BR
AC

Brownfields Redevelopment Access to Capital Program

Program Eligibility Form

Insured Party Name(s) _____

Site Location _____

_____

(Use additional sheets if necessary)

The information requested below is being collected by Massachusetts Business Development Corporation (MassBusiness), as agent for the Commonwealth of Massachusetts, to qualify your project to obtain a subsidy of the cost of environmental insurance purchased from designated program providers, and to allow for the evaluation of the public and economic development benefits of the project and the BRAC Program. Payment of any subsidy amount for which the project may be eligible, will be deferred until such time as all requested information has been provided.

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1. *Please indicate the total amount expended (or to be expended) for the **purchase** of the site. $* _____

2. *Please indicate the amount expended, or to be to be expended for **development** of the site. $* _____

3. *What was the prior use of the insured property?* _____

   _____

4. *What is the planned use of the insured property? **(If housing please indicate type and # of units**)* _____

   _____

5. *Estimate the number of **permanent** jobs (not including cleanup or construction) that will be created and/or retained at the site as a result of the project.*

   Jobs created _____ *Jobs Retained* _____

6. *List the source(s) and amount(s) of **all** financing being used for the purchase, environmental assessment, remediation, development or redevelopment of the site, or to purchase environmental insurance.*
   (Use additional Sheets if necessary)

   _____

   _____

7. *List **all** BRAC qualified insurance companies to whom you have applied for environmental insurance.*

   _____ _____ _____ _____

8. *For what types of insurance are you applying? **(Check all that apply)***

   Liability _____ *Cleanup Cost* _____ *Lender Coverage* _____ *Other* _____

10. *Attach "Conclusions" from a recent Environmental Site Assessment report and/or other information concerning the environmental conditions at the site. **(Form cannot be processed without this information**)*

11. ***Provide an estimate of the cost of environmental remediation that…***
    is to be conducted at the site $_____ or,

    was previously conducted at the site $ _____ .

Signed _____ Date _____

Please FAX, mail or E-mail this form and any attachments to:
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(E-mailed responses do not require signature)