



Mr. Rock Baamonde, Chief
Grants and Contacts Management Branch
U.S. Environmental Protection Agency
USEPA – Region II
290 Broadway, 27th Floor
New York, New York 10007-1866

Date: June 25, 2013

RE: Suffolk County Department of Health Services Application for Clean Water Act Section 320 funds for the Peconic Estuary Program

Dear Mr. Baamonde,

Attached, please find the revised workplan and revised SF-424 associated with our application for National Estuary Program funds. The changes were necessitated by the change in NEP award amount resulting from the federal sequestration. Thank you for considering this revised application. If you have any questions or comments, please do not hesitate to contact me at (631) 852-5805.

Sincerely,
Alison Branco

Director, Peconic Estuary Program

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:**

4. Applicant Identifier:

5a. Federal Entity Identifier:

*** 5b. Federal Award Identifier:**

CE99200218

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*** a. Legal Name:**

Peconic Estuary Program

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

11-6000464

*** c. Organizational DUNS:**

129090267

d. Address:

*** Street1:**

3500 Sunrise Highway

Street2:

*** City:**

Great River

County:

Suffolk

*** State:**

NY

Province:

*** Country:**

USA: UNITED STATES

*** Zip / Postal Code:**

11739

e. Organizational Unit:

Department Name:

Department Of Health Services

Division Name:

Division of Environmental Quality

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

Prefix:

*** First Name:**

Alison

Middle Name:

*** Last Name:**

Branco

Suffix:

Title:

Peconic Estuary Program Director

Organizational Affiliation:

Suffolk County Department of Health Services

*** Telephone Number:**

631-852-5805

Fax Number:

631-852-5812

*** Email:**

alison.branco@suffolkcountyny.gov

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

County 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 Region 2

11. Catalog of Federal Domestic Assistance Number:

66-456

CFDA Title:

Comprehensive Estuary Management

*** 12. Funding Opportunity Number:**

* Title:

Application for Federal Assistance CWA Section 320 Estuary Program

13. Competition Identification Number:

N/A

Title:

N/A

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

Peconic Estuary and its watershed, Suffolk County, NY

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

Peconic Estuary Program, FFY 2013 CWA Section 320 National Estuary Program

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:
* a. Applicant CD 1,2,3 * b. Program/Project CD 1

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

17. Proposed Project:
* a. Start Date: 10/01/13 * b. End Date: 9/30/15

18. Estimated Funding (\$):
* a. Federal 401,066
* b. Applicant
* c. State
* d. Local 401,066
* e. Other
* f. Program Income
* g. TOTAL 802,132

* 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.) Applicant Federal Debt Delinquency Explanation
 Yes No

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: Dr. * First Name: James
Middle Name: L.
* Last Name: Tomarken
Suffix: MD,MSW,MPH,MBA,FRCPC,FACP
* Title: Commissioner, Suffolk County Department of Health Services
* Telephone Number: 631-854-0100 Fax Number: 631-854-0108
* Email: james.tomarken@suffolkcountyny.gov
* Signature of Authorized Representative: James Tomarken * Date Signed: 6/25/13

Application for Federal Assistance SF-424

*** Applicant Federal Debt Delinquency Explanation**

The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt. Maximum number of characters that can be entered is 4,000. Try and avoid extra spaces and carriage returns to maximize the availability of space.

N/A

BUDGET INFORMATION - Non-Construction Programs

SECTION A - BUDGET SUMMARY						
Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		Total (g)
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	
1. NEP - PEP	66-456	\$	\$	\$ 401,066	\$	\$ 802,132
2.						
3.						
4.						
5. Totals		\$	\$	\$ 401,066	\$ 401,066	\$ 802,132
SECTION B - BUDGET CATEGORIES						
6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY					
	(1)	(2)	(3)	(4)	Total (5)	
a. Personnel	232,021				232,021	
b. Fringe Benefits	109,445				109,445	
c. Travel	3600				3600	
d. Equipment						
e. Supplies	1000				1000	
f. Contractual	55000	401,066			456,066	
g. Construction						
h. Other						
i. Total Direct Charges (sum of 6a-6h)	401,066	401,066			802,132	
j. Indirect Charges						
k. TOTALS (sum of 6i and 6j)	\$401,066	\$401,066	\$	\$	\$ 802,132	
7. Program Income			\$	\$	\$ 0	

SECTION C - NON-FEDERAL RESOURCES

(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS
8. NEP - PEP	401,066			\$401,066
9. 401,066				\$
10.				\$
11. 802,132				\$
12. Total (SUM OF LINES 8-11)	401,066			\$401,066

SECTION D - FORECASTED CASH NEEDS

	Total for 1 st Year	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter
13. Federal	\$325,000	\$81,250	\$81,250	\$81,250	\$81,250
14. Non-Federal	325,000	81,250	81,250	81,250	81,250
15. TOTAL (sum of lines 13 and 14)	\$650,000	\$162,500	\$162,500	\$162,500	\$162,500

SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT

(a) Grant Program	FUTURE FUNDING PERIODS (years)			
	(b) First	(c) Second	(d) Third	(e) Fourth
16. federal	\$76066	\$	\$	\$
17. non-federal	76066			
18.				
19.				
20. TOTAL (sum of lines 16-19)	\$152,132	\$	\$	\$

SECTION F - OTHER BUDGET INFORMATION

21. Direct Charges: 802,132	22. Indirect Charges: 0
23. Remarks:	

Authorized for Local Reproduction

Peconic Estuary Program Support

REVISED June 2013

Applicant: Suffolk County Department of Health Services
3500 Sunrise Highway
Great River, NY 11739

Suffolk County Project Officer: Alison Branco
Marine Biologist, PEP Program Director
(631) 852-5805
alison.branco@suffolkcountyny.gov

EPA Region II Project Officer: Sheri Jewhurst
Environmental Scientist / Peconic Estuary Program Project Manager
Phone: 212-637-3035
jewhurst.Sheri@epa.gov

QA/QC Plan Required: None

Project Period: October 1, 2013 - September 30, 2015

Cost: \$401,066

Background

The Peconic Estuary is one of 28 estuaries in the country designated by U.S. Environmental Protection Agency as an “estuary of national significance” under Section 320 of the Federal Clean Water Act. The National Estuary Program (NEP) was established to protect and restore nationally significant estuaries threatened or impaired by pollution, development, and overuse. The Peconic Estuary was formally accepted as part of the NEP in 1992. Officially commenced in 1993, the Peconic Estuary Program (PEP) includes numerous stakeholders, representing citizen and environmental groups, businesses and industries, academic institutions, and local, county, state and federal governments. The EPA, New York State Department of Environmental Conservation (NYSDEC) and the Suffolk County Department of Health Services (SCDHS) are the sponsoring government agencies for the program.

The PEP Comprehensive Conservation and Management Plan (CCMP) was approved by the EPA Administrator on November 15, 2001, with the concurrence of the New York State Governor. The CCMP promotes a holistic approach to protecting, enhancing and restoring the Estuary and its watershed. Priority management topics for the Peconic Estuary are Brown Tide, nutrients, habitat and living resources, pathogens, toxic pollutants, and critical lands protection. These six priority topics, together with public education and outreach, financing, and post-CCMP management, form the basis for the CCMP action plans.

Objective

SCDHS proposes to continue serving as the PEP Program Office, implementing the PEP Comprehensive Conservation and Management Plan (CCMP). Workplan tasks address priority management items with a strong focus on nitrogen management, water quality, habitat and living resource conservation and restoration, critical lands protection, financing, and public education and outreach. Workplan tasks will advance protecting and restoring the

health of the Peconic Estuary, imperative to supporting its commercial, recreational, environmental and aesthetic uses and values. The specific tasks designed to support this implementation are outlined below.

Task 2013-1A: Program Office (Ongoing Activity) - \$196,066

Partners & Roles: The Program Office located in the Office of Ecology in the Division of Environmental Quality at SCDHS; the PEP Program Director is an employee of the Department.

CCMP & Annual Workplan Priority Topics/Goals: Program administration, habitat protection/restoration, stormwater control, and nutrient management (Related CCMP Actions: M-1.2, CCMP Page 10-16).

Objectives: The Program Office provides overall leadership, management and administration to the Program on behalf of the Management Conference. The objectives of the management conference focus on protecting and restoring habitats, living resources and water quality.

Description: Carrying out CCMP implementation on behalf of the management committee, including administering grants, managing projects and associated contracts, managing activities of several committees, providing technical support to the PEP (including conducting technical projects and providing data management services), and offering public information and outreach services. The budget for the Program Office includes salary and fringe benefits for a full-time PEP Program Director for approximately 1²/₃ years.

Outputs/Deliverables & Milestones

- Report annually on: the status of implementing the identified priority actions in the CCMP; leveraging of governmental and non-governmental funds; and habitat restoration (including acquisition) efforts, according to guidelines and deadlines established by USEPA (i.e., GPRA) measures) (September).
- Prepare and submit workplans, budgets, and grant applications according to schedules set by the management conference and in accordance with USEPA guidance. Expediently carry out workplan tasks; ensure that all contracts are awarded as quickly as possible with the goal of 12 months from grant award and that funds are drawn down at least semiannually (spring).
- Oversee and coordinate preparation of the Annual Workplan Strategy (September) document and annual report (December).
- Provide technical and administrative support on efforts to protecting and restoring habitats, living resources and water quality. Provide technical and administrative support to PEP committees (ongoing).
- Ensure the Program is represented at all scheduled national meetings of the NEP (typically 2 meetings per year), and represented in local, regional and national conferences, workshops and symposia (winter).
- Plan and execute meetings of the Policy Committee (typically 1 meeting per year) and Management Committee (typically 4 meetings per year). Be responsive to inquiries and initiatives of these committees.
- Prepare "Program Evaluation" submittal consistent with USEPA guidance (2017).
- Create and chair a NPS workgroup and with the workgroup develop a TMDL Implementation Strategy to address NPS nitrogen loads, including technical, regulatory, cultural, and financial considerations. Road-blocks to nitrogen load reduction will be identified and potential solutions outlined. This strategy will help stakeholders understand what is needed to achieve the nitrogen load reduction goals called for in the TMDL (2013-2014).
- Develop an Environmental Indicators Report with data inputs from the TAC, monitoring programs, stakeholders, and other agencies. A subcommittee of the TAC will be established to evaluate the previous indicators used and select appropriate indicators for the new report (2013-2014).

- Assist TAC and Outreach Coordinator to develop a “State of the Bay” publication to summarize the environmental indicators report and other available information, as needed, to inform the public about the status and trends of the environmental quality of the Estuary (see Task 2013-3A-3B) (2014).

Anticipated Outcomes

Short Term: See “Outputs/Deliverables & Milestones”

Intermediate: Stakeholders (governments at all levels and citizens) are implementing habitat protection efforts and restoration projects, stormwater control measures, and practices to eliminate or reduce nutrient and pathogen loadings. There is increased understanding of factors that are adversely impacting tidal wetlands and eelgrass and management options are developed to address them.

Long Term: Terrestrial and aquatic habitats support healthy and diverse populations of commercially, recreationally and ecologically important species (especially eelgrass and diadromous fish) and water quality that supports all designated uses and achieves all applicable standards, particularly with respect to dissolved oxygen, pathogens, and toxic substances.

Change in Pressure Targets: Preserved, protected and restored habitats; reduction in pathogen and nutrient loadings and stormwater volumes

Clean Water Act Core Programs: TMDL implementation, MS4 permit implementation, wetlands protection. Elements of this project prevent or mitigate the impacts of nutrient pollution.

Task 2013-2: Water Quality Monitoring (Ongoing Activity) - \$150,000

Partners & Roles: SCDHS conducts long term periodic monitoring; USGS maintains continuous water quality monitoring station in the Western Peconic Estuary and at Orient Point.

CCMP & Annual Workplan Priority Topics/Goals: Assess environmental conditions in the Peconic Estuary and refine management programs as necessary. Water column nitrogen and dissolved oxygen concentrations are useful in assessing progress toward TMDL implementation and verifying modeling efforts. (Related CCMP Actions: N-1, N-9, N-10 CCMP pages 3-21, 3-22 and 3-36 to 3-40).

Objectives: SCDHS monitors water quality of surface and marine waters within the Peconic Estuary. SCDHS will assess water quality and bathing beach data and provide PEP with an annual water quality summary report. The NADP monitoring station will also be maintained. The USGS will continue to operate and maintain two continuous monitoring sensors in the Peconic Estuary, providing

Description: The water quality monitoring program conducted by the SCDHS Office of Ecology includes monthly monitoring at approx. 38 Peconic surface water quality stations throughout the year, periodic monitoring of approx. 30 point source and stream stations, and weekly monitoring at the NADP rain and atmospheric deposition gauge. Water quality monitoring is essential to evaluate the effect of TMDL implementation on the environment, analyze the effectiveness of programs in relation to their intended goals, and to make corrections in the course of the post-CCMP process. The data collected from this monitoring program was critical in listing the water segments in the estuary on the 303(d) list for dissolved oxygen and pathogen violations and in developing the nitrogen TMDL for select segments in the Western Estuary. The budget for water quality monitoring includes approximately one year’s salary and fringe benefits for 2 FTE water quality monitoring program staff (one boat operator and one chemist).

Outputs/Deliverables & Milestones

- Monitoring data made publically available (ongoing)
- Annual report on data collected (spring)

Anticipated Outcomes

Short Term: See “Outputs/Deliverables & Milestones.” Routine monitoring conducted in the Peconic Estuary makes it possible for the PEP to have accurate, up-to-date information regarding water quality conditions throughout the Estuary.

Intermediate: Based on water quality data, priority projects and research initiatives can be identified and the PEP can continue its success in efforts to protect and restore the Estuary. Data collected by these monitoring efforts inform periodic reporting, including environmental indicators reports and “State of the Bay” publications, and support adaptive management.

Long Term: Water quality that supports all designated uses and achieves all applicable standards, particularly with respect to dissolved oxygen, pathogens, harmful algae, and toxic substances.

Change in Pressure Targets: These measures are necessary to assess the implementation of TMDLs for pathogens and nitrogen; prevalence of harmful algal blooms; shellfish bed closures; occurrences of bathing beach closures, and qualitative water quality goals.

Clean Water Act Core Programs: Water quality monitoring, TMDL implementation

Task 2013-4: Nitrogen Source Load Modeling (New Activity) – \$55,000

Note: \$100,000 of FY2011 funding for ‘Nitrogen Assessment’ will also be directed to this task to compliment the work described in the 2011 workplan under that task, which is being accomplished through other avenues, including Suffolk County Fertilizer Reduction Program, the PEP Homeowner Rebate Program and PEP Public Education and Outreach Program.

Partners & Roles: The Program Office will lead this project with the help of other partners and/or contractors as needed. Specifically, the Nature Conservancy and NEIWPC will advise the preliminary scoping of the project, having experience modeling/administering the modeling of non-point source nitrogen loads in other locations.

CCMP & Annual Workplan Priority Topics/Goals: N-1.1, N-1.2, N-2.1, N-3.1, N-3.7, N-5.2, N-5.3, N-5.4

Objectives: To focus nitrogen TMDL implementation efforts by estimating the relative magnitudes of the major NPS groundwater transport of nitrogen to the Estuary by source type (i.e., agriculture, on-site wastewater treatment, residential fertilizer, etc.).

Description: The nitrogen TMDL for the Peconic Estuary identifies groundwater as the major non-atmospheric source of nitrogen to the Estuary. The TMDL study did not, however, differentiate among the major sources of nitrogen to groundwater (typically considered to be agriculture, other fertilizers, and on-site wastewater treatment). It has been concluded that this information is necessary focus groundwater nitrogen management efforts and achieve load reductions required under the TMDL. Phase I will entail modeling of nitrogen sources / inputs to the estuary via groundwater. Better quantification of the load by source will inform management decisions by prioritizing NPS and stormwater BMP implementation in the most cost-effective way. The specifics of Phase II will be determined once the results of nitrogen source modeling have been evaluated, but will further the goal of reducing nitrogen loads and achieving TMDL load allocations.

Outputs/Deliverables & Milestones

- Collation of exiting land use data and typical (or defensible assumptions of) nitrogen loadings from land use types from the literature and other similar projects
- Calculation of nitrogen loads to groundwater based on land use
- Calculation of NPS nitrogen source loads including but not limited to agriculture, on-site wastewater treatment, and residential fertilizer (depending on the selected model capabilities).

- Assessment of the relative contributions of the different sources to the major bays of the Estuary

Anticipated Outcomes

Short Term: Land-use-based nitrogen loading model for the Peconic Estuary, refining and further specifying estimates beyond what is available in the TMDL.

Intermediate: Increased understanding among the nitrogen loading sectors and increased motivation and justification for nitrogen management actions.

Long Term: Reduction of non-point source nitrogen loading to the Peconic Estuary which will result in better water and habitat quality, improved seagrass, fish, and shellfish populations, and increased recreational values.

Change in Pressure Targets: Cost-effectively achieve TMDL implementation goals for nitrogen reductions. Project results may influence local municipal government actions/ordinances on agricultural and non-agricultural fertilizer use, or increase on-site wastewater treatment technology standards for nitrogen removal

Clean Water Act Core Programs: Water Quality Standards, Impaired Waters, and NPS Programs (including 319, 303(d)/TMDLs), TMDL Implementation

Resources Requested: The total requested in this PEP grant to Suffolk County Department of Health Services is **\$401,066**. This grant will be complimented by a request for PEP support to the New England Interstate Water Pollution Control Commission (NEIWPCC) in the amount of \$263,834, and together these two components make up the full Peconic Estuary Program FFY2013 workplan for a total grant request of \$664,900.

Non-Federal Match: Suffolk County will provide **\$401,066** in matching funds, comprised from projects funded through the Suffolk County Water Quality Protection and Restoration Program. Anticipated match projects are described below:

- Village of Sag Harbor Stormwater Management
- Pilot Study of Clustered On-site Wastewater Treatment Systems
- Woodhull Dam Diadromous Fish Passage Design
- Alternative Onsite Disposal System Phase II (1/3 of a county-wide project)
- Monitoring of Mosquito Control Products (1/3 of a county-wide project)
- Cornell Cooperative Extension of Suffolk County Agricultural Stewardship Program (partial)



KEY CONTACTS FORM

Authorized Representative: *Original awards and amendments will be sent to this individual for review and acceptance, unless otherwise indicated.*

Name: _____

Title: _____

Complete Address: _____

Phone Number: _____

Payee: *Individual authorized to accept payments.*

Name: _____

Title: _____

Mail Address: _____

Phone Number: _____

Administrative Contact: *Individual from Sponsored Program Office to contact concerning administrative matters (i.e., indirect cost rate computation, rebudgeting requests etc.)*

Name: _____

Title: _____

Mailing Address: _____

Phone Number: _____

FAX Number: _____

E-Mail Address: _____

Principal Investigator: *Individual responsible for the technical completion of the proposed work.*

Name: _____

Title: _____

Mailing Address: _____

Phone Number: _____

FAX Number: _____

E-Mail Address: _____

Web URL: _____

ASSURANCES - NON-CONSTRUCTION PROGRAMS

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503.


PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

<ol style="list-style-type: none"> 1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application. 2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives. 3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain. 4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency. 		<p>basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. 6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) 523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. 290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VII of the Civil Rights Act of 1968 (42 U.S.C. 3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.</p>
<ol style="list-style-type: none"> 5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. 4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F). 6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. 1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794), which prohibits discrimination on the 		<ol style="list-style-type: none"> 7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases. 8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. 1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.

<p>9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. 276a to 276a-7), the Copeland Act (40 U.S.C. 276c and 18 U.S.C. 874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. 327-333), regarding labor standards for federally-assisted construction subagreement.</p> <p>10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.</p> <p>11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in flood plains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. 1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. 7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).</p>	<p>12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. 1271 et seq.) Related to protecting components or potential components of the national wild and scenic rivers system.</p> <p>13. Will assist the awarding agency in assuring compliance will Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. 470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. 469a-1 et seq.).</p> <p>14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.</p> <p>15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. 2131 et seq.) Pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.</p> <p>16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. 4801 et seq.) Which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.</p> <p>17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."</p> <p>18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.</p>
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SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL 	TITLE Commissioner
APPLICANT ORGANIZATION Suffolk County Department of Health Services	DATE SUBMITTED 5/17/13

REVIEWING AGENCIES

The Application Review Package has been sent to the Reviewing Agencies checked below:

- United States Environmental Protection Agency Region II, Grants and Contracts Management

AREAWIDE REVIEWING AGENCIES:

<input type="checkbox"/> ALBANY, RENNELAER, SCHENECTADY, SARATOGA	<input type="checkbox"/> GENESSE, LIVINGTON, MONROE, ONTARIO, ORLEANS, SENECA, WAYNE, YATES, WYOMING	<input type="checkbox"/> ULSTER
<input type="checkbox"/> BROOME, CHENANGO, CORTLAND, DELAWARE, OTSEGO, SCHOHARIE, TIOGA, TOMPKINS	<input type="checkbox"/> JEFFERSON	<input type="checkbox"/> WESTCHESTER
<input type="checkbox"/> CHAUTAUQUA, CATTARAUGUS, ALLEGANY	<input type="checkbox"/> ORANGE	<input type="checkbox"/> ALL COUNTIES
<input type="checkbox"/> CHEMUNG, SCHUYLER, STEUBEN	<input type="checkbox"/> OSWEGO, ONONDAGA, MADISON, CAYUGA	<input checked="" type="checkbox"/> NO APPLICABLE COUNTIES REVIEWING AGENCIES
<input type="checkbox"/> ERIE, NIAGARA	<input type="checkbox"/> PUTNAM	
<input type="checkbox"/> FRANKLIN	<input type="checkbox"/> ROCKLAND	

The undersigned certifies that an Application Review Package consisting of the items checked below has been sent to the required Reviewing Agencies for review.

- (1) FEDERAL FORM 424 (Box 16 must be completed)
- (2) PROJECT SUMMARY DESCRIBING PROPOSED ACTIVITIES
- (3) CERTIFICATION OF DISTRIBUTION OF APPLICATION REVIEW PACKAGE
- (4) SITE LOCATION MAP (For construction projects only)
- (5) PROJECT INFORMATION FORM (For construction projects only)


This Application Review Package will not be processed unless this form is signed and dated below.

James Tomark
 Signature
 Commissioner, Department of Health Services

 Title

May 17, 2013
 Date signed

**Preaward Compliance Review Report for
All Applicants and Recipients Requesting EPA Financial Assistance**
Note: Read instructions on other side before completing form.

I. Applicant/Recipient (Name, Address, State, Zip Code). Suffolk County Dept. of Health Services, 3500 Sunrise Hwy, Great River, NY 11739	DUNS No. 129090267
II. Is the applicant currently receiving EPA assistance? Yes	
III. List all civil rights lawsuits and administrative complaints pending against the applicant/recipient that allege discrimination based on race, color, national origin, sex, age, or disability. (Do not include employment complaints not covered by 40 C.F.R. Parts 5 and 7. See instructions on reverse side.) <p align="center">N/A</p>	
IV. List all civil rights lawsuits and administrative complaints decided against the applicant/recipient within the last year that allege discrimination based on race, color, national origin, sex, age, or disability and enclose a copy of all decisions. Please describe all corrective action taken. (Do not include employment complaints not covered by 40 C.F.R. Parts 5 and 7. See instructions on reverse side.) <p align="center">N/A</p>	
V. List all civil rights compliance reviews of the applicant/recipient conducted by any agency within the last two years and enclose a copy of the review and any decisions, orders, or agreements based on the review. Please describe any corrective action taken. (40 C.F.R. § 7.80(c)(3)) <p align="center">N/A</p>	
VI. Is the applicant requesting EPA assistance for new construction? If no, proceed to VII; if yes, answer (a) and/or (b) below. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
a. If the grant is for new construction, will all new facilities or alterations to existing facilities be designed and constructed to be readily accessible to and usable by persons with disabilities? If yes, proceed to VII; if no, proceed to VI(b). Yes <input type="checkbox"/> No <input type="checkbox"/> b. If the grant is for new construction and the new facilities or alterations to existing facilities will not be readily accessible to and usable by persons with disabilities, explain how a regulatory exception (40 C.F.R. § 7.70) applies. Yes <input type="checkbox"/> No <input type="checkbox"/>	
VII.* Does the applicant/recipient provide initial and continuing notice that it does not discriminate on the basis of race, color, national origin, sex, age, or disability in its programs or activities? (40 C.F.R. § 5.140 and § 7.95) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> a. Do the methods of notice accommodate those with impaired vision or hearing? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> b. Is the notice posted in a prominent place in the applicant's offices or facilities or, for education programs and activities, in appropriate periodicals and other written communications? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> c. Does the notice identify a designated civil rights coordinator? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
VIII.* Does the applicant/recipient maintain demographic data on the race, color, national origin, sex, age, or handicap of the population it serves? (40 C.F.R. § 7.85(a)) Yes <input checked="" type="checkbox"/>	
IX.* Does the applicant/recipient have a policy/procedure for providing access to services for persons with limited English proficiency? (40 C.F.R. Part 7, E.O. 13166) Yes <input checked="" type="checkbox"/>	
X.* If the applicant/recipient is an education program or activity, or has 15 or more employees, has it designated an employee to coordinate its compliance with 40 C.F.R. Parts 5 and 7? Provide the name, title, position, mailing address, e-mail address, fax number, and telephone number of the designated coordinator. Yes <input checked="" type="checkbox"/>	
XI* If the applicant/recipient is an education program or activity, or has 15 or more employees, has it adopted grievance procedures that assure the prompt and fair resolution of complaints that allege a violation of 40 C.F.R. Parts 5 and 7? Provide a legal citation or Internet address for, or a copy of, the procedures. No <input checked="" type="checkbox"/>	
For the Applicant/Recipient	
I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law. I assure that I will fully comply with all applicable civil rights statutes and EPA regulations.	
A. Signature of Authorized Official 	B. Title of Authorized Official Commissioner, Department of Health
C. Date 5/6/13	
For the U.S. Environmental Protection Agency	
I have reviewed the information provided by the applicant/recipient and hereby certify that the applicant/recipient has submitted all preaward compliance information required by 40 C.F.R. Parts 5 and 7; that based on the information submitted, this application satisfies the preaward provisions of 40 C.F.R. Parts 5 and 7; and that the applicant has given assurance that it will fully comply with all applicable civil rights statutes and EPA regulations.	
A. Signature of Authorized EPA Official	B. Title of Authorized EPA Official
C. Date	

CE - 992002-18
EPA Project Control Number

CERTIFICATION REGARDING LOBBYING

CERTIFICATION FOR CONTRACTS, GRANTS, LOANS AND COOPERATIVE AGREEMENTS

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including sub-contracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31 U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Margaret Bermel, Director of Health Administrative Services

Typed Name & Title of Authorized Representative

 4/29/13
Signature and Date of Authorized Representative

This D&B report is provided for your company's internal review. It may not be used for any other purpose or provided to anyone else.

Business Information Report

User Id: gary.amato@suffolkcountyny.gov

Report Printed: Friday September 28, 2012 10:27 AM

Business Summary

Company Name: SUFFOLK, COUNTY OF **D-U-N-S Number:** 129090267
Trade Style / DBA: SUFFOLK HEALTH SERVICES COUNTY
Trade Style / DBA: SUFFOLK COUNTY DEPARTMENT OF HEALTH SERVICES
Physical Address: 3500 Sunrise Hwy
Physical City: Great River
Physical State: NY
Physical Zip: 11739
Telephone: 631 854-0000
Employs: (440 here)
SIC: 9431
Line of business: Administrative public health programs

Special Events

2012-09-25

Business address has changed from 225 Rabro Dr E, Hauppauge, NY, 11788 to 3500 Sunrise Hwy, Great River, NY, 11739.

History

The following information was reported **09/25/12**:

Operations

2012-09-25

Description: This is a branch: headquarters are located at 100 VETERANS MEMORIAL HWY, HAUPPAUGE, NY. Headquarters D-U-N-S 06-594-9190. This branch government administrator of public health programs, specifically involved with public health agencies.
Facilities: Occupies premises in building.

SIC & NAICS

SIC: 94319910 Public health agency administration, government **NAICS:** 923120 Administration of Public Health Programs

PAYMENT SUMMARY

The Payment Summary section reflects payment information in D&B's file as of the date of this report. Below is an overview of the company's dollar-weighted payments, segmented by its suppliers' primary industries:

	Total Rcv'd (#)	Total Dollar Amt's (\$)	Largest High Credit (\$)	Within Terms (%)	Days Slow			
					<31(%)	31-60(%)	61-90(%)	90>(%)
Top Industries:								
Industrial launderer	5	4,750	2,500	3	47	24	-	26
Radiotelephone commun	3	11,500	10,000	96	4	-	-	-
Mfg drug preparations	1	30,000	30,000		100	-	-	-
Whol misc profsn eqpt	1	20,000	20,000	50	-	50	-	-
Mfg inorganic chemcls	1	2,500	2,500	50	50	-	-	-
Whol durable goods	1	500	500	100	-	-	-	-
Mfg misc office eqpt	1	100	100		50	50	-	-
Mfg computers	1	100	100	50	-	-	50	-
Misc business service	1	0	0		-	-	-	-
Other payment categories:								
Cash experiences	0	0	0					
Payment record unknown	0	0	0					
Unfavorable comments	0	0	0					
Placed for collections:								
With D&B	0	0						
Other	0	N/A						
Total in D&B's file	15	69,450	30,000					

The highest **Now Owes** on file is \$20,000
 The highest **Past Due** on file is \$500
 The payment experiences in this report relate specifically to this branch location. Please refer to the headquarters report if you would like consolidated trade information for the

This D&B report is provided for your company's internal review. It may not be used for any other purpose or provided to anyone else.

headquarters and its branches.

PAYMENT DETAILS

Detailed Payment History

Date Reported (mm/yy)	Paying Record	High Credit (\$)	Now Owes (\$)	Past Due (\$)	Selling Terms	Last Sale Within (months)
08/12	Ppt	500	0	0		4-5 mos
	Ppt-Slow 30	2,500	500	500		1 mo
	Ppt-Slow 60	250	100	50		1 mo
	Ppt-Slow 90	100	0	0		4-5 mos
	Slow 30-60	1,000	750	250		1 mo
	Slow 30-60	500	250	250		1 mo
	Slow 30-60	500	500	500		1 mo
	Slow 30-60	100	0	0	N30	6-12 mos
	Slow 30-90+	2,500	250	100		1 mo
06/12	Ppt	0	0	0		6-12 mos
03/12	Ppt-Slow 60	20,000	20,000	0	N60	1 mo
02/12	Ppt	10,000	250	0		1 mo
	Ppt	1,000	100	50		1 mo
02/11	Slow	30,000	0	0		4-5 mos
10/10	Slow 30	500	500	250		1 mo

Payments Detail Key: ■ 30 or more days beyond terms

Payment experiences reflect how bills are met in relation to the terms granted. In some instances payment beyond terms can be the result of disputes over merchandise, skipped invoices etc.

Each experience shown is from a separate supplier. Updated trade experiences replace those previously reported.

Banking & Finance

D&B has researched this company and found no information available at this time.

PUBLIC FILINGS

No Public Filings available for this Company.

Government Activity

Activity summary

Borrower (Dir/Guar):	NO
Administrative debt:	NO
Contractor:	NO
Grantee:	YES
Party excluded from federal program(s):	NO

Possible candidate for socio-economic program consideration

Labor surplus area:	N/A
Small Business:	N/A
8(A) firm:	N/A

The details provided in the Government Activity section are as reported to Dun & Bradstreet by the federal government and other sources.

SUFFOLK, COUNTY OF 3500 Sunrise Hwy
 DUNS: 129090267 CAGE Code: 49XF8 Great River, NY, 11739-1001 ,
 Status: Active UNITED STATES

Entity Record

Entity Record

Please see below for the entire Entity Registration record. If you would like have a copy of this list please use the **Print** button.

[PRINT](#)

DUNS Number: 129090267
 D&B Legal Business Name: SUFFOLK, COUNTY OF
 Doing Business As: SUFFOLK COUNTY DEPARTMENT OF HEALTH SERVICES

Core Data

[\[Expand All\]](#) | [\[Collapse All\]](#)

Business & TIN Information:

Business Information:

Business Start Date: 08/27/1928
 Fiscal Year End Close Date: 12/31
 Company Division Name: Suffolk County Department of Health Services
 Company Division Number:
 Corporate URL: www.suffolkcountyny.gov
 Congressional District: 2
 Registration Date: 01/27/2006
 Expiration Date: 10/03/2013
 Renewal Date: 10/03/2012

Physical Address:

Address Line: 3500 Sunrise Hwy
 City: Great River
 State/Province: NY
 Country: UNITED STATES
 ZIP/Postal Code: 11739 - 1001

Mailing Address:

Address Line: 3500 Sunrise Hwy
 City: Great River
 State/Province: NY
 Country: UNITED STATES
 ZIP/Postal Code: 11739 - 1001

CAGE/NCAGE Code

CAGE: 49XF8

General Information

Country of Incorporation:
 State of Incorporation:

Business Types

For more information on an entity's socio-economic status please see SBA's Dynamic Small Business Search.

Government Type

County

U.S. Local Government

Entity Structure

U.S. Government Entity

Entity Type

US Local Government

Purpose of Registration

Federal Assistance Awards

Financial Information

Do you accept credit cards as a method of payment? Yes

Account Details:

DUNS+4: 0000
 CAGE Code: 49XF8

Electronic Funds Transfer:

Automated Clearing House (ACH):

Executive Compensation Questions

Proceedings Questions

Information Opt-Out

I authorize my entity's information to be displayed in SAM's Public Search: Yes

Point of Contact

[\[Expand All\]](#) | [\[Collapse All\]](#)

Mandatory Point of Contact:

Electronic Business POC

Title:
 First Name: Susan
 Middle Name:
 Last Name: Hodosky
 US Phone: (631)854-0182
 Extension:
 NON US Phone:
 Notes:
 Address Line 1: 3500 Sunrise Highway
 City: Great River
 State/Province: NY
 Country: UNITED STATES
 ZIP/Postal Code: 11739

Government Business POC

Title:
 First Name: MARGARET
 Middle Name:
 Last Name: BERMEL
 US Phone: (631)854-0097
 Extension:
 NON US Phone:
 Notes:
 Address Line 1: 3500 SUNrise Highway
 City: Great River
 State/Province: NY
 Country: UNITED STATES
 ZIP/Postal Code: 11739

Accounts Receivable POC

Optional Point of Contact:

Title:
 First Name:
 Middle Name:
 Last Name:
 US Phone:
 Extension:
 NON US Phone:
 Notes:
 Address Line 1:
 City:
 State/Province:
 Country:
 ZIP/Postal Code:

Government Business Alternate POC

Title:
 First Name: BARRY
 Middle Name:
 Last Name: PAUL
 US Phone: (631)854-0098

Extension:
NON US Phone:
Notes:
Address Line 1: SUFFOLK COUNTY DEPARTMENT OF HEALTH SERVICES
City: Great River
State/Province: NY
Country: UNITED STATES
ZIP/Postal Code: 11739

Electronic Business Alternate POC

Title:
First Name: Gary
Middle Name:
Last Name: Amato
US Phone: (631)854-0143
Extension:
NON US Phone:
Notes:
Address Line 1: 3500 Sunrise Highway
City: Great River
State/Province: NY
Country: UNITED STATES
ZIP/Postal Code: 11739

SAM | System for Award Management 1.0

IBM v1.863.20130412-1616

WWW7

Note to all Users: This is a Federal Government computer system. Use of this system constitutes consent to monitoring at all times.

