



UNDERGROUND STORAGE TANK (UST) PREAPPROVAL PROGRAM REIMBURSEMENT REQUEST PACKET

Step 1. Provide Request Information

Four Digit Leaking UST Number: _____

Cost Sheet Number: _____

Reimbursement Request Number for Cost Sheet: _____

If any applicant contact information has changed since the preapproval application was approved – please complete Attachment 1.

If the primary service provider contact information has changed since the preapproval application was approved – please complete Attachment 2.

Note: A.R.S. 49-1053(A)(4) - Reimbursement of Preparation Costs:

Costs for the preparation of the initial approved preapproval application and the consulting expenses incurred in participating in the initial kickoff meeting are eligible for reimbursement.

- The applicant is eligible to be reimbursed no more than 2% of the preapproved costs incurred from the first year's corrective actions.
- The first year begins on the date when work from the approved Preapproval work plan/cost sheet starts.
- Application preparation costs incurred prior to the HB2704 effective date, August 27, 2019, are ineligible for reimbursement.
- The documentation required to receive reimbursement includes; invoices, proof of payment and certifications statements.
- Invoices need be listed on the invoice ledger. Costs on the invoices related to application preparation, shall be clearly identified on the invoice.
- Preparation costs and the supporting documents are required to be submitted with the first reimbursement request.

Is this the final reimbursement for the cost sheet?

Yes

No

Step 2. Read and Sign Certification Statements

REIMBURSEMENT REQUEST CERTIFICATION STATEMENT: APPLICANT

This certification statement, in its entire ADEQ prescribed form, must be signed by the Applicant or the Authorized Individual. All signatures must be original. Reproduced or copied signatures will not be accepted.

Applicant Certification:

I hereby certify all of the following:

All facts and statements set forth in this application are true and correct;

That I have reviewed the attached invoices in the amount of \$_____. and I have paid the invoices in full.

I am requesting reimbursement from ADEQ for \$_____. To the extent this submittal includes activities and costs that make up my cost share obligation under A.R.S. 49-1006.02(B) and 49-1006.02(C), I understand that ADEQ will withhold payment of up to \$50,000 to fulfill this requirement unless I previously demonstrated that I met this requirement.

I am also requesting reimbursement from ADEQ for \$_____ in application preparation costs under A.R.S. 49-1053(A)(4).

☐ None of the costs claimed in this submittal have been previously paid by or submitted to the Department for payment or reimbursement

☐ I certify that neither my consultant, representative, agent nor I have been reimbursed by insurance or another financial assurance mechanism for the corrective actions that are the subject of this request.

☐ I agree to report to the Department any payment or reimbursement from insurance or other financial assurance mechanism to me or my consultant, representative or agent for corrective action costs included in this request.

☐ I agree to remit to the Department within thirty days any amounts that were previously paid to me or my consultant, representative or agent from the underground storage tank revolving fund and that have also been recovered from insurance or any alternative financial assurance mechanisms.

☐ All costs submitted with this application are based directly on the actual performance of the eligible activities that are the subject of this application and represent the actual costs that were incurred by me, or by a previous owner and assigned to me, for performance of the eligible activities

Step 2. Read and Sign Certification Statements (continued)

REIMBURSEMENT REQUEST CERTIFICATION STATEMENT: APPLICANT (continued)

This certification statement, in its entire ADEQ prescribed form, must be signed by the Applicant or the Authorized Individual. All signatures must be original. Reproduced or copied signatures will not be accepted.

Applicant Certification (continued):

Check the statement below that is applicable for your submittal:

- ☐ I am currently in compliance with financial responsibility requirements.
- ☐ I am applying under A.R.S. §49-1016(C) and understand that I am subject to lien provisions under A.R.S. § 49-1056.

<hr/> Signature of Applicant/Authorized Individual	Sworn to and subscribed this: ____ day of _____, 20____
<hr/> Printed Name	<hr/> Notary Public Signature
<hr/> Relationship to Applicant (if applicable)	<hr/> My commission expires
	County of _____, State of _____

REIMBURSEMENT REQUEST CERTIFICATION STATEMENT: PRIMARY SERVICE PROVIDER

This certification statement, in its entire ADEQ prescribed form, must be signed by the primary service provider. All signatures must be original and notarized, no reproduced or copied signatures will be accepted. This certification statement, signatures and Notarization must all be on the same page.

AZ professional registration is required. Certification/Registration No.: _____

Qualifying Individual's Name: _____

Primary Phone: _____ Secondary Phone: _____

Fax: _____ Email: _____

Certification:

I hereby declare under penalty of perjury that the qualifying individual identified above managed, supervised and/or performed the corrective action work that is the subject of this reimbursement request.

To the best of my knowledge and belief, all invoices submitted by me or my company and/or other service providers result directly from the actual performance of the eligible activities that are the subject of this submittal and represent the actual costs incurred for performance of such eligible activities.

I affirm that the corrective actions included in this submittal were conducted pursuant to the preapproval application approved by the department.

All of the costs requested for reimbursement were paid by the applicant and payment was not received by me from the applicant's insurance or another financial assurance mechanism.

<p>_____ Signature of Primary Service Provider</p> <p>_____ Printed Name/Title</p> <p>_____ Company Name</p>	<p>Sworn to and subscribed this: ____ day of _____, 20 ____</p> <p>_____ Notary Public Signature</p>
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Step 3. Submit Reimbursement Request and Support Documentation for ADEQ Approval

The last step is to submit a copy of the signed Reimbursement Request Packet with all required support documentation

A complete Reimbursement Request submittal must contain signed Certification Statements, an Implementation Schedule, Cost Sheets, and Proof of Payment Documentation. Once all of these documents are received by ADEQ, the Reimbursement Request will be considered administratively complete.

Please be advised that ADEQ reserves the right to request additional information or an audit of financial information and statements provided as necessary.

All of the following must be submitted:

☐ **Implementation Schedule**

Attach updated Implementation Schedule

☐ **Cost Sheets**

Attach completed Reimbursement Request Cost Sheets and all supporting documents which also include:

- ☐ Invoice ledger
- ☐ Waste disposal manifests
- ☐ All associated actual invoices and receipts

Documentation must include actual invoices and receipts from your primary service provider as well as any subcontractor costs and receipts. Invoice detail should include labor, expenses, and equipment. If there are items/costs on an invoice that are not being requested for reimbursement, please strike through those items to indicate that they are not being requested.

Note: The state has certain set rates like lodging and meal reimbursement. These rates may be found in the State of Arizona Accounting Manual at: <https://gao.az.gov/publications/saam/saam-page>. Reimbursement is limited to the state's set rate schedule.

☐ **Proof of Payment**

Attach proof of payment documentation demonstrating that the applicant paid the invoices included in this submittal.

You are also required to submit proof of payment for the referenced invoices and costs. Acceptable forms of documentation include: copies of cancelled checks and bank statements. Documents must identify who paid. Proof of payment documentation must reference the invoice(s) covered by the payment or a summary that links up the proof of payment documentation with the invoices must be provided. Costs paid by a financial assurance mechanism are not eligible for reimbursement.

Below is a guide for submissions.

Email Submittals (Preferred Method)

- Email documents to: ADEQ Case Manager
- Use the following Subject line format:
[Date]_[Four-Digit Leaking UST Number]_[Cost Sheet #]_[Reimbursement #]_Preapproval Reimbursement
"YYYY.MM.DD_XXXX_C0X_R0X_Preapproval Reimbursement"
- Save and submit documents with the following file naming convention:
[Date]_[Four-Digit Leaking UST Number]_[Cost Sheet #]_[Reimbursement #]_[Submittal Description]
"YYYY.MM.DD_XXXX_C0X_R0X_Reimbursement Request Packet"
"YYYY.MM.DD_XXXX_C0X_R0X_Implementation Schedule"
"YYYY.MM.DD_XXXX_C0X_R0X_Cost Sheets"
"YYYY.MM.DD_XXXX_C0X_R0X_Proof of Payment"

Step 4. Receive Reimbursement via Direct Payment or Warrant

Once the Reimbursement Request has been submitted and approved by ADEQ, applicants will receive reimbursement via direct payment or warrant. Applicants may continue submitting additional updated eCSMs and Reimbursement Requests as frequent as a monthly basis until the Preapproved Scope of Work is complete or the maximum reimbursement amount per facility has been exhausted (whichever comes first). If the Scope of Work is complete and additional corrective action work is needed or if it's approaching the fourth quarter of ADEQ's fiscal year (April – July), then an ADEQ representative will contact you to schedule another Kickoff Meeting.

Attachment 1

Preapproval Program

Change in Applicant Contact Information Notification Form



ATTACHMENT 1
PREAPPROVAL PROGRAM
CHANGE IN APPLICANT CONTACT INFORMATION
NOTIFICATION FORM

Applicant/Authorized Individual Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Primary Phone: _____

Secondary Phone: _____

Email: _____

Verification of Authority:

Please attach additional documentation, on Applicant letterhead, showing that the Authorized Individual may act for the Applicant on this application.

Reason for change from approved preapproval:

Attachment 2

Preapproval Program

Change in Primary Service Provider Contact Information Notification Form



**ATTACHMENT 2
PREAPPROVAL PROGRAM
CHANGE IN PRIMARY SERVICE PROVIDER (PSP)
CONTACT INFORMATION
NOTIFICATION FORM**

Primary Service Provider Company Name: _____

Qualifying Individual Name: _____

AZ professional registration is required. Certification/Registration No.: _____

Primary Phone: _____

Secondary Phone: _____

Fax: _____

Email: _____

Address: _____

City: _____

State: _____

Zip: _____

Reason for change from approved preapproval: