# FY2024-2025 NCTCOG Solid Waste Grant Application

*Please complete this document in its entirety to be considered for solid waste grant funding from the North Central Texas Council of Governments. Do not remove any section titles or existing text. Applications are due through the online portal at* [*https://solidwastegrants.nctcog.org/*](https://solidwastegrants.nctcog.org/) *by 5:00 PM (CST) on May 31, 2023. Additional details on how to complete the application, the grant requirements, and other information are available in the* [*Grant Application Guidelines.*](https://www.nctcog.org/getmedia/5468a837-a96e-454c-9272-065419268869/Solid-Waste-Grant-Application-Guidelines_2-21-23.pdf)

**Submitting Entity Name:
Department/Division:
Current Solid Waste Provider:
Current Recycling Service Provider:**

**Project Contact Name:
Project Contact Title:
Project Contact’s Direct Telephone/Fax:
Email Address:
Street Address (No PO Boxes):**

**Secondary Project Contact Name:
Secondary Project Contact Title:
Secondary Project Contact’s Direct Telephone/Fax:
Email Address:
Street Address (No PO Boxes):**

**Primary Financial Contact – Authorized Representative:
Financial Contact Title:
Financial Contact’s Direct Telephone/Fax:
Email Address:
Street Address (No PO Boxes):**

**Type of Eligible Entity:** *(check one)*

[ ] City

[ ] County

[ ] Public school or school district (excluding universities and other post-secondary institutions)

[ ] General and special law districts in accordance with state law with the authority and responsibility for water quality protection or municipal solid waste management to include river authorities

## Grant Project Information:

**Project Title:
Project Abstract:** *Provide a short description (3 to 4 sentences maximum) of the proposed project here.*

 **Which TCEQ funding category does this program fall under?** *A detailed description of each funding category is available for review in the* [*Grant Application Guidelines*](https://www.nctcog.org/getmedia/5468a837-a96e-454c-9272-065419268869/Solid-Waste-Grant-Application-Guidelines_2-21-23.pdf)*. (check one)*

[ ] Local Enforcement

[ ] Source Reduction and Recycling

[ ] Household Hazardous Waste

[ ] Litter and Illegal Dumping Programs

[ ] Citizens’ Collection Stations and “Small” Transfer Stations

[ ] Local Solid Waste Management Plans

[ ] Technical Studies with a regional scope/impact

[ ] Educational and Training Project

**Which goal area from *Planning for Sustainable Materials Management in North Central Texas* does this program fall under?** *A detailed list of regional plan goals and objectives is available for review in the* [*Grant Application Guidelines*](https://www.nctcog.org/getmedia/5468a837-a96e-454c-9272-065419268869/Solid-Waste-Grant-Application-Guidelines_2-21-23.pdf)*. (check one)*

[ ] Support Materials Management Education and Training

[ ] Promote Creation and Expansion of Waste Management Programs

[ ] Measure Regional Waste Reduction Efforts

[ ] Support and Encourage Innovative Technology for Other Waste

[ ] Promote Public and Private Sector Relationships

## Grant Narrative:

*In this section, provide a detailed description of the proposed project, including the funding needs, project impacts and benefits, and how this proposed project will advance materials management. Please reference the scoring sheet located in the* [*Grant Application Guidelines*](https://www.nctcog.org/getmedia/5468a837-a96e-454c-9272-065419268869/Solid-Waste-Grant-Application-Guidelines_2-21-23.pdf) *for additional information on how this narrative will be scored. (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.*

**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*](https://www.nctcog.org/getmedia/5468a837-a96e-454c-9272-065419268869/Solid-Waste-Grant-Application-Guidelines_2-21-23.pdf) *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. (250 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](https://www.nctcog.org/getmedia/5468a837-a96e-454c-9272-065419268869/Solid-Waste-Grant-Application-Guidelines_2-21-23.pdf) 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.

## Statement of Private Sector Notification:

|  |  |  |  |
| --- | --- | --- | --- |
| Private Sector Providers Contacted | Name and Position | Date Notified | Method of Contact |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Summaries of Discussions with Private Industry:**

*In this section, summarize the discussions with the private sector providers.*

## 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 the Grant Selection Subcommittee score the proposed project.**Please reference the* [*Grant Application Guidelines*](https://www.nctcog.org/getmedia/5468a837-a96e-454c-9272-065419268869/Solid-Waste-Grant-Application-Guidelines_2-21-23.pdf) *to review what types of supplemental documentation are required and the scoring sheet for additional information on how this section will be scored. Additional lines can be added to the itemized budgets, if necessary. 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** | $ |

**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 |  |  |  | $ |

**Applicant’s Match**
Amount: $
Narrative: *Please provide a description and breakdown of the anticipated matching funds that will be provided as a part of the proposed project. Note: matching funds are not required for these grants.*

**If more money becomes available, could the proposed project be expanded?** [ ] Yes [ ]  No

**If the proposed project is unable to be fully funded, would you be able to accept partial funding?** [ ] Yes [ ]  No
**Please briefly describe the top funding priorities if you can accept partial funding.**

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

[ ]  First FY [ ]  Second FY [ ]  No preference

## 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*](https://www.nctcog.org/getmedia/5468a837-a96e-454c-9272-065419268869/Solid-Waste-Grant-Application-Guidelines_2-21-23.pdf)*. Additional rows can be added as necessary.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Activity** | **Responsible Party** | **Estimated Start Date** | **Estimated Completion Date** | **Additional Information** |
|  |  |  |  |  |
|  |  |  |  |  |

## 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

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