

SCHEDULE A

This Agreement demonstrates financial assurance for cost estimate(s) on file with FDEP for the following facility(ies). [Attach completed schedule to new standby trust fund agreement or to an amendment.]

FDEP I.D. Number	Facility Name*	Site Address	Facility Cost Estimate** (total of Required Action amounts)

^{* -} Removal of a facility from a standby trust fund, in accordance with FDEP regulations, requires prior written permission from the FDEP Tallahassee Office. Authorization will be addressed to the Trustee and will specify agreement by date.

^{** -} For each facility, enter the most recent Department approved facility cost estimate amount, or subsequently increased amount.