

Chapter V

2010 Performance Partnership Grant



State of Utah
GARY R. HERBERT
Governor

Department of
Environmental Quality

Amanda Smith
Acting Executive Director

OFFICE OF SUPPORT SERVICES
Craig P. Silotti, CPA
Director

August 25, 2009

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. Brame:

Enclosed is Utah Department of Environmental Quality's application for the FFY 2010 funding for the Performance Partnership Grant, BG99847508. The application requests \$9,651,718 in federal funds and includes \$2,873,046 in state match as summarized below.:

	<u>Federal</u>	<u>State</u>
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	708,800	472,533

Included in our budget detail is equipment totaling \$224,000. This is for the replacement of monitoring equipment; \$200,000 for air monitoring and \$24,000 for water monitoring. This application also includes \$170,000 for possible additional funding of Section 106 biological monitoring funds. The NPS Section 319 amount was also increased because our program is requesting some Section 319 project funds to moved to staffing and support.

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

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We also request that our current Performance Partnership Grant, BG99847508, be extended for one more year from a two year grant to a three year grant. We feel that there would be some increased efficiencies and benefits to going an extra year. A couple of them are that we would not have to change our accounts and coding structure for an other year. This impacts everyone that charges time to the PPG as we don't have to get them to change the way they code their time sheets and it also benefits the charging of our central systems such as mail, copies, etc. An other benefit is that it reduces the amount of reporting we have to do, and give us additional flexibility in the use of the funds.

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

Sincerely,



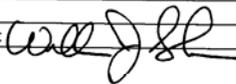
Craig P. Silotti, CPA
Director, Office of Support Services

Enclosures

cc: Rennette Anderson, Office of Planning and Public Affairs
Bob Bowen, Division of Air Quality
Kate Johnson, Division of Drinking Water
Brent Christensen, Division of Radiation Control
Rawn Wallgren, Division of Solid and Hazardous Waste
Stacy Carroll, Division of Water Quality

Application for Federal Assistance SF-424		Version 02
*1. Type of Submission <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		*2. Type of Application <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision *If Revision, select appropriate letter(s): * Other (Specify)
*3. Date Received:		4. Application Identifier:
5a. Federal Entity Identifier:		*5b. Federal Award Identifier: BG99847508
State Use Only:		
6. Date Received by State:		7. State Application Identifier: <i>UTG 090825-016</i>
8. APPLICANT INFORMATION:		
* a. Legal Name: Utah Department of Environmental Quality		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 87-6000545		*c. Organizational DUNS: 031319275
d. Address:		
*Street1: PO Box 144810 Street 2: 168 North 1950 West *City: Salt Lake City County: *State: UT Province: Country: USA		
		*Zip/ Postal Code: 84114-4810
e. Organizational Unit:		
Department Name: Utah Department of Environmental Quality		Division Name:
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: Director, Office of Support Services		
Organizational Affiliation:		
*Telephone Number: 801 536-4460		Fax Number: 801 536-4441
*Email: csilotti@utah.gov		

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:	- Select One -	
Type of Applicant 3: Select Applicant Type:	- Select One -	
*Other (specify):		
*10. Name of Federal Agency:	Environmental Protection Agency	
11. Catalog of Federal Domestic Assistance Number:	66.605	
CFDA Title:	Performance Partnership Grant	
*12. Funding Opportunity Number:		
*Title:		
13. Competition Identification Number:		
Title:		
14. Areas Affected by Project (Cities, Counties, States, etc.):	Statewide	
*15. Descriptive Title of Applicant's Project:	Performance Partnership Grant. See Performance Partnership Agreement for more detail.	
Attach supporting documents as specified in agency instructions.		

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of:		
*a. Applicant	statewide	*b. Program/Project: statewide
Attach an additional list of Program/Project Congressional Districts if needed.		
17. Proposed Project:		
*a. Start Date:	10/01/2007	*b. End Date: 9/30/10
18. Estimated Funding (\$):		
*a. Federal	\$6,778,672.00	
*b. Applicant	\$2,873,046.00	
*c. State		
*d. Local		
*e. Other		
*f. Program Income		
*g. TOTAL	\$9,651,718.00	
*19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review. <input type="checkbox"/> c. Program is not covered by E.O. 12372		
*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
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)		
<input checked="" type="checkbox"/> **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:		Date Signed: 8/25/09