

**Application Package
for
Reimbursement to Local Governments**

- Line-By-Line Instructions for Completing Application
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- Application for Reimbursement to Local Governments for Emergency Response to Hazardous Substance Releases Under CERCLA Sec. 123 (**EPA Form 9310-1**) (**Duplicate as Needed**)

Line-By-Line Instructions for EPA Form 9310-1, Application for Reimbursement to Local Governments for Emergency Response to Hazardous Substance Releases Under CERCLA Sec. 123

Please type or print all sections of the application. If you need more space, attach additional pages and clearly identify the corresponding line number.

1. Local Government Identification

This section requests basic information about your local government or Tribe.

Line 1a: Identify the name of your local government (e.g., town, city, county, Tribe).

Line 1b: Indicate the name of the contact person for this request.

Line 1c: Indicate the daytime telephone number, including area code, of the contact person for this request.

Line 1d: Indicate the email address of the contact person for this request.

Line 1e: Indicate the official mailing address of your local government.

Line 1f: Identify the date the application for reimbursement is being filed. *If you are applying more than one year after completing the response, you must attach an explanation.*

2. Release Description

This section requests basic information about the release incident.

Line 2a: Indicate the date the release occurred or was discovered.

Line 2b: Identify the location where the release occurred. *If a street address is not applicable, reference major landmarks, surface or drinking water sources, cross streets, or prominent geographic features, as appropriate.*

Line 2c: Briefly describe the source or cause of the release (e.g., overturned truck, building or tire fire, abandoned waste, clandestine drug lab).

Line 2d: Identify the hazardous substance(s) released and the estimated quantity. *Be sure to indicate chemical names, when known, and units of measure.* Note that petroleum, crude oil, or any unspecified fractions thereof are excluded.

Line 2e: Briefly describe the specific threat(s) to human health and the environment represented by the incident (e.g., health threat posed by leaking cylinders of hydrogen fluoride, a highly corrosive and fatal hazardous substance when inhaled).

Line 2f: Attach additional materials pertinent to the release (e.g., police or fire department reports, or sampling results). *This information is not required; however, please attach if readily available.*

3. Response Description

This section requests basic information about your local government's response to the release incident.

Line 3a: Indicate the date when the response was initiated.

Line 3b: If known, indicate whether EPA, the National Response Center, or another agency was notified of the incident. Otherwise, leave this section blank. If another agency was notified, include the name. List the date for each agency contacted.

Line 3c: If EPA was notified, indicate which Regional Office was contacted. Otherwise, leave this section blank.

Line 3d: Indicate the date of response completion. *An applicant may consider a response complete when all field work has been completed and the local government has received all data, reports, and invoices for the response.*

Line 3e: Indicate the jurisdiction (e.g., town, city, county, or Tribe) in which the emergency response occurred.

Line 3f: Indicate whether your government is a participant in the Title III Emergency Response Plan.

Line 3g: Identify all agencies involved with the response and their jurisdictions. *Include any responders from neighboring communities.*

Line 3h: Briefly summarize all response actions related to the emergency response.

Line 3i: Briefly summarize the temporary emergency response measures that your local government would like to have reimbursed.

4. Cost Information

This section requests specific information about the costs incurred during the incident.

Line 4a: Indicate the total amount of local funds spent for the overall response. *Include all labor, special services, overtime, supplies, and equipment costs incurred by all local responders.*

Line 4b: Indicate the total amount of funds that your local government is requesting EPA to reimburse.

Line 4c: On Table 1 of the application, provide a detailed breakdown of costs that your local government is requesting EPA to reimburse. In the first column, describe the temporary emergency measures. *These entries should mirror those identified on Line 3i.* In the second column, identify the agency that incurred the cost. Use the cost element codes provided in Attachment 1 to complete the third column. In the fourth column, indicate the total dollar amount requested. Note that supporting documentation (e.g., invoices, sales receipts, rental agreements) must be attached to support each cost provided in Table 1.

Line 4d: On Table 2 of the application, document your efforts to recover costs from potentially responsible parties, your state, and your local government insurance. In the first column, provide the name and title of the source contacted. In the second column, identify the date(s) those sources were contacted. Provide a summary of the response in the third column. In column four, indicate whether you have attached details related to the cost recovery.

Line 4e: Provide additional financial data that will help EPA determine your local government's financial burden resulting from the incident. *This information is not required; however, please attach if readily available.*

5. Certifications and Authorization

This section requires an authorized signature to certify the information provided on the application.

Your local government's highest-ranking official (e.g., mayor, county executive) is required to sign the application. By signing the form, this official certifies that: all costs are accurate and were incurred specifically for this response; this reimbursement request does not supplant local funds normally provided for response; cost recovery was pursued; and if funds received from EPA are later recovered, the reimbursement will be returned to the Agency. *The highest-ranking official of the local government may delegate the authority to sign the application. If a delegate is used, you must enclose a letter of delegation.*

Filing Instructions

When should I submit my application?

A request for reimbursement must be received by EPA within one year of the date of completion of the response. If you submit your application late, you must include an explanation for the delay. Late applications will be considered on a case-by-case basis.

Where should I send my application?

To avoid delay in application processing, we strongly recommend submitting completed applications and supporting documents electronically to the following email address: LGR_Support@epa.gov.

If you cannot email your application, you may mail it to:

U.S. Environmental Protection Agency
Local Governments Reimbursement (LGR) Program
Mail Code 5104-A
1200 Pennsylvania Avenue
Washington, DC 20460

What can I do if my application needs to be amended?

If you file your reimbursement application and later become aware of any changes you must make to the incident or response description or costs incurred, you can send amended information to the email or address listed above.

What records must I keep?

If you receive a reimbursement from the Superfund, you must keep all records of costs, response activities, and release notifications shown on your application, as well as any worksheets used to figure these costs and the original cost documents, for a period of three years from the date the reimbursement was made. Three years after the date of reimbursement, if EPA has not begun a cost recovery action against a PRP, you may dispose of your records. You must notify EPA 60 days before your intent to dispose of the records.

What should I do if my address changes?

If the address provided on Line 1b of the application form changes after you file, notify the EPA Reimbursement Officer as soon as possible of your address change. This will enable EPA to reach you if additional information or clarification is needed to evaluate your application and will ensure timely receipt of a reimbursement if your application is approved.

Who can I contact if I need more information or help in completing my application?

For any questions about your application, contact LGR_Support@epa.gov. Additional information is also on the following EPA webpage: <https://www.epa.gov/emergency-response/local-governments-reimbursement-program>.

Application Checklist

Before you send this application:

- Make sure that your application form is correct and complete.
- Include receipts, invoices, or other documents to support **ALL** costs being requested for reimbursement.
- Attach all necessary supporting documentation or additional information you want to be considered.
- Coordinate your application with all other responding agencies and local governments involved in the incident. *Remember, EPA will award only one reimbursement request per incident.*
- Provide an explanation if your request is filed more than one year after the response was completed.
- Make sure the highest-ranking local government official or delegate signs and dates the application.
- Attach documentation (e.g., a letter of delegation) if the highest-ranking local government official delegates the authority to sign the application.
- Make a copy of the completed application, including any attachments, for your files.



**Application for Reimbursement
to Local Governments for
Emergency Response to Hazardous
Substance Releases Under CERCLA Sec. 123**

Form Approved

OMB No. 2050-0077

Exp. Date 10/31/26

This collection of information is approved by OMB under the Paperwork Reduction Act, 44 U.S.C. 3501 et seq. (OMB Control No. 2050-0077). Responses to this collection of information are voluntary (40 CFR Part 310). An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The public reporting and recordkeeping burden for this collection of information is estimated to range from eight to nine hours per response. Send comments on the Agency's need for this information, the accuracy of the provided burden estimates and any suggested methods for minimizing respondent burden to Director, Information Engagement Division, U.S. Environmental Protection Agency (2821T), 1200 Pennsylvania Ave., NW, Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed form to this address.

1. Local Government Identification

a. Name of Local Government

b. Contact Name

c. Telephone Number

d. Email Address

e. Official Address

f. Date of Application

2. Release Description

a. Date of Occurrence or Discovery

b. Location

c. Source or Cause of Release

d. Hazardous Substances Released and Quantity (petroleum, crude oil, or any unspecified fractions thereof are excluded)

e. Threats to Human Health and Environment

f. Attach any additional material pertinent to the release

3. Response Description

a. Date of HazMat
Response
Initiation

b. Was anyone notified of the response? If so, indicate the date contact was made.

EPA

NRC

Other, please specify:

Date:

Date:

Date:

c. EPA Region

d. Date of Response Completion

e. Jurisdiction in Which Response Occurred

f. Is your local government a participant in the Title III Emergency Response Plan?

(Check one)

Yes

No

g. Responding Agencies and Jurisdictions	
h. Summary of Response Actions	
i. Temporary Measures for Which Reimbursement is Sought	
4. Cost Information	
a. Total Response Cost \$	b. Total Reimbursement Requested \$
c. Complete and attach Table 1, "Detailed Cost Breakdown" d. Complete and attach Table 2, "Cost Recovery Summary" e. Attach other pertinent financial information	
5. Certification and Authorization (to be completed by highest-ranking official of local government) I hereby certify that: <ol style="list-style-type: none"> 1. All costs are accurate and were incurred specifically for the response for which reimbursement is being requested; 2. Reimbursement for costs incurred for response activities does not supplant local funds normally provided for response; 3. Cost recovery was pursued as presented in the attached Table 2; and 4. Reimbursement funds for which costs are later recovered will be returned to EPA. <p>I further certify that I am authorized to request this reimbursement and to receive funds from the Federal Government.</p> <p><i>Form 9310-1 is not considered complete unless it is signed by the highest-ranking official of the local government requesting reimbursement or the authorized representative indicated in an enclosed letter delegating signature authority for this application process.</i></p>	
Printed or Typed Name of Highest-Ranking Local Government Official or Authorized Representative*	Signature of Highest-Ranking Local Government Official or Authorized Representative*
Title	Date

Attachment 1 to Form 9310-1
Cost Element Codes for use in Table 1

Code	Cost category	Cost element	Comments
PC	Personnel Compensation	<p>PC1: Overtime—for services exceeding the local agency's standard workday or work week.</p> <p>PC2: Experts and consultants—for services rendered on a per diem or fee basis or for services of an intermittent, advisory nature.</p>	Compensation of overtime costs incurred specifically for a response will be considered only if overtime is not otherwise provided for in the applicant's operating budget.
TR	Transportation	<p>TR1: Passenger vehicle rental—for transportation of persons during evacuation.</p> <p>TR2: Non-passenger vehicle rental—for transportation of equipment or supplies.</p>	Passenger and non-passenger vehicle rental costs will be considered for private vehicles not owned or operated by the applicant or other unit of local government.
RC	Utilities	RC1: Utilities—for power, water, electricity and other services, excluding communications.	Utility costs will be considered for private utilities not owned or operated by the applicant or other unit of local government.
OS	Other Contractual Services	<p>OS1: Contracts for technical or scientific analysis—for tasks requiring specialized hazardous substance response expertise.</p> <p>OS2: Decontamination services—for specialized cleaning or decontamination procedures and supplies to restore clothing, equipment or other serviceable gear to normal functioning.</p>	May include such items as specialized laboratory analyses and sampling.
SM	Supplies and Materials	SM1: Commodities—for protective gear and clothing, cleanup tools and supplies and similar materials purchased specifically for, and expended during, the response.	May include such items as chemical foam to suppress a fire; food purchased specifically for an evacuation; air purifying canisters for breathing apparatus; disposable, protective suits and gloves; and sampling supplies.
EQ	Equipment	<p>EQ1: Replacement—for durable equipment declared a total loss because of contamination during the response.</p> <p>EQ2: Rent—for use of equipment owned by others.</p>	<p>Equipment replacement costs will be considered if applicant can demonstrate total loss and proper disposal of contaminated equipment.</p> <p>Equipment rental costs will be considered for privately owned equipment not owned or operated by the applicant or other unit of local government.</p>

Table 1
Detailed Cost Breakdown

Attach supporting documentation (e.g., invoices, sales receipts, rental agreements)

Temporary Emergency Measure	Cost Incurred By	Cost Element (See Attachment 1)	Amount Requested

Table 2
Cost Recovery Summary

*A Cost Recovery Summary must accompany each request for reimbursement.
You must fill out each section of this form.*

Name and Title of Source Contacted	Date(s) Contacted	Brief Summary of Response	Details Attached (Yes/No)
Attempts to Recover Costs from Potentially Responsible Parties (including PRP insurance) <hr style="border-top: 1px dashed black;"/>			
Attempts to Recover Costs from State Funding Sources <hr style="border-top: 1px dashed black;"/>			
Attempts to Recover Costs from Local Government Insurance <hr style="border-top: 1px dashed black;"/>			