

**East Texas Council of Governments  
FY 2012 REGIONAL SOLID WASTE GRANTS PROGRAM**

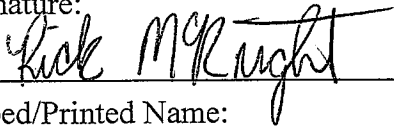
**FORM 1. APPLICATION INFORMATION AND SIGNATURE PAGE**

Applicant: East Texas Council of Governments	Funding Amount Proposed: \$ 60,000
Address: 3800 Stone Road Kilgore, Texas 75662	Phone/Fax: Ph: 903.984.8641 Fx: 903.983.1440
Contact Person: Rick McKnight	Date Submitted: 10/31/2011

**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 type="checkbox"/> Citizens' Collection Stations and "Small" Registered Transfer Stations <input type="checkbox"/> Household Hazardous Waste (HHW) Management <input type="checkbox"/> Technical Studies <input checked="" type="checkbox"/> Educational and Training Projects <input type="checkbox"/> Other <i>(The COG should add other project categories if authorized)</i>
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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: Environmental Manager
Typed/Printed Name: Rick McKnight	Date Signed: 10/31/2011


**FOR USE BY {COG Name}**

Date application was received: <u>10/31/2011</u>
Does the application meet all of the required screening criteria: <u>X</u> Yes _____ No
Is the application administratively complete: <u>X</u> Yes _____ 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: 
Typed/Printed Name: Rick McKnight
Title: Environmental Manager
Date: 10/31/2011

- 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: Rick McKnight
Title: Environmental Manager
Date: 10/31/2011

## 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)*

This Council of Governments (COG) managed project will continue comprehensive public education and illegal dumping awareness programs for the 14 county ETCOG region. Public education and outreach efforts have been key to the success of the ETCOG Solid Waste program in the past. The program proposed by staff would include the following elements as approved by the Solid Waste Advisory Committee (SWAC) at the November 2011 Scoring Meeting: illegal dumping public service announcements (PSAs) run on local television stations and the illegal dumping billboard campaign with Lamar Advertising. The SWAC will be responsible for allocating the specific funding amounts to each specific task from the \$60,000 total requested at the Scoring meeting as well.

**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

**Project Tasks**

Task 1: Work with media outlets to develop proposals for outreach

Timeline: December 2011-January 2012

Task 2: Approval of COG Managed Project by SWAC

Timeline: November 2011

Task 3: SWAC Approval of FY 2012 Illegal Dumping Education/Outreach Campaign

Timeline: February 2012

Task 4: Sign Contracts with approved media outlets to air various outreach activities

Timeline: February 2012

Task 5: Implement approved Illegal Dumping Education/Outreach Campaign by airing approved PSA's on television and purchasing billboard space from vendors.

Timeline: February 2012-August 2012

Task 6: Report to TCEQ

Timeline: August 2012

**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	\$ 60,000
8. Other	\$
9. <b>Total Direct Charges</b> (sum of 1-8)	\$ <b>60,000</b>
10. Indirect Charges*	\$
11. <b>Total</b> (sum of 9 - 10)	\$ <b>60,000</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: \$ 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:

\$ 60,000

**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
Billboards to educate regarding the 1-887-A-Dumper hotline.	To Be Determined	\$ 20,000
TV public service announcements (PSAs)	To Be Determined	\$ 40,000
<b>TOTAL</b> <i>(Must equal Line 7 of the Overall Budget Summary)</i>		<b>\$ 60,000</b>