

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

FORM 1. APPLICATION INFORMATION AND SIGNATURE PAGE

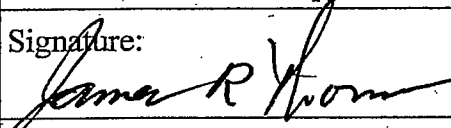
Applicant: CITY OF EAST TAWAKONI TEXAS	Funding Amount Proposed: \$ 25,245.21
Address: 288 BRIGGS BLVD. EAST TAWAKONI TX 75472	Phone/Fax/Email: Ph: 903-447-2444 Fx: 903-447-5080 Email:
Contact Person: LINDA MITCHELL, CITY SECRETARY cityofeasttawakoni@hotmail.com	Date Submitted: 6-24-2010

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

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: Mayor of East Tawakoni
Typed/Printed Name: James R Thomas	Date Signed: 6/24/10

FOR USE BY ETCOG

Date application was received: 6/28/2010
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>Linda Mitchell</i>
Typed/Printed Name:	Linda Mitchell
Title:	City Secretary
Date:	6-24-2010

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:	<i>Linda Mitchell</i>
Typed/Printed Name:	Linda Mitchell
Title:	City Secretary
Date:	6-24-2010

RESOLUTION

RESOLUTION OF CITY OF EAST TAWAKONI AUTHORIZING THE FILING OF A GRANT APPLICATION WITH THE EAST TEXAS COUNCIL OF GOVERNMENTS FOR A REGIONAL SOLID WASTE GRANTS PROGRAM GRANT; AUTHORIZING JAMES THOMAS/MAYOR TO ACT ON BEHALF OF CITY OF EAST TAWAKONI IN ALL MATTERS RELATED TO THE APPLICATION; AND PLEDGING THAT IF A GRANT IS RECEIVED CITY OF EAST TAWAKONI WILL COMPLY WITH THE GRANT REQUIREMENT 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 East Texas Council of Governments adopted regional solid waste management plan; and

WHEREAS, City of East Tawakoni 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 EAST TAWAKONI IN EAST TAWAKONI TEXAS;

1. That James Thomas/Mayor 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 East Tawakoni 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 East Tawakoni 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 East Tawakoni, Texas, on this the 15th day of June, 2010.

James R. Thomas

(Signature of Authorized Official)

Notary: *Linda Mitchell*

(Signature)

James Thomas

(Typed or Printed Name)

LINDA MITCHELL

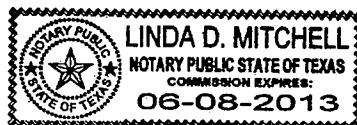
(Type or Printed Name)

Mayor *James R. Thomas*

(Title)

6-08-13

(Commission Expires)



FORM 5: Explanation Regarding Private Industry Notification

Applicable to Applicants under the following grant categories:

- a. Source Reduction and Recycling
- b. Citizens' Collection Stations and "Small" Registered Transfer Stations
- c. A demonstration project under the Educational and Training Projects category
- d. Other

Form 5a. List of Private Service Providers Notified

Private Service Providers Contacted	Name and Position	Telephone Number	Date Notified
Duncan Disposal	Shane Benton	903-896-7832	6/25/10

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)*

The City of East Tawakoni is requesting funding for a chipper for grinding and disposal of limbs and brush that is often dumped on the side of the road in the city limits. This chipper, if granted, will be used to assist in the continual cleanup efforts of the City of East Tawakoni. The byproducts from the tree limbs will be used to help beautify parks and green space inside the city limits and assist in the ongoing landscape project of the City.

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 City of East Tawakoni has relied on the utility companies to chip the limbs they remove in keeping the power lines clear. Due to this, we have no past history of cost involved with chipping. However, we do have an abundance of tree limbs that fall on regular basis and this would be a viable tool in keeping the City free of limbs and brush dumped by people on the roadside and ditches. In addition, the chipper will serve as an excellent alternative to burning piles of brush and limbs that citizens often do in the City. Most of the summer we have a burn ban and brush tends to pile up.

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.

This is new avenue that The City of East Tawakoni is pursuing. We will promote the fullest, the advantage and need of this to all citizens. The City Council is adamant about cleaning up our City.

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.

For the past fifteen to twenty years, East Tawakoni has held city wide cleanup weekends twice a year. We now have a code enforcement officer and are beginning to make headway in cleaning up our City.

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 East Tawakoni has never requested funding under this grant program in the past.

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	\$ 25,245.21
6. Construction	\$
7. Contractual	\$
8. Other	\$
9. Total Direct Charges (sum of 1-8)	\$ 25,245.21
10. Indirect Charges *	\$
11. Total (sum of 9 - 10)	\$ 25,245.21

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: \$ 0

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: \$ 0 (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:

\$ 25,245.21

FORM 7e: Detailed Equipment Expenses

All equipment purchases must be pre-approved by the COG. If the specific details of an equipment purchase are known, show that equipment on the list below. If the specific details of the equipment costs are not known at this time, list the general details on this form. The specific details of the equipment will then need to be provided to and approved by the COG before the costs are incurred.

Equipment (\$5,000 or more per unit) <i>(Show description, type, model, etc.)</i>	Unit Cost	No. of Units	Total Cost
Log Chipper Shredder	\$ 25,245.21	1	\$ 25,245.21
	\$		\$
	\$		\$
	\$		\$
TOTAL <i>(Must equal Line 5 of the Overall Budget Summary)</i>		\$	25,245.21

COMPANY NAME

Quote#

1002

Company Address
City, State ZIP Code
Phone Number fax Fax Number

Quote Only**INVOICE****Customer**

Name _____
Address Johnnie LaPrade
City _____
Phone _____

Date 6-24-2010
Order No. _____
Rep _____
FOB _____

Qty	Description	Unit Price	TOTAL
1	296404 Log Chipper Shredder shipping and set up is included in price and will ship as soon as order is placed and will take five to seven days to receive	\$25,245.21	\$25,245.21
0	price does not include tax	\$0.00	\$0.00
0		\$0.00	\$0.00
0		\$0.00	\$0.00
0		\$0.00	\$0.00
0		\$0.00	\$0.00
0	thanks	\$0.00	\$0.00
0	Brian Murphy	\$0.00	\$0.00
0	214.336.5851	\$0.00	\$0.00
0		\$0.00	\$0.00
0		\$0.00	\$0.00

Payment Details

- Cash
 Check
 Credit Card

Name _____
CC # _____
Expires _____

SubTotal	\$25,245.21
Shipping & Handling	
Taxes State	
Discount	\$0.00
TOTAL	\$0.00

Northern Tool + Equipment, Garland, Texas 75043

Thank you for your business