

2011 East Texas Council of Governments
FY 2010 REGIONAL SOLID WASTE GRANTS PROGRAM

FORM 1. APPLICATION INFORMATION AND SIGNATURE PAGE

Applicant: Van Zandt County Pet. 1	Funding Amount Proposed: \$ 25,000
Address: 121 E. Dallas St. Room 101 Canton TX. 75103	Phone/Fax/Email: Ph: 903-567-2166 Fx: 903-567-5473 Email: Commissioner@vanzandt.org
Contact Person: Ricky LaPrade	Date Submitted: 6/30/10

Project Category

<input type="checkbox"/> Local Enforcement
<input type="checkbox"/> Litter and Illegal Dumping Cleanup and Community Collection Events
<input type="checkbox"/> Source Reduction and Recycling
<input type="checkbox"/> Local Solid Waste Management Plans
<input checked="" 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

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: Ricky LaPrade	Title: Commissioner Pet. 1
Typed/Printed Name: Ricky LaPrade	Date Signed: 6/30/10

FOR USE BY ETCOG

Date application was received: **6/30/2009**

Does the application meet all of the required screening criteria: Yes No

Is the application administratively complete: Yes No

**Resolution will be brought to meeting*

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:	<i>Ricky LaPrade</i>
Typed/Printed Name:	Ricky LaPrade
Title:	Commissioner Pet. 1
Date:	6/30/10

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:	<i>Ricky LaPrade</i>
Typed/Printed Name:	Ricky LaPrade
Title:	Commissioner Pet. 1
Date:	6/30/10

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)

Recycling Bin

- when taken to
- when taken to

Help beautification of city of Grand Saline. Our collection station is in the city limits on the south end of main street. This will keep trash from blowing in the street and against our chain link fence. Will also hide dumpsters.

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.

Level (6, 11)

Privacy fence

1. 1200' c pearlin -	TOTAL \$1200.00	100 pr ft.
2. 1000' 2 3/8 post -	TOTAL \$1500.00	150 pr ft.
3. 1000' R. Panel -	TOTAL \$3000.00	500 pr ft.
4. 15yds Concrete -	TOTAL 1500.00	100.00 pr yrd.
5. 2500 screws -	TOTAL 200.00	.8 ea.
6. 2*12' gates -	TOTAL 2000.00	1000. ea.
7. Brace pipe 150' -	TOTAL 300.00	2.00 ft. ft.
	<u>\$9700.00</u> MATERIAL	

LABOR

80 TOTAL HRS. 3 men

1 welder + cutting Torch

2 Labor Helpers - 15⁰⁰ hr - 2400
 1 certified welder - 40⁰⁰ hr. 3200
 TOTAL 5600

5600.00 LABOR
 9700.00 material

 15,300.00 TOTAL JOB COST

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.

We have currently been in operation for approx. 3 yrs. and continue to increase in volume of garbage.

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.

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.

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

How will getting to work out local funding
Step by step

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	\$ 5600.00
2. Fringe Benefits	\$
3. Travel	\$
4. Supplies	\$ 9700.00
5. Equipment	\$
6. Construction	\$
7. Contractual	\$
8. Other	\$
9. Total Direct Charges (sum of 1-8)	\$ 15,300.00
10. Indirect Charges*	\$
11. Total (sum of 9 - 10)	\$

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><i>Please complete any of the following detailed budget forms that are applicable.</i></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: \$ 5600.00 *LABOR*

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:

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:

\$ 15,300.00