

**Middle Rio Grande Development Council
FY 2016 Regional Solid Waste Grants Program**

Form 1. Application Information and Signature Page

Applicant:

Funding Amount Proposed:

Phone

Address

Fax

Contact Person

Date Submitted:

Project Category

- Local Enforcement
- Litter and Illegal Dumping Cleanup and Community Collection Events
- Source Reduction and Recycling
- Local Solid Waste Management Plans
- Citizens' Collection Stations and "Small" Registered Transfer Stations
- Household Hazardous Waste (HHW) Management
- Technical Studies
- Educational and Training Projects
- Other (The COG should add other project categories if authorized)

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

Typed/Printed Name

Date

For Use By MRGDC

Date application was received: _____

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

Is the application administratively complete: _____ Yes _____ No

Project Application
Form 1

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

Title

Typed/Printed Name

Date

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

Title

Date

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.

Project Application
Form 4

Resolution

{Example}

Resolution of (name of entity) authorizing the filing of a grant application with the Middle Rio Grande Development Council for a regional solid waste grants program grant; authorizing (person and/or title) to act on behalf of (name of entity) in all matters related to the application; and pledging that if a grant is received (name of entity) will comply with the grant requirements of the Middle Rio Grande Development Council, the Texas Commission On Environmental Quality and the State of Texas.

Whereas, the Middle Rio Grande Development Council is directed by the Texas Commission on Environmental Quality to administer solid waste grant funds for implementation of the COG's adopted regional solid waste management plan; and

Whereas, (Name of entity) in the State of Texas is qualified to apply for grant funds under the Request for Applications.

Now, therefore, be it resolved by (Name of entity) IN (Location of office) Texas;

1. That (Name/title of individual) is authorized to request grant funding under the Middle Rio Grande Development Council Request for Applications of the Regional Solid Waste Grants Program and act on behalf of (Name of entity) 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, (Name of entity) will comply with the grant requirements of the Middle Rio Grande Development Council, 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. 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 (board or chief official as applicable) in (city), (state), on this the (number/day) day of (month), (year).

(Signature of Authorized Official)

(Notary Signature)

(Typed or Printed Name)

(Type or Printed Name)

(Title)

(Commission Expires)

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)

Project Application
Form 5b

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)

Project Application
Form 6a

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.

Project Application
Form 6b

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 sub-regional solid waste management plan or study; membership in an environmental activity.

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, and present quantifiable documentation of the success of the project in order to warrant further funding. Demonstrate a good record of past grant contractual performance.

Project Application
Form 6c

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 Application
Form 6d

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	\$
8.	Other	\$
9.	Total Direct Charges (<i>sum of 1-8</i>)	\$
10.	Indirect Charges*	\$
11.	Total (<i>sum of 9 - 10</i>)	\$
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>Please complete any of the following detailed budget forms that are applicable.</p>		

Project Application
Form 7

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: \$

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:

\$

Project Application
Form 7a

Form 7b: Detailed Personnel/Salaries Expenses

For each employee to be funded wholly or in part by this grant, complete one of the lines in the table below. Please refer to the definitions provided in the instructions in completing this sheet. If funds are awarded, changes to grant-funded positions must be approved in advance by the COG.

Position Title	Function	FTE	Status	Monthly Salary
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
Total <i>(Must equal Line 1 of the Overall Budget Summary)</i>				\$

Project Application
Form 7b

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
		\$
		\$
		\$
		\$
		\$

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
			\$
			\$
			\$
Total Travel Expenses <i>(Must equal Line 3 of the Overall Budget Summary)</i>		\$	

Project Application
Form 7c

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>):	\$
TOTAL (<i>Must equal Line 4 of the Overall Budget Summary</i>)	\$

Project Application
Form 7d

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) <i>(Show description, type, model, etc.)</i>	Unit Cost	No. of Units	Total Cost
	\$		\$
	\$		\$
	\$		\$
	\$		\$
<i>Total</i> <i>(Must equal Line 5 of the Overall Budget Summary)</i>		\$	

Project Application
Form 7e

Form 7f: Detailed Construction Expenses

All construction projects must be pre-approved by the COG. If the specific details of the construction costs are not known at this time, list the general details on this form. The specific details of the construction will then need to be provided to and approved by the COG before the costs are incurred. For any subcontracted activities, the request for approval will need to include evidence that the contract price is reasonable and necessary (see instructions).

Types of Construction	Subcontracted Yes/No	Estimated Cost
		\$
		\$
		\$
		\$
		\$
Total <i>(Must equal Line 6 of the Overall Budget Summary)</i>		\$

Project Application
Form 7f

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
		\$
		\$
		\$
		\$
Total		\$
<i>(Must equal Line 7 of the Overall Budget Summary)</i>		

Project Application
Form 7g

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	\$
Registration fees for training (if approved)	\$
Repair and maintenance	\$
Basic office furnishings	\$
Space and equipment rentals	\$
Signage	\$

Project Application
Form 7h

Additional Other Expenses

The specific details of additional "Other" category expenses, not included on the list of basic Other expenses, must be pre-approved by the COG. If the specific details of the additional Other expenses are not known at this time, list the general details on this form. The more specific details will then need to be provided to and approved by the COG before the costs are incurred.

Additional Other Expenses	Unit Cost	No. of Units	Total Cost
Computer hardware not listed under the Equipment category (itemize each expense below including description, type, model, etc.):	\$		\$
Computer software (itemize each expense below including description, type, model, etc.):	\$		\$
Additional Other expenses (itemize each expense below including description, type, model, etc.):	\$		\$
Total Other Expenses (Must equal Line 8 of the Overall Budget Summary)		\$	

Project Application

Required Attachments to the Application

1. If indirect costs are included in the project budget, attach the Applicant's latest **indirect cost allocation plan**, including documentation of approval of the plan and the indirect cost rate by the Applicant's Federal Cognizant Agency or State Coordinating Agency.
2. If applicable, attach any written comments submitted by private industry (*see instructions for Form 5*).
3. If the Applicant is a law enforcement entity, and if compliance with TCLEOSE rules is still pending, attach a certification from TCLEOSE to indicate that the Applicant is in the process of achieving compliance with the rules (*see Form 3, Certification No. 11*).