Narrative/Ranking Criteria

1. PROJECT AREA DESCRIPTION AND PLANS FOR REVITALIZATION

a. Target Area and Brownfields

i. Overview of Brownfield Challenges and Description of Target Area

The target area for this proposal is census track 93, located just south of downtown Seattle in the SODO district. The area is largely industrial and business oriented, but with a substantial homeless population. The area is stricken by poverty, which exacerbates illicit substance use. In June 2024 alone, the City of Seattle reported 22 tents and 50 RVs with at least one person living within, despite a population count of just 892. The small population and economic struggles (listed later in the application) contribute to rising crime rates. To date in 2024, the area has seen 602 instances of property crime and 63 instances of violent crime.

The City of Seattle has dedicated resources to address both homelessness and substance use throughout the city. Evergreen Treatment Services (ETS) is uniquely positioned to address both issues in the area. The organization has operated a medication for opioid use disorder (MOUD) clinic in the area for three decades, but the building is ill equipped to deal with the rising needs of the community and has created plans to revitalize the area with a new campus. Patients would have the opportunity to receive MOUD and be connected to complimentary services, such as REACH's (a division of ETS) housing programs. The campus site was previously used as an industrial plant, leading to contaminants seeping into the soil. Before the old buildings can be demolished and the new campus built, this contamination must be addressed.

ii. Description of the Proposed Brownfield Site(s)

ETS has operated at 1700 Airport Way since 1997 when the organization was relocated to make way for the construction of SafeCo Field. Originally built as a manufacturing plant to make furnace blowers in 1914, the heavy timber building has never been suitable to address the health care needs of a mostly elderly ETS patient population, of which approximately 25% have an identified physical or cognitive disability and 40% are unstably housed. The layout of the building is fragmented with tight labyrinth-like hallways and steep stairs which is not conducive for a disabled and aging patient base. There is not a safe patient drop-off and pickup area, leading to drivers frequently parking on the sidewalk. The property lacks adequate parking for staff as well, which creates safety concerns given the site opens for services at 5AM, six days per week. While ETS has persevered at 1700 Airport Way S. for more than a quarter century, the building remains plagued by structural limitations and deficiencies that create challenges to delivering high quality healthcare and retaining the requisite workforce to deliver on the organization's mission to transform the lives of individuals and their communities through innovative and effective addiction and social services. In January 2024, this site suffered catastrophic flood damage. Currently, large sections of the building are unsafe for staff and patients. Work has shifted to one of the warehouses on site, but all patient-related services have shifted to other ETS locations.

Contamination

b. Revitalization of the Target Area

i. Reuse Strategy and Alignment with Revitalization Plans

ii. Outcomes and Benefits of Reuse Strategy

Redevelopment of the contaminated site due to prior industrial work in the area will revitalize previously unusable land to better serve the community that lives and works in SODO. Not many smaller organizations would have the means or resources to clean this site, but we are doing so to

better help an underserved community. ETS will serve these patients with dignity and respect, expand patient outreach and services, and the proposed project cleans up a piece of Washington that was previously unusable. The economic impact relates to the ETS jobs at this location and ETS' growing economic impact as a local institution of over 50 years.

Strategy for Leveraging Resources

i. Resources Needed for Site Characterization

ii. Resources Needed for Site Remediation

ETS has received $1.3 million from the City of Seattle towards site remediation.

iii. Resources Needed for Site Reuse

ETS has secured $3 million from the United States Senate and $6 million from Washington State. The organization also has a potential commitment from a foundation for an additional $3 million. The first phase of demolition and construction is expected to cost approximately $22 million. ETS is currently in the planning stages for a capital campaign that is expected to begin in 2025.

iv. Use of Existing Infrastructure

The new building will also feature improved capacity for trauma-informed clinical spaces for the benefit of mental healthcare. Historically, substance use disorder and mental health treatment were provided and paid for under different clinical and financial models in Washington state. This resulted in challenges to care for individuals with co-occurring disorders (i.e., both primary substance use and a mental health disorder) who typically had to seek out different providers for each condition. With the new building, these services will be bundled together to better serve patients' needs.

An array of care-coordination and recovery-support services will be provided in the completed facility. For example, a team of case managers and peer specialists working in collaboration with hospitality and engagement specialists will provide care coordination services that address social determinants of health. This will include working with patients to address needs such as housing instability, employment, transportation, clothing (an onsite clothing closet will be available), and access to government benefits through the Veterans Administration, Department of Social and Health Services, and others.

The building is being designed by subject matter experts and those with lived experience with opioid use disorder, so that our services are as inclusive and conducive to healing as possible. Hospitality and engagement staff will be visibly present at the entrances to assist patients, direct those in distress, and help those with medical issues. Waiting areas will mimic the feel of hotel lobbies and hospitality centers, rather than feeling like a medical clinic. Because so many of our patients use wheelchairs and walkers, a special design emphasis will be on access and ease of moving to various service areas of the clinic. This will translate into increased levels of staff and patient satisfaction, safety, and clinical efficacy.

Designing and building a facility to house a health home for individuals with opioid use disorder so that the majority of their healthcare needs can be addressed in one location, will improve patients' lives. This not only greatly reduces transportation needs for an unstably housed or unhoused population, of which one quarter are challenged by physical and cognitive

disabilities, but also protects patients from the discrimination and stigma that many individuals living with substance use disorder have reported experiencing in the larger healthcare system.

2. COMMUNITY NEED AND COMMUNITY ENGAGEMENT

a. Community Need

i. The Community's Need for Funding

The clinic's location in census tract 93 is an industrial area with a population of 852 people. Residents suffer from low income as shown by the **median income of $58,750**, which is significantly less than the **city ($116,068), county ($116,340), state ($90,325)**. Nearly half **all people in the area are below poverty level, 49%**, five times the state (10%) and city (10%) levels. Most of ETS' funding is dedicated to patient care and staffing, leaving little funding to support the cleanup of its 1700 Airport Way location. Funding assistance from an EPA Brownfield Cleanup Grant will pave the way for prosperity, improving the quality of life for those who reside in this area and improving the overall health of the community.

ii. Threats to Sensitive Populations

(1) Health or Welfare of Sensitive Populations

Within CT 93, the sensitive population includes a large number of minorities given local demographics. **BIPOC individuals comprise 48%** of the population in the target area and **78% are men**.

As previously stated, the 98134-zip code suffers from low-income equality, leading individuals to criminal activity. According to the National Coalition for the Homeless, substance abuse is more prevalent in people who are homeless than in those who are not. In many instances, substance abuse is the result of the stress of homelessness, rather than the other way around. Many people begin using drugs or alcohol as a way of coping with the pressures of homelessness. It can be more challenging for people who are homeless to stop using substances due to a lack of access to healthcare and small support networks. Homeless individuals may have other priorities, such as finding housing or food. The Substance Abuse and Mental Health Services Administration (2003) estimates 38% of homeless people are dependent on alcohol and 26% abused other drugs.

Evergreen Treatment Services can provide comprehensive recovery support services like medications for opioid use disorder, behavioral health counseling, and housing assistance, leading to lower rates of overdose and greater participation in treatment. The Substance Abuse and Mental Health Services Administration (SAMHSA) reports that low-income individuals with housing have an adjusted risk rate of overdose of 0.3%; unhoused individuals are six times more likely to overdose than their low-income, housed counterparts. The revitalization of the area through a new wellness clinic would address health disparities in the area and improve outcomes related to crime and health disparities.

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

(3) Promoting Environmental Justice

a. Identification of Environmental Justice Issues

b. Advancing Environmental Justice

b. Community Engagement

i. Project Involvement

We asked our patient population for input before this project began, trying to get to the heart of what resources are most needed/valued, we will be engaging patient population again once we are at a further design stage to show them what we've planned and what they think; plan to beautify right of way, street improvement, development of green space/planting new trees and vegetation, mural space for local artist, and overall improvement on the look of the site, making it more welcoming and attractive as opposed to the buildings currently on site

ii. Project Roles

Several organizations throughout the community have expressed a desire to be project partner. Below is a sampling of partners who will assist and be involved in making decisions in the process of cleanup and future redevelopment of the priority brownfield site for this project.

Name of Organization/Entity/Group	Point of Contact (name, email & phone)	Specific Involvement in the Project or Assistance Provided

iii. Incorporating Community Input

3. TASK DESCRIPTIONS, COST ESTIMATES, AND MEASURING PROGRESS

a. Proposed Cleanup Plan

b. Description of Tasks/Activities and Outputs

Task 1: Community Involvement Plan
i. Project Implementation: ETS' Project Manager will oversee the development of a community engagement plan (CIP) from PR contractor, outreach materials, brownfield project page of company website, and social media posts with the assistance of the environmental consultant (consultant). Project Manager will lead the community meetings to keep the public informed on project plans and updates. Supplies are budgeted for the printing of outreach materials (brochures/handouts) and office supplies to manage the grant.
ii. Anticipated Project Schedule: CIP created within 3 months of award (upon completion a more concrete schedule will follow). Community Meeting schedule TBD. Website created prior to grant submittal and updated monthly throughout the grant project.
iii. Task Lead: The consultant will handle the technical aspects of the project with oversight from Jack Hebron – Redevelopment Project Manager.
iv. Outputs: CIP, Website Page, Brochures/Handouts, Summary of Community Meetings in EPA required Quarterly Reports.
Task 2: Programmatic Support
i. Project Implementation: ETS will procure an environmental consultant to assist with the technical portions of the grant. ETS'

Project Manager will oversee grant implementation and administration to ensure compliance with the EPA Cooperative Agreement Work Plan, schedule and terms and conditions. The consultant will assist ETS in completing ACRES Database Reporting, Yearly Financial Reporting, Quarterly Reporting, MBE/WBE Forms, and all additional Programmatic Support for the three-year term of the grant.
ii. Anticipated Project Schedule: Consultant procurement 6 months prior to grant award. Reporting begins in Q3 2025 and continues through grant project. Yearly Reporting and Forms created following completion of clean-up and during final close out.
iii. Task Lead: The consultant will handle the technical aspects of the project with oversight from Jack Hebron – Redevelopment Project Manager.
iv. Outputs: Procured consultant. ACRES Reporting, 2 Yearly Financial Reports and MBE/WBE Forms, 8 Quarterly Reports, Programmatic Support for 2 year grant period.
Task 3: Remediation and Site Management Planning
i. Project Implementation: ETS' Project Manager will oversee the consultant as they finalize the ABCA, prepare QAPPs, Health and Safety Plans, and prepare a Phase II ESA and remediation plan.
ii. Anticipated Project Schedule: Initiated 6 months prior to award, updated throughout, final reports by grant award date (Q2 2025).
iii. Task Lead: The consultant will handle the technical aspects of the project with oversight from Jack Hebron – Redevelopment Project Manager.
iv. Outputs: 1 ABCA, 1 Site-Specific QAPP and HASP, 1 Phase II ESA with Remediation Plan
Task 4: Site Cleanup
i. Project Implementation: ETS' Project Manager and Facilities Manager, with assistance from the project Owner's Representative, Land Use Attorney, and input from associated governing bodies, will oversee the consultant as they manage the proposed site clean-up activities including contractor selection, contractor mobilization, contractor oversight, waste characterization sampling, and clean-up reporting.
ii. Anticipated Project Schedule: Clean-up initiated 1-4 months after award, may last up to 6 months depending on demolition schedule and specific clean-up instructions as directed by NEPA, SEPA, and the Washington State Department of Ecology. Construction to begin immediately following clean-up and dependent on contractor schedule.
iii. Task Lead: The consultant will handle the technical aspects of the project with oversight from Jack Hebron – Redevelopment Project Manager.
iv. Outputs: 1 site ready for development, 1 clean-up report.

c. Cost Estimates

Task 1 – Outreach:

- Contractual – PR Contractor for CIP drafting and assistance for community engagement meetings - $11,400 (38 hours x $300 = $11,400)
- Administrative Costs – Project Manager $7,500 (50 hours x $150 = $7,500)
- Supplies – Brochures, presentation displays, pens, paper, printer ink $1,500

Task 2 – Programmatic Support:

- Contractual
  - Advisory Services and Regulatory Engagement [Geotechnical] $5,000 (flat fee)
  - *ACRES Database Reporting, Quarterly Reporting, MBE/WBE Forms, Programmatic Support for the two-year grant period $15,000 (flat fee)*
- Administrative Costs – Project Manager $4,500 (30 hours x $150 = $4,500)

Task 3 – Remediation and Site Management Planning:

- Contractual
  - Drawing up of ABCA Document $5,000 (flat fee)
  - Environmental Investigation and Reporting [Geotechnical] $32,000 – (Advisory and Regulatory $10,000 + Phase 1 ESA and Work Plan $10,000 + Sump Pump Removal Plan $12,000 = $32,000)
- Administrative Costs – Project Manager $4,500 (30 hours x $150 = $4,500)

Task 4 – Site Cleanup:

- Contractual
  - Contractor mobilization $6,000
  - Soil excavation, transport, and disposal $450,000 (6,000 cu yd at $75 per cu yd)
  - Sampling for landfill disposal $45,000 (30 samples at $1,500 each)
  - Soil import, placement, and compaction for soil cap $150,000 (6,000 cu yds at $25 per ton)
  - Consultant oversight and clean-up report, includes drilling, testing, processing and reporting on contaminants found on site as well as overseeing the work done by general contractors for cleanup $66,900 (Sub-contracted work $28,200 + Contactor direct labor and costs $28,700 = $66,900)
- Administrative Costs – Project Manager $7,500 (50 hours x $150 = $7,500)

d. Measuring Environmental Results

4. PROGRAMMATIC CAPABILITY AND PAST PERFORMANCE

a. Programmatic Capability

i. Organizational Structure **(presented below in 4.a.ii)**

ii. Description of Key Staff

iii. Acquiring Additional Resources

b. Past Performance and Accomplishments

i. Currently Has or Previously Received an EPA Brownfields Grant

(1) Accomplishments

(2) Compliance with Grant Requirements

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

(1) Purpose and Accomplishments

(2) Compliance with Grant Requirements

iii. Never Received Any Type of Federal or Non-Federal Assistance Agreements

Budget Categories		Project Tasks ($)				
		Task 1: Outreach	**Task 2: Programmatic Support**	**Task 3: Remediation & Site Management Planning**	**Task 4: Site Clean-up**	**Total**
Direct Costs	Personnel	$7,500	$4,500	$4,500	$7,500	$24,000
	Supplies	$1,500	$0	$0	$0	$1,500
	Contractual	$11,400	$20,000	$37,000	*$717,900*	*$800,200*
Total Direct Costs		$20,400	$24,500	$41,500	*$507,500*	*$825,700*
Total Indirect Costs		$0	$0	$0	$0	$0
Total Budget (Total Direct Costs + Indirect Costs)		$20,400	$24,500	$41,500	*$725,400*	*$825,700*