

## **APPLICATION FORMS**

*Please detach the instruction pages prior to submitting the following application forms.  
Please remember to make a copy of your application for your records. An electronic copy of  
the completed application should also be submitted.*

**CONCHO VALLEY COUNCIL OF GOVERNMENTS  
REGIONAL SOLID WASTE GRANTS PROGRAM  
GRANT FISCAL YEAR 2024/2025**

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

Applicant:	Funding Amount Requested:
Address:	Phone/Fax:
Contact Person:	Date Submitted:

**Project Category**

<input type="checkbox"/> Local Enforcement <input type="checkbox"/> Litter and Illegal Dumping Cleanup <input type="checkbox"/> Source Reduction and Recycling <input type="checkbox"/> Local Solid Waste Management Plans <input type="checkbox"/> Citizens' Collection Stations, Small Registered Transfer Stations, and Community Collection Events <input type="checkbox"/> Household Hazardous Waste (HHW) Management <input type="checkbox"/> Technical Studies <input type="checkbox"/> Educational and Training Projects
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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:
Typed/Printed Name:	Date Signed:

***FOR USE BY CONCHO VALLEY COUNCIL OF GOVERNMENTS***

Date application was received: _____
Does the application meet all of the required screening criteria: _____ Yes _____ No
Is the application administratively complete: _____ Yes _____ 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 CVCOG, 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:
Title:
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 3. Certifications and Assurances**

### **Certifications**

In order to receive grant funds under this program, the proposed project must conform to the provisions set forth in the Request for Applications (RFA). The following certifications are intended to help the CVCOG to ensure that these provisions are met. By signing this Application, the person acting on behalf of the Applicant makes the certifications listed below.

#### **1. Authority to Sign Application**

The person signing this Application hereby certifies that he/she is the official contact regarding this Application and has authority from the Applicant to sign the Application and that such authority will bind the Applicant in subsequent agreements.

#### **2. Application Contains No False Statements**

Applicant certifies that this Application has no false statements and that the Applicant understands that signing this Application with a false statement is a material breach of contract and shall void the submitted Application and any resulting contracts. The Applicant understands that the CVCOG will not accept any amendment, revision, addition or alteration to this Application after the final date and time for submission.

#### **3. Governmental Status**

Applicant certifies that it is located in the State of Texas and fits within one of the governmental classifications listed below, as determined under state law:

- a. City
- b. County
- c. Public school or school district (not including Universities or post-secondary educational institutions)
- d. Other general and special law district with the authority and responsibility for water quality protection or municipal solid waste management, including river authorities
- e. Council of Governments

#### **4. Solid Waste Fee Payments**

Applicant certifies that it is not delinquent in payment of solid waste disposal fees owed the State of Texas.

## **5. Debarment from State Contracts**

Applicant certifies that it is not barred from participating in state contracts by the Texas General Services Commission (GSC), under the provisions of ' 2155.077, Government Code, and 1 TAC ' 113.02, GSC Regulations.

## **6. Conformance to Standards**

The Applicant certifies to the best of their knowledge and ability that the proposed project, including all activities in the proposed Scope of Work and the proposed expenditures, conforms to the eligible category standards and allowable expense and funding standards as set forth in the Request for Applications.

## **7. Consideration of Private Industry**

The following certification only applies if the project is under one of the following grant categories:

- a. Source Reduction and Recycling
- b. Citizens' Collection Stations and Small Registered Transfer Stations
- c. A demonstration project under the Educational and Training Projects category

Applicant certifies that it has notified private service providers in accordance with the requirements set forth in the Request for Applications and the instructions provided with this application form. Applicant further certifies to the best of their knowledge and ability (after completing Form 5) that the proposed project will promote cooperation between public and private entities, is not otherwise readily available, and will not create a competitive advantage over a private industry that provides recycling or solid waste services.

## **8. Consistency with Regional Solid Waste Management Plan**

Applicant certifies to the best of their knowledge and ability that the proposed project is consistent with applicable goals, objectives, and recommendations of the adopted regional solid waste management plan of the CVCOG.

## **9. Technical Feasibility**

Applicant certifies that is has carefully reviewed its Scope of Work and that to the best of their knowledge and ability all activities are technically feasible and can be satisfactorily completed within the grant period as set forth in the Request for Applications.

## **10. Costs Reasonable and Necessary**

Applicant certifies to the best of their knowledge and ability that the proposed project activities in the Scope of Work and the expenses outline in the Budget are reasonable and necessary to accomplish the project objectives, and that the proposed expenses are consistent with the costs of comparable goods and services.

### **Assurances**

If the application is approved for funding, the grant funds will be awarded through a contract between the Applicant and the CVCOG. The grant contract will contain a number of standards, requirements, and processes that must be complied with as a condition of receiving the grant funds. In order to ensure an understanding by the Applicant of some of the main conditions that will be included in the contract, the Applicant is asked to review the following assurances. By signing this Application, the person acting on behalf of the Applicant indicates their understanding of these conditions and provides assurances that these and other conditions set forth in the grant contract will be adhered to if funding is awarded.

#### **1. Compliance with Standard Pertaining to Real Property and Equipment**

Applicant provides assurances that, if funded, the Applicant will comply with the contract provisions pertaining to title to and management of real property and equipment. The contract will contain obligations and conditions regarding the use of the equipment and/or facilities (the 'property') acquired under the agreement. Included in the provisions are obligations to provide adequate maintenance and conduct physical property inventories; restrictions and conditions on the use, replacement, sale, or transfer of the property; and obligations to continue to adhere to the provisions that grant funds not be used to create a competitive advantage over private industry, in the use or transfer of the property.

#### **2. Participation in TCEQ Recycling Surveys and Reporting**

Applicant provides assurances that, if funded, the Applicant will respond to annual recycling program surveys and/or other requests from the CVCOG or the Texas Commission on Environmental Quality for information on municipal solid waste management activities.

#### **3. Compliance with Progress and Results Reporting Requirements**

Applicant provides assurances that, if funded, the Applicant will comply with requirements for: reporting on the progress of the project tasks and deliverables; documenting the results of the project and providing those results to the CVCOG on a schedule established by the CVCOG, and additionally, to continue to document the results of the project activities for the life of the project; and to provide the CVCOG with a follow-up results report approximately one year after the end of the grant term.

**4. Financial Management**

Applicant provides assurances that, if funded, the Applicant will comply with contract provisions and requirements necessary to ensure that expenses are reasonable and necessary, and to adhere to financial administration and reimbursement procedures and provide financial reports on a schedule established by the CVCOG.

**5. Compliance with Americans with Disabilities Act**

Applicant provides assurances that, if funded, the Applicant will comply with all the applicable requirements of the Americans with Disabilities Act of 1990, 42 U.S.C. ' ' 12101-12213 (Pamph.1995).

**6. Compliance with the Single Audit Act**

Applicant provides assurances that, if funded, the Applicant will comply with the Single Audit Provisions of the Uniform Grant Management Standards (UGMS), prepared by the Governor's Office under ' '783.001 et. seq, Texas Government Code, and 1 TAC ' '5.141 et. seq, Governor's Office Regulations. Provisions of the Single Audit Circular in Part IV of the UGMS apply to all recipients of funding under this grant.

**7. Compliance with Program and Fiscal Monitoring**

Applicant provides assurances that, if funded, the Applicant will comply with program and fiscal monitoring provisions of the contract, including: providing additional reports or information as may be requested to adequately track the progress of the project; and allowing site visits to evaluate the progress of the project and to view any grant-funded equipment or facility.

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.**



**RESOLUTION**

{Example}

**RESOLUTION OF ( Name of entity ) AUTHORIZING THE FILING OF A GRANT APPLICATION WITH THE ( COG name ) 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 ( COG name ), THE Texas Commission on Environmental Quality AND THE STATE OF TEXAS.**

WHEREAS, the ( COG name ) 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, ( 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 ( COG name ) 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 ( COG name ), 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 ( 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)*

## FORM 6: PROJECT SUMMARY

Please provide a complete project summary. Refer to the application instructions when completing these forms. If necessary, attach additional pages for each form.

### Form 6a. Project Merits

(20 Points, Committee scored)

**The Solid Waste Advisory Committee reserves the right to postpone and reschedule the scoring meeting if there is a lack of adequate representation to ensure fair scoring.**

In the space below, provide a description of the proposed project, based on specific questions listed in the scoring criteria. Please attach additional pages if needed.

1. Why is the proposed project needed?
2. State the overall goal or objective of the project:
3. Identify waste stream targeted by the project:
4. Customer incentives, public education, or public input included in the project:
5. Feasibility or workability of the project. If the project includes the purchase of equipment, demonstrate its importance to the overall objective of the project:
6. Expected benefits:



## **Form 6c. Project Cost Evaluation**

(20 Points, Pre-scored)

In the space below, provide an evaluation of the costs associated with the proposed project, based on specific questions listed in the scoring criteria. Please attach additional pages if needed.

11. List all related costs of the proposed project (not just grant expenditures). (5 Points)

12. Costs of the project in unit terms. (Cost per ton, cost per customer, or cost per capita). (5 Points)

13. Justification for expenditure. Give measurable cost savings, waste reductions or other project justification. (5 Points)

14. In listing costs, differentiate between grant costs and entity costs. (5 Points)

**Form 6d. Project Impact**

(20 Points, Pre-scored)

In the space below, provide information related to the impact of the project, based on specific questions outlined in the scoring criteria. Please attach any additional pages if needed.

15. Did your entity apply for and not receive a Municipal Solid Waste Grant from the Concho Valley Council of Governments in the previous year? (5 Points)

(Circle One)      Yes                      No

16. The project is a continuous project that will continue beyond the expenditures provided with this grant. The project will be an ongoing operation. (5 Points)

17. Identify the geographic area and population expected to be served by the proposed project. (5 Points)

18. Formal resolutions or other type of support by the governing body of the applicant? (A sample resolution is enclosed or you may include a letter of support or entity resolution) (5 Points)

(Circle One)      Yes                      No

**Form 6e Local Effort**

(20 Points, Pre-scored)

In the space below, provide information related to the local effort included in the project. Please identify all local effort which includes monetary contributions, labor, time, equipment, and other types of 'in-kind' services. The following sheet provides information as to how the local effort will be evaluated. Please attach any additional pages if needed.

19. Identification of Local Effort: (0 to 20 Points)

Monetary contributions \_\_\_\_\_

Labor \_\_\_\_\_ (hourly rate) x time \_\_\_\_\_ = \_\_\_\_\_ match per year

Equipment \_\_\_\_\_ (hourly rate) x time \_\_\_\_\_ = \_\_\_\_\_ match per year

Other 'In-Kind' \_\_\_\_\_ Describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

= \_\_\_\_\_ match per year

TOTAL 'IN-KIND' MATCH = \_\_\_\_\_

TOTAL CASH MATCH= \_\_\_\_\_

**TOTAL MATCH= \_\_\_\_\_**



**Applicant(s) population equal to or less than 1,000 (according to 2000 Census)**

Match equal to or greater than 5% of grant request	20
Match at least 4% but less 5% of the grant request	15
Match at least 3% but less 4% of the grant request	10
Match at least 2% but less 3% of the grant request	5
Match less than 2% of grant request	0

**Applicant(s) population equal to or less than 2,500 but over 1,000 (according to 2000 Census)**

Match equal to or greater than 10% of grant request	20
Match at least 7.5% but less 10% of the grant request	15
Match at least 5% but less 7.5% of the grant request	10
Match at least 2.5% but less 5% of the grant request	5
Match less than 2.5% of grant request	0

**Applicant(s) population equal to or less than 4,500 but over 2,500 (according to 2000 Census)**

Match equal to or greater than 15% of grant request	20
Match at least 11.5% but less 15% of the grant request	15
Match at least 7.5% but less 11.5% of the grant request	10
Match at least 3.5% but less 7.5% of the grant request	5
Match less than 3.5% of grant request	0

**Applicant(s) population equal to or less than 7,000 but over 4,500 (according to 2000 Census)**

Match equal to or greater than 20% of grant request	20
Match at least 15% but less 20% of the grant request	15
Match at least 10% but less 15% of the grant request	10
Match at least 5% but less 10% of the grant request	5
Match less than 5% of grant request	0

**Applicant(s) population equal to or less than 10,000 but over 7,000 (according to 2000 Census)**

Match equal to or greater than 25% of grant request	20
Match at least 20% but less 25% of the grant request	15
Match at least 15% but less 20% of the grant request	10
Match at least 10% but less 15% of the grant request	5
Match less than 10% of grant request	0

**Applicant(s) population over 10,000 (according to 2000 Census)**

Match equal to or greater than 30% of grant request	20
Match at least 25% but less 30% of the grant request	15
Match at least 20% but less 25% of the grant request	10
Match at least 15% but less 20% of the grant request	5
Match less than 15% of grant request	0

(Note: Entities other than cities or counties must provide 2000 service area population figures)

## 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. <b>Total Direct Charges</b> ( <i>sum of 1-8</i> )	\$
10. Indirect Charges*	\$
11. <b>Total</b> ( <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><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>		

*Please complete any of the following detailed budget forms which 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: \$ \_\_\_\_\_

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:

\$ \_\_\_\_\_

### 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 CVCOG.

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

### 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 CVCOG. Complete the following information for all requested non-routine travel, including any out-of-state travel. If those details are not presently known, the CVCOG will need to approve those travel costs before the travel occurs.

#### Non-Routine Travel Expenses

Date(s)	Purpose & Destination	Person(s)	Estimated Cost

<b>TOTAL TRAVEL EXPENSES</b> <i>(Must equal Line 3 of the Overall Budget Summary)</i>	\$
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### 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> ):	\$ _____
<b>TOTAL</b> ( <i>Must equal Line 4 of the Overall Budget Summary</i> )	\$ _____

### FORM 7e: Detailed Equipment Expenses

All equipment purchases must be pre-approved by the CVCOG. 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 CVCOG before the costs are incurred.

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

### FORM 7f: Detailed Construction Expenses

All construction projects must be pre-approved by the CVCOG. 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 CVCOG 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
		\$ _____
		\$ _____
		\$ _____
		\$ _____
		\$ _____
<b>TOTAL</b> <i>(Must equal Line 6 of the Overall Budget Summary)</i>		\$ _____



### FORM 7g: Detailed Contractual Expenses

All contractual expenses must be pre-approved by the CVCOG. 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 CVCOG 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 CVCOG before work begins.

Purpose	Contractor(s)	Contract Amount
<b>TOTAL</b> <i>(Must equal Line 7 of the Overall Budget Summary)</i>		\$

### 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	\$

<b>Basic Other Expenses</b>	<b>Estimated Cost</b>
Signage	\$

### 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 CVCOG. 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 CVCOG before the costs are incurred.

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

## 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*).