

Instructions for ELTF State Form 56424

Excess Liability Trust Fund Claims Application (Phase Approach)

IMPORTANT: Do not save a copy of this form for future use. This form is updated regularly to account for changes in personnel and mileage rates. Please download the current revision from the [IDEM Forms](#) webpage prior to completing each application. **Claims submitted on outdated forms may be subject to administrative denial.**

This application should be completed for any costs incurred on or after January 1, 2018. Resubmittals of costs, denied prior to January 1, 2018, may also be included. Subsequent costs that were incurred prior to January 1, 2018, but that have not yet been submitted for reimbursement should be submitted using the previous version of the ELTF Claims Application (State Form [47139](#)).

Table of Contents

Completing the Cost Claim Application

Section 1-2: Applicant / Eligible Party	page 2
Section 3-4: Site Information / Reimbursement Requests.....	page 3
Total Costs for the Claim / Total Resubmitted Costs.....	page 4
Section 5: Claim Preparer Contact / Phases Requested.....	page 4
Section 6: Signature Block	page 5
General Guidance on Excel Application.....	page 5

Completing Proof of Payment

Cancelled Checks.....	page 6
Affidavit (if applicable)	page 6

Invoice Summary

Subsequent Costs.....	page 6
Resubmittal Costs.....	page 6

Completing the Pay Requests

Subsequent Pay Requests.....	page 7
Resubmittal Pay Requests.....	page 9

Preparing the PDF Claim Application

Generate PDF from Excel Workbook.....	page 10
Claim Application Assembly.....	page 10
Submittal Instructions.....	page 11

Completing the Cost Claim Application

- ❖ This is an Excel macro-driven form, and the user must **Enable Content** to access features.
- ❖ Documentation of reimbursable costs must be submitted as part of the application. The administrator may request additional information and records to substantiate costs submitted including the following:
 - A copy of original employee time sheets.
 - Invoices relating to purchase or other acquisition of equipment and supplies used for corrective action.

Section 1 – Applicant

The entity listed in this section will be issued reimbursement. Information provided here should exactly match the information registered with the Indiana State Comptroller. Applicant contact information is required to be included in each claim application, including a valid email address.

If an Applicant is applying in their personal capacity, an SSN must be used. Enter **only** the last four digits in the SSN box and not the Tax ID box. **Do not include complete social security numbers on any portion of the application or backup documentation.**

- **Assignment of Rights (AOR)**

An AOR is required when someone other than the eligible party, such as a consultant, is the applicant requesting reimbursement.

- In accordance with 328 IAC 1-5-1(b), the assignor of rights (eligible party) or their attorney in fact, must sign the application in addition to the assignee of rights.

- **Power of Attorney (POA)**

A POA is required when a person signs the application on behalf of the eligible party.

Section 2 - Eligible Party

On July 1, 2016, the term “eligible party” as defined by IC 13-11-2-62.5 was created by statute to define those entities who may access the Fund. If an eligible party is also the applicant, the eligible party and applicant fields should match. If the applicant is a consulting firm or other entity that is applying to the fund under a valid assignment of rights, the eligible party is the entity that assigned that right to the applicant. Eligible Party contact information is required to be included in each claim application, including a valid email address.

IC 13-11-2-62.5 "Eligible party"

Sec. 62.5. "Eligible party", as used in IC 13-23, means any of the following:

- (1) An owner, as defined in IC 13-11-2-150.
- (2) An operator, as defined in IC 13-11-2-148(d) and IC 13-11-2-148(e).
- (3) A former owner or operator of a UST or AST.
- (4) A transferee of property upon which a UST or AST is located.
- (5) A transferee of property upon which a UST or AST was located but from which the UST or AST has been removed.

As added by P.L.96-2016, SEC.2. Amended by P.L.176-2023, SEC.9.

Section 3 – Site Information

- Facility Identification Number (FID)
- Name of Facility

The “LUST Incident Number” provided should be an eligible release associated with the costs being requested for reimbursement.

Section 4 - Reimbursement Requests

Select the checkbox(es) that best represents the costs being submitted for reimbursement:

- **Subsequent Claim Application**
No costs requested in the claim application have been previously submitted.
- **Subsequent Claim Application and Resubmittal of Disallowed Costs**
Claim includes new costs and previously disallowed costs.
- **Resubmittal Only – *must be a “Final Claim”***
Claim includes only previously disallowed costs.
- **Complete Claim Resubmittal**
Claim was previously submitted and administratively denied.
- **Third Party Claim**
The Office of the Attorney General must approve any reimbursement from ELTF relative to a third-party claim. **Proof this claim has been sent to the Indiana Attorney General must be submitted.** When submitting a third-party claim, it is only necessary to complete page one and two of the application. For further details, see IC 13-23-9-3 and 328 IAC 1-6-1.

IC 13-11-2-63.7 "ELTF indemnity claim"

Sec. 63.7. "ELTF indemnity claim", as used in IC 13-23, means any ELTF claim for the indemnification of a third party.

As added by P.L.96-2016, SEC.6

- **Final Claim**
All subsequent costs have been submitted to date. Last claim submitted after the NFA has been issued, or the final claim submitted by a particular eligible party or consultant. Costs disallowed in a “Final Claim” may be resubmitted, as allowed by 328 IAC 1-5-1(d).
- **Subsequent Claim Containing Pre-Approved Costs (State Form 51955)**
Claim includes costs that have been pre-approved by IDEM. To promote efficient claim review, a copy of the Scope of Work Approval should be included with the claim.

Total Costs for the Claim & Total Resubmitted Costs *(if applicable)*

Using the Grand Totals from the *Invoice Summary* tab, complete the applicable total requested amounts for:

- **Total Costs Requested** – include both subsequent and resubmitted costs
- **Total Resubmitted Costs** – include resubmitted costs only *(if applicable)*

Total Costs Requested Below Five Thousand (\$5,000):

A single claim application **may not be submitted for less than \$5,000** unless the claim is at least one (1) of the following:

- a “Final Claim” and indicated on the application as such
- a claim for costs incurred over one hundred eighty (180) days from the date of the previous claim
- a claim made within fifteen (15) days of an eligible release being categorized to a lower category, with one (1) being the highest category, under 328 IAC 1-4
- an eligibility claim requesting zero dollars

Section 5: Claim Preparer Contact Information

Enter the person who prepared this application. A valid e-mail address and phone number should be included. IDEM may contact this person with questions regarding the claim submittal.

Period of Work Performed

Provide the period of costs incurred (month/date/year) this claim covers in the fields provided.

Phases Requested for Cost Evaluation

❖ **IMPORTANT: Phases requested for reimbursement must be check-marked for the appropriate categories to be selected in each pay request.** Identify all phases of work associated with the costs included in the claim.

<i>Phases Requested for Cost Evaluation: (check applicable phases)</i>	
<input type="checkbox"/>	Immediate Response <i>(Costs for initial abatement. Costs for emergency measures with applicable "Confirmation of Emergency Response Status" form signed by appropriate IDEM representative.)</i>
<input type="checkbox"/>	Site Characterization and Corrective Action Plan Development <i>(Costs for ISC, FSJ, ERC, Pilot Study, and CAP Development.)</i>
<input type="checkbox"/>	Corrective Action Plan Implementation <i>(Costs for Excavation, Enhanced Bioremediation, Vac Events, and Remediation)</i>
<input type="checkbox"/>	Groundwater Monitoring and Remediation System O & M <i>(Costs for Monitoring and/or O&M requested by quarter.)</i>
<input type="checkbox"/>	Closure <i>(Costs for NFA reporting, System Decommissioning and Well Abandonment.)</i>

- The **Nonrule Policy Document (NPD) task-based rates** do not require a specific phase to be selected, as referenced above. To claim specific NPD task-based rates, select the *NPD Task Based Rates* checkbox on an applicable subsequent pay request.

Private Insurance

Select the applicable checkbox (Yes or No) if private insurance may cover costs associated with this release.

If yes – provide the name of the insurance company and policy number in the fields provided.

Section 6: Signature of Eligible Party, Attorney in Fact, or Assignee of Rights

The applicant must be an eligible party or a valid assignee of rights. If applicable, a copy of the AOR must be included with each claim.

The signature of the eligible party is required unless there is a valid Power of Attorney authorizing someone else to sign on their behalf. A copy of this POA must be included with each claim.

If the AOR or POA has been modified or amended, a current copy must be attached. Persons that have been assigned rights and also have appropriate power of attorney should sign both signature blocks.

General Guidance on “Application” Tab of Excel File

- Provide complete information as requested on the Application tab in the Excel file.
- No calculations or excel functions should be altered or modified on this electronic form.
- If an SSN must be used, enter the last four digits in the SSN box and **not** the Tax ID box. This data pulls directly into accounting information for the State Comptroller and incorrect data will cause delays in payment.
- All applicants must be registered with the State Comptroller and the applicant’s information provided must exactly match the information on file with the Comptroller relating to that specific SSN or Tax ID. To verify registration with the State Comptroller, please email purchasing@idem.in.gov and provide the name and the Tax ID number or last four digits in the SSN for confirmation.

❖ Any missing or incorrect information provided on the application may result in delays, denial of costs, or complete administrative denial

Completing Proof of Payment

Cancelled Checks:

If using cancelled checks include copies of the cancelled checks as part of your application submittal. IDEM reserves the right to request cancelled checks as proof of payment at any time. If submitted, **redact all sensitive information, including account and routing numbers.**

Affidavit – Page 3 (If applicable):

The Affidavit must be included with the application if cancelled checks are not included as proof of payment. The Affidavit must be completed in its entirety and be properly notarized.

Invoice Summary

Complete data input on the *Invoice Summary* for the following items: The other items will auto populate from data entry on other pages/tabs of the Excel file.

The first set of rows are **Subsequent Costs.** (*Costs not previously submitted*)

- **Name of Vendor:** Enter the vendor/contractor from the invoice.
- **Invoice Number:** Enter the invoice number from the invoice. This number should be specific and not be altered if resubmitted in a future claim.
- **Invoice Date:** Enter the date of the invoice (*mm/dd/yyyy*).
- **Total Invoice Amount:** Enter the total invoice amount.
- **Requested Amount:** Enter the amount of the invoice requested for reimbursement.
- **Proof of Payment:** Indicate the type of proof for each invoice requested for reimbursement.
- **Scope of Work (if applicable):** Enter the date pre-approval was issued by IDEM.

The second set of rows are for **Resubmittal Costs.**

- Follow the same instructions above.
- Enter each invoice, one row at a time, until all the invoices for this claim have been entered on the invoice summary.

Use the *Grand Totals* and *Resubmittal Total Amount (if applicable)* to complete the following fields in **Section 4** of the application:

68	Enter the Total Costs for the Claim from the Attached "Pay Requests" (<i>including resubmitted costs if applicable</i>)	Enter the Total Resubmitted Costs (if applicable)
69	\$	\$

Subsequent Pay Request(s)

Select the appropriate cost-type on the right-hand side of the pay request, as necessary, based on the backup invoice. There should be one invoice per pay request.

Immediate Response	Site Characterization and CAP Development	CAP Implementation	GW Monitoring and/or Remediation System O&M	Closure
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<input type="checkbox"/> Immediate Response	<input type="checkbox"/> ISC \$0.00 <input type="checkbox"/> FSI \$0.00 <input type="checkbox"/> ERC \$0.00 <input type="checkbox"/> Pilot Study \$0.00 <input type="checkbox"/> CAP Development \$0.00	<input type="checkbox"/> Excavation \$0.00 <input type="checkbox"/> Enhanced Bioremediation \$0.00 <input type="checkbox"/> Vac Event \$0.00 <input type="checkbox"/> Remediation System \$0.00 <input type="checkbox"/> Remediation System Rebuild \$0.00 <input type="checkbox"/> CAPI Report \$0.00	<input type="checkbox"/> Monitoring \$0.00 <input type="checkbox"/> O&M with Approved System <input type="checkbox"/> 1st QTR \$0.00 <input type="checkbox"/> 2nd QTR \$0.00 <input type="checkbox"/> 3rd QTR \$0.00 <input type="checkbox"/> 4th QTR \$0.00	<input type="checkbox"/> Final NFA Report \$0.00 <input type="checkbox"/> System Decommissioning \$0.00 <input type="checkbox"/> Well Abandonment \$0.00

❖ **IMPORTANT:** To select a cost-type within a specific phase of work, the associated phase must be check-marked in **Section 5: Phases Requested for Cost Evaluation**.

For example, to request costs incurred for a Quarterly Groundwater Monitoring event, the phase “Groundwater Monitoring and Remediation System O&M” should be marked on the *Application* tab in Section 5. Specific to quarterly monitoring events – select the appropriate year from the dropdown box and then select the respective quarter of the sampling event. Record the personnel hours and other costs in the appropriate area of the pay request.

For monitoring events and most phases of work, the costs are divided into the following segments: 1) *Planning, Preparation, and Follow-up Costs (Office)*, 2) *Field Costs*, and 3) *Report Writing Costs*. All monitoring costs, by event, should appear in one segment of the pay request. If multiple monitoring events are included on the same invoice, the costs need to be divided into the appropriate event. Please note, this form will only allow an applicant to request up to the maximum allowed amount for personnel hours and other maximum amounts pursuant to **328 IAC 1-3-5** and *Nonrule Policy Document WASTE-0078-NPD*.

Nonrule Policy Document Task Based Rates

To claim specific NPD task-based rates, select the *NPD Task Based Rates* checkbox on an applicable subsequent pay request.

NPD Task Based Rates

Only utilize “**Other**” (**markup & not markup eligible**) costs when the costs requested for reimbursement are not listed in the line items provided. Please identify the requested “Other” costs on the associated invoice(s). List all combined costs as a number string in the “Unit Cost” field of the Pay Request. Do not alter the pay request to add lines.

The ELTF Rule allows up to a **10% mark-up** for certain items. Only one (1) markup may be taken on any item. A markup of no more than 10% of the unit rate or the lowest bid may be reimbursed **except for the following:**

- Travel costs, including mileage, per diem, and lodging.
- Personnel costs, not including labor rates for subcontractors.
- Utilities for temporary facilities.
- Governmental administrative fees for local, state, or federal permits.

General: Subsequent (1), S2, S3, S4...

- Complete a separate pay request for each invoice requested for reimbursement. Progress billings, however, may be combined onto one pay request. There is a limit of 15 subsequent pay requests per claim.
- Select the cost-type(s) being requested under the corresponding phase(s) check-marked previously under *Section 5: Phases Requested for Cost Evaluation*. An outline of optional line-item costs will populate. Only utilize line items for incurred costs associated with an accompanying invoice.
- Each pay request total should be equal to or less than the associated invoice(s) requested for reimbursement. Costs in excess of the incurred/invoiced costs and/or requested in a resubmittal pay request in excess of the original amount are not eligible for reimbursement.
- **Do not alter this form in any way, including deleting or adding lines.**

Claim Preparation: This task consists of personnel time for the preparation and submittal of a reimbursement claim to the ELTF. This task-based rate is limited to one submittal per quarter for an incident.

Rounding Adjustment: This line has been added so any nominal increase or decrease in requested costs, due to rounding, can be accounted for. This line should only be used if the *Grand Total* amount does not match the total costs as specified on the invoice(s), in which case positive or negative adjustment is necessary and should be entered here. Negative adjustment is indicated when the amount entered is in parentheses, such as, if a negative adjustment of five cents is required, enter (0.05).

Resubmittal Pay Request(s)

To resubmit a cost for reimbursement consideration, refer to the associated claim *Cost Review Summary*, found following the claim reimbursement letter. Include all documentation marked up by IDEM, along with any newly requested and previously submitted backup materials necessary to substantiate the disallowed costs. Providing relevant backup, including previously provided documentation, ensures the most accurate review of costs. *Missing documentation in claim submittals may result in continued denial of costs.*

Complete data input on the Resubmittal Pay Request(s) for the following items:

- **Claim Number:** The last digit in the unique claim ID granted by IDEM in the original submittal of the costs being resubmitted. Include all previous claim numbers in which this individual cost has been submitted.

Example: “203510501-6”, would be claim #6.

CLAIM NUMBER	ITEM NUMBER
6	1-1

➔ **2nd submittal of costs**

Figure shows resubmittal of item number (1-1) previously disallowed in claim #6.

CLAIM NUMBER	ITEM NUMBER
6,7	1-1

➔ **3rd submittal of costs**

Figure shows resubmittal of item number (1-1) previously disallowed in claim #6 and disallowed again in claim #7.

❖ **IMPORTANT:** Individual costs may be submitted **up to three times**, including the initial submission. Costs submitted more than three times are not eligible for reimbursement.

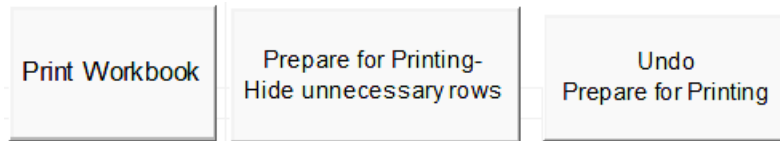
- **Item Number:** The unique number ID associated with a specific line-item denial. This number can be found on the “Item Number” column of the *Cost Review Summary* worksheet.
- **Reason(s) for Reconsideration of Denied Cost(s):** Provide a description of why the costs should be considered. If additional proof or documentation is required, please label these attachments with the *Item Number* and *Resub Claim Number* from the *Cost Review Summary*.
- **Attachments:** Include the unique reference number for any additional information or documentation required to support the reconsideration of costs.
- **Amount Denied:** The total amount denied for a particular item number.
- **Amount Requested:** The total amount requested for a particular item number. This number should be equal to or less than the total amount denied. For example, if costs are not eligible for reimbursement they should not be requested again. Costs requested in a resubmittal pay request more than the original amount are not eligible for reimbursement.

Item Number	Resub Claim Number
1-1	6

Cost Review Summary

Preparing the PDF File

Once the excel application form has been filled out, navigate to the *Application* tab,



- **Prepare for Printing** to hide empty rows.
- (If necessary) **Undo Prepare for Printing** to restore empty rows.
- When complete click **Print Workbook** to generate a PDF file.

Assemble the Claim Application

Please organize the following documents in this order:

1. **Application** (Page 1 & 2 – signed)
2. **Affidavit** (signed and properly notarized)
3. **Assignment of Rights** (if applicable)
4. **Power of Attorney** (if applicable)
5. **Invoice Summary**
6. **IDEM Scope of Work Pre-Approval** (if applicable)
7. **Previously Submitted Costs** (if applicable)
 - 7.1 Resubmittal Pay Request
 - 7.2 IDEM *Cost Review Summary* of denied costs being resubmitted
 - 7.3 Subsequent Pay Request marked up by IDEM
 - 7.4 Justification for task-based rate (NPD) overage / backup documentation to substantiate costs, as requested in reason for denial
 - 7.5 Repeat 7.1 – 7.4 for each resubmittal pay request
8. **Subsequent Costs Submittal**
 - 8.1 Subsequent Pay Request
 - 8.2 Contractor / consultant invoice
 - 8.3 Subcontractor invoices / receipts
 - 8.4 Justification for task-based rate (NPD) overage / other appropriate backup to substantiate costs
 - 8.5 Repeat 8.1 – 8.4 for each subsequent pay request

❖ ***Assembling the claim package in this order ensures the most accurate review of costs***

Submittal Instructions:

- Submit ELTF claim applications electronically via email to ELTFQuestions@idem.in.gov.
- Please submit one PDF copy and one Excel file (in XLSX format).

The email / documents should be labeled as follows:

- **Email Subject Line:** *ELTF Claim: Incident #*(XXXXXXXXXX)
- **Document Name:** *ELTF_*(Incident #)_*(yyyymmdd)*