



STATE ASSURANCE FUND Direct Payment Request

(updated May 2006)

WHEN TO USE: The Direct Payment Request is the required format for an Eligible Person (Applicant) to submit costs for implementing an ADEQ-Approved State Assurance Fund (SAF) Preapproval application.

When submitting costs for activities that were preapproved, the Applicant may also include those activities and associated costs that were not included in the Preapproval, but meet the requirements of A.R.S. §49-1054(C).

If the Direct Payment Request includes activities and costs that are not preapproved, these costs will be evaluated using the Schedule of Corrective Action Costs that was used when the applicable preapproval application was approved by the Department and in accordance with A.R.S. § 49-1054(C)(1) and (C)(2).

In addition to the content specified within, use of black or dark blue print on white 8.5" by 11" paper is required for the application form. Additional information provided to document claimed corrective actions (i.e. drawings, blue prints, site plans, etc.) may be presented in other formats.

THIS APPLICATION INCLUDES:

- DP-1. The Direct Payment Request Form**, which is required to be completed.
- DP-2. The Primary Provider Invoice Checklist**, which is required to be completed.
- DP-3. The Cost Work Sheet**, which is required to be completed.
- DP-4. The Table of Substitution**, which is required if the Direct Payment Request includes a request for evaluation under A.R.S. §49-1054(C)(1) or (C)(2) for costs that were not preapproved.
- DP-5. The Supplemental Cost Work Sheet**, which is required if the Direct Payment Request includes a request for evaluation under A.R.S. §49-1054(C)(2), for costs that would cause an exceedance of the total preapproved amount.
- DP-6. The Summary of Work Form**, which is required.

**ARIZONA DEPARTMENT OF ENVIRONMENTAL QUALITY
STATE ASSURANCE FUND**

(DP-1) DIRECT PAYMENT REQUEST

Mail or hand deliver one original and one copy of this completed Direct Payment Request form and all attachments, except any tax return or other financial information is to be attached to the original only, to the below address:

ARIZONA DEPARTMENT OF ENVIRONMENTAL QUALITY
SAF Administrator
Mail Code 4415B-3
1110 West Washington Street
Phoenix, AZ 85007

ADEQ received stamp:

SECTION I – ELIGIBLE PERSON (APPLICANT) INFORMATION:

A. Name of Applicant: _____

B. Mailing address: _____
(street, city, state, zip code)

C. Telephone No.: _____ Telefax No.: _____ E-Mail: _____

D. Department Assigned Identification (Owner ID) No.: _____

E. Applicant Status (check all that apply):

- Owner - A.R.S. § 49-1001.01 Volunteer - A.R.S. § 49-1052 (I)
 Operator - A.R.S. § 49-1001(9) Political Subdivision - A.R.S. § 49-1052 (H)

F. Applicant contact person (if different from the Applicant identified above):

1. Name and Relationship to the Applicant: _____

2. Telephone No.: _____ Telefax No.: _____ E-Mail: _____

3. Mailing address: _____
(street, city, state, zip code)

SECTION II - FACILITY INFORMATION

- A. ADEQ assigned facility identification no.: 0-0
- B. Facility name: _____
- C. Facility address: _____
- D. LUST¹ file no.: _____
 Release Number(s)²: _____

Footnotes for Section II:

- 1: LUST file number – Leaking Underground Storage Tank (LUST) file number, this refers to the ADEQ assigned four digit number associated with the release(s) confirmed at the site.
- 2: Release number(s) – refers to the ADEQ assigned number that follows the four digit LUST number (ex: .01)

NOTE: If costs associated with more than one release are claimed on this Direct Payment Request, the applicant must complete the “Multiple Release Allocation” table in Section III below (if additional lines are required, please attach a separate table set up in the same format):

SECTION III – APPLICATION SPECIFIC INFORMATION

A. This percentage split represents the best estimate of how costs claimed on this application should be allocated to each release based on corrective actions associated with each release:

Release No.	Percentage Allocated for this Release
Total	Must equal 100%

NOTE: Releases reported on or after July 1, 2006 are not eligible for coverage from the SAF.

- B. This Direct Payment Request is submitted against ADEQ-Approved Preapproval application no.: _____
- C. If the amount requested is less than \$5,000; please check the appropriate box:
 - this is the final application for the release
 - this is the final direct payment request against the preapproval for the release
 - this is the final application submitted by the applicant on or before June 30, 2010.

SECTION III – APPLICATION SPECIFIC INFORMATION (Continued)

- D. This is the last Direct Payment Request to be submitted against the Preapproval Application identified in Section III (B): Yes No

If this is the last Direct Payment Request to be submitted against the Preapproval Application identified in Section III (B), by signing the certification statement in Section VIII of this Direct Payment Request, authorize ADEQ to close the Preapproval Application and, after all payments approved for this Direct Payment Request have been determined, waive any current or future claim made by any person for corrective actions and associated costs preapproved under that Preapproval Application.

- E. This Direct Payment Request includes Form DP-4 (Substitution and Waiver):
 Yes No
- F. This Direct Payment Request includes Form DP-5 (Request for evaluation under A.R.S. ● 49-1054(C)(2), for costs that would cause an exceedance of the total preapproved amount):
 Yes No

SECTION IV – APPLICATION SPECIFIC FORMS

To complete this section, the following forms must be completed:

- DP-2. Primary Provider Invoice Checklist
- DP-3. Amount Claimed Summary Worksheet
- DP-6. The Summary of Work Form

(The following forms are only required if the Applicant is requesting these evaluations)

- DP-4. Substitution Request and Waiver Request:
If this application includes costs claimed under A.R.S. ● 49-1054(C)(1), then the Table of Substitution must be completed.
- DP-5. Request for Evaluation under A.R.S. ● 49-1054(C)(2):
If this application includes costs claimed under A.R.S. ● 49-1054(C)(2), then the Supplemental Worksheet must be completed.

SECTION V – FINANCIAL NEED PRIORITY RANKING NOTIFICATION

- ☐ I waive my right to have a financial need evaluation completed for this application.
- ☐ Notify me if ranking of SAF payment may be necessary so that I may provide necessary financial information.

SECTION VI - CORRECTIVE ACTION SERVICE PROVIDER INFORMATION

A. Corrective Action Service Provider (firm): _____

1. Contact Person: _____

2. Telephone No.: _____ Telefax No.: _____ E-Mail: _____

3. Mailing address: _____
(street, city, state, zip code)

SECTION VII – APPLICATION CONTENTS

This Direct Payment Request consists of one original and one complete copy of the Direct Payment Request form and all of its attachments, which are:

☞ Form DP-2;

☞ Form DP-3;

☞ Primary Service Provider invoice(s);

☞ Sub-Contractor invoice(s);

☞ Proof of Payment(s) if applicable, or SAF Affidavit (Proof of Payment);

☞ IRS Form W-9 for warrant payee

(Please note, if the payee is not the Eligible Person, this is authorization for the Arizona Department of Environmental Quality to make payment from the SAF to the person indicated above and constitutes a waiver by the Eligible Person to any claim the Eligible Person may have to any costs of eligible activities approved on this Direct Payment Request.);

☞ Form DP-6;

☞ Form DP-4 if applicable; and,

☞ Form DP-5 if applicable;

SECTION VIII - CERTIFICATION STATEMENT: APPLICANT

Instructions: This certification statement must be signed by the Applicant and any Designated Representative of the Owner or Operator. If the Owner or Operator has appointed a Designated Representative, a copy of the document executing the designation must be attached to the Direct Payment Request. All signatures, including that of the Notary, and the Notary embossment or stamp must be original. No reproduced or copied signatures will be accepted. The entire Certification, signatures and notarization, unaltered from the ADEQ form, must be on one page.

All paragraphs of this certification, except Paragraphs 3 and 4, apply equally to the Applicant and the Designated Representative. **Paragraphs 3 and 4 apply only to an Applicant who is the UST owner or operator.**

CERTIFICATION STATEMENT: APPLICANT

1. I hereby certify that I have reviewed the attached invoices in the amount of \$ _____ which is the total amount claimed on this Direct Payment Request.
 I hereby certify that all costs claimed in this Direct Payment Request have been incurred by me for work actually performed.
 I hereby certify that all costs claimed in this Direct Payment Request have been paid by me, or, if payment is directed to the Corrective Action Service Provider, I have paid or agreed to pay any copayment amount not paid from the State Assurance Fund as demonstrated in an existing agreement.
 No costs claimed in this Direct Payment Request are costs that have been previously paid from the Assurance Account.
 No costs claimed in this application have been previously claimed unless they are identified in the attached "Notice of Withdrawal" form (#W-3 and/or #W-4).
 I hereby waive any current or future claim for preapproved costs of work item(s) that are set forth on form DP-4. Further, I affirm that any costs of work item(s) that are submitted on form DP-5 and approved as meeting the requirements of A.R.S. § 49-1054(C)(2) that cannot be paid upon approval due to insufficient monies in the Assurance Account will be deferred for payment in accordance with A.R.S. § 49-1052(G).
2. To the best of my knowledge and belief, I hereby certify that neither naphtha nor kerosene-type jet fuel has been placed in any UST that is a subject of this Direct Payment Request.
3. **This item applies only to Owners and/or Operators of any UST that is the subject of this Direct Payment Request:** I hereby certify that the tax imposed under A.R.S. Title 49, Chapter 6, Article 2 has been paid, in accordance with that Article, for each gallon of hazardous substance described in A.R.S. § 49-1001(14)(b) that has been placed in any UST that is a subject of this Direct Payment Request.
4. **This item applies only to Owners and/or Operators of any UST that is the subject of this Direct Payment Request:** I hereby certify that I have received \$ _____ of benefits or reimbursement from any insurance coverage that has been applied to the costs of the corrective action for the release that is the subject of this Direct Payment Request. I hereby certify that all insurance coverage that is available to cover the costs of the corrective action for the release that is the subject of this Direct Payment Request has been disclosed to the Department and that I am in compliance with all Financial Assurance requirements pursuant to Arizona Revised Statutes (A.R.S.) § 49-1006 and Arizona Administrative Code Title 18, Chapter 12, Article 3. I hereby certify that no payment has been or will be received from any insurance or any other financial assurance mechanism by me or my consultant, representative, or agent for the costs of corrective actions that are the subject of this Direct Payment Request. I will report and remit, within 30 days, to the Department any payment or reimbursement from insurance to me or my consultant, representative or agent for corrective action costs that are a subject of this Direct Payment Request which have been paid or approved for payment.
5. I hereby certify that I have not been convicted of fraud relating to performance of eligible activities or any claim to the Assurance Account.
6. I hereby certify, under penalty of perjury, that all facts and statements set forth as part of this Direct Payment Request and all attachments are true, accurate and complete to the best of my information and belief.

I direct ADEQ to make payment of all approved costs on this Direct Payment Request as follows:

Name(s) to appear on the payment warrant: (please specify individual name, company or organization):

Address where warrant is to be sent (street, city, state, zip code):

S.S.N.

E.I.N.

Social Security Number or Employer Identification (Federal Tax) Number of payee. Attach completed IRS Form W-9 for payee.

_____ Signature of Applicant
_____ Printed Name
_____ Relationship to Eligible Person

Sworn to and subscribed this: ____ day of _____, 20____	
_____ Notary Public Signature	_____ My commission expires
County of _____, State of _____	

**SECTION IX - CERTIFICATION STATEMENT:
CORRECTIVE ACTION SERVICE PROVIDER**

Instructions: This certification statement must be signed by the Corrective Action Service Provider Supervising, managing or performing the eligible activities that are a subject of the Direct Payment Request. All signatures, including that of the Notary, and the Notary embossment or stamp must be original. No reproduced or copied signatures will be accepted. The entire Certification, signatures and notarization, unaltered from the ADEQ form, must be on one page.

1. I hereby certify that I have managed, supervised and/or performed the corrective action work that is the subject of this Direct Payment Request.
I hereby certify the invoices submitted with this Direct Payment Request result directly from the actual performance of the eligible activities that are the subject of this Direct Payment Request and represent the actual costs incurred for performance of such eligible activities.
2. I hereby certify that all corrective actions that are a subject of this Direct Payment Request were performed in accordance with the applicable requirements of the Arizona Board of Technical Registration and all eligible activities that are a subject of this Direct Payment Request were performed in accordance with the requirements of the Arizona Registrar of Contractors.
3. I hereby certify that neither I, as the corrective action service provider or as an individual, nor any individual registrant of the Arizona Board of Technical Registration associated with the eligible activities that are a subject of this Direct Payment Request have been convicted of fraud relating to performance of any eligible activities or any claim to the Assurance Account.

Service Provider's Signature

Printed Name/Title

Company Name

Sworn to and subscribed this: ____ day of _____,
20__

Notary Public Signature

My commission expires
County of _____ . State of _____

COMMON ISSUES IDENTIFIED DURING PROCESSING OF DIRECT PAYMENT REQUESTS:

1. Certification Statement not signed by the applicant and not notarized.
2. Amount claimed on Certification Statement does not match amount claimed on the Work Sheet.
3. No/Inadequate proof of payment.
4. Outdated applicant contact information.
5. Activities and costs claimed cannot be linked to documentation on file at ADEQ.
6. Report that documents activities claimed is not on file with ADEQ.
7. Missing primary provider invoice check list for each primary provider.
8. Rates claimed on Cost Work Sheet are not supported by invoice detail.
9. Incomplete Worksheet (missing codes, missing unit rates, etc.).
10. Inadequate detail for costs claimed.
11. Missing invoices and receipts to support costs claimed.
12. Cost Work Sheet does not include preapproval line numbers.