



Transforming the lives of individuals and their communities through innovative and effective addiction and social services.

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 and property for this proposal is census tract 53033009300, located just south of downtown Seattle in the SODO district. The area is largely commercial and industrial but with a substantial homeless population. In June 2024 alone, the City of Seattle reported 22 tents and 50 RVs with at least 1 person living within, and 10 closed encampments. This district has the most encampments of any in the City of Seattle (City), with SODO representing 41% more encampments than the second most affected district. Homelessness and economic burdens of the district contribute to poverty, which exacerbates illicit substance use. Studies have shown lower-income Americans and the unhoused are at greater risk of developing a substance use disorder.

The city has dedicated resources to address homelessness and substance use. Evergreen Treatment Services (ETS) is **uniquely positioned** to address both issues in the target area. ETS has operated a medication for opioid use disorder (MOUD) clinic (Site) in the area for 3 decades, but the building is ill-equipped to deal with the rising needs of the community; as such, ETS has created plans to revitalize the area with a new campus. With a new facility, patients would have the opportunity to receive MOUD and be connected to complimentary services, such as REACH's (a division of ETS) housing programs.

Without ETS, the number of people in tents, without stable transportation, and other barriers to treatment would be at an even greater disadvantage. The ETS brownfield Site is conveniently located near these vulnerable populations. Without cleanup of this Site, ETS would have to move its proposed health campus to a greenfield Site away from the most vulnerable in our community. A significant percentage of ETS patients are disabled and/or on Medicaid (25% and 40%, respectively). Low-income individuals and those with mobility challenges are already faced with barriers to treatment, particularly with transportation. Numerous studies have shown that low-income people cite transportation as their biggest reason for delaying their healthcare needs. Moving the proposed health campus to a new location would only exacerbate the needs of the local community and the needs of those most in need of MOUD.

ii. Description of the Proposed Brownfield Site(s)

The Site is located at 1700 Airport Way South in Seattle, Washington. Historically, the Subject Property was part of a larger site occupied by an industrial facility, Western Blower, a manufacturer of large industrial fans. Northwest Enviroservice (NWES; later Emerald Services) operated a hazardous-waste processing facility on the north portion of the Site (north of the ETS Subject Property). The entire larger property was listed by the United States Environmental Protection Agency (EPA) and the Washington State Department of Ecology (Ecology) as a contaminated Site. In the 1990s, NWES undertook Corrective Action measures for the Site under the direction of the EPA and Ecology. The south portion of this larger site, which includes the Subject Property, was removed from the cleanup action because EPA and Ecology determined that only an Environmental Restrictive Covenant would be needed to manage limited arsenic-, lead-, cadmium, petroleum-, and benzo(a)pyrene-contaminated soil or concrete at the Subject Property. The Environmental Restrictive Covenant, dated December 7, 2016, involves three restrictions/requirements: (1) limiting nonconforming zoning classification uses, (2) restricting use of groundwater, and (3) restricting the alteration of existing structures without prior written approval from Ecology. ETS notified Ecology of its plan to redevelop the Subject Property in a letter dated August 1, 2024. However, in 2021, when ETS purchased the Subject Property, solvents and petroleum were found

in and around a sump located in the north warehouse portion of the property. This new finding requires that ETS deal with the contamination issue as part of redevelopment, which is why there is a need for an EPA Brownfield Cleanup Grant.

While ETS has persevered at 1700 Airport Way, the building remains plagued by structural limitations and deficiencies that create challenges to delivering high-quality healthcare and retaining the workforce to deliver on the organization's mission to transform the lives of individuals and their communities through innovative and effective addiction services. In January 2024, this site suffered catastrophic flood damage. Currently, large sections of the building are unsafe for staff and patients.

b. Revitalization of the Target Area

i. Reuse Strategy and Alignment with Revitalization Plans

With a \$3-million contribution from the Washington state legislature in 2017, ETS purchased the 51,883-square-foot property located on 0.75 acres at 1700 Airport Way in Seattle in May of 2021 for \$9.5 million. The property includes two connected structures. The first is the currently occupied south wing comprising 36,347 square feet, and the second is the vacant 15,536-square-foot north-end warehouse (the north warehouse deemed unusable due to vapor intrusion issues).

Our Site redevelopment plan involves demolishing the existing buildings, remediating the north portion of the site, and building the north-end warehouse-area into an integrated behavioral health and wellness center for treating opioid use disorder and specializing in low-barrier, whole-person care. The new building will be a three story, 23,000 square foot facility with expanded parking for patients and a garage to house four mobile medication units. That is the first phase of development. The second phase will add another three-story building that is 20,000 square foot building. Site redevelopment will also increase capacity to build on existing robust medical education partnerships that include addiction medicine fellowships and family and internal medicine residents from Swedish Health Services, UW Harborview, and Kaiser Permanente.

Modernizing and expanding Seattle's largest opioid treatment site is a needed investment in the face of a worsening fatal drug overdose epidemic. Research has repeatedly shown that methadone treatment reduces the risk of fatal drug overdoses by up to 50%, which is one of the primary reasons why improving the provision of recovery support services at the 1700 Airport Way location remains such a critical component to how the region responds to the ongoing public health emergency.

ii. Outcomes and Benefits of Reuse Strategy

Cleanup and 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 and 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.

c. Strategy for Leveraging Resources

i. Resources Needed for Site Characterization

ETS has received \$1.3 million from the City of Seattle towards Site assessment and building design.

ii. Resources Needed for Site Remediation

The \$1,419,960 requested will pay for all remediation services needed.

iii. Resources Needed for Site Reuse

In Phase One of development, ETS has secured or has verbal commitments for \$13 million with a projected final need of \$22 million. All secured funds are for site development, not remediation.

Name of Resource	Is the Resource for (1.c.i.) Assessment, (1.c.ii.) Remediation, or (1.c.iii.) Reuse Activities?	Is the Resource Secured or Unsecured?	Additional Details or Information About the Resource
Department of Commerce	Reuse Activities – Construction	Secured	\$1,950,000, ends June 2025
Department of Commerce	Reuse Activities	Secured	\$5,950,00
City of Seattle Human Services Department	Assessment	Secured	\$1,350,000 Community Development Block Grant

iv. Use of Existing Infrastructure

This location already has utilities in place, streetlights, water/sewer services. Beyond those amenities, the entire location will be demolished in stages and new buildings will be put in their place. The proposed project would add a road for easier client pick-up and drop-off, a sidewalk for better pedestrian safety, additional lighting, and a small garden. 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. 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. 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 53033009300 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 of **all people in the area are below poverty level, 49%**, five times the state (10%) and city (10%) levels (US Census). Most of ETS’s funding is dedicated to patient care and staffing, leaving little 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.

1700 Airport Way location is an ideal location to address the needs of substance use disorder patients. It is close to significant numbers of targeted populations, located along a bus line, limiting transportation barriers to treatment, and projected to serve 1,500 patients daily within 3 years of opening, a 40% increase from its current capacity (prior to flood damage). At times, partner organizations referred patients to our facility, or ETS transported clients to receive their medication.

This Site, once opened, will also integrate REACH services, which bring recovery support services that complement MOUD treatment, such as housing assistance, in addition to their outreach across King County to enroll more patients in services. The presence of outreach workers will allow for greater outreach in this census tract. Because of limited spacing in the original building, all available space was used for clinic priorities, so REACH was unable to operate at this location on a regular basis. With this support in place, ETS will expand its reach to patients and provide each with more services.

ii. Threats to Sensitive Populations

(1) Health or Welfare of Sensitive Populations

Within census tract 53033009300, 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**. Census tract 53033009300 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 (SAMSHA) (2003) estimates 38% of homeless people are dependent on alcohol and 26% abused other drugs.

ETS can provide comprehensive recovery support services like medications for opioid use disorder (MOUD), behavioral health counseling, and housing assistance, leading to lower rates of overdose and greater participation in treatment. 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

The Washington State Department of Health (DOH) maintains a map of environmental health disparities across the state of Washington (the EHD Map). The EHD Map summarizes data collated by the Washington Tracking Network related to environmental exposures and health effects at in each census tract and ranks each census tract relative to the rest of the state for each risk and impact factor. **The census tract containing the Site (53033009300) is ranked 9 of 10 (with 10 indicating the highest health disparities) for exposure to diesel exhaust, PM2.5 concentration, proximity to heavy traffic roadways, toxic releases from facilities, lead risk from housing, proximity to hazardous waste treatment storage facilities, proximity to National Priorities List facilities, Proximity to Risk Management Plan facilities, and impacts from wastewater discharge.**

On the Site itself, multiple known hazardous substances have been identified in soil, groundwater, and soil vapor. Specifically, hazardous substances such as heavy metals (including lead and arsenic), and chlorinated solvents (including vinyl chloride, trichloroethene) have been identified in samples of soil and groundwater. Samples of subslab soil vapor have detected chlorinated solvents and carcinogenic volatile organic compounds associated with petroleum releases (including benzene and aliphatic hydrocarbons) at concentrations which are likely to be impacting indoor air quality at concentrations unsafe for human health. These environmental conditions have prohibited occupancy of the north warehouse which significantly impacts the operational capacity of the facility.

(3) Environmental Justice

a. Identification of Environmental Justice Issues

b. Advancing Environmental Justice

ETS predominantly aids underserved and minority populations; internal patient census shows that half of ETS patients identify as BIPOC (black, indigenous, people of color) despite only a quarter of the Seattle population identifying as such.

The construction of the health campus would allow ETS to continue growing as an organization and continue expanding services to underserved communities, primarily those struggling with substance use

and homelessness. Overdose deaths continue to rise in King County, as does homelessness; according to the King County Medical Examiner’s Office overdose deaths increased 30.5% in 2023 and 83% of those overdose deaths involved fentanyl. As these two issues are often tied together, a new building would significantly address them. Before the flood rendered this facility inoperable, approximately 1,000 people received their daily MOUD. This project will grow and expand MOUD treatment services in Seattle/King County by combining an urgent care outpatient delivery model with mobile services. Combined (clinic and MMU) daily census numbers are expected to be around 1,100 patients at opening in 2025, which will increase by 20% (n=220) in Year 2 and 20% (n=220) in Year 3. This expansion will increase patient census to 1,540—a projected 40% increase in the first 3 years. The expansion of Site services will also further support the legacy role of ETS as a founding member of the Pacific Northwest node of the clinical trials network of the National Institute of Drug Abuse.

b. Community Engagement

i. Project Involvement (presented below in 2.b.ii)

Following the flooding and subsequent shuttering of the 1700 Airport Way clinic, new pressure has been placed on several non-profit and healthcare providers. In addition, the number of patients receiving medication for opioid use disorder at ETS has declined. Some of the entities that are invested in the operation and expansion of the ETS clinic include: the City of Seattle Mayor’s Office, the Ballard Food Bank, Catholic Charities, the Low-Income Housing Institute, and the Downtown Emergency Service Center. The Ballard Food Bank is a significant source of referrals for potential ETS patients, Catholic Charities and the Low-Income Housing Institute receive referrals from ETS to place homeless patients into housing, and the Downtown Emergency Service Center has had to increase its census, but they cannot cover all of ETS’ patients. ETS is highly respected at the Mayor’s Office, and they have significantly invested in ETS programming due to ETS’ position as the largest medication for opioid use disorder in western Washington.

ETS asked its patient population for input before this project began, trying to get to the heart of what resources are most needed/valued, and will be engaging patient population again once at a further design stage to show them what has been planned and what they think.

ii. Project Roles

Several organizations throughout the community have expressed a desire to be project partners. 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
Chief Seattle Club	Lindsay Goes Behind, lindsay@chiefseattleclub.org , 206-755-5449	Community and Patient Partner
SmartCyte	Chris Raftery, chris@rafterycre.com 425-681-5640	Chris Raftery is serving as the project’s owner’s representative and construction consultant
Washington State Representative	Emily Alvarado, 360-786-7978	State representative that allocated funding for ETS programming

iii. Incorporating Community Input

ETS has scheduled public meetings to speak with local organizations/entities/groups, with the first scheduled for November 11, 2024. ETS will have a dedicated staff member for a community engagement strategy. Information will be posted on the ETS website and community leaders will receive direct correspondence about the project. An inclusive promotional campaign, through community newsletters

and ETS and partner websites, will share information with community leaders and citizens. Language and accessibility accommodations will be provided throughout all the community engagement components. ETS feels confident in its existing relationships and the right variety of media to reach stakeholders and engage them throughout the grant cycle. ETS will prioritize the needs of historically and currently marginalized residents through outreach conducted by the REACH division, which has the largest outreach team in the state.

3. TASK DESCRIPTIONS, COST ESTIMATES, AND MEASURING PROGRESS

a. Proposed Cleanup Plan

An Analysis of Brownfields Cleanup Alternatives (ABCA) was prepared for the subject property that outlines four cleanup alternatives which would serve a range of redevelopment plans. Four Alternatives were considered: (1) No Action, Monitoring Only; (2) Minimal Action, Sump Removal and Monitoring, At Grade Development; (3) Shallow Excavation and Capping, Partial Subgrade Development; (4) Deep Excavation and Capping, Full Subgrade Development. Based upon effectiveness, ability to implement, and cost considerations, it was determined that sump removal and excavation and removal of contaminated soil a cap and vapor barrier as dictated by redevelopment activities is the preferred (and necessary) remedy to facilitate design plans. Alternatives 3 and 4 were determined to meet these criteria. Based upon effectiveness, ability to implement, and cost considerations, Alternative 3 (Shallow Excavation and Capping, Partial Subgrade Development) is selected as the Proposed Cleanup Plan.

Before Site remediation, a Contaminated Media Management Plan would be developed and approved by Ecology as part of the Expedited Voluntary Cleanup Program. Land disturbance permits would be acquired, as necessary, before redevelopment. Cleanup activities would involve demolition of the sump, removal and offsite disposal of contaminated soil in accessible areas in the vicinity of the sump, and export of historical fill impacted with heavy metals to the top of the groundwater table approximately 5-6 feet below street grade. Following excavation, the excavation would be backfilled with clean, imported structural fill to the subgrade required for construction of new clinic buildings on the Site.

A chemical vapor barrier would be constructed beneath new structures, with the backfill, buildings, and hardscapes acting as a cap above contaminated media if any remains after remedial excavation. Contaminated groundwater would be treated via application of chemical oxidizers and/or in situ bioremediation techniques, and contaminant concentrations in groundwater would be monitored for up to 3 years. Short-term environmental monitoring would confirm the elimination of contamination exposure pathways in accordance with the Washington State Model Toxics Control Act (MTCA), and long-term operations of the facilities would proceed with minimal environmental monitoring unless new or otherwise undiscovered contaminant sources are identified.

b. Description of Tasks/Activities and Outputs

Task 1: Planning and Site Testing
<p>i. Project Implementation: ETS’ Project Manager will oversee the development of a community engagement plan (CIP) from PR contractor who will develop all community engagement, public meetings, and outreach materials. They will also oversee creation of Brownfields project page on company website and social media posts with the assistance of an internal Communications Manager. 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. ETS will procure an Environmental Consultant to assist with the technical portions of the grant, onsite testing, creation of the following documents: ABCA, health and safety plans, additional investigation, and remediation plan, and cleanup oversight and documentation. Implementation and administration will also be overseen by the Project Manager to ensure compliance</p>

with the EPA Cooperative Agreement Work Plan, schedule and terms and conditions and complete required databases for financial, annual, and quarterly reporting as outlined in the grant contract.
ii. Anticipated Project Schedule: CIP to be created within 3 months of award (upon completion a more concrete schedule will follow). Community Meeting scheduled TBD. Website created prior to grant submittal and updated monthly throughout the grant project. Environmental 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: Consultant to directly handle each specific aspect of the project with oversight from Jack Hebron – Redevelopment Project Manager.
iv. Outputs: Multiple procured consultants, CIP, Website Page, Brochures/Handouts, Summary of Community Meetings in EPA required Quarterly Reports, ACRES Reporting, (2) Annual Financial Reports, and MBE/WBE Forms, (8) Quarterly Reports, Programmatic Support for grant period, (1) ABCA, (1) health and safety plan (HASP), (1) Phase II ESA, (1) contaminant remediation plan.
Task 2: 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 Environmental 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 – Planning and Site Testing: Contractual – Public Relations Contractor for Community Involvement Plan drafting and assistance for community engagement meetings - \$11,400 (38 hours x \$300 = \$11,400); Environmental Consultant for advisory services, regulatory engagement, environmental investigation, and plan reporting and documentation - \$42,000 (Consultation - \$5,000, ABCA Documentation and Consulting - \$5,000, Advisory and Regulatory - \$10,000, Phase 1 ESA and work plans - \$10,000, Sump Pump Removal Plan - \$12,000); Personnel Costs – Communications Manager \$2,000 (20 hours x \$100 = \$2,000), Project Manager \$22,500 (150 hours x \$150 = \$22,500)

Task 2 – Site Cleanup: Contractual – Owner’s Representative - \$25,000 (\$12,500/month x 2 months = \$25,000) ; Environmental Clean-up - \$1,236,060 (Excavation and Disposal - \$585,060 [Site Preparation - \$15,000, Impacted Soil - \$393,750 ((5,250 tons x \$75 = \$393,750)), Contaminated Soil - \$13,800 ((120 tons x \$115 = \$13,800)), Oversight and Reporting - \$65,000 ((lump sum)); Contingency (20%) - \$97,510]; Groundwater Treatment and Monitoring - \$348,000 [Testing and Preparation - \$74,000 ((lump sum)), Groundwater Monitoring - \$216,000 ((Groundwater Sampling and Testing - \$140,000 [[14 samples x \$10,000 = \$140,000]]]; Mid-Year Report - \$36,000 [[4,000 x 9 samples = \$36,000]] ; Annual Report - \$40,000 [[8,000 x 5 yearly annual reports = \$40,000]]), Contingency (20%) - \$58,000]; Vapor Intrusion Mitigation - \$303,000 [Product Testing and Support - \$20,000 ((lump sum)), Installation - \$202,500 ((13,500 sq ft x \$15 = \$202,500)), Field Oversight - \$30,000 ((10 days x \$3,000/day =

\$30,000)), Contingency (20%) - \$50,500] Personnel Costs – Facilities Manager \$15,000 (100 hours x \$150 = \$15,000); Project Manager \$66,000 (440 hours x \$150 = \$66,000).

Budget Categories		Project Tasks (\$)		
		Task 1. Planning and Site Testing	Task 2: Site Cleanup	Total
Direct Costs	Personnel	\$24,500	\$81,000	\$105,500
	Fringe	-	-	-
	Travel	-	-	-
	Supplies	-	-	-
	Contractual	\$53,400	\$1,261,060	\$1,314,460
Total Direct Costs		\$35,000	\$44,500	\$500,000
Indirect Costs		-	-	-
Total Budget (Direct + Indirect)		\$77,900	\$1,342,060	\$1,419,960

d. Plan to Measure and Evaluate Environmental Progress and Results

ETS has processes in place to ensure projects are properly tracked and reported. ETS staff assisting the project will meet quarterly to track the outputs identified in 3.b. and will report all progress in fulfilling the scope of work, goals, and objectives to the EPA via quarterly reports. In addition, project expenditures and activities will be compared to the project schedule. The outcomes to be tracked include community participation, redevelopment of leveraged dollars, and patients assisted. In the event the project is not progressing efficiently, countermeasures are in place to address the problem which include monthly calls to their EPA Project Officer and, if needed, create a Corrective Action Plan to get back on schedule.

ETS’ environmental consultant will oversee cleanup activities and conduct confirmation sampling in accordance with guidance published by Ecology and the EPA. Specifically, a QAPP, final ABCA and Cleanup Action Plan including steps for confirmation of cleanup efficacy will be developed and approved by the state regulatory agency (Ecology) prior to initiation of cleanup activities. Environmental results will be documented in accordance with Model Toxic Control Act and Ecology guidance in pursuit of a No Further Action determination from Ecology.

4. PROGRAMMATIC CAPABILITY AND PAST PERFORMANCE

a. Programmatic Capability

i. Organizational Structure

ETS has held public contracts for its services for decades and has a dedicated data management team. Expenditures must be approved by managers/supervisors and receipts must be filed. All checks are signed, and backups are reviewed by the ETS finance department staff. The organization’s CPA reviews all financial activities, reconciles bank accounts, ensures that accurate and thorough records are maintained in a centralized filing system, ensures that required IRS forms/reports and other tax reports are filed on timely basis, and confirms that appropriate internal control practices are followed.

To ensure data quality and equitable practices, ETS has full-time Data Quality and Contract Compliance Specialists on staff. These specialists fulfill several critical roles, including training staff on data

collection requirements, overseeing, and managing data quality, ensuring compliance with contracts, and participating in the implementation of new data initiatives.

Evergreen Treatment Services (ETS) is a 501(c)(3) certified non-profit organization based in Seattle, Washington, with over 300 employees throughout an administrative office, three clinics, and outreach offices across the region. The organization is led by executive and senior leadership and program staff with extensive experience working with equitable program design, funding programs, and implementation. Dedicated staff are currently responsible for creating and implementing medications for opioid use disorder (MOUD), behavioral health programming, outreach to the unhoused, and case management services. Each year the organization helps those 3,000 with MOUD, but also outreaches to 7,000 unhoused people per year, houses an additional 400, distributes thousands of harm reduction supplies, and provides case management services to 1,800 people.

ii. Description of Key Staff (presented below in 4.a.iii)

ETS Chief Executive Officer, Steve Woolworth, will oversee the staff responsible for this project. He earned his PhD in 2002 from the University of Washington. Since 2011, he has worked in leadership roles in the nonprofit industry and joined ETS in 2020 as the new Chief Executive Officer. He has spearheaded the team dedicated to revitalizing the 1700 Airport Way Site.

If selected for brownfields grant funding, ETS will administer the grant, working with our partners and stakeholders to support the community's vision for a healthcare clinic on brownfields. John Chandler, Real Estates Services Manager, will be the main point of contact for this grant. John brings more than 24 years of experience in real estate services for non-profits. They will be responsible for overseeing all grant activities, consultants, and funds, submitting all required reports to EPA, and ensuring all project activities are in accordance with the work plan and the grant terms and conditions. Jack Hebron, Project Manager, will support community engagement efforts.

iii. Acquiring Additional Resources

ETS has a dedicated development and leadership team that is always looking for additional funding for its services and has brought outside consultants to advise the organization on the logistics of a capital campaign for the 1700 Airport Way location. The development team has a goal of raising \$2 million in funding for the Site in 2025. With funding from the Environmental Protection Agency, ETS will be able to take the first step towards making this new and improved clinic a reality. The organization has already acquired \$13 million for architects, advisors, and construction from state and private funding sources. Without cleanup dollars, much of this work could be lost.

b. Past Performance and Accomplishments

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

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

Evergreen Treatment Services has not received an EPA Brownfields Grant in the past. In 2024, ETS received a grant of \$1,350,000 from the Seattle Department of Human Services. This is a Community Development Block Grant from the U.S. Department of Housing and Urban Development. This funding is allocated toward new construction, not Site remediation.

The Community Development Block Grant has not yet been spent on construction of part of the proposed health campus. After the flood damage at the Site in January 2024, plans were temporarily halted to assess damage and decide on a future course of action. Cleanup of 1700 Airport Way began in July 2024, but additional funds are needed to complete the cleanup.

(1) Purpose and Accomplishments:

The following examples speak directly to ETS' specific experience with previously funded assistance agreements:

- **Healthcare for the Homeless Network Grant:** ETS receives funding to bring services to areas where vulnerable individuals are living unsheltered without accessible services. All data processes adhere to recognized healthcare information management principles, including HIPAA and relevant behavioral health data standards. ETS equips staff with field data collection tools and ensures data compliance and prepares monthly reports. This funding comes from King County in the amount of \$810,032.
- **Treatment in Motion Grant:** An example of compliance with work plans is most recently seen with the purchase and implementation of a mobile medication unit that provides methadone in Seattle. This program required regular updates to the funders, compliance with Drug and Enforcement Agency regulations, and licensing to park the vehicle near priority populations. The funding agency was Pacific Hospital Preservation and Development Authority in 2022. The original funding amount was \$200,000.
- ETS has extensive experience successfully providing thoughtful and responsible program design and administration to advance economic and environmental justice through substance use disorder services, including developing and managing large-scale, publicly funded healthcare at the city, county, and state levels. ETS works with state and local governments to design and administer substance use disorder planning, bringing a unique, community-first approach that maximizes the benefit of their investment. Through thoughtful program design, ETS ensures that these programs maximize benefits to marginalized communities.

(2) Compliance with Grant Requirements:

ETS is committed to transparency and accountability. ETS has consistently upheld a strong history of meeting the reporting requirements stipulated in funding agreements. For each funding agreement, ETS prepares timely, quarterly/semi-annual, and public-facing reports on program progress toward its outcomes. As part of these reports, ETS provides budgetary and impact progress updates, as well as ground-level insight into some of the barriers the program faces in real-time and practical, collaborative solutions for addressing them.

ETS has a history of compliance with grant work plans, schedules and terms and conditions and has a good history of timely reporting with all award agencies. An example of compliance with work plans is most recently seen with the purchase and implementation of a mobile medication unit that provides methadone throughout Seattle. This program required regular updates to the funders, compliance with DEA regulations, and licensing to park the vehicle near priority populations. ETS is audited yearly, and those audits have produced no errors since 2020. ETS has also not had a public or private grant revoked for failure to report on progress, reporting, or failure to proper use funds.