

Reimbursement Application

Minnesota Agricultural Chemical Response and Reimbursement Account (ACRRA)

The data you supply on this form will be used to assess your eligibility for ACRRA reimbursement. You are not legally required to provide this data, however, we will not be able to process your application without it. This application constitutes a public record and may contain private data, including but not limited to the applicant's Social Security Number. Access to private data about you that appears on this application is limited to those permitted by law, including our staff that may see this information in the course of performing their official duties. Persons not otherwise authorized to see this private information may not access it without your written consent or pursuant to a valid court order. (Minn. Stat. Chap. 13)

1. General Information			
Check one:	AgVIC Cleanup	Emergency Cleanup	Comprehensive Cleanup
This Application is:	Initial Request	Subsequent Request	
ACRRA Case File #:			Project #:
2. Applicant / Eligible Person (NOTE: Qualifying reimbursement will be awarded to <i>Applicant</i> listed in this section.)			
Applicant is (Check One):	Owner	Operator	Other (Specify):
Name:			
Mailing Address (where payment should be made):			
If P.O. Box, please also include physical address of applicant:			
City:	State:	Zip Code:	
Contact Name:	Title:	Email:	
Telephone #:	Cell #:	Fax #:	
26CFR301.6109-1(b) requires you to provide your Federal Identification Number or, if individual, Social Security Number (SSN). Please complete the following:		Federal Identification # (or SSN):	
		Minnesota Business (Tax) Identification #:	
3. Site Location / Contact Information			
Site Name:	Contact Person (at site):		
Telephone #:	Email:		
Site Location:			
City:	State:	County:	
Name of Person Completing this Application:			
Title:	Email:		
Telephone #:	Cell #:	Fax #:	
Office Use Only			
MDA Project Manager:	Subsequent Application #:		
Vendor #:	Loc:	Addr:	
Top Folder:	Top ACRRA Folder:		
Folder:	Inspection:		

Applicant / Eligible Person <i>(Company / Applicant Name)</i>	
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4. Remediation Activities

Dates of work performed submitted with THIS application: From (mm/dd/yyyy):	To (mm/dd/yyyy):
Please provide a brief chronological summary of the clean-up activities covered on this application, including any special circumstances (250 characters or less). Please attach the Commissioner of Agriculture's approval of these actions.	

5. Others Involved

Did anyone else incur corrective action costs and apply for ACRRA reimbursement or payment related to this incident? Yes No			
If yes, list name, address and telephone number of that person or persons. (If additional space is needed, attach a separate sheet.)			
A	Name of Individual or Firm:		Contact Person:
	Mailing Address:		Telephone #:
	City:	State:	Zip Code:
	Email:		
B	Name of Individual or Firm:		Contact Person:
	Mailing Address:		Telephone #:
	City:	State:	Zip Code:
	Email:		

6. Contractors / Consultants

Complete the following for all contractors, subcontractors, consultants, engineering firms or others who performed corrective actions at the site. Failure to provide this information for ALL persons who performed corrective actions may result in action to recover any reimbursement which may be paid. Additional pages may be attached if more room is needed.			
A	Name of Individual or Firm:		Contact Person:
	Email:		Telephone #:
B	Name of Individual or Firm:		Contact Person:
	Email:		Telephone #:
C	Name of Individual or Firm:		Contact Person:
	Email:		Telephone #:
D	Name of Individual or Firm:		Contact Person:
	Email:		Telephone #:
E	Name of Individual or Firm:		Contact Person:
	Email:		Telephone #:
F	Name of Individual or Firm:		Contact Person:
	Email:		Telephone #:
G	Name of Individual or Firm:		Contact Person:
	Email:		Telephone #:

Applicant / Eligible Person (Company / Applicant Name)

7. Other Financing Sources

Corrective action costs covered or payable under an insurance or other contract are ineligible costs.

Check all that apply. If more space is needed for additional entry, attach separate sheet.

Insurance (Attach an itemized copy of policy coverage and limits) Denial Letter

Other (Specify):

Did the applicant have in effect one or more insurance policies, or contracts, that covered the site where the incident occurred? Yes No

If no, please explain:

If yes, please provide the name of the insurance company:

Address:

City:

State:

Zip:

Policy #:

Policy Effective Dates: From (mm/dd/yyyy): To (mm/dd/yyyy):

If yes, does the policy reimburse the applicant for these corrective-action costs? Yes No

If no, please provide proof (declaration page of policy, certificate of liability insurance, denial letter, etc.)

If yes, did the applicant submit a claim for any of the costs for which the applicant is seeking reimbursement in this application? Yes No

If no, please explain why no claim was filed:

If yes, did the insurer agree to cover your claim? Yes No

If no, please provide a copy of the insurance policy and the insurer's letter explaining the reasons for denying the claim.

If yes, please provide the amount of benefits received (or to be received): \$ _____

Also, provide a copy of the insurance policy and the insurer's explanation of benefits.

Is the applicant aware of any other insurance policies, or contracts, whether held by the applicant or another person, that could cover any of the eligible costs in this application? Yes No

If yes, please provide details:

Applicant / Eligible Person <i>(Company / Applicant Name)</i>	
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8. Signature and Certification

Signatures must be as follows: A. for a corporation, by a principal executive officer of at least the level of vice-president or the duly authorized representative or agent of the executive officer if the representative or agent is responsible for the overall operation of the facility or site that is the subject of the application or a person whom the board of directors designates by means of a corporate resolution; or B. for a partnership, sole proprietorship, or individual by a general partner, the proprietor, or individual, respectively.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. I certify that the commissioner of agriculture has approved the corrective actions taken as described in the approved corrective action design, or as otherwise approved by the commissioner. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge, true, accurate and complete. I further certify that I have the authority to submit this application on behalf of:

Initial Reimbursement Request	
Company Name:	
Signature of Eligible Person:	Date:
Title:	
Notary Stamp Here	
	Signed or attested before me this _____ day of _____, 20 ____ Notary Public for _____ County. My commission expires _____ Notary Signature _____

OR

Subsequent Reimbursement Request	
Additionally, I certify that I have complied with the commissioner of agriculture’s approved corrective action design provisions and the corrective actions were taken as described in that design.	
Company Name:	
Signature of Eligible Person:	Date:
Title:	
Notary Stamp Here	
	Signed or attested before me this _____ day of _____, 20 ____ Notary Public for _____ County. My commission expires _____ Notary Signature _____

Applicant / Eligible Person *(Company / Applicant Name)*

9. Summaries of Expenses *(List each invoice on a separate line. Additional sheets may be attached if necessary.)*

A. CONSULTING SERVICES

Consultant Firm	Invoice #	Invoice Date	Description of Work Performed	Total \$	Proof of Payment (Check #)
Total Consulting Services				\$	

B. SOIL BORINGS AND MONITORING WELL INSTALLATION

Subcontractor Name	Invoice #	Invoice Date	Date Work Performed	Description of Work Performed	Total \$	Proof of Payment (Check #)
Total Soil Borings and Well Monitoring					\$	

Applicant / Eligible Person (Company / Applicant Name)

C. Laboratory Tests and Analyses

IMPORTANT: Each analysis listed on an invoice must indicate either soil or water. If not, you must mark on the invoice for each analysis. Invoices without this information will be rejected.

Lab Name	Invoice #	Invoice Date	Date Sample(s) Taken	Total \$	Proof of Payment (Check #)
Total Laboratory Tests and Analyses				\$	

D. Equipment Rental / Leasing

Company Name	Invoice #	Invoice Date	Description of Equipment and Use	Total \$	Proof of Payment (Check #)
Total Equipment Rental / Leasing				\$	

E. Excavation

IMPORTANT: List all excavated soil amounts in CUBIC YARDS*. If excavated, stockpiled, and land applied soil amounts differ, please attach detailed explanation.

Subcontractor Name	Invoice #	Invoice Date	Date Work Performed	Description of Work Performed	Soil in Cubic Yards*	Total \$	Proof of Payment (Check #)
Applicant Performed Work (Name of Employee)	Dates Work Performed:						Proof of Actual Cost Incurred (Time Card, Pay Stub, Etc.)
Applicant Performed Work (Name of Employee)	Dates Work Performed:						Proof of Actual Cost Incurred (Time Card, Pay Stub, Etc.)
Total Excavation						\$	

Applicant / Eligible Person (Company / Applicant Name)

F. Trucking (include mobilizing/demobilizing equipment to site)

IMPORTANT: List all soil amounts in CUBIC YARDS not by loads.

Subcontractor Name	Invoice #	Invoice Date	Date Work Performed	Description of Work Performed	Soil in Cubic Yards	Total \$	Proof of Payment (Check #)
Applicant Performed Work (Name of Employee)	Dates Work Performed:						Proof of Actual Cost Incurred (Time Card, Pay Stub, Etc.)
Applicant Performed Work (Name of Employee)	Dates Work Performed:						Proof of Actual Cost Incurred (Time Card, Pay Stub, Etc.)
Total Trucking						\$	

G. Land Application and Soil Screening

IMPORTANT: List all screened soil amounts in CUBIC YARDS not by loads. If excavated, stockpiled, screened and land applied soil amounts differ, please attach detailed explanation.

Subcontractor Name	Invoice #	Invoice Date	Date Work Performed	Description of Work Performed	Soil in Cubic Yards	Total \$	Proof of Payment (Check #)
Applicant Performed Work (Name of Employee)	Dates Work Performed:						Proof of Actual Cost Incurred (Time Card, Pay Stub, Etc.)
Applicant Performed Work (Name of Employee)	Dates Work Performed:						Proof of Actual Cost Incurred (Time Card, Pay Stub, Etc.)
Total Land Application and Soil Screening						\$	

Applicant / Eligible Person (Company / Applicant Name)

H. Backfill / Site Restoration

IMPORTANT: List all screened soil amounts in CUBIC YARDS not by loads or tons. If excavated, stockpiled, screened and land applied soil amounts differ, please attach detailed explanation.

Subcontractor Name	Invoice #	Invoice Date	Date Work Performed	Description of Work Performed	Soil in Cubic Yards	Total \$	Proof of Payment (Check #)
Applicant Performed Work (Name of Employee)	Dates Work Performed:						Proof of Actual Cost Incurred (Time Card, Pay Stub, Etc.)
Applicant Performed Work (Name of Employee)	Dates Work Performed:						Proof of Actual Cost Incurred (Time Card, Pay Stub, Etc.)
Total Backfill / Site Restoration						\$	

I. Other Costs (i.e. permit fees, materials, per diems, hotel/motel*, ice, shipping samples (USPS, Fed-Ex, UPS, SpeeDee, etc.) receipts are required for all) *NOTE: hotel/motel receipts must show a \$0.00 balance due.

Company Name	Invoice #	Invoice Date	Description of Materials, Fees, Etc.	Total \$	Proof of Payment (Check #)
Total Other costs				\$	

Applicant / Eligible Person <i>(Company / Applicant Name)</i>	
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J. Landfill (disposal)

IMPORTANT: List all landfilled amounts in CUBIC YARDS*. If landfill invoiced per TON please convert to cubic yards below and note conversion factor (such as T=_____cy)

Company Name	Invoice #	Invoice Date	Date Received by Landfill	Description of Materials, Fees, Etc.	Soil in Cubic Yards*	Total \$	Proof of Payment (Check #)
Total Landfill Costs						\$	

Subtotals of the following summary sheets	
Please enter the total dollar amount for each category in this table.	
A. Consulting Services	\$
B. Soil Borings and Monitoring Well Installation	\$
C. Laboratory Tests and Analysis	\$
D. Equipment Rental/Leasing	\$
E. Excavation	\$
F. Trucking	\$
G. Land Application and Soil Screening	\$
H. Backfill/Site Restoration	\$
I. Other Costs	\$
J. Landfill (disposal)	\$
Total Request	\$

10. Supporting Invoices with Cancelled Checks

Please include all invoices, including sub-contractors, as well as cancelled checks showing “proof of payment” for all invoices submitted. Hotel/motel receipts must show \$0.00 balance due.