

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

FORM 1. APPLICATION INFORMATION AND SIGNATURE PAGE

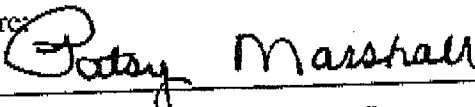
Applicant: RAINS COUNTY	Funding Amount Proposed: \$ 4,545
Address: P.O. Box 158, Emory, Tx 75474	Phone/Fax/Email: 903 Ph: 473-5021 Fx: 473-2320 Email: patsy_marshall@co.rrains.tx.us
Contact Person: Commissioner Patsy Marshall	Date Submitted: Oct. 28, 2011

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

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: Commissioner, Pct. #1
Typed/Printed Name: Patsy Marshall	Date Signed: Oct. 28, 2011

FOR USE BY ETCOG

Date application was received: **10/31/2011**

Does the application meet all of the required screening criteria: Yes No

Is the application administratively complete: Yes No

Project Application
Form 1

** resolution will be passed at 11/10/2011 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: <i>Patsy Marshall</i>
Typed/Printed Name: Patsy Marshall
Title: Commissioner, Pct. #1
Date: October 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: <i>Teresa Northcutt</i>
Typed/Printed Name: Teresa Northcutt
Title: Treasurer
Date: Oct. 28, 2011

FORM 4. Resolution

A resolution authorizing the application must be approved by the governing body of the Applicant. Following this page is an example Resolution Form that may be used to prepare the required resolution. This or a similar resolution must be specifically signed and notarized in addition to the signature required in Form 1.

To complete your application, please remove this page and replace it with a signed resolution of your entity's governing body.

RESOLUTION WILL BE SUBMITTED AFTER THE NOVEMBER 10TH, 2011
COMMISSIONERS' COURT MEETING

Project Application
Form 4

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)

I spoke with Gaston Sanitation Services, the primary sanitation company in our area, regarding any potential complications of competing with their company in collection of electronics. Mrs. Gaston stated that while they hope to be able to do some recycling programs sometime, they currently do not offer any recycling programs and have no near future plans to incorporate any into the services they offer.

She said they would welcome an electronic recycling program in the county, along with the other recyclables, because people would then be able to properly dispose of these items instead of slipping them into their trash to end up in the landfill.

The smaller companies that operate in our county do not have any recycling programs either.

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)*

In the past several years, ETCOG through the Solid Waste Grant Program has enabled Rains County to implement a recycling program. The program has been embraced by the community as a whole and volunteers have definitely made a tremendous impact on our local environment, as well as ultimately on the environment.

The program began with newspaper and cardboard recycling programs; next came plastics and aluminum recycling programs. We wish to now address the electronic situation since toxic components are being improperly disposed. The funds requested will allow that area of waste to be collected and will keep these toxic components out of land fills which endanger our water sources and, instead, put them back to work for good, not bad.

We also need and have requested some funds for the transport of all the recycling items to regional facilities. Once the storage buildings reach their limit, normally once every three to four months, our collected items have to be transported to Quitman, Greenville and Terrell to regional collection stations. The volunteers will continue to handle the task of transport, however, we are requesting funds for the actual expense of the transport.

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.

Building to store electronics: 12x 14 with roll up door	\$2,895
Anchoring the portable building:	\$ 200
Education Flyers & Materials:	\$ 250
Transport Expenses Annually:	\$1,200
TOTAL	\$4,545

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.

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 6c Level of Commitment of Applicant

Rains County is blessed to have a hard working group of volunteers who give their time and energy because they are passionate about protecting our environment. These folks are responsible for getting the word out about the recycling programs and the success of these programs.

Rains County has provided the initial real estate for the activities and the county pays a person to supervise and oversee the collection site. Previous grant funds have provided collection trailers for newspaper and cardboard, there are six located at various points across the county. Last years funding purchased sheds to store the plastics and aluminum prior to the quarterly transport and expanded the county yard by purchasing some adjacent acreage to the existing yard and erecting fencing.

The objective of this funding request is to provide a totally enclosed prebuilt building to house the electronic items until their quarterly transport. Currently, items are left at several charitable drop off stations even though they have a lot of signage that these items are not accepted. These organizations end up with them anyway and have no way to dispose of them nor place to store them.

If the county has no capability of properly assisting in the collection of the items a lot of them end up in regular trash pickup and eventually in the land fill to become a toxic problem for many years to come. Also, having a proper disposal and collection point will keep a lot the items initially from being thrown in ditches and waterways.

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

Purchase & Deliver of Building:
Educational Flyers:
Implementation of Collection

3 - 4 weeks after approval of request
1 - 2 months after approval
January, 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	\$ 1,200
4. Supplies	\$
5. Equipment	\$ 3,095.
6. Construction	\$
7. Contractual	\$
8. Other	\$ 250
9. Total Direct Charges (sum of 1-8)	\$
10. Indirect Charges*	\$
11. Total (sum of 9 - 10)	\$ 4,545

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>Please complete any of the following detailed budget forms that are applicable.</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: \$ 4,100

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:

The County pays the salary of a person to oversee the collection site on the 1st and 3rd Saturday each month.

In-Kind Services: \$ 720 (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:
Rains County Road & Bridge employees assist in loading, tie down of trailers for transport to regional facilities.

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:

\$9,365

FORM 7c: Detailed Travel Expenses

This budget form provides a more detailed breakdown of the total expenses for travel indicated on Line 3 of the Overall Budget Summary.

Please describe the types of routine in-region travel expenses expected and purpose for the travel.

Routine In-Region Travel	Purpose of Travel	Estimated Cost
Greenville	Transport Newspaper	\$ 300
Quitman	Transport Plastics	\$ 300
Greenville	Transport Aluminum	\$ 300
Terrill	Transport Electronics	\$ 300
		\$1,200

All out-of-state travel expenses and other non-routine travel, such as out-of-region travel to special training or events must be pre-approved by the COG. Complete the following information for all requested non-routine travel, including any out-of-state travel. If those details are not presently known, the COG will need to approve those travel costs before the travel occurs.

Non-Routine Travel Expenses

Date(s)	Purpose & Destination	Person(s)	Estimated Cost
	NA		\$
			\$
			\$

TOTAL TRAVEL EXPENSES <i>(Must equal Line 3 of the Overall Budget Summary)</i>	\$ 1,200
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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) (Show description, type, model, etc.)	Unit Cost	No. of Units	Total Cost
12x14 Storage building with a roll up door and anchoring system for stabilization.	\$	1	\$ 3,095
Price includes delivery & set up	\$		\$
	\$		\$
	\$		\$
TOTAL (Must equal Line 5 of the Overall Budget Summary)		\$	3,095

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 Educational Materials	\$ 250
Advertising/public notices	\$
Registration fees for training (if approved)	\$
Repair and maintenance	\$
Basic office furnishings	\$
Space and equipment rentals	\$
Signage	\$