

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

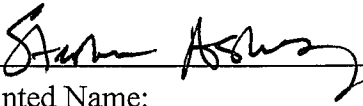
**FORM 1. APPLICATION INFORMATION AND SIGNATURE PAGE**

Applicant: <b>City of Grand Saline</b>	Funding Amount Proposed: <b>\$3,000.00</b>
Address: <b>132 E. Frank St. Grand Saline, TX 75140</b>	Phone/Fax/Email: Ph: <b>(903)962-3122</b> Fx: <b>(903) 962-3363</b> Email : <b>sashley@Grandsaline.com</b>
Contact Person: <b>Stephen Ashley</b>	Date Submitted: <b>6-28-2010</b>

**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 Administrator
Typed/Printed Name: Stephen Ashley	Date Signed: 6-28-2010

**FOR USE BY ETCOG**

Date application was received: <u>6/29/2010</u>
Does the application meet all of the required screening criteria: <u>X</u> Yes _____ No
Is the application administratively complete: _____ Yes <u>X</u> No

Project Application

*Resolution will be brought to scoring meeting.*

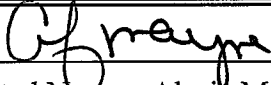
## FORM 2. Authorized Representatives

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:
Typed/Printed Name: Gene Putman
Title: Public Works Director
Date: 6-28-2010

- 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: Alesia Mayne
Title: City Secretary
Date: 6-28-2010

RESOLUTION  
#2010-06

**RESOLUTION OF City of Grand Saline AUTHORIZING THE FILING OF A GRANT APPLICATION WITH THE East Texas Council of Governments FOR A REGIONAL SOLID WASTE GRANTS PROGRAM GRANT; AUTHORIZING Stephen Ashley/City Administrator TO ACT ON BEHALF OF City of Grand Saline IN ALL MATTERS RELATED TO THE APPLICATION; AND PLEDGING THAT IF A GRANT IS RECEIVED City of Grand Saline 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 Grand Saline 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 Grand Saline IN Grand Saline TEXAS;

1. That Stephen Ashley/City Administrator 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 Grand Saline 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 Grand Saline 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 Grand Saline, Texas, on this the 28<sup>th</sup> day of June, 2010.

_____	Notary: _____	_____
(Signature)		(Signature)
<u>Mayor Sandra Bozeman</u>	_____	(Type or Printed Name)
_____	_____	(Commission Expires)
Mayor		
(Title)		



**Form 5b. Summaries of Discussions with Private Industry**

*(Refer to instructions concerning information to include on this form. Attach any written comments or input provided)*

Spoke with Josh Bray, President of Sanitation Solutions, he was agreeable with the City of Grand Saline's clean up efforts.

## 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 Grand Saline has been providing City Wide Clean Ups to the community, twice a year, for over 15 years. However, due to budget constraints, the program is in danger of being cut. The City of Grand Saline is asking that the East Texas Council of Governments assist with the cost of 8 roll of dumpsters necessary for the 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.

**Total Cost of the project**     **\$10,721.76**

**Amount Asked for in Grant:** **\$3000.00**

**For part of the cost for the roll off dumpsters**

**Matching Funds:** **\$4321.76**

**Additional Cost of Roll Offs not covered by grant = \$400.00**

**2 employees, 24 hours, 2X year = \$1,553.76**

**Loader, 24 Hours, 2X year = \$1632.00 (based on FEMA Rates)**

**Chipper, 16 Hours, 2X year = \$736.00 (based on FEMA Rates)**

**In-Kind Services:** **\$3,400.00** (monetary equivalent)

**Donated 40 yard Roll Offs 4 x 2 x \$425 ea. = \$3,400.00**

**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 Grand Saline has offered the City Wide Clean Up program for over 15 years. We are asking for assistance to help with continuing the program to a decrease in revenues and foreseeable budget cuts in 2011.**

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

**The City of Grand Saline participated in the TCEQ's Clean Texas Program in 2006 by purchasing a wood chipper and starting a monthly program for the community to pick up brush and turn it to mulch.**

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.

**The City of Grand Saline's City Wide Clean Up has not been proposed in the past.**

**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:

- **The City of Grand Saline will hold two (2) City Wide Clean Ups, one in fall and one in the spring.**
- **The City of Grand Saline will provide for each City Wide Clean Up project, one loader to help place debris in roll away dumpsters, one wood chipper to help with eliminate unnecessary waste in the land field, and 2 employees to help run the city's loader, keep area of the cite clear of debris, help coordinate pick up with Sanitation Solution, and answer questions.**

## 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	\$ 0
2. Fringe Benefits	\$ 0
3. Travel	\$ 0
4. Supplies (8 Dumpsters from Sanitation Solutions)	\$ 3000.00
5. Equipment	\$ 0
6. Construction	\$ 0
7. Contractual	\$ 0
8. Other	\$ 0
<b>9. Total Direct Charges (sum of 1-8)</b>	<b>\$ \$3000.00</b>
10. Indirect Charges *	\$ 0
<b>11. Total (sum of 9 - 10)</b>	<b>\$ 3000.00</b>

12. Fringe Benefit Rate:	0 %	
13. Indirect Cost Rate:	0 %	

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:

\*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.

***Please complete any of the following detailed budget forms that are applicable.***

**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: \$4321.76

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:

Additional Cost of Roll Offs not covered by grant = \$400.00  
2 employees, 24 hours, 2X year = \$1,553.76  
Loader, 24 Hours, 2X year = \$1632.00 (based on FEMA Rates)  
Chipper, 16 Hours, 2X year = \$736.00 (based on FEMA Rates)

In-Kind Services: \$3,400.00 (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:

Donated 40 yard Roll Offs 4 x 2 x \$425 ea. = \$3,400.00

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:

**\$ 10,721.76**

### FORM 7d: Detailed Supply Expenses

This budget form provides a more detailed breakdown of the total expenses for supplies indicated on Line 4 of the Overall Budget Summary.

Please list the general types of supplies you expect to purchase with grant funding.

General Types of Supplies	Estimated Cost
General office/desk supplies	\$
Other supplies ( <i>explain below</i> ): On average, the City uses 16 roll off dumpster provided by Sanitation Solutions for City wide clean up. The City host two (2) clean ups, one in the fall and one in the spring. Sanitation Solution donates 8 of the 16 necessary, on average. The total cost to the City of Grand Saline for the remaining 8 is \$3400.00	\$ 3,000.00
<b>TOTAL</b> ( <i>Must equal Line 4 of the Overall Budget Summary</i> )	<b>\$ 3,000.00</b>