

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

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

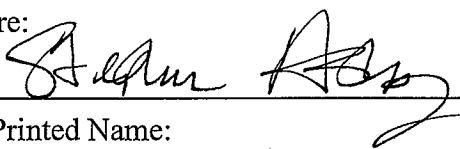
Applicant: City of Grand Saline	Funding Amount Proposed: \$ 3,000.00
Address: 132 E. Frank St Grand Saline, TX 75140	Phone/Fax/Email: Ph: (903) 962-3122 Fx: (903) 962-3363 Email : sashley@grandsaline.com
Contact Person: Stephen Ashley	Date Submitted: 10/28/2011

**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: 10/28/2011

**FOR USE BY ETCOG**

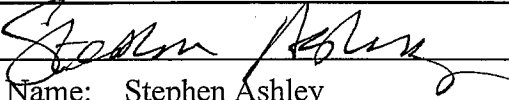
Date application was received: <u>10/31/2011</u>
Does the application meet all of the required screening criteria: <u>X</u> Yes _____ No
Is the application administratively complete: _____ Yes <u>X</u> _____ No

*\* Resolution will be approved  
on 11/8/2011*

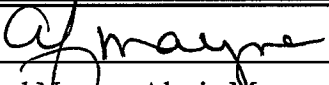
## FORM 2. Authorized Representatives

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: Stephen Ashley
Title: City Administrator
Date: 10/28/2011

- 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: Alesia Mayne
Title: City Secretary
Date: 10/28/2011





**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 Jason Stephens, Manager of Operations for Sanitation Solutions, and he stated that Sanitation Solutions supported 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 16 years. Yet, due to budget constraints, the program is once again 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 two bi-annual clean-ups.**

**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.

**Amount Requested in Grant:** \$3,000.00

***(Detail of Matching Funds)***

Cost of 8 Roll Offs provided by Grand Saline	\$3,400.00
3 employees, 8 hrs./day, 2 days, 2X per year	\$1,701.12
Loader, 16 Hours, 2X year (based on FEMA Rates)	\$1664.00
Chipper, 16 Hours, 2X year (based on FEMA Rates)	\$696.00

**Total Matching Funds:** \$ 7,461.12

***(Detail of In-Kind Services)***

Cost of 8 Donated 40 yard Roll Offs 4 x 2 x \$425 ea.	\$3,400.00
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**Total In-Kind Services (monetary equivalent):** \$ 3,400.00

**Total Cost of Project:** \$10,861.12

**Cost Per Capita:** \$ 3.46

**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 16 years. The City is requesting assistance to help with continuing the program due to a continued decrease in the tax base, as well as all other avenues of revenue, which had led to difficult budget cuts in FY 2012.**

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.

**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 held two "City Wide Clean Up" events during FY 2011 and had a tremendous response utilizing sixteen (16) 40-yard dumpsters abateing an estimated 104 tons of debris from being illegally dumped.**

**The City submitted all documents for grant management as required per the agreement.**

**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

- **The City of Grand Saline will hold two (2) City Wide Clean Ups, one in the spring and one in the fall.**
- **The City of Grand Saline will provide for each City Wide Clean Up project, one loader to help place debris in roll-off dumpsters, one wood chipper to help with eliminate unnecessary waste in the land field, and 3 employees to help run the city's loader, keep area of the cite clear of debris, help coordinate pick up with Sanitation Solutions, and to 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	\$
2. Fringe Benefits	\$
3. Travel	\$
4. Supplies	\$ 3,000.00
5. Equipment	\$
6. Construction	\$
7. Contractual	\$
8. Other	\$
<b>9. Total Direct Charges (sum of 1-8)</b>	<b>\$ 3,000.00</b>
10. Indirect Charges*	\$
<b>11. Total (sum of 9 - 10)</b>	<b>\$ 3,000.00</b>

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

City of Grand Saline General Fund	\$ 7,416.12
Grant Amount Requested	<u>- \$ 3,000.00</u>
Matching Funds:	\$ <u>4,416.12</u>

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:

Cost of 8 Roll Offs provided by Grand Saline	\$3,400.00
3 employees, 8 hrs./day, 2 days, 2X per year	\$1,701.12
Loader, 16 Hours, 2X year (based on FEMA Rates)	\$1,664.00
Chipper, 16 Hours, 2X year (based on FEMA Rates)	\$ 696.00
Total Cost to City	\$7,416.12

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

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
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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:

\$ 10,816.12

### 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 sixteen (16) 40-Yard roll off dumpsters. The City hosts 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 \$3,400.00	\$ 3,000.00
<b>TOTAL</b> ( <i>Must equal Line 4 of the Overall Budget Summary</i> )	<b>\$ 3,000.00</b>