

FORT ORD REUSE AUTHORITY / ESCA REMEDIATION PROGRAM RIGHT OF ENTRY APPLICATION

Right of Entry Application Process

A completed Fort Ord Reuse Authority (FORA) Right of Entry (ROE) Application is required as the first step to begin processing an organization's request for entry onto FORA-owned property. FORA issues ROEs to qualified, responsible organizations.

The ROE Application may be completed electronically but must be printed and submitted in a legible hard copy format with the organization's responsible party(ies) original signatures.

The ROE Application review process begins when a completed ROE Application (with all required attachments) has been received by FORA. The FORA ROE Application review process takes a minimum of two (2) weeks to complete, depending on (a) the complexity of the access and potential impact land-use jurisdiction activities, (b) the soil, (c) endangered and/or protected species and (d) traffic impacts. FORA staff is available to assist you throughout the ROE Application review process, as work and time commitments permit.

During the ROE Application review process, the applicant organization defines/categorizes reasons for requesting access and their proposed activities. Access requests for recreational-related events will be considered during the weekend and after-work daylight hours.

FORA staff will review and reserves the right to approve/deny all of ROE applications or ROEs. Incomplete applications will not be reviewed and cannot be approved. FORA staff may request additional information beyond those items that are identified in the application form, if needed to facilitate the application review. Applicants may appeal a staff decision denying or rescinding their ROE to the FORA Executive Committee.

Before access can be permitted, the organization must provide proof of insurance coverage listing "The Fort Ord Reuse Authority and its agents" as Additionally Insured. The minimum limits for liability insurance coverage are \$1 million dollars per occurrence and \$2 million aggregate general liability insurance. A ROE will not be issued without proof of insurance documentation filed with the FORA offices. A lapse in insurance coverage automatically rescinds any ROE. If an organization's ROE has been rescinded, a new ROE application must be submitted and approved.

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Hold Harmless and Indemnification Statements

The successful applicant organization will be required to sign a ROE document containing statements similar to the following:

I hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE THE FORT ORD REUSE AUTHORITY ("FORA"), WESTON SOLUTIONS INC., ARCADIS INC., AND THEIR RESPECTIVE OFFICERS, DIRECTORS, AND EMPLOYEES (hereinafter collectively referred to as the ("FORA and its Contractors")) from any and all liabilities, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury including death, that may be sustained by me or those in my vehicle, or to any property belonging to me or those in my vehicle, WHETHER CAUSED BY THE NEGLIGENCE OF FORA and its Contractors, or otherwise, while on ESCA properties, or while in, on or upon the premises where the activity is being conducted.

I further hereby AGREE TO INDEMNIFY and HOLD FORA AND ITS CONTRACTORS harmless from any loss, liability, damage or costs, including court cost and attorney's fees, that they may incur due to me or those in my vehicle in said activity, WHETHER CAUSED BY NEGLIGENCE OF FORA AND ITS CONTRACTORS or otherwise.

Applicant Organization Information

Name of organization requesting the Right of Entry: _____

Organization's Tax Identification #: _____

Name(s) of organization's responsible party(ies):

1) _____

2) _____

Phone number(s) for responsible party(ies):

1) _____

2) _____

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Organization's Responsible party(ies) is/are:

Check all that apply:

Owner(s)

Owners Representative(s)

Board Member(s)

Agent(s)

Employee(s)

Other – Describe _____

Organization's Physical Address:

Organization's mailing address , if different than physical address:

*Signatures of responsible party(ies):

1) _____ Date: _____

2) _____ Date: _____

* **NOTE:** This (these) Responsible Party(ies) will be required to sign the FORA Right of Entry when/if issued.

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Insurance Requirements

Name of organization's insurance company: _____

Point of contact, telephone number and address for the organization's insurance company:

Insurance Requirement: The organization must provide proof of insurance coverage listing "The Fort Ord Reuse Authority and its agents" as Additionally Insured. The minimum limits for liability insurance coverage are \$1 million dollars per occurrence and \$2 million aggregate general liability insurance. A ROE will not be issued without proof of insurance documentation filed with the FORA offices. A lapse in insurance coverage will automatically rescind any ROE. If an organization's ROE has been rescinded, a new ROE application must be submitted and approved.

Access Information and Categorization

1. **Event name.** If applicable: _____

2. **Access Location Map:** Must be attached to the ROE Application

A clear legible map showing the area(s) on the former Fort Ord where access is requested must be attached to the completed ROE Application. The map must be no larger than 8½" x11" and indicate major intersections with road names and trails where access is requested. The map should be labeled with the name of the organization and the name of the event, if applicable. The areas where access is requested must be clearly outlined on the map. The boundaries of the cities, the County and CSUMB or USCS owner should be provided on the map. The map should be capable of being copied in black and white without losing the required information.

3. **Type of access requested.** Choose one:

Business activity. Describe proposed business activity in an attached sheet labeled **BUSINESS ACTIVITY DESCRIPTION.**

Recreational activity. Describe proposed recreational activity in an attached sheet labeled **RECREATIONAL ACTIVITY DESCRIPTION**

Educational institution activity. Describe proposed educational activity in an attached sheet labeled **EDUCATIONAL ACTIVITY DESCRIPTION**

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4. **Will the proposed access activity be in anyway ground disturbing?** Choose Yes or No:

No – Continue completing this ROE Application.

Yes – Contact FORA staff for a UXO Escort Reimbursement Agreement, which must be completed and approved –OR– waived before FORA can issue a ROE. Continue completing this ROE Application if the organization is interested in executing a UXO Escort Reimbursement Agreement with FORA.

5. **Has the proposed access activity been approved by a land use jurisdiction or BLM?**

Choose Yes or No:

No – Describe the reason that the organization believes that approval is not needed in an attached sheet labeled **WHY JURISDICTION OR BLM APPROVAL IS NOT REQUIRED.**

Yes – Please provide evidence of land use jurisdiction or BLM approval as an attachment to this ROE Application.

6. **Will the proposed access activity impact endangered and/or protected species on the former Fort Ord?** Choose Yes or No:

No – Describe why the proposed access activity will not impact endangered and/or protected species in an attached sheet labeled **WHY THE PROPOSED ACCESS ACTIVITY WILL NOT IMPACT ENDANGERED AND/OR PROTECTED SPECIES**

Yes – Submit a land use jurisdiction review of the proposed activities with the ROE Application.

7. **Will the proposed access activity impact traffic or parking on the former Fort Ord?**

Choose Yes or No:

No – Describe why the proposed access activity will not impact traffic or parking in an attached sheet labeled **WHY THE PROPOSED ACCESS ACTIVITY WILL NOT IMPACT TRAFFIC OR PARKING**

Yes – Submit a land use jurisdiction review of the proposed activities with the ROE Application.

8. **Dates Requested:**

Date(s) _____

Time Frame _____

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Application is Complete and Accurate
<p>I have reviewed the Right of Entry Application and to the best of my knowledge, is complete and accurate. As the Responsible Party(ies) listed in this application, I hereby submit this Right of Entry Application for review.</p>
Print Name: _____
Signature: _____
Title: _____
Date of Submittal: _____, 20 _____