



New York Environmental Leaders Leadership Tier (State Option) Application Form

New York State Department of Environmental Conservation
Pollution Prevention Unit
625 Broadway, Albany NY 12233

Directions: This application is to be used by applicants that wish to seek entrance into the Leadership Tier (State Option) of the New York Environmental Leaders (NYEL) program. The State Option of the Leadership Tier only allows for entry to NYEL. This application will not be forwarded to the USEPA for membership consideration in the National Environmental Performance Track. Please complete all sections of this Leadership Tier Application Form. If there is not enough room to address the question, please attach additional sheets. The completed application must have an original signature by a senior facility manager and shall be submitted to John Vana by email at jmvana@gw.dec.state.ny.us, by fax at 518-402-9168, or to the mailing address at the end of the application.

Applicant Information

Date

Name of Facility

Name of Parent Company

Facility Location, Street Address

Facility Location, City/State/ZIP code

Contact Information

Contact Name (Mr./Mrs./Ms./Dr.)

Title

Phone

Fax

E-mail

Facility/Company Website

Mailing Address (if different)

City/State/Zip code

Section A: Facility Information

1. List the North American Industrial Classification System (NAICS) codes that you use to classify business at your facility.

2. Briefly describe the activities that are conducted at your facility:

3. Number of employees who currently work at your facility.

- Less than 50
- 50 to 99
- 100 to 499
- 500 to 1,000
- 1,000 or more

4. How did you hear about the NYEL program?

- At a professional conference
- Marketing mailer
- Through a trade association
- Market phone call or email
- Internally within your company
- New media / professional journal
- From a peer in your sector
- Environmental consultant
- Other (please specify) _____

5. Is there anything else you would like to tell us about your facility (e.g. receipt of environmental awards or participation in other voluntary programs at the local, tribe, state, or federal level), please describe them below.

Section B: Record of Compliance

1. Does the applicant currently hold any permits issued under the Environmental Conservation Law?

Yes No

If Yes, please list the permits:

2. Has your facility been denied a permit or had a permit revoked or suspended under the Environmental Conservation Law within the past five years?

Yes No

If Yes, please provide details:

3. Has your facility been the subject of an ongoing criminal investigation within the past five years?

Yes No

If Yes, please provide details:

4. Is your facility currently the subject of an enforcement action under the Environmental Conservation Law?

Yes No

If Yes, please provide details:

5. Does your facility currently owe any regulatory fees pursuant to Article 72 of the Environmental Conservation Law to the Department of Environmental Conservation?

Yes Amount \$_____

No

Under dispute for _____ year(s) Amount \$_____

Note: Article 72 of the Environmental Conservation Law declares that those regulated entities which use or have an impact on the state's environmental resources should bear the costs of the regulatory provisions which permit the use of these resources in a manner consistent with the environmental, economic and social needs of the state.

6. Has your facility, within the last three years, been found in an administrative, civil or criminal proceedings to have violated any provision of the Environmental Conservation Law (ECL), any related order or determination of the Commissioner, any regulation promulgated pursuant to the ECL, the condition of any permit issued there under, or any similar statute, regulation, order or permit condition of any other state or federal government agency?

Yes No

If Yes, please provide details:

7. Has your facility, within the last five years, been convicted of a criminal offense under a state or federal government agency, which involved environmental statutes or regulations, or fraud, bribery, perjury, theft or an offense against public administration as that term is used in Article 195 of the Penal Law, or an offense involving false written statements as those termed are defined in Article 175 of Penal Law?

Yes No

If Yes, please provide details:

8. Does your facility have data in EPA's [Enforcement and Compliance History Online \(ECHO\)](#) ?

Yes No

If Yes, please provide details on any data in ECHO that you believe is inaccurate:

Section C: Environmental Management System (EMS)

In order to be considered for the Leadership Tier of the NYEL program an applicant must have a functional EMS in place that meets the criteria established in *Section III – Components of an Acceptable EMS of the [NYEL Guidance Document](#)*. Having an EMS in place demonstrates to the Department that your facility is committed to a sustained, systemic approach to their environmental management.

1. Does your facility currently have an EMS in place that satisfies the EMS components established in Section III of the [NYEL Guidance Document](#)?

Yes No

Note: If you answered yes, proceed to question 2. If you answered no, your facility is not eligible for entrance into the Leadership Tier of NYEL. Your facility may be eligible for the Entry Tier of NYEL. For more information on the Entry Tier visit the [New York Environmental Leaders](#) webpage on the Department's website.

2. Has the implementation of your EMS been verified through one of the following means?

Note: Please check which item has been used to verify your EMS implementation and provide details (when the EMS was certified, who certified the EMS, etc.) about the verification in the space provided below your selection. If your EMS has not been verified through one of the following means, your facility is not eligible for entrance into the Leadership Tier of NYEL. Your facility may be eligible for the Entry Tier of NYEL. For more information on the Entry Tier visit the [New York Environmental Leaders](#) webpage on the Department's website.

Your EMS is a third party certified ISO 14001 EMS

Please provide details:

Your EMS satisfies the requirements of the [EPA NEPT Independent Assessment Requirements](#)

Please provide details:

Your EMS satisfies a standard adopted by a trade association or other group that the DEC determines to be satisfactory

Please provide details:

Your EMS has been deemed satisfactory after an on-site assessment by DEC staff, or a NYEL peer that is acceptable to the Department

Please provide details:

3. Has your EMS completed at least one full cycle (Plan-Do-Check-Act)?

Yes No

Section D: History of Performance Improvements

1. Has your facility, within the past two years implemented any projects to produce measurable improvements that go beyond compliance with environmental requirements? Refer to *Section V: Environmental Performance Indicator and Categories of the [NYEL Guidance Document](#)* for a list of improvements that the Department finds acceptable.

Yes No

Note: If you answered yes, proceed to question 2. If you answered no, your facility is not eligible for entrance into the Leadership Tier of NYEL. Your facility may be eligible for the Entry Tier of NYEL. For more information on the Entry Tier visit the [New York Environmental Leaders](#) webpage on the Department's website.

2. Please list two improvements and provide a description of the projects implemented to achieve those improvements in the tables below. If the amounts listed are normalized to account for your facility's productive output, please discuss the normalization factor as well.

A small facility can choose to document only one past improvement. A small facility is any facility that is independently owned and operated, not dominant in its field, and employs 100 or fewer individuals (across all facilities and operations owned by the entity).

Past Improvement 1						
Category	Indicator	Units	Baseline Year	Baseline Amount	Current Year	Current Amount
<p>What activities or process changes did you undertake at your facility to accomplish your commitment (e.g., technology changes in a particular process line, employee training)?</p>						

Past Improvement 2

Category	Indicator	Units	Baseline Year	Baseline Amount	Current Year	Current Amount

What activities or process changes did you undertake at your facility to accomplish your commitment (e.g., technology changes in a particular process line, employee training)?

Section E: Performance Improvement Commitments

For your facility to be considered for the Leadership Tier of NYEL, you must commit to implement performance improvement projects that go beyond compliance with environmental requirements, and are acceptable to the department. These performance improvement projects must demonstrate results within a three year period. Larger facilities must commit to implement four performance improvement projects, while smaller facilities must commit to implement two performance improvement projects. A small facility is any facility that is independently owned and operated, not dominant in its field, and employs 100 or fewer individuals (across all facilities and operations owned by the entity).

A list of Environmental Performance Indicators and Categories acceptable to the Department can be found in *Section V: Environmental Performance Indicators and Categories of the [NYEL Guidance Document](#)*. If an applicant wants to consider commitments that are not covered by the indicators and categories in Section V of the NYEL guidance, the Department may consider up to two alternate commitments for large facilities and up to one alternate commitment for small facilities. These alternate commitments can include: a project in an area that is not on the Department's listing of acceptable indicators and categories that is approved by the Department and provides significant environmental benefit or is sufficient to demonstrate the applicant's standing as an environmental leader, OR one of the following 1) mentoring an organization in a lower tier of NYEL; 2) provide EMS assessment or assistance services to organizations in a lower tier of NYEL; 3) provide technical assistance to organizations in a lower tier of NYEL; or 4) other Department approved effort to support NYEL.

In addition, the goal established in these commitments may be represented by actual, or normalized, amounts. However, each commitment must establish some basis to normalize the improvements to the facility's productive output or, where necessary, to a substitute for production. This normalization factor will provide the basis for reporting normalized data in annual performance reports.

Performance Improvement Commitment 1

Category	Indicator	Units	Baseline Year	Baseline Amount	Goal Year	Goal Amount

What activities or process changes do you plan to undertake at your facility to accomplish your commitment (e.g., technology changes in a particular process line, employee training)?

Does your commitment include everything covered by the indicator (e.g., all VOCs, all non-hazardous waste), or a specific substance or component (e.g., ethane, cardboard)?

Does this project address a significant aspect in your EMS? If no, please explain why you believe this indicator should be included as a performance commitment.

Whether your goal is actual or normalized, in your annual performance reports you will need to provide normalizing factors and normalized quantities of your annual data. Please briefly describe your intended bases for normalizing (e.g., gallons of chemical product produced; dollars of sales adjusted for inflation and weighted based on percentage of waste stream produced; number of households served).

Are you subject to Federal, State, Tribal, or local regulatory requirements for this indicator? If yes, please list those requirements; include the quantitative limits and compliance deadlines that apply to you. Explain how your commitment exceeds requirements.

Performance Improvement Commitment 2

Category	Indicator	Units	Baseline Year	Baseline Amount	Goal Year	Goal Amount

What activities or process changes do you plan to undertake at your facility to accomplish your commitment (e.g., technology changes in a particular process line, employee training)?

Does your commitment include everything covered by the indicator (e.g., all VOCs, all non-hazardous waste), or a specific substance or component (e.g., ethane, cardboard)?

Does this project address a significant aspect in your EMS? If no, please explain why you believe this indicator should be included as a performance commitment.

Whether your goal is actual or normalized, in your annual performance reports you will need to provide normalizing factors and normalized quantities of your annual data. Please briefly describe your intended bases for normalizing (e.g., gallons of chemical product produced; dollars of sales adjusted for inflation and weighted based on percentage of waste stream produced; number of households served).

Are you subject to Federal, State, Tribal, or local regulatory requirements for this indicator? If yes, please list those requirements; include the quantitative limits and compliance deadlines that apply to you. Explain how your commitment exceeds requirements.

Performance Improvement Commitment 3

Category	Indicator	Units	Baseline Year	Baseline Amount	Goal Year	Goal Amount

What activities or process changes do you plan to undertake at your facility to accomplish your commitment (e.g., technology changes in a particular process line, employee training)?

Does your commitment include everything covered by the indicator (e.g., all VOCs, all non-hazardous waste), or a specific substance or component (e.g., ethane, cardboard)?

Does this project address a significant aspect in your EMS? If no, please explain why you believe this indicator should be included as a performance commitment.

Whether your goal is actual or normalized, in your annual performance reports you will need to provide normalizing factors and normalized quantities of your annual data. Please briefly describe your intended bases for normalizing (e.g., gallons of chemical product produced; dollars of sales adjusted for inflation and weighted based on percentage of waste stream produced; number of households served).

Are you subject to Federal, State, Tribal, or local regulatory requirements for this indicator? If yes, please list those requirements; include the quantitative limits and compliance deadlines that apply to you. Explain how your commitment exceeds requirements.

Performance Improvement Commitment 4

Category	Indicator	Units	Baseline Year	Baseline Amount	Goal Year	Goal Amount

What activities or process changes do you plan to undertake at your facility to accomplish your commitment (e.g., technology changes in a particular process line, employee training)?

Does your commitment include everything covered by the indicator (e.g., all VOCs, all non-hazardous waste), or a specific substance or component (e.g., ethane, cardboard)?

Does this project address a significant aspect in your EMS? If no, please explain why you believe this indicator should be included as a performance commitment.

Whether your goal is actual or normalized, in your annual performance reports you will need to provide normalizing factors and normalized quantities of your annual data. Please briefly describe your intended bases for normalizing (e.g., gallons of chemical product produced; dollars of sales adjusted for inflation and weighted based on percentage of waste stream produced; number of households served).

Are you subject to Federal, State, Tribal, or local regulatory requirements for this indicator? If yes, please list those requirements; include the quantitative limits and compliance deadlines that apply to you. Explain how your commitment exceeds requirements.

Section E: Public Outreach

1. Public outreach includes efforts to effectively communicate, share information with, and gather feedback from the community that directly surrounds, or is directly impacted by, the organization's operation. Does your facility have a public outreach program?

Yes No

Note: If you answered yes, proceed to question 2. If you answered no, your facility is not eligible for entrance into the Leadership Tier of NYEL. Your facility may be eligible for the Entry Tier of NYEL. For more information on the Entry Tier visit the [New York Environmental Leaders](#) webpage on the Departments website.

2. Identify the specifics about your facility's public outreach program:

A. How does your public outreach program provide information on the facility's environmental performance to the public in a timely manner?

Please provide details:

B. How does your public outreach program provide a mechanism for the public to provide feedback on your facility's environmental performance?

Please provide details:

3. All members must make their NYEL annual report available to the public. How will your facility make the annual report available to the public?

Please provide details:

Section F: Application and Participation Commitment Statement

- I have read and agree to the terms and conditions for Application and Participation in the New York Environmental Leaders Program, as specified in the NYEL Guidance Document and CP-40 Commissioner Policy on NYEL.
- I have personally examined and am familiar with the information contained in this application. The information contained in this application is, to the best of my knowledge and based on reasonable inquiry, true, accurate, and complete.
- Based on the foregoing compliance assessment and subsequent correction actions (if any were necessary), my facility is, to the best of my knowledge and based on reasonable inquiry, currently in compliance with applicable Federal, State, tribal, and local environmental requirements.
- I understand that this application does not guarantee acceptance into the New York Environmental Leaders Program nor granting incentives, and is contingent upon New York State Department of Environmental Conservation (NYSDEC) approval of the application and potential verification visit by NYSDEC staff.
- I am a senior facility manager or authorized facility signatory, and fully authorized to execute this statement on behalf of the corporation or other legal entity whose facility is applying to this program.

Applicant Signature	
Signature	Date
Printed Name	Title
Facility Name	
Facility Location, Street Address	
Facility Location, City/State/ZIP code	

For additional information contact:

[New York Environmental Leaders](#)
 New York State Department of Environmental Conservation
 Division of Permits
 Pollution Prevention Unit
 625 Broadway
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 (518)402-9469

