

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

FORM 1. APPLICATION INFORMATION AND SIGNATURE PAGE

Applicant: <i>Upshur County</i>	Funding Amount Proposed: \$ <i>3000.00</i>
Address: <i>P.O. Box 730 Gilmer, Tx. 75644</i>	Phone/Fax/Email: Ph: <i>903-680-8155</i> Fx: Email: <i>j.crittecounty@upshur.com</i>
Contact Person: <i>James Crittenden Comm. Pet. #1</i>	Date Submitted:

Project Category

<input type="checkbox"/> Local Enforcement
<input checked="" 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 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: <i>James Crittenden</i>	Title: <i>Commissioner Pet. #1</i>
Typed/Printed Name: <i>James Crittenden</i>	Date Signed: <i>6-17-10</i>

FOR USE BY ETCOG

Date application was received: <i>6/28/2010</i>
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

## 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>James Crittenden</i>
Typed/Printed Name: <i>James Crittenden</i>
Title: <i>Commissioner Pct #1</i>
Date: <i>6-17-10</i>

- 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>James Crittenden</i>
Typed/Printed Name: <i>James Crittenden</i>
Title: <i>Commissioner Pct #1</i>
Date: <i>6-17-10</i>



## 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)

Since implementing the "County Wide Trash-off" in June, 2007 Upshur County has seen a dramatic reduction in trash + waste being disposed of illegally on our rural roads. Where once we had to send a dump truck, pulling a trailer with a backhoe and 2-3 road employees, sometimes on a weekly basis or more, we now have almost zero activity in this area. We provide the residents with 2 times a year free access to our site with roll-off containers in which they can dispose of the same items we were having to retrieve from the creeks and ditches. This allows the road employees to focus on road repairs and not clean-up.

**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.

The cost to the county at this time is \$330.00 per roll-off container. We average 16-19 containers per clean-up, one week in March and one week in September. Our most recent clean-up in March of this year, 2010, we hauled off 19 containers for a total of 76.17 tons of waste. Our cost for containers alone in March was \$6270.00.

**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

### 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	\$ 1049.52
2. Fringe Benefits	\$
3. Travel	\$
4. Supplies	\$
5. Equipment / Fuel	\$ 42.12
6. Construction	\$
✓ 7. Contractual <i>16 containers; 330<sup>00</sup> ea., twice year</i>	\$ 10560.00
8. Other	\$
✓ 9. <b>Total Direct Charges</b> (sum of 1-8)	\$ 11,651.64
10. Indirect Charges *	\$
✓ 11. <b>Total</b> (sum of 9 - 10)	\$ 11,651.64

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: \$ 8,651.64

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:

\$ 11,651.64



### 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
Community Clean-Up	Sanitation Solutions	\$ 330.00 Per roll-off Aug. 16 roll-offs
		\$
		\$
		\$
<b>TOTAL</b> (Must equal Line 7 of the Overall Budget Summary)		\$ 10,560.00

**Sanitation Solutions**

**PO Box 6190**

**Paris TX 75461**

Phone (903)784-0124 Fax (903)784-1007

INVOICE# 03X00172

INV DATE 04/01/10

ACCOUNT# 112826

DUE DATE 04/15/10

UPSHUR COUNTY CONV. STATION  
P O BOX 730  
GILMER, TX 75644

AMOUNT YOU ARE PAYING \_\_\_\_\_

AMOUNT 6,535.00

SERVICE ADDRESS: 1000 CARNATION RD (GILMER, TX)

DATE	DESCRIPTION				AMOUNT
	LOCATION: 1000 CARNATION RD				925.00
	PRIOR BALANCE				<925.00>
03/17/10	02X00145	PAYMENT RECEIVED (Thank you)		163907	
03/23/10	03X00172	1	30Y ROLLOFF HAULING FEE	03/23/10	330.00
03/24/10	03X00172	1	30Y ROLLOFF HAULING FEE	03/24/10	330.00
03/24/10	03X00172	1	30Y ROLLOFF HAULING FEE	03/24/10	330.00
03/24/10	03X00172	1	30Y ROLLOFF HAULING FEE	03/24/10	330.00
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03/24/10	03X00172	1	30Y ROLLOFF HAULING FEE	03/24/10	330.00
03/25/10	03X00172	1	30Y ROLLOFF HAULING FEE	03/25/10	330.00
03/25/10	03X00172	1	30Y ROLLOFF HAULING FEE	03/25/10	330.00
03/29/10	03X00172	1	30Y ROLLOFF HAULING FEE	03/29/10	330.00
03/29/10	03X00172	1	30Y ROLLOFF HAULING FEE	03/29/10	330.00
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03/30/10	03X00172	1	30Y ROLLOFF HAULING FEE	03/30/10	330.00
03/31/10	03X00172	1	30Y ROLLOFF HAULING FEE	03/31/10	330.00
03/31/10	03X00172	1	30Y ROLLOFF HAULING FEE	03/31/10	330.00
03/31/10	03X00172	1	30Y ROLLOFF HAULING FEE	03/31/10	330.00

INV# 03X00172	CURRENT	30 DAY	60 DAY	90 DAY	DATE 04/01/10
ACCT# 112826					PAGE 1 OF 2

1.5% per month late charge assessed on past due amounts

**PLEASE PAY THIS AMOUNT**

**Sanitation Solutions****PO Box 6190****Paris TX 75461**

Phone (903)784-0124 Fax (903)784-1007

INVOICE# 03X00172

INV DATE 04/01/10

ACCOUNT# 112826

DUE DATE 04/15/10

UPSHUR COUNTY CONV. STATION  
P O BOX 730  
GILMER, TX 75644AMOUNT YOU  
ARE PAYING \_\_\_\_\_

AMOUNT 6,535.00

SERVICE ADDRESS: 1000 CARNATION RD (GILMER, TX)

DATE	DESCRIPTION					AMOUNT
03/31/10	LOCATION: 1000 CARNATION RD 03X00172 1 COMPACTOR LEASE RENTAL 03/01/10-03/31/10					265.00
INV# 03X00172	CURRENT	30 DAY	60 DAY	90 DAY	DATE 04/01/10	
ACCT# 112826					PAGE 2 OF 2	

1.5% per month late charge assessed on past due amounts

PLEASE PAY  
THIS AMOUNT 6,535.00