

**East Texas Council of Governments  
FY 2011 REGIONAL SOLID WASTE GRANTS PROGRAM**

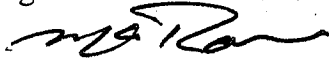
**FORM 1. APPLICATION INFORMATION AND SIGNATURE PAGE**

Applicant: City of Jacksonville	Funding Amount Proposed: \$ 3000.00
Address: 301 East Commerce Jacksonville, Texas 75766	Phone/Fax/Email: Ph: 903-586-3510 Fx: 903-586-4609 Email : <a href="mailto:ken.ripkowski@JacksonvilleTX.org">ken.ripkowski@JacksonvilleTX.org</a>
Contact Person: Ken Ripkowski	Date Submitted: 06/28/10

**Project Category**

<input type="checkbox"/> Local Enforcement <input type="checkbox"/> Litter and Illegal Dumping Cleanup and Community Collection Events <input checked="" type="checkbox"/> Source Reduction and Recycling <input type="checkbox"/> Local Solid Waste Management Plans <input type="checkbox"/> Citizens' Collection Stations and "Small" Registered Transfer Stations <input type="checkbox"/> Household Hazardous Waste (HHW) Management <input type="checkbox"/> Technical Studies <input type="checkbox"/> Educational and Training Projects <input type="checkbox"/> Other
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**Signature**

By the following signature, the Applicant certifies that it has reviewed the certifications, assurances, and deliverables included in this application, that all certifications are true and correct, that assurances have been reviewed and understood, and that all required deliverables are included with this application.	
Signature: 	Title: City Manager
Typed/Printed Name: Mo Raissi	Date Signed: 06/28/10

**FOR USE BY ETCOG**

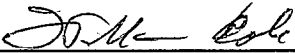
Date application was received: <u>6/30/2010</u>
Does the application meet all of the required screening criteria: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is the application administratively complete: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

**Project Application  
Form 1**

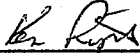
## FORM 2. Authorized Representatives

The Applicant hereby designates the individual(s) named below as the person or persons authorized to receive direction from the COG, to manage the work being performed, and to act on behalf of the Applicant for the purposes shown:

- 1. Authorized Project Representative.** The following person is authorized to receive direction, manage work performed, sign required reports, and otherwise act on behalf of the Applicant.

Signature: 
Typed/Printed Name: Will Cole
Title: Director of Public Works
Date: 06/28/10

- 2. Authorized Financial Representative.** In addition to the authorized project representative, the following person is authorized to act on behalf of the Applicant in all financial and fiscal matters, including signing financial reports and requests for reimbursement.

Signature: 
Typed/Printed Name: Ken Ripkowski
Title: Grant Coordinator
Date: 06/28/10

RESOLUTION

RESOLUTION OF ( City of Jacksonville ) AUTHORIZING THE FILING OF A GRANT APPLICATION WITH THE ( East Texas Council of Governments ) FOR A REGIONAL SOLID WASTE GRANTS PROGRAM GRANT; AUTHORIZING (Will Cole-Director of Public Works) TO ACT ON BEHALF OF ( City of Jacksonville ) IN ALL MATTERS RELATED TO THE APPLICATION; AND PLEDGING THAT IF A GRANT IS RECEIVED ( City of Jacksonville ) WILL COMPLY WITH THE GRANT REQUIREMENTS OF THE ( East Texas Council of Governments ), THE TEXAS COMMISSION ON ENVIRONMENTAL QUALITY AND THE STATE OF TEXAS.

WHEREAS, the ( East Texas Council of Governments ) is directed by the Texas Commission on Environmental Quality to administer solid waste grant funds for implementation the COG's adopted regional solid waste management plan; and

WHEREAS, ( City of Jacksonville ) in the State of Texas is qualified to apply for grant funds under the Request for Applications.

NOW, THEREFORE, BE IT RESOLVED BY ( City of Jacksonville ) IN ( Jacksonville ) TEXAS:

1. That ( Will Cole ) is authorized to request grant funding under the ( East Texas Council of Governments ) Request for Applications of the Regional Solid Waste Grants Program and act on behalf of ( City of Jacksonville ) in all matters related to the grant application and any subsequent grant contract and grant project that may result.
2. That if the project is funded, ( City of Jacksonville ) will comply with the grant requirements of the ( East Texas Council of Governments ), Texas Commission on Environmental Quality and the State of Texas.
3. The grant funds and any grant-funded equipment or facilities will be used only for the purposes for which they are intended under the grant.
4. That activities will comply with and support the adopted regional and local solid waste management plans adopted for the geographical area in which the activities are performed.

PASSED AND APPROVED by ( City Council ) in ( Jacksonville ), ( Texas ), on this the ( 29th ) day of ( November ), ( 2007 ).

Robert N. Haberkle  
(Signature of Authorized Official)

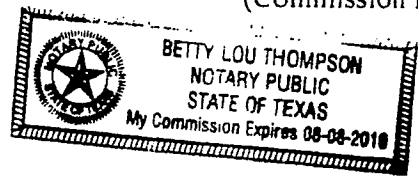
Notary: Betty Lou Thompson  
(Signature)

ROBERT N HABERLE, D.C.  
(Typed or Printed Name)

BETTY LOU THOMPSON  
(Type or Printed Name)

MAYOR  
(Title)

8-8-2010  
(Commission Expires)



## FORM 6: Project Summary

Please provide a complete project summary. Reference the goals, objectives, and/or recommendations from the regional solid waste management plan that apply to the project, and how the project will assist in implementing the plan. Refer to the application instructions when completing these forms. If necessary, attach additional pages for each form.

### **Form 6a. Project Description** (*add additional pages as necessary*)

The City of Jacksonville presides over community clean-up days 2-3 times a year in which the City of Jacksonville provides containers rented from Allied Waste at City of Jacksonville's expense at different sites throughout the city on selected weekends and the citizens are encouraged to drop off their unusable personal items with the cost for the disposal being paid for by The City of Jacksonville.

**Form 6b. Project Cost Evaluation** (*add additional pages as necessary*)

Provide an evaluation of the costs associated with the proposed project. Explain how the total related costs of the proposed project were adequately considered; compare project costs to established averages or to normal costs for similar projects. Present the costs in unit terms, such as cost per ton, cost per customer, or cost per capita, as applicable. Describe any measurable costs savings, or reasonably justified costs of the project.

Eight containers are expected to be rented from Allied Waste at \$206.10 each and several runs to the dump site at \$20.61 per run are contemplated. We plan to rent these containers in the fall of 2010 and advertise in the local newspaper. We expect to spend a total of about \$6,000.00. With the cost approaching \$6,000.00, we expect the next campaign per capita cost to be \$.45 per citizen. This is based on City of Jacksonville pre-census population of 13,800 people.

**Form 6c. Level of Commitment of the Applicant** *(add additional pages as necessary)*

Provide information related to the Applicant's level of commitment to preferred solid waste management practices. If the proposed project is an ongoing service, demonstrate the ability to sustain the program beyond the term of the grant. Explain the extent to which the appropriate governing bodies support the proposed project.

The City of Jacksonville has conducted the community clean up program several years and is committed to keeping the program going. This is a very popular program with the citizens and we get several calls each year asking for the dates of the next clean-up campaign.

List any previously demonstrated commitment to preferred solid waste management practice, such as implementing other solid waste management projects, involvement in a local or subregional solid waste management plan or study, or membership in the TCEQ's Clean Texas Program.

n/a

If the proposed project has received previous grant funding under this program, explain to what extent the proposal involves expansion of current services or operations; present quantifiable documentation of the success of the project in order to warrant further funding. Demonstrate a good record of past grant contractual performance.

n/a

**Form 6d. Scope of Work** *(See application instructions. Add additional pages as necessary)*

Provide a work program with a schedule of deliverables for the proposed project or program. The work program with the schedule of deliverables will be considered the Scope of Work to be performed under the contract agreement, if funded. Once the details of the work program have been negotiated with the Applicant and approved by the COG, the work program will be entered into the grant contract.

As concisely as possible, for each task of the proposed project, describe the major steps or activities involved, identify the responsible entities and establish a specific timeframe to accomplish each task. The scope of work for the project or program must include:

- Detailed purpose and goal of the project (should be consistent with implementing the goals, objectives, and recommendations from the regional solid waste management plan, as stated in the project description on Form 6a).
- Specific task statements with responsible entity identified
- List of deliverables/products/activities under each task
- Schedule of deliverables

Fall and Spring dates were selected last year and the citizens were made aware of the dates through advertising in the local newspapers. Arrangements were made with Allied Waste to place containers at selected sites throughout the city. The City of Jacksonville intends to carry out this program again this year.

## FORM 7. GRANT BUDGET SUMMARY

Please provide the following breakdown of the total amount of grant funding being requested:

Budget Category	Funding Amount
1. Personnel/Salaries	\$
2. Fringe Benefits	\$
3. Travel	\$
4. Supplies	\$
5. Equipment	\$
6. Construction	\$
7. Contractual (Allied Waste Contractors)	\$ 6000.00
8. Other	\$
9. <b>Total Direct Charges</b> (sum of 1-8)	\$
10. Indirect Charges*	\$
11. <b>Total</b> (sum of 9 - 10)	\$ <b>6000.00</b>

12. Fringe Benefit Rate:	%	
13. Indirect Cost Rate:	%	
<p>Identify, in detail, each budget category to which your indirect cost rate applies and explain any special conditions under which the rate will be applied:</p>          <p><small>*In accordance with the UGMS, indirect charges may be authorized if the Applicant has a negotiated indirect cost rate agreement signed within the past 24 months by a federal cognizant agency or state single audit coordinating agency. Alternatively, the Applicant may be authorized to recover up to 10% of direct salary and wage costs (excluding overtime, shift premiums, and fringe benefits) as indirect costs, subject to adequate documentation. If you have an approved cost allocation plan, please enclose documentation of your approved indirect rate.</small></p>		
<p><b><i>Please complete any of the following detailed budget forms that are applicable.</i></b></p>		

**FORM 7a: Detailed Matching Funds/In-Kind Services**

This budget form should be completed if the Applicant is providing any level of matching funds or in-kind services directly related to the proposed project.

**Matching Funds:**

In the space below, please explain in detail the application of any matching funds to be provided by the Applicant, as directly related to the proposed project:

We plan to spend \$6,000 for the next community wide clean-up day which will amount to a one to one match by the City of Jacksonville based on the \$3000.00 we hope to gain by this grant

**In-Kind Services: \$\_\_\_\_\_ (monetary equivalent)**

In the space below, please explain in detail the application of any in-kind services to be provided by the Applicant, as directly related to the proposed project:

What is the TOTAL COST of the proposed project, considering the total grant funding requested, any matching funds being provided by the Applicant, and the monetary equivalent of any in-kind services being provided by the Applicant:

**\$ 6,000.00**

**FORM 7g: Detailed Contractual Expenses**

All contractual expenses must be pre-approved by the COG. If the specific details of the contractual costs are not known at this time, list the general details on this form. The more specific details of the contractual costs will then need to be provided to and approved by the COG before the costs are incurred. The request for approval will need to include evidence that the contract price is reasonable and necessary (see instructions). In addition, the subcontract scope of work must be approved by the COG before work begins.

Purpose	Contractor(s)	Contract Amount
Containers	Allied Waste	\$ 6000.00
		\$
		\$
		\$
<b>TOTAL</b> <i>(Must equal Line 7 of the Overall Budget Summary)</i>		<b>\$ 6,000.00</b>