

**DEEP EAST TEXAS COUNCIL OF GOVERNMENTS  
FY 2025 REGIONAL SOLID WASTE GRANTS PROGRAM**

**PLEASE REVIEW GRANT REQUIREMENTS IMMEDIATELY – SOME COMPONENTS REQUIRE  
ADVANCE PLANNING, SPONSORING ENTITY RESOLUTIONS AND APPROVALS.**

**DETCOG Regional Services Staff offers Technical Assistance to those preparing Grant  
Applications – Andrew Harmon at (936) 634-2247 ext. 5310 or by email:  
aharmon@detcog.gov**

**Texas Commission on Environmental Quality funding for this grant requires periodic reporting  
of outcomes – see Attachments at end of form for details.**

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

Applicant:	Funding Amount Proposed: \$
Address:	Phone/Fax: Ph : Fx :
Contact Person :	Date Submitted:

**Project Category - (Choose One Only)**

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

**FOR USE BY DETCOG**

Date application was received: _____	
Does the application meet all 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 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: _____	
Typed/Printed Name: _____	Address: _____
Title: _____	
Date: _____	Phone: _____

- 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: _____	Address: _____
Title: _____	
Date: _____	Phone: _____

**3. Authorized Financial Department to receive check and contact information**

Signature: _____	
Typed/Printed Name: _____	Address: _____
Title: _____	
Date: _____	Phone: _____

**Deadline to Submit Application: 4:30 p.m., Monday October 28, 2024**

## **Liability Insurance is Required per TCEQ.**

In Article 6 – Insurance & Liability it states that the Subcontractor (DETCOG Solid Waste Grant recipients) shall maintain insurance coverage for the work performed or services rendered under the contract.

*Q: Is liability insurance required for all projects or just for events? And what years will the liability insurance be required?*

**A: Liability insurance is required for all projects and subcontracts during the FY24/25 grant period.**

*Q: Should the liability insurance be specific event insurance or blanket liability insurance?*

**A: There should be some type of liability insurance covering events and grant activities, whether it is event-specific or blanket liability insurance.**

*Q: Will liability insurance be an eligible expense?*

**A: Contractually required insurance costs for a project are eligible for reimbursement under the grant. The insurance costs must be reasonable and necessary. When reviewing the IPS, TCEQ will review the insurance costs in the context of the specific project to determine if they are reasonable and necessary. For events, costs would be reimbursed only for the period of the event.**

## **Where do the Solid Waste Funds Come From...**

The Regional Solid Waste Grants Program is funded by revenues collected through municipal solid waste fees, or “tipping fees,” paid at landfills and appropriated by the legislature during each regularly scheduled session.

Statutorily, the Texas Commission on Environmental Quality (TCEQ) receives a portion of these funds, and a portion is allocated to the COGs for local and regional projects. Our allocation is based on a formula that considers population, area, solid waste fee generation, and public health needs

***Mail Original Application to: Deep East Texas Council of Governments  
(DETCOG)  
Attn: Andrew Harmon;  
Solid Waste Grants  
1405 Kurth Drive  
Lufkin, Texas 75904  
Email a copy to [aharmon@detcog.gov](mailto:aharmon@detcog.gov)***

#### **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**

**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 ).

Notary: \_\_\_\_\_

(Signature of Authorized Official) \_\_\_\_\_ (Signature)

\_\_\_\_\_  
 (Typed or Printed Name) (Type or Printed Name)

\_\_\_\_\_  
 (Title) (Commission Expires)



**Form 5b. Summaries of Discussions with Private Industry**

## **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.

Note:

1. Special Collection Events/Clean-Up Days must be limited to no more than 4 calendar days a contract year.
2. Specific information as to the ultimate disposition of collected materials must be included on this application.

**Form 6a. Project Description** (*add additional pages as necessary*)

**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.

**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, or membership in the TCEQ's Clean Texas Program.

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

## **Form 6d. Scope of Work**

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

## 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 that 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:

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

**Expenses listed on the following pages are expected to be paid with grant funds.**

**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	# Hours	Hourly Rate	Monthly 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.

Date(s)	Purpose & Destination	Person(s)	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
			\$
			\$
			\$

<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.

**(Note: No generalized expenses are acceptable – all grant components must be listed by individual item, number of items and per item price before being totaled.)**

Please list the general types of supplies you expect to purchase with grant funding.

General Types of Supplies	Estimated Cost
General office/desk supplies: (list below)	\$ \$
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

1. 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.

**Note:**

1. **It must be stated on the grant application that locations where equipment will be installed are TCEQ permitted for the related activities - or that permits are not required.**
2. **Equipment that can be used in solid waste collection, transfer stations and solid waste transportation cannot be purchased with TCEQ Solid Waste Grant funds.**

<b>Equipment (Must be \$5,000 or more per unit)</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 DETCOG. **(No generalized expenses are acceptable – all grant components must be listed by individual item, number of items and per item price before being totaled.)** If the specific details of the construction costs are not known currently, 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
		\$
		\$
		\$
		\$
		\$
<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 COG. **(No generalized expenses are acceptable – all grant components must be listed by individual item, number of items and per item price before being totaled.)** If the specific details of the contractual costs are not known currently, 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 (Equipment, Payroll, HHW Event, Illegal Clean-up, etc)	Contractor(s) RN# (Name of Company, Address, Phone Number and Person of Contact)	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. **(No generalized expenses are acceptable – all grant components must be listed by individual item, number of items and per item price before being totaled.)** 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	\$

### 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 currently, 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 <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>	\$
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## Attachment "A"

### GRANT REPORTING REQUIREMENTS

(Grant Reporting Forms will be included in Grant Contract)

Reporting Schedule for the Results Report/Follow Up Report - Semi Annual Report (the implementation and COG managed projects workbook is the document used to complete these reports)			
FY 24/25			
DELIVERIABLES AND DUE DATES			
Report Name	Period Covered	Due Date	FY
<b>Semi Annual Report</b>			
Report #1	09/01 - 02/28	3/30	24
Report #2	03/01 - 08/31	9/30	24
Report #3	09/01 - 02/28	3/30	25
Report #4	03/01 - 08/31	12/30 (Final)	25
<b>Results Report / Follow-Up</b>			
Report 1	09/01/2021 - 08/31/2023	12/30/2023	22/23
Follow-Up	09/01/2021 - 08/31/2023	10/15/2024	22/23
Report 1	09/01/2023 - 08/31/2025	12/30/2025	24/25
Follow-Up (Final)	09/01/2023 - 08/31/2025	10/15/2026	24/25
<b>Implementation Workbook</b>			
	09/01/2021 - 08/31/2023	12/30/2023 (Final)	22/23
<b>Inventory - Equipment</b>			
	09/01/2021 - 08/31/2023	12/30/2023 (Final)	22/23

## Attachment "B"

### **A List of Some of the Uses for the DETCOG/TCEQ Solid Waste Grants....**

#### **1. Local Enforcement**

- Equipment, such as vehicles, communications equipment, and surveillance equipment
- Program administration expenses, such as salaries/fringe benefits, office supplies and equipment, travel, training and vehicle maintenance.
- Protective gear and supplies
- Educational materials

#### **2. Litter and Illegal Dumping Cleanup and Community Collection Events**

- Equipment, such as trailers and trucks
- Program administration expenses, such as, salaries/fringe benefits, office' supplies and equipment, travel, training and vehicle maintenance.
- Subcontract expenses
- Protective gear and supplies
- Fencing, barriers, and signage
- Educational materials
- Appreciation items for volunteers (e.g., T-shirts, caps, etc.)

#### **3. Source Reduction and Recycling**

- Facility design and construction
- Equipment, such as chippers, balers, crushers, recycling and composting containers, trailers, forklifts, and trucks
- Program administration expenses, such as salaries/fringe benefits, office supplies and equipment, travel, training, and equipment maintenance
- Educational materials
- Printing and advertisement expenses

#### **4. Local Solid Waste Management Plans**

- Consultant services
- Printing and advertising expenses
- Program administration expenses, such as salaries/fringe benefits, office supplies, and travel

#### **5. **New** Citizens' Collection Stations and "Small" Registered Transfer Stations (Not for Existing Collection or Transfer Stations)**

- Facility design and construction
- Equipment, such as dumpsters or roll-off containers, trailers, compactors, crushers, scales, and recycling containers
- Protective gear
- Educational materials
- Printing and advertisement expenses

## **6. Household Hazardous Waste Management**

- Design and construction of permanent collection facilities
- Equipment for permanent collection facilities, such as recycling containers, trailers, forklifts, and crushers
- Protective gear
- Contractual services for special collection events
- Educational materials
- Printing and advertising expenses
- Appreciation items for volunteers (e.g., T-shirts, caps, etc.)

## **7. Technical Studies**

- Consultant services
- Printing and advertising expenses
- Program administration expenses, such as salaries/fringe benefits, office supplies, and travel

## **8. Educational and Training Projects**

- Educational materials
- Printing and advertising expenses
- Contractual services
- Program administrative expenses, such as salaries/fringe benefits, office supplies, and travel

❖ ***Other {If DETCOG obtains authorization for additional project categories, include examples of expenses that would be appropriate under that category.}***

**All these categories of DETCOG/TCEQ Solid Waste Grants come with additional Terms and Conditions such as:**

- 1. Special Clean-Up Events can only take place 4 days in a calendar year.***
- 2. City of County Employees can only be paid if they work overtime on weekends after they complete a regular 40-hour work-week Monday through Friday.***
- 3. All equipment purchased with grant money is to be marked with the following message: "This equipment purchased with a grant from the "Deep East Texas Council of Governments and the Texas Commission on Environmental Quality"***

**Please consult with DETCOG Regional Service Staff (936) 634-2247 ext. 5310 as to the specifics of your proposal before completing the application.**