



**COMMUNITY HEALTH CENTER OF RICHMOND, INC.
NARRATIVE INFORMATION SHEET
EPA FY26 BROWNFIELD CLEANUP GRANT PROGRAM**

1. Applicant Information

Community Health Center of Richmond, Inc.
439 Port Richmond Avenue
Staten Island, New York 10302

2. Funding Requested

- a. Grant Type: Single Site Cleanup
- b. Federal Funds Requested: **\$3,914,713**

3. Location

- a. City: Staten Island
- b. County: Richmond County
- c. State: New York

4. Property Information

21 Grove Avenue
Staten Island, New York 10302

5. Contacts

- a. Project Director
Dr. Henry Thompson, FACHE
Chief Executive Officer
Phone: (718) 924-2254
Email: hthompson@chcrichmond.org
Community Health Center of Richmond, Inc.
439 Port Richmond Avenue
Staten Island, New York 10302

- b. Chief Executive/Highest Ranking Elected Official
Dr. Henry Thompson, FACHE
Chief Executive Officer
Phone: (718) 924-2254
Email: hthompson@chcrichmond.org
Community Health Center of Richmond, Inc.
439 Port Richmond Avenue
Staten Island, New York 10302

6. Population

- Nonprofit 501(c)(3) Organization Applicant
- Staten Island, New York: 495,747 (U.S. Census Bureau, 2020)

7. Other Factors

Other Factors	Page #
Community population is 10,000 or less.	N/A
The applicant is, or will assist, a federally recognized Indian tribe or United States territory.	N/A
The proposed brownfield site(s) is impacted by mine-scarred land.	N/A
Secured firm leveraging commitment ties directly to the project and will facilitate completion of the remediation/reuse; secured resource is identified in the Narrative and substantiated in the attached documentation.	3
The proposed site(s) is adjacent to a body of water (i.e., the border of the proposed site(s) is contiguous or partially contiguous to the body of water or would be contiguous or partially contiguous with a body of water but for a street, road, or other public thoroughfare separating them).	N/A
The proposed site(s) is in a federally designated flood plain.	N/A
The reuse of the proposed cleanup site(s) will facilitate renewable energy from wind, solar, or geothermal energy.	N/A
The reuse of the proposed cleanup site(s) will incorporate energy efficiency measures.	3
The reuse strategy or project reuse of the proposed site(s) considers climate adaptation and/or mitigation measures.	N/A
The target area(s) is located within a community in which a coal-fired power plant has recently closed (2012 or later) or is closing.	N/A

The following statements are to the best of our knowledge not applicable to Community Health Center of Richmond’s proposed project per the table above:

- *The community population is not 10,000 or less.*
- *The Community Health Center of Richmond is not, and will not assist, a federal recognized Indian tribe or United States territory.*
- *The proposed brownfield site is not impacted by mine-scarred land.*
- *The proposed site is not adjacent to a body of water.*
- *The proposed site is not in a federally designated flood plain.*
- *The reused of the proposed cleanup site will not facilitate renewable energy from wind, solar, or geothermal energy.*
- *The reuse strategy does not consider climate adaptation or mitigation measures.*
- *The target area is not located within a community in which a coal-fired power plan has recently (2012 or later) closed or is closing.*

8. Releasing Copies of Applications

N/A: The application does not contain confidential, privileged, or sensitive information.

1. PROJECT AREA DESCRIPTION AND PLANS FOR REVITALIZATION

a. Target Area and Brownfields

i. Overview of Brownfield Challenges and Description of Target Area

The North Shore area of Staten Island, one of New York City's five boroughs, faces significant socioeconomic challenges which include closure of several manufacturing and industrial facilities that have since left a legacy of brownfield sites and contamination. The North Shore includes 86 brownfield sites; in Port Richmond (ZCTA 10302), a neighborhood within the North Shore and the target area of this application, 40 sites out of 228 properties (over 12 acres of land) are brownfield or underutilized, used for fleet or junk storage, auto repair, or are vacant.¹ Port Richmond is marked by higher than average poverty rates (28% of residents are low-income, vs. 22% in Staten Island), unemployment rates (7%, vs. 6% statewide and 5% nationwide), and lower educational attainment (19% without a high school education, vs. 13% statewide and 12% nationwide).² This grant will support the Community Health Center of Richmond, Inc. (CHCR) in its efforts to conduct cleanup and reuse of a site located at **21 Grove Avenue (Block 1073, Lot 1)** in the Port Richmond area of the North Shore, Staten Island, New York. Upon remediation, CHCR will construct a community health center facility to expand access to safety net healthcare services, aligned with specific recommendations of the North Shore 2030 report to encourage remediation and redevelopment of brownfield sites with mixed commercial uses that promote job development.

ii. Description of the Priority Brownfield Site(s)

The Grove Avenue property site was previously used as an automobile repair shop and filling station until sometime between 1917 and 1961; by 1961, the structures were demolished, and the site was converted into a municipal parking lot. This usage was continued by private owners until 2004. CHCR acquired the property in July 2015, and it currently remains a paved asphalt lot. The Grove Avenue property is a brownfield as defined by Spill No. 1502514, assigned by the New York State Department of Environmental Conservation (NYSDEC). CHCR conducted environmental due diligence prior to the final land closing and site control, including a Phase I Environmental Site Assessment (March 2015), a Geotechnical Investigation (April 2015), and a Phase II Environmental Site Assessment (June 2015) and supplemental Remedial Investigation work between August 2018 and June 2021 to further delineate subsurface contamination near the former gasoline filling station. Soil samples collected from the site show volatile organic compounds (VOCs) associated with a historical petroleum/gasoline release above the New York State Department of Conservation (NYSDEC) Part 375 Soil Cleanup Objectives (SCOs) and NYSDEC Ambient Water Quality Standards (AWQS) for Class GA Groundwater. In addition, semi-volatile organic compounds (SVOCs), pesticides, polychlorinated biphenyl (PCBs), metals, and perfluoroalkyl and polyfluoroalkyl substances (PFAs) were also detected above the NYSDEC SCOs and/or AWQS for Class GA Groundwater that are associated with historical fill and/or regional groundwater contamination and are unrelated to the historical petroleum gasoline release.

b. Revitalization of the Target Area

i. Reuse Strategy and Alignment with Revitalization Plans

The Grove Avenue property is one of six Strategic Development Sites within the Port Richmond—

¹ Port Richmond-Mariners Harbor, Brownfield Opportunity Area Nomination Report (2019), *available at* http://northfieldldc.org/wp-content/uploads/2019/06/190612-PR-BOA-Nomination-Report_Final_Reduced-1.pdf; NYC Dept. of Planning, Port Richmond Brownfield Opportunity Area Draft Recommendations, *available at* https://www.nyc.gov/assets/planning/download/pdf/plans-studies/port-richmond-boa/presentation_0613.pdf.

² U.S. Census Data; EJScreen Data, ejscreen.epa.gov

Mariners Harbor Brownfield Opportunity Area (BOA) Report,³ and has been included in various master planning documents, e.g., the North Shore 2030 Plan and the Staten Island Comprehensive Economic Development Strategy 2020 Report prepared by the Staten Island EDC, funded by a federal Comprehensive Economic Development Strategy grant. These priorities were developed with significant community engagement via use of steering committees led by community leaders, periodic public meetings, and community stakeholder focus groups. Upon remediation, the property will be developed into a 26,543 square foot non-profit community health center. This reuse strategy will bring much needed real estate and public health investment to Port Richmond, a neighborhood that has been chronically underserved and confronted with issues of inequality related to environmental justice, real estate investment, economic development, employment, and equitable health care access. Community health centers are federally funded comprehensive care centers that serve all patients regardless of ability to pay and are the primary medical care source for one in three low-income individuals nationwide; they are economic engines that also generate \$5.73 in economic activity per \$1 received in federal health center program funding.⁴ The proposed reuse strategy will improve a compromised site, activate the location through real estate investment and construction, create new jobs along the corridor, and improve health access for marginalized residents—primarily recent immigrants and communities of color. *Note the site is not in a federally designated flood plain.*

ii. Outcomes and Benefits of Reuse Strategy

17 Grove Avenue's listing as one of the six Strategic Development Sites within the Port Richmond BOA makes it a critically important investment node for overall community benefit. The proposed plan will achieve goals included in the master plans listed directly above, including:

Local Employment/Hiring: Port Richmond has suffered from significant poverty since the transition in the 1980s from white working-class families to minority and immigrant residents. Projects such as 21 Grove Avenue will offer new local employment opportunities for residents and enhance job access. Health centers such as CHCR create on average 163 full-time equivalent (FTE) jobs per organization and spur development of 132 FTE additional jobs within their communities as employees use their paychecks to purchase goods and services in the community and support local businesses.⁵ Additionally, activating vacant sites (especially those challenged by environmental constraints), will encourage and increase economic diversity in retail, restaurants, and services.

Increased Investment in the Neighborhood including Catalytic Development Projects: 21 Grove Avenue will showcase the ability for private developers to work with government to plan, fund and construct projects in the area. Investor interest in Port Richmond is currently very low due to a lack of successful projects in recent years. This project can serve as a vanguard for positive, community-driven development and investment. Development at 21 Grove Avenue has the potential to enhance existing yet stalled proposals for the overall growth and improvement of the community. This includes expanded food security resources, public open space such as the Staten Island Skyway elevated urban park, increasing affordable housing construction, and public transit improvements.

Increased Access to Healthcare: As a non-profit community health center, CHCR has a long history of providing health care for underserved residents on the North Shore. In 2025, CHCR served over 10,000 patients, 95% of whom reside in Staten Island, and of whom 94% are low-income, 88% are racial/ethnic minorities, and 48% are best served in a language other than English.

Energy Efficiency: In accordance with the New York City Building Code's green roof and

³ Port Richmond-Mariners Harbor, Brownfield Opportunity Area Nomination Report (2019), available at http://northfieldldc.org/wp-content/uploads/2019/06/190612-PR-BOA-Nomination-Report_Final_Reduced-1.pdf

⁴ National Association of Community Health Centers (NACHC), Community Health Centers as Economic Engines (2019), https://www.nachc.org/wp-content/uploads/2019/03/NACHC_Eco-Impact-Infographic_FINAL.pdf

⁵ *Id.*

solar requirements, the design and construction plan of CHCR's new health center facility will include solar panels, a green roof, or a combination thereof, as well as the use of energy efficient windows, HVAC and MEP systems, lighting, and appliances (such as refrigerators). We will also use durable construction materials. *The proposed project will not cause displacement of any residents or businesses as the proposed site is a vacant unused lot.*

c. Strategy for Leveraging Resources

i. Resources Needed for Site Characterization

CHCR is eligible to apply for various grants available through the NYC Brownfield Incentive Grant (BIG) Program for the property site. The NYC Office of Environmental Remediation (OER) awards incentive cleanup grants. CHCR's proposed project is eligible for a \$50,000 cleanup grant as well as a \$25,000 Place-Based Community Brownfield Planning (CBP) Grant intended to help community-based nonprofits break ground on their projects. A third bonus grant of \$10,000 is available due to the Grove Avenue site's status as a Brownfield Opportunity Area.

ii. Resources Needed for Site Remediation

The EPA funding requested in this application will be sufficient to complete proposed remediation.

iii. Resources Needed for Site Reuse

CHCR has secured \$6 million in funding from New York State to construct the new health center to be located at 21 Grove Avenue. Construction will begin following remediation of the site. The remaining construction costs will be covered by New York City funding allocation, and New Markets Tax Credits. CHCR will continue to seek grants from state, federal, and local agencies to support overall project development.

iv. Use of Existing Infrastructure

The 21 Grove Avenue site is located on a corner lot with existing roads, water, and sewer lines; the new health center will need to be connected to these sources. The existing parking lot is contaminated and will need to be completely removed, cleaned up, and repaved. New sidewalks will be installed, and existing fire hydrants will need to be relocated in consultation with regulatory agencies that have jurisdiction over the project, including the NYC Department of Buildings, the NYC Fire Department, the NYC Department of Environmental Protection and other agencies.

2. COMMUNITY NEED AND COMMUNITY ENGAGEMENT

a. Community Need

i. The Community's Need for Funding

The North Shore of Staten Island is characterized by high poverty; the immediate Port Richmond area around 21 Grove Avenue is in the 90-95th percentile nationally for low-income populations (EJScreen Tool). As of 2019, less than 1% of all NYC contract dollars for capital improvements and public infrastructure was allocated to Staten Island. Since then, NYC faces looming budget deficits, further reducing the likelihood of investment in this community.⁶ As a result, the proposed site is unlikely to receive support from conventional developers or other sources to carry out the remediation needed to put the site to productive reuse and support area economic development.

ii. Threats to Sensitive Populations

(1) Health or Welfare of Sensitive Populations

Port Richmond (10302) is home to numerous sensitive populations, including children (18%, or 3,195 individuals) and pregnant women (approximately 4,186 women annually); the immediate area

⁶ <https://www.nytimes.com/2022/09/19/nyregion/budget-crisis-economy-nyc.html>

surrounding the 21 Grove Avenue site is characterized by higher than average socioeconomic indicators that correlate with sensitive populations, including: racial/ethnic minority populations (80-90th percentile nationally), low-income individuals (90-95th percentile nationally, and communities with limited English proficiency (95th-100th percentile nationally) (EJScreen).

- *Children:* Children on the North Shore are disproportionately impacted by asthma, with Emergency Department (ED) visit rates across the North Shore ranging from 148 to 200 ED visits per 10,000 children ages 0-17, compared to an average rate of 85 for Staten Island and 116 for New York State.⁷ The target area also has higher than average rates of elevated blood lead among children under 6, with over 11 per 1,000 children testing at elevated levels in the North Shore neighborhoods compared to an average of 8 per 1,000 tested in Staten Island on average.⁸
- *Pregnant women:* Women residing on the North Shore have riskier pregnancies and worse maternal outcomes; neighborhoods across the North Shore outpace the rest of Staten Island on measures of premature births (range of 12-15% of North Shore neighborhood births vs 10.5% in Staten Island), low birth weight (9-12% of North Shore births vs 8.1% in Staten Island), and infant mortality rates (6.9-9.9 per 1,000 live births vs. 4.9 in Staten Island).⁹

By remediating the land and building a new health center, CHCR's reuse strategy will reduce these sensitive populations' exposure to contaminated land on Staten Island, while directly providing comprehensive health services to address the health disparities experienced by North Shore residents.

(2) Greater Than Normal Incidence of Disease and Adverse Health Conditions

Residents of the North Shore experience greater exposure to environmental contaminants that lead to adverse health conditions, while simultaneously experiencing barriers to accessing health services: in addition to high rates of poverty and language barriers discussed above, residents are more likely to lack health insurance (8% vs. 4%, per 2020 Census data estimates). Areas of the North Shore include federal designation as a Medically Underserved Area (MUA) as well as Primary Care, Mental Health, and Dental Health Professional Shortage Areas (HPSAs), indicating a lack of accessible high-quality, culturally and linguistically competent care. Disproportionate incidence rates include:

Cancer: The overall incidence rate of cancer is higher in the North Shore than NYC (rate of 514.8 per 100,000 individuals in North Shore neighborhoods vs. 443.9 per 100,000 citywide), with rates of cancers linked to environmental contaminant exposure showing particular disparities, including lung cancer (rate of 61.3 per 100,000 individuals in the North Shore vs. 45.9 per 100,000 in NYC), bladder cancers (rate of 41.6 per 100,000 in the North Shore vs. 16.6 per 100,000 in NYC), and kidney cancers (36 per 100,000 in the North Shore, vs. 14.8 per 100,000 in NYC).¹⁰

Chronic Lower Respiratory Disease: The age-adjusted mortality rate due to chronic lower respiratory disease (per 100,000) is 27.7 for Staten Island, compared to 18.1 for New York City.¹¹

Asthma: As noted above, the North Shore demonstrates disproportionate rates of childhood asthma ED visits indicating impact to the health and welfare of sensitive populations. Overall incidence rates of asthma for adults are likewise high surrounding the proposed site (rate of 10.7 per 100 individuals in Staten Island vs. 9.5 in NYC, rates in the 80-90th percentile nationally).¹²

Through CHCR's reuse strategy, North Shore residents will have improved access to early screening and detection for threats that may be associated with exposure through a new health center facility to be constructed on the brownfield site.

⁷ New York State Department of Health (NYSDOH), Asthma Dashboard ZIP Code Level (2017-2019 data).

⁸ NYC Environment and Health Data Portal, Elevated Blood Levels by UHF Neighborhood (2019).

⁹ NYSDOH County/ZIP Code Perinatal Data Profile 2017-2019 (as of January, 2022).

¹⁰ NYSDOH, Cancer Incidence and Mortality Data for NYC (2015-2019), for Port Richmond, Stapleton & Mariner's Harbor, Richmond County (Staten Island) <https://www.health.ny.gov/statistics/cancer/registry/vol1/v1n603.htm>

¹¹ NYSDOH, Community Health Indicator Report (CHIRS) (2017-2019), data as of January 2022.

¹² Id.; EJ Screen Tool.

(3) Promoting Environmental Justice

As a result of the area’s industrial history and proximity to factories and highways, the targeted area around 21 Grove Avenue demonstrates higher than average environmental justice indexes when compared against percentiles in New York State and nationwide. These disproportionate environmental impacts are directly tied to the areas high level of brownfield and contaminated sites (40 sites in Port Richmond alone) and the disproportionate incidence rates and health outcomes described above and associated with the high levels of contaminants and toxic substances found polluting the North Shore, including: Uranium (in 2008, the EPA found more than 200 times the uranium radiation level required to trigger a cleanup in the service area), Lead (home to the former Jewett-White lead factory, this area contains 12 times the acceptable level of lead and is partially responsible for the area’s branding as one of the city's "lead belts,") and, air pollution (as noted above, the North Shore has the worst smog in all of New York City). CHCR’s reuse strategy will promote environmental justice by not only reducing the presence of contaminants in the area but also directly increasing access to health care services, especially for sensitive populations disproportionately impacted by these environmental consequences.

b. Community Engagement

i. Project Involvement and ii. Project Roles

Name of organization/entity	Point of contact (name, email & phone)	Specific involvement in the project or assistance provided
New York City - Staten Island Community Board 1 (District #49)	Joan Cusack, District Manager Jcusack@cb.nyc.gov (718) 981-6900	The CBI’s Land Use Committee will review CHCR’s building application and serve in an advisory role for land use and zoning matters.
Staten Island Economic Development Corporation (SIEDC)	Michael Cusick, Pres. & CEO mike@siedc.org (718) 477-1400	The SIEDC will provide technical assistance and resources for neighborhood development to CHCR throughout the project.
Northfield Local Development Corp. of Staten Island (LDC)	Kathleen Biesla, Exec. Director northfieldldc.jcat17@gmail.com (718) 442-7351 ext. 223	The LDC will provide support for community engagement to CHCR throughout the project.

iii. Incorporating Community Input

CHCR’s plan for communicating project progress to the local Staten Island community, the various stakeholder groups that will be involved in the project, local Staten Island elected leaders, and community residents and businesses within close proximity of the project, includes the distribution of monthly progress reports sent through electronic mail, and public presentations every four months (not to exceed three times per calendar year). The copies of CHCR’s progress reports will also be distributed through various community locations such as Port Richmond’s Faber Park, the Port Richmond and Mariners Harbor libraries, the Gerard Carter Community Center, and CHCR’s health center locations. As an alternative to in-person community engagement and other social distancing guidelines limiting group meetings in New York City, CHCR will host virtual meetings through its corporate Zoom account. CHCR’s plan for incorporating community input, discussion and feedback into its project is not only centered during the permitting and zoning process but throughout the cleanup and reuse strategy implementation. CHCR’s notice to the public was published in the print and online versions of the local Staten Island Advance community newspaper on January 28, 2026. Kindly refer to the signed and notarized Legal Affidavit as produced by the Staten Island Advance. If awarded, CHCR will also refer the EPA’s Public Participation Guide tools to provide members of the public with information on the 21 Grove Avenue project, obtain public input into the decision

process, and bring people together for shared learning and consensus building.

3. TASK DESCRIPTIONS, COST ESTIMATES, AND MEASURING PROGRESS

a. Proposed Cleanup Plan

The proposed cleanup plan is based on the DRAFT Analysis of Brownfield Cleanup Alternatives (ABCA) prepared for this specific property. The anticipated tasks and activities below are eligible uses of funds and are specifically designed to be effectively completed within the four-year period of performance. The contaminated media that will be addressed include:

- **Soil:** Volatile Organic Compounds (VOCs) consistent with gasoline contamination, and Semi-Volatile Organic Compounds (SVOCs), pesticides, and metals associated with historic fill, at concentrations exceeding the NYSDEC Part 375 soil cleanup objectives (SCOs) where co-located with petroleum/gasoline contaminated soils.

- **Groundwater:** VOCs consistent with petroleum/gasoline contamination at concentrations exceeding the NYSDEC Ambient Water Quality Standards for Class GA Groundwater.

Cleanup methods were evaluated on overall protection of human health and the environment, compliance with remediation standards and regulations, long-term effectiveness and permanence, reduction of toxicity, mobility and volume through treatment, short-term impacts and effectiveness, feasibility, and cost. Through these lenses, the recommended remedial action is:

- **In-situ injection and shallow soil excavation:** A reagent would be injected into the subsurface to react directly or indirectly with contamination at or below the water table (approximately 5 to 6 feet below ground surface) to produce harmless byproducts such as carbon dioxide and water. Specific areas of the Site with gasoline/petroleum impacted soils would be targeted for either in-situ injection or excavation. To address shallow contamination, in-situ injection would need to be combined with excavation of shallow contamination to be effective and approximately 660 tons of contaminated soil would need to be removed from 0 to approximately 6 feet below ground surface. Dust suppression and air monitoring will occur to ensure the safety of the surrounding community. Contaminated soil would be transported to an approved disposal site, in compliance with NYSDEC regulations.

b. Description of Tasks/Activities and Outputs

The overall strategy for remediation is that CHCR will conduct supplemental delineation, shallow soil excavation and disposal, in-situ injections with an appropriate reagent, and post-remediation ground water monitoring and reporting. In addition, the proposed development of the Site as a community health center will serve as a cap-by-function to address any remaining historic fill related contamination not associated with the gasoline/petroleum spill. Note that the overall strategy for cap-by-function within the proposed building pad and pavement areas includes excavation of unsuitable existing fill material and replacement/compaction with imported structural soils; these activities and costs are outside the scope of this project and are associated with the development of the Site/reuse construction strategy; therefore, they are not included in the below remedial activities/associated costs. The remedial approach to address the open/active NYSDEC petroleum/gasoline spill includes:

Task/Activity 1: Supplemental Remedial/Phase II Investigations

<p>i. Project Implementation</p> <ul style="list-style-type: none"> ● Preparation of Supplemental Remedial/Phase II Investigation Work Plan including (3 deliverables): 1. Technical Work Plan (proposed sample locations, depths, drilling and sample collection methodology, analytical requirements, implementation schedule, etc.); 2. Quality Assurance Project Plan; 3. Health and Safety Plan. ● Implementation of Supplemental Remedial Investigation Activities (5 deliverables): <ol style="list-style-type: none"> 1. Additional delineation of source area via soil and ground water sampling (6 additional soil borings with twelve samples for TCL/TAL and/or in-situ design parameters, two additional temporary ground water monitoring wells sampled for TCL/TAL and in-situ design parameters); 2. Survey of supplemental soil and ground water sample locations for mapping; 3. Investigation derived waste management (characterization and disposal of drill cuttings and purge water from soil borings/monitoring wells); 4. Third Party Data Validation of soil and ground water laboratory data packages; 5. Preparation of a Supplemental Remedial Investigation Report.
<p>ii. Anticipated Project Schedule: This task will start immediately upon award and will be completed within 6 months (including work plan preparation, implementation of the work plan, data analysis, and reporting)</p>
<p>iii. Task/Activity Lead: This task will be led by CHCR and the QEP/NYS Professional Geologist.</p>
<p>iv. Outputs: Supplemental Remedial Investigation/Phase II Work Plan (Technical Work Plan, Quality Assurance Project Plan, and Health and Safety Plan)</p>
<p>Task/Activity 2: Remedial Action Planning</p>
<p>i. Project Implementation</p> <ul style="list-style-type: none"> ● Preparation of Remedial Action Work Plan (5 deliverables): 1. Technical Work Plan (including remedial design); 2. Quality Assurance Project Plan; 3. Health and Safety Plan; 4. Community Air Monitoring and Fugitive Dust Plan. 5. Remedial Contractor Solicitation and Selection
<p>ii. Anticipated Project Schedule: Task/Activity Duration - 6 months</p>
<p>iii. Task/Activity Lead: This task will be led by CHCR and the QEP/NYS Professional Geologist</p>
<p>iv. Outputs: Remedial Action Work Plan, (Technical Work Plan, Quality Assurance Project Plan, Health and Safety Plan, Air Monitoring Plan); Contractor Request for Proposal</p>
<p>Task/Activity 3: Remedial Action Implementation</p>
<p>i. Project Implementation</p> <ul style="list-style-type: none"> ● Site Remediation (4 deliverables): 1. Excavation, characterization, transportation, and disposal of shallow petroleum impacted soils in petroleum/gasoline Source Area; 2. Post-excavation endpoint soil sampling for documentation/demonstration of remedial effectiveness; 3. Backfill remedial excavation areas with clean, suitable material; 4. In-situ injections of reagent to remediate remaining petroleum/gasoline contamination. ● Remedial Action Monitoring (3 deliverables): 1. Collection of ground water samples from existing groundwater monitoring wells (8 quarterly sampling events) to demonstrate decreasing/stable trends in contaminant concentration. Remedial Action Reporting (2 deliverables) 2. Evaluation of Quarterly Ground Water Monitoring Results and 3. Preparation of Remedial Action Reports
<p>ii. Anticipated Project Schedule: Task/Activity Duration - 30 months (4 Months coordination, contracting, and active remediation/construction, 24 months of ground water monitoring, 2 month of data evaluation and reporting)</p>
<p>iii. Task/Activity Lead: This task will be led by CHCR and the NYS Professional Engineer.</p>

iv. Outputs: Remedial Action Report, Quarterly Ground Water Monitoring Reports
Task/Activity 4: Overexcavation, Replacement, Site Work, and Construction
i. Project Implementation <ul style="list-style-type: none"> •Site Preparation and Demolition/Ground Improvement/Earthwork: Geotechnical ground improvement within proposed building pad and pavement areas in order to provide suitable subgrades for structural support will include overexcavation and exportation of unsuitable soils, proofroll inspections to determine the extent of overexcavation required, geotechnical laboratory analyses (Proctor and classification tests), and imported structural backfill placement and compaction. Transportation and disposal of unsuitable and contaminated historic fill materials (non-hazardous) within the proposed building footprint and pavement areas are included in this scope along with general construction for the foundation. •Special Inspection Monitoring: Special inspection, including geotechnical laboratory analyses and compaction testing, will be performed during imported soil backfill placement to confirm the backfill is placed and compacted in a controlled manner and suitable for proposed building pad and pavement support. •Prepare daily reports including compaction test results and areas of fill placement.
ii. Anticipated Project Schedule: Duration - Twelve months
iii. Task/Activity Lead: This task will be led by CHCR and the NYS Professional Engineer.
iv. Outputs: NYC Buildings Department and DEP sign-off

i. Cost Estimates

The table below shows a total budget of **\$3,914,713** in EPA funds. The estimated costs are based on recent projects of a similar scope conducted in USEPA Region 2; contractual costs were developed using a combination of recent subcontractor bids, and professional experience and judgement.

Cost estimates for Task 1 include: *Personnel*: 202 hours at an average rate of \$181.40/hour = \$20,680; *Travel*: vehicle mileage and parking at the site at an average cost of \$132/day for 2 days = \$264; *Supplies*: safety package at an average cost of \$16.50/day for 2 days = \$33; *Contractual*: Driller, mobilization/demobilization, DPT rig, lab and survey, cost per event based on recent projects of similar scope conducted in the same USEPA Region (Region 2) = \$21,065; and *Communications* costs prevent based on recent projects of similar scope in the same USEPA Region: \$620.

Cost estimates for Task 2 include: *Personnel*: 64.74 hours at an average rate of \$183.20/hour = \$37,006; and *Communications* costs prevent based on recent projects of similar scope in the same USEPA Region: \$1,110.

Cost estimates for Task 3 include: *Personnel*: 323 hours at an average rate of \$260.45/hour = \$84,125; *Travel*: vehicle milage and parking at the site at an average cost of \$132/day for 35 days = \$4,620; *Supplies*: safety package at an average cost of \$16.50/day for 34 days = \$557.50; PID environmental testing supplies at average cost of \$291.50/event x 1 event = \$291.50; YSI environmental testing supplies at average cost of \$6,050/event x 1 event = \$6,050; interface probe at average cost of \$291.50/event x 1 event = \$291.50; injection equipment at average cost of \$1,320/event x 1 event = \$1,320; and sampling equipment at average cost of \$962.50/event x 16 events = \$15,400; *Contractual*: Excavation and removal of asphalt; injection services; lab and ground water testing, cost per event based on recent projects of similar scope conducted in the same USEPA Region (Region II) = \$277,182; and *Communications* costs prevent based on recent projects of similar scope in the same USEPA Region: \$2,524.

Cost estimates for Task 4 including: *Personnel*: 774 hours at an average rate of \$183.50/hour = \$142,000.00; and *Contractual*: Excavation, replacement of the unsuitable existing fill materials within the building pad, building foundation, site demolition, earthwork, concrete, and masonry

calculated based on the average cost per square feet of \$117.26 times the building square footage of 26,543 = \$3,112,528.00.

Budget Categories		Project Tasks (\$)				Total
		Task (1) Supplemental Remedial/Phase II Investigations	Task (2) Remedial Action Planning	Task (3) Remedial Action Implementation	Task (4) Overexcavation, Replacement, Site Work, Construction	
Direct Costs	Personnel	\$20,680.00	\$37,006.00	\$84,125.00	\$142,000.00	\$283,811.00
	Fringe Benefits	\$0	\$0	\$0	\$0	\$0
	Travel	\$264.00	\$0	\$4,620.00	\$0	\$4,884.00
	Equipment	\$0	\$0	\$0	\$0	\$0
	Supplies	\$0	\$0	\$24,574.00	\$0	\$24,574.00
	Contractual	\$21,065.00	\$0	\$277,182.00	\$3,112,528	\$3,410,775.00
	Other: Communication	\$620.00	\$1,110.00	\$2,524.00	\$0	\$4,254.00
Total Direct Costs		\$42,629.00	\$38,116.00	\$393,025.00	\$3,254,528	\$3,728,298.00
Indirect Costs		\$2,131.00	\$1,906.00	\$19,651.00	\$162,726	\$186,415.00
Total Federal Funding		\$44,760.00	\$40,022.00	\$412,676.00	\$3,417,254	\$3,914,713.00
Total Budget		\$44,760.00	\$40,022.00	\$412,676.00	\$3,417,254	\$3,914,713.00

j. Measuring Environmental Results

CHCR’s Chief Financial Officer (Benito S. Lindo) will have overall responsibility and accountability to track, measure, and report project performance using its existing systems to track grant timelines, expenditures, and project progress. Data will be entered into ACRES at appropriate reporting intervals as per the project work plan. Anticipated outcomes include implementation of a remedial workplan and return of the site to productive use. Environmental results will be measured through empirical environmental media sampling. During soil remediation activities, post-excavation soil samples will be collected and analyzed by a certified lab for the site contaminants of concern. Following in-situ remediation, groundwater sampling will be conducted to monitor performance and confirm remedial objectives are achieved. CHCR will track progress and reporting as required with state and local voluntary cleanup programs regarding success of the remedial action.

4. PROGRAMMATIC CAPABILITY AND PAST PERFORMANCE

a. Programmatic Capability

i. Organizational Structure/Experience & ii. Key Staff

CHCR is under the active leadership of a Board of Directors. The Board oversees CHCR’s CEO who leads a highly skilled Management Team that will oversee the Grove Avenue cleanup:

- CHCR’s **Chief Executive Officer (CEO)**, Dr. Henry Thompson, a senior health care executive with nearly 25 years’ experience in strategic planning, organizational development, process improvement, project management, community partnerships, and regulatory compliance. Dr. Thompson will serve as the Project Director responsible for oversight of the EPA Cleanup project, including all administrative requirements. He will ensure activities are successfully completed within the established timeline and that all goals are achieved.

- CHCR’s **Chief Financial Officer (CFO)**, Mr. Benito Lindo, has over twenty years of financial management experience and ten serving a CHCR’s CFO, including establishing financial accounting systems, federal reporting, and internal financial controls. Mr. Lindo will oversee all fiscal aspects and requirements of the EPA Cleanup grant, including ensuring that the project remains

within budget and completion of required fiscal reporting.

- CHCR will work with Woodard & Curran, Inc. (environmental engineer) and Whitestone Associates, Inc. (geotechnical engineer), on implementation of the technical aspects of the project. Woodard & Curran is an integrated engineering, science, and operations company with technical expertise in brownfield redevelopment, remedial design, and clean-up execution and experience completing brownfield remediations in New York and nationally. Whitestone Associates is a certified NYC special inspection agency (001475) with over 25 years' experience providing integrated environmental and geotechnical engineering and consulting services.

iii. Acquiring Additional Resources

As an FQHC that receives federal funding, CHCR has policies and procedures in place to ensure that all expenditures and procurements follow relevant Code of Federal Regulations requirements. CHCR's Requisitioning, Purchasing, and Receiving Policy includes procedures that meet general procurement standards for contract provisions. This includes thresholds and criteria for when competitive bidding must occur and the bidding process that must be followed. CHCR policies and procedures include steps to assure that minority businesses, women's business enterprises, and labor surplus area firms are used when possible. The policy also outlines restrictions against contracting with those who have a potential conflict of interest. CHCR's existing policies and procedures will be followed when acquiring additional expertise and resources needed to complete the proposed project.

b. Past Performance and Accomplishments

i. Currently Has or Previously Received an EPA Brownfields Grant – Not Applicable.

ii. Has Not Received an EPA Brownfields Grant but has Received Other Federal Assistance Agreements (1) Purpose and Accomplishments

CHCR has received federal assistance to implement multiple construction projects, all located in the North Shore, focused on expanding access to care for underserved populations. Following assessment and clean-up activities, construction of the new site will follow CHCR's established and successful construction processes. CHCR's most recent successful federally funded projects include:

135 Canal Street, Suite 200, Staten Island, New York (Opened in 2018): CHCR received HRSA/BPHC New Access Point funding (\$566,667) and Oral Health Service Expansion grant funding (\$350,000) for interior build-out of 2,903 sq.ft. of leased medical and dental office space.

135 Canal Street, Suite 300, Staten Island, New York (Opened in 2016): CHCR managed a \$2.79 million grant from HRSA/BPHC through the Capital Development-Building Capacity program for the interior build-out for 5,000 square feet of leased medical office space.

439 Port Richmond Avenue, Staten Island, New York (Opened in 2014): CHCR received BPHC/HRSA New Access Point funding (\$487,500) and \$4.9 million from the New York State Dept. of Health to purchase/renovate a 2-story 5,560 square foot building into a health center.

(2) Compliance with Grant Requirements

All three construction projects described above are complete and fully operational as of the dates indicated. CHCR maintained compliance with its federal funding agreements, accompanying work plans, and project schedules, and abided by all terms and conditions of award. CHCR met all reporting requirements in a timely manner and all projects have had final reports submitted. In addition to multiple one-time federal awards to support construction, as an FQHC, CHCR receives ongoing federal funding to support health center operations. This experience has provided us with expertise to ensure timely and acceptable reporting to federal agencies. CHCR has the infrastructure and systems in place to ensure compliance with all EPA grant requirements and reporting.

iii. Never Received Any Federal or Non-Federal Assistance Agreements – Not Applicable.



**COMMUNITY HEALTH CENTER OF RICHMOND, INC.
THRESHOLD CRITERIA RESPONSES
EPA FY26 BROWNFIELD CLEANUP GRANT PROGRAM**

1. Applicant Eligibility
Community Health Center of Richmond, Inc. (CHCR) is a **nonprofit organization under 501(c)(3) of the Internal Revenue Code.**
2. Previously Awarded Cleanup Grants
Community Health Center of Richmond, Inc. affirms that it **has not received funding** from a previously awarded EPA Brownfields Cleanup Grant.
3. Expenditure of Existing Multipurpose Grant Funds
Community Health Center of Richmond, Inc. affirms that **it does not have an open EPA Brownfields Multipurpose Grant.**
4. Site Ownership
Community Health Center of Richmond, Inc. **is the sole owner of the site** that is the subject of this Cleanup grant application. CHCR owns fee simple title of the property per a recorded deed as filed in the Richmond County land records.
5. Basic Site Information
 - a) Name of Site: 21 Grove Avenue
 - b) Address of Site: 21 Grove Avenue, Staten Island, New York 10302
 - c) Current Owner of Site: Community Health Center of Richmond, Inc.
6. Status and History of Contamination at the Site
 - a) **Whether site is contaminated by hazardous substances or petroleum:**
Environmental concerns from the site is result from petroleum contamination as documented by the New York State Department of Environmental Conservation Spill Incident (#1502514).
 - b) **Operational history and current use(s) of the site:** The site is currently a paved asphalt parking lot. Previously, the site was developed with residential buildings and commercial buildings, including an automobile repair shop and gasoline filling station until a time between 1917 and 1961. In 1950 these structures were present, but by 1961, the structures were demolished, and the site was converted into a paved asphalt parking lot.
 - c) **Environmental concerns, if known, at the site:** Soil/fill samples collected from the site show volatile organic compounds (VOCs) associated with the petroleum/gasoline

spill, and semi-volatile organic compounds (SVOCs), pesticides, and metals associated with historical fill above the New York State Department of Conservation (NYSDEC) Part 375 Soil Cleanup Objectives (SCOs). Groundwater samples collected from the site show VOCs associated with the petroleum/gasoline spill, and SVOCs, polychlorinated biphenyl (PCBs), metals, and perfluoroalkyl and polyfluoroalkyl substances (PFAs) associated with historical fill or regional groundwater contamination detected above the NYSDEC Ambient Water Quality Standards (AWQS) for Class GA Groundwater.

- d) **How the site became contaminated and describe the nature and extent of the contamination:** Previous usage of the site prior to 1961 included as an automobile service station and gasoline filling station with associated gasoline tanks that were located on the eastern portion of the property. The historical presence of the filling station and gasoline tanks resulted in a release to the environment. Data collected during the Phase II and Remedial Investigation indicate that the VOCs present in soils and groundwater are attributed to a release from the former gasoline filling station, and the SVOCs, metals, pesticides, PCBs, and PFAS present in soil and groundwater are attributed to historic fill and/or regional groundwater contamination unrelated to past operations at the Site. The information gather during the investigations is sufficient to substantially delineate the vertical and horizontal distribution of contaminants in the soil/fill at the site; supplemental investigations are required to refine delineation and support remedial design.

7. Brownfields Site Definition

- a) Community Health Center of Richmond, Inc. affirms that the site **is not** listed or proposed for listing on the National Priorities List.
- b) Community Health Center of Richmond, Inc. affirms that the site **is not** subject to administrative orders, court orders, administrative orders on consent, or judicial consent decrees issued to or entered into by parties under CERCLA.
- c) Community Health Center of Richmond, Inc. affirms the site **is not** subject to the jurisdiction, custody, or control of the U.S. government.

8. Environmental Assessment Required for Cleanup Grant Applications

Community Health Center of Richmond, Inc. **confirms** that a written ASTM E1903-19 or equivalent Phase II environmental site assessment report was completed on June 2015, with ongoing assessments recently including Remedial Investigation activities conducted between 2018 and 2021 to support entry into the New York City Mayor's Office of Environmental Remediation (NYCOER) Volunteer Cleanup Program. This is in addition to several environmental investigations that have taken place at the site since 2008, including:

- A Phase II Environmental Site Assessment (ESA) conducted in June 2008 by Advanced Cleanup Technologies, Inc., focusing on the location of the former gasoline filling station and areas down gradient of the former gasoline filling station based on historical sources;
- A Phase I ESA conducted by Woodard & Curran (W&C) in March 2015, which identified several recognized environmental conditions (RECs).

- A geotechnical investigation in April 2015 by Whitestone Associates, Inc. in preparation for the proposed construction of a three-story building aligned with the site reuse strategy.
- A Phase II ESA conducted by W&C in May 2015 based on the findings of the Phase I assessment conducted in March 2015;
- Additional Remedial Investigation work conducted by W&C between August 2018 and June 2021 to further delineate subsurface contamination near the former gasoline filling station.
- Supplemental Remedial Investigation work completed by W&C between August 2023 and July 2023 including groundwater monitoring well gauging, and soil and soil vapor investigation.
- New York City Environmental Assessment Statement Short Form completed by GZA GeoEnvironmental, Inc. as of May 2025 in accordance with the New York City Board of Standards and Appeals requirements.

9. Site Characterization

- a) N/A. CHCR is not a State or Tribal Environmental Authority.
- b) CHCR affirms, as confirmed within the attached letter from the New York City Office of Environmental Remediation, which operates in coordination with the New York State Department of Environmental Conservation that i) the site is eligible to be enrolled in the state or tribal voluntary response program and ii) the site intends to be enrolled in the state or tribal voluntary response program (with enrollment approved pending submission of the Remedial Investigation Report and associated documents); iii) and that there is and/or will be sufficient level of site characterization performed by June 15, 2023 for the work to begin on the site. See Narrative Attachment.
- c) N/A. CHCR is proposing a site that is eligible to be enrolled in a voluntary response program as noted above.

10. Enforcement or Other Actions

Community Health Center of Richmond, Inc. affirms that to the best of its knowledge there are no known ongoing or anticipated environmental enforcement or other actions related to the site for which Brownfields Grant funding is sought.

11. Sites Requiring a Property-Specific Determination:

Community Health Center of Richmond, Inc. affirms that the proposed site **does not** require a Property-Specific Determination as the following conditions are not applicable:

- Property **is not** subject to planned or ongoing removal actions under CERCLA
- Property **does not** have facilities that have been issued or entered into a unilateral administrative order, a court order, an administrative order on consent, or judicial consent decree to which a permit has been issued by the United States or authorized state under the Resource Conservation and Recovery Act (RCRA), the Federal Water Pollution Control Act (FWPCA), the Toxic Substances Control Act (TSCA), or the Safe Drinking Water Act (SDWA);

- Property **does not** have facilities subject to RCRA corrective action (§ 3004(u) or § 3008(h)) to which a corrective action permit or order has been issued or modified to require the implementation of corrective measures
- Property **is not** land disposal unit that has submitted a RCRA closure notification or that is subject to closure requirements specified in a closure plan or permit
- Property **has not had** a release of polychlorinated biphenyls (PCBs) and all, or part, of the property is subject to TSCA remediation; and
- Property **does not** include facilities receiving monies for cleanup from the Leaking Underground Storage Tank (LUST) Trust Fund

12. Threshold Criteria Related to CERCLA/Petroleum Liability

- a) Contamination by substances at hazardous concentrations has not been identified at the proposed site.
- b) Petroleum contamination has been identified at the proposed site as documented by the site assignment of a petroleum spill number (NYSDEC Spill Number #1502514, see Narrative Attachment):
 - (1) Community Health Center of Richmond, Inc. is the current owner of the site. The immediate past owner was Egbert Square LLC, who acquired the property in 2004. No underground storage tank (UST) has been identified at the property.
 - (2) Community Health Center of Richmond, Inc. purchased the site for \$2,275,000 on July 9, 2015; deed is recorded and filed with the Richmond County land records.
 - (3) Community Health Center of Richmond, Inc. affirms to the best of its knowledge that:
 - (i) Neither CHCR (current owner) nor prior owner dispensed or disposed of petroleum or petroleum product contamination, or exacerbated the existing petroleum contamination of the site;
 - (ii) Neither CHCR (current owner) nor prior owner owned the site when any dispensing or disposal of petroleum (by others) took place;
 - (iii) CHCR (current owner) and prior owner took reasonable steps with regard to the contamination at the site.
 - (4) Community Health Center of Richmond, Inc., the applicant and owner, did not dispense or dispose of petroleum or petroleum product, did not exacerbate the existing petroleum contamination at the site, and took reasonable steps with regard to contamination at the site.
 - (5) Community Health Center of Richmond, Inc., confirms to the best of its knowledge that there **are no** responsible parties (including applicant) that are identified as potentially liable for cleaning up the site, through either (a) a judgement rendered in a court of law or an administrative order; (b) an enforcement action by federal or state authorities; or (c) a citizen suit, contribution action, or other third-party claim.
 - (6) Community Health Center of Richmond, Inc., confirms to the best of its knowledge that the site **is not subject to** any order under §9003(h) of the Solid Waste Disposal Act.

- (7) Per response to (3) and (4) above, there are no current or immediate past landowners (or current or immediate past UST owners) that are identified as responsible for the contamination of the site.

13. Cleanup Authority and Oversight Structure

- a) Community Health Center of Richmond, Inc. plans to enroll in the New York City Office of Environmental Remediation (NYC OER) Voluntary Cleanup Program (VCP) to clean up the New York State Department of Environmental Conservation (DEC) spill number (#1502514) and remediate the proposed site at 21 Grove Avenue. Cleanup will be conducted through the NYC OER program in joint coordination with NYS DEC.
- b) Community Health Center of Richmond, Inc. does not anticipate need for access to neighboring properties to conduct the cleanup, perform confirmation sampling, or monitor offsite migration of contamination.

14. Community Notification

- a) Community Health Center of Richmond, Inc. provided opportunity for the community to comment on the **draft Analysis of Brownfield Cleanup Alternatives (ABCA) as prepared by Woodard & Curran**, as indicated on the attached community notification ad. A copy of the draft ABCA is submitted as part of this application.
- b) Community Health Center of Richmond, Inc. published a community notification ad in the local newspaper, the **Staten Island Advance**, as of January 28, 2026. A copy of the community notification ad is submitted as part of this application, including the signed and notarized legal affidavit.
- c) Community Health Center of Richmond, Inc. scheduled a public meeting to discuss the draft application and receive public comments. The public meeting was held virtually to maximize participation and to provide public safety during the aftermath of Winter Storm Fern.
- d) Community Health Center of Richmond, Inc. has attached all required community notification documents as requested above.

15. Contractors and Named Subrecipients

N/A. Community Health Center of Richmond has not procured a contractor at time of submission of this application.