stacy Carroll, Division of Water Quality

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

* 1. Type of Submission:	* 2. Type of Application:	* If Revision, select appropriate letter(s):
☐ Preapplication	☐ New	A: Increase Award
☒ Application	☐ Continuation	* Other (Specify)
☐ Changed/Corrected Application	☒ Revision	

* 3. Date Received:	4. Applicant Identifier:
Completed by Grants.gov upon submission.	

5a. Federal Entity Identifier:	* 5b. Federal Award Identifier:
	BG99847508

State Use Only:

6. Date Received by State:	7. State Application Identifier:
	UTB 080825-010

8. APPLICANT INFORMATION:

* a. Legal Name: Utah Department of Environmental Quality

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
87-6000545	031319275

d. Address:

* Street1:	P.O. Box 144810
Street2:	168 North 1950 West
* City:	Salt Lake City
County:	
* State:	UT: Utah
Province:	
* Country:	USA: UNITED STATES
* Zip / Postal Code:	84114-4810

e. Organizational Unit:

Department Name:	Division Name:
Environmental Quality	

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:		* First Name:	CRAIG
Middle Name:			
* Last Name:	SILOTTI		
Suffix:			

Title: DEQ FINANCE DIRECTOR

Organizational Affiliation:

* Telephone Number:	801-536-4460	Fax Number:	801-536-4441

* Email: csilotti@utah.gov

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type:

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.605

CFDA Title:

Performance Partnership Grants

*** 12. Funding Opportunity Number:**

EPA-R8-09-007

* Title:

Performance Partnerships

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

STATE

*** 15. Descriptive Title of Applicant's Project:**

PERFROMANCE PARTNERSHIP GRANT (SEE PPA FOR DETAIL)

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

* a. Applicant: 1 2 3 * b. Program/Project: 1 2 3

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 10/01/2007 * b. End Date: 09/30/2009

18. Estimated Funding ($):

* a. Federal	6,724,272.00
* b. Applicant	2,836,780.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	9,561,052.00

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

[X] a. This application was made available to the State under the Executive Order 12372 Process for review on 08/25/2008.

[ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.

[ ] c. Program is not covered by E.O. 12372.

*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)**

[ ] Yes [X] No Explanation

21. *By signing this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

[X] ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: * First Name: William

Middle Name:

* Last Name: Sinclair

Suffix:

* Title: Deputy Director

* Telephone Number: 801-536-4403 Fax Number: 801-536-0061

* Email: bsinclair@utah.gov

* Signature of Authorized Representative: Completed by Grants.gov upon submission. * Date Signed: Completed by Grants.gov upon submission.

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Standard Form 424 (Revised 10/2005)
Prescribed by OMB Circular A-102