



PETROFUND SUPPLEMENTAL REIMBURSEMENT APPLICATION GUIDE

This guide follows the application section by section. Following the guide will assist you in providing a complete and accurate application. If you have questions about the application, please call the Petrofund at **651-539-1515** or **800-638-0418**.

Before filling out your application, assemble the following items:

- Copies of all letterhead invoices billed to the applicant by consultants and contractors that include costs being requested for reimbursement as part of this application. Copies of all subcontractor invoices should also be included.
- Copies of all Petrofund cost allocation forms associated with the consultant and contractor services being requested for reimbursement.
- Copies of all consultant proposals and contractor bids required by the Petrofund rules and associated with the consultant and contractor services costs being requested for reimbursement.
- A site map showing the locations of significant features on the leaksite property, including, but not limited to, the following: structures; soil borings; monitoring wells; former and existing underground and aboveground petroleum storage tanks, dispensers and lines; and areas where contaminated soil was excavated.
- If applicable, all Multiparty Check Request forms, as listed in Section III of the application.

To avoid delays in the processing of your application, do not leave any question blank. If an item doesn't apply to you, write "not applicable."

Please note that in order to help you submit a complete application packet, an Application Submittal Checklist has been included in both the initial application and supplemental application forms.

If you have questions regarding the type of application you should be submitting, please call the Petrofund at **651-539-1515** or **800-638-0418**.

PART II. LEAK SITE INFORMATION

MPCA Leak Number. Enter the "Leak#" or "Site ID#" used on correspondence regarding this site sent to you by the MPCA.

Tank Facility Name. Enter the name of the site where the release occurred.

PART III. MULTIPARTY CHECK REQUEST

If you have requested the issuance of a multiparty check for this application by completing and signing a Petrofund Multiparty Check Request form, the reimbursement check will be issued in the names of all the parties listed on that form.

PART IV. CHRONOLOGY

Provide a chronological description (including dates) of the investigation or clean-up activities covered in this application.

PART V. COMPETITIVE BIDDING

List all the written bids or proposals that you obtained from consultants or contractors to perform corrective action services at your site. Attach additional sheets if necessary. **Be sure to submit with your application copies of all bids and proposals that you received.** If you did not select the low-cost bid or proposal for some or all of the work, explain that decision on a separate sheet. *If you did not obtain any written bids or proposals to perform corrective action at this site, write "None" in the "Name" column.*

PART VI. ELIGIBLE COSTS

Provide the dates of invoices submitted with this application.

Are any of the costs included in this application in dispute? Check "Yes" if there is any disagreement about how much should be paid for any cost included in this application or if there is any disagreement about who should pay any cost included in this application.

PART VII. CONSULTANTS/CONTRACTORS

All consultants and contractors who perform corrective action services after August 1, 1992, must register with the Petrofund. Corrective action services performed by an unregistered consultant or contractor may be subject to a reduction in reimbursement.

Petrofund Registration Number. If you do not know a particular person's or firm's registration number, please call the Petrofund at **651-539-1515** or **800-638-0418** for that information.

PART VIII. ATTACHMENTS

As the forms indicate, you do not need to submit all attachments with your application. Please submit only those that are applicable.

PART IX. CALCULATION OF REIMBURSEMENT REQUEST

Enter the amounts you are requesting for reimbursement for each step of consultant and/or contractor services. Invoices must be provided to document all of the costs listed in this part.

PART X.

CERTIFICATION PAGE

For this applicant category...	...the application must be signed by:
Individual	The applicant
Sole proprietorship	The proprietor
Partnership	A general partner
Municipality or State, federal, or other public agency	(1) A principal executive officer or ranking elected official, or (2) The duly authorized representative or agent of the principal executive officer if the representative or agent is responsible for the overall operation of the facility that is the subject of the application.
Corporation	(1) A principal executive officer of at least the level of vice-president, or (2) The duly authorized representative or agent of the executive officer if the representative or agent is responsible for the overall operation of the facility that is the subject of the application, or (3) A person whom the board of directors designates by a corporate resolution.

Consultant Signature. The application must be signed by a representative of each consulting firm that performed work included on invoices submitted with this application.

Application Preparer's Signature. You should sign this section if you filled out the application. Otherwise, it should be signed by the person who prepared the application for you.

Reimbursement Rate. Generally, the Petrofund reimbursement rate is 90 percent of total eligible costs, up to \$1 million per release and \$2 million per tank facility. In some circumstances, though, different reimbursement rates apply. Consult the following chart to determine whether you qualify for a different rate of reimbursement. *If more than one rate applies, use the higher rate to calculate your reimbursement request.*

If the following applies to you for this site,...	...calculate at this rate of reimbursement.
You are requesting reimbursement as an Other applicant	100 percent
You are requesting reimbursement for costs associated with corrective action at a bulk plant located on what is or was railroad right-of-way, and more than one bulk plant was operated on the same section of right-of-way (see the <i>Railroad Right-of-Way Bulk Plant attachment</i>)	90 percent of the total reimbursable costs on the first \$40,000 of reimbursable costs 100 percent of any remaining reimbursable costs

*This document is available in alternative formats to individuals with disabilities by calling **651-539-1515** or **800-638-0418**.*