



# TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

## Regional Solid Waste Grants Program

### Regional Council of Governments Application

*(Attachment 1 of the Contract)*

#### *General Instructions*

This document provides the forms that must be completed and submitted by each Council of Governments (COGs) in order to apply to the TCEQ for the Regional Solid Waste Grants Program (RSWGP) funds.

The budget and authorization forms must be completed to show the overall budget and the more detailed expenses proposed under each applicable budget category. The best way to complete the application is to complete each budget category as needed. Each budget category is linked to budget Form 5 and will auto populate this form. Once the application is approved, the forms will become a binding part of the grant contract. Once the contract is executed, any changes to this information must be requested in accordance with the contract terms. The COGs will be expected to submit revised forms with the changes noted.

This document consists of instructions and blank application forms to be completed by the COG. Please review the detailed instructions in each application form before completing the form. The application forms should be completed, including the required signatures and resolution by the COG governing body. Please send a signed PDF file of the original application and the excel workbook to ***Jessica.Uramkin@tceq.texas.gov***

*Prepared by*

**Office of Waste - Waste Permits Division**

**Form 1. Cover Page**

CENTRAL TEXAS COUNCIL OF GOVERNMENTS - #23

FY 24/25

|                                     |          |    |                   |
|-------------------------------------|----------|----|-------------------|
| Performing Party FEI#:              |          |    |                   |
| <b>Funding Amount For 1st Year:</b> | FY 24    | \$ | <b>115,000.00</b> |
| <b>Funding Amount For 2nd Year:</b> | FY 25    | \$ | <b>115,000.00</b> |
| <b>Total Biennium Amount:</b>       | FY 24/25 | \$ | <b>230,000.00</b> |

**Required Attachments to the Application**

\* A copy of the latest membership list for the COG's Solid Waste Advisory Committee.

\* State Coordinating Agency Letter/Federal Cognizant Agency Letter indicating indirect/fringe benefits cost rates, and/or a letter of proposed rates.

**Certifications**

***The person signing this Application hereby certifies that:***

1. He/she has authority from the COG to sign the Application;
2. The information contained in this application is, to the best of his/her knowledge and understanding, complete and accurate;
3. This Application, along with any changes or addenda, shall become a binding part of the contract terms upon approval by TCEQ; and
4. This Application has no false statements and that signing this Application with a false statement is a material breach and TCEQ may terminate the grant;

**Signature/Title Certification**

|                            |                           |
|----------------------------|---------------------------|
| <b>Title:</b>              | <b>Executive Director</b> |
| <b>Typed/Printed Name:</b> | <b>Jim Reed</b>           |
| <b>Signature:</b>          |                           |
| <b>Date:</b>               |                           |

**Form 2. Resolution**

CENTRAL TEXAS COUNCIL OF GOVERNMENTS - #23

FY 24/25

**A signed resolution of the COG governing body approving this application must be provided in order for your grant application to be processed. The following points must be included in the resolution, at a minimum:**

1. The governing body of the COG has reviewed this application and authorizes its submittal to the TCEQ;
2. The governing body of the COG finds that all activities and related expenses included in this application will serve to implement the goals, objectives, and recommendations of the Regional Solid Waste Management Plan;
3. The COG will comply with all applicable state and local laws and regulations pertaining to the use of state funds, including laws concerning the procurement of goods and services, competitive purchasing requirements and financial and program reporting requirements; and
4. Grant funds will be used only for the purposes for which they are provided.

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

**Form 3. Current Information**

CENTRAL TEXAS COUNCIL OF GOVERNMENTS - #23

FY 24/25

Executive Director:

**Jim Reed**

**Solid Waste Coordinator : James McGill**

Phone #:

254-770-2366

Email Address:

[james.mcgill@ctcog.org](mailto:james.mcgill@ctcog.org)

**Financial Contact: Widalys Mendez**

Phone #:

254-770-2229

Email Address:

[widalys.mendez@ctcog.org](mailto:widalys.mendez@ctcog.org)

**Mailing Address**

The COG designates the following address for official notice and correspondence under the grant contract:

**P.O. Box #729**

**Belton, TX 76513**

**Physical Address**

The COG designates the following location for record access and review under the grant contract and for special delivery of official notice and correspondence:

**2180 N Main Street**

**Belton, TX 76513**

Date:

**8/15/2023**

**Form 4. Authorized Representatives**

CENTRAL TEXAS COUNCIL OF GOVERNMENTS - #23

FY 24/25

The COG Executive Director signing this form hereby certifies that these individuals named below as the person or persons authorized to receive direction from the TCEQ, to manage the work being performed, and to act on behalf of the COG for the purposes shown:

|                                 |          |
|---------------------------------|----------|
| Typed/Printed Name:             | Jim Reed |
| Executive Director's Signature: |          |

**Authorized Project Representative.**

The following person(s) is authorized, by the COG's Executive Director to receive direction, manage work performed, sign required reports, and otherwise act on behalf of the COG.  
*You may add more than one person, if needed.*

|  |   |
|--|---|
| Title:   | Director of Planning & Regional Services/Assistant Director of Planning & Regional Services/Solid Waste Coordinator |
| Typed/Printed Name:                            | Uryan Nelson/Connie Quinto/James McGill   |
| Authorized Project Representative's Signature: |   |

**Authorized Financial Representative.**

The following person(s) is authorized by the COG's Executive Director, to act on behalf of the COG in all financial and fiscal matters, including signing financial reports.  
*You may add more than one person, if needed.*

|  |                            |
|--|----------------------------|
| Title:   | Director of Administration |
| Typed/Printed Name                               | Michael Irvine             |
| Authorized Financial Representative's Signature: |                            |

|              |  |
|--------------|--|
| <b>Date:</b> |  |
|--------------|--|

**Form 5-A. Authorized Personnel/Salaries**

CENTRAL TEXAS COUNCIL OF GOVERNMENTS - #23

FY 24/25

*(Use the FSR reporting by quarter section below for revisions only)*

FSR Reporting Quarter: *Select appropriate reporting quarter from the drop down menu, when making revisions to this form.*

Revised Date (if applicable):

| Authorized Personnel/Salaries |  |                    |                                  |                | Proposed Budget     |
|-------------------------------|--|--------------------|----------------------------------|----------------|---------------------|
| Position Title                | Function<br>(describe responsibilities)                      | FTE<br>(% of Time) | Status<br>Full Time or Part-Time | Monthly Salary | FY 24               |
| Solid Waste Coordinator       | Manages day to day operations of the solid waste program     | 15%                | FTE                              | \$ 5,041.67    | \$ 9,075.01         |
| Assistant Director            | Assists the day to day operations of the solid waste program | 4%                 | FTE                              | \$ 5,565.25    | \$ 2,671.32         |
| Planner I                     | Assists the day to day operations of the solid waste program | 5%                 | FTE                              | \$ 4,118.42    | \$ 2,471.05         |
|                               |  | 0%                 | Select From the Drop Down Menu   | \$ -           | \$ -                |
|                               |  | 0%                 | Select From the Drop Down Menu   | \$ -           | \$ -                |
|                               |  | 0%                 | Select From the Drop Down Menu   | \$ -           | \$ -                |
|                               |  | 0%                 | Select From the Drop Down Menu   | \$ -           | \$ -                |
|                               |  | 0%                 | Select From the Drop Down Menu   | \$ -           | \$ -                |
|                               |  | 0%                 | Select From the Drop Down Menu   | \$ -           | \$ -                |
|                               |  | 0%                 | Select From the Drop Down Menu   | \$ -           | \$ -                |
|                               |  | 0%                 | Select From the Drop Down Menu   | \$ -           | \$ -                |
|                               |  | 0%                 | Select From the Drop Down Menu   | \$ -           | \$ -                |
|                               |  | 0%                 | Select From the Drop Down Menu   | \$ -           | \$ -                |
|                               |  | 0%                 | Select From the Drop Down Menu   | \$ -           | \$ -                |
|                               |  | 0%                 | Select From the Drop Down Menu   | \$ -           | \$ -                |
|                               |  | 0%                 | Select From the Drop Down Menu   | \$ -           | \$ -                |
|                               |  | 0%                 | Select From the Drop Down Menu   | \$ -           | \$ -                |
| <b>TOTAL</b>                  |  |                    |                                  |                | <b>\$ 14,217.38</b> |

Authorized Signature: *(only needed for revisions and must be an authorized representative listed on Form 4):*

Date:

TCEQ Approval and Date:

| <b>Form 5-A. Authorized Personnel/Salaries</b>   |  |                    |                                      |                   |                        |
|--|--|--------------------|--------------------------------------|-------------------|------------------------|
| CENTRAL TEXAS COUNCIL OF GOVERNMENTS - #23   |  |                    |                                      |                   |                        |
| FY 24/25   |  |                    |                                      |                   |                        |
| <b>(Use the FSR reporting by quarter section below for revisions only)</b>   |  |                    |                                      |                   |                        |
| FSR Reporting Quarter:   | <i>Select appropriate reporting quarter from the drop down menu, when making revisions to this form.</i> |                    |                                      |                   |                        |
| Revised Date (if applicable):  |  |                    |                                      |                   |                        |
| <b>Authorized Personnel/Salaries</b>   |  |                    |                                      |                   | <b>Proposed Budget</b> |
| Position Title   | Function<br>(describe responsibilities)  | FTE<br>(% of Time) | Status<br>Full Time or<br>Part-Time  | Monthly<br>Salary | FY 25                  |
| Solid Waste Coordinator  | Manages day to day operations of the solid waste program   | 15%                | FTE                                  | \$ 5,041.67       | \$ 9,075.01            |
| Assistant Director   | Assists the day to day operations of the solid waste program   | 4%                 | FTE                                  | \$ 5,565.25       | \$ 2,671.32            |
| Planner I  | Assists the day to day operations of the solid waste program   | 5%                 | FTE                                  | \$ 4,118.42       | \$ 2,471.05            |
| 0  | 0  | 0%                 | Select From the<br>Drop Down<br>Menu | \$ -              | \$ -                   |
| 0  | 0  | 0%                 | Select From the<br>Drop Down<br>Menu | \$ -              | \$ -                   |
| 0  | 0  | 0%                 | Select From the<br>Drop Down<br>Menu | \$ -              | \$ -                   |
| 0  | 0  | 0%                 | Select From the<br>Drop Down<br>Menu | \$ -              | \$ -                   |
| 0  | 0  | 0%                 | Select From the<br>Drop Down<br>Menu | \$ -              | \$ -                   |
| 0  | 0  | 0%                 | Select From the<br>Drop Down<br>Menu | \$ -              | \$ -                   |
| 0  | 0  | 0%                 | Select From the<br>Drop Down<br>Menu | \$ -              | \$ -                   |
| 0  | 0  | 0%                 | Select From the<br>Drop Down<br>Menu | \$ -              | \$ -                   |
| 0  | 0  | 0%                 | Select From the<br>Drop Down<br>Menu | \$ -              | \$ -                   |
| 0  | 0  | 0%                 | Select From the<br>Drop Down<br>Menu | \$ -              | \$ -                   |
| 0  | 0  | 0%                 | Select From the<br>Drop Down<br>Menu | \$ -              | \$ -                   |
| <b>TOTAL</b>   |  |                    |                                      |                   | <b>\$ 14,217.38</b>    |
| Authorized Signature:<br><i>(only needed for revisions and must be an authorized representative listed on Form 4):</i> |  |                    |                                      |                   |                        |
| Date:  |  |                    |                                      |                   |                        |
| TCEQ Approval and Date:  |  |                    |                                      |                   |                        |

**Form 5-B. Authorized Non-Routine Travel Expenses**

CENTRAL TEXAS COUNCIL OF GOVERNMENTS - #23

FY 24/25

**Use the FSR for Any Updates to the Initial Approved Application**

| <b>Authorized Routine Travel Expenses.</b>  | <b>Proposed Budget</b> | <b>Proposed Budget</b> | <b>Biennium Total</b> |
|---|------------------------|------------------------|-----------------------|
| <b>Purpose, destination, date and name of traveler, if known.</b>   | <b>FY 24</b>           | <b>FY 25</b>           | <b>FY 24/25</b>       |
| HHW events, site visits, planning (all)   | \$ 600.00              | \$ 600.00              | \$ 1,200.00           |
| TARC, local workshops, trainings (all)  | \$ 100.00              | \$ 100.00              | \$ 200.00             |
|   | \$ -                   | \$ -                   | \$ -                  |
|   | \$ -                   |                        | \$ -                  |
|   | \$ -                   | \$ -                   | \$ -                  |
|   | \$ -                   | \$ -                   | \$ -                  |
| <b>TOTAL ROUTINE TRAVEL</b>   | \$ 700.00              | \$ 700.00              | \$ 1,400.00           |
| <b>Authorized Non-Routine Travel Expenses</b>   | <b>Proposed Budget</b> | <b>Proposed Budget</b> | <b>Biennium Total</b> |
| <b>Purpose, destination, date and name of traveler, if known.</b>   | <b>FY 24</b>           | <b>FY 25</b>           | <b>FY 24/25</b>       |
|   | \$ -                   | \$ -                   | \$ -                  |
|   | \$ -                   | \$ -                   | \$ -                  |
|   | \$ -                   | \$ -                   | \$ -                  |
|   | \$ -                   | \$ -                   | \$ -                  |
| <b>TOTAL NON-ROUTINE TRAVEL</b>   | \$ -                   | \$ -                   | \$ -                  |
| <b>Combined Total for Both Routine and Non-Routine Travel</b>   | \$ 700.00              | \$ 700.00              | \$ 1,400.00           |
| Authorized Signature:<br><i>(only needed for revisions and must be an authorized representative listed on Form 4)</i> |                        |                        |                       |
| Date:   |                        |                        |                       |



**Form 5-C. Authorized Equipment Expenses**

CENTRAL TEXAS COUNCIL OF GOVERNMENTS - #23

FY 24/25

**Use the FSR for Any Updates to the Initial Approved Application**

| Authorized Equipment Purchases   |           |              |            | Proposed Budget | Proposed Budget | Biennium Total |
|--|-----------|--------------|------------|-----------------|-----------------|----------------|
| Equipment<br>(\$5,000 or more) Show<br>description, type, model, etc.) | Unit Cost | No. of Units | Total Cost | FY 24           | FY 25           | FY 24/25       |
|  | \$ -      | 0            | \$ -       | \$ -            | \$ -            | \$ -           |
|  | \$ -      | 0            | \$ -       | \$ -            | \$ -            | \$ -           |
|  | \$ -      | 0            | \$ -       | \$ -            | \$ -            | \$ -           |
|  | \$ -      | 0            | \$ -       | \$ -            | \$ -            | \$ -           |
| <b>TOTAL</b>   |           |              | \$ -       | \$ -            | \$ -            | \$ -           |

|   |  |
|---|--|
| Authorized Signature:<br><i>(only needed for revisions and must be an authorized representative listed on Form 4)</i> |  |
|---|--|

|       |  |
|-------|--|
| Date: |  |
|-------|--|

**Form 5-D. Authorized Contractual Expenses**

CENTRAL TEXAS COUNCIL OF GOVERNMENTS - #23

FY 24/25

**Use the FSR for Any Updates to the Initial Approved Application**

| Authorized Contractual Expenses |               | Proposed Budget | Proposed Budget | Biennium Total |
|---------------------------------|---------------|-----------------|-----------------|----------------|
| Purpose                         | Contractor(s) | FY 24           | FY 25           | FY 24/25       |
|                                 |               | \$ -            | \$ -            | \$ -           |
|                                 |               | \$ -            | \$ -            | \$ -           |
|                                 |               | \$ -            | \$ -            | \$ -           |
|                                 |               | \$ -            | \$ -            | \$ -           |
|                                 |               | \$ -            | \$ -            | \$ -           |
|                                 |               | \$ -            | \$ -            | \$ -           |
|                                 |               | \$ -            | \$ -            | \$ -           |
|                                 |               | \$ -            | \$ -            | \$ -           |
|                                 |               | \$ -            | \$ -            | \$ -           |
|                                 |               | \$ -            | \$ -            | \$ -           |
| <b>TOTAL</b>                    |               | \$ -            | \$ -            | \$ -           |

Authorized Signature:  
*(only needed for revisions and must be an authorized representative listed on Form 4)*

**Date:**

**Form 5-E. Authorized Additional Other Expenses**

CENTRAL TEXAS COUNCIL OF GOVERNMENTS - #23

FY 24/25

**Use the FSR for Any Updates to the Initial Approved Application**

**Authorized Additional Other Expenses**

| <i>All expenses must be itemized below, including items associated with the Cost Allocation Plan</i> |                  |                     |                   | <b>Proposed Budget</b> | <b>Proposed Budget</b> | <b>Biennium Total</b> |
|--|------------------|---------------------|-------------------|------------------------|------------------------|-----------------------|
| <b>Itemize List of Expense</b>   | <b>Unit Cost</b> | <b>No. of Units</b> | <b>Total Cost</b> | <b>FY 24</b>           | <b>FY 25</b>           | <b>FY 24/25</b>       |
| Rent/Office Space Allocation   | \$ 10,000.00     | 1                   | \$ 10,000.00      | \$ 5,000.00            | \$ 5,000.00            | \$ 10,000.00          |
| Storage Space Rent Allocation  | \$ -             | 0                   | \$ -              | \$ -                   | \$ -                   | \$ -                  |
| Communication (telephone/cell phone/internet) Allocation   | \$ -             | 0                   | \$ -              | \$ -                   | \$ -                   | \$ -                  |
| Postage Allocation   | \$ 20.00         | 1                   | \$ 20.00          | \$ 10.00               | \$ 10.00               | \$ 20.00              |
| Printing Allocation  | \$ 400.00        | 1                   | \$ 400.00         | \$ 200.00              | \$ 200.00              | \$ 400.00             |
| Copy/Fax Allocation  | \$ -             | 0                   | \$ -              | \$ -                   | \$ -                   | \$ -                  |
| Accounting & Payroll Services Allocation   | \$ -             | 0                   | \$ -              | \$ -                   | \$ -                   | \$ -                  |
| IT/Data Services (Network) Allocation  | \$ -             | 0                   | \$ -              | \$ -                   | \$ -                   | \$ -                  |
| Purchasing Allocation  | \$ -             | 0                   | \$ -              | \$ -                   | \$ -                   | \$ -                  |
| Personnel Allocation   | \$ -             | 0                   | \$ -              | \$ -                   | \$ -                   | \$ -                  |
| GIS Allocation   | \$ -             | 0                   | \$ -              | \$ -                   | \$ -                   | \$ -                  |
| Audit Fees   | \$ -             | 0                   | \$ -              | \$ -                   | \$ -                   | \$ -                  |
| Insurance and bonding (disability, retirement, unemployment, etc.)                                   | \$ -             | 0                   | \$ -              | \$ -                   | \$ -                   | \$ -                  |
| Research and Information (Demographics)  | \$ -             | 0                   | \$ -              | \$ -                   | \$ -                   | \$ -                  |
| Research and Information Services (Geographics)  | \$ -             | 0                   | \$ -              | \$ -                   | \$ -                   | \$ -                  |
| Research and Information Services - Network Support  | \$ -             | 0                   | \$ -              | \$ -                   | \$ -                   | \$ -                  |

|  |             |   |                     |                    |                    |                     |
|--|-------------|---|---------------------|--------------------|--------------------|---------------------|
| Maintenance & Repairs (be specific what this line item expense would cover)  | \$ -        | 0 | \$ -                | \$ -               | \$ -               | \$ -                |
| Utilities (include what type of utility)   | \$ -        | 0 | \$ -                | \$ -               | \$ -               | \$ -                |
| Advertising/Public/Legal Notices<br>(the detail of this line item should be included in the FSR when the expense occurs)   | \$ 50.00    | 1 | \$ 50.00            | \$ 25.00           | \$ 25.00           | \$ 50.00            |
| Dues/Memberships<br>(include name of membership and the recipient (s) this could include the position title and not a name)  | \$ 100.00   | 1 | \$ 100.00           | \$ 50.00           | \$ 50.00           | \$ 100.00           |
| Subscriptions/Publications<br>(include name of subscription and the recipient (s) this could include the position title and not a name)  | \$ -        | 0 | \$ -                | \$ -               | \$ -               | \$ -                |
| Training/Registration<br>(Professional Development)<br>The detail of this line item should be included in the FSR when the expense occurs.   | \$ 1,500.00 | 1 | \$ 1,500.00         | \$ 750.00          | \$ 750.00          | \$ 1,500.00         |
| Education/Outreach<br>(when specific items are to be purchased a list must be submitted for a separate approval. A separate tab is included for your use when requesting outreach items) | \$ 2,000.00 | 1 | \$ -                | \$ 1,000.00        | \$ 1,000.00        | \$ 2,000.00         |
| See Separate tab form 5-E for Software request<br>The budget cells will auto populate from the software tab  | \$ -        | 0 | \$ -                | \$ -               | \$ -               | \$ -                |
| See Separate tab form 5-E for hardware request<br>The budget cells will auto populate from the hardware tab  | \$ -        | 0 | \$ -                | \$ -               | \$ -               | \$ -                |
| Other expenditures (be specific when adding another line item here)  | \$ -        | 0 | \$ -                | \$ -               | \$ -               | \$ -                |
| <b>Total Other</b>   |             |   | <b>\$ 12,070.00</b> | <b>\$ 7,035.00</b> | <b>\$ 7,035.00</b> | <b>\$ 14,070.00</b> |
| Authorized Signature:<br>(only needed for revisions and must be an authorized representative listed on Form 4)   |             |   |                     |                    |                    |                     |
| Date:  |             |   |                     |                    |                    |                     |

**Form 5-E. Authorized Additional Other Expenses (Software)**

CENTRAL TEXAS COUNCIL OF GOVERNMENTS - #23

FY 24/25

*Use the FSR for Any Updates to the Initial Approved Application*

| <i>Computer software (itemize each expense below including description, type, model, etc.):</i>                       |                  |                     |                   | <b>Proposed Budget</b> | <b>Proposed Budget</b> | <b>Biennium Total</b> |
|---|------------------|---------------------|-------------------|------------------------|------------------------|-----------------------|
| <b>Itemize List of Expense</b>  | <b>Unit Cost</b> | <b>No. of Units</b> | <b>Total Cost</b> | <b>FY 24</b>           | <b>FY 25</b>           | <b>FY 24/25</b>       |
|   | \$ -             | 0                   | \$ -              | \$ -                   | \$ -                   | \$ -                  |
|   | \$ -             | 0                   | \$ -              | \$ -                   | \$ -                   | \$ -                  |
|   | \$ -             | 0                   | \$ -              | \$ -                   | \$ -                   | \$ -                  |
|   | \$ -             | 0                   | \$ -              | \$ -                   | \$ -                   | \$ -                  |
| <b>Total Software</b>   |                  |                     | \$ -              | \$ -                   | \$ -                   | \$ -                  |
| Authorized Signature:<br><i>(only needed for revisions and must be an authorized representative listed on Form 4)</i> |                  |                     |                   |                        |                        |                       |
| <b>Date:</b>  |                  |                     |                   |                        |                        |                       |

**Form 5-E. Authorized Additional Other Expenses (Hardware)**

CENTRAL TEXAS COUNCIL OF GOVERNMENTS - #23

FY 24/25

*Use the FSR for Any Updates to the Initial Approved Application*

| <i>Computer hardware not listed under the Equipment category (itemize each expense below including description, type, model, etc.)</i> |                  |                     |                   | <b>Proposed Budget</b> | <b>Proposed Budget</b> | <b>Biennium Total</b> |
|--|------------------|---------------------|-------------------|------------------------|------------------------|-----------------------|
| <b>Itemize List of Expense</b>   | <b>Unit Cost</b> | <b>No. of Units</b> | <b>Total Cost</b> | <b>FY 24</b>           | <b>FY 25</b>           | <b>FY 24/25</b>       |
|  | \$ -             | \$ -                | \$ -              | \$ -                   | \$ -                   | \$ -                  |
|  | \$ -             | \$ -                | \$ -              | \$ -                   | \$ -                   | \$ -                  |
|  | \$ -             | \$ -                | \$ -              | \$ -                   | \$ -                   | \$ -                  |
|  | \$ -             | \$ -                | \$ -              | \$ -                   | \$ -                   | \$ -                  |
| <b>Total Hardware</b>  |                  |                     | \$ -              | \$ -                   | \$ -                   | \$ -                  |
| Authorized Signature:<br><i>(only needed for revisions and must be an authorized representative listed on Form 4)</i>                  |                  |                     |                   |                        |                        |                       |
| Date:  |                  |                     |                   |                        |                        |                       |

**Form 5-F. Implementation And COG-Managed Project Budget**

CENTRAL TEXAS COUNCIL OF GOVERNMENTS - #23

FY 24/25

**Use the FSR for Any Updates to the Initial Approved Application**

| Types of Projects Planned | Estimated Cost | Proposed Budget | Proposed Budget | Biennium Total |
|---------------------------|----------------|-----------------|-----------------|----------------|
|                           |                | FY 24           | FY 25           | FY 24/25       |
| Pass-Thru Funds           | \$ 140,000.00  | \$ 70,000.00    | \$ 70,000.00    | \$ 140,000.00  |
| COG Managed               | \$ -           | \$ -            | \$ -            | \$ -           |
|                           | \$ -           | \$ -            | \$ -            | \$ -           |
|                           | \$ -           | \$ -            | \$ -            | \$ -           |
|                           | \$ -           | \$ -            | \$ -            | \$ -           |

**Allocation and Priorities**

List any priorities assigned by the COG to the project Categories. Describe the planned use of any funding allocations to the specific categories, category funding limits, grant award funding caps, or similar special restrictions.

Start typing here:

|              |              |              |               |
|--------------|--------------|--------------|---------------|
| <b>TOTAL</b> | \$ 70,000.00 | \$ 70,000.00 | \$ 140,000.00 |
|--------------|--------------|--------------|---------------|

Authorized Signature:  
*(only needed for revisions and must be an authorized representative listed on Form 4)*

Date:

**Form 5-G. Supply Budget**

CENTRAL TEXAS COUNCIL OF GOVERNMENTS - #23

FY 24/25

| <b>Proposed Budget</b>  |                 | <b>Proposed Budget</b> |                 | <b>Biennium Total</b> |                 |
|---|-----------------|------------------------|-----------------|-----------------------|-----------------|
| <b>FY 24</b>  |                 | <b>FY 25</b>           |                 | <b>FY 24/25</b>       |                 |
| \$  | 1,136.82        | \$                     | 1,136.82        | \$                    | 2,273.64        |
|   |                 |                        |                 |                       |                 |
|   |                 |                        |                 |                       |                 |
|   |                 |                        |                 |                       |                 |
|   |                 |                        |                 |                       |                 |
|   |                 |                        |                 |                       |                 |
|   |                 |                        |                 |                       |                 |
|   |                 |                        |                 |                       |                 |
|   |                 |                        |                 |                       |                 |
|   |                 |                        |                 |                       |                 |
| \$  | <b>1,136.82</b> | \$                     | <b>1,136.82</b> | \$                    | <b>2,273.64</b> |
| Authorized Signature:<br><i>(only needed for revisions and must be an authorized representative listed on Form 4)</i> |                 |                        |                 |                       |                 |
| Date:   |                 |                        |                 |                       |                 |



**Form 5-H.Indirect Cost Rate Information**

CENTRAL TEXAS COUNCIL OF GOVERNMENTS - #23

FY 24/25

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:

Use the space below for the indirect cost rate detail (this is mandatory to complete).

The current Indirect Cost Rate (ICR) is 47.74%

Personnel costs (salary + benefits) multiplied by ICR = Indirect Cost

Indirect = (Salary + benefits) \* 0.4774

**FRINGE RATE INFORMATION**

CENTRAL TEXAS COUNCIL OF GOVERNMENTS - #23

FY 24/25

Use the space below for the fringe rate calculation.

The current Fringe Benefit Rate is 72.00%

Personal salary multiplied by the Fringe Benefit Rate = Fringe Benefits

Fringe Benefits = Salary \* 0.72

**Education/Outreach Request**

| <i>Initial Education/Outreach Budget</i> |                                  |                               |           | FY 24                 | \$ 1,000.00 |
|--|----------------------------------|-------------------------------|-----------|-----------------------|-------------|
| <i>Initial Education/Outreach Budget</i> |                                  |                               |           | FY 25                 | \$ 1,000.00 |
| List Items (description)                 | Purpose or Event (if applicable) | Date of Event (if applicable) | Unit Cost | Quantity (# of Units) | Total Cost  |
|  |                                  |                               | \$ -      | 0                     | \$ -        |
|  |                                  |                               | \$ -      | 0                     | \$ -        |
|  |                                  |                               | \$ -      |                       | \$ -        |
|  |                                  |                               | \$ -      |                       | \$ -        |
|  |                                  |                               | \$ -      |                       | \$ -        |
|  |                                  |                               | \$ -      |                       | \$ -        |
|  |                                  |                               | \$ -      |                       | \$ -        |
|  |                                  |                               | \$ -      |                       | \$ -        |
|  |                                  |                               | \$ -      |                       | \$ -        |
|  |                                  |                               | \$ -      |                       | \$ -        |
|  |                                  |                               | \$ -      |                       | \$ -        |
|  |                                  |                               | \$ -      |                       | \$ -        |
|  |                                  |                               | \$ -      |                       | \$ -        |
|  |                                  |                               | \$ -      |                       | \$ -        |
|  |                                  |                               | \$ -      |                       | \$ -        |
|  |                                  |                               | \$ -      |                       | \$ -        |
|  |                                  |                               | \$ -      |                       | \$ -        |
|  |                                  |                               | \$ -      |                       | \$ -        |
|  |                                  |                               | \$ -      |                       | \$ -        |
|  |                                  |                               | \$ -      |                       | \$ -        |
|  |                                  |                               | \$ -      |                       | \$ -        |
| <b>Total Remaining For:</b>              |                                  |                               |           | FY 24                 | \$ 1,000.00 |
| <b>Total Remaining For:</b>              |                                  |                               |           | FY 25                 | \$ 1,000.00 |

## Form 5. Budget

CENTRAL TEXAS COUNCIL OF GOVERNMENTS - #23

FY 24/25

| Budget Category   | Proposed Budget | Proposed Budget | Biennium Total Budget |
|---|-----------------|-----------------|-----------------------|
|   | FY 24           | FY 25           | FY 24/25              |
| 1. Personnel/Salary ( Form 5 A)   | \$ 14,217.38    | \$ 14,217.38    | \$ 28,434.76          |
| 2. Travel (Form 5 B)  | \$ 700.00       | \$ 700.00       | \$ 1,400.00           |
| 3. Equipment (Form 5 C)   | \$ -            | \$ -            | \$ -                  |
| 4. Contractual (Form 5 D)   | \$ -            | \$ -            | \$ -                  |
| 5. Other (Form 5 E)   | \$ 7,035.00     | \$ 7,035.00     | \$ 14,070.00          |
| 6. Implementation Projects (Form 5 F)   | \$ 70,000.00    | \$ 70,000.00    | \$ 140,000.00         |
| 7. Supplies (Form 5 G)  | \$ 1,136.82     | \$ 1,136.82     | \$ 2,273.64           |
| 8. Fringe Benefits (Form 5 H)   | \$ 10,236.51    | \$ 10,236.51    | \$ 20,473.02          |
| <b>9. Total Direct Costs (sum of 1-8)</b>   | \$ 103,325.71   | \$ 103,325.71   | \$ 206,651.42         |
| 10. Indirect Costs (Form 5 H)   | \$ 11,674.29    | \$ 11,674.29    | \$ 23,348.58          |
| <b>11. Total Costs (sum of 9-10)</b>  | \$ 115,000.00   | \$ 115,000.00   | \$ 230,000.00         |
| <b>12. Fringe Benefit Rate:</b>   | <b>72.00%</b>   | <b>72.00%</b>   | <b>72.00%</b>         |
| <b>13. Indirect Cost Rate:</b>  | <b>47.74%</b>   | <b>47.74%</b>   | <b>47.74%</b>         |
| Authorized Signature:<br><i>(only needed for revisions and must be an authorized representative listed on Form 4)</i> |                 |                 |                       |
| Date:   |                 |                 |                       |