



RESOLUTION NO. 20170124-04

**AUTHORIZING AND RATIFYING THE APPLICATION WITH THE
ENVIRONMENTAL PROTECTION AGENCY FOR THE FY17
BROWNFIELDS CLEANUP GRANTS FOR BUILDING I-9**

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 24th day of January, 2017.


Denis Washington, Chairman of the Board

ATTEST:


Melford Pierce, Secretary

Attached: Grant Documents

This Workspace form is one of the forms you need to complete prior to submitting your Application Package. This form can be completed in its entirety offline using Adobe Reader. You can save your form by clicking the "Save" button and see any errors by clicking the "Check For Errors" button. In-progress and completed forms can be uploaded at any time to Grants.gov using the Workspace feature.

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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:	WS00022465
Application Filing Name:	TexAmericas Center Building I-9
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-9

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:	WS00022465
Application Filing Name:	TexAmericas Center Building I-9
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)

* Mandatory Project Narrative File Filename:

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)

* **Mandatory Other Attachment Filename:**

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