

REPLACING, REMOVING, OR UPGRADING UNDERGROUND STORAGE TANKS (RUST) GRANT APPLICATION

APPLICANT INFORMATION			
Applicant is a: <input type="checkbox"/> UST Owner <input type="checkbox"/> UST Operator <input type="checkbox"/> UST Owner & Operator			
Applicant Name:			
Dba: (if applicable)			
Applicant Status: <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Estate/Trust <input type="checkbox"/> LLC <input type="checkbox"/> Other: _____			
Mailing Address:	City:	State:	Zip Code:
E-Mail Address:	SSN:	Fed Tax ID:	
Business Phone No.:	Cell Phone No.:	Fax No.:	
Contact Person/Title:		Contact Phone No.:	
PROJECT SITE / BUSINESS INFORMATION			
Project Address:	City:	State:	Zip Code:
County:	Number of USTs on Project site:	Number of Employees: Full Time: Part Time:	
Business Type:	<input type="checkbox"/> Gas Sales <input type="checkbox"/> Gas & Auto Repair <input type="checkbox"/> Gas & Mini Mart <input type="checkbox"/> Gas & Car Wash <input type="checkbox"/> Cardlock <input type="checkbox"/> Other: _____		
QUESTIONNAIRE			
Please answer the following:			
1. Is this business independently owned and operated?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
2. Has the project facility where the project tank(s) is located sold less than 900,000 gallons of gasoline at retail annually for last 2 years?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
3. Have you previously had a RUST Grant?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
a. If yes, provide grant amount \$ _____			
4. Is the project tank(s) located at a fueling station available for public use?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
5. Is there any other fueling station available for public use within a radius of 15 miles from the Applicant's fueling station?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Note: If no, provide documentation, such as Google Maps.			
6. Do you own or operate any USTs at other locations in California?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
a. If yes, are the USTs in compliance with Health and Safety Code Chapter 6.7? <input type="checkbox"/> YES <input type="checkbox"/> NO			
<u>Only answer this question if not currently in business retailing gasoline.</u>			
7. <u>Was</u> the facility where the project tank is located legally in business retailing gasoline after January 1, 1999?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Note: If yes, provide proof, such as previous permits for the site or documentation from local agency(ies)			

SCOPE OF WORK AND ESTIMATE OF COSTS

Brief description of the proposed grant project, including why it is necessary to upgrade, remove, or replace the project tanks to comply with Health and Safety Code section 25284.1, 25292.05, 25292.4, 25292.5, or 41954.

Estimated Eligible Costs to Complete Work: (Attach copies of Quote/Bid/Contract)

\$

Estimated time to complete project :

VERIFICATION AND SIGNATURE

As the undersigned applicant(s) to the RUST Program, I (we) hereby certify, under penalty of perjury, under the laws of the State of California, that the information provided in this Application is true and correct and represents the intended use of all sources of funds identified in the Application, and that I will inform the State Water Resources Control Board immediately of any changes therein.

Executed on this _____ day of _____ 20 _____

Signature _____

Printed Name _____ Title _____

Signature _____

Printed Name _____ Title _____

This application provides required information to apply for a Grant through the RUST Program, as authorized in chapter 6.76 (commencing with section 25299.105) of division 20 of the Health & Safety Code.

RUST GRANT APPLICATION INSTRUCTIONS

Complete the entire application in accordance with the following instructions.

APPLICANT INFORMATION

Applicant is a: Check appropriate box to identify if Applicant is the owner, operator, or both of the UST (Underground Storage Tank).

Applicant Name: Provide Applicant's legal name. For example, if the UST is owned/operated by a sole proprietor, put the legal name of sole proprietor.

Db: Only fill in dba (doing business as) if Applicant has a fictitious name statement. Attach fictitious name statement with application.

Applicant Status: Check the appropriate box to indicate the status of the UST owner/operator. For example, the partnership owns/operates the UST.

Mailing Address, City, State, Zip Code, and E-mail Address: Provide Applicant's preferred complete mailing and e-mail addresses.

SSN and Fed Tax ID: Provide social security number (SSN) if Applicant is filing as Individual, Sole Proprietor, or Revocable Trust. Provide federal Tax ID if Applicant is filing as Partnership, Corporation, LLC, Estate, or Irrevocable Trust.

NOTE: If a federal employer identification number is unavailable, an SSN is required. Section 25299.106 of the Health and Safety Code authorizes the Board to request this information. Pursuant to the Federal Privacy Act of 1974 (Public Law 93-579), you are hereby notified that it is mandatory to provide your SSN. Failure to provide the requested information will result in denial of the grant application. The SSN will be used by the State solely for the purpose of identifying the recipient of the grant funds. Applicants have the right to inspect records containing personal information maintained by the Board.

Business Phone No., Cell Phone No., and Fax No.: Provide all of Applicant's reachable numbers if available.

Contact Person/Title and Contact Phone No.: Provide name, title, and phone number of preferred contact person who can answer any questions regarding the application or the project site.

PROJECT SITE / BUSINESS INFORMATION

Project Address, City, State, Zip Code, and County: Provide complete address, including county, for the project site.

Number of USTs on Project site: Provide the total number of USTs on project site.

Number of Employees: Provide number of full and part time worker(s) employed by the business. A person working fewer than forty (40) hours a week shall be considered a part-time employee.

Business Type: Check appropriate box(s) to identify type of business.

QUESTIONNAIRE

Question 1: Check appropriate box.

Question 2: Check appropriate box. If yes, must attach Sales and Use Tax Return Form (BOE-401GS, rev 6,

4-02) including Schedule G, Fuel Seller's Supplement submitted to the State Board of Equalization during the last eight consecutive quarters (two years) preceding the submission of this application.

Question 3: Check appropriate box. If yes, provide approximate grant amount.

Question 4: Check appropriate box.

Question 5: Check appropriate box. If no, provide documentation to show proximity of other fueling station(s) to Applicant's fueling station, such as Google Maps.

Question 6: Check appropriate box. If yes, check appropriate box for Question 6(a) and provide a list of all other owned or operated USTs and their address(es).

Question 7: If currently in business retailing gasoline at this facility, please do not answer this question.

- If not currently retailing gasoline, must provide proof that the facility was legally in business retailing gasoline any time after January 1, 1999. For example, previous permits for the site or documentation from local agency(ies).

SCOPE OF WORK AND ESTIMATE OF COSTS

NOTE: Only costs to upgrade, remove, or replace project tanks to comply with Health and Safety Code section 25284.1, 25292.05, 25292.4, 25292.5, or 41954 are eligible for funding.

Brief description: Provide a summary of the proposed scope of work including why it is necessary to upgrade, remove, or replace the project tanks to comply with Health and Safety Code section 25284.1, 25292.05, 25292.4, 25292.5, or 41954.

Estimated Eligible Costs to Complete Work: Provide copy of proposal (Quote/Bid/Contract) from contractor. The proposal must include breakdown of labor and parts/equipment.

Estimated time to complete project: Provide an estimate of how long it will take to complete the project.

VERIFICATION AND SIGNATURE

Applicant must sign and date application and mail original application with required documents from the RUST GRANT APPLICATION CHECKLIST.

Mail to:

**State Water Resources Control Board
Division of Financial Assistance, RUST Program
P.O. Box 944212
Sacramento, CA 94244-2120**

CONTACT INFORMATION

For questions regarding the RUST Grant Program, please contact:

Janice Clemons at (916) 341-5657 or Janice.Clemons@waterboards.ca.gov
Kathy Jundt at (916) 322-3603 or Kathy.Jundt@waterboards.ca.gov

RUST GRANT APPLICATION CHECKLIST

When submitting a RUST Grant application, all required documents listed below must be included with the application package.

- Application, signed and dated
- Fictitious Name Statement (if dba is used on application)
- Copy of Applicant's most recent California Tax Return
 - If Applicant is Individual, Sole Proprietor, or Estate/Trust: Copy of most recent CA tax return
 - If Applicant is Partnership: Copy of Partnership's **and** each Partner's most recent CA tax return
 - If Applicant is Corporation or LLC: Copy of Corporation's/LLC's **and** President of Corporation's/LLC's most recent CA tax return
- For a Partnership, Corporation, or LLC, list of name(s) and resident address(es) of each owner and partner or corporate officer
- Copy of Applicant's most recent employee tax form (IRS Form 941 or California EDD Form DE 6)
- Copy of Sales and Use Tax Return Form (BOE-401GS, rev 6, 4-02) including Schedule G, Fuel Seller's Supplement submitted to the State Board of Equalization during the last eight consecutive quarters (two years) preceding the submission of this application
- Copy of current UST permit for each Project Tank from Local Oversight Program (LOP) or Certified Unified Program Agency (CUPA)
- Copy of Permit to Operate from Air Quality Management District (AQMD) or Air Pollution Control District (APCD)
- Google Maps: If no other fueling station within 15 mile radius
- List of other owned or operated USTs in California and address(es)
- Documentation that the facility was legally in business retailing gasoline any time after January 1, 1999, if not currently retailing gasoline
 - For example: previous permits for the site or documentation from local agency(ies)
- Copy of proposal (Quote/Bid/Contract) from contractor including breakdown of labor and parts/equipment