



## WISCONSIN DEPARTMENT OF NATURAL RESOURCES NOTICE OF FINAL GUIDANCE & CERTIFICATION

*Pursuant to ch. 227, Wis. Stats., the Wisconsin Department of Natural Resources has finalized and hereby certifies the following guidance document.*

### DOCUMENT ID

RR-19-5459-C

### DOCUMENT TITLE

DERP - RR Project Manager Reimbursement Application Checklist

### PROGRAM/BUREAU

Remediation and Redevelopment

### STATUTORY AUTHORITY OR LEGAL CITATION

Wis. Stats. ch. 292; Wis. Admin. Code ch. NR 700

### DATE SENT TO LEGISLATIVE REFERENCE BUREAU (FOR PUBLIC COMMENTS)

26-Aug-19

### DATE FINALIZED

02-Sept-19

### DNR CERTIFICATION

*I have reviewed this guidance document or proposed guidance document and I certify that it complies with sections 227.10 and 227.11 of the Wisconsin Statutes. I further certify that the guidance document or proposed guidance document contains no standard, requirement, or threshold that is not explicitly required or explicitly permitted by a statute or a rule that has been lawfully promulgated. I further certify that the guidance document or proposed guidance document contains no standard, requirement, or threshold that is more restrictive than a standard, requirement, or threshold contained in the Wisconsin Statutes.*

Signature

September 4, 2019

Date

Audit Completion Due Date:
(Add 90 days to date received by PM)
BRRTS#

## Dry Cleaner Environmental Response Program RR Project Manager Reimbursement Application Checklist

This document is intended solely as guidance and does not contain any mandatory requirements except where requirements found in statute or administrative rule are referenced. Any regulatory decisions made by the Department of Natural Resources in any matter addressed by this guidance will be made by applying the governing statutes and administrative rules to the relevant facts.

Applicant Name:	Site Name:
Type of Response Action (select all that apply):	
<input type="checkbox"/> Site Investigation (SI) #____: Partial    Final (circle) <input type="checkbox"/> Remedial Action (RA) #____: Partial    Final (circle)	
<input type="checkbox"/> Immediate Action #____: Partial    Final (circle) <input type="checkbox"/> Interim Action #____: Partial    Final (circle)	
Site Status: <input type="checkbox"/> Active <input type="checkbox"/> Active with anticipated closure date of: _____ <input type="checkbox"/> Closed	

For additional DERF documentation and links visit: <http://intranet.dnr.state.wi.us/aware/rr/DERFresources.html>

AT TIME OF RECEIPT OF REIMBURSEMENT APPLICATION:	Certification Date and Initials
<b>Steps</b>	
1. Date Stamp Reimbursement Application form 4400-211	
2. Complete <b>Department Use Only</b> section of Reimbursement Application form 4400-211	
3. Email, mail or fax (608-267-0496) form 4400-211 to DERF Grant Manager in DNR Community Financial Assistance. Include amount of reimbursement or form 4400-214D.xls.	
WITHIN 3 WEEKS OF RECEIPT OF REIMBURSEMENT APPLICATION:	
1. REVIEW PACKET CONTENTS TO CONFIRM IT CONTAINS ALL REQUIRED DOCUMENTATION	
<p><b><u>All Submissions</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Completed Reimbursement Application form 4400-211</li> <li><input type="checkbox"/> Completed Reimbursement Cost Detail Linking Spreadsheet form 4400-214D.xls</li> <li><input type="checkbox"/> Detailed invoices</li> <li><input type="checkbox"/> Proof of payment for reported costs</li> <li><input type="checkbox"/> Copies of all change order summaries and DNR approval, if applicable</li> </ul> <p><b><u>First Claim for site:</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Bid Proposal Summary Approved by DNR PM  <b>Form 4400-233</b> for first SI claim      <b>Form 4400-212</b> for first RA or Interim claim</li> <li><input type="checkbox"/> Site Map and Legal Description of property</li> <li><input type="checkbox"/> Completed Substitute W-9 Taxpayer Identification Number (TIN) Verification DOA Form-6448</li> <li><input type="checkbox"/> Copy of Agent Agreement, if applicable</li> </ul>	
2. BRRTS data entry of code 217 DERP - Application for Cost Reimbursement Rcvd	

TECHNICAL REVIEW: Complete within 6 weeks of receipt of reimbursement request	Certification Date and Initials
<b>Steps</b>	
<p>1. Site Prioritization</p> <p><input type="checkbox"/> Low Priority Site    <input type="checkbox"/> Medium Priority Site    <input type="checkbox"/> High Priority Site</p> <p>See <a href="#">Wisc. Admin. § NR 169.05</a> for definitions.</p> <p>Estimate for partial SI payments. Finalize when SI complete.</p>	
<p>2. Total DNR Approved Budget to Date</p> <p>Approved SI Budget: \$ _____</p> <p>Approved RA Budget: \$ _____</p> <p>Approved Interim Action Budget: \$ _____</p> <p><input type="checkbox"/> Reported costs on reimbursement request are within budget line items.</p> <p><input type="checkbox"/> Total cost does not exceed the greater of \$3,000 or 5% of the cost included in the approved workplan.</p> <p><input type="checkbox"/> Immediate Action Only: DNR approval for cost of more than \$10,000.</p>	
<p>3. Activity on Reimbursement Application was:</p> <p><input type="checkbox"/> Approved by DNR PM</p> <p><input type="checkbox"/> Completed</p> <p><input type="checkbox"/> Compliant with ch. NR 169 and NR 700, Wis. Adm. Code.</p>	
<p>4. DERF Data Summary Sheet</p> <p>Complete initial summary at time of first SI claim. Update at time of SI completion.</p>	
<p>5. Confirm regular BRRTS data entry is complete and up to date.</p>	
<p>6. All non-financial reporting/documentation must be retained in regional project file.</p> <p>Financial documents (invoices, W9, cancelled checks) are retained by CF.</p>	
<p>7. Documents to send to GEF 2 Madison (Attn: DERF Grant Manager CF/2) for completion of audit:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> R&amp;R Project Manager Reimbursement Application Checklist</li> <li><input type="checkbox"/> Reimbursement Application form 4400-211</li> <li><input type="checkbox"/> Reimbursement Cost Detail Linking Spreadsheet form 4400-214D.xls</li> <li><input type="checkbox"/> Detailed invoices</li> <li><input type="checkbox"/> Proof of payment for reported costs</li> <li><input type="checkbox"/> DERF Data Summary Sheet, if initial or updates</li> <li><input type="checkbox"/> Copies of all change order summaries and DNR approval, if applicable</li> <li><input type="checkbox"/> W-9 DOA Form-6448</li> <li><input type="checkbox"/> Copy of Agent Agreement, if applicable</li> </ul> <p>If at time of submission consultant/applicant provided complete copy of Reimbursement Application packet to PM and CF, only completed R&amp;R Project Manager Reimbursement Application Checklist and DERF Data Summary Sheet need to be sent to CF.</p>	
<b>DNR Project Manager's Approval of Reimbursement Request</b>	
<b>Signature:</b>	<b>Date:</b>