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G-000-601 .8

**EXTENSION AMENDMENT TO CONTINUE PARTICIPATION IN THE
FERNALD COST RECOVERY GRANT**

10/18/94

OEPA
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LETTER

DOE-FN



State of Ohio Environmental Protection Agency

P.O. Box 163669, 1800 WaterMark Dr.
Columbus, Ohio 43216-3669
(614) 644-3020
FAX (614) 644-2329

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FERNALD
LOG 7-0239
Oct 24 12 49 PM '94

George V. Voinovich
Governor

FILE:
LIBRARY:

October 18, 1994

Mr. Robert Mendelsohn
Contract Specialist
Ohio Field Office
P.O. Box 3020
Miamisburg, Ohio 45343-3020

Dear Mr. Mendelsohn:

I am pleased to accept, on behalf of the State of Ohio Environmental Protection Agency (Ohio EPA), the extension amendment to enable us to continue participation in the Fernald Cost Recovery Grant.

Please find enclosed the signed original Assistance Agreement number DE-FG05-94OR22167 (M002). We look forward to working in cooperation and coordination with you and your staff during this fiscal year and beyond.

Sincerely,

Donald R. Schregardus/8/94

Donald R. Schregardus
Director

Enclosure

cc: Jan Carlson, Chief, DERR
Graham Mitchell, Chief, OFFO
James Beaton, Grants Administration, Fiscal Administration
Melissa Johnson, Ohio Field Office
John Brown, Auditor, Fernald Site Office
Jack Craig, Manager, Fernald Site Office

U.S. DEPARTMENT OF ENERGY
NOTICE OF FINANCIAL ASSISTANCE AWARD

6115

DOE F 4600.1
(7-81)

Under the authority of Public Law 95-91 (codified 42 USC 7254 & 7256) & P.L. 97-258 (codified at USC 6301-6308) and subject to legislation, regulations and policies applicable to (cite legislative program title):
State Environmental Monitoring Program

1. PROJECT TITLE Cost Recovery Grant—Ohio E.P.A.	2. INSTRUMENT TYPE <input checked="" type="checkbox"/> GRANT <input type="checkbox"/> COOPERATIVE AGREEMENT
3. RECIPIENT (Name, address, zip code, area code and telephone No.) Ohio Environmental Protection Agency 1800 Watermark Drive Columbus, OH 43215 614/644-2314	4. INSTRUMENT NO. DE-FG05-94OR22167 5. AMENDMENT NO. M002
6. RECIPIENT PROJECT DIRECTOR (Name and telephone No.) Graham Mitchell 513/285-6018	6. BUDGET PERIOD FROM: 3/1/94 THRU: 12/31/94 7. PROJECT PERIOD FROM: 3/1/94 THRU: 9/30/98
9. RECIPIENT BUSINESS OFFICER (Name and telephone No.) Patricia Campbell 614/644-2314	10. TYPE OF AWARD <input type="checkbox"/> NEW <input type="checkbox"/> CONTINUATION <input type="checkbox"/> RENEWAL <input checked="" type="checkbox"/> REVISION <input type="checkbox"/> SUPPLEMENT
11. DOE PROJECT OFFICER (Name, address, zip code, telephone No.) Jack R. Craig, Fernald Area Office U.S. DOE; P.O. Box 398705 Cincinnati, Ohio 45239-8705	12. ADMINISTERED FOR DOE BY (Name, address, zip code, telephone No.) Robert Mendelsohn U.S. DOE Fernald Field Office P.O. Box 398705 Cincinnati, OH 45239 513-648-3130

13. RECIPIENT TYPE

<input checked="" type="checkbox"/> STATE GOVT	<input type="checkbox"/> INDIAN TRIBAL GOVT	<input type="checkbox"/> HOSPITAL	<input type="checkbox"/> FOR PROFIT ORGANIZATION	<input type="checkbox"/> INDIVIDUAL
<input type="checkbox"/> LOCAL GOVT	<input type="checkbox"/> INSTITUTION OF HIGHER EDUCATION	<input type="checkbox"/> OTHER NONPROFIT ORGANIZATION	<input type="checkbox"/> C	<input type="checkbox"/> P
			<input type="checkbox"/> SP	<input type="checkbox"/> OTHER (Specify)

14. ACCOUNTING AND APPROPRIATIONS DATA				15. EMPLOYER I.D. NUMBER/SSN
a. Appropriation Symbol	b. B & R Number	c. FT/AFP/OC	d. CFA Number	
				31600063

16. BUDGET AND FUNDING INFORMATION	
a. CURRENT BUDGET PERIOD INFORMATION	b. CUMULATIVE DOE OBLIGATIONS
(1) DOE Funds Obligated This Action	0
(2) DOE Funds Authorized for Carry Over	0
(3) DOE Funds Previously Obligated in this Budget Period	1,497,539
(4) DOE Share of Total Approved Budget	1,497,589
(5) Recipient Share of Total Approved Budget	0
(6) Total Approved Budget	1,497,589
(1) This Budget Period [Total of lines a.(1) and a.(3)]	1,497,589
(2) Prior Budget Periods	0
(3) Project Period to Date [Total of lines b.(1) and b.(2)]	1,497,589

17. TOTAL ESTIMATED COST OF PROJECT 8,200,000
 (This is the current estimated cost of the project. It is not a promise to award nor an authorization to expend funds in this amount.)

18. AWARD/AGREEMENT TERMS AND CONDITIONS

This award/agreement consists of this form plus the following: See Block 19; All other Terms and Conditions Remain in Effect.

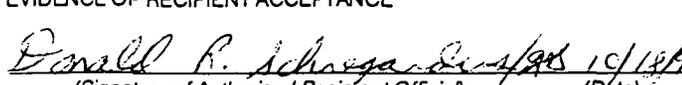
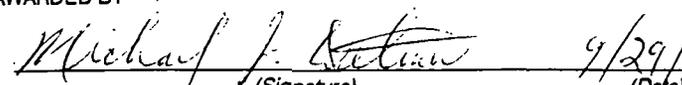
a. Special terms and conditions (if grant) or schedule, general provisions, special provisions (if cooperative agreement).

b. Applicable program regulations (specify) _____ (Date) _____

c. DOE Assistance Regulations, 10 CFR Part-600, as amended, Subparts A and B (Grants) or C (Cooperative Agreements).

d. Application/proposal dated 9/27/94, as submitted with changes as negotiated.

19. REMARKS
 The purpose of this modification is to extend the budget period until December 31, 1994, at no additional cost to the government.

20. EVIDENCE OF RECIPIENT ACCEPTANCE  (Signature of Authorized Recipient Official) (Date) 9/29/94 Donald R. Schregardus, Director _____ (Name) Director _____ (Title)	21. AWARDED BY  (Signature) (Date) 9/29/94 Michael J. Detmer _____ (Name) Contracting Officer _____ (Title)
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