# Oregon Department of Environmental Quality

# 2015 MATERIALS MANAGEMENT

# GRANT PROGRAM

# HHW/Solid Waste/Materials Management Planning Grant

# 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

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| Application materials available | Tuesday, September 15, 2015 |
| Completed applications due to Marion County | E-mailed by Monday, November 2, 2015 (10:00 a.m. PST) |
| 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. |
| Grant awards announced (estimated) | Friday, February 26, 2015 |
| Grant funds available | After grant contract is signed by all parties |

Use this application packet for **Household Hazardous Waste (HHW)/Solid Waste/Materials Management (SW/MM)** **Plan** proposals ONLY.

(There are two other grant categories: **Materials Management Projects** and **HHW Facility.** Find more information on these programs here: [www.mcrecycles.net](http://www.mcrecycles.net) .)

###### 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 plan 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):

* Administrative costs
* Salaries and benefits for project personnel and consultants or contractors

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

* Costs incurred for activities outside the scope of the grant agreement unless approved by DEQ
* 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.
* DEQ Permit Fees

**Are there limits on grant funds available?**

Funding for planning grants is subject to these conditions:

* SW/MM Plans have no funding limit
* $15,000 limit for an initial HHW Plan to cover costs for staff, contractor and/or research
* $10,000 limit for an updated plan, or for a specialized HHW Plan to address high risk situations

**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. Just start typing in the ***grey rectangle***next to the questions. Most of these have a built-in format, such as for dollars and cents or date. **Question 1** is set to a limit of **300 words**; **Questions 2 – 4** do not force a limit, but please try to limit your responses to **one page**.

**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.**

State what the project is intended to accomplish, 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?**

Discuss how the need was determined. Who helped to determine the need?

**b. What are the objectives and expected outcomes of your Plan?**

Describe the expected outcomes of your planning process. How will it guide you?

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

Describe your strategies for conducting planning activities and implementing the plan. Detail the work that will be accomplished, and when it will be completed. How will the plan be adopted?

Include considerations such as types of collection and processing activities will you consider in the planning process (for example, if a HHW Plan, will you consider a full depot, high-hazard depot, collection events and/or other management system? If a SW Plan, will you consider curbside recycling or depots?).

How will the plan address such upstream issues as waste prevention and reuse?

You may *optionally* attach additional pages of photographs, diagrams, and relevant supporting documents.

**d. How will the project’s success in achieving the outcomes 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 subcontractor, include subcontractor personnel. (You may additionally attach resumes of key personnel.) Describe how the project will be managed.

List any additional parties (e.g., advisory committee) who will be involved in developing the plan. Describe their roles. (You may additionally attach resumes of key personnel.)

How will the plan be adopted? For county-wide plans, list the cities the plan will cover.

Attach letters of commitment from all affected local governments that have agreed to participate in the plan. If these local governments are providing resources, this should be identified in the letters of commitment.

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

Demonstrate how the costs are reasonable for the proposed work.

Provide examples of cost savings and matching resources, such as cash from local government resources or partners, use of existing space, in-kind services, etc.

**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.**

Indicate how the projects or activities that the Plan identifies will be achieved and funded, if known (e.g., efforts to enlist community partners, methods of making the project self-funding, adjusting rates to provide on-going funding).

**Project Budget –**

Fill out the form completely, including any cash match in the appropriate columns.

**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 deadline. A scanned copy of the completed Signature Page is required to 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 consultant or subcontractor, the grantee is responsible to monitor the subcontractor’s work and ensure that it meets 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/).

**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) .

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| 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.

| 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 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 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 completely  
 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

**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.

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

**2015 Application for HHW/Solid Waste/Materials Management Planning Grant Funds**

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| --- | --- |
| **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:** | **Indicate the type plan proposed below:**  (See Application Instructions for definitions) |
| List Participating Jurisdictions and contact information | Solid Waste or Materials Management Plan  Initial Household Hazardous Waste Plan  Updated or Specialized Household Hazardous Waste Plan |
| **Will you use a consultant/subcontractor? Yes**  **No**  **If Yes, enter 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.

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| **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 of your Plan?**  **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?**  **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.** |

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| **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.

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| **(A) List Project Personnel** | **Hourly Rate** | **Est. Hours on Project** | **DEQ Grant Funds Requested** | **Matching Funds**  **(optional)** | **Total Costs** |
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| 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.

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| **(B) List Consultants or Contractors** | **Hourly Rate** | **Est. Hours on Project** | **DEQ Grant Funds Requested** | **Matching Funds**  **(optional)** | **Total Costs** |
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| 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.

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| **(C)** **List Capital Outlay Items** | | | **DEQ Grant Funds Requested** | | **Matching Funds**  **(optional)** | | **Total Costs** |
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| 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.

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| **(D) List Services and Supplies** | | | **DEQ Grant Funds Requested** | | **Matching Funds**  **(optional)** | | | **Total Costs** |
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| 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.

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| **(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 |  |  |  |

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| **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** | |
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| **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 |  | |  |
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| Signature of Authorized Representative (Applicant #2) | |  | | Date |  |  |
|  | | | | | | |
| Title |  | | Telephone Number |  | |  |
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| Signature of Authorized Representative (Applicant #3) | |  | | Date |  |  |
|  | | | | | | |
| Title |  | | Telephone Number |  | |  |
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**Scan signed page and attach to completed Application Form prior to emailing**