

Instructions for State Form 57322 (9-23)

Excess Liability Trust Fund Application Instructions For UST Decommissioning or Replacement Costs

October 27, 2023

This application must be submitted with appropriate supporting documentation for costs related to decommissioning and/or replacement of qualified USTs. **For the purposes of this program, the applicant must be the owner of the tank(s).** This form is an Excel macro-driven form, and the user must ***Enable Content*** to access all features.

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Facility ID

Enter the FID number in the upper right corner of the form.

Completing the Cost Claim Application

Section 1: Applicant Information (Owner)

- Enter the applicant (current owner of the UST) name and address.
- Complete the box in the righthand corner of this section with the applicant's *Tax ID Number*, unless the applicant is an individual. Ownership as an individual requires the **last four digits** of the persons Social Security Number (SSN).
- Review your application, attachments, and supporting documentation. **Indicate whether the claim submittal includes full SSNs.** (Full SSNs are NOT required and should NOT be submitted.)
- Check the appropriate box to indicate the total number of tanks owned across all facilities. (UST owners receive annual fee invoices that contain a line-item listing of all facilities owned and the regulated tanks at those facilities as of January 1 of the year the tank fee is due. IDEM will verify this number prior to actual claim reimbursement for purposes of complying with statutory fiscal year reimbursement maximums based on number of tanks owned.)
- The contact person information should be the person authorized to sign for the UST owner.

Section 2: Site Information

- Enter the facility address for the site where decommissioning and/or reinstallation has been completed. If the wrong FID or address is listed, this will delay the processing of the application and may result in an administrative denial.
- **Number (#) of USTs currently on site:** When a claim being submitted is only for decommissioning and reinstallation has not been completed, you would subtract the number of tanks that were closed from the site. Many times, the number of USTs after decommissioning is complete will be zero. When both decommissioning and replacement work is completed before the first cost claim, then you would add in the new tanks if regulated product has been delivered to the new USTs.

Section 3: Claim Preparer Contact Information

- Enter the person who prepared this application. A valid e-mail address and phone number should be included. IDEM may contact this person with questions regarding the claim submittal.

Section 4: Reimbursement Requests

Indicate the type of costs included in this claim application by checking the appropriate box(es). Select all that apply.

- **Decommissioning costs** will not be considered for reimbursement until the closure report is approved.
- **Reinstallation costs** will not be considered for reimbursement until the closure report is approved and State Form 45223 for purposes of UST registration/notification has been acknowledged.
- **Resubmittal of Decommissioning/Reinstallation Costs** are claims that have a resubmitted cost from an earlier claim. Resubmittals require appropriate backup or response to the reason the cost was denied in the *Cost Review Summary*.
- **Complete Claim Resubmittal** is a claim that was previously denied in full, generally due to an administrative reason or lack of backup. This type of resubmittal should stand alone and not have additional costs included with it.
- **“Final Claim”** should be selected when all reimbursable costs have been submitted. If any costs are denied from a Final Claim and those costs are subsequently resubmitted, this box should be selected again on the resubmittal application.

The Following Boxes will be Auto Populated from the Invoice Summary

- **Total Requested Amount**

The total of all costs submitted for review in this claim, including resubmitted costs.

- **50% of Total Requested Amount (Claim Amount)**

The maximum amount of reimbursement for this claim.

Section 5: Underground Storage Tank Decommissioning

- Complete this section using the data submitted on the *State Form 56554, Underground Storage Tank Systems Closure Report*, Section K.

Section 6: Underground Storage Tank Installation (If Applicable)

- Select the appropriate response to each of the two questions. If yes for either question, please include a reasonable and cost effectiveness justification with each claim submittal.
- Complete this section using portions of the data submitted on the *State Form 45223, Notification for Underground Storage Tank Systems*, Sections N – V.

Section 7: Signature of Owner of the Tank(s) or Attorney in Fact

- The owner signature must be the person who is authorized to sign for the owner entity or the person who owns the tanks in their personal capacity. The signature contact information is required to be included in Section 1.

Proof of Payment

- **Cancelled Checks:**

The Indiana Department of Environmental Management reserves the right to request cancelled checks as proof of payment at any time.

- **Affidavit – Page 3 (If Applicable):**

The Affidavit must be included with the application if cancelled checks are not included as proof of payment. The Affidavit must be completed in its entirety and be properly notarized. Original signatures are required.

Invoice Summary - Page 4

Complete data input on the invoice summary for the following items: The other items will auto populate from data entry on other pages/tabs of the Excel file.

To Be Completed by Applicant

- ***Proof of Payment:*** Select the appropriate box. If affidavit is selected, include the affidavit as part of your application submittal. If cancelled checks, include copies of the cancelled checks as part of your application submittal.

The first set of rows are Subsequent costs. (Costs not previously submitted for reimbursement.)

- ***Name of Vendor:*** Enter the vendor/contractor from the invoice.
- ***Invoice Number:*** Enter the invoice number from the invoice. This number should be specific and not be altered if resubmitted in a future claim.
- ***Type:*** Select what type of costs are included on this invoice from the dropdown menu, either Decommissioning or Reinstallation. If an invoice includes both decommissioning and replacement costs, please utilize multiple pay requests to separate the costs.
- ***Total Invoice Amount:*** Enter the total from the invoice.

The second set of rows are for Resubmittal Costs. Follow the same instructions for Name of Vendor, Invoice Number, Type, and Total Invoice Amount list above.

- Enter each invoice, one row at a time, until all the invoices for this claim have been entered on the invoice summary. The *Requested Amount* will auto populate from the amount requested on the pay request. Other necessary fields will auto populate from formulas programmed into the Excel file.

- **Task Performed:** Write a brief description of the task or type of equipment used and the purpose. For *Tank & Ancillary Equipment* installed, indicate what fueling tank pieces this cost is associated with.
- **Units:** Enter number of hours or the amount when applicable; otherwise put a 1 in this column.
- **Type:** Auto populates, based on *Description*.
- **Unit Cost:** Enter the amount of this cost from the backup invoice. The maximum hourly personnel rate auto populates. However, if a lower amount was charged on the invoice, update the hourly unit cost to match the invoice.
- **% Mark-Up:** The ELTF Rule allows up to a 10 percent mark-up for certain items. Enter up to a 10 in this field, if appropriate. Only one (1) markup may be taken on any item. A markup of no more than 10 percent (10%) of the unit rate or the lowest bid may be reimbursed **except for the following:**
 - Travel costs, including mileage, per diem, and lodging.
 - Personnel costs, not including labor rates for subcontractors.
 - Utilities for temporary facilities.
 - Governmental administrative fees for local, state, or federal permits.

Resubmittal Pay Request(s)

Resubmitted costs should be reflected on the Invoice Summary similarly to the Subsequent costs. Complete data input on the Resubmittal Pay Request(s) for the following items:

- **Claim Number:** The last digit in the unique claim ID granted by IDEM in the original denial of the resubmitted costs. **Example:** “50DR23001-1”, this would be claim #1.
- **Item Number:** The unique number ID associated with a specific line-item denial. This number can be found on the reference column of the denial worksheet.
- **Reason(s) for Reconsideration of Denied Cost(s):** Provide a description of why the costs should be considered. If additional proof or documentation is required, please label these attachments with the *Item Number* and *Resub Claim Number* from the Cost Review Summary.
- **Attachments:** Include the unique reference number for any additional information or documentation required to support the reconsideration of costs.

Item Number	Resub Claim Number
1-1	6

- **Amount Denied:** The total amount denied for a particular item number.
- **Amount Requested:** The total amount requested for a particular item number. This number does not have to equal the total amount denied. For example, if costs are not eligible for reimbursement they should not be requested again.

All Resubmittal Pay Requests should be accompanied by the original Pay Request marked-up by IDEM, showing reference to the denial item number(s), as well as the applicable portions of the denial worksheet. **Resubmittal costs will not be reviewed unless all the original backup documentation is provided.**

Reference Information

- **328 IAC 1-3-5 “Costs”** contains guidelines for certain cost ranges and maximum reimbursement amounts. This rule also outlines personnel classification activity descriptions, that should be applied to labor rates with similar activities.
- The Agency Nonrule Policy Document, **Waste-0078-NPD**, outlines a process for expedited reimbursement for certain activities including certain types of report preparation and ELTF claim preparation.

General Guidance:

- Each invoice should have at least one completed Pay Request. Once all the costs being submitted for ELTF reimbursement are entered onto pay requests, double check to verify the overall costs requested have auto populated to page 1, under *Total Requested Amount*. The **amount requested** will be **50%** of the **total costs requested**.
- No lump sum invoices. Each invoice should have a breakdown of costs, including but not limited to: Date work was completed, personnel classification and hours, equipment costs, etc.
- Bidding Process: The three-bid process is not required, however, if followed will facilitate a quicker review of submitted costs.
 - Include the *Request for Proposal* (RFP) and three bids for review.

Submittal Instructions:

- Submit ELTF claim application electronically via email to ELTFQuestions@idem.in.gov. Please submit one PDF copy and one Excel file in XLSX format. The email / documents should be labeled as follows:
 - Subject Line: *ELTF Claim: FID# XXXXX*
 - Save Document: *ELTF_(insert Fac ID#)_(yyymmdd)*