
MINNESOTA PETROLEUM TANK RELEASE COMPENSATION BOARD
PETROFUND INITIAL 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.

Please note that costs must be submitted for reimbursement within seven years after the work being requested for reimbursement was performed.

- 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.
- Records of the history, sizes and types of petroleum storage tanks and piping at this site, as well as information regarding any tank system leak detection requirements (e.g. tank tightness testing, inventory control, etc.).
- 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.

PART I. APPLICANT INFORMATION

To qualify for reimbursement, an applicant must fit within one of three categories (check the type of applicant that applies to you):

- **RESPONSIBLE PERSON** – you owned or operated the tank(s) from which the release occurred at any time during or after the release.
- If you are a **RESPONSIBLE PERSON**, you must provide the dates the applicant owned or operated the tanks.
- **VOLUNTEER** – you did not own or operate the tank(s) from which the release occurred, but did own the property where the release occurred.

If you are a **VOLUNTEER**, you must provide the dates you owned the property.

- **OTHER** – you did not own or operate the tank(s) from which the release occurred or own the property where the release occurred, but took corrective action in response to a request or order of the Minnesota Pollution Control Agency (MPCA).

If you are an **OTHER**, you must provide documentation showing that you received a request or order from the MPCA to take the corrective action.

CHECK the type of entity that applies to you (corporation, partnership, individual, sole proprietorship, municipality, state, federal or other public agency). Please note the following:

- The name of the corporation, partnership, municipality, or public agency that is identified in Part I of the application must match the name of the entity that is identified on the certification page of this application (Part XII) and on your Internal Revenue Service (IRS) *W-9 Taxpayer Identification Number and Certification Form*.

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 and/or cleanup activities covered in this application.

PART V. SOURCE AND CAUSE

What was the source and cause of the petroleum release at this site? Indicate which tank(s) the petroleum release originated from and the factors that caused the release (such as overfills, corrosion, loose fittings, etc.). If the release was a sudden spill or was caused by a specific incident, describe the circumstances in detail on a separate sheet. *Do not enter "unknown."*

How was the release discovered? Specify the field instrument(s), analytical procedure(s), or other method used to confirm that a petroleum release occurred at this site.

PART VI. 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 VII. MPCA TANK INFORMATION AND COMPLIANCE

Underground Storage Tanks and Aboveground Storage Tanks. Enter as much of the requested information as possible for (a) all the petroleum storage tanks and piping that were in place at this site at the time the release was discovered, and (b) all the petroleum storage tanks that have been installed at this site since the release was discovered. This information will be reviewed by the MPCA to determine your compliance with state and federal rules and regulations applicable to the condition or operation of petroleum storage tanks.

If you are unable to provide tank information because there are currently no tanks on site, you must provide documentation to show that tanks were present at this site at one time (such as copies of sanborn maps).

PART VIII. ELIGIBLE COSTS

Provide the dates of invoices submitted with this application. Please note that costs must be submitted for reimbursement within seven years after the work being requested for reimbursement was performed.

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 IX. INSURANCE

Because costs payable under an applicable insurance policy generally are not eligible for reimbursement, all insurance issues should be resolved before you submit an application for Petrofund reimbursement.

PART X. CONSULTANTS/CONTRACTORS

All consultants and contractors who perform corrective action services 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 XI. ATTACHMENTS

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

PART XII. 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 XIII. CERTIFICATION PAGE

For this applicant category...	...the application must be signed by:
Individual	The applicant
Sole proprietorship	The proprietor
Partnership	A general partner
Municipality <i>or</i> 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 \$2 million per release. 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 (<i>see the 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.