



R08-26-C-020

Towner County Medical Center

228 1st Ave, Cando, ND 58324 | PO Box 688
Phone: (701) 968-4411 | Fax: (701) 885-7157
www.tcmcenter.org

1. Applicant Identification

Towner County Hospital Authority (DBA Towner County Medical Center)
228 First Avenue
Cando, ND 58324

2. Website URL: <https://tcmcenter.org/>

3. Funding Requested

- a. Grant Type: Single Site Cleanup
- b. Federal Funds Requested: \$400,000

4. Location

- a) City of Cando, b) Towner County, c) North Dakota

5. Property Information

Former Hospital
7448 Highway 281 North
Cando, North Dakota 58324

6. Contacts

a. Project Director

Kristin Simon, Chief Human Resource Officer
701-968-2555
kristin.simon@tcmcenter.org
228 First Avenue
Cando, ND 58324

b. Chief Executive/Highest Ranking Elected Official

Tom Belzer, Board President
701-968-3734
tom.belzer@tcmcenter.org
228 First Avenue
Cando, ND 58324

7. Population

City of Cando, ND: 1,199 (US Census: 2019–2023 American Community Survey)

This institution is an equal opportunity provider.



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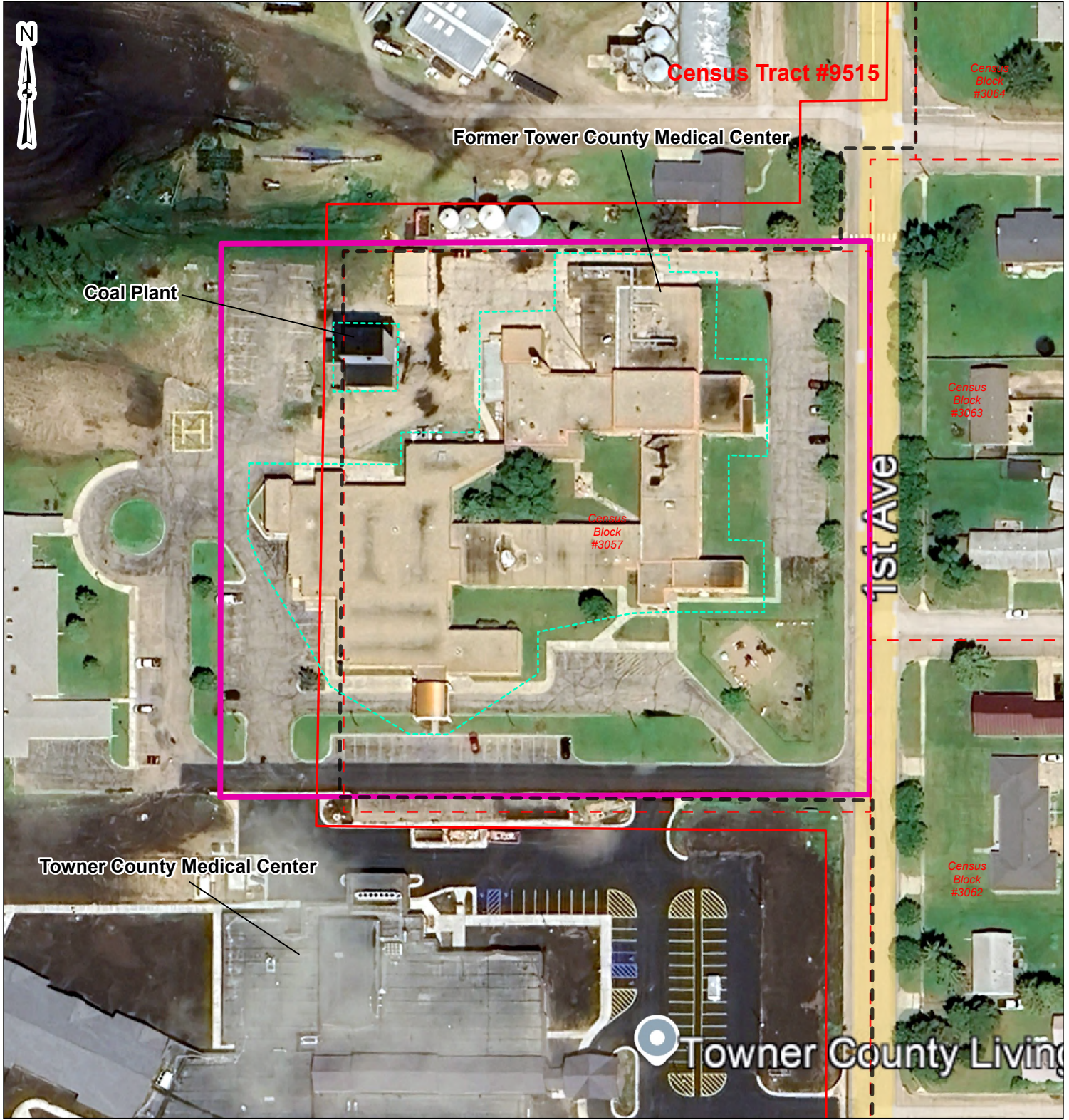
8. Other Factors

Other Factors	Page #
Community population is 15,000 or less.	1, 4
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 remediation/reuse; secured resource is identified in the Narrative and substantiated in the attached documentation.	3-4
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

9. Releasing Copies of Applications

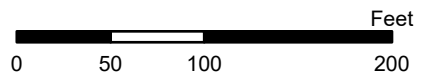
Not Applicable.

FY26 EPA Brownfield Cleanup Grant Towner Medical, North Dakota Towner County Medical Center



LEGEND

- Cando City Limits
- Census Tracts
- Brownfields Grant Application Site
- Census Block
- Building Footprint



DATA SOURCES:
 Google Earth
 United State Census - 2020 Census Block Map: Cando City, ND
 North Dakota GIS Data Hub



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 Cando is located in a deeply rural region in north-central North Dakota near the Canadian border and is surrounded by expansive farmland and prairie. It has a land area of only 0.6 square miles and a population of approximately 1,199.¹ Cando was founded in 1884 and thrived as a regional hub for agriculture and commerce, particularly following the arrival of the Great Northern Railway in 1888. Historically, the area's economy was rooted in grain farming and agriculture, with Cando serving as a center for agricultural trade and services. Today, Cando reflects the broader challenges of rural America: aging infrastructure, declining population, and limited resources to address barriers to growth. Cando is the largest remaining city in Towner County. Like many rural counties, Towner has experienced decades of economic stagnation and demographic shifts, resulting in underused and deteriorating properties throughout the county. These sites face several brownfield-qualifying challenges: being vacant, blighted, and potentially contaminated. They continue to pose risks to public health and safety, particularly in a community with a high proportion of youth, elderly residents, and low-income households.

The **geographic boundary** and **target area** for this grant is the city limits of Cando. The target area is burdened by environmental concerns stemming from the historical uses of, now, vacant and deteriorating properties. This Cleanup Grant application is being submitted on behalf of Towner County Hospital Authority (TCHA), doing business as Towner County Medical Center (TCMC), a nonprofit healthcare organization that oversees the **region's sole healthcare provider**. As a certified full-service Rural Health Clinic, TCMC is committed to promoting community health and recognizes the importance of addressing environmental hazards that may impact residents' well-being. The targeted brownfield cleanup site is located adjacent to the medical center and has long been identified as a priority for cleanup and reuse. Funding provided through this grant will allow the community to remediate environmental hazards and repurpose the site into a public greenspace, a resource critically lacking in the region. Economic indicators greatly impact residents and further underscore the community's high need: **low-median family income (\$59,896/US \$96,922) and elevated poverty levels (16%/US 10%).**¹ This investment will reduce blight, improve public health outcomes, and provide residents with a safe and accessible space to gather and connect. In a community with few alternatives, this transformation represents a meaningful step toward revitalization, public health improvement, and long-term resilience.

b. Description of the Proposed Brownfield Site(s): The proposed cleanup site, referred to throughout this application as the **Former Hospital**, is located at 7448 Highway 281 North. The property spans 4.21 acres and includes the former main hospital building (approximately 40,000 square feet) and a smaller coal-boiler building (approximately 2,400 square feet). The site is surrounded by a concrete apron and grass vegetation. Visual inspection of the site reveals signs of deterioration, including cracked pavement, overgrown vegetation, and aging infrastructure. It is currently vacant, as the new TCMC located adjacent to the **Former Hospital**, which now serves as the county's sole healthcare facility, opened in June 2024. Originally constructed in 1952, the Former Hospital operated continuously for over 70 years, first as Towner County Memorial Hospital and later as TCMC. The building was constructed with typical materials available at the time, many of which are now known to contain hazardous substances that pose environmental and public health risks. Two Asbestos and Regulated Materials Surveys conducted on the site in 2021 and 2025 have confirmed the presence of **asbestos-containing materials (ACM), lead-based**

¹ US Census 2019–2023 American Community Survey.



paint (LBP), mercury-containing items, polychlorinated biphenyl (PCB)–containing items, and items containing ozone-depleting chemicals (ODCs).

The site is surrounded by key community assets: the new TCMC and its adjoining senior living facility is 1,000 feet directly south; North Star School is approximately 1,000 feet southeast; Sacred Heart Catholic Church is 0.5 miles southeast. Residential homes are within 200 feet to the east across from First Avenue, and a farmstead is located 25 yards north of the site. The severity of the environmental conditions, particularly the confirmed presence of ACM, poses a direct threat to public health and impedes redevelopment. TCMC plans to redevelop the property into greenspace for community use. This transformation will reduce blight, improve livability, and support broader revitalization efforts in a rural area that depends heavily on its healthcare infrastructure and shared public spaces.

Revitalization of the Target Area. c. Reuse Strategy and Alignment with Revitalization Plans: The proposed reuse of the **Former Hospital** site is the development of a publicly accessible greenspace that will serve as a community gathering and recreation area. This strategy directly responds to local needs and aligns with regional priorities outlined in the **North Central Planning Council’s Comprehensive Economic Development Strategy (CEDS)** for Region III, which emphasizes enhancing quality of life, supporting community development, and improving infrastructure in rural areas. Community input has played a vital role in shaping the reuse vision. According to the CEDS, survey responses from current residents, youth, and prospective homeowners identified Towner County and the City of Cando as a “very outdoor recreation-focused community” and expressed a strong desire for more community-oriented spaces. Respondents prioritized the creation of a **designated space for a farmers market** and emphasized the importance of aesthetics and public amenities. Youth respondents also expressed interest in **community projects, community events, and park development**, indicating a willingness to engage in local initiatives if given the chance. The proposed greenspace would provide a platform for these activities and foster civic engagement.

A key component of the site’s transformation is the safe demolition of the remaining hospital structure. This effort will be supported by highly skilled and professional community volunteers who are generously donating their time, specialized equipment, and technical expertise as in-kind contributions. Their involvement not only ensures that the demolition will be conducted safely and efficiently but also reflects the community’s deep commitment to revitalization and shared investment in the project’s success. While TCMC currently owns the property, it remains open to exploring future redevelopment opportunities, such as transferring the site to a developer or partner, once environmental conditions allow. Cleanup is therefore essential to making the property safe, accessible, and viable for long-term investment and community benefit. **The site is not located within a federally designated floodplain**, and therefore, redevelopment does not pose flood-related risks nor require additional mitigation measures. By addressing environmental contamination and transforming the site into a versatile public asset shaped by community input, the reuse strategy advances local revitalization plans, strengthens community infrastructure, and creates meaningful opportunities for residents to participate in Cando’s long-term growth.

d. Outcomes and Benefits of Reuse Strategy: Transforming a deteriorated and hazardous property into a safe, functional public greenspace will stimulate local revitalization, improve quality of life, and strengthen economic resilience in Cando. Cando’s demographic profile underscores the importance of this investment. **Youth under the age of 18 make up approximately 32% of Cando’s population**, significantly higher than the national average of 22%.² In rural areas like

² US Census 2019–2023 American Community Survey.



Cando, youth often lack access to safe, accessible gathering spaces for recreation, socialization, and wellness. This can contribute to feelings of isolation, stress, and disconnection. Shared community spaces have been shown to improve physical and mental health by encouraging movement, social interaction, and emotional expression.³ When designed with youth input, these spaces foster a sense of belonging, ownership, and pride, helping young people feel seen and valued as part of the community. A designated farmers market area within the greenspace will further enhance community vitality by creating a central gathering point that supports both local health and rural economic development. Farmers markets have been shown to **foster social interaction, support local producers, and stimulate rural economies** by keeping more money circulating locally. They also promote healthier lifestyles, as studies have found that proximity to farmers markets is associated with increased fruit and vegetable consumption and lower body mass index, especially among youth in rural areas.⁴ In addition to improving access to fresh, local food, farmers markets create opportunities for education, entrepreneurship, and community connection.

The reuse plan also contributes to Cando's **ability to withstand extreme weather events and natural disasters. By converting the site into greenspace that incorporates pervious surfaces, vegetation, and open areas, the project will improve stormwater absorption, reduce localized flooding risks, and help moderate heat during increasingly warm summers.** These nature-based features enhance resilience without requiring specialized infrastructure, ensuring the site remains safe and usable during weather-related emergencies. Cleanup of the environmental hazards is the critical first step in unlocking these opportunities, ensuring the site can safely support both immediate community benefits and long-term revitalization.

Strategy for Leveraging Resources. e. Resources Needed for Site Characterization: As part of previous site investigations, the overall extent and degree of contamination was sufficiently characterized to develop a draft Analysis of Brownfield Cleanup Alternatives (ABCA) with a preferred cleanup approach for the site. TCMC does not anticipate needing additional funding for further site characterization and is ready to proceed with cleanup.

f. Resources Needed for Site Remediation: The EPA Brownfields Cleanup Grant funding requested in this application is expected to be sufficient to complete the necessary remediation/abatement activities at the Former Hospital site. The cost of cleanup required is \$400,000 and does not fit into TCMC's limited available funding for site redevelopment. The partnership with the EPA will fulfill TCMC's remediation goal and allow it to move on to the reuse phase of development. If additional funding is needed to complete the cleanup, TCMC will coordinate with the North Dakota Department of Environmental Quality (NDDEQ) to determine eligibility for support through the North Dakota Brownfields State Response Program, which offers direct assistance for environmental assessment and cleanup of contaminated sites. TCMC will also explore other local, state, and federal funding opportunities as needed.

g. Resources Needed for Site Reuse: A key component of the site's transformation is the safe demolition of the remaining hospital structure and the proposed landscaping work. This effort will be supported by highly skilled and professional community volunteers who are generously donating their time, specialized equipment, and technical expertise **as in-kind contributions**. Their involvement not only ensures that the demolition will be conducted safely and efficiently but also reflects the community's deep commitment to revitalization and shared investment in the project's success. The building demolition and landscaping have an estimated value of more than **\$400,000** based on local industry cost estimates. In addition, **TCMC has secured \$100,000** for

³ <https://www.happycities.com/blog/making-space-for-youth-in-our-communities>

⁴ <https://www.farmersmarketcoalition.org/education/farmers-markets-support-healthy-communities/>



greenspace development. **See attached secured leveraging letter.** Accessing this funding is contingent on the successful remediation of the site, making this grant a critical first step in the broader revitalization strategy.

h. Use of Existing Infrastructure: The Former Hospital site and its buildings have sufficient existing infrastructure in place, including water, power, and sewer services, which will support the proposed reuse without requiring major upgrades. While natural gas is not available, propane is commonly used in the area and can meet future energy needs. Leveraging these utilities will reduce redevelopment costs and streamline implementation of the greenspace project.

2. COMMUNITY NEED AND COMMUNITY ENGAGEMENT

Community Need. a. The Community's Need for Funding: The target area is a deeply rural community with a **small population of 1,199**, which significantly limits local tax revenue and the ability to fund nonessential projects.⁵ Cando is home to the only hospital and medical facility in the county, which recently transitioned to a much-needed new building in June 2024. The Former Hospital site, sitting vacant and environmentally compromised, is a critical property in need of remediation. However, the small, rural community lacks the financial capacity to address the contamination without federal assistance. Economic indicators further underscore this need: the **median income** in the target area is **\$49,375 (US \$78,538)**, the **per capita income is low at \$30,388 (US \$43,289)**, and **poverty rates are elevated with 16% of adults living below the poverty line (US 10%).**⁵

TCMC is similarly constrained. As a nonprofit rural hospital, TCMC must carefully manage its limited resources to ensure administrative and operational costs are covered, allowing it to continue delivering affordable, high-quality healthcare to the region. The organization does not have the financial capacity to fund environmental remediation independently, especially while maintaining its essential healthcare services. Without EPA Brownfields Cleanup Grant funding, the site will remain a blighted and potentially hazardous property, posing risks to public health and hindering revitalization in a community that cannot afford to address it alone.

b. Health or Welfare of Sensitive Populations: In addition to financial constraints, the community faces significant demographic challenges that further underscore the need for federal support. The target area has a disproportionately high concentration of sensitive populations, with **59% of residents being either youth or elderly (US 42%)** and **53% of the population being female (US 50%).**⁵ Additionally, **37% of residents are female head of households with children under the age of 18 (US 23%)** and **16% of the elderly over 65 are living in poverty (10% US).**⁵ These groups are especially vulnerable to environmental hazards and rely heavily on local infrastructure and healthcare services. The community also includes a notably high percentage of **American Indian residents at 10% (US 0.9%).**⁵

These demographic characteristics, combined with existing socioeconomic stressors, make the lack of safe, accessible greenspace a significant public health concern. Residents, particularly youth and elderly individuals, currently have few opportunities for recreation, social interaction, or outdoor wellness activities. Limited access to healthy outdoor environments contributes to isolation, reduced physical activity, and poorer mental health outcomes. In communities with high numbers of sensitive populations, the absence of such amenities exacerbates existing disparities and increases long-term health risks.⁶ By removing environmental hazards and creating a space that promotes health, the reuse strategy directly addresses the welfare of the community's most

⁵ US Census 2019–2023 American Community Survey.

⁶ www.mdpi.com/1660-4601/11/3/3453



sensitive populations. It reduces immediate environmental threats while also expanding long-term access to resources that support physical, mental, and social well-being.

c. Greater Than Normal Incidence of Disease and Adverse Health Conditions: Residents of Cando experience elevated rates of chronic disease and adverse health conditions that are compounded by environmental exposures. The Former Hospital site contains ACM, LBP, mercury-containing items, PCBs, and ODCs. These contaminants are known to contribute to respiratory illness, neurological damage, and increased cancer risk, particularly among sensitive populations. Reports show an **adult cancer prevalence of 11% in the target area**,⁷ significantly higher than the estimated 5–7% prevalence among US adults.⁸ The estimated prevalence of current **asthma among adults is 11%**⁷ (US adult average 8%),⁹ indicating that residents experience a disproportionate burden of asthma-related health impacts. Survey data from the TCMC 2025 Community Health Needs Assessment shows that 34% of residents report high blood pressure, 15% report arthritis, 13% report asthma, 13% report diabetes, and 43% report depression or anxiety. Cando ranks in the **91st percentile for heart disease among adults and in the 72nd percentile for diabetes prevalence**,¹⁰ indicating a higher-than-average burden of chronic illness. The community ranks in the **90th percentile for drinking water noncompliance** and **86th percentile for lead paint**, indicating significant environmental risk factors. The Former Hospital site is located within close proximity to homes, schools, and senior housing, placing vulnerable populations at risk of exposure to hazardous substances. Removing contamination will reduce exposure to hazardous substances, improve public health outcomes, increase access to health-promoting amenities, and support long-term community resilience.

d. Economically Impoverished/Disproportionately Impacted Populations: The target area experiences a combination of economic hardship and environmental burdens that **disproportionately affect sensitive residents**. Cando is a deeply rural community with limited tax revenue, constrained municipal budgets, and fewer opportunities to fund nonessential infrastructure and community development projects. These structural limitations place the community at a disadvantage when addressing legacy contamination or investing in amenities that support public health. As a result, economically impoverished households and historically vulnerable groups shoulder a disproportionate share of the negative environmental consequences associated with the Former Hospital site. These challenges are exacerbated by elevated chronic disease rates and the proximity of hazardous materials to homes, schools, and senior housing. Residents with lower incomes, limited mobility, or pre-existing health conditions are less able to avoid or mitigate exposure to asbestos-containing materials, lead-based hazards, and other contaminants present at the site. Without external investment, these populations will continue to face heightened risks to their health, safety, and quality of life.

The proposed cleanup and reuse strategy directly addresses these threats by eliminating environmental hazards and replacing them with amenities that improve community well-being. Remediation will remove exposure pathways to dangerous contaminants that disproportionately harm low-income families, elderly residents, and those with chronic health conditions. By transforming the site into a publicly accessible greenspace, the project creates a safe environment that supports physical activity, mental wellness, and social connection, needs that are often unmet in rural, resource-limited communities. The introduction of a designated farmers market area will

⁷ experience.arcgis.com/experience/22c7182a162d45788dd52a2362f8ed65

⁸ www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/annual-cancer-facts-and-figures/2023/2023-cancer-facts-and-figures.pdf

⁹ www.cdc.gov/asthma/most_recent_national_asthma_data.htm

¹⁰ <https://ejamapi-84652557241.us-central1.run.app/report?fips=38095951500&buffer=0>



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further reduce disparities by increasing access to fresh, local food and supporting local producers, strengthening both community health and household economic stability. By removing contamination, improving access to health-promoting amenities, and expanding community resources unavailable through local funding alone, the proposed project responds to the long-standing challenges experienced by Cando’s distressed populations.

Community Engagement. e. Project Involvement & f. Project Roles: TCMC has built a strong network of community partners to support meaningful engagement throughout the cleanup and redevelopment process. Local educational, recreational, civic, and economic development organizations will actively contribute to outreach, decision making, and project communication.

Name of org.	Entity’s mission	Point of contact	Specific involvement in the project or assistance provided
Cando Chamber of Commerce	Represent the interest of the membership businesses, individuals, and families by enhancing Cando	Rollie Bjornstad, Mayor, cityofcando@candond.com	Assistance/Decision Making: Outreach with community; reuse planning of priority site through events such as farmers markets, family-friendly events, and overall promotion of the space.
North Star School	Being responsible, respectful, considerate, and perseverant in our pursuit of personal and academic excellence	Jeff Hagler, Superintendent, jeffrey.hagler@K12.nd.us	Assistance/Decision Making: Outreach and education of youth and adults; reuse planning of priority site.
Towner County Economic Development	Promote the stable growth of population and jobs in the region	Jim Gibbens, Director, mreimer@nd.gov	Assistance/Decision Making: Outreach and community collaboration.
Towner County Commissioners	Focus on responsible governance, enhancing quality of life, and fostering community prosperity	Lance Teubner, Commissioner Chairman, mreimer@nd.gov	Assistance/Decision Making: Cleanup and reuse planning of the priority sites; outreach to in-kind support.
American Legion Hal Parker Post #79	Support and advocate for veterans and their families, promoting patriotism, and providing community service	Troy Reemtsma, Commander, halparkerpost79@outlook.com	Assistance/Decision Making: Outreach and community collaboration, especially with the veteran population.

g. Incorporating Community Input: TCMC is committed to ensuring meaningful community engagement throughout the Brownfields Cleanup Grant process. Project updates and milestones will be communicated through multiple public channels, including the hospital’s website and Facebook page as well as the local newspaper, *Towner County Record Herald*. These platforms will be used to share progress, announce public meetings, and invite feedback from residents. TCMC announced its intent to apply for cleanup funding for the site and the proposed redevelopment on January 7, 2026. To allow for the community comments, TCMC hosted a hybrid in-person/virtual community meeting on January 14, 2026, and provided a formal opportunity for community comment. Following award notification, TCMC will host a series of community meetings to gather input on cleanup activities and reuse planning. These meetings will be held within the target area and scheduled to accommodate residents, including distressed and sensitive populations. Virtual participation options will be offered to ensure accessibility for those unable to attend in person. To further support transparency and engagement, TCMC will develop a Community Involvement Plan (CIP). The CIP will outline public engagement activities, timelines, project details, and key stakeholders. It will be made available for public review at TCMC, and on the TCMC website. TCMC will post responses to public questions upon receipt of inquiry in the Frequently Asked Questions section of the Brownfield Program webpage. Four community



educational meetings, offered both online and in-person, will provide opportunities for residents to ask questions, share input, and stay informed about the grant’s progress. Flyers and printed materials will be distributed at key community locations such as the hospital, library, schools, and local businesses to ensure outreach to residents without internet access. All community input will be documented and considered in project decision-making, with responses provided in a timely and transparent manner.

3. TASK DESCRIPTIONS, COST ESTIMATES, AND MEASURING PROGRESS

a. Proposed Cleanup Plan: Asbestos and regulated materials surveys were conducted on the **Former Hospital** buildings in 2021 and 2025. The assessments identified quantities of asbestos in various caulking, floor tile and mastics, tile mortar, pipe coating, joint elbows, transite panels, and insulation. Concentrations of LBP were identified in two of the samples collected from an interior fire door in the basement. Universal hazardous materials (UHMs) that will require special handling and disposal identified within the building include PCB-containing light ballasts and transformers, mercury-containing lamps, fluorescent lamps, mercury switch thermostats, smoke detectors, emergency exit signs, and computers/servers. Items identified with ozone depleting chemicals (ODC) were air conditioners/heat pumps, refrigerators/freezers, and fire extinguishers. Door closers throughout the building were also identified as a regulated material. The ACM, LBP, and other UHMs identified in the Former Hospital buildings will be properly abated in accordance with NDDEQ regulations and containerized for off-site landfill disposal as special or regulated waste under NDDEQ regulations.

Description of Tasks/Activities and Outputs

Task 1: Community Engagement	
b.	<i>Project Implementation: EPA-funded:</i> CIP, outreach materials, Brownfield (BF) webpage, and social media posts will be developed by TCMC’s BF Project Manager with assistance from the qualified environmental contractor (EC). TCMC staff will lead the community/educational meetings discussing project plans and updates. Supplies: printing of outreach materials (brochures/handouts) and office supplies to manage the grant.
c.	<i>Anticipated Project Schedule:</i> CIP created in 1 st quarter. Community/educational meetings held 1 st , 5 th , 9 th , and 14 th quarters. BF webpage and outreach materials created in 1 st quarter and posted throughout the grant project.
d.	<i>Task/Activity Lead:</i> TCMC: Josh Mosser, Chief Operating Officer and Purchasing Director, BF Project Manager
e.	<i>Outputs:</i> CIP, BF webpage, 4 community/educational meetings, brochures/handouts, social media posts, summary of community meetings in EPA-required quarterly reports.
Task 2: Program Management	
b.	<i>Project Implementation: Non-EPA-funded:</i> TCMC’s BF Project Director will oversee grant implementation and administration to ensure compliance with the EPA Cooperative Agreement work plan, schedule, and terms and conditions. <i>EPA-funded:</i> The EC will assist in completing ACRES database reporting, yearly financial reporting, quarterly reporting, grant closeout reporting, and additional programmatic support for the four-year term of the grant. The travel budget allows for two staff to attend three BF training conferences/workshops.
c.	<i>Anticipated Project Schedule:</i> ACRES & quarterly reporting begins in 1 st quarter and continues throughout the grant. Annual reporting and forms created in the 5 th , 9 th , 13 th quarters and final closeout.
d.	<i>Task/Activity Lead:</i> TCMC: Tammy Larson, Chief Financial Officer, BF Finance Director
e.	<i>Outputs:</i> ACRES database reporting, 4 annual financial reports, 16 quarterly reports, programmatic support for the four-year grant period, and grant closeout reporting. Two staff to attend three conferences.
Task 3: Reuse Planning	
b.	<i>Project Implementation: EPA-funded:</i> The EC will finalize the draft Analysis for Brownfield Cleanup Alternatives (ABCA), a Site-Specific Quality Assurance Project Plan (SS-QAPP) and Health and Safety Plan (HASP), bid specifications for the abatement contractors to bid upon, and host a vision session with the community for site redevelopment.



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c.	<i>Anticipated Project Schedule:</i> Initiated on award and funding of the grant 10/2026; SS-QAPP/HASP, bid specifications preparation 10/2026; SS-QAPP/HASP and cleanup plans approval 1/2027; Vision Session conducted within 120 days of grant award.
d.	<i>Task/Activity Lead:</i> The EC will implement the technical aspects of the project with oversight from TCMC: Kristin Simon, Chief Human Resource Officer, BF Project Director.
e.	<i>Outputs:</i> 1 ABCA, 1 Vision Session, 1 Bid Specification, 1 SS-QAPP/HASP
Task 4: Cleanup & Oversight	
b.	<i>Project Implementation: EPA-funded:</i> TCMC will work with the EC as they manage the site cleanup activities, perform clearance sampling, contractor oversight, Section 106 Consultation, and final remedial action report. TMCA and EC will work with an abatement contractor as they perform site cleanup activities, including contractor mobilization/demobilization and cleanup implementation.
c.	<i>Anticipated Project Schedule:</i> Abatement contractor will be hired by 12/2026. Field mobilization by 2/2027. Oversight will follow the cleanup schedule. Abatement completed 4/2027. Final remedial action report 4/2027.
d.	<i>Task/Activity Lead:</i> The EC will conduct cleanup oversight of the project. The remediation contractor will implement cleanup activities with oversight from EC and TCMC: Kristin Simon, Chief Human Resource Officer, BF Project Director.
e.	<i>Outputs:</i> 1 final remedial action report, 1 site ready for reuse, 1 job for oversight, and 4 jobs for cleanup activities.

f. Cost Estimates: Below are the anticipated cost estimates for this project *based on past brownfield projects as determined by local market standards with contractual hourly rates based on the skills needed for the specific tasks.*

- The budget for this project includes travel, conference registration (other), supplies, construction and contractual costs only. No administrative costs are included in the budget.

- Construction work will be conducted in adherence to Davis Bacon guidelines.

- Personnel pay rates average \$70 per hour and fringe rate 30%.

Task 1 Community Engagement: Personnel (\$70/hr): CIP \$1,050 (15 hrs); BF webpage, outreach brochure/handouts, social media posts \$1,050 (15 hrs); 4 community/educational meetings \$5,600 (20 hrs per meeting to include preparation and execution; \$1,400 each meeting). Fringe: \$2,310 (30% rate). Contractual: CIP \$3,960 (24 hrs × \$165); BF webpage, outreach brochure/handouts, social media posts \$2,970 (18 hrs × \$165); 4 community/educational meetings \$7,600 (\$1,900 per mtg.; 10 hours per meeting to include preparation and execution × \$190); Supplies: \$1,799 (\$600 [600 printouts at \$1 each]; \$800 [8 display board printouts at \$100 each]; pens, markers, paper \$399).

Task 2 Program Management: Personnel (\$70/hr): ACRES database reporting, yearly financial reporting, quarterly reporting, grant close out report \$6,300 (90 hrs). Fringe: \$1,890 (30% rate). Contractual: ACRES database reporting, yearly financial reporting, quarterly reporting, grant close out report \$24,890 (131 hrs × \$190). Travel: 2 staff to attend 3 conferences for a total of \$9,300 (flights at \$500, 3 nights in hotel at \$250/night incidentals and per diem at \$100 per day × 3 days × 2 staff × 3 events). Other: conference registration \$1,800 (\$300 per event per person).

Task 3 Reuse Planning: Personnel (\$70/hr): report review \$420 (2 hrs/report; 3 reports); vision session \$700 (10 hours). Fringe: \$336 (30% rate). Contractual: 1 ABCA \$4,950 (30 hrs × \$165); 1 bid specification for abatement contractors as part of procurement \$9,000 (50 hours × \$180); Site-Specific QAPP \$7,200 (40 hours × \$180); 1 Vision Session \$2,960 (16 hrs × \$185).

Task 4 Cleanup & Oversight: Personnel (\$70/hr): \$5,600 (80 hrs). Fringe: \$1,680 (30% rate). Contractual: Abatement and clearance sampling oversight including mileage, per diem, equipment \$43,200 (\$1,800 × 24 days); Analytical air samples \$4,200 (\$42 × 100 samples); 1 Closeout Report \$7,200 (40 hours × \$180); Section 106 Consultation \$14,200 (71 hours × \$200). Construction: Asbestos Removal and disposal \$228,000 (\$5,700 × 40 days).



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Category	Tasks				Totals
	<i>Community Engagement</i>	<i>Program Management</i>	<i>Reuse Planning</i>	<i>Cleanup & Oversight</i>	
Personnel	\$7,700	\$6,300	\$1,120	\$5,600	\$20,720
Fringe	\$2,310	\$1,890	\$336	\$1,680	\$6,216
Travel		\$9,300			\$9,300
Other		\$1,800			\$1,800
Supplies	\$1,634				\$1,634
Contractual	\$14,530	\$24,890	\$24,110	\$68,800	\$132,330
Construction				\$228,000	\$228,000
Total Budget	\$26,174	\$44,180	\$25,566	\$304,080	\$400,000

g. Plan to Measure and Evaluate Environmental Progress and Results: To ensure timely project completion, TCMC’s internal Brownfield Team, including the EC, will meet quarterly to track **outputs identified in 3.e.** and will record progress using Excel to track the scope of work, goals, and objectives. TCMC will submit quarterly and annual reports to the EPA. Project expenditures and activities will be monitored quarterly against the four-year timeline. Site-specific information will be recorded in the ACRES database. Key performance indicators/outputs, such as the QAPP; ABCA; cleanup plan development; contractor procurement; quarterly, annual, and closeout reports; and the number of neighborhood meetings will be tracked. Additionally, outcomes like community participation, acres assessed, acres made ready for reuse, redevelopment dollars leveraged, and jobs created will be monitored. To address potential project delays, the City/County has contingency plans in place, including monthly communication with the EPA Project Officer and the development of a Corrective Action Plan if necessary to ensure the project is completed on schedule.

4. PROGRAMMATIC CAPABILITY AND PAST PERFORMANCE

Programmatic Capability. a. Organizational Structure & b. Description of Key Staff: Towner County Hospital Authority, doing business as Towner County Medical Center (TCMC), has the organizational capacity, structure, and experienced personnel necessary to successfully manage the EPA Brownfields Cleanup Grant. As a nonprofit community hospital, the organization has a strong history of managing complex operations and federally funded projects, including the recent completion of a new hospital facility in 2024. The Brownfield Project Team is composed of three key staff members who bring decades of relevant experience to the initiative. The project will be led by **Kristin Simon**, Chief Human Resource Officer, who will serve as the **Brownfield Project Director**. Ms. Simon joined TCMC in March 2024 and brings over 18 years of leadership experience from her prior role as a Sales Center Manager at Coca-Cola, where she oversaw large teams, operational compliance, and complex logistics. She will provide overall project oversight and ensure alignment with organizational goals, regulatory requirements, and community priorities. Day-to-day grant activities will be managed by **Josh Mosser**, Chief Operating Officer and Purchasing Director, who will serve as the **Brownfield Project Manager**. Mr. Mosser has been with TCMC since 2017 and has extensive experience in operational management, procurement, and facility oversight. His responsibilities will include coordinating contractors, managing site inspections, overseeing purchasing and compliance documentation, and ensuring timely progress on all project tasks. Financial oversight will be provided by **Tammy Larson**, Chief Financial Officer of TCMC, who will serve as the **Brownfield Finance Manager**. Ms. Larson has 25 years of experience in financial management, including 15 years as an accountant and 15 years as CFO. She will manage grant draw downs, budget tracking, and compliance with federal



**Towner County Hospital Authority, ND
FY2026 US EPA Brownfields Cleanup Grant**

financial reporting requirements. A qualified environmental contractor (EC) will assist with the technical portions of the project.

c. Acquiring Additional Resources: TCMC procured an EC in compliance with the fair and open competition requirements in 2 CFR § 200 and 2 CFR § 1500.17. The EC was selected for both grant proposal writing and grant implementation services prior to submitting the EPA Grant application. Price reasonableness for the grant implementation work was considered and was a selection factor in the evaluation of the proposals received. TCMC has systems in place to appropriately acquire additional expertise and resources as needed to successfully complete the project. The Request For Proposals (RFP)/Request for Qualifications (RFQ) For Qualified Environmental Services To Perform Brownfields Cleanup Activities was posted on April 28, 2025, in the *Grands Forks Herald*. The solicitation was advertised for 42 days, and proposals were accepted until June 9, 2025. In response to the solicitation, TCMC received only one response, and it was reviewed by a selection committee. The response was scored based on the criteria specified in the RFP. After a decision was made, the contractor was notified of its selection to assist with the Cleanup Grant application and the implementation of the grant, if awarded. Job opportunities to provide remediation in the form of abatement of hazardous materials and redevelopment services will be posted in the community, and preference will be granted to local contractors providing community services and employment of residents for remediation and redevelopment of the site.

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: TCMC has successfully managed multiple federal and state assistance agreements, demonstrating a strong capacity to administer complex projects, adhere to regulatory requirements, and complete funded activities on time and within scope. A key example is the **Community Facilities Direct Loan & Grant Program** awarded by the US Department of Agriculture (USDA) on October 25, 2022, in the amount of **\$1,000,000**. These funds were used to purchase essential medical equipment for TCMC's new hospital facility, directly supporting the opening of the new campus in 2024 and enhancing healthcare access in this rural region. The project was fully completed, with funds expended by September 30, 2025, demonstrating TCMC's ability to manage large, federally funded capital projects efficiently and successfully. In addition to USDA funding, TCMC participates annually in the **Small Rural Hospital Improvement Grant Program (SHIP)** administered by the State Office of Rural Health. SHIP awards, typically ranging \$10,000–\$15,000, support initiatives such as price-transparency software implementation, staff training for health information technology, and quality improvement efforts. TCMC has consistently used these funds to strengthen operational capacity and improve patient care. (2) Compliance with Grant Requirements: TCMC has a consistent record of strong compliance across all federal and state assistance agreements. The organization has met all reporting deadlines, maintained accurate and transparent financial documentation, and adhered to all workplans and grant conditions. TCMC's performance under the USDA ARP grant and annual SHIP funding reflects its ability to manage funds responsibly, coordinate with federal and state agencies, and deliver measurable outcomes. This history of regulatory compliance, timely execution, and successful completion of funded projects demonstrates that TCMC is fully prepared to manage an EPA Brownfields Cleanup Grant and carry out its responsibilities with accountability and effectiveness.



Towner County Hospital Authority, ND

**FY26 Brownfield Cleanup Grant
Threshold Criteria**



Threshold Criteria

1. Applicant Eligibility

- a. Towner County Hospital Authority (TCHA), doing business as Towner County Medical Center (TCMC), of Cando, North Dakota, is eligible to apply for the EPA Brownfields Cleanup Grant as a nonprofit healthcare institution, exempt under 501(c)(3) of the IRS code. TCHA's IRS Tax Exemption Letter is attached to this application.
- b. The TCHA is not exempt from Federal taxation under section 501(c)(4) of the Internal Revenue Code.

2. Previously Awarded Cleanup Grants

TCMC affirms that the Former Hospital site has not received funding from a previously awarded EPA Brownfields Cleanup Grant.

3. Expenditure of Existing Multipurpose Grant Funds

TCMC does not have an open EPA Brownfields Multipurpose Grant.

4. Site Ownership

TCHA, doing business as TCMC, is the current owner of the Former Hospital site. When the hospital was initially developed in 1952, it was owned and operated by the Sisters of Saint Francis. The Sisters operated the hospital until 1992, when Towner County took ownership. The hospital fell under the ownership of the grantee when TCHA was established on May 18, 1994.

5. Basic Site Information

- a) Site Name: Former Hospital
- b) Site Address: 7448 Highway 281 North, Cando, North Dakota 58324

6. Status and History of Contamination at the Site

- a) The Former Hospital is contaminated with hazardous substances.
- b) The site is located on a 4.21-acre tract of land and contains one two-story structure totaling approximately 40,000 square feet of building area and a small coal-boiler building of approximately 2,400 square feet. The site was initially developed in 1952 and served as the former Towner County Medical Center hospital until 2024. The site has since been vacant.
- c) Asbestos and regulated materials surveys were conducted on the **Former Hospital** buildings in 2021 and 2025. The assessments identified quantities of various asbestos-containing materials (ACMs): caulking, floor tile and mastics, tile mortar, pipe coating, joint elbows, transite panels, and insulation. Concentrations of lead-based paint (LBP) were identified in two of the samples collected from an interior fire door in the basement. Universal hazardous materials (UHMs) that will require special handling and disposal identified within the building include polychlorinated biphenyl (PCB)-containing light ballasts and transformers, mercury-containing lamps, fluorescent lamps, mercury switch thermostats, smoke detectors, emergency exit signs, and computers/servers. Items identified with ozone depleting chemicals (ODC) were air conditioners/heat pumps, refrigerators/freezers, and fire extinguishers. Door closers throughout the building were also identified as a regulated material.



d) Materials used in the construction of the buildings in the 1950s included ACMs, LBP, and UHMs.

7. Brownfield Site Definition

TCMC affirms that the site is:

- a) NOT a facility listed (or proposed for listing) on the National Priorities List (NPL);
- b) NOT a facility 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 a facility 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 at 7448 Highway 281 North:

- Phase I ESA: July 23, 2021
- Phase I ESA: October 18, 2021
- Asbestos, Lead-Containing Paint, and Hazardous Materials Survey, November 8, 2021
- Final Asbestos and Regulated Materials Survey Report, August 27, 2025

9. Site Characterization

a. Not Applicable.

b. The Former Hospital is eligible for enrollment in the North Dakota Department of Environmental Quality (NDDEQ) Solid Waste program.

i. A letter from the NDDEQ is included in this application and clearly indicates that the information is for the FY26 Cleanup Grant application. It also affirms that:

- a. TCMC has requested, or will request, State oversight for the site.
- b. The site is eligible to be overseen by the State.
- c. Based upon the environmental site assessments performed to date and the information provided by TCMC, the site has had a sufficient level of site characterization for the remediation work to begin.

ii. Not Applicable.

c. Not Applicable.

10. Enforcement or Other Actions

TCMC affirms to its knowledge there are no known ongoing or anticipated environmental enforcement or other actions related to the site at 7448 Highway 281 North.

11. Sites Requiring a Property-Specific Determination

TCMC affirms that the former Hospital at 7448 Highway 281 North does not require property-specific determination to be eligible for EPA Brownfields Grant funding.

12. Threshold Criteria Related to CERCLA/Petroleum Liability

a. Property Ownership Eligibility – Hazardous Substance Sites

i. EXEMPTIONS TO CERCLA LIABILITY



(1) Indian Tribes

Not Applicable.

(2) Alaska Native Village Corporations and Alaska Native Regional Corporations

Not Applicable.

(3) Property Acquired Under Certain Circumstances by Units of State and Local Government

Not Applicable.

ii. EXCEPTIONS TO MEETING THE REQUIREMENTS FOR ASSERTING AN AFFIRMATIVE DEFENSE TO CERCLA LIABILITY

(1) Publicly Owned Brownfield Sites Acquired Prior to January 11, 2002

Not Applicable.

iii. LANDOWNER PROTECTIONS FROM CERCLA LIABILITY

(1) Bona Fide Prospective Purchaser Liability Protection

Not Applicable.

Non-Publicly Owned Sites Acquired Prior to January 11, 2002

(a) When the hospital was initially developed in 1952, it was owned and operated by the Sisters of Saint Francis. The Sisters operated the hospital until 1992, when Towner County took ownership. The hospital was transferred to the grantee's ownership upon TCHA's establishment on May 18, 1994.

(b) May 18, 1994.

(c) The property was transferred from Towner County to TCHA on May 18, 1994, when TCHA was established. It was neither customary at the time of acquisition to perform due diligence on a property before a transfer of this kind, nor did the historic use of the site as a regional medical center warrant further investigation.

(d) All disposal of hazardous substances at the site occurred before the TCMC acquired the site. The hazardous substances ACM, LBP, and UHM were disposed of on-site when the Former Hospital was built in 1952.

(e) The TCMC has NOT caused or contributed to any release of hazardous substances at the site. After TCMC acquired the property in 1994, the facility was used as a medical center. TCMC maintained the building and took steps to prevent citizens being exposed to ACM, LBP, and UHMs. Since the Former Hospital closed in 2024, TCMC has barricaded the entryways to prevent public exposure and/or access. TCMC affirms that we have not caused or contributed to any release of hazardous substances at the site.

(f) TCMC affirms that we have not, at any time, arranged for the disposal of hazardous substances at the site or transported hazardous substances to the site.

(g) Describe in detail the reasonable steps you took with respect to hazardous substances found at the site:

(i) There are no known continuing releases at the site at this time. Based on the planned abatement and reuse of the site, all ACM, LBP, and UHMs will be removed from the buildings,



thus fulfilling TCMC's continuing obligations in regard to current releases of known hazardous substances found at the site.

(ii) TCMC has exercised appropriate care with hazardous substances found at the site by taking reasonable steps to prevent future releases. The Former Hospital structure on the site has been vacated, barricaded, and is off limits to the public. TCMC intends to use Cleanup Grant funds to remove ACM, LBP, and UHMs at the site, effectively limiting potential exposure and future releases associated with impacted site media, thereby fulfilling TCMC's continuing obligations regarding future releases of known hazardous substances found at the site.

(iii) TCMC has exercised appropriate care with hazardous substances found at the site by taking reasonable steps to ensure no building materials disturbances at the site have or will occur. TCMC will remove ACM, LBP, and UHMs from the current buildings, thereby fulfilling TCMC's continuing obligations to prevent and limit exposure to past releases of known hazardous substances at the site.

iv. SITES WITH HAZARDOUS BUILDING MATERIAL THAT IS NOT RELEASED INTO THE ENVIRONMENT

TCMC affirms that there have been no releases or threats of release of hazardous substances from building materials into the outdoor environment.

b. Property Ownership Eligibility – Petroleum Sites

Not Applicable.

13. Cleanup Authority and Oversight Structure

TCMC will comply with all applicable federal and state laws and ensure that the cleanup protects human health and the environment.

a. Upon grant award, TCMC plans to enroll the cleanup site in the NDDEQ Waste Management Asbestos Control program. The NDDEQ Waste Management Asbestos Control program oversees the asbestos and lead paint abatement activities in North Dakota.

b. It is not anticipated that neighboring or adjacent properties will need to be accessed based on the localization of the impacts to the buildings on the site. There are multiple entry and exit point to the site from First Avenue.

14. Community Notification

a. Draft Analysis of Brownfield Cleanup Alternatives

TCMC announced its intent to apply for cleanup funding for the 7448 Highway 281 North site and the proposed redevelopment on January 7, 2026. A draft ABCA for the site and this application were made available for public review and comment, upon request. These documents summarized information about:

- the site and contamination issues, cleanup standards, and applicable laws;
- the cleanup alternatives considered; and
- the proposed cleanup.

b. Community Notification Ad

A community notification ad requesting public input was published on January 7, 2026, in the *Grand Forks Herald* and on January 10, 2026, in the *Towner County Record Herald*.



A copy of this grant application, including the draft ABCA, was made available for public review and comment, upon request.

c. Public Meeting

A presentation was made during a specially scheduled meeting on January 14, 2026, 12:00–1:00 p.m., at TCMC. TCMC documented participant attendance at the meeting and the comments received.

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 ads 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 TCMC received;
- TCMC’s response to those public comments;
- meeting notes from the public meeting; and
- meeting sign-in sheets/participant list.

15. Contractors and Named Subrecipients

TCMC selected a grant writing and implementation contractor, who will be compensated with EPA funds made available through an award of a Brownfields Cleanup Grant. The contractor selection included:

- **The Value-Based Selection procurement procedures that were followed to hire the contractor(s) and included information on where and when the Request for Proposals/Request for Qualifications were posted;**

A Request for Proposals (RFP) / Request for Qualifications (RFQ) was posted in the *Grand Forks Herald* on April 28, 2025. A copy of the solicitation is attached.

- **The length of time the RFP/RFQ was advertised;**

The RFP was advertised for 42 days, with RFP/RFQ submittals due on June 9, 2025. TCMC posted the advertisement for this length of time to allow the TCMC committee to make a value-based selection, and to give the awarded contractor sufficient time to conduct additional site investigation to characterize the impacts prior to application submittal.

- **The number of firms solicited and the number of offers received and considered; and**

Terracon was the only firm from which TCMC received an RFP/RFQ submittal.

- **The name(s) of the firm(s) the applicant entered into contract with.**

TCMC announced its intent to enter a contract with Terracon following the RFP/RFQ submittals. A copy of the contract, which was executed on June 20, 2025, is attached.



**Towner County Hospital Authority, ND
FY2026 US EPA Brownfields Cleanup**

Named Subrecipients:
Not Applicable.

Brownfields Program - Towner County Medical Center

January 20, 2026

Towner County Medical Center
228 1st Ave
Cando, ND 58324

Subject: Letter of Support

To whom it may concern,

The North Dakota Department of Environmental Quality ("NDDEQ") has been notified by the Towner County Medical Center (the "Applicant") of their intent to submit a FY26 Brownfields Competitive Cleanup Grant Application. Towner County is located in North Central North Dakota along the United States - Canadian border and has a rural population of approximately 2,051 residents.

Asbestos containing materials were identified within the old hospital building. The building was also surveyed for hazardous materials and lead based paint. The clean-up grant will be utilized to facilitate abatement and disposal of these materials at an approved landfill prior to demolition of the structure. Potential future use for that land area are intended for community use and may include green space or a farmers' market.

The NDDEQ supports the Applicant's effort to clean up hazardous materials within the affected community and provides oversight of all regulated wastes. Please contact me at dahall@nd.gov or 701-328-5166 with any questions or comments.

Sincerely,



Derek Hall, Brownfields Coordinator
Brownfields State Response Program
Division of Waste Management