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**FY 2026 - 2027 CTCOG Solid Waste**

**Grant Application**

June 2, 2025

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 25, 2023. Additional details about how to complete the application, grant requirements, and other information are available in the [Grant Application Guidelines](https://ctcog.org/regional-planning/solid-waste/).

# Application and Signature Page

Applicant

Address

City, State, Zip

Funding Amount Requested

Contact Person

Phone

Email

Date Submitted

**Project Category**

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

[ ]  Household Hazardous Waste (HHW)

[ ]  Scrap Tire Projects

[ ]  Litter and Illegal Dumping Programs

[ ]  Local Enforcement

[ ]  Source Reduction and Recycling

[ ]  Citizen’s Collection Station

[ ]  Educational and Training Programs

[ ]  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

Typed/Printed NameTitle

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* ***(Appendix 3)*** *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)*

# Private Industry Notification

**For the project types listed below, this section must be complete to be considered for funding. Failure to complete this section will result in immediate disqualification for consideration of funds.** Please reference the Grant Application Guidelines for additional information on how to complete this section.

This section is applicable only to the following grant categories:

* Source Reduction and Recycling
* Citizens’ Collection Stations and “Small” Registered Transfer Stations
* A demonstration project under the Education and Training project category.

According to state law, a project or service funded under this program must promote cooperation between public and private entities (by definition includes non-profit organizations) and may not be otherwise readily available or create a competitive advantage over a private industry (by definition includes non-profit organizations) that provides recycling or solid waste services. If the proposed project provides a service, in the spaces below, list all known private service providers in the affected geographic area known to provide similar or related services and summarize your discussion with the providers. You must comply with the notification requirements. Please attach additional pages if needed.

**List of Private Service Providers Notified**

|  |  |  |  |
| --- | --- | --- | --- |
| **Private Service** **Providers Contacted** | **Name and Position** | **Date Notified** | **Method of Contact** |
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**Summary of Discussions with Private Industry:** *In this section, summarize the discussions with private industry providers. Please attach any written comments or input provided.*

# 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 | $ |
| **TOTAL GRANT FUNDS REQUESTED** | $ |

**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 |  |  |  | $ |

# Timeline

*In this section, provide a detailed description of the proposed project’s timeline, including specific activities and the responsible party for each. Please reference the grant application portal for an example project timeline. For information on how this section will be scored please review the Grant Application Guidelines.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Activity** | **Responsible Party** | **Estimated Start Date** | **Estimated End Date** | **Additional Information** |
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## Grant Application Checklist

[ ] Completed Grant Narrative

[ ] Completed Budget section

[ ] Provided supplemental documentation for the budget and proposed project

[ ] Completed Timeline Section

[ ] Completed Private Sector Notification, *if the proposed project type is Source Reduction and Recycling, Citizens’ Collection Stations and “Small” Registered Transfer Stations, or a demonstration project under the Education and Training project category.*

[ ] Attached Resolution/Court Order *(see the Grant Application Guidelines* ***Appendix 4*** *for sample)*

[ ] Attached Letters of Support *(required for Regional Collaborative Projects)*