# Oregon Department of Environmental Quality

# 2015 MATERIALS MANAGEMENT

# GRANT PROGRAM

# Household Hazardous Waste Facility Grants

# INSTRUCTIONS and APPLICATION FORM

##### **APPLICATION DEADLINE: November 2, 2015**

DEQ Materials Management (formerly Solid Waste) grants support [*Materials Management in Oregon: 2050 Vision and Framework for Action*](http://www.oregon.gov/deq/LQ/Pages/SW/2050-Vision.aspx), Oregon’s 2050 vision for managing materials by taking action to reduce pollution and conserve resources across the full lifecycle of materials. This includes upstream design and production, consumption and use and end-of-life management.

2015 Grant Schedule

|  |  |
| --- | --- |
| Application materials available | Tuesday, September 15, 2015 |
| Mandatory Meeting | If you would like to partner with Marion County to apply for this DEQ grant,you will need to attend one mandatory meeting on **Tuesday, Oct. 6 at 12:00 p.m.** or **Thursday, Oct. 8 at 6:00 p.m**. The meetings will be held at Marion County Public Works Department, 5155 Silverton Rd NE, Salem, OR 97305. |
| Completed applications due to Marion County | E-mailed by Monday, November 2, 2015 (10:00 a.m. PST) |
| Grant awards announced (estimated) | Friday, February 26, 2015 |
| Grant funds available | After grant contract is signed by all parties |

**Use this application packet for HHW Facility grants ONLY.**

(There are two other grant categories: **HHW/Solid Waste/Materials Management Planning** and

**Materials** **Management Project** **Grants**

Find more information on these programs here: [www.mcrecycles.net](http://www.mcrecycles.net) .)

###### Types of Grants

The purpose of these grants is to fund the development of permanent local Household Hazardous Waste (HHW) collection facilities. Within this category, grants are available for two types of HHW facilities:

* + 1. **Tier I facilities** – These provide **new permanent HHW collection opportunities in areas without existing facilities**. Grant amount covers costs up to $40,000, plus $1 per person served, up to a maximum of $100,000 per facility. **Only one Tier 1 facility is eligible per county**.
    2. **Tier II facilities** – These provide **supplemental collection opportunities for areas already served by a permanent facility**. Any Tier II permanent facility must be located at least 20 miles from the county’s Tier I facility. Maximum of $30,000 in Tier II grants per county for eligible costs.

HHW Facility Grant Eligibility Requirements for Type I and Type II grants:

* + - They must collect at least two categories of high-hazard waste (poisons, heavy metals, flammables, and reactives/ corrosives).
    - They must be open a minimum of 8 days per year (at least 4 hours per day).
    - They must hold at least one collection in at least 4 different months per year.
    - They must be available by appointment for special circumstances.
    - The local government must have a DEQ approved HHW Plan.

###### Who can apply?

Local governments responsible for solid waste management are eligible to apply, including cities, counties, tribes, metropolitan service districts, regional parks districts, sanitary districts, county service districts, and regional air quality control authorities. Local governments may receive grant funds to develop their own project or may partner with community groups, private individuals, non-profit organizations, schools, or businesses, who will work under contract with the local government.

###### What costs are eligible for funding?

Project costs that DEQ funds may be used for (but are not limited to):

* Building acquisition, design, construction, renovation, and expansion (for Tier I and II Facility Grants only)
* Equipment, signs, containers (for Tier I and II Facility Grants only)
* Up to 50% of waste management fees for the first year of operation (purchased through DEQ’s contract—for Tier I and II Facility Grants only)
* Administrative costs
* Publications and printed materials (Education Grants only)
* Salaries and benefits for project personnel and consultants or contractors
* Mobile facilities or vehicles (Tier II grants only)

###### What costs are NOT covered?

* Costs incurred for activities outside the scope of the grant agreement unless approved by DEQ
* Disposal site engineering, design, or hydrogeologic study required by DEQ permit or enforcement
* Costs for which payment has been or will be received under another financial assistance program
* Costs incurred before issuance of, or after the expiration date of, a signed grant contract with DEQ
* Ordinary operating expenses of local government that are not directly related to the project.
* License application or DEQ Permit Fees and costs incurred for landfill closure

**Are matching funds required?**

There is no grant matching funds requirement. However, local support like cash matches factor in the evaluation of the proposal, thus it may be advantageous to show them in your response to the appropriate questions below. Matches must be cash from local governments, partners or other grants or sources. Cash matches will be subject to grant accounting procedures.

**Instructions for Filling out the Application Form:**

**General Information –**

The attached Application Form is designed to be filled-in from your computer. Use this Guide to help you answer the questions fully. Begin typing in the *grey rectangle* next to the questions. Many of these have a built-in format, such as dollars and cents or date. **Question 1** is set to a limit of **300 words**; **Questions 2 – 4** are not set to a limit, but please try to limit your responses to **one page for each question**.

**Cover Page –**

Be sure to fill out all applicable items on the page. (**For help with your Senate and House Districts, see:** [**http://bluebook.state.or.us/state/legis/legis.htm**](http://bluebook.state.or.us/state/legis/legis.htm)**)**

**Question 1. Project Overview**

**Provide a brief summary of your project.**

Concisely describe what the project will accomplish, the method(s) that will be used, who will benefit from the project and why it’s important. Limit your response to 300 words.

**Question 2. Project Description**

**a. What environmental or public health need does this project address?**

Describe the problem or need this project will address, how the need was determined, and who helped determine the need

**b. What are the goals of the project?**

Describe the goals of the project and how they will address the identified need.

Discuss how project is consistent with current HHW plan. (Attach a copy of the DEQ approved and locally adopted plan.)

Discuss how the facility will be funded for the first five years of operation.

**c. How will the project achieve those goals?**

Describe the work that will be accomplished, the methods that will be used, and the timeframe for that work**.**

If your project involves capital purchases of $5,000 or more, you *must* attach bid specificationsand quotes. You may *optionally* attach additional pages of photographs, diagrams, and relevant supporting documents.

**d. How will the project’s success in achieving the goals be measured?**

What performance measures will you use? How will you measure results and how often?

**Question 3. Project Resources and Commitment**

**a. Identify the key people who will be involved in developing and implementing the project and the roles they will play.**

Discuss relevant experiences, accomplishments, and qualifications of the project officer and key personnel. If you will use a consultant or other subcontractor, include their personnel. (You may additionally attach resumes of key personnel.)

Describe how the project will be managed.

**b. How will your project be cost-effective?**

Demonstrate how costs are reasonable for the proposed work to result in the planned outcomes. Also include here information on any cost saving efforts such as use of existing land, refurbished equipment, in-kind labor, etc.

**c. What community support do you have for the project?**

Please detail the support. Attach letters of commitment from partners. Letters should indicate if there are **specific commitments of resources to the project.**

**Question 4. Potential for Project Continuity/Ongoing Benefits**

**Describe how this project will achieve benefits beyond the grant period or will support other projects to reduce environmental or public health impacts of materials**.

How might the development of the facility build on its success increase recovery or reduce household hazardous wastes? Discuss the potential for the project serving as a model or to support other projects to reduce environmental or public health impacts of materials. What resources and community support are anticipated to support the on-going operation of the facility?

**Project Budget –**

Be sure to fill out the form completely, including any cash match.

**Project Work Plan and Schedule –**

Indicate on the form all significant project milestones and their expected dates of completion.

**Signatures –**

Please ensure enough time to secure needed signatures prior to the submittal deadline. A scanned copy of the completed Signature Page must be attached to the electronic submission.

**What happens if my grant is funded?**

If awarded a grant, the local government will enter into an agreement with DEQ and will administer the funding, oversee the project, and invoice DEQ for reimbursement. A grant agreement will not be issued unless the applicant and DEQ agree to the amount of money granted, how it will be spent, and what work will be performed before the grantee is paid. If a grantee uses a subcontractor, the grantee is responsible for monitor the subcontractor’s work and ensuring that it meet the grantee’s obligations under the grant agreement with DEQ. The general terms of this agreement can be reviewed at [www.deq.state.or.us/lq/sw/grants/](http://www.deq.state.or.us/lq/sw/grants/). The final agreement will include information on specific tasks, timelines, and data or other recordkeeping required; the amounts budgeted for project tasks; and how to invoice for grant expenditures. **Advance payments** will be approved only in special cases, such as to purchase equipment in order to do the project.

**Mandatory Meeting**

If you would like to partner with Marion County to apply for this DEQ grant,you will need to attend one mandatory meeting on **Tuesday, Oct. 6 at 12:00 p.m.** or **Thursday, Oct. 8 at 6:00 p.m**. The meetings will be held at Marion County Public Works Department, 5155 Silverton Rd NE, Salem, OR 97305. If you need more help, please contact Griselda Puga, (503) 566-4159 or [GPuga@co.marion.or.us](mailto:GPuga@co.marion.or.us) .

|  |  |  |
| --- | --- | --- |
| Counties | TA Name and Address | How to Contact |
| Benton, Lincoln, Linn, Marion, Polk, and Yamhill | **Cathie Rhoades**  Oregon Dept. of Environmental Quality  750 Front St. NE, Suite 120  Salem, OR 97310 | (503) 378-5089  [Rhoades.Cathie@deq.state.or.u](mailto:Rhoades.Cathie@deq.state.or.us)[s](mailto:Rhoades.Cathie@deq.state.or.us)  Fax (503) 378-4196 |
| Marion County Public Works | **Griselda Puga**  Marion County Environmental Services  5155 Silverton Rd NE  Salem, OR 97305 | (503) 566-4159  [GPuga@co.marion.or.us](mailto:GPuga@co.marion.or.us) |

**How will proposals be evaluated?**

Applications will be reviewed and ranked competitively by a panel of DEQ staff based on selection criteria in OAR 340-083-0070. Grant applications must meet a minimum qualifying score. The more points received, the higher the priority for an application to receive funding. See the criteria and evaluation factors below:

| Selection Criteria and Examples of Evaluation Factors  An application must receive a minimum score of 50 points to be considered for a grant. | Possible Points  100 |
| --- | --- |
| **Project Overview**   * Project clearly and concisely summarized. | **5** |
| **Project Description**   * Project is clearly and fully described * Project addresses an important problem or need related to environmental or public health impacts of materials * Project goals address the problem or need * Work described is likely to achieve project goals in timeframe provided * Project’s success (or failure) in meeting goals will be effectively measured | **60** |
| **Project Resources and Commitment**   * Project will be managed and implemented in a manner likely to achieve project goals * Project will have community involvement and support * Project Budget is complete and clearly described * Project costs are reasonable for the work to be completed and outcomes achieved * Project work plan and schedule are clearly described * Work plan and timeline demonstrate project will be completed in realistic and reasonable timeframe | **20** |
| **Potential for Project Continuity/Ongoing Benefits**   * Project is likely to continue or support other projects that will reduce impacts of materials. | **15** |

##### **Is your application complete?**

## Ensure that you have a complete application package, including:

Completed cover sheet

All applicable questions answered  
 Bids and spec sheets for any capital expenditures of $5,000 or more  
 Budget, including cash match  
 Project work-plan and schedule  
 Required signatures scanned and attached to electronic document

Copy of DEQ approved and locally adopted HHW Plan

**Ready to submit?**

Attach the completed Application form saved in Microsoft Word or .pdf format to an email, and send to GPuga@co.marion.or.us. **Applications must be received by 10:00 am, November 2, 2015.**

** Oregon Department of Environmental Quality Materials Management Program**

**2015 Application for Household Hazardous Waste Facility Grant Funds**

|  |  |
| --- | --- |
| **Name of local government applying:** | **Federal taxpayer ID #:** |
| **Address:** | **State Legislative Districts:**  **House:**       **Senate:** |
| **Contact person:** | **Title:** |
| **Telephone:** | **E-mail:** |
| **Name of project:** | |
| **Amount requested from DEQ:** | **Total cost of project:** |
| **Matching funds Yes**   **No**   **Amount:** | **Type of HHW Facility grant applying for:**  (See Application Instructions for definitions) |
| List Participating Jurisdictions and contact information | HHW Facility—Tier I  HHW Facility—Tier II |
| **Will you use a consultant or subcontractor? Yes**  **No**  **If Yes, fill out information below:** | |
| **Contractor name:** | **Contact person:** |
| **Contact person title:** |
| **Mailing address:** | **E-mail address:** |
| Phone: | Web address: |

Please fill-in the answers to Questions 1 – 4 starting in the grey rectangle. Refer to the instructions for assistance.

|  |
| --- |
| **Question 1. Project Overview**  **Provide a brief summary of your project.**  **Question 2. Project Description**  **a. What environmental or public health need does this project address?**  **b. What are the objectives and expected outcomes?**  **c. How will the project achieve those outcomes?**  **d. How will the project’s success in achieving the outcomes be measured?**  **Question 3. Project Resources and Commitment**  **a. Identify the key people who will be involved in developing and implementing the project and the roles they will play.**  **b. How will your project be cost-effective?**  **c.** **What community support do you have for the project?**  **Question 4. Potential for Project Continuity/Ongoing Benefits**  **Describe how this project will achieve benefits beyond the grant period or will support other projects to reduce environmental or public health impacts of materials.** |

|  |
| --- |
| **Project Budget**  Complete all sections of the budget. **“Matching Funds" are cash contributions ONLY**, used to support the grant project. (**“In-kind contributions”** such as office space, goods or services, and labor should NOT be reported here, but listed in relevant Questions above.) |

(A) **PERSONNEL SERVICES -** List principal personnel by name and project title. Include salaries and costs of benefits, such as quoted payments for insurance, retirement, social security, etc. Be sure to give subtotals of funds requested, matching resources, and total costs in the spaces provided. Then, state the source of the matching funds.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **(A) List Project Personnel** | **Hourly Rate** | **Est. Hours on Project** | **DEQ Grant Funds Requested** | **Matching Funds**  **(optional)** | **Total Costs** |
| 1. |  |  |  |  |  |
| 2. |  |  |  |  |  |
| 3. |  |  |  |  |  |
| 4. |  |  |  |  |  |
| 5. |  |  |  |  |  |
| 6. |  |  |  |  |  |
| SUBTOTAL |  |  |  |  |  |
|  |  |  |  |  |  |
| Source of matching funds: |  | | | | |

(B) **PROFESSIONAL SERVICES -** List consultants, contractors, etc. Be sure to give subtotals of funds requested, matching funds, and total costs in the spaces provided. Then, state the source of the matching funds.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **(B) List Consultants or Contractors** | **Hourly Rate** | **Est. Hours on Project** | **DEQ Grant Funds Requested** | **Matching Funds**  **(optional)** | **Total Costs** |
| 1. |  |  |  |  |  |
| 2. |  |  |  |  |  |
| 3. |  |  |  |  |  |
| 4. |  |  |  |  |  |
| SUBTOTAL |  |  |  |  |  |
|  |  |  |  |  |  |
| Source of matching funds: |  | | | | |

(C) **CAPITAL OUTLAY** **-** List all items to be purchased with a value greater than $5,000. Be sure to give subtotals of grant funds requested, matching funds, and total costs in the spaces provided. Then, state the source of the matching funds. **For items costing $5,000 or more, provide a bid or spec sheet** that demonstrates the anticipated cost.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **(C)** **List Capital Outlay Items** | | | **DEQ Grant Funds Requested** | | **Matching Funds**  **(optional)** | | **Total Costs** |
| 1. | | |  | |  | |  |
| 2. | | |  | |  | |  |
| 3. | | |  | |  | |  |
| 4. | | |  | |  | |  |
| SUBTOTAL | | |  | |  | |  |
|  |  |  | |  |  |  | |
| Source of matching funds: |  | | | | | | |

(D) **SERVICES AND SUPPLIES** **-** Include items not listed in “Personnel Services,” “Professional Services,” and “Capital Outlay.” Examples are computer services, duplicating, materials/supplies, postage, publication charges, telephone, fuel, automobile mileage, travel, etc. The need for services and supplies should be clear from your answers to the questions on page 2. If you need to clarify further, you may provide additional information below. For example, if you include costs for travel, be certain to explain who will travel, where they will go, the purpose of the travel, and specific expenses (mileage, accommodations, meals, etc.). Be sure to give subtotals for funds requested, matching funds, and total costs. Then, state the source of the matching funds.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **(D) List Services and Supplies** | | | **DEQ Grant Funds Requested** | | **Matching Funds**  **(optional)** | | | **Total Costs** |
| 1. | | |  | |  | | |  |
| 2. | | |  | |  | | |  |
| 3. | | |  | |  | | |  |
| 4. | | |  | |  | | |  |
| 5. | | |  | |  | | |  |
| 6. | | |  | |  | | |  |
| 7. | | |  | |  | | |  |
| 8. | | |  | |  | | |  |
| SUBTOTAL | | |  | |  | | |  |
|  |  |  | |  | |  |  | |
| Source of matching funds: |  | | | | | | | |

Additional Information:

1. PROJECT BUDGET SUMMARY - Fill in all applicable spaces. Be sure to total grant funds requested, matching funds, and total costs.

|  |  |  |  |
| --- | --- | --- | --- |
| **(E) Project Budget and Summary** | **DEQ Grant Funds Requested** | **Matching Funds (optional)** | **Total Costs** |
| A. Personnel Services |  |  |  |
| B. Professional Services |  |  |  |
| C. Capital Outlay |  |  |  |
| D. Services and Supplies |  |  |  |
| E. Total DEQ Grant Funds Requested |  |  |  |
| F. Total Matching Funds Committed |  |  |  |
| G. Total Project Cost |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Project Work Plan and Schedule**  Please make sure that you identify all major activities required for project completion. Be as specific as possible. Include dates for progress reports and the final report. You may add additional lines as necessary. Assume that grant funds will be available after May 1, 2016. | | | | | | |
| Planned Project Beginning Date: |  | Planned Project Ending Date: | |  | |  |
| **Task or Activity** | | **Beginning Date for Each Task** | **Ending Date for Each Task or Activity** | | **Person/Group**  **Responsible for Completion** | |
|  | |  |  | |  | |
|  | |  |  | |  | |
|  | |  |  | |  | |
|  | |  |  | |  | |
|  | |  |  | |  | |
|  | |  |  | |  | |
|  | |  |  | |  | |
|  | |  |  | |  | |
|  | |  |  | |  | |
|  | |  |  | |  | |
|  | |  |  | |  | |
|  | |  |  | |  | |
|  | |  |  | |  | |
|  | |  |  | |  | |
|  | |  |  | |  | |
|  | |  |  | |  | |
|  | |  |  | |  | |
|  | |  |  | |  | |
|  | |  |  | |  | |
|  | |  |  | |  | |
|  | |  |  | |  | |
|  | |  |  | |  | |
|  | |  |  | |  | |
|  | |  |  | |  | |
|  | |  |  | |  | |
|  | |  |  | |  | |
|  | |  |  | |  | |
|  | |  |  | |  | |
|  | |  |  | |  | |
|  | |  |  | |  | |
|  | |  |  | |  | |
|  | |  |  | |  | |
|  | |  |  | |  | |
|  | |  |  | |  | |
|  | |  |  | |  | |
|  | |  |  | |  | |
|  | |  |  | |  | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Signatures**  The **authorized representative** of the local government applying must sign the application. This is an official who has the authority to obligate the applicant’s resources and is usually an elected official such as chair of the county commission, county executive, mayor, city manager, or chair of the city council. If more than one local government is applying, you must have signatures of authorized representatives from each jurisdiction. | | | | | | |
| *I certify that, to the best of my knowledge, the information provided in this application and attachments is correct and true. I understand and agree that if grant money is awarded as a result of this application, I will comply with all applicable statutory provisions and with applicable terms, conditions, and procedures of the DEQ grant agreement.* | | | | | | |
| Signature of Authorized  Representative (Applicant #1) | |  | | Date |  |  |
|  | | | | | | |
| Title |  | | Telephone Number |  | |  |
|  | | | | | | |
| Signature of Authorized Representative (Applicant #2) | |  | | Date |  |  |
|  | | | | | | |
| Title |  | | Telephone Number |  | |  |
|  | | | | | | |
| Signature of Authorized Representative (Applicant #3) | |  | | Date |  |  |
|  | | | | | | |
| Title |  | | Telephone Number |  | |  |
|  | | | | | | |
|  | | | | | | |

**Scan signed page and attach to completed Application Form prior to emailing**