

Louisiana DEQ
Underground Storage Tank Division
Grant Program Reimbursement Form

FOR DEQ OFFICE USE ONLY

- 1 This section is reserved for DEQ office use only

APPLICANT INFORMATION (Form shall be completed and signed by registered UST Owner)

- 1 The Applicant must be the legal UST owner (private person or private entity) at the Project Facility.
- 2 The Application form shall be completed and signed by the Applicant.
- 3 List the Applicant name at the Project Facility.
- 4 If the Applicant is Doing business as (Dba) a company name, list the company name, if applicable.
- 5 List the mailing address of the Applicant.
- 6 List the Domicile Address of the Applicant. If the same as mailing address, list "same".
 - a. The Applicant must be domiciled in Louisiana to participate in the Grant Program.
- 7 List the business phone number of the Applicant.
- 8 List the Federal Tax ID (if applicable) of the Applicant or Business.
- 9 List the Contact Person and Title for the Applicant or Business who can best answer any questions regarding the Application or Project Facility.
- 10 List the E-Mail address, Cell phone number, and fax number for the Applicant or Business.

**A signed and completed W-9 Tax Form must be provided with this form for LDEQ-USTD review.

PROJECT FACILITY INFORMATION (Grant shall be applied at only one Project Facility)

- 1 The Grant shall be applied at only one Project Facility (ie. the facility of the upgrade and/or improvement).
- 2 List the Name of the Project Facility and the DEQ assigned Agency Interest Number.
- 3 List the Address, City, State, and Zip Code of the Project Facility (The Project Facility must be located in Louisiana).

INVOICE INFORMATION

- 1 List each invoice and requested information for which the Applicant is seeking reimbursement.
- 2 The invoice activities must be from the Department approved "Eligible Costs" list.

APPLICANT AND NOTARY PUBLIC SIGNATURE

- 1 The Reimbursement form must be completed and signed by the Applicant and a Notary Public commissioned in the State of Louisiana.

The Reimbursement form may be submitted by email or by postal mail to the following addresses:

Email: USTGrantProgram@la.gov

Postal Mail: LADEQ - UST Grant Program
P.O. Box 4314
Baton Rouge, LA 70821-4314
Attention: Andy Messina

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Costs eligible for reimbursement under the Grant Program include:

- 1 Double wall underground storage tank (includes delivery cost to site, dead men anchors, and backfill)
- 2 Double wall product piping (includes delivery cost to site, all connectors, fittings, glue kits, vent piping, and backfill)
- 3 Submersible Turbine Pumps (STP) (includes all connectors, controllers, and leak detectors)*
- 4 STP Sumps (includes all fittings, flanges, hardware, and manhole covers)*
- 5 Under Dispenser Containment (UDC) Sumps (includes all fittings and hardware) *
- 6 UST monitor and sensors (includes all mounting hardware and wiring)*
- 7 Fill ports and other tank risers (includes all caps and hardware)*
- 8 Shear valves (includes all mounting hardware)*
- 9 Flex lines (includes all fittings and mounting hardware)*
- 10 Spill prevention equipment (includes all adaptors, mounting hardware, and manhole covers)*
- 11 Overfill prevention equipment (includes all fitting and hardware)*

* Included for reimbursement only when replacing existing single wall underground storage tanks and/or single wall product piping.

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Reviewer Name:		Review Date:				
Grant Number:		Grant Issue Date:				
Amount Requested:		Amount Approved:				
Reason For Payment Denial:	Form Not Signed/Notarized	Insufficient Documentation	Invoice Not Paid			
Work Not Completed	Other:					
APPLICANT INFORMATION (Form shall be completed and signed by the Applicant)						
Applicant Name:						
Dbas: (if applicable)						
Mailing Address:	City:	State:	Zip Code:			
Domicile Address:	City:	State:	Zip Code:			
Business Phone No.:	Federal Tax ID (if applicable):					
Contact Person/Title:						
E-Mail Address:	Cell Phone No.:	Fax No.:				
PROJECT FACILITY INFORMATION (Grant shall be applied at only one Project Facility and must be located in Louisiana)						
Name:				Agency Interest No.:		
Address:	City:	State:	Zip Code:			
INVOICE INFORMATION (Copies of invoices must accompany reimbursement form)						
Invoice Number	Invoice Activity Description	Date of Invoice	Payment Date	Check Number	Invoice Amount (\$)	
SUBTOTAL (CONTINUE ON NEXT PAGE):						
APPLICANT AND NOTARY PUBLIC SIGNATURE						

Before me, the undersigned notary public, came and appeared _____ (print or type Applicant name), who, being known to me, did execute the foregoing certification affidavit in my presence, and who, being duly sworn, did state under oath or affirmation that he/she executed said document for the purposes expressed therein and the work was conducted in accordance with the Environmental Quality Act, LA R.S. 30:2001, et seq., and the Underground Storage Tanks Regulations, LAC 33:XI, et seq.

Applicant (Signature) Date: _____

WITNESS my hand and official seal, this _____ day of _____, 20____.

Notary Public (Signature) My commission expires: _____

Notary Public Name (Printed, typed, or stamped) Notary # or Bar Roll # _____

STATE OF LOUISIANA **PARISH OF** _____

