

Application for Federal Assistance SF-424

* 1. Type of Submission:

- ☐ Preapplication
☒ Application
☐ Changed/Corrected Application

* 2. Type of Application:

- ☒ New
☐ Continuation
☐ Revision

* If Revision, select appropriate letter(s):

* Other (Specify):

* 3. Date Received:

11/21/2022

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name:

City of Marion

* b. Employer/Taxpayer Identification Number (EIN/TIN):

56-6001607

* c. UEI:

V17KUZDJRT98

d. Address:

* Street1:

194 North Main Street

Street2:

* City:

Marion

County/Parish:

McDowell

* State:

NC: North Carolina

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

28752-0700

e. Organizational Unit:

Department Name:

Planning and Development

Division Name:

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

Prefix:

Mrs.

* First Name:

Heather

Middle Name:

* Last Name:

Cotton

Suffix:

Title:

Planning and Development Director

Organizational Affiliation:

City of Marion

* Telephone Number:

828-652-3551

Fax Number:

828-652-1983

* Email:

hcotton@marionnc.org

Application for Federal Assistance SF-424

* 9. Type of Applicant 1: Select Applicant Type:

C: City or Township 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:

66.818

CFDA Title:

Brownfields Multipurpose, Assessment, Revolving Loan Fund, and Cleanup Cooperative Agreements

* 12. Funding Opportunity Number:

EPA-I-OLEM-OBLR-22-09

* Title:

FY23 Guidelines for Brownfields Cleanup Grants

13. Competition Identification Number:

Title:

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

Add Attachment

Delete Attachment

View Attachment

* 15. Descriptive Title of Applicant's Project:

Drexel Heritage Village at Marion Station

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424**16. Congressional Districts Of:*** a. Applicant * b. Program/Project

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

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:* a. Start Date: * b. End Date: **18. Estimated Funding (\$):**

* a. Federal	<input type="text" value="500,000.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="500,000.00"/>

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

- ☐ a. This application was made available to the State under the Executive Order 12372 Process for review on .
- ☐ 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 in attachment.)**☐ Yes ☒ No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

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 18, Section 1001)**

☒ ** 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:

Middle Name:

* Last Name:

Suffix:

* Title: * Telephone Number: Fax Number: * Email: * Signature of Authorized Representative: * Date Signed:

BUDGET INFORMATION - Non-Construction Programs

OMB Number: 4040-0006
Expiration Date: 02/28/2025

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. Project Management		\$	\$	5,000.00		5,000.00
2. Community Engagement				1,000.00		1,000.00
3. Cleanup Planning				38,400.00		38,400.00
4. Remediation				455,600.00		455,600.00
5. Totals		\$	\$	500,000.00		500,000.00

SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1) Project Management	(2) Community Engagement	(3) Cleanup Planning	(4) Remediation	
a. Personnel	\$ <input style="width: 100%;" type="text"/>	\$ <input style="width: 100%;" type="text"/>	\$ <input style="width: 100%;" type="text"/>	\$ <input style="width: 100%;" type="text"/>	\$ <input style="width: 100%;" type="text"/>
b. Fringe Benefits	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
c. Travel	5,000.00	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	5,000.00
d. Equipment	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
e. Supplies	<input style="width: 100%;" type="text"/>	1,000.00	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	1,000.00
f. Contractual	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	38,400.00	455,600.00	494,000.00
g. Construction	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
h. Other	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
i. Total Direct Charges (sum of 6a-6h)	5,000.00	1,000.00	38,400.00	455,600.00	\$ <input style="width: 100%;" type="text" value="500,000.00"/>
j. Indirect Charges	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	\$ <input style="width: 100%;" type="text"/>
k. TOTALS (sum of 6i and 6j)	\$ <input style="width: 100%;" type="text" value="5,000.00"/>	\$ <input style="width: 100%;" type="text" value="1,000.00"/>	\$ <input style="width: 100%;" type="text" value="38,400.00"/>	\$ <input style="width: 100%;" type="text" value="455,600.00"/>	\$ <input style="width: 100%;" type="text" value="500,000.00"/>
7. Program Income	\$ <input style="width: 100%;" type="text"/>	\$ <input style="width: 100%;" type="text"/>	\$ <input style="width: 100%;" type="text"/>	\$ <input style="width: 100%;" type="text"/>	\$ <input style="width: 100%;" type="text"/>

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Prescribed by OMB (Circular A -102) Page 1A

SECTION C - NON-FEDERAL RESOURCES					
(a) Grant Program		(b) Applicant	(c) State	(d) Other Sources	(e)TOTALS
8.	Project Management	\$ <input style="width:80%;" type="text"/>	\$ <input style="width:80%;" type="text"/>	\$ <input style="width:80%;" type="text"/>	\$ <input style="width:80%;" type="text"/>
9.	Community Engagement	<input style="width:80%;" type="text"/>	<input style="width:80%;" type="text"/>	<input style="width:80%;" type="text"/>	<input style="width:80%;" type="text"/>
10.	Cleanup Planning	<input style="width:80%;" type="text"/>	<input style="width:80%;" type="text"/>	<input style="width:80%;" type="text"/>	<input style="width:80%;" type="text"/>
11.	Remediation	<input style="width:80%;" type="text"/>	<input style="width:80%;" type="text"/>	<input style="width:80%;" type="text"/>	<input style="width:80%;" type="text"/>
12. TOTAL (sum of lines 8-11)		\$ <input style="width:80%;" type="text"/>	\$ <input style="width:80%;" type="text"/>	\$ <input style="width:80%;" type="text"/>	\$ <input style="width:80%;" type="text"/>

SECTION D - FORECASTED CASH NEEDS						
		Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal		\$ <input style="width:80%; text-align: right; value: 11,200.00;" type="text"/>	\$ <input style="width:80%;" type="text"/>	\$ <input style="width:80%; text-align: right; value: 200.00;" type="text"/>	\$ <input style="width:80%; text-align: right; value: 5,000.00;" type="text"/>	\$ <input style="width:80%; text-align: right; value: 6,000.00;" type="text"/>
14. Non-Federal		\$ <input style="width:80%;" type="text"/>	<input style="width:80%;" type="text"/>	<input style="width:80%;" type="text"/>	<input style="width:80%;" type="text"/>	<input style="width:80%;" type="text"/>
15. TOTAL (sum of lines 13 and 14)		\$ <input style="width:80%; text-align: right; value: 11,200.00;" type="text"/>	\$ <input style="width:80%;" type="text"/>	\$ <input style="width:80%; text-align: right; value: 200.00;" type="text"/>	\$ <input style="width:80%; text-align: right; value: 5,000.00;" type="text"/>	\$ <input style="width:80%; text-align: right; value: 6,000.00;" type="text"/>

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.	Project Management	\$ <input style="width:80%;" type="text"/>	\$ <input style="width:80%; text-align: right; value: 5,000.00;" type="text"/>	\$ <input style="width:80%;" type="text"/>	\$ <input style="width:80%;" type="text"/>
17.	Community Engagement	<input style="width:80%; text-align: right; value: 500.00;" type="text"/>	<input style="width:80%; text-align: right; value: 200.00;" type="text"/>	<input style="width:80%; text-align: right; value: 200.00;" type="text"/>	<input style="width:80%; text-align: right; value: 100.00;" type="text"/>
18.	Cleanup Planning	<input style="width:80%; text-align: right; value: 11,000.00;" type="text"/>	<input style="width:80%; text-align: right; value: 12,000.00;" type="text"/>	<input style="width:80%; text-align: right; value: 10,400.00;" type="text"/>	<input style="width:80%; text-align: right; value: 5,000.00;" type="text"/>
19.	Remediation	<input style="width:80%;" type="text"/>	<input style="width:80%;" type="text"/>	<input style="width:80%; text-align: right; value: 227,800.00;" type="text"/>	<input style="width:80%; text-align: right; value: 227,800.00;" type="text"/>
20. TOTAL (sum of lines 16 - 19)		\$ <input style="width:80%; text-align: right; value: 11,500.00;" type="text"/>	\$ <input style="width:80%; text-align: right; value: 17,200.00;" type="text"/>	\$ <input style="width:80%; text-align: right; value: 238,400.00;" type="text"/>	\$ <input style="width:80%; text-align: right; value: 232,900.00;" type="text"/>

SECTION F - OTHER BUDGET INFORMATION	
21. Direct Charges: <input style="width:95%; text-align: right; value: \$500,000;" type="text"/>	22. Indirect Charges: <input style="width:95%;" type="text"/>
23. Remarks: <input style="width:98%;" type="text"/>	



Preaward Compliance Review Report for All Applicants and Recipients Requesting EPA Financial Assistance

Note: Read Instructions before completing form.

I. A. Applicant/Recipient (Name, Address, City, State, Zip Code)

Name:

Address:

City:

State: Zip Code:

B. Unique Entity Identifier (UEI):

C. Applicant/Recipient Point of Contact

Name:

Phone:

Email:

Title:

II. Is the applicant currently receiving EPA Assistance? ☐ Yes ☒ No

III. List all pending civil rights lawsuits and administrative complaints filed under federal law against the applicant/recipient that allege discrimination based on race, color, national origin, sex, age, or disability. (Do not include employment complaints not covered by 40 C.F.R. Parts 5 and 7.)

None

IV. List all civil rights lawsuits and administrative complaints decided against the applicant/recipient within the last year that alleged discrimination based on race, color, national origin, sex, age, or disability and enclose a copy of all decisions. Please describe all corrective actions taken. (Do not include employment complaints not covered by 40 C.F.R. Parts 5 and 7.)

None

V. List all civil rights compliance reviews of the applicant/recipient conducted under federal nondiscrimination laws by any federal agency within the last two years and enclose a copy of the review and any decisions, orders, or agreements based on the review. Please describe any corrective action taken. (40 C.F.R. § 7.80(c)(3))

None

VI. Is the applicant requesting EPA assistance for new construction? If no, proceed to VII; if yes, answer (a) and/or (b) below.

☐ Yes ☒ No

a. If the grant is for new construction, will all new facilities or alterations to existing facilities be designed and constructed to be readily accessible to and usable by persons with disabilities? If yes, proceed to VII; if no, proceed to VI(b).

☐ Yes ☐ No

b. If the grant is for new construction and the new facilities or alterations to existing facilities will not be readily accessible to and usable by persons with disabilities, explain how a regulatory exception (40 C.F.R. 7.70) applies.

- VII. Does the applicant/recipient provide initial and continuing notice that it does not discriminate on the basis of race, color, national origin, sex, age, or disability in its program or activities? (40 C.F.R. 5.140 and 7.95) ☒ Yes ☐ No
- a. Do the methods of notice accommodate those with impaired vision or hearing? ☒ Yes ☐ No
- b. Is the notice posted in a prominent place in the applicant's/recipient's website, in the offices or facilities or, for education programs and activities, in appropriate periodicals and other written communications? ☒ Yes ☐ No
- c. Does the notice identify a designated civil rights coordinator? ☒ Yes ☐ No
- VIII. Does the applicant/recipient maintain demographic data on the race, color, national origin, sex, age, or disability status of the population it serves? (40 C.F.R. 7.85(a)) ☒ Yes ☐ No
- IX. Does the applicant/recipient have a policy/procedure for providing meaningful access to services for persons with limited English proficiency? (Title VI, 40 C.F.R. Part 7, *Lau v Nichols* 414 U.S. (1974)) ☒ Yes ☐ No
- X. If the applicant is an education program or activity, or has 15 or more employees, has it designated an employee to coordinate its compliance with 40 C.F.R. Parts 5 and 7? Provide the name, title, position, mailing address, e-mail address, fax number, and telephone number of the designated coordinator.

Name: Landdis Hollifield
 Title: City Clerk/Public Information Officer
 Address:
 City of Marion
 PO Drawer 700
 Marion, NC 28752
 Email Address: lhollifield@marionnc.org
 Fax Number: 828-652-31983
 Telephone Number: 828-652-3551

- XI. If the applicant is an education program or activity, or has 15 or more employees, has it adopted grievance procedures that assure the prompt and fair resolution of complaints that allege a violation of 40 C.F.R. Parts 5 and 7? Provide a legal citation or applicant's/recipient's website address for, or a copy of, the procedures.

<https://www.marionnc.org/DocumentCenter/View/260/Title-VI-Plan-PDF?bidId=>

For the Applicant/Recipient

I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law. I assure that I will fully comply with all applicable civil rights statutes and EPA regulations.

A. Signature of Authorized Official

Heather Cotton

B. Title of Authorized Official

Planning and Development Director

C. Date

11/21/2022

For the U.S. Environmental Protection Agency

I have reviewed the information provided by the applicant/recipient and hereby certify that the applicant/recipient has submitted all preaward compliance information required by 40 C.F.R. Parts 5 and 7; that based on the information submitted, this application satisfies the preaward provisions of 40 C.F.R. Parts 5 and 7; and that the applicant has given assurance that it will fully comply with all applicable civil rights statutes and EPA regulations.

A. *Signature of Authorized EPA Official

B. Title of Authorized Official

C. Date

General. Recipients of Federal financial assistance from the U.S. Environmental Protection Agency must comply with the following statutes and regulations.

Title VI of the Civil Rights Acts of 1964 provides that no person in the United States shall, on the grounds of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance. The Act goes on to explain that the statute shall not be construed to authorize action with respect to any employment practice of any employer, employment agency, or labor organization (except where the primary objective of the Federal financial assistance is to provide employment). Section 13 of the 1972 Amendments to the Federal Water Pollution Control Act provides that no person in the United States shall on the ground of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under the Federal Water Pollution Control Act, as amended. Employment discrimination on the basis of sex is prohibited in all such programs or activities. Section 504 of the Rehabilitation Act of 1973 provides that no otherwise qualified individual with a disability in the United States shall solely by reason of disability be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance. Employment discrimination on the basis of disability is prohibited in all such programs or activities. The Age Discrimination Act of 1975 provides that no person on the basis of age shall be excluded from participation under any program or activity receiving Federal financial assistance. Employment discrimination is not covered. Age discrimination in employment is prohibited by the Age Discrimination in Employment Act administered by the Equal Employment Opportunity Commission. Title IX of the Education Amendments of 1972 provides that no person in the United States on the basis of sex shall be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any education program or activity receiving Federal financial assistance. Employment discrimination on the basis of sex is prohibited in all such education programs or activities. Note: an education program or activity is not limited to only those conducted by a formal institution. 40 C.F.R. Part 5 implements Title IX of the Education Amendments of 1972. 40 C.F.R. Part 7 implements Title VI of the Civil Rights Act of 1964, Section 13 of the 1972 Amendments to the Federal Water Pollution Control Act, and Section 504 of The Rehabilitation Act of 1973.

Items "Applicant" means any entity that files an application or unsolicited proposal or otherwise requests EPA assistance. 40 C.F.R. §§ 5.105, 7.25.

"Recipient" means any State or its political subdivision, any instrumentality of a State or its political subdivision, any public or private agency, institution, organizations, or other entity, or any person to which Federal financial assistance is extended directly or through another recipient, including any successor, assignee, or transferee of a recipient, but excluding the ultimate beneficiary of the assistance. 40 C.F.R. §§ 5.105, 7.25.

"Civil rights lawsuits and administrative complaints" means any lawsuit or administrative complaint alleging discrimination on the basis of race, color, national origin, sex, age, or disability pending or decided against the applicant and/or entity which actually benefits from the grant, but excluding employment complaints not covered by 40 C.F.R. Parts 5 and 7. For example, if a city is the named applicant but the grant will actually benefit the Department of Sewage, civil rights lawsuits involving both the city and the Department of Sewage should be listed. "Civil rights compliance review" means: any federal agency-initiated investigation of a particular aspect of the applicant's and/or recipient's programs or activities to determine compliance with the federal non-discrimination laws. Submit this form with the original and required copies of applications, requests for extensions, requests for increase of funds, etc. Updates of information are all that are required after the initial application submission. If any item is not relevant to the project for which assistance is requested, write "NA" for "Not Applicable." In the event applicant is uncertain about how to answer any questions, EPA program officials should be contacted for clarification.



EPA KEY CONTACTS FORM

OMB Number: 2030-0020
Expiration Date: 06/30/2024

Authorized Representative: *Original awards and amendments will be sent to this individual for review and acceptance, unless otherwise indicated.*

Name:	Prefix: Mr.	First Name: Bob	Middle Name:
	Last Name: Boyette		Suffix:
Title:	City Manager		
Complete Address:			
Street1:	194 North Main Street		
Street2:			
City:	Marion	State:	NC: North Carolina
Zip / Postal Code:	28752	Country:	USA: UNITED STATES
Phone Number:	828-652-3551	Fax Number:	828-652-1983
E-mail Address:	bboyette@marionnc.org		

Payee: *Individual authorized to accept payments.*

Name:	Prefix: Mrs.	First Name: Julie	Middle Name:
	Last Name: Scherer		Suffix:
Title:	Finance Director		
Complete Address:			
Street1:	194 North Main Street		
Street2:			
City:	Marion	State:	NC: North Carolina
Zip / Postal Code:	28752	Country:	USA: UNITED STATES
Phone Number:	828-652-3551	Fax Number:	828-652-1983
E-mail Address:	jscherer@marionnc.org		

Administrative Contact: *Individual from Sponsored Programs Office to contact concerning administrative matters (i.e., indirect cost rate computation, rebudgeting requests etc).*

Name:	Prefix: Mrs.	First Name: Julie	Middle Name:
	Last Name: Scherer		Suffix:
Title:	Finance Director		
Complete Address:			
Street1:	194 North Main Street		
Street2:			
City:	Marion	State:	NC: North Carolina
Zip / Postal Code:	28752	Country:	USA: UNITED STATES
Phone Number:	828-652-3551	Fax Number:	828-652-1983
E-mail Address:	jscherer@marionnc.org		

EPA KEY CONTACTS FORM

Project Manager: *Individual responsible for the technical completion of the proposed work.*

Name: Prefix: First Name: Middle Name:

Last Name: Suffix:

Title:

Complete Address:

Street1:

Street2:

City:

State:

Zip / Postal Code:

Country:

Phone Number:

Fax Number:

E-mail Address:

Project Narrative File(s)

*** Mandatory Project Narrative File Filename:**

Add Mandatory Project Narrative File

Delete Mandatory Project Narrative File

View Mandatory Project Narrative File

To add more Project Narrative File attachments, please use the attachment buttons below.

Add Optional Project Narrative File

Delete Optional Project Narrative File

View Optional Project Narrative File

The following attachment is not included in this view since it is not a read-only PDF file.

The agency will receive all application forms and attachments without any data loss.

ProjectNarrativeAttachments_1_2-Attachments-1234-MarionNC_DrexelEPA_Cle

anup_112222.pdf

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C.1352

OMB Number: 4040-0013

Expiration Date: 02/28/2025

1. * Type of Federal Action: <input type="checkbox"/> a. contract <input checked="" type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	2. * Status of Federal Action: <input checked="" type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	3. * Report Type: <input checked="" type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change
4. Name and Address of Reporting Entity: <input checked="" type="checkbox"/> Prime <input type="checkbox"/> SubAwardee * Name <input type="text" value="City of Marion"/> * Street 1 <input type="text" value="194 North Main Street"/> Street 2 <input type="text"/> * City <input type="text" value="Marion"/> State <input type="text" value="NC: North Carolina"/> Zip <input type="text" value="28752"/> Congressional District, if known: <input type="text" value="NC-011"/>		
5. If Reporting Entity in No.4 is Subawardee, Enter Name and Address of Prime: 		
6. * Federal Department/Agency: <input type="text" value="Environmental Protection Agency"/>	7. * Federal Program Name/Description: <input type="text" value="Brownfields Multipurpose, Assessment, Revolving Loan Fund, and Cleanup Cooperative Agreements"/> CFDA Number, if applicable: <input type="text" value="66.818"/>	
8. Federal Action Number, if known: <input type="text" value="EPA-I-OLEM-OBLR-22-09 - PKG00276773"/>	9. Award Amount, if known: \$ <input type="text"/>	
10. a. Name and Address of Lobbying Registrant: Prefix <input type="text"/> * First Name <input type="text" value="N/A"/> Middle Name <input type="text"/> * Last Name <input type="text" value="N/A"/> Suffix <input type="text"/> * Street 1 <input type="text" value="N/A"/> Street 2 <input type="text"/> * City <input type="text" value="N/A"/> State <input type="text"/> Zip <input type="text" value="N/A"/>		
b. Individual Performing Services (including address if different from No. 10a) Prefix <input type="text"/> * First Name <input type="text" value="N/A"/> Middle Name <input type="text"/> * Last Name <input type="text" value="N/A"/> Suffix <input type="text"/> * Street 1 <input type="text" value="N/A"/> Street 2 <input type="text"/> * City <input type="text" value="N/A"/> State <input type="text"/> Zip <input type="text" value="N/A"/>		
11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when the transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure. * Signature: <input type="text" value="Heather Cotton"/> * Name: Prefix <input type="text" value="Mrs."/> * First Name <input type="text" value="Heather"/> Middle Name <input type="text"/> * Last Name <input type="text" value="Cotton"/> Suffix <input type="text"/> Title: <input type="text" value="Planning and Development Director"/> Telephone No.: <input type="text" value="828-652-3551"/> Date: <input type="text" value="11/21/2022"/>		
Federal Use Only:		Authorized for Local Reproduction Standard Form - LLL (Rev. 7-97)