

**Application Information Sheet**

**B.1. | Applicant Identification**

Arkansas Valley Regional Medical Center, 1100 Carson Ave., La Junta, CO 81050

**B.2. | Website URL**

<https://www.avrmc.org>

**B.3.a. | Grant Type**

Single Site Cleanup

**B.3.b. | Federal Funds Requested**

\$745,835

**B.4. | Location**

**B.4.a. |** La Junta

**B.4.b. |** Otero

**B.4.c. |** Colorado

**B.5. | Property Information**

Arkansas Valley Regional Medical Center  
1100 Carson Ave., La Junta, CO 81050

**B.6 | Contacts**

**B.6.a. | Project Director**

Chris Kaufman

(719) 384-5412

[ckaufman@avrmc.org](mailto:ckaufman@avrmc.org)

1100 Carson Ave., La Junta, CO 81050

**B.6.b. | Chief Executive/Highest Ranking Elected Official**

Ronald E. Hogan

(719) 383-6001

[rhogan@avrmc.org](mailto:rhogan@avrmc.org)

1100 Carson Ave., La Junta, CO 81050

**B.7. | Population**

Arkansas Valley Regional Medical Center is a nonprofit organization exempt from taxation under section 501(c)(3) that serves the city of La Junta, Colorado. According to 2020 Census data, La Junta has a population of 7,322.

**B.8. | Other Factors**

See table below.

| <b>Other Factors</b>  | <b>Page #</b> |
|---|---------------|
| 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 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 project/reuse; secured resource is identified in the Narrative and substantiated in the attached documentation.  | N/A |
| 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 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.   | N/A |
| 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 |

### **B.9. | Releasing Copies of Applications**

Not applicable.



*Figure 1. Sanitarium Building (Sans)*



*Figure 2. Nursing Home Building (NCCW)*

## **ARKANSAS VALLEY REGIONAL MEDICAL CENTER**

**1100 Carson Avenue**

**La Junta, Colorado 81050**

**Office (719) 363-1428**

**Fax (719) 383-6005**

## Narrative

### **C.1.a. | Overview of Brownfield Challenges and Description of Target Area**

For 150 years, La Junta, Colorado—whose name translates to “the junction”—fostered a melting pot of cultures, histories, and livelihoods. True to its name, La Junta is comprised of a colorful mix of Native Americans, Spanish explorers, trappers, gold seekers, immigrants, and farmers who contributed to the historical richness and cultural vibrance of this charming town tucked away in the southeast corner of Colorado. For generations, La Junta has served as a regional hub for railroads, agriculture, and commerce, acting as the epicenter of Otero County (the target area for this project). As the largest and most developed municipality in Otero County, La Junta functions as the county’s primary center for healthcare, commerce, and public services. However, as industries evolved and populations shifted, many foundational structures that were once symbols of progress have deteriorated into liabilities. These legacy conditions now intersect with an aging population, higher-than-average poverty, and elevated rates of respiratory illness. Today, La Junta stands at its own junction whereby the community must decide whether to allow environmental hazards and deteriorating infrastructure to define its future or to reinvest in places that sustain health and resilience.

Arkansas Valley Regional Medical Center (AVRMC), the region’s sole hospital and critical anchor institution, sits at the center of that choice (and of the city for that matter). A 25-bed nonprofit Critical Access Hospital located two miles south of the Arkansas River, AVRMC provides lifesaving healthcare to the 18,303 residents of Otero County. The hospital offers a range of services including primary care, emergency medicine, infusion therapy, rehabilitation, laboratory services, and specialty clinics. It remains operational during emergencies and severe weather events, and it provides care for sensitive populations such as older adults, rural families, and individuals with chronic illnesses who often have no alternative source of care. AVRMC is more than a healthcare facility; it is the lifeblood of Otero County. However, the very place intended to heal has inherited environmental hazards that now threaten public health if left unaddressed.

In 2021, the City of La Junta conducted an environmental survey of AVRMC’s campus using funds from an EPA Brownfields Assessment grant and found significant asbestos contamination in two buildings. However, like most rural hospitals, AVRMC operates on razor-thin margins due to providing a disproportionate rate of uncompensated care and cannot spare resources for projects that are not mission critical. Therefore, this grant funding is desperately needed to address a potential exposure pathway, provide a beneficial recreational reuse to the hospital and its visitors, and allow the hospital to direct funding to essential medical programs. At this critical junction where La Junta’s past meets its future, EPA Brownfields support represents an opportunity to transform a legacy of risk into a source of health, resilience, and hope for generations to come.

### **C.1.b. | Description of the Proposed Brownfield Site(s)**

The proposed brownfield site is on AVRMC property, which is situated south of La Junta’s historic downtown district and immediately surrounded by residential neighborhoods. AVRMC’s two-block campus is a high-traffic location routinely accessed by patients, families, and healthcare workers. Two vacant structures on the northwest corner of the property—the 10,551 sq. ft. Sanitarium (Sans) and 18,568 sq. ft. Nursing Home West (NCCW)—are the focus of this project. The Sans building contains approximately 7,000 sq. ft. of asbestos containing materials (ACM) that are present in vinyl and tile flooring throughout the first and second floors as well as the caulking of the exterior windows. The NCCW building contains approximately 9,000 sq. ft. of ACM that are present in the ceiling tile, flooring, and black mastic throughout the building as well as the gasket material in the basement steam converter. Constructed in 1928 and 1963, respectively, the Sans and NCCW buildings were built using materials that were commonly used (though not regulated) at the time of construction, but which are now considered to be hazardous. Owned by the Mennonite Board of Missions at the time, the Sans building provided long-term care for tuberculosis patients until treatments became more widely available in 1956. That year, the sanitarium was converted into a nursing home, and

NCCW was added just seven years later. These buildings were never used for purposes other than providing medical services and long-term care. Funded by bonds and guaranteed by the Mennonite Board of Missions, AVRMC's 129,300 sq. ft. primary hospital building began operations in 1971 while the Sans and NCCW buildings slowly lost their utility. Although both buildings are still structurally sound, and there has not been any release of contaminants into the environment, they will eventually become dilapidated with age and natural deterioration. This potential exposure pathway would pose a significant threat to an already resource-limited organization serving a particularly vulnerable population. The hospital's proximity to the Arkansas River, a source of flooding and runoff, further exacerbates the risk of future exposure, which highlights the timeliness and importance of this project. Cleanup of the contaminated structures will remove these environmental hazards and allow for reuse of the site in a manner consistent with community priorities, local land-use plans, and EPA Brownfields goals.

### **C.1.c. | Reuse Strategy and Alignment with Revitalization Plans**

Where vacant, asbestos-contaminated buildings now cast long shadows on the hospital's campus, AVRMC sees opportunity. Following the City of La Junta's EPA-funded Brownfields Assessment, the AVRMC Board of Directors and Executive Leadership Team met with the La Junta Mayor and City Manager to reimagine this space into a community asset that reflects the hospital's healing mission. This task force collaboratively envisioned a green space featuring shaded walking paths, buffered reflective seating, and a sensory garden, ensuring that the final revitalization plan aligned with community priorities. The La Junta Urban Renewal Strategic Plan<sup>1</sup> identifies the maintenance of safe, functional, and code-compliant infrastructure as one of its top priorities. Similarly, the City of La Junta's Comprehensive Economic Development Plan<sup>2</sup> prioritizes revitalization efforts that remove blight from deteriorating properties and promote community reinvestment. Together, these community-informed strategic plans provided a clear framework, shaping the decision to move forward with a green space that addresses contamination while restoring the land to productive, public-serving use. This revitalization represents a marked turning point for AVRMC, one in which the hospital's environment fully supports health and healing.

### **C.1.d. | Outcomes and Benefits of Reuse Strategy**

By choosing reinvestment at this critical junction, the community unlocks a set of tangible benefits that protect public health, strengthen resilience, and restore long-term value to the hospital campus. Specifically, AVRMC prioritized redevelopment of the site to a green space for the following reasons:

- **Eliminate Safety Hazards:** Removing unutilized structures eliminates the risk of exposure for 40,000+ annual patient visits and 241 staff as well as future potential releases if the buildings naturally deteriorate. It also reduces ongoing maintenance and liability costs for the hospital, allowing AVRMC to redirect resources toward patient care and future service expansion.
- **Promote Health and Healing:** Studies suggest that green spaces, particularly those outside of hospitals, yield multiple clinical benefits such as increased physical activity, reduced stress, and improved likelihood of recovery.<sup>3</sup> Given AVRMC's centralized location, the ~two-acre green space offers a viable exercise space that both the hospital and the community currently lack.
- **Create Jobs:** Asbestos abatement, demolition, and revitalization require specialized contractors, creating demand for local environmental, construction, and hauling services. These activities circulate dollars within the community, supporting jobs and local vendors.
- **Enhances Patient and Staff Experience:** Transforming a visual eyesore into a public-facing green space creates a welcoming environment that improves the patient and visitor experience.

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<sup>1</sup> La Junta Urban Renewal Board. (2024). *2024-2023 La Junta urban renewal strategic plan*. Retrieved from <https://share.google/rOVNve1ChxvniaPmD>

<sup>2</sup> City of La Junta. (2017). *La Junta comprehensive plan*. Retrieved from <https://share.google/IUCyJtmJLy6V0CCja>

<sup>3</sup> van Iperen, I. D., Maas, J., & Spronk, P. E. (2023). Greenery and outdoor facilities to improve the wellbeing of critically ill patients, their families and caregivers: Things to consider. *Intensive Care Medicine*, 49(10), 1229–1231. <https://doi.org/10.1007/s00134-023-07185-7>

Redeveloping the space into an accessible-for-all green area also enhances the overall appeal and functionality of the hospital campus, strengthening its ability to attract and retain providers.

- **Improve Resilience to Extreme Weather:** Extreme weather events can damage aging or deteriorating buildings that contain asbestos, and the Southwest United States experiences disproportionate incidences of heat waves and poor air quality that contribute to building decay.<sup>4</sup> Green spaces can help moderate climate effects and mitigate flood risk,<sup>5</sup> thereby improving Otero County's resilience to extreme weather events.

Collectively, these outcomes demonstrate how cleanup and reuse at this site advance multiple community priorities: protecting public health, strengthening economic and climate resilience, and restoring the hospital campus as a safe, welcoming place for care. This project, therefore, marks a deliberate step toward transforming a legacy of liability into a long-term community asset.

#### **C.1.e. | Resources Needed for Site Characterization**

The City of La Junta's EPA Brownfield Assessment grant adequately characterized the site and no further resources are needed or are sought after. However, in the unlikely event that additional characterization is needed, AVRMC will request support from the Colorado Department of Public Health and Environment's (CDPHE) or EPA Region 8's Target Brownfield Assessment Program.

#### **C.1.f. | Resources Needed for Site Remediation**

The EPA funding requested in this application will be enough to complete the remediation of the proposed sites. If EPA funding is not awarded, AVRMC would pursue the CDPHE Brownfield Cleanup Grant Program as an alternative funding source. Kathleen Knox, Brownfields Coordinator at CDPHE, has provided a letter of support (Exhibit E) confirming the department's awareness of the project and willingness to support completion of the proposed remediation activities.

#### **C.1.g. | Resources Needed for Site Reuse**

AVRMC will require an additional ~\$800,000 (per a qualified environmental consultant) to demolish the buildings and develop a green space. The hospital has identified the following grant programs it either already applied for or intends to apply for to fund site reuse: La Junta Urban Renewal Authority (LJURA) grant program, The Bolger Foundation, the Colorado Department of Local Affairs' Rural Economic Development Initiative (REDI), the Colorado Department of Local Affairs' Community Development Block Grant, the U.S. Department of Agriculture's (USDA's) Community Facilities Direct Loan and Grant Program, the Economic Development Administration's Public Works and Economic Adjustment Assistance Program, and the USDA's Rural Business Development Grant.

#### **C.1.h. | Use of Existing Infrastructure**

Cleanup and demolition will allow AVRMC to fully utilize existing roads, walkways, and drainage systems already in place, though the redevelopment of the site into a green space will require minor changes to the irrigation system. AVRMC will also install lighting fixtures, benches, softscape elements (e.g. trees, plants, and flowers), and a walking path. These upgrades will cost between \$75,000 and \$100,000, and the hospital intends to request this funding from the LJURA.

#### **C.2.a. | The Community's Need for Funding**

Otero County faces persistent health and economic challenges that limit the community's ability to address environmental hazards without external support. Driven by long-term out-migration, fewer economic opportunities, and an aging population, the declining local tax base in Otero County historically constrained opportunities to reinvest in public infrastructure.<sup>6</sup> Nearly 24% of adults live in poverty, doubling state (9%) and national (12%) averages.<sup>7</sup> Ten percent of residents are

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<sup>4</sup> Centers for Disease Control and Prevention. (2024). Regional health effects – Southwest. Retrieved from <https://www.cdc.gov/climate-health/php/regions/southwest.html>

<sup>5</sup> United States Department of Agriculture. (n.d.). Northwest urban green spaces and climate change. Retrieved from <https://www.climatehubs.usda.gov/hubs/northwest/topic/northwest-urban-green-spaces-and-climate-change>

<sup>6</sup> Colorado Department of Local Affairs. (2017). Otero County demographic and economic profile. Retrieved from <https://share.google/ICjk1H81VQfwfJYmc>

<sup>7</sup> U.S. Census Bureau. (2023). American community survey 5-year estimates. Retrieved from <https://censusreporter.org/profiles/05000US08089-otero-county-co/>

uninsured, compared to 8% statewide.<sup>8</sup> The median household income in Otero County is \$55,758, nearly half of Colorado’s median income of \$97,113.<sup>7</sup> These disparities contribute to a cycle of economic instability that affects households, local businesses, and essential institutions alike. AVRMC operates under these same constraints. Like most nonprofit rural hospitals, AVRMC functions on razor-thin margins due to lower reimbursement rates associated with serving a disproportionately low-income and uninsured population. While the hospital remains fiscally responsible and mission-driven, it lacks the financial capacity to absorb the costs of environmental remediation alongside ongoing demands for patient care. Accordingly, EPA Brownfields funding is essential for moving this project forward, so the limited AVRMC funding available can be used for demolition and reuse, along with essential healthcare services.

**C.2.b | Health or Welfare of Sensitive Populations**

Older adults represent one of the most sensitive and vulnerable populations in Otero County and are among the primary beneficiaries of this project. Over one-fifth of the county’s population is age 65 or older, and an estimated 20% of older adults in the county live in poverty.<sup>7</sup> Aging populations experience higher rates of chronic disease and increased reliance on healthcare services, resulting in more frequent exposure to healthcare environments.<sup>9</sup> Medicare enrollment data further underscore this reliance, with 60% of eligible adults enrolled in Medicare and healthcare spending increasing substantially with age.<sup>9</sup> Compounding these health and socioeconomic challenges, the nearest alternative hospital is more than an hour away in Pueblo, reinforcing AVRMC’s critical role as the sole local healthcare provider for this rural community.

Older adults are especially susceptible to their environment,<sup>10</sup> including asbestos exposure, due to age-related declines in respiratory and immune function and the cumulative effects of long-term exposure. The presence of asbestos-containing materials in deteriorating, vacant buildings on the hospital campus therefore poses a heightened risk to this population, which both utilizes hospital services at higher rates and is more likely to experience severe health outcomes if exposed. Cleanup of these contaminated structures will directly reduce potential exposure pathways, thereby protecting this population. The proposed reuse of the site as a landscaped green space further supports the health and welfare of older adults by providing a safe, accessible outdoor environment that encourages physical activity, stress reduction, and social interaction. This reuse strategy not only removes an environmental threat but also promotes healing and wellbeing in a community with limited recreational and healthcare alternatives.

**C.2.c | Greater Than Normal Incidence of Disease and Adverse Health Conditions**

Residents of Otero County experience a greater-than-normal incidence of chronic diseases and conditions commonly associated with or exacerbated by environmental exposures, including asthma, cancer, and chronic obstructive pulmonary disease (COPD) as shown in Table 1.<sup>11,12,13,14</sup>

| <b>Table 1. Comparison of Health Outcomes</b> | <b>Otero County</b> | <b>Colorado</b> | <b>United States</b> |
|---|---------------------|-----------------|----------------------|
| Asthma  | 11.3                | 10.4            | 9.8                  |
| Cancer*                                       | 8.7                 | 8.1             | 7.9                  |
| COPD  | 9.0                 | 4.9             | 6.2                  |

Note. Values are represented as crude prevalence %

<sup>8</sup> County Health Rankings. (2025). Otero, Colorado. Retrieved from <https://www.countyhealthrankings.org/health-data/colorado/otero?year=2025>  
<sup>9</sup> Jones, C. H. & Dolsten, M. (2024). Healthcare on the brink: Navigating the challenges of an aging society in the United States. *NPJ Aging*, 10(22). <https://doi.org/10.1038/s41514-024-00148-2>  
<sup>10</sup> Towne, S. D., Ng, B. P., Reyes, A., Rigsby, M., Lee, C., Smith, M. L., Ory, M. G. (2024). Rural healthy people 2030: Older adults. Chapter 7. In Ferdinand, A. O., Bolin, J. N., Callaghan, T., Rochford, H. I., Lockman, A., & Johnson, N. Y. (eds.) *Rural healthy people 2030*. <https://srhrc.tamu.edu/documents/rural-healthy-people-2030.pdf>  
<sup>11</sup> Centers for Disease Control and Prevention. (2025). PLACES Data. <https://www.cdc.gov/PLACES>  
<sup>12</sup> Centers for Disease Control and Prevention. (2023). Most recent state or territory asthma data. Retrieved from [https://www.cdc.gov/asthma/most\\_recent\\_data\\_states.htm#:~:text=These%20tables%20feature%20the%20latest%20national%20and,burden%20of%20asthma%20among%20children%20and%20adults](https://www.cdc.gov/asthma/most_recent_data_states.htm#:~:text=These%20tables%20feature%20the%20latest%20national%20and,burden%20of%20asthma%20among%20children%20and%20adults)  
<sup>13</sup> Centers for Disease Control and Prevention. (2024). State estimates of COPD. Retrieved from <https://www.cdc.gov/copd/php/case-reporting/state-level-estimates-of-copd.html>  
<sup>14</sup> America’s Health Rankings. (2023). Cancer in Colorado. Retrieved from [https://www.americashealthrankings.org/explore/measures/Other\\_Cancer/CO](https://www.americashealthrankings.org/explore/measures/Other_Cancer/CO)

\*Excludes non-melanoma skin cancer

Notably, the county’s elevated COPD prevalence may reflect long-term exposure to airborne pollutants; in communities with aging, asbestos-containing structures, deteriorating materials can contribute to compromised air quality and chronic inhalation risks. These health burdens are compounded by social and environmental barriers. For example, only 77% of residents have access to parks, compared to 90% statewide and 84% nationally,<sup>8</sup> limiting opportunities for physical activity and recovery from chronic illness. Additionally, 38% of residents report living with a disability, and 28% are physically inactive, factors that increase reliance on accessible healthcare environments and heighten sensitivity to environmental hazards.<sup>11</sup> Cleanup of asbestos-containing structures on the AVRMC campus will eliminate a potential exposure pathway, ensuring that the hospital does not contribute to existing environmental health risks. Reuse of the site as a landscaped green space will further mitigate disparities by expanding access to safe outdoor environments that support physical activity, stress reduction, and respiratory health.

**C.2.e-f. | Project Involvement & Roles**

See Table 2 below for cleanup partners’ contact information and roles.

| Table 2. Stakeholders  | Mission   | Point of Contact   | Project Role  |
|--|---|--|---|
| Arkansas Valley Regional Medical Center (AVRMC)              | Provides high-quality, compassionate, and respectful healthcare to southeastern Colorado with an emphasis on patient-centered care, community well-being, and operational excellence as a Critical Access Hospital. | Ronald E. Hogan<br><i>Chief Executive Officer</i><br>rhogan@avrmc.org<br>(719) 383-6001  | Site owner responsible for overseeing project activities, securing funding, and communicating with stakeholders to ensure alignment of goals.                                       |
| City of La Junta   | To build a thriving community by utilizing its historical strengths and natural attractions while improving local quality of life.  | Joe Ayala<br><i>Mayor</i><br>(719) 384-5991<br>joe.ayala@lajuntacolorado.org<br><br>Martin Montoya<br><i>Director of Engineering</i><br>(719) 384-5991 | Representatives of the City’s planning and development needs. Will ensure strategic alignment with other community stakeholders.  |
| La Junta Urban Renewal Authority (LJURA)                     | Focuses on transforming deteriorated or underutilized parts of the city into vibrant areas with new businesses, housing, and public amenities, boosting local prosperity.   | Melanie Scofield<br><i>City Clerk</i><br>(719) 384-5991<br>Melanie.Scofield@lajuntacolorado.org  | Subject matter experts for revitalizing and improving the community’s public infrastructure. Will provide guidance and potentially funding support for remediation and reuse plans. |
| Colorado Department of Public Health and Environment (CDPHE) | Advancing Colorado’s health and protecting the places where we live, learn, work, and play.   | Kathleen Knox<br><i>Environmental Protection Specialist</i><br>(303) 692-3544<br>Kathleen.Knox@state.co.us   | Subject matter expert and advocate for community environmental health, needs, and solutions. Will answer questions to support healthy reuse options.                                |

**C.2.g. | Incorporating Community Input**

The hospital is working closely with local authorities—including the AVRMC Board of Directors, La Junta City Council, and LJURA—to review plans, gather input, and make revisions as needed. The remediation project will be a standing agenda item on these boards’ regular monthly meetings, which are open to the public. Additionally, the hospital will coordinate quarterly virtual meetings with a CDPHE representative maintain the State’s support of the project and incorporate subject matter expertise. AVRMC will continue to publish social media posts, newsletters, and press releases at least monthly to keep the community informed of progress, and it will invite interested members of the community to ask questions and learn about this project on an ongoing basis. Community

feedback gathered through public meetings, stakeholder discussions, and written or verbal comments will be documented, reviewed by AVRMC leadership and other stakeholders listed in Table 2, and used to inform key decisions related to site cleanup sequencing, safety measures, and final green space design. When feasible, the hospital will incorporate community-identified priorities into the reuse strategy and will communicate back to the public how input influenced project decisions. To ensure full partnership of the aforementioned stakeholders, AVRMC developed a community engagement plan summarized in Table 3 below.

| <b>Table 3. Community Engagement Plan</b>                                      |  |                 |  |
|--|--|-----------------|--|
| <b>Engaged Group</b>   | <b>Activity</b>  | <b>Schedule</b> | <b>Desired Outcome</b>   |
| Local Authorities  | Meetings to provide project updates and review feedback  | Monthly         | Complete awareness of and investment in the project with feedback for remediation and reuse. |
| CDPHE  | Virtual meetings to discuss project updates              | Monthly         | Alignment of project activities and State priorities.  |
| Target Area  | Social media posts, newsletters, and press releases      | Monthly         | Community enthusiasm and awareness.  |
| Interested patients, staff, and community members who want to be more involved | Invitation to meet for Q&A sessions and observe progress | Ongoing         | Foster interest, education, and relationships with community members.                        |

### C.3.a | Proposed Cleanup Plan

Environmental investigations confirmed friable ACM in crawlspaces and assumed ACM in drywall textures, flooring mastics, and pipe insulation throughout the Sans and NCCW buildings. In the NCCW building, surveys also identified more than 9,000 sq. ft. of ACM in floor tiles, vinyl flooring, and associated tile adhesives located primarily in the north and south wing corridors and hallways. In the Sans building, more than 7,000 sq. ft. of ACM was identified in floor tiles and associated adhesives on the first and second floors, as well as in exterior window caulking. Cleanup activities will include securing CDPHE permits; establishing regulated work areas with appropriate containment; installing negative air pressure systems with HEPA filtration; removal of friable and non-friable ACM; HEPA vacuuming and surface cleaning; and continuous air monitoring during abatement activities. All abatement work will be performed by a CDPHE-certified General Abatement Contractor (GAC) under the oversight of a certified Asbestos Air Monitoring Specialist (AMS). A third-party environmental hygienist will collect clearance air samples following completion of abatement to verify successful removal of contaminants. Clearance samples will be analyzed using EPA Method 600/R-93/116 or Transmission Electron Microscopy (TEM) to confirm compliance with CDPHE air clearance criteria. All asbestos-containing waste will be properly packaged, transported, and disposed of at a permitted landfill in accordance with CDPHE and federal disposal requirements.

### C.3.b.-e. | Implementation, Schedule, Activities, & Outputs

See Table 4 below for project details.

| <b>Table 4. Activities, Implementation, Schedule, Leads, &amp; Outputs</b>  |
|---|
| <b>Task/Activity #1: Grant Administration</b>   |
| <b>Implementation:</b> Execute EPA cooperative agreement. Coordinate with EPA and CDPHE to maintain compliance. Track expenditures, manage invoices, and reconcile costs with the approved budget. Prepare and submit EPA required documentation including quarterly and annual reports. Maintain project files and documentation for closeout purposes. Submit final closeout report to EPA. |
| <b>Anticipated Schedule:</b> Execute cooperative agreement, coordinate with the EPA and CDPHE, establish financial controls and reporting systems, and start maintaining project files and quarterly reports by the end of 2026 Q4. Resolve any outstanding items and submit final closeout report by the end of 2030 Q3.   |
| <b>Lead:</b> AVRMC Grant Coordinator  |

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|--|
| <p><b>Outputs:</b> One (1) executed EPA cooperative agreement, documented invoices, sixteen (16) quarterly schedule and budget reports, ongoing ACRES Database reports, and one (1) grant closeout report.</p>   |
| <p><b>Task/Activity #2: Project Planning</b></p>   |
| <p><b>Implementation:</b> Hire qualified environmental Professional (QEP)/consultant. Finalize ABCA, draft a public letter and administrative order for community, and host kickoff meeting. Develop a cleanup/remedial action plan (C/RAP), materials management plan (MMP), sampling analysis plan (SAP), budget, and timeline. Create a quality assurance project plan (QAPP) and health and safety plan (HASP). Obtain EPA and CDPHE approvals prior to initiating cleanup. Secure applicable permits and regulatory clearances.</p>   |
| <p><b>Anticipated Schedule:</b> Hire the QEP by the end of 2026 Q4. Finalize ABCA, issue public notice and administrative order, and host a project kickoff meeting by the end of 2027 Q1. Develop the C/RAP, MMP, SAP, budget, schedule, QAPP, and HASP by the end of 2027 Q2. Submit plans and obtain approval from EPA and CDPHE by the end of 2027 Q3. Secure permits and regulatory clearances by 2027 Q3. Provide communication on site reuse (if applicable) by the end of 2030 Q3.</p>   |
| <p><b>Lead:</b> AVRMC Director of Facility Management with support from QEP</p>  |
| <p><b>Outputs:</b> EPA-approved ABCA, public letter, administrative order, kickoff meeting, C/RAP, MMP, SAP, budget, timeline, QAPP, and HASP (one of each). Any applicable regulatory approvals and permits.</p>  |
| <p><b>Task/Activity #3: Community Engagement &amp; Outreach</b></p>  |
| <p><b>Implementation:</b> Hire/designate a community outreach coordinator. Implement the Community Engagement Plan (Table 3). Schedule and conduct public meetings and stakeholder briefings. Coordinate regularly with AVRMC Board of Directors, La Junta City Council, and LJURA. Provide project updates in newsletters, press releases, and social media posts. Solicit and document community feedback and incorporate input where appropriate.</p>   |
| <p><b>Anticipated Schedule:</b> Designate community outreach coordinator by the end of 2026 Q4. Implement the Community Engagement Plan (Table 3); publish regular updates via newsletters, press releases, and social media; coordinate with the AVRMC Board, City Council, and LJURA; and start documenting public feedback by the end of 2026 Q4. Perform community engagement activities throughout project timeline according to Table 3.</p>   |
| <p><b>Lead:</b> AVRMC CEO with support from Community Outreach Coordinator</p>   |
| <p><b>Outputs:</b> Forty-eight (48) monthly meeting agendas and summaries, forty-eight (48) monthly public notices and outreach materials, and documentation of community input.</p>   |
| <p><b>Task/Activity #4: Site Cleanup</b></p>   |
| <p><b>Implementation:</b> Post Requests for Proposals (RFPs) for qualified contractors on BidNet. Conduct a qualifications-based selection process. Select a CDPHE-certified General Abatement Contractor (GAC), certified Asbestos Air Monitoring Specialist (AMS) to oversee the GAC, and a third-party environmental hygienist consultant. Execute contractor agreement and finalize schedules. Perform asbestos abatement in compliance with the EPA-approved Work Plan. Coordinate inspections and verification with regulatory agencies. Certify cleanup completion.</p>   |
| <p><b>Anticipated Schedule:</b> Develop and post RFPs on BidNet by the end of 2027 Q3. Conduct a qualifications-based selection, and select GAC, AMS, and environmental hygienist by the end of 2027 Q4. Execute contracts, finalize work schedules and logistics, issue pre-abatement notifications, and prepare site by the end of 2028 Q1. Perform asbestos abatement in accordance with EPA-approved Work Plan, conduct air monitoring and regulatory inspections, and maintain compliance documentation by the end of 2028 Q3. Complete asbestos abatement, perform final clearance sampling, and obtain cleanup certification by the end of 2028 Q4. Address corrective actions and confirm cleanup completion with EPA and CDPHE by the end of 2029 Q1.</p> |
| <p><b>Lead:</b> AVRMC Director of Facility Management with support from QEP and abatement contractor</p>   |
| <p><b>Outputs:</b> Three (3) RFPs, three (3) contractor agreements, remediation of ~9,000 sq. ft. of the NCCW building and ~7,000 sq. ft. of the Sans building, two (2) asbestos abatement completion inspection reports, and two (2) cleanup certifications.</p>  |

**C.3.f. | Cost Estimates**

See Table 5 below for the project budget.

| Table 5. Budget Categories |                    | Activity 1:<br>Administration | Activity 2:<br>Planning | Activity 3:<br>Outreach | Activity 4:<br>Cleanup | Total            |
|----------------------------|--------------------|-------------------------------|-------------------------|-------------------------|------------------------|------------------|
| Direct<br>Costs            | Personnel          | \$12,300                      |                         | \$8,000                 |                        | \$20,300         |
|                            | Travel             | \$4,030                       |                         |                         | \$17,500               | \$21,530         |
|                            | Contractual        |                               | \$37,500                |                         | \$80,000               | \$117,500        |
|                            | Supplies/Materials |                               |                         | \$5,000                 |                        | \$5,000          |
|                            | Construction       |                               |                         |                         | \$487,128              | \$487,128        |
|                            | Contingency        | \$1,633                       | \$3,750                 | \$1,300                 | \$87,694               | \$94,377         |
| <b>Total Budget</b>        |                    | <b>\$17,963</b>               | <b>\$41,250</b>         | <b>\$14,300</b>         | <b>\$672,322</b>       | <b>\$745,835</b> |

- **Personnel:** AVRMC is hiring a grant coordinator to programmatically support this four-year project, facilitate CDPHE and EPA approval processes, and manage ACRES database reporting, quarterly reports, and annual reports (300hrs x \$41/hr = **\$12,300**). It will also hire a community outreach coordinator to support Activity 3 (\$40/hr x 200 hrs = **\$8,000**). AVRMC staff time dedicated to general oversight will be provided as an in-kind contribution.
- **Travel:** Two team members will attend the EPA National Brownfields Training Conference, which includes the conference entry fee (2 x \$400), flights (2 x \$550), lodging (2 x \$225/night x 3 nights), meals (2 x \$50/day x 4 days), and ground transportation (\$70/day rental x 4 days + \$100 gas and parking) for **\$4,030** total. Travel/lodging and equipment for cleanup oversight if a nonlocal contractor is selected is assumed to cost **\$17,500** based on recent consultant estimates.
- **Contractual:** The hospital will hire a QEP to develop the final ABCA, public letter, administrative order, and kickoff meeting (40hrs x \$150/hr); C/RAP, MMP, SAP, budget, and timeline (170hrs x \$150/hr); and QAPP, HASP (40hrs x \$150/hr), totaling **\$37,500**. Project development and costing is estimated at (2 buildings x \$10,000) \$20,000. Engineering, technical specifications, and bidding are estimated at (2 buildings x \$8,000) \$16,000. Industrial hygienist oversight of the abatement is projected to cost (2 buildings x \$12,000) \$24,000. Finally, contract oversight and management are estimated at (2 buildings x \$10,000) \$20,000. Total Contractual budget for cleanup activities in both buildings is anticipated at **\$80,000** as outlined in the ABCA (Exhibit A).
- **Supplies/Materials:** The hospital is allocating **\$5,000** for public notice fees, graphic design materials, website updates, and community meeting expenditures.
- **Construction:** Whereas the Sans buildings has ~7,000 sq. ft. ACM and the NCCW has ~9,000 sq. ft. of ACM, the estimated cost for comprehensive ACM cleanup and disposal is **\$185,370** for the Sans buildings and **\$301,758** for the NCCW building as outlined in the ABCA (Exhibit A).
- **Contingency:** A 10% contingency is included for Tasks 1-3, and a 15% contingency is included in Task 4 to account for potential unforeseen conditions during asbestos abatement, consistent with EPA Brownfields Cleanup grant requirements.

### C.3.g. | Plan to Measure and Evaluate Environmental Progress and Results

AVRMC will track and evaluate progress on a monthly basis against the EPA-approved work plan, with all required administrative outputs and outcomes reported in the ACRES database per the grant contract. The volume of hazardous materials removed will be measured through documentation of asbestos abatement activities: air monitoring, waste disposal, and final clearance sampling. Financial performance, including funding leveraged and jobs created, will be monitored through reconciliation of expenditures against the approved budget. Community engagement activities will be tracked in accordance with the Community Engagement Plan (Table 3). AVRMC will coordinate regularly with EPA and CDPHE to address any deviations from the work plan and ensure timely and compliant project completion. Long-term expected outcomes (i.e. promotion of health and healing, patient and staff satisfaction, and resilience against extreme weather) will be tracked through routine community health reports, feedback surveys, and annual risk assessments.

### C.4.a. | Organizational Structure

AVRMC has an established governance structure to ensure timely, compliant execution of EPA Brownfields Cleanup grant requirements. Project oversight will be led by the Chief Executive Officer,

with financial management, internal controls, and reporting overseen by the Chief Financial Officer in accordance with 2 CFR § 200. An 11-member Board of Directors—comprised of hospital staff and community representatives—provides accountability for the Executive Leadership Team. As a subsidiary of its managing organization, Community Hospital Corporation (CHC), AVRMC also leverages system-level expertise in grant compliance, contracting, and financial oversight. This structure provides clear lines of authority, segregation of duties, and established controls that support the timely expenditure of funds and successful completion of all technical, administrative, and financial requirements of the EPA Brownfields Cleanup grant.

#### **C.4.b. | Description of Key Staff**

- **Chris Kaufman** is the Director of Facility Management at AVRMC and will be the primary lead and contract manager on this project. Chris has over 20 years of experience in facilities operations, including 10 years in facility management across healthcare and hospitality environments. His expertise spans aging infrastructure, hazardous material management, regulatory coordination, and complex capital improvement projects within occupied facilities. Chris has been involved in the demolition of multiple structures containing hazardous materials, with extensive coordination alongside licensed demolition and abatement contractors. Throughout his career, he has worked closely with regulatory agencies and has extensive experience coordinating compliance efforts with the U.S. EPA Region 8 in Colorado.
- **Matilin Harvey, DHSc, MPH** is a Grant Coordinator for AVRMC's managing organization, CHC. In the past year, Matilin submitted 62 grant applications totaling over \$10M, securing \$1M. Prior to this role, she managed over \$3M in grant funding for Texas A&M University where she was also appointed to the Board of Regents to represent an 11-university, 8-agency university system worth over \$8B. Matilin will spearhead EPA coordination, data reporting, and grant compliance.
- **Austin Palmer, MHA, CHFP** is AVRMC's Chief Financial Officer and will oversee financial operations, documentation, and reporting related to this project. Austin is a results-driven healthcare financial executive with more than 15 years of experience. He has a strong record of strengthening financial performance, improving organizational efficiency, mitigating risk, and aligning financial outcomes with quality care delivery. Prior to joining AVRMC, Austin was the Director of Finance for HCA HealthOne in Denver, overseeing core financial functions including forecasting, period close, managed care contracting, and analytics.
- **Ronald E. Hogan, CPA, MBA** was appointed Chief Executive Officer of AVRMC in 2025. He brings 35 years of healthcare executive leadership experience, with expertise spanning finance, operations, and clinical strategy. Prior to his career in healthcare, he was named an NCAA Division II All-American First Team pitcher from Delta State University. Throughout his career, Ron has led large multidisciplinary teams, guided acquisitions, served on advisory boards, driven innovation, and built strategic partnerships. He is the acting Chairman of the Finance Committee of the University of Louisiana System Board of Supervisors and a member of the Colorado Hospital Association Rural Health Advisory Council, the Colorado Rural Future Core Team, and Eastern Plains Healthcare Consortium Policy & Advocacy Committee. As CEO, he serves as the hospital's authorized signatory, primary stakeholder liaison, and public representative.

#### **C.4.c. | Acquiring Additional Resources**

To solicit a broad and competitive pool of contractors for remediation, AVRMC will issue a Request for Proposals (RFP) through BidNet. The hospital will utilize a qualifications-based selection process that meets or exceeds all applicable state and federal procurement requirements, including 2 CFR § 200. Proposals will be evaluated based on demonstrated experience, technical capacity, past performance, and cost reasonableness. In the event that multiple contractors are deemed equally qualified, AVRMC will prioritize local firms.

#### **C.4.e. | Has Never Received an EPA Brownfields Grant but has Received Other Federal or Non-Federal Financial Assistance Agreements**

##### **C.4.e.1. | Purpose and Accomplishments**

AVRMC has a demonstrated track record of successfully implementing complex, grant-funded projects that are comparable in scope, structure, and accountability to the proposed EPA Brownfields Cleanup project. For example, AVRMC received a grant from The Colorado Health Foundation on June 1, 2025 to support the replacement of the hospital’s electronic health record (EHR) system; it was also awarded a capital grant from Siemens Medical Solutions USA, Inc. on September 5, 2025 to procure and implement a 3D mammography machine to expand access to advanced breast cancer screening for an underserved rural population. The specific outputs, outcomes, and performance measures for these projects are summarized in Table 6 below.

| <b>Table 6. Previous Grant Awards</b>  |
|--|
| <b>Example Grant #1: The Colorado Health Foundation</b>  |
| <b>Award Scope:</b> \$250,000, 12 months, EHR system upgrade   |
| <b>Outputs:</b> Selection and implementation of one (1) Epic EHR platform; Secure migration of legacy data into Epic; Configuration of clinical, billing, and reporting modules; Training and onboarding of clinical and administrative staff; Development of standardized workflows and documentation policies; Project completion report.        |
| <b>Outcomes:</b> Improved accuracy and timeliness of clinical documentation; Reduced system-related errors; Enhanced care coordination and interoperability; Improved patient safety, staff satisfaction, and long-term sustainability.  |
| <b>Performance Measures:</b> Progress and outcomes were tracked using clearly defined benchmarks, including on-time system go-live, completion of Epic training by more than 90% of staff, finalized workflows and policies, and ongoing monitoring of chart completeness, claim denial rates, IT support requests, and user satisfaction metrics. |
| <b>Example Grant #2: Siemens Medical Solutions USA, Inc.</b>   |
| <b>Award Scope:</b> \$430,172, 5 years, 3D mammography machine   |
| <b>Outputs:</b> Procurement and installation of one (1) Mammomat B.brilliant 3D mammography machine and accompanying accessories; One (1) executed vendor contract; Integration of mammography system with existing platforms; Training for radiology staff; Annual performance monitoring reports.  |
| <b>Outcomes:</b> Increased breast cancer screening volumes, reduced recall rates and repeat imaging, more timely diagnostic reporting, improved cancer detection metrics and early-stage diagnosis, and increased patient and provider satisfaction with breast imaging services.  |
| <b>Performance Measures:</b> Progress and outcomes were tracked using clearly defined benchmarks, including on-time installation; completion of training by 100% of radiology staff; finalized workflows and policies; patient record indicators of diagnostic success, and discharge surveys for patient feedback.                                |

Together, these projects demonstrate AVRMC’s capacity to define and achieve meaningful outputs and outcomes, track performance measures, engage stakeholders, and adhere to the work plans of major capital projects, which are capabilities directly applicable to the proposed brownfields cleanup effort. While these projects were healthcare-focused rather than environmental, they required similar elements of regulatory compliance, contractor coordination, community communication, and performance tracking that EPA Brownfields Cleanup Grants demand.

**C.4.e.2. | Compliance with Grant Requirements**

AVRMC has consistently demonstrated full compliance with the workplans, schedules, and terms and conditions of its current and most recent financial assistance agreements. Although both referenced grants remain active, the hospital is meeting all approved milestones, budgets, and reporting requirements in a timely and satisfactory manner. For the EHR implementation grant, AVRMC has completed platform selection, maintained adherence to the approved scope of work, and submitted all required financial and programmatic reports on schedule. For the 3D mammography grant, the system has been successfully installed, with staff training and integration progressing according to the approved timeline. AVRMC maintains complete, accurate, and auditable financial records for all grant-supported expenditures and ensures that supporting documentation is available for review.

Where challenges have arisen, such as the need to pursue supplemental funding to support full EHR implementation, AVRMC has proactively communicated with funders and taken reasonable and appropriate corrective actions to remain aligned with approved project objectives. To date, the hospital has successfully closed multiple smaller state and private grants and has had no findings of noncompliance, corrective actions, or material audit issues. This history of timely reporting, sound financial management, proactive problem-solving, and adherence to grant requirements demonstrates AVRMC’s readiness and capacity to successfully administer the proposed EPA Brownfields Cleanup Grant and achieve its expected results.

## Threshold Criteria

### 1.a. | Applicant Eligibility

Arkansas Valley Regional Medical Center Inc. (AVRMC) affirms that the organization is a nonprofit or comprised of nonprofit organizations as defined under section 501(c)(3) of the Internal Revenue Code, and therefore, eligible to apply for this cleanup grant.

Documentation of AVRMC's tax-exempt status is attached as Exhibit F.

1.b. | AVRMC affirms that it is **not** a lobbying organization as defined under section 501(c)(4) of the Internal Revenue Code.

### 2 | Previously Awarded Cleanup Grants

AVRMC affirms that the proposed site has **not** received funding from a previously awarded EPA Brownfields Cleanup Grant.

### 3 | Expenditure of Existing Multipurpose Grant Funds

AVRMC affirms that the proposed site does **not** have an open EPA Brownfields Multipurpose Grant.

### 4 | Site Ownership

AVRMC affirms that the organization is the current owner of the project site.

### 5 | Basic Site Information

5.a. | Arkansas Valley Regional Medical Center, Inc.

5.b. | 1100 Carson Ave., La Junta, CO 81050

### 6 | Status and History of Contamination at the Site

6.a. | The site is contaminated by hazardous substances (asbestos) only.

6.b. | The contaminated structures were once used as a sanitarium (Sans) and nursing home (NCCW) to support medical services offered by the Arkansas Valley Regional Medical Center hospital. Historical records indicate that the Sans building was initially built in 1928, and NCCW was added in 1963. Historically, these buildings were only used to deliver medical services and long-term care. Today, both structures are no longer in use.

6.c. | In 2021, Alpine Consulting, Inc. conducted an environmental survey of hospital grounds as part of a Brownfields Assessment Grant received by the City of La Junta. The surveys identified asbestos containing materials (ACM) in the NCCW and Sans buildings, and the findings are summarized in the table below.

| Sample ID  | Building | Quantity (sq. ft.) | Material Description                  | Friable (F) vs. Non-Friable (NF) | Material Condition Category | Sample Location                             |
|------------|----------|--------------------|---------------------------------------|----------------------------------|-----------------------------|---|
| NCCW 8-9   | NCCW     | <5000              | 1x1 Ceiling Tile                      | F                                | 4                           | Dining and Kitchen Ceiling                  |
| NCCW 36-37 | NCCW     | <5000              | Vinyl Flooring Under 12x12 Floor Tile | F                                | 4                           | North Wing Corridor and Hallways Throughout |

|            |      |       |                              |    |   |   |
|------------|------|-------|------------------------------|----|---|---|
| NCCW 55-56 | NCCW | <5000 | 1x1 Ceiling Tile             | F  | 4 | North Wing Hallways and Corridor Throughout           |
| NCCW 81-82 | NCCW | <5000 | Vinyl Under 12x12 Floor Tile | F  | 4 | South Wing Hallways and Corridors Throughout          |
| NCCW 91-92 | NCCW | <5000 | 1x1 Ceiling Tile             | F  | 4 | South Wing Ceiling Throughout                         |
| NCCW 97-98 | NCCW | <1000 | Gasket Material              | F  | 4 | Basement Steam Converter                              |
| NCCW 40-41 | NCCW | >5000 | Brown 9x9 Floor Tile         | NF | 5 | North and South Wings Throughout                      |
| NCCW 42-43 | NCCW | >5000 | Teal 9x9 Floor Tile          | NF | 5 | North and South Wings Throughout                      |
| NCCW 44-45 | NCCW | >5000 | White 9x9 Floor Tile         | NF | 5 | North and South Wings Throughout                      |
| NCCW 48-49 | NCCW | >5000 | Black Mastic                 | NF | 5 | North Wing Under Floor Tile Throughout                |
| NCCW 89-90 | NCCW | >5000 | Black Mastic                 | NF | 5 | South Wing Under Floor Tile Throughout                |
| SB 24-25   | Sans | <1000 | Orange Vinyl                 | F  | 4 | 2 <sup>nd</sup> Floor South End                       |
| SB 30-31   | Sans | <1000 | Red Vinyl                    | F  | 4 | 1 <sup>st</sup> Floor and 2 <sup>nd</sup> Floor Ramps |
| SB 1-2     | Sans | <5000 | Gray 9x9 Floor Tile          | NF | 5 | 1 <sup>st</sup> Floor South Area Throughout           |
| SB 5-6     | Sans | <5000 | Tan 9x9 Floor Tile           | NF | 5 | 1 <sup>st</sup> Floor South Area Throughout           |
| SB 13-14   | Sans | <5000 | Gray 9x9 Floor Tile          | NF | 5 | 2 <sup>nd</sup> Floor Throughout                      |
| SB 34-35   | Sans | <5000 | Cove and Adhesive            | NF | 5 | 1 <sup>st</sup> and 2 <sup>nd</sup> Floors Throughout |
| SB 57-58   | Sans | <1000 | Caulking                     | NF | 5 | Exterior Windows                                      |

Note. Material condition categories: 1=damaged or significantly damaged; 2=damaged friable surfacing ACM; 3=significantly damaged friable surfacing ACM; 4=damage or significantly damaged friable miscellaneous ACM; 5=ACBM with potential for damage; 6=ACBM with potential for significant damage; and 7=any remaining friable ACBM or friable suspected ACBM.

**6.d.** | The Sans building contains approximately 7,000 sq. ft. of asbestos containing materials (ACM) that are present in vinyl and tile flooring throughout the first and second floors as well as the caulking of the exterior windows. The NCCW building contains approximately 9,000 sq. ft. of ACM that are present in the ceiling tile, flooring, and black mastic throughout the building as well as the gasket material in the basement steam converter.

## 7 | Brownfield Site Definition

AVRMC affirms that the site is: a) **not** listed or proposed for listing on the National Priorities List; b) **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 c) **not** subject to the jurisdiction, custody, or control of the U.S. government.

## **8 | Environmental Assessment Required for Cleanup Applications**

AVRMC affirms that a written ASTM E1903-19 report or equivalent Phase II environmental site assessment report has been completed for Arkansas Valley Regional Medical Center, Inc. Whereas the site does not have petroleum contamination, the Phase II report is not applicable. In lieu of that report, Alpine Consulting, Inc. conducted hazardous building materials surveys for both structures, and those reports are dated January 27, 2021. Both surveys concluded that asbestos is present and must be removed prior to renovation or demolition.

## **9 | Site Characterization**

**9.b.i.** | The applicant is **not** a state or tribal environmental authority, but it **is** eligible to enroll in the CDPHE Voluntary Cleanup Program (VCUP). See the enclosed letter in Exhibit E from Kathleen Knox, Brownfields Coordinator at the Colorado Department of Public Health and Environment (CDPHE), stating, “I again want to express the department’s support for the AVRMC’s Brownfields Cleanup Grant application for the Sanitarium Building and Nursing Home Building that will allow the cleanup and revitalization of this vital community resource.” The letter states that it is pertaining to the FY 2026 Brownfields Cleanup Grant.

**9.b.i.a.** | The attached letter clearly indicates that the applicant (AVRMC) has requested State oversight for the proposed cleanup site.

**9.b.i.b.** | The letter states, “While this project is eligible to enroll in the Voluntary Cleanup (VCUP) Program, asbestos abatement projects are cleaned up pursuant to Colorado asbestos abatement regulations overseen by the department’s Air Pollution Control Division. Based on the expertise and certifications required for the assessment, CDPHE is confident that the assessment is sufficient to prepare the required notification/permit application required of asbestos abatement projects.”

**9.b.i.c.** | The letter states, “CDPHE has reviewed the site characterization data associated with this application and determined that the site has been adequately characterized by qualified environmental professionals and the asbestos characterization was completed by a state- and AHERA- certified Qualified Environmental Professional, who followed state and federal regulations in the sampling scope and methodology.” Furthermore, “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 for the project. Should additional site characterization be required, the department’s brownfields program can assist the applicant in collecting the necessary data prior to the June 15, 2026 deadline specified in the grant solicitation guidelines.”

## **10 | Enforcement or Other Actions**

I affirm 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**

AVRMC affirms that the site does **not** require a Property-Specific Determination.

## 12 | Threshold Criteria Related to CERCLA/Petroleum Liability

Not applicable.

### 12.a.iii.2 | Non-Publicly Owned Sites Acquired Prior to January 11, 2002

#### 12.a.iii.2.a. | Circumstances of Acquisition

Ownership of the hospital property was acquired through a voluntary transfer and restructuring of governance, rather than a negotiated private sale. The hospital was originally owned by the Mennonite Board of Missions in 1928. Then in 1998, the Mennonite Board of Missions dumped its assets into a separate 501(c)(3), which transferred ownership to a newly formed community-based nonprofit corporation: Arkansas Valley Regional Medical Center, Inc. (AVRMC), which now holds sole ownership of the property. AVRMC has no familial or financial relationships with the prior owners its only historical relationship was a contractual operational relationship whereby the hospital was previously managed by the Mennonite Board of Missions under a management agreement that ended in 1998.<sup>1</sup>

#### 12.a.iii.2.b. | Date Property Was Acquired

July 1, 1998

#### 12.a.iii.2.c. | Environmental Due Diligence Prior to Acquisition

At the time that ownership was transferred, AVRMC conducted all appropriate inquiries by conducting a Phase I Environmental Assessment using the ASTM-E1527 standard practice within one year of acquiring the property. This was customary at the time of acquisition.

#### 12.a.iii.2.d. | Disposal of Hazardous Substances Occurred Before Acquisition

All disposal of hazardous substances at the site occurred **before** the property was acquired due to the historic building materials used to construct the structures.

#### 12.a.iii.2.e. | Current Owner Did Not Cause or Contribute to Release of Hazardous Substances at the Site

AVRMC affirms that it has **not** caused or contributed to any release of hazardous substances at the site.

#### 12.a.iii.2.f. | Current Owner Did Not Arrange for Disposal of Hazardous Substances at the Site

I affirm that AVRMC has **not**, any time, arranged for the disposal of hazardous substances at the site or transported hazardous substances to the site.

#### 12.a.iii.2.g. | Reasonable Steps

- (i) No releases have occurred on the site. The buildings are structurally intact and no hazardous building materials have been released to the environment.
- (ii) AVRMC maintains the buildings to ensure structural integrity and building security, which will prevent any threatened future releases.
- (iii) The two contaminated buildings are no longer available for public use, and access is limited to the Director of Facility Management. All services were

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<sup>1</sup> Arkansas Valley Regional Medical Center. (n.d.). About us. Retrieved from <https://www.avrmc.org/getpage.php?name=about&sub=About%20Us>

removed from these structures in 2000, and the buildings are secured and maintained for structural integrity.

#### **12.a.iv. | Sites with hazardous building material that is not released into the environment**

I affirm that there has been no release and that there is no threat of release of the hazardous substance(s) from building materials into the outdoor environment based on the site conditions.

### **13 | Cleanup Authority and Oversight Structure**

#### **13.a. | Cleanup Oversight**

AVRMC will meet monthly with CDPHE to finalize project plans, ensure regulatory compliance, and make a final determination if the site needs to be enrolled in VCUP. With approval from CDPHE and US EPA, the Director of Facility Management, Chris Kaufman, will use a qualifications-based selection process to procure an experienced contractor to conduct cleanup activities. As the project director, Chris will be responsible for overseeing project activities, ensuring alignment with the approved work plan. All abatement work will be performed by a CDPHE-certified General Abatement Contractor (GAC) under the oversight of a certified Asbestos Air Monitoring Specialist (AMS). A third-party environmental hygienist will collect clearance air samples following completion of abatement to verify successful removal of contaminants. The grant coordinator and CFO will provide a system of checks and balances by tracking and reporting work plan progress and financial stewardship. Together, these individuals offer several layers of oversight and accountability for one another.

#### **13.b. | Access to Adjacent Properties**

Not applicable.

### **14 | Community Notification**

#### **14.a | Draft Analysis of Brownfields Cleanup Alternatives**

AVRMC affirms that a draft Analysis of Brownfield Cleanup Alternatives (ABCA) was completed by Ayres Associates on January 12, 2026 for this cleanup grant application and is available in Exhibit A.

#### **14.b | Community Notification Ad**

A community notification was published on the hospital's website, LinkedIn, and Facebook page as well as on the radio via Thunder media to notify residents in the target area of this project. Few residents in this community utilize a physical newspaper, so AVRMC felt it was more appropriate to reach the target area using online, social media, and radio channels. The public notice indicated the following:

- A draft copy of the EPA Brownfield Cleanup Grant application, including the draft ABCA, was available for public review and comment;
- How to comment on the draft application;
- Where the draft application is located; and
- The date, time, and location of the public meeting.

A copy of this ad and supporting forms for public notice are provided in Exhibit B.

#### **14.c | Public Meeting**

AVRMC leadership discussed the draft proposal and considered public comments during a public meeting held January 19, 2026. Exhibit C includes the following required materials:

- A summary of public comments received;
- The applicant's response to those comments;
- A summary of the public meeting agenda; and
- A meeting sign-in/participation list.

A copy of the community meeting presentation materials are attached as Exhibit D.

#### **14.d | Submission of Community Notification Documents**

Community notification documents are provided as indicated below:

- A copy of the draft ABCA – Exhibit A
- A copy of the ad that demonstrates solicitation for comments on the application and that notification occurred at least 14 calendar days before the application was submitted to the EPA – Exhibit B
- The comments or a summary of the comments received – Exhibit C
- The applicant's response to those comments – Exhibit C
- Meeting notes or a summary from the public meeting – Exhibit C
- Meeting sign-in sheet/participation list – Exhibit C

AVRMC has also chosen to include a copy of the community meeting presentation in Exhibit D.

#### **15 | Contractors and Named Subrecipients**

Not applicable.

**Exhibit E**

**Letter of Acknowledgement**

**Colorado Department of Public Health and Environment**

January 22, 2026

Melisa Devincenzi  
Environmental Protection Agency  
Region 8 Brownfields Program  
1595 Wynkoop Street (EPR-B)  
Denver, Colorado 80202-1129

Via email - [Devincenzi.Melisa@epa.gov](mailto:Devincenzi.Melisa@epa.gov)

RE: Arkansas Valley Regional Medical Center - FY26 Cleanup Grant Proposal

Dear Ms. Devincenzi:

I am writing to acknowledge and express the Colorado Department of Public Health and Environment's (CDPHE) support of Arkansas Valley Regional Medical Center's (AVRMC) FY 2026 Brownfields Cleanup Grant application for the Sanitorium Building and Nursing Home Building located at 1100 Carson Avenue, La Junta, Colorado. As the region's sole hospital, AVRMC provides critical services to an area dealing with an aging population, higher-than-average poverty, and elevated rates of respiratory illness. Cleanup of the site will allow a public health and safety hazard to be turned into a green space and community asset.

CDPHE has reviewed the site characterization data associated with this application and determined that the site has been adequately characterized by qualified environmental professionals and the asbestos characterization was completed by a state- and AHERA-certified Qualified Environmental Professional, who followed state and federal regulations in the sampling scope and methodology. While this project is eligible to enroll in the Voluntary Cleanup (VCUP) Program, asbestos abatement projects are cleaned up pursuant to Colorado asbestos abatement regulations overseen by the department's Air Pollution Control Division. Based on the expertise and certifications required for the assessment, CDPHE is confident that the assessment is sufficient to prepare the required notification/permit application required of asbestos abatement projects. 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 for the project. Should additional site characterization be required, the department's brownfields program can assist the applicant in collecting the necessary data prior to the June 15, 2026 deadline specified in the grant solicitation guidelines.

Pending a successful proposal by the AVRMC, CDPHE has additional resources to assist completion of the activities outlined in the proposal. These resources range from technical and planning resources to financial resources to assist with the cleanup. CPDHE has informed the AVRMC of the availability of these resources and can assist with the application process if requested.

In closing, I again want to express the department's support for the AVRMC's Brownfields Cleanup Grant application for the Sanitorium Building and Nursing Home Building that will allow the cleanup and revitalization of this vital community resource.

Sincerely,



Kathleen Knox  
Brownfields Coordinator  
Hazardous Materials and Waste Management Division

cc: Maitlin Rigsby Harvey, Arkansas Valley Regional Medical Center  
Chris Kaufman, Arkansas Valley Regional Medical Center

