To: Dan Sachy
mailed form on back
6/25/09

KANSAS

Mark Parkinson, Governor
Roderick L. Bremby, Secretary

DEPARTMENT OF HEALTH
AND ENVIRONMENT

www.kdheks.gov

Division of Environment

June 19, 2009

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

Dear Mr. Harrison:

Enclosed for your review is the department's Environmental Protection Agency grant review form for the FFY 2009 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,

John Mitchell
Director of Environment

Return to

Enclosures

pc: Cathy Colglazier

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.

W C Harrison — Reviewer's Name

Kansas Geological Survey — Div./Agency/Commission

June 25, '09 — Date

Project Title: Pollution Prevention Grant for FFY 2009

Contact Person: Cathy Colglazier Phone: 785.296.0669

FY 2009 Pollution Prevention Grant Program
EPA-HQ-OPPT-09-01

Kansas Pollution Prevention Program

Partnering to Foster Pollution Prevention and Energy Conservation in Kansas

The proposed projects will provide multimedia P2/E2 technical assistance to businesses; manage an intern program to assist companies with implementing P2/E2 projects; and educate the public on P2 by hosting an environmental conference with P2 awards and publishing a newsletter.

Total Project Funding: $308,122
Requested Funding: $130,496

Submitted by:

Cathy Colglazier
Kansas Department of Health and Environment
Bureau of Environmental Field Services
1000 SW Jackson, Suite 430
Topeka, Kansas 66612
Tel: (785) 296-0669
Fax: (785) 291-3266
Email: ccolglazier@kdheks.gov

OMB Number: 4040-0004
Expiration Date: 07/31/2009

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:	* 2. Type of Application:	* If Revision, select appropriate letter(s):
☐ Preapplication	☑ New	
☑ Application	☐ Continuation	* Other (Specify)
☐ Changed/Corrected Application	☐ Revision	

* 3. Date Received:	4. Applicant Identifier:
Completed by Grants.gov upon submission.	

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: Kansas Department of Health and Environment

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
48-6029925	175941483

d. Address:

* Street1:	1000 SW Jackson, Suite 430
Street2:	
* City:	Topeka
County:	Shawnee
* State:	Kansas
Province:	
* Country:	United States
* Zip / Postal Code:	66612-1367

e. Organizational Unit:

Department Name:	Division Name:
Environmental Field Services	Environment

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

Prefix:	Ms.	* First Name:	Cathy
Middle Name:			
* Last Name:	Colglazier		
Suffix:			

Title: Public Service Administrator

Organizational Affiliation:

* Telephone Number:	785-296-0669	Fax Number:	785-291-3266

* Email: ccolglazier@kdheks.gov

OMB Number: 4040-0004
Expiration Date: 07/31/2006

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type:

State 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:

66.708

CFDA Title:

Pollution Prevention Grants Program

*** 12. Funding Opportunity Number:**

EPA-HQ-OPPT-09-01

* Title:

FY 2009 Request for Proposals for the Pollution Prevention Grant Program

13. Competition Identification Number:

Title:

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

KS

*** 15. Descriptive Title of Applicant's Project:**

Kansas - FY 2009 Pollution Prevention Grants Program

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

OMB Number: 4040-0004
Expiration Date: 07/31/2006

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant: KS-002 * b. Program/Project: KS-all

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 10/1/2009 * b. End Date: 12/31/2010

18. Estimated Funding ($):

* a. Federal	$130,496.00
* b. Applicant	$142,626.00
* c. State	
* d. Local	
* e. Other	
* f. Program Income	$35,000.00
* g. TOTAL	

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

6/19 cc

☑ a. This application was made available to the State under the Executive Order 12372 Process for review on ~~4/15~~/2009.

☐ 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.)**

☐ Yes ☑ No Explanation

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)**

☐ ** 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: Mr. * First Name: Roderick

Middle Name:

* Last Name: Bremby

Suffix:

* Title: KDHE Secretary

* Telephone Number: 785-296-0461 Fax Number: 785-368-6368

* Email: rbremby@kdheks.gov

* Signature of Authorized Representative: * Date Signed:

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005)
Prescribed by OMB Circular A-102