

Dry Cleaner Equipment Removal Reimbursement Program

<http://www.nj.gov/dep/enforcement/drycleanergrant.html>

- Revised January 1, 2014 -



www.CleanAirSupply.com

800-435-0581 · 201-461-9766

170 Roosevelt Place, Palisades Park, NJ 07650

Purpose

To address the health risk potential for sensitive receptors for emissions from the perchloroethylene dry cleaning industry, and to encourage a transition to less toxic dry cleaning chemicals and processes.

Background

In 2005 the Department proposed rules to regulate, and eventually eliminate, the use of perchloroethylene in the dry cleaning industry. As a result of public comments, including the financial burden of the proposed rules, the Department decided to re-propose the rules with compliance deadlines that would reduce the financial burden. In addition, as a result of an enforcement settlement, the Department is receiving over \$4,000,000 to be used in a Supplemental Environmental Project (SEP). All parties involved in the settlement have agreed to use the SEP funds to reduce the health risk impact of the perchloroethylene dry cleaning industry. This grant program will use the SEP funds to encourage the removal of older perchloroethylene dry cleaning systems, especially those with the greatest impact on sensitive receptors such as those that are co-residential and co-located with day care centers.

Reimbursement Program

This Reimbursement Program will identify the mechanism and qualifications for receiving a reimbursement grant, and the amount of that grant.

Qualifying Systems in Order of Priority

The Removal of a Perchloroethylene Dry Cleaning Machine from the following locations in the Priority listed below:

Priority 1 - Removal of a Perchloroethylene Dry Cleaning Machine from a Facility Co-Located with a Residence;

Priority 2 - Removal of a Perchloroethylene Dry Cleaning Machine previously covered under a GP-12 Permit and currently ineligible for a new GP-12A general permit;

Priority 3 - Removal of a 3rd Generation Perchloroethylene Dry Cleaning Machine;

Priority 4 - Removal of a 4th Generation Perchloroethylene Dry Cleaning Machine covered under a NJDEP Air Permit approved on or before January 1, 2000

Conditions Required for Approval

Equipment listed above must still be on-site and must be inspected by the Department prior to removal.

Equipment must be covered under a valid NJDEP Air Permit or equipment previously covered under a valid GP-12 permit must be rendered inoperable, meaning the electric supply is disconnected and all perchloroethylene removed and disposed of properly, if the permit has expired.

Any facility applying for this grant must have no outstanding air penalties or fees due to the Department, or agent thereof.

Agents of the Department will include any Department approved agency under the County Environmental Health Act.

Any Machine removed under this grant shall not be reinstalled within the State of New Jersey.

Amount of Reimbursement

The amount of the reimbursement grant for each machine removed which meets the qualifications above will be \$10,000.

Eligibility

To be eligible for a reimbursement grant, the dry cleaning facility must complete the reimbursement application. Once reviewed and eligibility is confirmed by the Department, the facility and the Department must execute a contract detailing all of the requirements for the reimbursement grant. You must also submit a W-9 with the initial grant application. Failure to include a W-9 form with the application will result in your application being returned.

The Department must verify, prior to removal, that the equipment to be removed meets the qualifications for this reimbursement grant.

Once the requirements for the reimbursement grant have been completed, the Department will issue a payment for the approved reimbursement grant amount.

No applications will be accepted prior to January 15, 2014 or after September 1, 2014. Applications will be reviewed based on their qualification priority during the period of January 15, 2014 to February 28, 2014. After February 28, 2014 applications will be reviewed based on the date of receipt by the Department. Any applications received after September 1, 2014 will be returned without action. Applications will be approved until the allotted grant monies are exhausted.



**STATE OF NEW JERSEY
W-9 QUESTIONNAIRE**

Clear Form

THE STATE OF NEW JERSEY REQUIRES COMPLETION OF THE W-9 VENDOR QUESTIONNAIRE TO VERIFY/ESTABLISH YOUR NAME, ADDRESS, AND TAXPAYER ID ON STATE RECORDS. PLEASE REVIEW THE INFORMATION BELOW, CORRECT ERRORS, AND ANSWER THE QUESTIONS PER SPECIFIC INSTRUCTIONS. RETURN THE COMPLETED FORM TO THE STATE IN THE ENVELOPE PROVIDED AS SOON AS POSSIBLE.

IMPORTANT: YOU WILL NOT BE PAID BY THE STATE OF NEW JERSEY UNTIL THIS FORM IS COMPLETED, SIGNED, AND RETURNED TO THE STATE OF NJ. FOR ADDITIONAL INFORMATION CALL (609) 292-8124.

PART I. NAME/ADDRESS	REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION	Return completed form to: OMB VENDOR CONTROL PO BOX 221 TRENTON, NJ 08625 FAX:(609)-292-4882
(REMIT TO:)	Enter your taxpayer identification number and indicate whether it is a social security or employee identification number by marking the appropriate box.	

Make any corrections to the pre-printed data in the space provided below. Please type or print clearly.

4. Taxpayer Identification Number (TIN) (Enter your correct TIN below ONLY if it differs from the # printed in the box.)	MARK THE APPROPRIATE BOX:
<input style="width:100%;" type="text"/>	<input type="checkbox"/> SOCIAL SECURITY NUMBER
<input style="width:100%;" type="text"/>	<input type="checkbox"/> EMPLOYEE IDENTIFICATION NUMBER

5. For Employees Exempt From Backup Withholding (Contact the IRS for instructions)	Requester's name and address (optional)
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6. Certification: Under penalties of perjury, I certify that:

(1) The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me) AND

(2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.

Certification Instructions: You must cross out item (2) above if you have been notified by the IRS that you are currently subject to backup withholding because of underreported interest or dividends on your tax return. For real estate transactions, item (2) does not apply. For mortgage interest paid, the acquisition or abandonment of secured property, cancellation of debt, contributions to an IRA, and generally payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN.

<small>Please Sign Here</small>	Signature > _____	Date > _____
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PART II. VENDOR DATA	STATE OF NEW JERSEY VENDOR INFORMATION QUESTIONNAIRE
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1. Enter the code from the list below that best describes your business function:

<p align="center">VENDORS</p> <p>HC = HEALTH CARE SERVICE (NON-STATE AGENCIES)</p> <p>VG = VENDORS WHO SELL OR MANUFACTURE GOODS</p> <p>VS = VENDORS WHO RENDER A SERVICE OR VENDORS WHO RECEIVE RENT PAYMENTS</p> <p align="center">MISCELLANEOUS VENDORS</p> <p>OT = OTHER MISCELLANEOUS VENDORS (PLEASE SPECIFY) _____</p>	<p align="center">GOVERNMENTAL ENTITIES</p> <p>AC = AUTHORITY/ COMMISSION</p> <p>CF = CONFIDENTIAL FUND</p> <p>CM = COUNTY/MUNICIPAL GOVT.</p> <p>CU = STATE COLLEGE/UNIVERSITY</p> <p>EP = NJ STATE EMPLOYEE</p> <p>FA = FEDERAL AGENCY</p> <p>FD = FIRE DISTRICT</p> <p>PC = PETTY CASH</p> <p>SA = STATE AGENCY</p> <p>SD = SCHOOL DISTRICT</p> <p>WB = WELFARE BOARD</p>
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2. Enter Primary Contact Information Below.

PHONE: _____ NAME: _____ TITLE: _____

IF YOU ARE A NJ STATE EMPLOYEE, NJ MANAGER OF A CONFIDENTIAL FUND OR A PETTY CASH FUND, DO NOT ANSWER THE BALANCE OF THE QUESTIONNAIRE.

3. What is the principle activity of your organization?

M = MANUFACTURING H = HEALTH RELATED SERVICE

S = SERVICE G = GOVERNMENT O = OTHER (Please Specify) _____

4. Enter the code from the list below that best describes your organization.

C = CORPORATION I = INDIVIDUAL P = PARTNERSHIP

A = ASSOCIATION J = JOINT O = OTHER (Please Specify) _____

5. Enter your 4 digit County/Municipality Code for NJ Addresses ONLY.

IMPORTANT: ANSWER ALL QUESTIONS (Please Print or Type Clearly)

Dry Cleaner Equipment Removal Reimbursement Program
Application Form

Facility ID #		
Facility Name		Phone Number
Facility Location	Street Address	City
Mailing Address	_____ _____ _____	

Description of Dry Cleaning System to be removed (Make , Model, Size)
Permit Number - _____

Type of Grant Being Applied For (Check One Only)
<input type="checkbox"/> Priority 1 -Removal of Perchloroethylene Dry Cleaning Machine from a Facility Co-located with a Residence <input type="checkbox"/> Priority 2 - Removal of a Perchloroethylene Dry Cleaning Machine previously covered under a GP-12 Permit and ineligible for a new GP-12A permit <input type="checkbox"/> Priority 3 - Removal of a 3 rd Generation Perchloroethylene Dry Cleaning Machine <input type="checkbox"/> Priority 4 - Removal of a 4 th Generation Perchloroethylene Dry Cleaning Machine covered under a NJDEP Air Permit approved on or before January 1, 2000

CONDITIONS REQUIRED FOR APPROVAL
<ol style="list-style-type: none"> Equipment listed above must still be on-site and must be inspected by the Department prior to removal. Equipment must be covered under a valid NJDEP Air Permit or equipment previously covered under a valid GP-12 permit must be rendered inoperable, meaning the electric supply is disconnected and all perchloroethylene removed and disposed of properly, if the permit has expired. Any facility applying for this grant must have no outstanding air penalties or fees due to the Department, or agent thereof. Agents of the Department will include any Department approved agency under the County Environmental Health Act. Any Machine removed under this grant shall not be reinstalled within the State of New Jersey

Signature of Company Official:

_____ Date: _____

Print Name: _____ Title: _____

“I certify under penalty of law that I believe the information provided in this document is true, accurate and complete. I am aware that there are significant civil and criminal penalties, including the possibility of fine or imprisonment or both, for submitting false, inaccurate or incomplete information.”