K A N S A S

RODERICK L. BREMBY, SECRETARY

KATHLEEN SEBELIUS, GOVERNOR

DEPARTMENT OF HEALTH AND ENVIRONMENT

May 17, 2005

Mr. Bill Harrison, Interim Director
Kansas Geological Survey
KU-1930 Constant Ave, Campus West
Lawrence, KS 66047

Dear ~~Mr. Harrison~~ Bill:

Enclosed for your review is the department's Environmental Protection Agency grant review form for the FFY 2005 Pollution Prevention Grant.

We would appreciate your review and comments on this grant application within two weeks.

Should you wish to review the full application and supporting material, please feel free to contact Cathy Colglazier in the Bureau of Environmental Field Services at 785-296-0669.

Sincerely,

Ronald F. Hammerschmidt, Ph.D.
Director of Environment

Enclosures
pc: Cathy Colglazier ☞ Grant File

DIVISION OF ENVIRONMENT
Bureau of Environmental Field Services
CURTIS STATE OFFICE BUILDING, 1000 SW JACKSON ST., STE 430, TOPEKA, KS 66612-1367
Voice 785-296-6603 Fax 785-291-3266 http://www.kdhe.state.ks.us

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

2. DATE SUBMITTED	Applicant Identifier

1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY STATE	State Application Identifier
Application	*Preapplication*		
☐ Construction	☐ Construction		
☐ Non-Construction	☐ Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name	Organizational Unit
KDHE - Kansas Department of Health and Environment	

Address (give city, county, state and zip code)	Name and telephone number of person to be contacted on matters involving this application (give area code)
1000 S.W. Jackson, Suite 410 Shawnee Topeka, KS 66612-1367	Bill Mondi 785-296-4049

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

48-6029925

7. TYPE OF APPLICANT: (enter appropriate letter in box) A

A. State
B. County
C. Municipal
D. Township
E. Interstate
F. Intermunicipal
G. Special District
H. Independent School District
I. State Institution of Higher Learning
J. Private University
K. Indian Tribe
L. Individual
M. Profit Organization
N. Other *(Specify)*

8. TYPE OF APPLICATION:

☒ New ☐ Continuation ☐ Revision

If Revision, enter appropriate letter(s) in box(es): —

A. Increase Award B. Decrease Award C. Increase Duration
D. Decrease Duration E. Other *(specifiy)*

9. NAME OF FEDERAL AGENCY:

EPA

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

66.708 - Pollution Prevention Incentives States

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

2005 Pollution Prevention

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):

KS

13. PROPOSED PROJECT:

Start Date	End Date
10/01/2005	09/30/2006

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant	b. Project
02	Statewide

15. ESTIMATED FUNDING:

a. Federal	$140,000
b. Applicant	$140,000
c. State	$
d. Local	$
e. Other	$
f. Program Income	$
g. TOTAL	$280,000

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE 05/16/2005

b. ☐ PROGRAM IS NOT COVERED BY E.O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17 IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes", attach an explanation. ☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Typed Name of Authorized Representative	b. Title	c. Telephone Number
Ronald F. Hammerschmidt, PhD	Director	785-296-1535

d. Signature of Authorized Representative	e. Date Signed

OMB Approval No. 0348-0044

BUDGET INFORMATION -- NON-CONSTRUCTION PROGRAMS

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. Pollution Prevention Incentives States	66.708	$	$	$140,000	$140,000	**$280,000**
2.		$	$	$	$	**$0**
3.		$	$	$	$	**$0**
4.		$	$	$	$	**$0**
5. TOTALS		$0	$0	$140,000	$140,000	**$280,000**

SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION, OR ACTIVITY				Total (5)
	(1) Federal	(2) State	(3)	(4)	
a. Personnel	$15,856	$14,794	$	$	**$30,650**
b. Fringe Benefits	$	$	$	$	**$0**
c. Travel	$3,000	$	$	$	**$3,000**
d. Equipment	$	$	$	$	**$0**
e. Supplies	$1,500	$	$	$	**$1,500**
f. Contractual	$100,822	$95,871	$	$	**$196,693**
g. Construction	$	$	$	$	**$0**
h. Other	$10,451	$23,366	$	$	**$33,817**
i. Total Direct Charges (sum of 6a - 6h)	$131,629	$134,031	$0	$0	**$265,660**
j. Indirect Charges	$8,371	$5,969	$	$	**$14,340**
k. TOTALS (sum of 6i and 6j)	**$140,000**	**$140,000**	**$0**	**$0**	**$280,000**
7. Program Income	$	$	$	$	**$0**

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Standard Form 424A (4-88)
Prescribed by OMB Circular A-102

REVIEW AGENCIES/COMMISSIONS:

___ Agriculture - DWR	___ Water Office, Kansas
___ Biological Survey, Kansas	___ Wildlife and Parks
___ Conservation Commission	___ Historical Society
___ Corporation Commission	___ Soil Conservation
✓ Geological Survey, Kansas	___ _____

Agency Review Comments: (To be completed by review agency and returned to KDHE contact person).

Recommended Action Comments (To be completed by review agency and returned to KDHE contact person). Note - check one statement:

✓ Clearance of project should be granted.	___ Clearance of project should not be granted.
___ Clearance of the project should be delayed until the issues or questions have been clarified by KDHE.	___ Clearance of the project should not be delayed, but KDHE should (in the application) address or clarify the questions or concerns indicated above.

D E Harrison	Kansas Geol. Survey	5/23/05
Reviewer's Name	Div./Agency/Commission	Date

Project Title: Pollution Prevention Grant for FFY 2005

Contact Person: Cathy Colglazier Phone: 785.296.0669