

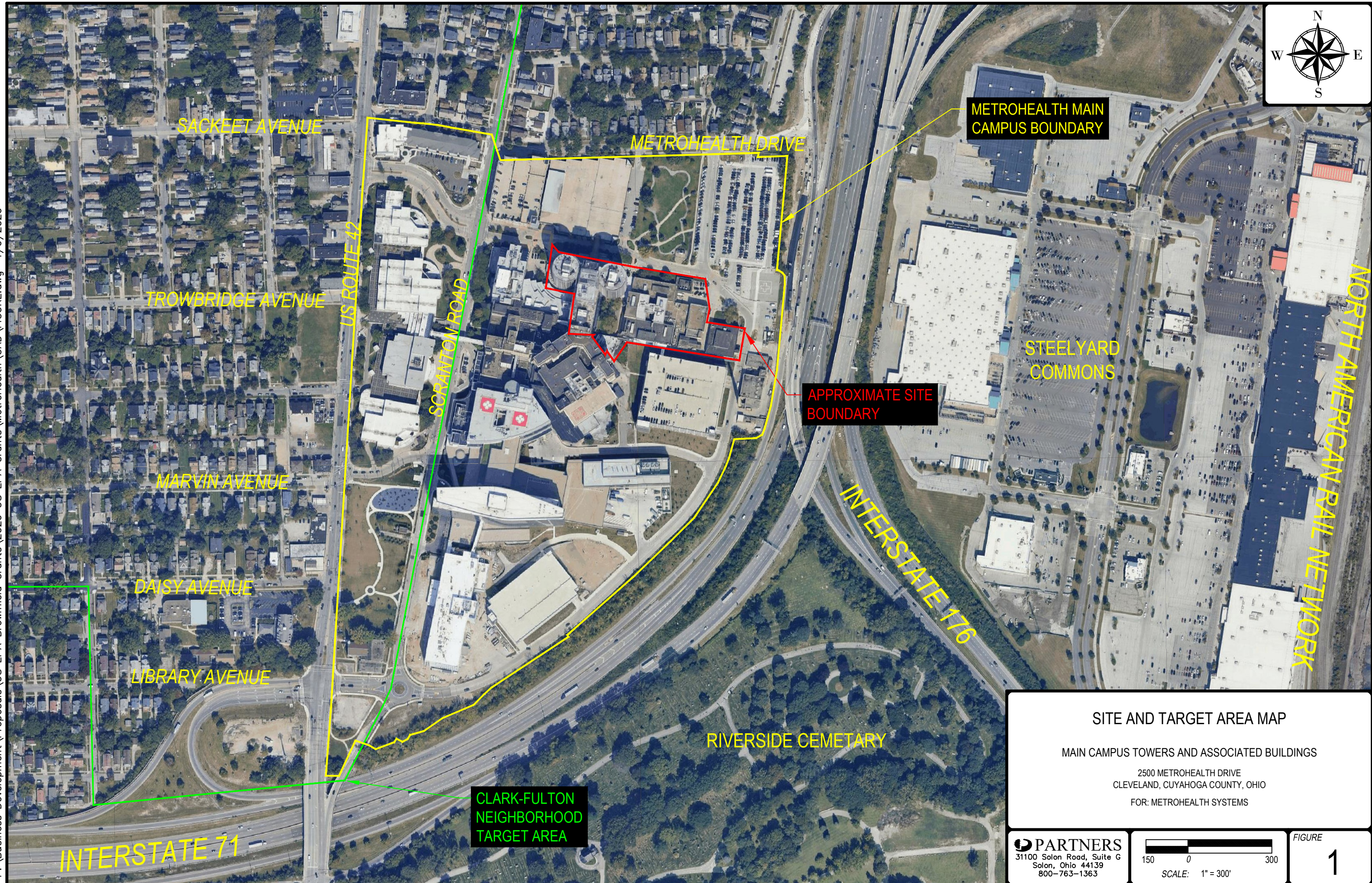
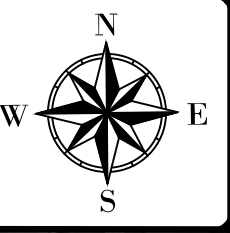
1. Applicant Identification
The MetroHealth System
2500 MetroHealth Drive
Cleveland, Ohio 44109
2. Website URL
<https://www.metrohealth.org/>
3. Funding Requested
 - a. Grant Type: Single Site Cleanup
 - b. Federal Funds Requested: \$4,000,000
4. Location
The City of Cleveland, Cuyahoga County, Ohio
5. Property Information
MetroHealth Main Campus Towers and Associated Buildings
2500 MetroHealth Drive
Cleveland, Ohio 44109
6. Contacts
 - a. Project Director
Name: Mr. James Bicak, Senior Vice President of Facilities, Construction, and Campus Transformation
Phone number: 216-778-2705
Email: JBicak@metrohealth.org
Mailing address: 2500 MetroHealth Drive, Cleveland, Ohio 44109
 - b. Chief Executive/Highest Ranking Elected Official
Name: Christine Alexander Rager, MD, President and CEO of MetroHealth System
Phone number: 216-778-4900
Email: calexander@metrohealth.org
Mailing address: 2500 MetroHealth Drive, Cleveland, Ohio 44109
7. Population
Cleveland, Ohio: 365,379 per the 2024 US Census results

Other Factors	Narrative Page #
Community population is 15,000 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	3 & 4

in the Narrative and substantiated in the attached documentation.	
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 site(s) will incorporate energy efficiency measures.	3
The proposed project will improve local resilience to the impacts of extreme weather events and natural disasters.	3
The target area(s) is impacted by a coal-fired power plant that has recently closed (2015 or later) or is closing.	N/A

9. Releasing Copies of Applications

This application does not contain confidential, privileged, or sensitive information.



METROHEALTH MAIN CAMPUS BOUNDARY

APPROXIMATE SITE BOUNDARY

CLARK-FULTON NEIGHBORHOOD TARGET AREA

SITE AND TARGET AREA MAP

MAIN CAMPUS TOWERS AND ASSOCIATED BUILDINGS

2500 METROHEALTH DRIVE
CLEVELAND, CUYAHOGA COUNTY, OHIO
FOR: METROHEALTH SYSTEMS

PARTNERS
31100 Solon Road, Suite G
Solon, Ohio 44139
800-763-1363

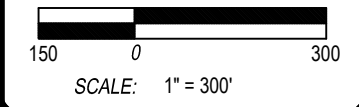


FIGURE
1

C. Narrative Criteria

(1) PROJECT AREA DESCRIPTION AND PLANS FOR REVITALIZATION

Target Area and Brownfields

a. Overview of Brownfield Challenges and Description of Target Area

The city of Cleveland, Ohio, is located in Cuyahoga County, in the northeastern part of the state along Lake Erie. The land that now encompasses Cleveland was founded in 1796 and rapidly became a major economic and industrial hub. For much of the 19th and 20th centuries, Cleveland thrived as a center for manufacturing, steel production, railroads, and shipping, which attracted workers and families from across the country and around the world. The rapid industrial growth, while fueling prosperity, also left a legacy of contaminated and underutilized properties as the manufacturing industry declined in the latter half of the 20th century. During the 1950s, Cleveland was the seventh-largest city in the United States, with a population of approximately 914,000 according to the U.S. Census Bureau; however, a steady decline throughout the years occurred, dropping the population to approximately 372,624 by 2020 (City of Cleveland Census, 2020). These contaminated and underutilized properties remain as brownfields today in Cleveland, particularly in neighborhoods like Clark-Fulton, our Target Area for this grant, that were historically tied to industry and infrastructure.

Brownfields in the Clark-Fulton Target Area and Cleveland as a whole pose substantial barriers to revitalization by limiting redevelopment opportunities, depressing property values, and discouraging private investment due to environmental contamination. These challenges are compounded by the limited availability of undeveloped land in the City of Cleveland, where most remaining parcels are already developed or affected by past commercial and industrial uses. As a result, new development and economic growth depend heavily on the ability to access, remediate, and reuse existing brownfield sites.

The MetroHealth Main Campus Towers and Associated Buildings were historically utilized as an 11 floor hospital facility, housing up to 558 patients from the early 1970s to the early 2020s. Currently, the Site's buildings are underutilized and vacant, occupying valuable real estate in a community with limited available land for redevelopment. These outdated and inefficient spaces have been replaced with state-of-the-art facilities elsewhere on the hospital campus, as part of the Campus Master Plan, and now, as part of the next step in execution, they must be removed to make space for new development and community greenspace.

For this application, the geographic area is the City of Cleveland, and the Target Area is the Clark-Fulton Neighborhood, which is approximately one (1) square mile in size and located immediately southwest of downtown Cleveland, and is named for the primary thoroughfares that transect the community. It is a mostly residential area, with limited commercial corridors along the main roadways. According to the Clark-Fulton Master Plan established in 2021, the story of Clark-Fulton is stated as “an archetypal chapter in the American Dream saga – Americans, new and old, enduring hardships together and choosing to invest in their community to better the lives of future generations”. The Clark-Fulton neighborhood was developed in the mid-1800s, with its distinct neighborhood identity forming as it attracted immigrants from around the world and was historically home to a diverse population, including German, Slovak, Czech, and Italian communities, which were drawn to the factories in the area. This gateway history created the unique character of the neighborhood, which is reflected today in the strong Puerto Rican and Latin community, comprising 46% of the population according to an EcoDistrict report established in 2021. Additionally, Clark-Fulton is located within Cleveland's Ward 14, which is a diverse, multicultural area near Cleveland's west side. The MetroHealth System (MHS) campus adjoins the Clark-Fulton neighborhood, serving as a critical healthcare resource to this impoverished area and as the neighborhood's primary employer, providing access to good jobs for people who use public transportation or walk to get to work. Approximately 82% of jobs in the Clark-Fulton neighborhood are healthcare-related (MetroHealth, 2025).

The Clark-Fulton neighborhood is a symbol of Cleveland's long-standing struggles with disinvestment and the need for revitalization. Due to decades of deindustrialization, the population of Clark-Fulton significantly dwindled over the years from 21,700 in 1940 to approximately 7,649 in 2025 (MetroHealth, 2025), which mirrors Cleveland's broader population decline. The Clark-Fulton

neighborhood is among Cleveland’s most economically distressed communities, with below-average levels of educational achievements and a median household income of \$34,649 (MetroHealth, 2025), which falls significantly below Cuyahoga County’s (\$62,800) and the State’s (\$72,212) median incomes according to the 2023 U.S. Census Bureau. Alarming, approximately 38% of the residents live below the poverty line (MetroHealth, 2025), versus 13.9% in the state of Ohio (Ohio Office of Research, 2020), underscoring the disproportionate economic challenges faced by the community.

b. Description of the Proposed Brownfield Site(s)

The property targeted for cleanup is the MetroHealth Main Campus Towers and Associated Buildings, located at 2500 MetroHealth Drive, in Cleveland’s Clark-Fulton Neighborhood. The Site is part of the larger MHS Campus, which is recognized as the nation’s first public hospital system. The campus has operated as an infirmary and hospital dating back to at least the 1840s. MHS has served as one of the busiest trauma centers in the nation, with approximately 6,000 trauma admissions annually, and remains the region’s oldest and most experienced Level 1 Trauma Center, providing critical care to the community’s sensitive population. The Executive Office of the President of the United States has designated MHS as the medical site in the event medical care is required for high value political target (i.e., the President), as MHS is equipped to provide the necessary level of medical care. The MHS hospital system serves as the backstop for the other medical systems in the region, typically treating the most impoverished segments of the community, and contributed over \$200 million in uncompensated care in 2024, which is expected to grow to over \$300 million in 2025.

The Site consists of approximately 3.6 acres and currently contains the Main Campus Towers (constructed circa 1971), the Inpatient Service Building, also known as Core A (circa 1977), Scott Auditorium (circa 1950s), and the Business Service Building, originally constructed in 1912 with additions in the 1950s, totaling approximately 550,000 square feet on the northern and eastern portions of the MHS Campus. News articles from The Cleveland Historical and Cleveland Health and Fitness in the early 2010s indicated these facilities were deemed outdated and unable to meet the needs of the community efficiently. To counter these conditions, MHS built the Glick Center, an 11-floor state-of-the-art hospital, rendering the Main Campus Towers and Associated Buildings unneeded. Closed since 2022, the Site now sits vacant and underutilized, taking up valuable real estate needed for neighborhood development and future expansion of other hospital services.

Asbestos and Hazardous Materials Building Surveys conducted in 2021 through 2023 identified widespread Asbestos Containing Materials (ACM) throughout the Site’s buildings, primarily associated with piping, piping insulation, floor tile, mastics, duct wrap, joint compound, caulks, and sink undercoats. The presence of regulated ACM will require abatement in accordance with EPA, OSHA, and Ohio regulations prior to demolition and redevelopment. Although the buildings are vacant, they are well maintained by MHS, and no release or threat of release of building materials into the outdoor environment was identified during the investigations.

Revitalization of the Target Area

c. Reuse Strategy and Alignment with Revitalization Plans

Based on extensive planning efforts undertaken by MHS and the community, greenspace is lacking in the community, but so is space for future expansion. By removing these outdated buildings, MHS will provide an area for both uses. Given the limited availability of developable land in the Clark-Fulton neighborhood and the City of Cleveland, demolition of these buildings will allow space for future hospital development and expansion if needed, while continuing to incorporate and maintain greenspace. This planned reuse aligns with the 2021 EcoDistrict Plan and the 2021 Master Plan created for the Clark-Fulton community, as well as with Cleveland’s brownfield reutilization priorities by removing blight and remediating a site impacted by hazardous materials. Community survey results indicated the community would like to see part of the MHS Campus transformation include greenspace which includes a multipurpose lawn/place for festivals, markets, performances, and other large-scale events. The Site’s proposed greenspace will help address the neighborhood’s lack of accessible open greenspace and provide access to outdoor amenities for campus patients and employees, as well as the Clark-Fulton residents.

The Clark-Fulton Master Plan was created to ensure the community’s voice was heard and incorporated into the reutilization of the neighborhood. Along with the Clark-Fulton neighborhood residents, a core team of public and private partners (MHS, Metro West Community Development Organization, Office Ward 14, Cleveland Foundation, City of Cleveland, and community ambassadors), key stakeholders (Tremont West Development Corporation, Seventh Hill, the Greater Cleveland Regional Transit Authority [RTA], the Northeast Ohio Areawide Coordinating Agency [NOACA]), and various community members strongly support the revitalization of the Clark-Fulton Neighborhood and the MetroHealth Campus Transformation. The planning process actively engaged the community through a series of mapping activities, polls, surveys, community meetings, stakeholder meetings, open houses, and expression series to create a Master Plan, which serves as a “comprehensive frame roadmap to envision and guide the future growth of a neighborhood”, which became the first comprehensive neighborhood plan in the City of Cleveland. The goal was to ensure the EcoDistrict and Master Plan were inclusive, culturally competent, and bilingual, incorporating hands-on activities and opportunities.

d. Outcomes and Benefits of Reuse Strategy

The Site’s buildings are currently vacant and underutilized, requiring significant ongoing maintenance and expenditure of limited resources to maintain, which diverts resources away from healthcare services and reinvestment in the adjoining underserved neighborhood. Asbestos abatement will lead to the demolition of the Site’s buildings, which will free up assets in an area with limited developable space. Following cleanup, the Site will facilitate the creation of a much-needed greenspace for the neighborhood, creating a community-serving amenity that enhances livability, safety, and supports long-term investment.

The towers and associated buildings once served as core facilities for the MetroHealth Hospital System; however, they became outdated within the last 15 years. As part of campus planning and transformation, the energy-efficient and technologically advanced Glick Center was constructed on the MHS Campus, south of the Site, in anticipation of the abatement and demolition of the Site’s buildings. In the event of extreme weather or natural disasters, the Glick Center can accommodate a surge of hospitalizations and serve as a place of refuge for the community.

The long-term goal of the Site is to construct additional hospital facilities in the future, which will be constructed with Leadership in Energy and Environmental Design (LEED) certification standards as outlined in the MHS campus plan and will incorporate energy-efficient measures and design and modern building systems. In the interim, the grant will assist with the abatement of the Site’s buildings, leading to demolition, reducing impervious surface area, which will help decrease stormwater runoff to the combined sewer system and help reduce system strain during heavy rain events.

Strategy for Leveraging Resources

e. Resources Needed for Site Characterization

The MetroHealth Main Campus Towers and Associated Buildings have been assessed. MHS has conducted a Phase I Environmental Site Assessment and seven (7) Pre-Demolition Limited Hazardous Materials Surveys and Baseline Surveys. Since portions of the buildings were occupied at the time of the prior studies, destructive testing was not feasible in all areas. Therefore, additional assessment, which will be completed prior to June 15, 2026, is needed to complete the assessment of inaccessible areas identified in the surveys. MetroHealth has available funding to cover the cost of this additional assessment.

f. Resources Needed for Site Remediation

The Board of Trustees of MHS allocated capital funding in the FY2026 Operating Budget for the demolition of the Site’s buildings and a portion of the abatement; however, these funds are insufficient to cover the full cost of the abatement. The MHS FY2026 Budget, approved by its Board of Trustees, is attached, which documents the availability of the funds allocated for the remediation of the Site. Based on the ABCA, the total estimated abatement costs for the project are \$7,138,935. Assuming that the grant amount is awarded at \$4,000,000, the remaining balance of the abatement costs would

be within the budget committed by the MHS Board. The grant is critically needed, as the funds allocated currently would not cover the remediation and demolition of the buildings.

g. Resources Needed for Site Reuse

The remediation and demolition of the Site’s buildings is a multi-year and multi-phase project, including redevelopment plans. The MHS Board allocated \$12 million in capital funding in the FY2026 Operating Budget for the demolition activities. Additionally, operating budget documents demonstrate that the MHS Board intends to allocate an additional \$21.4M in FY2027, for a total of \$33.4M across both years for site reuse.

h. Use of Existing Infrastructure

The Site is within a fully developed area within the MHS Campus and Clark-Fulton neighborhood and is already served by existing utilities, roadways, and infrastructure. No significant new infrastructure upgrades are anticipated or needed. After abatement and demolition, the Site will be utilized as greenspace, providing the safe and welcoming environment desired for Clark-Fulton residents, MHS patients, and employees. The long-term goal (20+ years) of the Site is to have available space to construct state-of-the-art facilities that support hospital use while still incorporating greenspace. With no remaining developable land, this area will help meet future hospital needs. Future development will incorporate existing greenspace, utilities, roadways, and public access and will be designed to meet energy-efficient certifications and standards. As outlined in the Master Plan, MHS will work alongside the Cleveland Metroparks, ODOT, and NOACA to improve pedestrian and bicycle connectivity to the Towpath Trail to Valentine Avenue, located north of the Site. The Site’s greenspace can provide a linkage within this network, promoting walkable and transit-friendly land use in the neighborhood.

(2) COMMUNITY NEED AND COMMUNITY ENGAGEMENT

Community Need

a. The Community’s Need for Funding

All data in sections a through d were obtained from the 2021 EcoDistrict Report, the 2025 Clark-Fulton Neighborhood Fact Sheet prepared by MHS, the 2026 Cleveland Ward 14 Data Profile, and the United States Census Bureau. Remediating and later demolishing the Site is critical to meeting the community’s needs because the MHS hospital campus and Clark-Fulton neighborhood are constricted for developable space. Although vacant, the buildings still require expensive ongoing maintenance, diverting limited public healthcare resources away from the low-income community. MHS serves more than 250,000 patients, two-thirds of whom are uninsured. As a public safety net hospital serving a high proportion of low-income and underinsured residents, MHS provides substantial levels of care that are undercompensated, limiting the ability to support non-clinical costs such as environmental remediation and demolition. The Site will provide greenspace in an area that has few options for outdoor recreation and healthy living habits, and in the long term will create options for reuse that will improve regional healthcare, add jobs, and drive economic growth in the Target Area. Clark-Fulton faces significant economic and environmental challenges that limit its ability to fund remediation and development. Clark-Fulton has a population of 7,649, with 38% of the population and nearly 53% of children living below the poverty line, far above the national average (16.3% in 2022), according to a Case Western study. The median household income of Clark-Fulton is \$34,649, which falls significantly below Cuyahoga County’s (\$62,800) and the State’s (\$69,680) median income. Of the 7,649 residents within Clark-Fulton, 5,665 residents have inadequate access to grocery options, and 42% of the residents receive SNAP benefits, underscoring ongoing food insecurity and health vulnerability. Additionally, 27.6% of residents within Ward 14 reported being unable to pay rent or utilities in the past year.

These economic conditions constrain the community’s ability to draw upon alternative funding sources for environmental cleanup and reuse. As a public hospital system serving one of the region’s most impoverished and underserved communities, MHS is prioritizing its limited resources for patient care and uncompensated services.

b. Health or Welfare of Sensitive Populations

Clark-Fulton’s most vulnerable populations include children below the poverty line, low-income families, and residents with chronic health conditions and disabilities. Clark-Fulton is one of Cleveland’s most densely populated and poorest neighborhoods, with limited access to safe, high-quality, open space and greenspace. Access to essential healthcare, jobs, and open space are critical needs in the Target Area. MHS is a key provider of all these things to the community, which includes a substantial number of children and adults living within proximity to the Site. MHS has invested considerably and continues to invest to develop modern hospital facilities to replace the outdated, inefficient buildings on the Site.

Removing the hazardous materials from these buildings will eliminate long-term environmental and financial liability, allowing MHS to discontinue costly maintenance of obsolete structures and redirect limited healthcare resources back into patient care, community health initiatives, and neighborhood investment.

c. Greater Than Normal Incidence of Disease and Adverse Health Conditions

Clark-Fulton has a higher-than-normal incidence of adverse health conditions, including elevated lead exposure risk (19% vs. 10.7% Cuyahoga County), adults with early/prediabetes (17% vs. 13% Cleveland), depression (27% vs. 23% Cuyahoga County), lung disease (22% vs. 18% Cleveland), residents under 65 without health insurance (12% vs. 7% Cuyahoga County), and life expectancy (73 years vs. 76.5 years Cuyahoga County). Additionally, Clark-Fulton is part of Cleveland’s Ward 14, which experiences elevated levels of asthma (13.6% vs. 13.7% Cleveland), residents with disabilities (21.8% vs. 19.9% Cleveland), and general reported poor health (36.5% vs. 30.8% Cleveland). These disparities are likely a result of multiple interconnected factors, including the historic and ongoing industrial activity, older housing stock, poor access to groceries/healthy food options, job instability, and poverty.

Vacant, asbestos-laden buildings like those at the Site only serve to exacerbate these conditions. This grant and the eventual demolition of the Site’s buildings will remove vacant, blighted buildings from the MHS campus, creating opportunities for development and greenspace that will improve the health of the community by expanding healthcare options, creating jobs, and opening up greenspace.

d. Economically Impoverished/Disproportionately Impacted Populations

Clark-Fulton is disproportionately impacted by environmental and economic inequalities. Historic deindustrialization and disinvestment have had long-lasting effects on the neighborhood, contributing to low household income and high poverty rates. Approximately 29% of the residents lack a high school diploma/ General Educational Development (GED), and 29.4% of Ward 14 residents have Level 1 literacy proficiency, compared to the 24.3% of Cleveland. Additionally, 69% of the residents 25 years or older have no college education. Currently, 44.4% of the population of rented households in Ward 14 live in affordable housing, and 46% of residents are classified as housing cost-burdened. Additionally, 17.8% of residents missed medical appointments due to the lack of reliable transportation.

These strained economic conditions are the result of historic industrial land uses, highway construction that physically isolates the community, and built-out land use patterns that restrict beneficial new redevelopment. Clark-Fulton has limited vacant land suitable for reuse, limiting its ability to attract investment and implement redevelopment. These documented economic disparities identify poverty, housing cost burdens, food insecurity, and low educational achievements as key challenges. As a result, these residents are facing fewer opportunities for economic advancement and development despite their proximity to a major medical infrastructure. This grant will support the abatement of the Site’s buildings, freeing up critical resources and land for greenspace and productive reuse and future economic gain.

Community Engagement

e. Project Involvement and f. Project Roles

The following partners will assist in this EPA Brownfield Cleanup grant project. These partners represent a diverse group of entities and bring a range of expertise to the involvement and success of the project.

Entity name	MetroWest Community Development Organization
Entity’s mission	To revitalize the neighborhoods of Stockyards, Clark-Fulton, and Brooklyn Centre in the City of Cleveland.
Point of contact	Emily Lee, Executive Director - ELee@metrowestcle.org
Specific involvement	Resident Engagement - Jones Home Neighborhood Association
Entity name	City Council Ward 14 of the City of Cleveland
Entity’s mission	The legislative priorities of the current councilmember include increased affordable housing, improved infrastructure, safer streets, health & wellness, and community engagement
Point of contact	Councilwoman Jasmin Santana - jsantana@clevelandcitycouncil.org
Specific involvement	Resident Engagement and City of Cleveland Collaboration
Entity name	Young Latino Network
Entity’s mission	Coalesce the voice of Latin communities to empower and transform people and create opportunities for growth.
Point of contact	Selina M. Pagán, Executive Director - selina@ylncl.org
Specific involvement	Resident Engagement – Communication with Hispanic & Latino Community
Entity name	Signet Real Estate Group
Entity’s mission	To create valuable partners by delivering customized real estate development and finance solutions to institutions in the healthcare sector.
Point of contact	Colin Rininger - Colin Rininger crininger@signetre.com
Specific involvement	Owner’s Representative - overseeing design, construction, and project closeout on behalf of MHS.

g. Incorporating Community Input

A Community Involvement Plan (CIP) will be created to define the project’s planned community-engagement activities, schedule, background, and key players. Public meetings will be held three times throughout the grant period (beginning, middle, and end of the project) to inform and engage members of the public. Monthly stakeholder meetings and public listening sessions will be held to allow community input and share project updates. Additionally, project updates will be provided on the social media pages of MHS and partners and the MHS website. Residents and property owners in the Target Area will be encouraged to follow the project on social media to be kept informed of the news and progress of the project and any upcoming events.

(3) TASK DESCRIPTIONS, COST ESTIMATES, AND MEASURING PROGRESS

a. Proposed Cleanup Plan

Based on previous assessments, the Site is contaminated with asbestos that must be abated to demolish the buildings safely. Among multiple materials, the most significant were thermal system insulation (TSI) (30,000 sf), fireproofing (20,000 sf), joint compound and associated drywall (185,000 sf), mastic, floor tile and leveler (454,235 sf), and caulking (10,200 sf). To address the contamination, a Draft ABCA was developed for the Site that evaluated three (3) alternatives, including a no-action alternative. Based on the master plan for Site redevelopment, demolition of the buildings on the Site is required. Therefore, all regulated asbestos that may be rendered friable must be removed prior to demolition. With consideration of effectiveness, implementation feasibility, and relative costs, the recommended cleanup is complete abatement of only those materials that would be disturbed during demolition.

A properly licensed Qualified Environmental professional (QEP) will oversee the asbestos abatement in accordance with applicable Ohio EPA standards. A State-certified Asbestos Hazard Project Designer (AHPD) will prepare an abatement specification, which will be used to conduct contractor bidding and selection. The abatement activities will be supervised by a State-certified Asbestos Hazard Abatement Specialist (AHAS) to oversee the Site Contractor to ensure regulations are followed and to conduct visual clearance inspections of asbestos abatement work areas. Following visual inspections, clearance testing

will be conducted by either an AHAS or a State-certified Asbestos Hazard Evaluation Specialist (AHES) to confirm that the work area can be deemed clean.

All ACM will be properly disposed of at a facility approved to accept such waste. Clearance samples will be analyzed per the National Institute for Occupational Safety and Health (NIOSH) #7400 requirements and must show less than 0.01 fiber of asbestos per cubic centimeter on work area air. At the completion of abatement activities, an Asbestos Completion Report will be prepared that addresses the abatement activities, summarizes all the asbestos that was removed, documents that releases did not occur during the abatement, and provides disposal documentation.

Description of Tasks/Activities and Outputs

<p>Task/Activity: Project/Program Management</p> <p>b. <i>Project Implementation:</i> MHS will procure a QEP to assist with technical aspects of the grant project in accordance with Federal and MHS procurement guidelines. MHS’s Project Director and Grant Manager will oversee grant implementation and administration to ensure compliance with the EPA Cooperative Agreement Work Plan, schedule, and terms and conditions, as well as make sure all grant reporting requirements are fulfilled and updated to ACRES. QEP will assist MHS in completing Programmatic Support for the four (4)-year term of the grant. MHS staff to attend the FY 2027 Brownfield training conference.</p> <p>c. <i>Anticipated Project Schedule:</i> Quarterly Reporting begins in the 2nd quarter and continues throughout the grant project. Yearly Reporting and Forms created in the 5th, 9th, and 13th quarters, and during final closeout. Abatement is expected to start in the 4th quarter and continue for 15 months. Monthly project status meetings (15) will be held during the abatement activities. Kickoff meeting and quarterly meetings with the US EPA Regional Manager assigned to the project.</p> <p>d. <i>Task/Activity Lead:</i> MHS will lead this task with support from the QEP</p> <p>e. <i>Outputs:</i> Four (4) Yearly Financial Reports, 16 Quarterly Reports, 15 Monthly Abatement Status Reports, 16 meetings with US EPA Manager, ACRES reporting, and final comprehensive report.</p>
<p>Task/Activity: Community Engagement</p> <p>b. <i>Project Implementation:</i> Using the structure developed during past community engagement processes, communication will include the disbursement of information through MHS’s websites and through public meetings. A CIP will be developed that will describe the public engagement process, anticipated to include three (3) public meetings (beginning, mid-project, and at completion), monthly project updates for Stakeholders during the abatement activities, bi-weekly public listening sessions (30) during the project implementation and posting of monthly progress reports on the MHS website and through social media posts during abatement activities</p> <p>c. <i>Anticipated Project Schedule:</i> CIP created within three (3) months of award. Public meetings will be held prior to, during, and after completion of abatement activities, monthly project updates for the Stakeholders and bi-monthly public listening sessions during the abatement activities, monthly progress reports posted to the website and social media during the abatement activities.</p> <p>d. <i>Task/Activity Lead:</i> MHS with support from the QEP.</p> <p>e. <i>Outputs:</i> Completed CIP, list of Stakeholder Group members, documentation from public meetings, monthly stakeholder and bi-monthly listening session meeting notes, website, and social media postings during the abatement activities.</p>
<p>Task/Activity: Cleanup Planning</p> <p>a. <i>Project Implementation:</i> MHS will oversee the QEP in the preparation of a Quality Assurance Project Plan (QAPP), Sampling and Analysis Plan (SAP), Health and Safety Plan (HASP), Final Analysis of Brownfield Cleanup Alternatives (ABCA), specifications for asbestos abatement, preparation of bid documents, review of bids, contractor selection, development of project schedule, and submittal of Ohio EPA abatement permit.</p> <p>b. <i>Anticipated Project Schedule:</i> QAPP, HASP, and Final ABCA will be prepared within three (3) months of QEP selection. Specifications for cleanup and contractor bidding will occur within three (3) months of approval of the Final ABCA by the US EPA. Contractor selection occurs within two (2)</p>

months of contractor bidding. Contractor to submit the Ohio EPA abatement permit within 30 days of selection.
<i>c. Task/Activity Lead:</i> QEP, supported by MHS.
<i>d. Outputs:</i> Final QAPP, HASP, ABCA, Specifications, bidding documents, schedule, and approved abatement permit from Ohio EPA.
Task/Activity: Cleanup
<i>a. Project Implementation:</i> Contractor mobilization and abatement, with third-party oversight by QEP. A completion report will be prepared documenting the removal and proper disposal of all regulated materials, including surrounding air monitoring and personnel monitoring. ACRES will be used for database entries.
<i>b. Anticipated Project Schedule:</i> Project startup is anticipated within 30 days of permit approval. The project is expected to last 300 shifts, or about 15 months. The final report will be provided within six (6) months of cleanup completion.
<i>c. Task/Activity Lead:</i> QEP, supported by MHS
<i>d. Outputs:</i> Air and personnel monitoring, ACRES reporting, documentation of the amounts of regulated materials removed, and final cleanup completion report.

f. Cost Estimates

Below are anticipated cost estimates for this project, as based on past Brownfield cleanup projects and local market standards:

Project Tasks		Task 1	Task 2	Task 3	Task 4	Total
Budget Costs		Project/Program Mgt.	Community Engagement	Cleanup Planning	Cleanup	
Direct Costs	Personnel					
	Fringe Benefits					
	Travel	\$3,150				\$3,150
	Equipment					
	Supplies					
	Contractual	\$86,850	\$101,000	\$86,000	\$1,180,000	\$1,453,850
	Construction				\$2,543,000	\$2,543,000
	Other					
Total Direct Costs		\$90,000	\$101,000	\$86,000	\$3,723,000	\$4,000,000
Total Indirect Costs						
Total Budget		\$90,000	\$101,000	\$86,000	\$3,723,000	\$4,000,000

Task 1. Project/Program Mgt.: MHS will not be charging staff time for grant oversight and management. While MHS staff will be responsible for oversight and management of all project/program management tasks, we will also select a QEP to perform the bulk of programmatic tasks at an estimated cost of \$86,850 (\$150/hr. x 579 hours). Travel costs are budgeted at \$3,150 for two (2) MHS staff to attend the FY 2027 Brownfield Training conference; flights (1 round-trip flight x 2 staff x \$750/flight=\$1,500), hotels (\$200/night x 2 staff x 3 nights=\$1,200), and meals (\$75/day x 2 staff x 3 days=\$450). **Task 2. Community Engagement:** MHS will use the QEP to organize community engagement, including preparation of the CIP (\$5,000), three (3) public meetings (3@\$2,000/meeting=\$6,000), monthly stakeholder meetings during project execution (15@\$2,000/each=\$30,000), and bi-weekly listening sessions during project implementation (30@\$1,000/each=\$30,000). Additional activities associated with website/social media updates are estimated at an additional \$30,000 (\$150/hr. x 200 hours) over the course of the project. **Task 3. Cleanup Planning:** QEP will lead this Task conducting cleanup planning to include a QAPP (\$10,000), SAP (\$5,000), HASP (\$5,000), Final ABCA (\$5,000), specifications for asbestos abatement (\$35,000), preparation of bid documents (\$15,000), review of bids and contractor selection (\$5,000), schedule (\$3,000), and abatement permit (\$3,000) for a total budgeted cost of \$86,000. **Task 4. Cleanup:** QEP

will lead this Task. The total estimated cleanup is \$7,138,935, *of which \$3,723,000 is requested in this grant application, as MHS and the community do not have the funding.* This task is comprised of on-site cleanup supervision for 300 shifts (300 shifts x \$3,500/shift=\$1,050,000), project coordination (\$100,000), completion report (\$30,000), and contractor costs for Asbestos abatement (\$5,958,935).
g. Plan to Measure and Evaluate Environmental Progress and Results

The Work Plan will include a detailed schedule of project milestones. MHS will track and evaluate progress in achieving outputs and milestones against the Work Plan schedule, in addition to communicating and meeting with the QEP and project contractors on a regular basis. MHS will document the project progress in the quarterly updates, shared with the EPA via the ACRES database. Among others, the primary outcomes and outputs to be tracked include adherence to schedule, amount of asbestos disposed, number of stakeholder and public meetings, and listening sessions conducted.

(4) PROGRAMMATIC CAPABILITY AND PAST PERFORMANCE

Programmatic Capability

a. Organizational Structure and b. Description of Key Staff

MHS is a \$2B+ county hospital system established and operated under Ohio Revised Code Chapter 339 and is operated by the Board of County Hospital Trustees. It is a large organization, accustomed to delivering complex projects requiring the highest level of quality and handling of sensitive data. MHS has been underway for several years on its Campus Transformation project and has a team of resources in place that has been executing similar work to that end. MHS has engaged the Signet Real Estate Group as the owner's agent to provide project management services to augment the hospital's in-house project management team.

James Bicak is the Sr. VP of Campus Transformation and holds an NCARB certificate and is a registered architect with more than 40 years of experience in healthcare architecture and planning. James will oversee all technical execution of the grant and supervise the internal MHS and Signet resources, as well as the QEP and contractors that work on the project. Jim will be supported by Colin Rininger, who is employed by Signet, the Owners' Representative, for the Campus Transformation project. Colin brings extensive experience managing large, publicly funded capital. Colin will support technical matters and project management. Erin Smith, Executive Director of Financial Planning & Analysis for MHS, will provide finance support and controls for all billing aspects of the project. Erin has over a decade of experience guiding large-scale capital projects, regulatory-driven initiatives, and complex budgeting portfolios, bringing deep expertise in financial governance, resource optimization, and federal funding stewardship. Erin has overseen a \$44M construction project, creating extensive experience in aligning financial controls with compliance requirements. Greg Zucca, Executive Director of Community Transformation and Real Estate Holdings, will lead the community engagement aspects of the project. Greg oversees several community development projects, which include affordable and workforce housing. He partners with multiple community stakeholders to implement the Clark Fulton Neighborhood Master Plan as the first-ever certified healthcare-anchored EcoDistrict.

c. Acquiring Additional Resources

A Qualified Environmental Consultant will be procured to handle the technical portions of the project in compliance with 2 CFR 200.317-326 for the selection. Should additional resources be needed, MHS will follow competitive Procurement Standards set forth in 2 CFR 200.317-326 when hiring contractors. Use of contractors and suppliers will require competitive bidding from at least three sources when the total exceeds \$10,000. The project team is familiar with running large projects and has successfully managed large budgets.

Past Performance and Accomplishments

e. Has Not Received an EPA Brownfields Grant but has Received Other Federal or Non-Federal Financial Assistance Agreements

(1) Purpose and Accomplishments

JobsOhio Cleveland Innovation District (CID) Research & Talent Initiatives Grant awarded MHS up to \$10,000,000 to accelerate MHS's research and education infrastructure, including the development of advanced facilities such as the Good Manufacturing Practices-compliant Clean Room for Vector and

Cell Production, and to expand workforce development through STEM/CS curriculum in partnership with Cleveland State University (CSU). Accomplishments included designed and constructed modular clean rooms for viral vector and CAR-T cell production; an integrated facility into the broader Innovation District strategy to attract research collaborations and industry partnerships; the achievement of \$5.2M in incremental research expenditures in 2024, surpassing the \$4M target growth; developed curriculum with CSU to enable 5,500 STEM/CS certificates; launched programs in patient-centered care, social determinants of health, and population health management; and the creation of 359 new jobs across telehealth, imaging, senior care, cancer research, and the Ohio Vector Production Facility.

Centers for Disease Control (CDC) – Heart Health Equity in Cuyahoga County Communities awarded \$3,750,00 to MHS. Through the Innovative Cardiovascular Health Program, this five-year cooperative agreement aims to improve heart health equity in Cuyahoga County by addressing disparities in cardiovascular disease outcomes, particularly among adults with uncontrolled hypertension in high-prevalence census tracts. Accomplishments included establishment of a multi-sector coalition including MHS, Better Health Partnership, Cleveland Clinic, University Hospitals, and community organizations; implementation of systems to track hypertension and cholesterol metrics across partner sites; initiation of team-based care models and bidirectional referral systems to connect patients with social services; and development of evaluation plans aligned with CDC guidance and began baseline data collection for targeted census tracts.

Health Resources & Services Administration (HRSA)– Community Health Worker Training Program awarded MHS \$2,996,917. The Community Health Worker Capacity Building Collaborative (CHWCBC) was established to recruit, train, and employ 240 Community Health Workers (CHWs) in urban and rural underserved communities across Northeast Ohio.

Accomplishments include 278 CHWs completing the program, exceeding the original goal of 240; enrollment of 10 apprentices to date who receive mentorship and on-site support; deliver free virtual sessions statewide with 35–90 participants per session; engagement of three academic partners (CSU, Cuyahoga Community College, and Kent State University) along with county Pathway HUBs and community organizations to strengthen regional capacity; and securing funding extension to provide upskilling opportunities through webinars and podcasts, and to sustain apprenticeship support.

(2) Compliance with Grant Requirements

CID Research and Talent Initiative Grant Compliance: Milestones achieved per Grant Agreement, including curriculum development, research infrastructure investments, and operational readiness for the Clean Room facility. Annual reports were submitted timely, detailing progress on research expenditures, job creation, and educational outcomes. The 2024 final report documented measurable success in all target areas. No major delays reported; proactive engagement with JobsOhio ensured alignment with timelines and deliverables.

CDC Compliance: MHS has adhered to all workplan requirements, timelines, and cooperative agreement terms. Reporting obligations, including performance measures and financial reports, have been met on time and accepted by CDC. Progress toward expected outcomes (improved hypertension control and reduced disparities) is being tracked through shared data systems. No corrective actions have been required; all activities have been documented and communicated transparently to CDC through quarterly updates and collaborative meetings.

HRSA Compliance: MHS has maintained full compliance with HRSA’s workplan, schedule, and terms and conditions. All required reports, including performance metrics and financial documentation, have been submitted on time and accepted by HRSA. Progress toward expected results has been consistently achieved and reported, with outcomes exceeding initial targets (278 CHWs trained vs. 240 projected). No corrective actions were required; all activities were documented and communicated transparently to HRSA through quarterly reports and advisory board meetings.

Threshold Criteria

1. Applicant Eligibility

- a. The Applicant, The MetroHealth System (MHS), is a political subdivision (county hospital) created under State Law. Chapter 339 of the Ohio Revised Code, the law under which the Board of Trustees of the MetroHealth System derives its authority as a political subdivision of the State of Ohio.
- b. MetroHealth is not a 501(c)(4) organization.

2. Previously Awarded Cleanup Grants

MHS affirms that the MetroHealth Main Campus Towers and Associated Buildings, located at 2500 MetroHealth Drive in Cleveland, Ohio 44109, has not received funding from a previously awarded EPA Brownfields Cleanup Grant.

3. Expenditure of Existing Multipurpose Grant Funds

MHS affirms that it does not have an open Multipurpose Grant.

4. Site Ownership

The Site is owned by The Board of County Hospital Trustees of The MetroHealth System (aka Board of Trustees of the Cuyahoga County Hospital, aka Board of Trustees of the MetroHealth System). The MetroHealth Board of Trustees will retain ownership of the Site for the duration of the time in which Brownfields Cleanup Grant funds are disbursed for the cleanup of the Site.

5. Basic Site Information

- a. Site Name: MetroHealth Main Campus Towers and Associated Buildings
- b. Site Address: 2500 MetroHealth Drive, Cleveland, Ohio 44109

6. Status and History of Contamination at the Site

- a. This site is contaminated by hazardous substances (i.e., asbestos). There is no contamination by petroleum.
- b. Since approximately the 1840s, the Site has operated as an infirmary and hospital. The current MetroHealth Main Campus Towers (North Building) were constructed in approximately 1971, and the Inpatient Entrance Building (also known as Core A/Core Building), located between the towers, was constructed in approximately 1977. Scott Auditorium, located directly south of Core A, was constructed in the 1950s. The Business Service Building, located directly east of the Towers and Core A, was originally constructed in 1912, with additions completed in the 1950s. The Site consists of approximately 3.6 acres and is currently developed with the North Building, Core A, Scott Auditorium, and Business Service Building, totaling approximately 550,000 square feet, located on the northern and eastern portions of the MHS main campus. The Site operated as the North Building in 1972, which offered 503 hospital beds in each tower, with each of the 12 floors accommodating at least 28 patients. Additionally, the building featured a central nursing station and specialized units. The Business Service Building consisted of a facility building, a warehouse facility, and a generator room.

By the 2010s, the towers were considered outdated, which led to plans for the replacement and construction of newer buildings. The North Building largely ceased inpatient use in November 2022, following the opening of the new Glick Center on the southern portion of the MHS Main Campus. The Business Service Building is underutilized as new buildings have been constructed throughout the MHS Main Campus. Since the vacancy and underutilization of the North Building, Core A, Scott Auditorium, and Business Service Building, the Site has been well maintained by MHS.

From 2021 to 2023, several asbestos and hazardous materials surveys were conducted, which indicated that asbestos containing material (ACMs) were present within the buildings on the Site.

- c. Environmental concerns at the Site are the ACMs that will need to be removed before demolition.
- d. The asbestos contamination identified at the Site stems from the original 1971 construction of the towers, the 1977 construction of Core A, and the 1950s construction and additions to Scott Auditorium and Business Services Center Building, and is inherent to the building materials from those periods. ACMs were identified on piping, piping insulation, floor tile, mastics, duct wrap, joint compound, caulks, and sink undercoats during the asbestos and hazardous materials surveys.

7. Brownfield Site Definition

MHS intends to abate and demolish the North Building, Core A, Scott Auditorium, and Business Services Building, to facilitate remediation, redevelopment, and reuse of the Site. The presence of known contaminants has prevented redevelopment since the building's disuse in approximately 2022 and subsequent vacancy, making redevelopment complicated. Thus, the Site meets the definition of a brownfield under CERCLA §101(39) and § 104 (k) in that the Site is "real property, the expansion, redevelopment, or reuse of which may be complicated by the presence or potential presence of a hazardous substance, pollutant, or contaminant."

MHS and the Phase I Environmental Site Assessment conducted by EMH&T affirms that the Site is:

- NOT listed (or proposed for listing) on the National Priorities List (NPL);
- NOT subject to unilateral administrative orders, court orders, administrative orders on consent, or judicial consent decrees issued to or entered into by parties under CERCLA; and
- NOT subject to the jurisdiction, custody, or control of the US government.

8. Environmental Assessment Required for Cleanup Grant Applications

The following site assessment reports have been completed for the Site. These reports serve as equivalent Phase II environmental site assessment reports:

- *Phase I Environmental Assessment of Approximately 59-acre MetroHealth Medical Center Main Campus located in the City of Cleveland, Cuyahoga County, Ohio* dated April 3, 2015, and prepared by EMH&T.
- *The MetroHealth Transformation Cost Model Stage 2, Phase 6/7* dated July 27, 2017, and prepared by Gilbane R.
- *Clark-Fulton/MetroHealth EcoDistrict Roadmap* dated August 30, 2021, and prepared by Clark-Fulton District Team.
- *Clark-Fulton Together-Final Plan* dated October 1, 2021, and prepared by WRT.
- *Pre-Demolition Limited Hazardous Materials Survey at the MetroHealth Main Campus – Facilities, Management, Laundry located at 2500 MetroHealth Drive, Cleveland, Ohio 44109*, dated December 3, 2021, and prepared by Atlas.
- *Pre-Demolition Limited Hazardous Materials Survey at the MetroHealth Main Campus – Scott Auditorium located at 2500 MetroHealth Drive, Cleveland, Ohio 44109*, dated December 3, 2021, and prepared by Atlas.
- *Pre-Demolition Limited Hazardous Materials Survey at the MetroHealth Main Campus – Towers located at 2500 MetroHealth Drive, Cleveland, Ohio 44109*, dated February 23, 2022, and prepared by Atlas.
- *Pre-Demolition Hazardous Materials Baseline Survey at the MetroHealth Main Campus – Business Services, and Ground Floor Corridor located at 2500 MetroHealth Drive, Cleveland, Ohio 44109*, dated September 2, 2022, and prepared by Atlas.

- *Pre-Demolition Hazardous Materials Baseline Survey at the MetroHealth Main Campus – Scott Auditorium located at 2500 MetroHealth Drive, Cleveland, Ohio 44109, dated September 2, 2022, and prepared by Atlas.*
- *Pre-Demolition Hazardous Materials Baseline Survey at the MetroHealth Main Campus – Facilities, Materials Management, and Laundry Buildings located at 2500 MetroHealth Drive, Cleveland, Ohio 44109, dated September 7, 2022, and prepared by Atlas.*
- *Baseline Hazardous Materials Survey at MetroHealth Main Campus – Towers located at 2500 MetroHealth Drive, Cleveland, Ohio 44109, dated May 19, 2023, and prepared by Atlas.*

During the asbestos and hazardous materials surveys, some limited areas of the buildings were inaccessible as they were occupied at the time. Additional assessment will be needed to assess these inaccessible areas, which will be completed prior to June 15, 2026. Collectively, these reports and the additional assessment will completely delineate the nature and extent of all contamination at the Site.

9. Site Characterization

- b.** The Site is eligible to be enrolled in the State of Ohio’s Voluntary Action Program (VAP). However, the grant is for the cleanup of asbestos containing building materials, therefore, the Site will not be enrolled in the VAP but will follow other applicable regulations set forth by the Ohio Environmental Protection Agency (EPA).
- i.** A letter from the State of Ohio Voluntary Action Program is included in this application:
- a. Unless new information is received, the site is eligible for Ohio EPA’s Voluntary Action Program;
 - b. Based upon the environmental site assessments performed to date and information provided by the applicant, Ohio EPA’s Brownfield program concurs that the site will require additional assessment to sufficiently characterize the site for the remediation work to begin. The applicant has affirmed that they will perform all needed assessments by June 15, 2026;
 - c. The Voluntary Action Program provides project assistance through its Technical Assistance program or enrollment into its US EPA Memorandum of Agreement Track; and
 - d. While this project is eligible to enroll in the Voluntary Cleanup Program, asbestos abatement projects are cleaned up pursuant to Ohio asbestos abatement regulations overseen by the Ohio EPA. A final determination of the adequacy of site characterization will be made by the department’s Air Pollution Control Division following receipt of the permit application.
- ii.** During the asbestos and hazardous materials surveys, some limited areas of the buildings were inaccessible as they were occupied at the time. Additional assessment will be needed to assess these inaccessible areas, which will be completed prior to June 15, 2026.

10. Enforcement or Other Actions

MHS affirms there are no known ongoing or anticipated environmental enforcement or other actions relating to the MetroHealth Main Campus Towers and Associated Buildings site.

11. Sites Requiring a Property-Specific Determination

MetroHealth affirms that the MetroHealth Main Campus Towers and Associated Buildings site does not require property-specific determination to be eligible for EPA Brownfields Grant funding; the Site:

- is NOT subject to planned or ongoing removal actions under CERCLA;

- 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 or to which a permit has been issued by the United States or an 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);
- 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;
- is NOT a land disposal unit that have submitted a RCRA closure notification or that are subject to closure requirements specified in a closure plan or permit;
- has NOT had a release of polychlorinated biphenyls (PCBs) and all, or part, of the property is subject to TSCA remediation; and
- 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

Based on Pre-Demolition Hazardous Materials Baseline and Limited Hazardous Material Surveys conducted in 2021 through 2023. No release or threat of release from the building materials to the outdoor environment was identified. MetroHealth affirms there has been no release and that there is no threat of release of the hazardous substances from building materials into the outdoor environment based on the site conditions.

13. Cleanup Authority and Oversight Structure

- a. MHS will comply with all applicable federal and state laws and ensure that the cleanup project protects human health and the environment.

MHS does not intend to enroll in a state or tribal response program, but will follow the Ohio EPA requirements for asbestos abatement and waste disposal, and ensure the cleanup is protective of human health and the environment. Abatement Specifications will be prepared by an Ohio Certified Project Designer, and all abatement activities will be supervised by an Asbestos Hazard Abatement Specialist or an Asbestos Hazard Project Designer. All abatement work will be performed by a State of Ohio Licensed Asbestos Abatement Contractor.

MHS will hire a State of Ohio Licensed Asbestos Abatement Contractor to comply with current OSHA, USEPA, National Emission Standard for Hazardous Airborne Pollutants (NESHAP), US Department of Transportation (DOT), Ohio EPA, and US EPA Region 5, and Ohio Department of Transportation (ODOT) regulations and requirements for the handling, abatement, transport, and disposal of ACM and Regulated Building Materials (RBM). The regulations will be documented in the Asbestos Abatement Specifications for reference.

MHS intends to consult with Project Designers, contractors, and the Ohio Licensed Asbestos Abatement Contractor in compliance with the competitive procurement provisions of 2 CFR §§ 200.317 through 200.327 and will ensure that this technical expertise is in place prior to beginning cleanup activities.

Project specifications will be prepared and put out to bid to qualified contractors with the appropriate safety and technical training who can demonstrate past experience successfully removing and disposing of ACMs.

The cleanup contractor will obtain an EPA hazardous waste generator identification number from the Ohio EPA on behalf of the Property Owner. Each waste stream will be profiled based on field observations and laboratory analyses. Upon approval of each waste stream profile, the cleanup contractor will load each waste stream into an appropriate transport vehicle and haul it to the

approved offsite hazardous waste disposal facility for disposal. The cleanup contractor will comply with all applicable state and federal regulations applying to transport and disposal.

Non-hazardous/solid wastes will be managed as solid waste. The solid wastes will be profiled, appropriately containerized, or packaged and labelled if required, and transported to an appropriate offsite permitted solid waste landfill for disposal. The cleanup contractor will follow all applicable state and federal regulations during transport.

Bids will be procured from cleanup contractors in a manner consistent with 2 CFR §§ 200.317 through 200.327. Procurement procedures will be documented and overseen to ensure contractors perform in accordance with the terms, conditions, and specifications of their contracts or purchase orders. Procurement transactions for property or services will be conducted in a manner providing full and open competition consistent with the standards of 2 CFR §200.319 and §200.320.

- b. There is no need to acquire access to the adjoining properties to conduct the cleanup, perform confirmation sampling, or monitor offsite migration of contamination. The cleanup will be entirely inside the buildings, and containment will be established for each abatement/cleanup area. On-site monitoring will be conducted to ensure releases do not occur.

14. Community Notification

a. Draft Analysis of Brownfield Cleanup Alternatives

A draft EPA application and ABCA, along with the proposed redevelopment and cleanup activities for the Target Site was discussed at the Public Meeting held on January 21, 2026. The community was also provided access to the draft ABCA in hardcopy at the **MetroHealth Glick Center, 2500 MetroHealth Dr, Cleveland**, and online at <https://metrohealthprod-lm01.cloud.infor.com:1442/lmscm/SourcingSupplier/html/SourcingSupplier?esk.SupplierGroup=MHS&esk.CHP=LMPROC>

The draft ABCA is attached to this application.

b. Community Notification Ad

The Public Meeting was held on January 21, 2026, and Community Notification ads were published in English on January 12, 2026, by the Cleveland Plain Dealer Newspaper. The ad was shared digitally via The Cleveland Plain Dealer.

A copy of the Community Notification Ad is attached to this application.

c. Public Meeting

The Public Meeting was held in person on January 21, 2026. There were no written comments or public comments received, meeting slides to summarize the public meeting(s), and a meeting sign-in sheet/participant list are attached to this application, though no attendees were present.

d. Submission of Community Notification Documents

The following community notification documents are included as an attachment to this proposal:

- A copy of the draft ABCA,
- A copy of the ad that demonstrates notification to the public and solicitation for comments on the application, and that notification to the public occurred at least 14 days before the application was submitted to the EPA,
- The comments received (N/A),
- The City's response to the comments (N/A),
- The Public Meeting notes summary (Slides Presented); and
- Meeting sign-in sheet (No attendees).

15. Contractors and Named Subrecipients

Not Applicable. MetroHealth will not procure contractors or name subrecipients for the grant prior to EPA award.