

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

FORM 1. APPLICATION INFORMATION AND SIGNATURE PAGE


Applicant: Gregg County Health Dept	Funding Amount Proposed: \$ 3,000
Address: 405 E. Marshall Ave Longview, TX 75601	Phone/Fax/Email: Ph: 903-237-2620 Fx: 903-237-2608 Email :
Contact Person: Fred Killingsworth fred.killingsworth@co.gregg.tx.us	Date Submitted: 31 Oct '11

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: 	Title: Administrative Asst
Typed/Printed Name: Fred Killingsworth	Date Signed: 31 oct 11

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

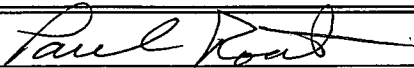
Project Application
Form 1

** resolution pending for Commissioners.
Court docket if approved*

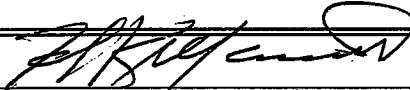
FORM 2. Authorized Representatives

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:	Paul Root
Title:	Environmental Officer
Date:	31 Oct 11

- 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:	Fred Killingsworth
Title:	Exe Admin Asst.
Date:	31 Oct 11

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)

This is a ongoing project that Allied Waste is currently working with us to provide the dumpsters for loading at local precinct barns for collection to be taken to the landfill.

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)*

Twice a year Gregg County provides roll-off roll-on dumpsters at three of our precincts for the public to bring large bulky items for disposal.

We would like to expand the program to a max of four times per year for our citizens of Gregg County.

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.

Our current cost of operations for twice a year is \$3,170.40

Adv in local newspapers; \$484.12 Total

Longview \$356.44

Kilgore \$127.68

Roll off containers: \$2,686.28 total

Allied Waste Pct 1 \$960.01

Allied Waste Pct 3 \$926.96

City of Kilgore Pct 4 \$799.25

With a \$3,000 grant from ETCOG we can expand up to four times per year for collections.

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.

Again this is a ongoing project and if not funded
will continue Bi-yearly

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.

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.

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

We have already scheduled March 17 and June 16 2012, We would expand to Aug and Sept 2012 due to end of fiscal year.

-Contact contractor for drop off containers at Precinct Barns 1,3,4. collect trash and have contractor haul off to the landfill, No Tires or oil, and liquids.

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	\$ 2686
8. Other Newspaper Ads	\$ 314
9. Total Direct Charges (sum of 1-8)	\$
10. Indirect Charges*	\$
11. Total (sum of 9 - 10)	\$ 3,000

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>*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.</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: \$ As necessary to accomplish the goal

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:

\$ 6200.00

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
2x 3 Roll offs/roll on	Allied Waste/City of Kilgore Bins	\$ \$2686.00
		\$
		\$
		\$
TOTAL <i>(Must equal Line 7 of the Overall Budget Summary)</i>		\$ \$2686.00

FORM 7h: Detailed Other Expenses

This budget form provides a more detailed breakdown of the total other expenses indicated on Line 8 of the Overall Budget Summary. *Please note that the final totals are at the bottom of the next page.*

Basic Other Expenses

Please identify the basic "Other" category expenses you expect to incur appropriate to the project.

Basic Other Expenses	Estimated Cost
Books and reference materials	\$
Postage, telephone, FAX, utilities	\$
Printing/reproduction	\$
Advertising/public notices	\$ 314.00
Registration fees for training (if approved)	\$
Repair and maintenance	\$
Basic office furnishings	\$
Space and equipment rentals	\$
Signage	\$