



**RESOLUTION NO. 20170124-03**

**AUTHORIZING AND RATIFYING THE APPLICATION WITH THE  
ENVIRONMENTAL PROTECTION AGENCY FOR THE FY17  
BROWNFIELDS CLEANUP GRANTS FOR BUILDING I-5**

**WHEREAS**, TexAmericas Center is a political subdivision of the State of Texas with the powers and authorities specified in Chapter 3503 of the Special District Local Laws Code of the State of Texas; and

**WHEREAS**, TexAmericas Center applied for grant funds through the Environmental Protection Agency for environmental improvements to TexAmericas Center; and

**WHEREAS**, Scott Norton has executed the Environmental Protection Agency's grant application to do the environmental improvements to TexAmericas Center.

**NOW, THEREFORE, BE IT RESOLVED**, that the Board of Directors of TexAmericas Center does hereby approve and ratify the grant application with the Environmental Protection Agency attached hereto.

**PASSED AND APPROVED THIS 24<sup>th</sup> day of January, 2017.**

  
\_\_\_\_\_  
Denis Washington, Chairman of the Board

**ATTEST:**

  
\_\_\_\_\_  
Melford Pierce, Secretary

Attached: Grant Documents

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**OPPORTUNITY & PACKAGE DETAILS:**

Opportunity Number:	EPA-OLEM-OBLR-16-09
Opportunity Title:	FY17 Guidelines for Brownfields Cleanup Grants
Opportunity Package ID:	PKG00228567
CFDA Number:	66.818
CFDA Description:	Brownfields Assessment and Cleanup Cooperative Agreements
Competition ID:	NONE
Competition Title:	None
Opening Date:	10/12/2016
Closing Date:	12/22/2016
Agency:	Environmental Protection Agency
Contact Information:	See Section VII of announcement for the designated Agency Contact. If you have difficulty accessing the full announcement electronically, please contact Jerry Minor-Gordon at 202-566-1817 or minor-gordon.jerry@epa.gov

**APPLICANT & WORKSPACE DETAILS:**

Workspace ID:	WS00022464
Application Filing Name:	TexAmericas Center Building I-5
DUNS:	0597010520000
Organization:	ARK-TEX COUNCIL OF GOVERNMENTS
Form Name:	Application for Federal Assistance (SF-424)
Form Version:	2.1
Requirement:	Mandatory
Upload Count:	0
Download Date:	12/20/2016
Form State:	No Errors

**FORM ACTIONS:**

**Application for Federal Assistance SF-424**

**\* 1. Type of Submission:**

- Preapplication  
 Application  
 Changed/Corrected Application

**\* 2. Type of Application:**

- New  
 Continuation  
 Revision

**\* If Revision, select appropriate letter(s):**

**\* Other (Specify):**

**\* 3. Date Received:**

Completed by Grants.gov upon submission.

**4. Applicant Identifier:**

**5a. Federal Entity Identifier:**

**5b. Federal Award Identifier:**

**State Use Only:**

**6. Date Received by State:**

**7. State Application Identifier:**

**8. APPLICANT INFORMATION:**

**\* a. Legal Name:**

TexAmericas Center

**\* b. Employer/Taxpayer Identification Number (EIN/TIN):**

75-2804233

**\* c. Organizational DUNS:**

0597010520000

**d. Address:**

**\* Street1:**

107 Chapel Lane

**Street2:**

**\* City:**

New Boston

**County/Parish:**

Bowie

**\* State:**

TX: Texas

**Province:**

**\* Country:**

USA: UNITED STATES

**\* Zip / Postal Code:**

75570-9554

**e. Organizational Unit:**

**Department Name:**

**Division Name:**

**f. Name and contact information of person to be contacted on matters involving this application:**

**Prefix:**

**\* First Name:**

Vickie

**Middle Name:**

**\* Last Name:**

Williamson

**Suffix:**

**Title:**

Regional Development Coordinator

**Organizational Affiliation:**

Ark-Tex Council of Governments

**\* Telephone Number:**

903-255-3537

**Fax Number:**

903-832-3441

**\* Email:**

vwilliamson@atcog.org

**Application for Federal Assistance SF-424**

**\* 9. Type of Applicant 1: Select Applicant Type:**

D: Special District Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

**\* 10. Name of Federal Agency:**

Environmental Protection Agency

**11. Catalog of Federal Domestic Assistance Number:**

66.818

CFDA Title:

Brownfields Assessment and Cleanup Cooperative Agreements

**\* 12. Funding Opportunity Number:**

EPA-OLEM-OBLR-16-09

\* Title:

FY17 Guidelines for Brownfields Cleanup Grants

**13. Competition Identification Number:**

NONE

Title:

None

**14. Areas Affected by Project (Cities, Counties, States, etc.):**

Add Attachment

Delete Attachment

View Attachment

**\* 15. Descriptive Title of Applicant's Project:**

Lead/Asbestos Cleanup Building I-5

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

\* a. Applicant

\* b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

Delete Attachment

View Attachment

**17. Proposed Project:**

\* a. Start Date:

\* b. End Date:

**18. Estimated Funding (\$):**

* a. Federal	<input type="text" value="200,000.00"/>
* b. Applicant	<input type="text" value="40,000.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="240,000.00"/>

**\* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

a. This application was made available to the State under the Executive Order 12372 Process for review on

b. Program is subject to E.O. 12372 but has not been selected by the State for review.

c. Program is not covered by E.O. 12372.

**\* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)**

Yes  No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

**21. \*By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

\*\* I AGREE

\*\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

**Authorized Representative:**

Prefix:  \* First Name:

Middle Name:

\* Last Name:

Suffix:

\* Title:

\* Telephone Number:

Fax Number:

\* Email:

\* Signature of Authorized Representative:

\* Date Signed:

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Workspace ID:	WS00022464
Application Filing Name:	TexAmericas Center Building I-5
DUNS:	0597010520000
Organization:	ARK-TEX COUNCIL OF GOVERNMENTS
Form Name:	Project Narrative Attachment Form
Form Version:	1.2
Requirement:	Mandatory
Upload Count:	0
Download Date:	12/20/2016
Form State:	No Errors

**FORM ACTIONS**

## Project Narrative File(s)

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\* Mandatory Project Narrative File Filename:

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To add more Project Narrative File attachments, please use the attachment buttons below.

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DUNS:	0597010520000
Organization:	ARK-TEX COUNCIL OF GOVERNMENTS
Form Name:	Other Attachments Form
Form Version:	1.2
Requirement:	Mandatory
Upload Count:	0
Download Date:	12/20/2016
Form State:	No Errors

**FORM ACTIONS:**



## Other Attachment File(s)

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