



# FY 2024- 2025 CTCOG Solid Waste Grant Application

May 4, 2023

Please complete this document in its entirety to be considered for solid waste grant funding from the Central Texas Council of Governments. Applications are due by **5:00 PM (CST) on August 1, 2023**. Additional details about how to complete the application, grant requirements, and other information are available in the **Grant Application Guidelines**.

## Application and Signature Page

Applicant	Contact Person
Address	Phone
City, State, Zip	Email
Funding Amount Requested	Date Submitted

### Project Category

A detailed description of each project category is available for review in the [Grant Application Guidelines](#). (check one)

- |  |  |
|--|--|
| <input type="checkbox"/> Household Hazardous Waste (HHW)     | <input type="checkbox"/> Source Reduction and Recycling        |
| <input type="checkbox"/> Scrap Tire Projects                 | <input type="checkbox"/> Citizen's Collection Station          |
| <input type="checkbox"/> Litter and Illegal Dumping Programs | <input type="checkbox"/> Educational and Training Programs     |
| <input type="checkbox"/> Local Enforcement                   | <input type="checkbox"/> Other Solid Waste Management Projects |

### Signature

By the following signature the Applicant certifies that it has reviewed the certifications and assurances listed in the [Grant Application Guidelines \(Appendix 5\)](#), 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

## Grant Project Information

**Project Title:** \_\_\_\_\_

**Project Description:** *Provide a short description of the proposed project here. (3-4 sentences maximum)*

**Goal Area:** *Please check which regional plan goal/objective this project addresses.*

- Goal 1 – Scrap Tire Management / Solutions
- Goal 2 – Reduce Litter & Illegal Dumping
- Goal 3 – Reduce Waste Generation & Encourage Recycling
- Goal 4 – Ensure Long Term Disposal Capacity
- Goal 5 – Reduce Organic & Biosolids Waste

**Project Narrative:** *In this section provide a detailed description of the proposed project, including funding needs, project impacts, and project benefits. (500 words maximum)*

## Regional Collaborative Project

*This section is only required for applicants applying for a Regional Collaborative Project with three or more eligible entities as partners.*

### Partners (Minimum of Three):

*List the partner entities for the Regional Collaborative project.*

1.
2.
3.
4.
5.

**Partnerships and Regional Impacts:** *In this section, provide a detailed description of how your entity intends to partner with other entities and what the regional impacts of the proposed project would be. Please reference the scoring sheet located in the Grant Application Guidelines for additional information on how this section will be scored. You will also be required to attach the Letters of Support from each of the participating entities to be considered for funding. (500 words maximum)*



**Summary of Discussions with Private Industry:** *In this section, summarize the discussions with private industry providers. Please attach any written comments or input provided.*

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## Budget

In this section, itemize each requested budget category for the proposed project. Supplemental documentation is required, including quotes, estimates, and images of requested items to the application to assist with the scoring of the proposed project. **Please reference the Grant Application Guidelines to review what types of supplemental documentation are required and the scoring sheet for additional information on how this section will be scored.**

Please note: each line item must equal or exceed \$500.00 to be an eligible expense.

Budget Categories	Total Funding Request Per Category
1. Equipment (unit cost of \$5,000 or more)	\$
2. Construction	\$
3. Contractual (other than for Construction)	\$
4. Other Expenses	\$
<b>TOTAL GRANT FUNDS REQUESTED</b>	\$

### Additional Project Cost Information

Applicant Match Amount	\$
Minimum amount of grant funding willing to accept offered for same scope	\$
Minimum amount of grant funding willing to accept for reduced scope	\$

### Do you have a preference on which fiscal year you receive the funding?

First FY  Second FY  No preference

**Narrative:** Please provide an explanation of the project cost, including any details about matching funds and the ability to accept a reduced amount of funding. Note: matching funds are not required.

**1. Equipment (Unit Price of \$5,000 or more)**

Item/Description	Purpose	Quantity	Unit Cost	Total Amount Requested
			\$	\$
			\$	\$
Total Equipment Budget				\$

**2. Construction**

Description	Purpose	Quantity	Unit Cost	Total Amount Requested
			\$	\$
			\$	\$
Total Construction Budget				\$

**3. Contractual (other than for construction)**

Description	Purpose	Quantity	Unit Cost	Total Amount Requested
			\$	\$
			\$	\$
Total Contractual Budget				\$

**4. Other Expenses**

Description	Purpose	Quantity	Unit Cost	Total Amount Requested
			\$	\$
			\$	\$
Total "Other" Budget				\$



