

Alabama Tank Trust Fund

Cost Proposal Forms

Submittal of Cost Proposals

In accordance with ADEM Admin. Code R. 335-6-16-.10, cost proposals are required to be submitted to the Department and approved by the Department prior to initiating the site activities to be eligible for reimbursement of those actions. The Department uses the cost proposals as a cost control mechanism and as a means to obligate funds from the Alabama Tank Trust Fund to be provided at projected time periods. The Department has established a format for the submittal of the cost proposals and has established procedures by which the cost proposal will be evaluated.

The Department requires that prior to initiation of site activities, unless emergency site stabilization was conducted or the owner/operator was otherwise directed by the Department, a cost proposal must be submitted and approved.

Proper Forms

The Department will only accept cost proposals which are submitted on the official "Alabama Tank Trust Fund Cost Proposal" Forms, Part I, II, and III. No modifications to the forms are allowed. Alabama Tank Contractors may reproduce the form on their own computer system provided the form they reproduce is formatted in the same manner the Alabama Tank Trust Fund form is formatted and the type size and format are identical to the ADEM form. Submittal of in-house generated cost proposal forms which are either altered or the presentation is not similar to ADEM's will be returned to the owner/operator and/or Alabama Tank Contractor without review.

Where and When to Submit the Cost Proposals

The Department requires cost proposals to be submitted and approved prior to the initiation of site activities to have those costs eligible for reimbursement.

When to send in the cost proposal:

Unless otherwise directed in writing by the Department, Cost Proposals should be submitted within thirty (30) days of receiving a directive from the Department that a site activity is to be conducted.

Where to send in the cost proposal:

All cost proposals are to be submitted to the ADEM Project Manager who manages the specific site. The name of the project manager is designated in the last paragraph of each NOR or in the most recent ADEM correspondence. Submit a complete Cost Proposal to:

Alabama Department of Environmental Management
Groundwater Branch
ATTN: Project Manager
Post Office Box 301463
Montgomery, Alabama 36130-1463

How many copies of the Cost Proposal should be submitted?

Only one signed and properly completed Cost Proposal should be submitted to the ADEM.

Cost Proposal Review Time Frames

Due to the abundance of plans, reports, cost proposals, payment requests and other UST correspondence, there may be time delays in the review of the cost proposals after submittal. The time delays will vary depending on the workload in the Department at any given time. The Department will review the submitted cost proposals in as timely a manner as possible.

Items Which Will Cause Delays in Processing the Cost Proposals

The following items will cause delays in the processing of submitted cost proposals:

1. Failure to submit the proposed cost information on ADEM approved forms.
2. Proposal of costs which exceed the reasonable rates established by the Department.
3. Inclusion of ineligible costs on the Cost Proposal Forms.
4. Failure to provide the detailed information as requested on the forms.
5. Failure to sign the Cost Proposals.

For detailed, line-by-line instructions on how to fill out the cost proposal forms see Section VIII.6. of the ADEM UST Guidance Manual.

**ALABAMA TANK TRUST FUND
COST PROPOSAL
PART I**

I.1. COST PROPOSAL INFORMATION:

COST PROPOSAL NUMBER: _____	DATE OF COST PROPOSAL (mm/dd/yy): _____
UST OR AST INCIDENT NUMBER: -----	FACILITY I. D. NUMBER: -----

I.2. FACILITY INFORMATION:

FACILITY NAME:
FACILITY ADDRESS:

I.3. OWNER INFORMATION:

OWNER NAME:
OWNER ADDRESS:
EMPLOYER TAX NUMBER (IRS):

I.4. RESPONSE ACTION CONTRACTOR INFORMATION:

APPROVED RESPONSE ACTION CONTRACTOR NAME:
APPROVED RESPONSE ACTION CONTRACTOR ADDRESS:
PROJECT CONTACT:
EMPLOYER TAX NUMBER (IRS):

ADEM Form #318 8/02

ADEM USE ONLY	
REVIEWED BY:	
APPROVED TOTAL:	

1.5 ACTIVITY INFORMATION:

INDICATE BELOW THE ACTIVITIES FOR WHICH THE COST PROPOSAL IS SUBMITTED:	
<input type="checkbox"/> SITE STABILIZATION	<input type="checkbox"/> ARBCA DATA ACQUISITION PLAN
<input type="checkbox"/> PRELIMINARY INVESTIGATION	<input type="checkbox"/> ARBCA TIER 1 EVALUATION
<input type="checkbox"/> SECONDARY INVESTIGATION	<input type="checkbox"/> ARBCA TIER 2 EVALUATION
<input type="checkbox"/> DEVELOP CORRECTIVE ACTION PLAN	<input type="checkbox"/> ARBCA TIER 3 EVALUATION
<input type="checkbox"/> CORRECTIVE ACTION OPER. & MAINT.	<input type="checkbox"/> OTHER: _____
<input type="checkbox"/> PROVISION OF ALTERNATIVE WATER SUPPLY	
<input type="checkbox"/> FREE PRODUCT REMOVAL	
<input type="checkbox"/> GROUNDWATER MONITORING	
<input type="checkbox"/> STOCKPILE SAMPLING/MGMT/DISPOSAL	
PROVIDE PROPOSED COMPLETION DATE FOR THIS PHASE OF WORK ACTIVITIES:	

PROVIDE PROPOSED COMPLETION DATE FOR ALL SITE ACTIVITIES:	

LIST MAJOR ACTIVITIES TO BE CONDUCTED DURING THIS PHASE OF WORK TO INCLUDE:	
NUMBER OF HAND AUGER BORINGS: _____	TOTAL DEPTH: _____ TOTAL FEET: _____
TOTAL NUMBER OF SOIL BORINGS: _____	TOTAL DEPTH: _____ TOTAL FEET: _____
NUMBER OF BORINGS CONVERTED TO TEMPORARY MWs: _____	
	TOTAL DEPTH: _____ TOTAL FEET: _____
NUMBER OF BORINGS COVERTED TO PERMANENT MWs: _____	
	TOTAL DEPTH: _____ TOTAL FEET: _____
OTHER ACTIVITIES CONDUCTED:	
INDICATE PROVISION OF ALTERNATE WATER SUPPLY (WHERE APPLICABLE):	
TYPE OF TEMPORARY SUPPLY BEING PROVIDED:	
TYPE OF PERMANENT ALTERNATE WATER SUPPLY PROVIDED:	

I.6. SUBCONTRACTOR INFORMATION:

INDICATE SUBCONTRACTORS TO BE USED DURING THIS WORK PHASE:	
NAME	SERVICE PROVIDED

I.7. PRIOR ACTIVITY INFORMATION:

INDICATE SERVICES CONDUCTED AT SITE PRIOR TO THIS WORK PHASE:

I.8. CERTIFICATION OF UNINTENTIONAL RELEASE OF MOTOR FUEL:

<i>I certify that an unintentional release has occurred from a motor fuel underground or aboveground tank system at this site.</i>
OWNER OR OPERATOR SIGNATURE:
TYPED OR PRINTED NAME AND TITLE:
DATE OF SIGNATURE:

I.9. COST PROPOSAL SIGNATURES:

SIGNATURE MUST BE PROVIDED IN BOTH ITEM 1. AND 2. BELOW FOR THIS PROPOSAL TO BE PROCESSED:
1. OWNER OR OPERATOR SIGNATURE:
TYPED OR PRINTED NAME AND TITLE:
DATE:
2. RESPONSE ACTION CONTRACTOR SIGNATURE:
TYPED OR PRINTED NAME AND TITLE:
DATE:

I.10. TRUST FUND OBLIGATION INFORMATION:

ESTIMATE TOTAL COST OF ALL ANTICIPATED RESPONSE ACTIONS (To Be Updated Over Time):	
TOTAL OF PREVIOUSLY APPROVED COST PROPOSALS:	
TOTAL PROPOSED COSTS TO DATE (Approved Costs plus costs proposed in this Cost Proposal):	
ESTIMATE PERCENT COMPLETION OF ENTIRE PROJECT TO DATE:	

I.11. COST PROPOSAL AMOUNT:

	<u>PROPOSED</u>	<u>FOR ADEM USE ONLY</u>	
		<u>ADJUSTED</u>	<u>APPROVED</u>
Proposed Costs Under This Cost Proposal:			
Owners Required Contribution for UST Release (\$5,000): <i>Applicable for CP #1 Only</i>			
Owners Required Contribution for AST Release (\$10,000): <i>Applicable for CP #1 Only</i>			
TOTAL OF THIS COST PROPOSAL:			

PART II

ALABAMA TANK TRUST FUND SUMMARY OF CHARGES

	PROPOSED COST	FOR ADEM ADJUSTED	USE ONLY APPROVED
1. SITE STABILIZATION			
Personnel	_____	_____	_____
Field Equipment & Rentals	_____	_____	_____
Mileage	_____	_____	_____
Per Diem	_____	_____	_____
Drilling	_____	_____	_____
Analytical	_____	_____	_____
Office Expenses	_____	_____	_____
Capital Expenses	_____	_____	_____
Waste Treatment/Disposal	_____	_____	_____
SUBTOTAL =	_____	_____	_____
2. FREE PRODUCT RECOVERY			
Personnel	_____	_____	_____
Field Equipment & Rentals	_____	_____	_____
Mileage	_____	_____	_____
Per Diem	_____	_____	_____
Drilling	_____	_____	_____
Analytical	_____	_____	_____
Office Expenses	_____	_____	_____
Capital Expenses	_____	_____	_____
Waste Treatment/Disposal	_____	_____	_____
SUBTOTAL =	_____	_____	_____
3. CONTAMINATION ASSESSMENTS			
Personnel	_____	_____	_____
Field Equipment & Rentals	_____	_____	_____
Mileage	_____	_____	_____
Per Diem	_____	_____	_____
Drilling	_____	_____	_____
Analytical	_____	_____	_____
Office Expenses	_____	_____	_____
Capital Expenses	_____	_____	_____
Waste Treatment/Disposal	_____	_____	_____
SUBTOTAL =	_____	_____	_____

ALABAMA TANK TRUST FUND SUMMARY OF CHARGES

	PROPOSED COST	FOR ADEM ADJUSTED	USE ONLY APPROVED
4. CORRECTIVE ACTION PLAN DEVELOPMENT			
Personnel	_____	_____	_____
Field Equipment & Rentals	_____	_____	_____
Mileage	_____	_____	_____
Per Diem	_____	_____	_____
Drilling	_____	_____	_____
Analytical	_____	_____	_____
Office Expenses	_____	_____	_____
Capital Expenses	_____	_____	_____
Waste Treatment/Disposal	_____	_____	_____
SUBTOTAL =	_____	_____	_____
5. CORRECTIVE ACTION ACTIVITIES			
Personnel	_____	_____	_____
Field Equipment & Rentals	_____	_____	_____
Mileage	_____	_____	_____
Per Diem	_____	_____	_____
Drilling	_____	_____	_____
Analytical	_____	_____	_____
Office Expenses	_____	_____	_____
Capital Expenses	_____	_____	_____
Waste Treatment/Disposal	_____	_____	_____
SUBTOTAL =	_____	_____	_____
6. RISK ASSESSMENT			
Personnel	_____	_____	_____
Field Equipment & Rentals	_____	_____	_____
Mileage	_____	_____	_____
Per Diem	_____	_____	_____
Drilling	_____	_____	_____
Analytical	_____	_____	_____
Office Expenses	_____	_____	_____
Capital Expenses	_____	_____	_____
Waste Treatment/Disposal	_____	_____	_____
SUBTOTAL =	_____	_____	_____

ALABAMA TANK TRUST FUND SUMMARY OF CHARGES

	PROPOSED COST	FOR ADEM ADJUSTED	USE ONLY APPROVED
7. ALTERNATE WATER SUPPLY			
Personnel	_____	_____	_____
Field Equipment & Rentals	_____	_____	_____
Mileage	_____	_____	_____
Per Diem	_____	_____	_____
Drilling	_____	_____	_____
Analytical	_____	_____	_____
Office Expenses	_____	_____	_____
Capital Expenses	_____	_____	_____
Waste Treatment/Disposal	_____	_____	_____
SUBTOTAL =	_____	_____	_____
8. OTHER (Describe)			

Personnel	_____	_____	_____
Field Equipment & Rentals	_____	_____	_____
Mileage	_____	_____	_____
Per Diem	_____	_____	_____
Drilling	_____	_____	_____
Analytical	_____	_____	_____
Office Expenses	_____	_____	_____
Capital Expenses	_____	_____	_____
Waste Treatment/Disposal	_____	_____	_____
SUBTOTAL =	_____	_____	_____
GRAND TOTAL (ITEMS 1 - 8) =	_____	_____	_____

PART III

Complete and submit forms "A" through "J" as applicable to the site activities. Additional copies of forms may be submitted when necessary.

ALABAMA TANK TRUST FUND PERSONNEL ITEMIZATION FORM "A"

Field and/or office personnel are charged as billable rates per employee. Description of job and number of hours for each major job task must be itemized on 'Personnel Itemization Form "B" '.

Maximum allowable billable rates and total personnel costs will be based on the Department's comparison of rates and total costs to other comparable and reasonable rates.

TITLE	CONTRACTOR INVOICE NO.	BILLABLE RATE	TOTAL HOURS	TOTAL COST
PLAN/REPORT PREPARATION (Includes Project Management)				
			X	=
			X	=
			X	=
			X	=
			Subtotal	= 0
FIELD WORK				
			X	=
			X	=
			X	=
			X	=
			X	=
			X	=
			Subtotal	= 0
TRAVEL				
			X	=
			X	=
			X	=
			X	=
			Subtotal	= 0
CP PREPARATION				
			X	=
			X	=
			Subtotal	= 0
PR PREPARATION				
			X	=
			X	=
			Subtotal	= 0
TOTAL PERSONNEL COSTS				= 0

ALABAMA TANK TRUST FUND FIELD EQUIPMENT/ACTIVITIES ITEMIZATION FORM "C"

Include any field equipment which is proposed or was used to perform work. Equipment may be rented from the Trust Fund Contractor or a Subcontractor.

Also include the cost for miscellaneous field materials such as bailers, rope, drums, etc.

Rental rates will be reimbursed at the rate referenced on the current "Alabama Tank Trust Fund Reasonable Rate Schedule".

DESCRIPTION OF EQUIPMENT	CONTRACTOR INVOICE NO.	NO. OF DAYS USED	COST PER DAY	TOTAL COST
		X	=	
		X	=	
		X	=	
		X	=	
		X	=	
		X	=	
		X	=	

TOTAL FIELD EQUIPMENT = \$ _____

Include any field activities which are proposed or were performed. To include items such as excavation equipment costs or other related field costs.

FIELD ACTIVITIES SUBJECT TO PASSTHROUGH CHARGES	CONTRACTOR INVOICE NO.	NO. OF UNITS USED	COST PER UNIT	TOTAL COST
		X	=	
		X	=	
		X	=	
		X	=	
		X	=	

SUBTOTAL = \$ _____

SUBTOTAL X 10% = \$ _____

TOTAL FIELD ACTIVITIES = \$ _____

GRAND TOTAL - FIELD EQUIPMENT AND FIELD ACTIVITIES = \$ _____

ALABAMA TANK TRUST FUND DRILLING ITEMIZATION FORM "F"

Maximum allowable rates are referenced on the current "Alabama Tank Trust Fund Reasonable Rate Schedule".

DESCRIPTION OF EACH ACTIVITY	TYPE OF RIG	UNIT PRICE	TOTAL
Invoice Number(s): _____			
Mobilization/Demobilization	_____	_____ Rate + _____ miles x \$_____/mile	= \$ _____
Drill soil borings with _____ inch I.D. Hollow stem augers, split spoon samples at 5 ft. intervals, abandon borehole	_____	\$_____/ft x _____ ft	= \$ _____
"Driven point" technology ('Geoprobe', 'Hydropunch', etc.)	_____	As applicable (per hole, per day, etc.)	= \$ _____
Drill and install 2 inch MWs, take split spoon samples at 5 ft. intervals	_____	\$_____/ft x _____ ft	= \$ _____
Drill and install 4 inch MWs, take split spoon samples at 5 ft. intervals	_____	\$_____/ft x _____ ft	= \$ _____
Drill and install telescoping well(s), take split spoon samples at 5 ft. intervals	_____	\$_____/ft x _____ ft	= \$ _____
Drill and install groundwater recovery wells	_____	\$_____/ft x _____ ft	= \$ _____
Monitoring well abandonment	_____	\$_____/ft x _____ ft	= \$ _____
Subsistence allowance (overnight only)	_____	\$_____/day x _____ man days	= \$ _____
SUBTOTAL			= \$ _____
<i>Pass through charge for subcontractors only Subcontractor invoices must be attached</i>			SUBTOTAL x 10% = \$ _____
DRILLING TOTAL COST			= \$ _____

SUPPLY THE FOLLOWING INFORMATION FOR EACH BORING OR WELL INSTALLED:

IDENTIFICATION NUMBER OR NAME AND DIAMETER	DEPTH	COST PER FOOT	COST PER HOLE
		X	= _____
TOTAL DRILLING COST			= \$ _____

