

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

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

Applicant: <i>Upshur County</i>	Funding Amount Proposed: <i>\$ 3000.00</i>
Address: <i>P.O. Box 230 Gilmer, Tx. 75644</i>	Phone/Fax/Email: Ph: <i>903-680-8155</i> Fx: <i>J. Crittenden County of Upshur,</i> Email: <i>com</i>
Contact Person: <i>James Crittenden, Comm. Pct. #1</i>	Date Submitted:

**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: <i>James Crittenden</i>	Title: <i>Commissioner Pct. #1</i>
Typed/Printed Name: <i>James Crittenden</i>	Date Signed: <i>10-31-11</i>

**FOR USE BY ETCOG**

Date application was received: <i>10/31/2011</i>
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>James Crittenden</i>
Typed/Printed Name: <i>James Crittenden</i>
Title: <i>Commissioner Pct. #1</i>
Date: <i>10-31-11</i>

- 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>James Crittenden</i>
Typed/Printed Name: <i>James Crittenden</i>
Title: <i>Commissioner Pct. #1</i>
Date: <i>10-31-11</i>

RESOLUTION

RESOLUTION OF UPSHUR COUNTY AUTHORIZING THE FILING OF A GRANT APPLICATION WITH THE ETCOG FOR A REGIONAL SOLID WASTE GRANTS PROGRAM GRANT; AUTHORIZING DEAN FOWLER, COUNTY JUDGE, TO ACT ON BEHALF OF UPSHUR COUNTY IN ALL MATTERS RELATED TO THE APPLICATION; AND PLEDGING THAT IF A GRANT IS RECEIVED UPSHUR COUNTY WILL COMPLY WITH THE GRANT REQUIREMENTS OF THE ETCOG, THE TEXAS COMMISSION ON ENVIRONMENTAL QUALITY AND THE STATE OF TEXAS.

WHEREAS, the ETCOG is directed by the Texas Commission on Environmental Quality to administer solid waste grant funds for implementation the COG's adopted regional solid waste management plan; and

WHEREAS, Upshur County in the State of Texas is qualified to apply for grant funds under the Request for Applications.

NOW, THEREFORE, BE IT RESOLVED BY UPSHUR COUNTY IN GILMER, TEXAS:

1. That Dean Fowler, County Judge, is authorized to request grant funding under the ETCOG Request for Applications of the Regional Solid Waste Grants Program and act on behalf of Upshur County 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, Upshur County will comply with the grant requirements of the ETCOG, 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 Upshur County in Gilmer, Texas, on this the 31<sup>st</sup> day of October, 2011.

Dean Fowler

(Signature of Authorized Official)

DEAN FOWLER

(Typed or Printed Name)

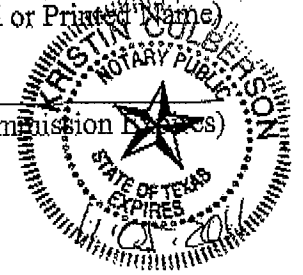
UPSHUR COUNTY JUDGE

(Title)

Notary: Kristin Culbertson  
Signature

KRISTIN CULBERTSON  
(Typed or Printed Name)

11/05/2011  
(Commission Expires)



**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)*

Upshur County Commissioners Court enacted the "County Wide Trash-Off" in June, 2007. We have seen a drastic reduction in trash + waste being illegally dumped on our rural roads since providing this service. We no longer are sending a dump truck pulling a trailer + backhoe and 2-3 employees on a weekly basis to retrieve items from the sides of the roads + creeks. The residents now take advantage of the free dumping offered twice a year to dispose of the items that had been showing up on the sides of our rural roads. This allows our road employees to focus on maintaining our roads and keeping them safe for travel.

**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 cost to the county at this time is \$330.00 per roll-off container. We average 16-17 containers per clean-up, one week in March and one week in September. Our most recent clean-up in September of this year, 2011, we hauled off containers for a total of app. 59.5 tons of waste. Our cost for containers alone in September was \$5610.00

**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.

Upshur County has been successfully providing the clean-up twice a year since September 2007, after approving it in June 2007.

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.

During this time we also collect, separate, and recycle all metal products. We also recycle batteries that come through the site and I am still searching for a place to recycle tires.

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.

~~FA~~ Documentation provided here from Sanitation Solutions demonstrating our success from the September 2011 clean-up hopefully satisfies our request to be considered once more for funding.

**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

**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	\$ 1049.52
2. Fringe Benefits	\$
3. Travel	\$
4. Supplies	\$
5. Equipment	\$ 42.12
6. Construction	\$
✓ 7. Contractual / 6 containers, 330.00 ea. twice year	\$ 10,560.00
8. Other	\$
✓ 9. Total Direct Charges (sum of 1-8)	\$ 11,651.64
10. Indirect Charges*	\$
✓ 11. Total (sum of 9 - 10)	\$ 11,651.64

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

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:

\*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.

**Please complete any of the following detailed budget forms that are applicable.**

**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: \$ 8,651.64

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:

\$ 11,651.64

**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
Community Clean-up	Sanitation Solutions	\$330.00 per roll-off Aug. 16 roll-off
		\$
		\$
		\$
<b>TOTAL</b> (Must equal Line 7 of the Overall Budget Summary)		\$ 10,560.00

**Sanitation Solutions, Inc.**  
**PO Box 6190**  
**Paris TX 75461**

Phone (903)784-0124 Fax (903)784-1007

INVOICE# 19X00198  
 INV DATE 09/30/11  
 ACCOUNT# 112826  
 DUE DATE 10/15/11

UPSHUR COUNTY CONV. STATION  
 P O BOX 730  
 GILMER, TX 75644

AMOUNT YOU ARE PAYING \_\_\_\_\_

AMOUNT 9,535.00

SERVICE ADDRESS: 1000 CARNATION RD (GILMER, TX)

DATE	DESCRIPTION				AMOUNT
	LOCATION: 1000 CARNATION RD				1,350.00
	PRIOR BALANCE				330.00
09/01/11	19X00198	1	30Y ROLLOFF	HAULING FEE 09/01/11	330.00
09/13/11	19X00198	1	30Y ROLLOFF	HAULING FEE 09/13/11	330.00
09/13/11	19X00198	1	30Y ROLLOFF	HAULING FEE 09/13/11	330.00
09/16/11	19X00198	1	30Y ROLLOFF	HAULING FEE 09/16/11	330.00
09/20/11	19X00198	1	30Y ROLLOFF	HAULING FEE 09/20/11	330.00
✓ 09/21/11	19X00198	1	30Y ROLLOFF	HAULING FEE 09/21/11	330.00
✓ 09/21/11	19X00198	1	30Y ROLLOFF	HAULING FEE 09/21/11	330.00
✓ 09/21/11	19X00198	1	30Y ROLLOFF	HAULING FEE 09/21/11	330.00
✓ 09/21/11	19X00198	1	30Y ROLLOFF	HAULING FEE 09/21/11	330.00
✓ 09/22/11	19X00198	1	30Y ROLLOFF	HAULING FEE 09/22/11	330.00
✓ 09/24/11	19X00198	1	30Y ROLLOFF	HAULING FEE 09/24/11	330.00
✓ 09/24/11	19X00198	1	30Y ROLLOFF	HAULING FEE 09/24/11	330.00
✓ 09/26/11	19X00198	1	30Y ROLLOFF	HAULING FEE 09/26/11	330.00
✓ 09/26/11	19X00198	1	30Y ROLLOFF	HAULING FEE 09/26/11	330.00
✓ 09/26/11	19X00198	1	30Y ROLLOFF	HAULING FEE 09/26/11	330.00
✓ 09/26/11	19X00198	1	30Y ROLLOFF	HAULING FEE 09/26/11	330.00
✓ 09/26/11	19X00198	1	30Y ROLLOFF	HAULING FEE 09/26/11	330.00
✓ 09/27/11	19X00198	1	30Y ROLLOFF	HAULING FEE 09/27/11	330.00
✓ 09/27/11	19X00198	1	30Y ROLLOFF	HAULING FEE 09/27/11	330.00
INV# 19X00198	CURRENT	30 DAY	60 DAY	90 DAY	DATE 09/30/11
ACCT# 112826					PAGE 1 OF 2

.5% per month late charge assessed on past due amounts

Received Time Oct.31. 2:21PM

PLEASE PAY THIS AMOUNT

**Sanitation Solutions, Inc.**  
**PO Box 6190**  
**Paris TX 75461**

Phone (903)784-0124 Fax (903)784-1007

INVOICE# 19X00198  
 INV DATE 09/30/11  
 ACCOUNT# 112826  
 DUE DATE 10/15/11

UPSHUR COUNTY CONV. STATION  
 P O BOX 730  
 GILMER, TX 75644

AMOUNT YOU ARE PAYING \_\_\_\_\_

AMOUNT 9,535.00

SERVICE ADDRESS: 1000 CARNATION RD (GILMER, TX)

DATE	DESCRIPTION				AMOUNT	
<b>LOCATION: 1000 CARNATION RD</b>						
✓ 09/27/11	19X00198	1	30Y ROLLOFF	HAULING FEE	09/27/11	330.00
✓ 09/27/11	19X00198	1	30Y ROLLOFF	HAULING FEE	09/27/11	330.00
09/30/11	19X00198	1	30Y ROLLOFF	HAULING FEE	09/30/11	330.00
09/30/11	19X00198	1	30Y ROLLOFF	HAULING FEE	09/30/11	330.00
09/30/11	19X00198	1	COMPACTOR LEASE	RENTAL	09/01/11-09/30/11	265.00

INV# 19X00198	CURRENT	30 DAY	60 DAY	90 DAY	DATE 09/30/11
ACCT# 112826					PAGE 2 OF 2

.5% per month late charge assessed on past due amounts

Received Time Oct. 31. 2:21PM

PLEASE PAY THIS AMOUNT

9,535.00